

Childhood Adverse Experiences Questionnaire- Initial Scale Development and Validation

Fatemeh Moradi^{1*}, Neelkanth. B. Bankar²

ABSTRACT

The drive of this study was to develop a theoretical tool to measure the construct of adverse experiences in childhood. The psychological conception underlining adverse experiences during this period is studied. Many dimensions have been identified to measure the construct and developed 30 items. Expert's ideas from India and Iran have been considered. The scale was verified for validity, reliability and factor structure. The tool can be used for clinicians and research purpose to screen the level of difficulties. The exclusive effort of this scale is that it assess a broader range of events occur in childhood which might be traumatic. The findings of this paper will help the identification of stressor types and rate in the childhood period of the person and promote well-being. It clearly needs to take action and facilities into account for this issue regarding high risk group. These tool might be suitable for future research, policy, and treatment efforts aimed at understanding and preventing mental illness.

Keywords: *Adversities in childhood, Scale validation, Scale development.*

Childhood is an early stage of growth, usually the pioneers of developmental psychology consider childhood from birth to 12 years old (Sankulkar, 1999). Throughout childhood, patterns of behaviour, skill, and learning are initiated; socio- environmental factors begin to modify genetic inheritance; brain cells develop in great capacity; and biological pathway for handling stress arise (Young, 2000). Childhood negative experiences may have a long term impact on many areas and levels of growth, including mental health (Kessler, et al, 2010). Anda et al., 2006; Dong et al., 2004 define adverse childhood experiences as stressful and/or traumatic experiences endured in childhood that are usually related to inadequate and/or inappropriate quality of care (Korotana, et al, 2016). Adverse childhood experiences are the most intensive and frequently occurring sources of stress, which children may suffer early in life (World Health Organization, 2015). The handbook of psychiatry IV dichotomizes

¹ (Department of Applied psychology & counselling centre, university of Mumbai, Vidyanagar, Mumbai 400-098, Maharashtra, India)

² (Department of Applied psychology & counselling centre, university of Mumbai, Vidyanagar, Mumbai 400-098, Maharashtra, India)

**Responding Author*

Received: May 15, 2018; Revision Received: June 9, 2018; Accepted: June 28, 2018

Childhood Adverse Experiences Questionnaire- Initial Scale Development and Validation

stressful events into two groups. The non-independent or chronic and those that are independent or acute. (Kaplan, & Sadock, 1995).

The theories of aetiology of psychopathology highlighted the enduring influence of early life experience on psychological health across the lifespan (Kiecolt-Glaser, et al, 2011 & Opaas, & Varvin, 2015). In general, the mental disorder origins as outcome of childhood adverse experiences (McLaughlin, 2016, Conti, et al, 2012 & Cabrera, et al, 2007). Karen Horney found the childhood insecurity as the root of later mental illness (Segal, & Yahraes, 1924). There is a risk for adult psychiatric disturbance (McLaughlin, et al, 2012), as well as physical health in adulthood due to childhood adversities (World Health Organization, 2015, Fagundes, et al, 2013 & Scott, et al, 2011). Disclosure to adversities in childhood is associated with following alterations in regional brain grey matter volume (GMV). (Walsh, et al, 2014).

World Mental Health (WMH) Survey Initiative reports that CAs accounted for 29.8% of psychiatric morbidities worldwide (Kessler, et al, 2010). It becoming a co-operative research within the national and international centres. Although, substantial link between adversities in childhood and adult mental as well as physical illnesses have been evidenced through epidemiological studies (Dong, et al, 2005, Pirkola, et al, 2005 & Green, et al, 2010). However, Peak of these studies considered either only a single childhood adversity (Schreier, et al, 2009, Raleva, et al, 2013., Vanaelst, et al, 2012 & Panter-Brick, et al, 2011), or a few varied types of childhood adversities which did not cover the full wide range of adversities might occur in childhood (Allen, et al, 2014). After all, not many studies investigated the wide types of mental or physical health issues in adulthood, as a consequence of adversities occur in childhood period (Fujiwara, & Kawakami, 2010 & Kessler, Davis, Kendler, 1997). Still few studies investigated in this area and its effect later in life course (Flaherty, et al, 2006), and particularly on specific psychotic disorders (Fisher, et al, 2010). However, available interviews and tools are not appropriate enough for all research purposes in broad range of experiences and mostly focus on specific area of adversities. The virtues of utilizing interviews and tools in collecting history of childhood experiences have been acknowledged. Consequently, there is call for standardized self-report questionnaires measuring experience of childhood adversity for adult age.

