ORIGINAL ARTICLE

DEVELOPMENT OF CHILD ABUSE AND NEGLECT EXPERIENCE SCREENING QUESTIONNAIRE FOR PATIENTS SUFFERING FROM DEPRESSIVE AND ANXIETY SYMPTOMS

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ABSTRACT

OBJECTIVE
To develop an indigenous questionnaire that can screen patients with depressive and anxiety symptoms for juvenile abuse and neglect in childhood.

STUDY DESIGN
Ex-post Facto Research Method.

PLACE AND DURATION OF STUDY
This study was executed at Department of Psychiatry of major Government teaching hospitals of Lahore, Pakistan from September 2011- April 2012.

SUBJECTS AND METHODS
A total of 126 participants (51 men and 75 women) were selected as per criteria. The Mean age of the participants was (Mage= 33.2 years, SD=12.62). Child Abuse & Neglect experience Screening Questionnaire and Symptom Checklist-Revised (Depression and Anxiety subscales) were administered.

RESULTS
Explanatory Factor Analysis with Varimax rotation yielded three factors i.e. Emotional Abuse and Neglect, Physical Abuse and Neglect, and Sexual Abuse. High alpha coefficient reliability was emerged for each subscale i.e. .81, .86, and .89 respectively; overall reliability of the scale was .93.

CONCLUSION
Development of a culture dependent indigenous questionnaire is imperative as it can be freely employed for clinical and research purposes.

KEY WORDS
Abuse, Neglect, Psychiatric patients.

INTRODUCTION

Physical, emotional and sexual maltreatment during childhood and its adverse impact on adulthood[1,2], has become the focus of intense research for the past three decades[3]. The growing child abuse cases are rife with potential of inflicting devastating impact on the physical and psychological health and lives of people, their families and societies.[4] It has been estimated that in Pakistan in the year 2016, approximately 11 children were abused every day and 100 were massacred after assault and in the year 2017, there has been observed a 10% increase in child abduction cases.[5] According to the Punjab's police data in the year 2015, 577 sodomy, 35 murders and 239 child kidnap cases were registered.[4] It was reported that 1 out of 10 cases of abuse are actually detected and confirmed by organizations. The exact estimate of the prevalence of child abuse is nearly impossible because of the perceived guilt and embarrassment the victim and families have to face after disclosing the offence, intimidation by the perpetrator, and due to other cultural, societal and religious barriers.[4]

Nevertheless, abuse is a source of prospective impairment in the development of the children. It may have long term devastating impact on the lives of children and in distorting their personality.[1] Therefore, it is the need of the hour to promote social awareness of the issue, and it is vital to assess the children who have been abused or become the victim of negligence so that psychological services could be provided to them timely.[3]

Several questionnaires are available that assess abuse, neglect and its manifold types among adolescents and adults, but only few have well established psychometric properties.[2] The most widely used international questionnaires include Childhood Trauma Questionnaire (CTQ), Juvenile Victimization Questionnaire (JVQ), Childhood Abuse and Trauma Scale (CAT), Trauma Symptom Checklist (TSC) and ISPCAN Child Abuse Screening Tool.[6] Some of these questionnaires with well-established psychometric properties are not freely available and demands high charges on each administration such as CTQ-SF (28 items), TSC (40 items), and ISPCAN Child Abuse Screening Tool – Child's Institutional version (43 items).[7] Some of the questionnaires have certain limitations such as CTQ-SF (28 items) high validity was criticized that it is probably due to its specific use of behavioral indicators[7]; the criterion validity of JVQ (34 items) has not been established. Moreover, specific experiences are determined by merely one item which was subjected to criticism[8]; No study has been carried out on CAT (38 items) to establish criterion related validity or to seek its relationship with other measures, thus it has been criticized that the questionnaire items are liable to malingering.[9]

Some indigenous questionnaires such as, Child Abuse Scale Adolescent form[10], Child Abuse Scale3; child abuse[11]; Physical Child Abuse in Young Pakistani Community Questionnaire[12] are available but they have not been yet standardized on Pakistani population, lack psychometric properties and also do not measure both constructs abuse and neglect. Thus, there was a great need to develop some indigenous questionnaire to identify abuse and neglect in childhood history of adults with several mental disorders. It is also important to establish psychometric properties of the questionnaire so that it can be easily and reliably used for clinical and research purposes. Thus, the present study was aimed at developing indigenous child abuse and neglect experience screening questionnaire that will assess both abuse and neglect cases in patients with depressive and anxiety symptoms.

