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

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# ABSTRACT

**OBJECTIVE**

Todevelop an indigenous questionnaire that can screen patients with depressive and anxiety symptoms for juvenile abuse and neglectin childhood.

# STUDY DESIGN

Ex-post Facto Research Method.

# PLACE AND DURATION OF STUDY

This study was executed at Department of Psychiatry of major Government reaching hospitals of Lahore, Pakistan fromSeptember2011-April 2012.

# SUBJECTS AND METHODS

A totalof I 26participants (51men and 75 women) were selectedasper criteria.The Meanageof the participants was(Mage=

33.2 years, 5D=l2.62). Child Abuse &

Neglect experience Screening Questionnaire and Symptom Checklist­ Revised (Depression and Anxiety subscales) wereadministered.

# RESULTS

Explanatory Factor Analysiswith 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 thescalewas.93.

# CONCLUSION

Development of a rnlture dependent indigenous questionnaire is imperative as it can be freely employed for dinical andresearch purposes.

# KEYWORDS

Abuse,Neglect,Psychiatric patients.

# INTRODUCTION

Physical, emotional and sexual maltreatment during childhood and its adverse impact on adulthood'-',has become the focus of intense research for the past three decades'.Thegrowing child abuse cases are rife with potential of inflicting devastating impact on the physical and psychological health and lives of people, theirfamiliesand societies.' It hasbeen 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.' According to the Punjab's police data in the year 2015, 577 sodomy, 35 murders and 239 child kidnap cases were registered.' 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 victimandfamilies have to face after disclosing the offence, intimidation by the perpetrator,and due to othercultural,societaland religiousbarriers.'

Nevertheless, abuseis a sourceof 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.' Therefore,it isthe need of the hourto promotesocialawarenessof the issue,and it is vital to assess the children who have been abused or become the victim of negligence so that psychological servicescouldbeprovided to themtimely.'

Several questionnaires are available that assess abuse, neglect and its manifold types among adolescents and adults, but only few have well established psychometric properties.' Themost widely used international questionnaires include Childhood Trauma Questionnaire (CTQ), Juvenile Victimization Questionnaire (JVQ), Childhood Abuse and Trauma Scale (CAn, Trauma SymptomChecklist(TSC) and ISPCANChild Abuse ScreeningTool.'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 AbuseScreening Tool-Child's Institutionalversion (43 items).' Some of the questionnaireshave certain limitations suchasCTQ-SF(28 items)highvalidity wascriticized that it isprobablydue to its specific use of behavioral indtcators'; 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'; No study has been carried out on CAT (38 items) to establish criterion related validity or to seek its relationship withother measures,thus it hasbeen criticized that the questionnaire itemsareliableto malingering.'

Some indigenous questionnaires such as, Child Abuse Scale Adolescent form10, Child Abuse Scale3; child abuse"; Physical Child Abuse in Young Pakistani Community Questionnaire" are available but they have not been yet standardized on Pakistani population, lack psychometric properties.indalso do not measure bothconstructs 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 propertiesof the questionnaire so thatit canbeeasily and reliably used for clinicaland research purposes. Thus,the present studywasaimedat developing indigenouschildabuseand neglect experience screening questionnaire that will assess both abuse and neglect cases in patients withdepressive and anxiety symptoms.

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**SUBJECTS AND METHODS**

## Participants

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## PilotStudy

Pilot study wasexecutedin orderto findout thecomprehensibility of

Ex-post Factoresearch 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=33.2years,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)*** wasdevelopedin Urdu by Rahman,Dawood,Jagir,Mansoor and Rehman" 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 57 statements to assessabuse and neglect.It isa 5-point Likertscalethat rangesfrom 1

- 5 I.e. not true at all to very often true. It has three subscales i.e. Emotional Abuse andNeglect (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..81.8,6, and .89 respectively.Overall alpha coefficient rellabilityforthequestionnaire is.93.

## Procedure

An indigenous questionnaire comprised of 51 items *was* developed based on theoretical constructs.Itemspoolwere generatedin which items werebased on 5-point Likert type scale ranging from 1 - 5 i.e, nOI at all trueto very often true.Theseitems were formulatedby the researchers to identify the experiences of abuse, neglect and its types. Afterformulating the tool, it was forwarded to sevenJudges/ Senior Clinicol 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.

the questionnairesand the timeconsumed per questionnaire. Itwas carried out on 16 participants (8 participants diagnosed with Depression and 8 with Anxiety Disorders). The data was collected fromtwo hospitals (Ganga Ram Hospital, Lahore and PIMH, Lahore). The overall feedback was positive and participants didn't reported anydifficulty/ ambiguityin understanding the questionnaire.