Obviously, the first and last objective of improving adverse childhood experiences scale is to examining the correlation of ACEs with mental health symptoms to help with human well-being. Therefore, if an ACE scale measure childhood adversities in a broader range, the validity of such correlation in general with mental health and possibly with particular disorders would be clearer. Support from available sources with the use of proper varied samples are required to increase the validity of the tool. Combination of the results of multiple psychological studies can indicate common patterns of potential harm-full and health- affect risk factors in childhood. In Iran region not much evidence of research in such area, therefore the present study addresses the study in this area by constructing a wide range adversities occur in childhood period to be used in different research area.

Item and Scale Development Process

The item generation was done by help of operational definition of harmful events and adversities might occur during childhood. The CAQ items are based on results of several studies that included checklists, questionnaire, inventories, scales, and semi structured interviews regarding adversity in clinical and non-clinical settings. Many of studies have provided empirical support for the dimensions of the CAQ in different samples. The dimensions of the CAQ are consistent of a combination of many available childhood adversities studied, instrument and researcher's results, such as World Health Organization Surveys (2010) and etc.... Initially 32 items were created. The items were checked with Indian and Iranian psychologists to check for simplicity and validity, clarity in addition of relevance. The expert's advice were considered to alter the sentences formulation and finally deleted some items. After corrections we created an initial pool of 30 items.

Instrument

Final corrections created an initial pool of 30 items, in which the participants respond on a five-point Likert rating scale ranging from 0 (Not at all) to 4 (Very extremely). 0= Not at all, 1= A little, 2= Moderately, 3= extremely, 4= Very extremely. Item ratings are added across all items of a given subscale to obtain subscale scores. Where the maximum-minimum score ranged between 0 and 120 and the higher scores of CAQ indicate a greater perception of childhood adversities in the domain of the subscale.

Participant

Participants were consistence of a group of Iranian with a proficiency in English language in Shiraz, Iran. The sample of 54 including men and women 1.1, in the present analysis the mean age of sample was 21.38 years (SD=5.81).

METHOD

The constructed scale was administered in a survey design and retrospective method. The questionnaire was given to sample in equivalent situation to be filled within enough time, and it was repeated four weeks after again to the same sample group and same condition. Normative data (i.e., means and standard deviations) for the CAQ were reported as follows: for the total 13 factors (n= 54), the mean score was 25.87 (SD=10.34). Table A shows mean score and standard deviation of all subscale of the tool (Table A).

Measure

The Exploratory factor analysis (EFA) was computed to evaluate the factorial structure of the CAQ in a pilot study including 54 inpatients. Suggesting that data are suitable for exploratory factor analysis. Factor analysis indicated that the CAQ consisted of thirteen (13) factors. Principal factor analysis with Varimax Rotation was used to determine the construct validity, considering an Eigen value higher than 1. Factor analysis specification was satisfactory; KMO = .29, Bartlett's Test of Sphericity = 689.80, df = 435, $p = .0001$, and the Rotation Sums of Squared Loadings = 80.16. Result of an exploratory principal-axis factoring with Varimax Rotation that used 32 CAQ items showed correlation among the factors (except for

Childhood Adverse Experiences Questionnaire- Initial Scale Development and Validation

item 4 and 27 which finally has been removed) with a priori conceptual formulation of the instrument. Two items has been removed and the total items have been decreased to 30 items. The Kaiser-Meyer-Olkin KMO and Bartlett's Test information is presented in table B. To shows the significantly rotated correlation of higher than .30 for 30 items in 23 iterations refer to table C. (Table C).