SUBJECTS AND METHODS

Participants

Ex-post Facto research design and purposive sampling strategy was employed to recruit the participants with depression and anxiety disorders and who have had Past history of child abuse and/ or neglect. In the present study 126 (51 Men and 75 Women) were selected from psychiatric department of government teaching hospitals (PIMH, Services, Ganga Ram, and MAYO Hospital Lahore). Among Depressive disorders, participants diagnosed with Major Depressive Disorder and Persistent Depressive Disorder (n=66) were recruited. Likewise, among Anxiety Disorders, participants diagnosed with OCD, GAD, Phobia related disorders, Anxiety Disorders NOS and Post Traumatic Stress Disorder (n=60) were selected. All the participants were falling within 18-60 years of age range (Mage= 33.2 years, SD=12.62).

Measures

Demographic Information Questionnaire was comprised of questions regarding participant's age, gender, education, occupation, marital status, family system, age at the time of abuse, abuse type, perpetrator, age of perpetrator, and any psychiatric illness etc.

Symptom Checklist Revised (SCL-R) was developed in Urdu by Rahman, Dawood, Jagir, Mansoor and Rehman[13] and administered to assess Depression (24 items) and Anxiety (29 items) among psychiatric population. The items were rated on a four point Likert scale (0=not at all and 3=very much) with validity ranging from .40-.60 and reliability is .74-.92.

Childhood Abuse and Neglect Screening Questionnaire is an indigenous tool developed in this study with 51 statements to assess abuse and neglect. It is a 5-point Likert scale that ranges from 1 – 5 i.e. not true at all to very often true. It has three subscales i.e. Emotional Abuse and Neglect (26 items), Physical Abuse and Neglect (14 items) and Sexual Abuse (11 items) with high alpha coefficient reliability for each subscale was emerged i.e. .81, .86, and .89 respectively. Overall alpha coefficient reliability for the questionnaire is .93.

Procedure

An indigenous questionnaire comprised of 51 items was developed based on theoretical constructs. Items pool were generated in which items were based on 5-point Likert type scale ranging from 1 – 5 i.e. not at all true to very often true. These items were formulated by the researchers to identify the experiences of abuse, neglect and its types. After formulating the tool, it was forwarded to seven Judges/ Senior Clinical Psychologists (with at least 5 years of Clinical expertise) for their critical review and feedback. The Judges provide their feedback across each statement. The Judges feedback/ suggestions were incorporated in the questionnaire after which it was resent to five new Judges for their evaluation so that they may rate across each item to check the internal consistency of the statements. Only one to two questions were rephrased to enhance the internal consistency of the items and the questionnaire was finalized.

Pilot Study

Pilot study was executed in order to find out the comprehensibility of the questionnaires and the time consumed per questionnaire. It was carried out on 16 participants (8 participants diagnosed with Depression and 8 with Anxiety Disorders). The data was collected from two hospitals (Ganga Ram Hospital, Lahore and PIMH, Lahore). The overall feedback was positive and participants didn't reported any difficulty/ ambiguity in understanding the questionnaire.

Main Study

Foremost, Departmental Doctoral Program Committee approved the synopsis. Afterwards, permission was sought from the heads of departments for data collection and from original author of Symptom Checklist Revised. Data was collected from 126 participants (51 men and 75 women) diagnosed with anxiety and depressive disorders based on diagnostic criteria of DSM-IV-TR. After departmental approval for the study, consent form explaining the rationale and purpose of the study was taken from the participants. The participants were made sure that their identity and responses would not be disclosed and it was made clear on them that the information will be used only for research and academic purposes. Furthermore, all ethical considerations were considered during the research.

