

# GUIDE TO THE MULTIDIMENSIONAL NEGLECTFUL BEHAVIOR SCALES\*

Murray A. Straus  
Family Research Laboratory, University of New Hampshire  
Durham, NH 03824 603-862-2594 [murray.straus@unh.edu](mailto:murray.straus@unh.edu)

## Preliminary Draft

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\* For a list of other publications on neglect and related issues by members of the Family Research Laboratory at the University of New Hampshire, log into the laboratory web site [www.unh.edu/frl](http://www.unh.edu/frl) and to <http://pubpages.unh.edu/~mas2>

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Primary prevention of child neglect can be greatly aided by understanding the prevalence of various types of neglectful behavior within the general population, and in clinical populations with a presenting problem other than neglect. Identification of these types of cases requires instruments to measure neglect that are brief enough and easy enough to administer that they can be used in epidemiological surveys and as screening tools in clinical settings. The measure should also provide information on as many aspects of neglectful behavior as is possible within a brief instrument.

The Multidimensional Neglectful Behavior (MNBS) consists of six instruments that were designed using these criteria. Each of the instruments is intended for use with a different age group of children, or for use with parents. This guide is intended to provide an overview of the six forms and sufficient information on each form to identify the MNBS form that is most likely to be appropriate, and to provide information on how to obtain copies of the instruments.

### **DIMENSIONS OF NEGLECTFUL BEHAVIOR MEASURED**

All versions of the MNBS measure the extent to which the following needs of children are or have been neglected.

**Physical needs** such as food, clothing, shelter, medical care

**Emotional needs** such as affection, companionship, support

**Supervision needs** such as limit setting, attending to misbehavior, knowing child's whereabouts and friends

**Cognitive needs** such as being played with or read to, assisting with school homework

### **VERSIONS OF THE MNBS**

<b>VERSION CHARACTERISTIC</b>	<b>Form A</b>	<b>Form AS</b>	<b>Form C6</b>	<b>Form C10</b>	<b>Form P</b>	<b>Form PS</b>
Source Of Data	Adolescent. Adult-recall	Adolescents, Adult-recall	Children age 6-9	Children age 10-15	Parents of child 0-15	Parents of child age 0-15
Mode Of Presentation	Questionnaire, Interview	Questionnaire, Interview	ACASI or cards	ACASI or cards	Questionnaire, Interview	Questionnaire, interview
Number of items	20	8	45	45	38 *	
Testing time (Median)	3 min	1 min	46 min **	38 min **		
Paper where scale may be found	(Straus, Kinard, and Williams 1995a)	(Straus, Kinard, and Williams 1995a) (Straus 2004); (Straus, Hamby, Boney-McCoy, and Sugarman 1999)	(Kaufman Kantor, Holt, Mebert, Straus, Drach, Ricci, Macallum, and Brown 2004)	(Kaufman Kantor et al. 2004)	(Kaufman Kantor, Holt, and Straus 2004)	(Holt, Straus, and Kaufman Kantor 2004)

The six currently available versions of the MNBS are briefly described below and some of their other characteristics are given in Table 1. More detailed information, including psychometric data is found in the references listed for each form.

**Form A** is a self-administered questionnaire intended to obtain data on neglectful behavior being experienced by adolescents, or recall by adults of neglectful behavior experienced when they were adolescents (Straus, Kinard, and Williams 1995b). The eight-item version described in this paper has been replaced by Form AS

**Form AS** is an eight item short form of Form A that is also one of the 22 scales making up the Personal And Relationships Profile or PRP (Straus, Hamby, Boney-McCoy, and Sugarman 1999; Straus and Mouradian 1999). Psychometric data is in (Straus, Kinard, and Williams 1995b) and in (Straus, Hamby, Boney-McCoy, and Sugarman 1999). Note that this version replaces the eight item version in Form A..

**Forms CR6 and CR10** are child-report versions for use with children age 6 through 9 and 10 through 15. The items are presented to the child in the form of pictures and verbal description. It can be administered by computer using a Computer Assisted Audio Interview (ACASI) program, or by an interviewer using picture cards. See Kaufman Kantor et al, in press.