Factor analysis indicated that the CAQ consisted of thirteen factors and that the Eigen values for these factors ranged from 8.38 to 80.16. These factors explained 80.16% of variance. The first factor is Psycho-Social Adversities (PSA) was measured by 6 items, the second factor name Threat and Deprivation (TD) included 3 items. Third factor labelled as Violence against Mother (VM) contained 1 item. And fourth factor known as Familial Adversities (FA) comprise of 3 items. Factor five named as School-Environmental Adversities (SEA) involved of 3 items. While Neglect and Conflict (NC) as the sixth factor measured by 2 items. The factor 7 was measured by 2 items labelled as Violence and Sexual abuse (VSA), number 8 factor named as Over-Controlling and locking up (OL) contain of 2 items. Ninth factor known as Attack and Robbing (AR) was measured by 1 item. While tenth factor as Accident and Emotional Abuse (AEA) contain of 2 items. The eleventh factor means Familial Mental Health Problems (FMHP) involve 2 items. Twelve factor name as feeling unloved was measured only by 1 item, while the thirteen and last factor Physical Abuse (PA) was measured by 2 items. Table D and E in appendix show the results details of factor analysis, factors and their items (Table D, Table E).

Scale Validation

The objective is to measure the validity of the adverse questionnaire in childhood. The construct validity of the CAQ was evaluated in a sample including 54 inpatients individual whom were masters in understanding English language in Iran. Furthermore, the criterion validity of CAQ and its subscales were measured by using Family Emotional Involvement and Criticism Scale (FEICS; Shields et al., 1992) and Stressful Factors Inventory (SFI; Khodayarifard & Parand, 2007) in this study. As table 5 shows the CAQ and its subscales have a good validity with familial emotional disturbances and stressors as two indicators familial dysfunction and maltreatment during childhood. FEICS and CAQ Family Emotional Involvement and Criticism Scale (FEICS; Shields et al., 1992) were highly correlated with CAQ scale and subscales with correlations .289*. Stressful Factors Inventory (SFI; Khodayarifard & Parand, 2007) were also highly correlated with CAQ scale and subscales with correlations .379**. Referee to table F for more description of result of the criterion validity of CAQ and its subscales with two other scales. (Table F)

Reliability of CAQ

To examine the reliability of CAQ and its subscales, test-retest was done with Four weeks interval and Cronbach's internal consistency alpha was used for this study. The result indicated that there are significant positive correlations between CAQ and its subscales (Table G). The reliability of the CAQ was established using Cronbach's alpha, which was

Childhood Adverse Experiences Questionnaire- Initial Scale Development and Validation

found to be .86. (Table H). Test-retest within Four weeks showed that CAQ and its subscales have satisfactory reliability (Table I).

DISCUSSION

The key drive of this study was to construct a theoretically grounded and empirically validated scale for childhood adverse measurement. The scale developed is sufficiently in its structure factors and reliability. Its validation was showing a valid instrument in comparing with two other scales.

LIMITATION

This instrument measure adverse experiences during childhood through a prospective method. This might cause some bias in data collection, due to false remembrance. There is need to develop more valuable scale to captured more trustable information of emotional impression of such experiences through qualitative and experimental longitudinal research.

IMPLICATION

The author suggested that this scale might be helpful for many purpose including (i) to enhance the insight of experts, psychologists, sociologist,... (ii) it may help to realize the problematic area (iii) it can be beneficial for a number of settings, such as psychiatric inpatient and nonclinical settings (iv) to help in prevention (v) encourage to focus more on childhood (vi).

CONCLUSION

In order to gain a complete understanding of childhood adverse effect on adult mental and physical well-being, we need to opens more interesting outlines of survey on instruments to collect more and accurate data in future researches. As further studies are needed to find more empirical evidence for realizing more network between adversities in childhood and future conflicts and problems. There is also needs for finding more prevention techniques.

REFERENCE

- Allen, V.C., Myers, H.F., & Williams, J.K. (2014). Depression among Black Bisexual Men with Early and Later Life Adversities. *Cultural Diversity & Ethnic Minority Psychology, 20*(1), 128–137.
- Corsini, R. J. (1984). Relativity. In the Encyclopedia of psychology, (volume 1). Interscience publication John Wiley and Sons.
- Cabrera, O., Hoge, CH.W. Bliese, P.D., Castro, C.A., & Messer, S.C. (2007). Childhood adversity and combat as predictors of depression and post-traumatic stress in deployed troops. *Am J Prev Med 2007; 33*(2).
- Conti, G., Hansmanb, Ch., Heckmana, J.J., Heckmana, M.F.X., Ruggiero, A., Suomi, S.J. (2012). Primate evidence on the late health effects of early-life adversity. *National Academy of Sciences of the United States of America, 109*(23), 8866-8871.
- Dong, M., Anda, R., Felitti, V.J., Williamson, D.F., Dube, SH., R., Brown, D.W., & Giles. W.H. (2005). Childhood residential mobility and multiple health risks during