RESULTS

Table 1
Factor Loading for Explanatory Factor Analysis with Varimax Rotation of Childhood Abuse and Neglect Questionnaire.

Item numbers	Factor 1 EA & EN	Factor 2 PA & PN	Factor 3SA
3	.42		
4	.59		
6	.48		
7			
8	.66		
9		.56	
10			.80
11		.78	
12		.79	
13		.67	
14		.72	
15	.48		
16			.88
17		.53	
18		.67	
19			.81
20			.77
21		.70	
22	.54		
23	.62		
24	.64		
25			.61
26		.54	
28			.40
29			.56
30	.61		

Table 1
Continue

Item numbers	Factor 1 EA & EN	Factor 2 PA & PN	Factor 3SA
31			.44
32	.58		
33	.61		
34	.69		
35	.72		
36	.74		
37	.59		
38	.56		
39			.78
40		.46	

Note. EA stands for Emotional Abuse, EN stands for Emotional Neglect, PA stands for Physical Abuse, PN stands for Physical Neglect and SA stands for Sexual Abuse.

Table 1 represents the factors along with their factor loadings that were yielded through Explanatory Factor Analysis with Varimax rotation. The factors were thematically analyzed and were named according to the content of the items in each factor. The factor analysis generated three factors:

Factor I was recognized as 'Emotional Abuse and Emotional Neglect' comprising 26 items:1, 2, 4, 7, 8, 22, 23, 24, 26, 27, 30, 32, 33, 34, 35, 36, 37, 38, 41, 42, 43, 44, 45, 48, 49, 50, Factor II as 'Physical Abuse and Physical Neglect' comprising 14 items: 3, 5, 6, 9, 11, 12, 13, 14, 15,17, 18, 21, 40, 51 and Factor III 'Sexual Abuse' comprising 11 items: 10, 16, 19, 20, 29, 25, 28, 31, 39, 46, 47. Each subscale's cut off score was obtained by calculating the ranges on the basis of the intensity of the scores. For all three scales, categories for high scores such as 'often' and 'very often true' were selected. Since the lowest score of Emotional abuse and Neglect was 26 and the highest score comes out to be 130, therefore for this scale scores on 'often' or 'very often true' options such as 104 and 130 were considered to lie in abused category. Also, for the scale of Physical Abuse and Neglect, 14 being the lowest and 70 was the highest score and thus scores on 'often' or 'very often true' options such as 56 and 70 scores were considered as abused category. The lowest and the highest scores for scale of Sexual Abuse were 11 and 55 respectively and thus 44 and 55 scores were falling in abused category. High alpha coefficient reliability for each subscale was emerged i.e. .81, .86, and .89 respectively. Overall alpha coefficient reliability for the questionnaire is .93.

DISCUSSION

The present study was conducted to develop an indigenous child abuse and neglect screening questionnaire to be employed in Pakistan. The phenomenology of child abuse and neglect has been considered to be dependent upon cultural and social factors.[14] Child abuse is a broad term that encompasses entire degree of inadequate conduct toward children which can be physical, emotional and sexual in nature.[15] Whereas, child neglect refers to the condition where a parent or caregiver has the responsibility to provide care or assistance that is culturally acceptable and essential act for the physical and emotional well-being of the child but they fails to do so.[16,17]

Keeping in view the sociocultural relevance of abuse and neglect 51 items were pooled for screening out the experiences of abuse (sexual, physical and emotional) and neglect (physical and emotional). After incorporating the expert's advice and suggestions and finalizing the questionnaire, it was administered on 126 participants. Explanatory Factor Analysis with Varimax rotation yielded three factors (Factor I was recognized as 'Emotional Abuse and Emotional Neglect'; Factor II as 'Physical Abuse and Physical Neglect'; Factor III as 'Sexual Abuse'). These factors were initially thematically analyzed and afterward they were named according to the content of the items in each factor.