**Forms P and PS** are parent self-report versions that can be administered as an in-person or phone interview or as a questionnaire. Form PS is a short version of Form P. See (Holt, Straus, and Kaufman Kantor 2004; Kaufman Kantor, Holt, and Straus 2004). There are alternative wordings to be used with parents of infants and toddlers (age 0-4)

## **DEFINITION OF NEGLECT USED FOR THE MNBS**

The MNBS are based on the following definition of neglect: Neglect is behavior by a caregiver that constitutes a failure to act in ways that are presumed by the culture of a society to be necessary to meet the developmental needs of a child and which are the responsibility of a caregiver to provide (Straus and Kaufman Kantor 2005 In Press).

The definition of neglect and the MNBS refer exclusively to behavior by the caregiver, i.e. neither the definition nor the MNBS refer to attitudes, motives, risk factors, cause or harm or other consequences for the child. All of these are important, but must be measured separately by other instruments in order to avoid confounding of cause and effect.

The basis for selecting behaviors to include in the MNBS was the judgment of the authors and clinical consultants that each of the behaviors are presumed by American culture to be necessary for the development needs of a child.

A conceptual analysis of these and a number of other aspects of the definition and measurement of neglect are given in (Straus and Kaufman Kantor 2005 In Press).

## **USES OF THE MNBS**

**Estimating The Prevalence Of Neglectful behavior In Different Populations.** There are almost as many cases of neglectful behavior reported to child protective services in the US as the combined number of cases for all other forms of child maltreatment, suggests. This suggests that there might also be a high prevalence of unreported neglectful behavior in the general population and in clinical populations presenting for a problem other than neglect, such as families presenting for marital distress or marital violence, or among child victims of other forms of maltreatment. The MNBS can be used to estimate the prevalence rates for these populations. It is likely that this will reveal much higher rates of neglectful behavior than the rate of neglect known to Child Protective Services (CPS). This expectation is based on experience using the Conflict Tactics Scales to measure severe physical assaults on children, which has found rates that are several times higher (Straus and Hamby 1997; Straus, Hamby, Finkelhor, Moore, and Runyan 1998)

One of the reasons for the high disclosure rate of physical assaults by parents is that the Conflict Tactics Scales measure behavior by parents, not injury resulting from that behavior. Many parents regard punching or kicking a child as “strong discipline” rather than abuse if it is done to a child who has persisted in some outrageous behavior and who swears at or hits the parent who is attempting to stop that behavior. A similar perspective about the unproblematic nature of their behavior probably applies to many neglectful parents. Polansky and Williams (1978) for example, report that many neglecting parents feel “surprisingly guiltless.”

Self-report measures such as the MNBS have their own problems and limitations. One problem with prevalence rates based on the MNBS is that they should probably be considered as “lower bound” estimates because not all respondents will disclose, much less fully disclose. The true rates may be much higher. Another problem, however, is almost the opposite. It is that a high score on the MNBS does not necessarily mean that the behavior of the caretaker corresponds to behaviors that would lead Child Protective Services (CPS) to confirm the presence of neglect.

***Understanding How CPS Deals With Neglect.*** The discussion of the ambiguity in the meaning of a high score on the MNBS in the previous paragraph suggests a parallel issue ambiguity in how CPS deals with neglect. For example, what is the threshold of neglectful behavior for confirming a case as neglect. In principle this is governed by the child abuse and neglect statutes of each state in the US. However, little is known about how these definitions and standards are implemented. One of the possible research uses of the MNBS is to gain information on this issue by comparing the MNBS scores of samples of confirmed cases with the scores of unconfirmed cases, and of cases presenting for other types of maltreatment. It could also contribute valuable information if these groups on the each of the four domains of neglect, and on specific acts of neglect. Is physically neglectful behavior, for example more likely to lead to confirm a case as neglect than supervisory neglect. On the surface that seems likely, but because supervisory neglect may get school authorities and the police involved in a case, the opposite might be true.

***Epidemiological research on prevalence, risk factors, and effects.*** The MNBS permits research that cannot usually be conducted with a purely clinical sample because a non-maltreatment sample is rarely available for comparison (see Kinard, 1994, 1995 for an exception). For example, there is concern that the higher rates of CPS cases of neglect among the poor and unemployed is, at least partly, the result of their being under greater surveillance than employed and higher income parents. It is necessary to have independent evidence on SES differences in neglectful behavior because it has important implications for theories concerning the causes of neglect, for designing primary prevention programs, and for designing and funding treatment efforts. The MNBS can be similarly useful in research on the effects of this type of maltreatment in the general population.