Childhood Adverse Experiences Questionnaire- Initial Scale Development and Validation

- adolescence and adulthood. The hidden role of adverse childhood experiences. *Arch Pediatr Adolesc Med.* 159:1104-1110.
- Dohrenwend, B.P. (2000). The Role of Adversity and Stress in Psychopathology: Some Evidence and Its Implications for Theory and Research. *Journal of Health and Social Behavior*; 41(1) 1-19.
- Fagundes, C.P., Glaser, R., & Kiecolt-Glaser, J.K. (2013). Stressful Early Life Experiences and Immune Dysregulation across the Lifespan. *Brain, Behavior, and Immunity*, 27C, 8–12.
- Fujiwara, T., & Kawakami, N. (2010). Association of childhood adversities with the first onset of mental disorders in Japan: Results from the World Mental Health Japan, 2002e2004. *Journal of Psychiatric Research.* 45 (2011) 481e487.
- Flaherty, E.G., Thompson, R., Litrownik, A. J., Theodore, A., English, D.J., Maureen M...Dubowitz, H. (2006). Effect of Early Childhood Adversity on Child Health. *Arch Pediatrics Adolesc Med.* 160:1232-1238.
- Fisher, H.L., Jones, P.B., Fearon, P., Craig, T.K., Dazzan, P., Morgan, K., ... Morgan, C. (2010). The varying impact of type, timing and frequency of exposure to childhood adversity on its association with adult psychotic disorder. *Psychological Medicine*, 40(12), 1967–1978.
- Green, J.G., McLaughlin, K.A., Berglund, P.A., Gruber, M.J., Sampson, N.A.... Zaslavsky, A.M. (2010). Childhood adversities and adult psychopathology in the National Comorbidity Survey Replication (NCS-R). I: associations with first onset of DSM–IV disorders. *Arch Gen Psychiatry*, 67: 113–23.
- Haddad, Y.C., Itani, L. Fayyad, J., Karam, A. & Karam, E. (2014). Childhood Adversities and Traumata in Lebanon: A National Study. *Clinical Practice & Epidemiology in Mental Health*, 10,116-125.
- Kessler, R.C., Davis, C.G., Kendler, K.S. (1997). Childhood adversity and adult psychiatric disorder in the US National Comorbidity Survey. *Psychol Med*, 27: 1101–19.
- Kessler, R.C., McLaughlin, K.A., Green, J.G., Gruber, M.J., Sampson, N.A., Zaslavsky, A.M.... Williams, D.R. (2010). Childhood adversities and adult psychopathology in the WHO World Mental Health Surveys. *The British Journal of Psychiatry*, 197(5), 378–385.
- Kiecolt-Glaser, J.K., Gouin, J.P., Weng, N., Malarkey, W.B., Beversdorf, D.Q., & Glaser, R. (2011). Childhood Adversity Heightens the Impact of Later-Life Caregiving Stress on Telomere Length and Inflammation. *Psychosomatic Medicine*, 73(1), 16–22.
- Korotana, L., Dobson, K.S., Pusch, D. & Josephson, T.A. (2016). Review of primary care interventions to improve health outcomes in adult survivors of adverse childhood experiences, *clinical psychology review*, 46 (2016), 59–90.
- Kaplan, H. I., & Sadock, B. J. (1995). *Comprehensive textbook of psychiatry*/VI. Sixth edition. 1.
- Khodayari fard, M., & Parand, p. (2011). *The stress and the method struggling with it*, Tehran University publication Institute.

Childhood Adverse Experiences Questionnaire- Initial Scale Development and Validation