Factor I 'Emotional Abuse and Emotional Neglect' indicates that items probing information related to emotional abuse and neglect were loaded on the same factor. Literature indicates that abuse and neglect are distinct categories.[3] Emotional abuse is defined as risk of harm to the emotional stability of the child which has numerous manifestations such as belittling, embarrassing, condemnation, hostile actions and refusal, lack of warmth, direction etc.[18] such that it hampers individual's self-esteem and mental growth.[19] Whereas, emotional neglect ensues when a caregiver; despite availability of resources, fails to fulfill fundamental psychological and emotional needs of a child. It includes persistent ignoring, socially isolating.[18, 2] Thus as per literature emotional abuse and neglect items should be loaded under distinct factors so that they can identify the cases of abuse and neglect separately.

Likewise, Factor II 'Physical Abuse and Physical Neglect' reflects that all the items of physical abuse and neglect were also collated under the same factor. Physical abuse is defined as non-accidental, undesirable, harmful pain or injury inflicted on a child.[18] It includes violent practices such as harming a child by the flames, hurting him by hitting, punching, restraining, kicking, beating, biting, shattering, shaking, stabling, beating etc.[19, 17] Whereas, physical neglect is the failure to fulfill fundamental physical needs of a child such as providing him healthy food, protection, shelter, and supervision.[18, 2] However, in the present research both physical abuse and neglect items were categorized in the same factor which reflects that the content of the items needs revision and the items should be rephrased.

Third factor is identified as 'Sexual Abuse' and all the items after factor analysis were loaded on this factors which probe sexual harassment such as employing, persuading, forcing or empowering any child to engage in or facilitate the perpetrator to engage in sexually exploitative behavior.[20] It indicates that the content of the items that probe sexual abuse is adequate.

In the previous international questionnaires, abuse and neglect items were loaded under respective factors such as Childhood Trauma Questionnaire (the CTQ-SF) developed by Bernstein et al.[6] yielded five distinct factors i.e. physical abuse, physical neglect, emotional abuse, emotional neglect and sexual abuse through exploratory and confirmatory factor analyses of the 70 original CTQ items. Similarly, ISPCAN Child Abuse Screening Tool developed Zolotor et al.[29] has three distinct factors of abuse (physical abuse, emotional abuse and sexual abuse). Fakunmoju and Bammeke also developed the Perception of Child Maltreatment Scale (PCMS).[22] Exploratory factor analysis with promax rotation yielded five factors i.e. emotional/psychological abuse (10 items), sexual abuse (6 items), child neglect (6 items), child labor (7 items), and physical abuse (5 items) i.e. abuse and neglect items were not collated.[22]

Furthermore, previous indigenous questionnaires such as Child Abuse Scale Adolescent form developed by Ghaffar and Malik also measures three distinct types of child maltreatment (physical, emotional and sexual abuse in adolescents).[10] Child Abuse Scale developed by Malik and Shah for child population also has four empirically determined subscales i.e. physical abuse (4 items), physical neglect (4 items), emotional abuse (14 items) and emotional neglect (12 items).[3]

Hence, literature shows that although both (abuse and neglect) constructs lead towards psychopathology but they should be dealt separately. In this research, the factor analysis yielded three factors and collated abuse and neglect. However, all the items of the sexual abuse were categorized under the same construct.

CONCLUSION

Preliminary psychometric findings yielded three factors i.e. emotional abuse and neglect, physical abuse neglect, and sexual abuse. The development of a culture specific indigenously screening tool with high alpha reliability is imperative. Nevertheless, the reliability and validity of this questionnaire can be further enhanced by revising certain items and administering them on large sample. This reliable questionnaires has manifold implications as it can be freely employed for clinical and research purposes.