***Clinical screening.*** Experience with the Conflict Tactics Scales (Straus, Hamby, Boney-McCoy, and Sugarman 1996; Straus et al. 1998) found that use of this instrument identified far more cases of partner violence than were identified by the therapists working with these couples (Aldarondo and Straus 1994; Ford 1990; O'Leary and Murphy 1992). It is reasonable to presume that the treatment effort was hindered by not having this information about the couple. This suggests that use of the MNBS, which is also a structured self-report instrument, is likely to uncover many more cases of neglectful behavior than would otherwise be detected, and that this information will be helpful in formulating steps to help children and parents when the presence of neglectful behavior is uncovered.

***Evaluation of treatment and prevention programs.*** All versions of the MNBS could be an important tool for evaluating neglect prevention and treatment programs.

***Coding case records and other documents.*** The items in the MNBS can also be used to measure the nature and extent of neglectful behavior as described in case records, court transcripts, and other documents. This can be done globally or by coding discrete events. In the global approach, the entire document is read and the researcher then answers the MNBS items based on the overall picture presented by the case record. In the discrete event mode, each time the researcher comes across one of the types of

neglectful behavior included in the MNBS, a score is assigned to indicate the number of times the behavior occurred. Research is needed on the practicality of these approaches and to compare the results of

## OBTAINING COPIES OF THE MNBS AND PERMISSION TO USE

With the exception of the computer-administered child-report forms, the MNBS can be printed from the sources listed below. However, permission to use the MNBS must be obtained before it is used. See below.

### Conditions For Permission To Use

Permission to use the MNBS will be granted without charge to persons who agree to compute and report basic psychometric analysis such as frequency distributions, means, standard deviations, reliability and factor analyses, or who agree to provide the test authors with data for psychometric analysis. If data are provided, use of the data by the test authors will be limited to psychometric analyses. The right to use the data for substantive analyses remains exclusively with the person or persons providing the data. This information will be included in the planned manual for the MNBS, with appropriate acknowledgment of the source of the data.

### Obtaining Copies Of The MNBS

With the exception of Forms C6 and C10, the instruments are in the papers listed below, all of which can be downloaded from the website <http://pubpages.unh.edu/~mas2>.

**Form A.** The instrument is in the appendix to paper NS1 (Straus, Kinard, and Williams 1995b).

**Form AS** This eight-item short form is one of the 22 scales making up the Personal And Relationships Profile or PRP. The items are given in Straus (Straus and Mouradian 1999) and psychometric data are in Straus (Straus, Hamby, Boney-McCoy, and Sugarman 1999)

**Forms CR6 and CR10.** For the Computer Administered version (ACASI), contact Dr. Glenda Kaufman Kantor at the Family Research Laboratory, University of New Hampshire ([Kaufamn.Kantor@unh.edu](mailto:Kaufamn.Kantor@unh.edu)). The picture card version is available on the author's website <http://pubpages.unh.edu/~mas2/>. Permission to use is required.

**Forms P and PS.** These instruments are available in (Holt, Straus, and Kaufman Kantor 2004; Kaufman Kantor, Holt, and Straus 2004) on the author's website <http://pubpages.unh.edu/~mas2/>. Permission to use is required.

## DISCUSSION (Incomplete)

The operationalization of neglectful behavior in the MNBS is in the form of a continuous variable. Even one instance of a minor act of neglectful behavior contributes to the scale score. An important question for future research is the degree of correspondence between MNBS scores and clinical judgments of neglect and the relation of MNBS scores to adverse child outcomes. Perhaps there is a threshold effect, i.e. there may be a point below which scores on the MNBS have little or no relation to child outcomes such as slower cognitive development, depression, and delinquency. If so, the score marking the inflection point on the curve might be useful as clinical cutting point.

**Multiple Caretakers.** See (Straus, Kinard, and Williams 1995a).

**Harrington; Zuravain study.** Despite factor analysis results, keep the conceptually based scales because these have value for clinical work. Apply to inner city poor. But results of CTS NS show it is also present among other SES groups.

Brief  
easily administered  
Acceptable to respondents  
Preliminary evidence of validity  
Reliability

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