- McLaughlin, K.A., Green, J.G., Gruber, M.J., Sampson, N.A., Zaslavsky, A.M., & Kessler, R.C. (2012). Childhood adversities and first onset of psychiatric disorders in a national sample of adolescents. *Archives of General Psychiatry*, *69*(11), 1151–1160.
- McLaughlin, K.A. (2016). Future Directions in Childhood Adversity and Youth Psychopathology. *Journal of Clinical Child & Adolescent Psychology*, *45*:3, 361–382.
- Opaas, M., & Varvin, S. (2015). Relationships of Childhood Adverse Experiences With Mental Health and Quality of Life at Treatment Start for Adult Refugees, Traumatized by Pre-Flight Experiences of War and Human Rights Violations. *The Journal of Nervous and Mental Disease*, *203*(9), 684–695.
- Pirkola, S., Isometsa, E., Aro, H., Kestila, L., Hämäläinen, J., Veijola, J., Kiviruusu, O.,... Lönnqvist, J. (2005). Childhood adversities as risk factors for adult mental disorders. Results from the Health 2000 study. *Soc Psychiatry Psychiatr Epidemiol*, *40*: 769–777. Retrieved from doi:10.1007/s00127-005-0950-x
- Panter-Brick, C., Goodman, A., Tol, W., & Eggerman, M. (2011). Mental Health and Childhood Adversities: A Longitudinal Study in Kabul, Afghanistan. *Journal of the American Academy of Child and Adolescent Psychiatry*, *50*(4), 349–363.
- Raleva, M., Peshevska, D.J., & Sethi, D. (Eds). (2013). Survey of Adverse Childhood Experiences among Young People in the Former Yugoslav Republic of Macedonia. World Health Organization. Regional office Europe. Retrieved from: <http://www.euro.who.int/pubrequest>
- Schreier, A., Wolke, D., Thomas, K., Horwood, J., Hollis, CH.,... Harrison, G. (2009). Prospective study of peer victimization in childhood and psychotic symptoms in a nonclinical population at age 12 years. *Arch Gen Psychiatry*. *66*(5):527-536.
- Sankulkar, SH.C. (1999). Human developmental psychology. P 4.
- Young, M.E. (Ed). (2000). From early child development to human development. Investing in our children future. Washington, D.C. P. 5.
- Segal, J., & Yahraes, H. (1924). A child's journey, force that shapes the lives of our young. New York. P. 8.
- Shields, C.F, Harp, J., McDaniel, S., & Campbell, T. (1992). Development of the Family Emotional Involvement and Criticism Scale (FEICS): A self-report scale to measure expressed emotion. *Journal of Marital and Family Therapy*, *18*(4):395-407
- Scott, K.M., Korff, M.V., Angermeyer, M.C., Benjet, C., Bruffaerts, R., Girolamo, G.,...Kessler, R.C. (2011). Association of childhood adversities and early-onset mental disorders with adult-onset chronic physical conditions. *Archive of General Psychiatry*. *68* (8):838-844.
- Vanaelst, B., Huybrechts, I., Bourdeaudhuij, I. D., Bammann, K., Hadjigeorgiou, CH., & Henauw, S.D. (2012). Prevalence of negative life events and chronic adversities in European pre- and primary-school children: results from the IDEFICS study. *Archives of Public Health*, *70*, 26.
- Walsh, N.D., Dalgleish, T., Lombardo, M.V., Dunn, V.J., Van Harmelen, A.L., Ban, M., & Goodyer, I. M. (2014). General and specific effects of early-life psychosocial adversities on adolescent grey matter volume. *NeuroImage : Clinical*, *4*, 308–318.

Childhood Adverse Experiences Questionnaire- Initial Scale Development and Validation

World Health Organization. (2015). Adverse Childhood Experiences International Questionnaire (ACE-IQ). Violence and Injury Prevention. *World health organization*. Retrieved August 4, 2015, from <http://www.who.int/violence>

TABLES

Table A: Descriptive Statistics of CAQ and Its Subscales

Factor	N	Minimum	Maximum	M	SD
CAQ1	54	.00	16.00	2.55	3.85
CAQ2	54	.00	11.00	1.51	2.62
CAQ3	54	.00	4.00	.87	1.50
CAQ4	54	.00	11.00	2.61	2.78
CAQ5	54	.00	8.00	1.22	1.88
CAQ6	54	.00	4.00	.44	1.04
CAQ7	54	.00	7.00	1.37	1.85
CAQ8	54	.00	7.00	1.37	1.85
CAQ9	54	.00	4.00	.11	.60
CAQ10	54	.00	6.00	1.42	1.78
CAQ11	54	.00	7.00	.90	1.71
CAQ12	54	.00	4.00	.64	1.26
CAQ13	54	.00	6.00	.81	1.42
CAQ	54	1.00	35.00	15.87	10.34

Table B: Kaiser-Meyer-Olkin KMO and Bartlett's Test Result

The Kaiser-Meyer-Olkin Kmo		.29
Bartlett's Test of Sphericity	Approx. Chi square	689.80
	Df	435
	Sig.	.0001