REFERENCES

1. Aghalipuor A, Abedini E, karimnejad F. Child abuse and child punishment by parents from the perspective of Islamic Law. Life Science Journal. 2013; 10(1):300-304
2. Bernstein DP, Fink L. Childhood trauma questionnaire: A retrospective self-report manual. 1998. San Antonio, TX: The Psychological Corporation.
3. Malik DF, Shah AA. Development and initial validation of Child Abuse Scale. Psychology and Developing Societies. 2007; 19(2): 161-178.
4. Khan MZ. Pakistan horrified over child abuse ring revelations. 2015; Retrieved from http://www.telegraph.co.uk/news/worldnews/asia/pakistan/11795388/Pakistan-horrified-over-child-abuse-ring-revelations.html
5. Wasif S. 10% increase in child abuse cases in Pakistan. Express Tribune. March 2017; Retrieved from https://tribune.com.pk/story/1363150/rise-10-increase-child-abuse-cases-pakistan/.
6. Bernstein DP, Ahluvalia T, Pogge D, Handelsman L. Validity of the childhood trauma questionnaire in an adolescent psychiatric population. Journal of the American Academy of Child and Adolescent Psychiatry. 2003; 36(3): 340–348.
7. Johnson JP, Cohen P, Brown J, Smailes EM, Bernstein DP. Childhood maltreatment increases risk for personality disorders during early adulthood. Arch Gen Psychiatry. 1999;56(7):600-6
8. Finkelhor D. The trauma of child sexual abuse: Two models, A Sourcebook on Childhood Sexual Abuse.1986. New York: Sage Publications.
9. Sanders B, Becker LE. The measurement of psychological maltreatment: Early data on the child abuse and trauma scale. Child Abuse & Neglect.1995; 19(3): 315-323.
10. Ghaffar K, Malik F. Child Maltreatment, Self-Compassion, Empathy, and Emotional Dysregulation in Destitute Adolescents. [Unpublished thesis]. 2014. University of the Punjab. Institute of Applied Psychology. Pakistan, Lahore.
11. Naz F. Parental acceptance-rejection and childhood abuse in adolescents with Somatoform disorders [Unpublished thesis]. 2011. University of the Punjab. Institute of Applied Psychology. Pakistan, Lahore.
12. Irfan S, Cowburn M. Disciplining, chastisement and physical child abuse: perceptions and attitudes of the British Pakistani community. Journal of Muslim Minority Affairs, 2004; 24 (1): 89-98.
13. Rahman NK, Dawood S, Jahangir N, Mansoor Q, Rahman N, Ali S. Standardization of symptoms checklist revised on psychiatric and non- psychiatric sample in Lahore city, Pakistan Journal of Clinical Psychology. 2009; 8(2): 21-32
14. Epstein I, Limage L. The Greenwood encyclopedia of children's issues worldwide. 2008; Westport, Conn: Greenwood Press.
15. Lamont A. The Effects of Child Abuse and Neglect for Children and Adolescents (NCPC Resource Sheet). Melbourne: National Child Protection Clearinghouse, Australian Institute of Family Studies. 2010; retrieved from https://www.theactgroup.com.au/documents/Effects of Child Abuse and Neglect for Adult Survivors.pdf
16. Bromfield LM, Gillingham P, Higgins DJ. Cumulative harm and chronic child maltreatment. Developing Practice. 2007; 19, 34–42.
17. World Health Organization Prevention of violence: A public health priority. 2001; Forty-Ninth World Health Assembly, Geneva: WHO.
18. Child Welfare Information Gate Way. What is child abuse and neglect? Recognizing the signs and symptoms. 2013; Washington, DC: U.S. Department of Health and Human Services, Children's Bureau.
19. Thompson R, Professional school counselling. 2012; New York: Routledge.
20. National Centre for Prosecution of the Child Abuse Emotional maltreatment compilation. National district attorney association. 2015; Retrieved from http://www.ndaa.org/pdf/Emotional%20Maltreatment%202015%20Final.pdf
21. Zolotor AJ, Runyan DK, Dunne MP, Isaeva O. ISPCAN Child Abuse Screening Tool children's version (ICAST-C): Instrument development and multi-national pilot testing. 2009; 33: 833-841
22. Fakunmoju SB, Bammeke FO. Development of perception of child maltreatment scale reliability and validity analyses, Journal of Interpersonal Violence. 2013; 2(4): 348–66.

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