## MainStudy

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 basedon diagnostic criteria of DSM-IV-TR.After departmental approval for the study, consent form explaining the

rationale and purpose of the study was taken fromthe 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

Fac1or L(lading for Explanmory Faclor Analysis wi1h Varimax Ro1:uion of Childhood Abuse ,md Neglec1Questionnaire.

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| **EA&EN** |
| .42 |
|  | 4 | 59 |
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(sexual, physical and emotional) and neglect (physical and emotional). After incorporating the expert's advice and suggestions and Analizing 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

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|  | 31 |  |  | .44 |
|  | 32 | .58 |  |  |
|  | 33 | .61 |  |  |
|  | 34 | 69 |  |  |
|  | *35* | .72 |  |  |
|  | 36 | .74 |  |  |
|  | 37 | .59 |  |  |
|  | 38 | .56 |  |  |
| 39 | |  |  | .78 |
| 4-0 | |  | .46 |  |

Neglect'; Factor Ill as 'Sexual Abuse'). These factors were initially

thematically analyzed and afterward theywere named according to the contentof theitemsin eachfactor.

*Nole..£A sfonds/Or Emotio11nlAbuS(', EN standJ .f,,r Emo/lonal N"glect, P.4 :stands {or Physh:al Abuse, PN sumdsj(,r Phvl·ical .Neglect ,md SA"tandi for Sex1ml Abu.st{*

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 generatedthree factors:

Factor I was recognized as'Emotional Abuse and Emotional Neglect' comprising 26items:l,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, S,6, 9, 11. 12, 13, 14, 1S,17,

18,21,40, 51 and Factor Ill 'Sexual Abuse'comprising 11 items:10, 16,

19, 20, 29, 25, 28, 31, 39, 46, 47. Each subscale's cut off score was obtainedby calculating the ranges on the basis of the intensity of the

scores.Forall three scales, categories for high scores suchas '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 thisscale 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 and70 was the highest score and thusscoreson '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 Abusewere11 and 55 respectively and thus 44and55 scores were falling in abusedcategory. High alpha coefficient reliability for each subscale wasemerged i.e.. 81,.86, and .89 respectively. Overall

alpha coefficient reliability for the questionnaire1s.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 culturaland social factors." Child abuse isa broadtermthatencompassesentiredegree of inadequate conduct toward children which can be physical, emotional and sexual in nature." 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.1&,n

Keeping in view the sociocultural relevance of abuse and neglect 51

items were pooled for screening out the experiences of abuse

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 aredistinct categories.' Emotional abuse is definedas risk of harm to the emotional stability of the child which has numerous manifestations such as belittling, embarrassing, condemnation, hostileactions and refusal,lackof warmth,direction etc." suchthatit hampers individual's self-esteem and mental growth." 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,.a, Thus as per literature emotional abuse and neglect items should be loaded under distinct factors so that they can identify the cases of abuseand neglectseparately.

Likewise, Factor II 'Physical Abuse and Physical Neglect' reflects that all the itemsof 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.'" It includes violent practices such as harming a childby the flames, hurting him by hitting,punching, restraining, kicking, beating. biting,shattering, shaking, stabling, beating etc.19·" Whereas, physical neglect is the failure to fulfill fundamental physical needs of a child such as providing him healthy food, protection, shelter, and supervision." 1 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.

Thirdfactorisidentifiedas'Sexual Abuse' and all the itemsafter factor analysis wereloaded on this factors which probe sexual harassment such asemploying, persuading, forcing or empowering any child to engage in or facilitate the perpetrator to engage in sexually exploitative behavior. J()lt indicates that thecontent of theitems that probesexualabuseis 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.' 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." 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)." Exploratory factor analysis with promax rotation yielded five factors

i.e.emotional/psychological abuse(10 items), sexualabuse(6 items),

child neglect (6 items), child labor (7 items), and physical abuse (5 items)i.e.abuseand neglectitemswerenot collated."



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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)." Child Abuse Scale developed by Malik and Shah for chlld population also has four empirically determined subscales i.e. physical abuse (4 items), physical neglect (4items), emotional abuse(14 items) and emotional neglect(l 2item5).'

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 abusewerecategorizedunder thesameconstruct.

# CONCLUSION

Preliminary psychometric findings yielded three factors i.e. emotional abuse and neglect, physical abuse neglect, and sexual abuse.Thedevelopment of a culturespecific 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 freelyemployedfor clinical and researchpurposes.

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