Childhood Adverse Experiences Questionnaire- Initial Scale Development and Validation

Table C: Rotated Component Matrix of Childhood Adverse Questionnaire (CAQ)

Items	Component												
	1	2	3	4	5	6	7	8	9	10	11	12	13
1	.363												
2							.433						
3										.394			
4		.407											
5				.626									
6											.440		
7											.374		
8	.583												
9	.619												
10	.471												
11	.459												
12												.343	
13								.481					
14	.637												
15				.378									
16		.733											
17						.516							
18													.489
19		.594											
20										.414			
21							.380						
22					.661								
23						.313							
24			.558										
25									.440				
26								.340					
27													.388
28					.384								
29					.489								
30				.355									

Childhood Adverse Experiences Questionnaire- Initial Scale Development and Validation

Table D: Factors and Items of CAQ

Factors	Items	Cumulative%
1. Psycho-Social Adversities (PSA)	1,8,9,10,11,14	8.386
2. Threat and Deprivation (TD)	4,16,19	16.173
3. Violence against Mother (VM)	24	23.116
4. Familial Adversities(FA)	5,15,30	29.994
5. School-Environmental Adversities(SEA)	22,28,29	36.727
6. Neglect and Conflict (NC)	17,23	43.436
7. Violence and Sexual Abuse(VSA)	2,21	50.055
8. Over-Controlling and Locking up (OL)	13,26	55.633
9. Attack and Robbing (AR)	25	60.827
10. Accident and Emotional Abuse (AEA)	3,20	66.004
11. Familial Mental Health Problems (FMHP)	6,7	70.750
12. Feeling Unloved (FU)	12	75.463
13. Physical Abuse (PA)	18,27	80.162

Table E: 30 Items and Related Factors

Items	Factors
1. Have you been in any natural calamity?	1. PSA
2. Have you directly witnessed any military combat or been in a war region?	7. VSA
3. Did you experience any major serious accident?	10. AEA
4. Had any either major hospitalization or surgery or life threatening illness?	2. TD
5. Have any of your household members had serious physical illness/ or surgery?	2. TD
6. Have any of your household member/s had serious mentally illness?	11. FMHP
7. Did any of your household member/s committed suicide?	11. FMHP
8. Had any either alcoholic or drug user parent/s or any other household member?	1. PSA
9. Did your parents divorced or separated?	1. PSA
10. Have your household members been any time in jail?	1. PSA
11. Have you been separated either from parent(s)/ or someone emotionally attached?	1. PSA
12. Have you felt that someone hate/s you among either your family or peers or school?	12. FU
13. Have you experienced your parent/s was either controlling, critical, demanding, discourage, or blaming you?	8. OL
14. Have you been either adopted or lived with stepmother or stepfather?	1. PSA
15. Did you experience either a death of family member/s, or friend?	4. FA
16. Have you been deprived from either any of friends, regular activities, food, clothing, shelter, or money for a long time?	2. TD
17. Did you feel your parents ignored you after new birth?	6. NC
18. Have you been physically punished badly?	13. PA

Childhood Adverse Experiences Questionnaire- Initial Scale Development and Validation

Items	Factors
19. Have you been threatened, insulted, humiliate verbally very badly?	2. TD
20. Have you felt that there is nobody to take care of you or protect you in your family?	10. AEA
21. Have you been either raped/or someone forced you to touch them/ or touched you in a sexual way unwillingly?	7. VSA
22. Did you felt your parents refuse to send you to school when it was available?	5. SEA
23. Have you had household members either fight, broke things or hurt each other /or hurt you?	6. NC
24. Have you seen your mother was beaten, pushed, slapped?	VM
25. Ever been either attacked/ robbed or someone entered your house by force?	9.AR
26. Have you been tied up or locked up?	8.OL
27. Have you heard of any adversity/s that happened to you before age of 3?	13. PA
28. Have you had fear of school anytime?	5.SEA
29. Have you had sudden big changes?	5. SEA
30. Have you seen any major adversity/s happened to someone close to you?	4.FA

Table F: Child Adversities Questionnaire (CAQ), Family Emotional Involvement and Criticism Scale (FEICS) and Stressful Factors Inventory (SFI)

Factors	Family Emotional Involvement and Criticism Scale (FEICS)	Stressful Factors Inventory (SFI)
1.Psycho-Social Adversities (PSA)	.310 ^{**}	.301 ^{**}
2. Threat and Deprivation (TAD)	.301 ^{**}	.313 [*]
3. Violence against Mother (MS)	.390 ^{**}	.296 [*]
4. Familial Adversities(FA)	.272 [*]	.288 [*]
5. School-Environmental Adversities(SEA)	.290 [*]	.278 ^{**}
6. Neglect and Conflict (NAC)	.276 [*]	.302 ^{**}
7. Violence and Sexual Abuse (VSA)	.278 [*]	.310 ^{**}
8. Over-Controlling and Locking up (OAL)	.293 [*]	.330 ^{**}
9. Attack and Robbing (AAR)	.284 [*]	.316 ^{**}
10. Accident and Emotional Abuse (AEA)	.273 [*]	.363 ^{**}
11. Familial Mental Health Problems (FMHP)	.280 [*]	.371 ^{**}
12. Feeling Unloved (FU)	.290 [*]	.303 [*]
13. Physical Abuse (PA)	.276 [*]	.349 ^{**}
14. CAQ Total	.289 [*]	.379 ^{**}

Childhood Adverse Experiences Questionnaire- Initial Scale Development and Validation

Table G: Inter-correlations of Child Adversities Questionnaire (CAQ) and its subscale

Variables	CAQ1	CAQ 2	CAQ 3	CAQ 4	CAQ 5	CAQ 6	CAQ 7	CAQ 8	CAQ 9	CAQ 10	CAQ 11	CAQ 12	CAQ 13
CAQ2	.319*												
CAQ3	.123	.113											
CAQ4	.142	.126	-.012										
CAQ5	.115	-.054	.304*	.118									
CAQ6	.295*	-.196	-.143	.172	.161								
CAQ7	.008	.049	.234	-.067	.127	.372**							
CAQ8	.008	.049	.234	-.067	.127	.372**	1.000**						
CAQ9	.329*	.082	-.108	-.108	.011	-.080	-.071	-.071					
CAQ10	.036	.274*	.119	-.012	-.242	.099	.196	.196	.060				
CAQ11	.036	-.085	.112	.020	.497**	.171	.171	.171	-.099	-.079			
CAQ12	-.126	.335*	.005	.164	.161	.064	.113	.113	-.047	.059	-.068		
CAQ13	.094	.091	.296*	-.056	.269*	.056	-.002	-.002	.024	-.050	.001	-.079	
CAQ	.593**	.503**	.416**	.374**	.447**	.405**	.523**	.523**	.297*	.297*	.321*	.267	.296*

Notes: * $p \leq 0.05$, ** $p \leq 0.01$. CAQ= Childhood Adversities Questionnaire

Table H: Chronbach's Alpha Result

<i>Reliability Statistic</i>	
Chronbach's Alpha	No of Items
.86	13

Childhood Adverse Experiences Questionnaire- Initial Scale Development and Validation

Table I: Test-Retest Reliability of CAQ

Variables	CAQ 1-2	CAQ 2-2	CAQ 3-2	CAQ 4-2	CAQ 5-2	CAQ 6-2	CAQ 7-2	CAQ 8-2	CAQ 9-2	CAQ 10-2	CAQ 11-2	CAQ 12-2	CAQ 13-2	CAQ-2
CAQ1-1	.969**													
CAQ2-1		.962**												
CAQ3-1			.976**											
CAQ4-1				.897**										
CAQ5-1					.597**									
CAQ6-1						.828*								
CAQ7-1							.443**							
CAQ8-1								.847**						
CAQ9-1									.998**					
CAQ10-1										.781**				
CAQ11-1											.974**			
CAQ12-1												.880**		
CAQ13-1													.969**	
CAQ-1														.946**

Notes: * $p \leq 0.05$, ** $p \leq 0.01$. CAQ= Childhood Adversities Questionnaire.

Acknowledgements

The authors profoundly appreciate all the people who have successfully contributed in ensuring this paper is in place. Their contributions are acknowledged however their names cannot be able to be mentioned.

Conflict of Interest

The authors colorfully declare this paper to bear not conflict of interests

How to cite this article: Moradi, F & Bankar, N B (2018). Childhood adverse experiences questionnaire- initial scale development and validation. *International Journal of Indian Psychology*, 6(2), 86-98. DIP:18.01.090/20180602, DOI:10.25215/0602.090