

## Development and Standardization of “Childhood Victimization Identifier” Questionnaire

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### ABSTRACT

**Background:** Child abuse is often a hidden phenomenon in India. Because of the stigma and prejudice attached with it, the victimized child is unable to freely seek necessary assistance in resolving the trauma. As a result, these unexpressed flashbacks create chaos in the physical, social and mental aspects of the child’s adult life. **Aim:** The current focus of the research is to devise and standardize an effective questionnaire to assess childhood abuse among adult survivors and also to examine the existing awareness about child abuse among non-victimized adult samples. **Method:** Through initial item generation and validation, 31 statements were retained and then administered to 100 samples (male:50; female:50) within 18-23 years of age for standardization. **Results:** Findings imply that 50% of the total sample claims of experiencing childhood abuse, with emotional abuse (31%) being the most prevalent form of abuse experienced by the adult (both male and female) as a child. Physical abuse was found to more predominantly among males, whereas females experienced more of sexual abuse. The questionnaire has an internal consistency of 0.758 with content validity. **Conclusion:** Childhood abuse should be addressed discretely because they tend to have differential effects on the child during adolescent and adult years.

**Keywords:** *Childhood Abuse, Emotional Abuse, Sexual Abuse, Physical Abuse.*

In today’s chaotic society, it has become very difficult to ignore growing stories of childhood abuse and #metoo controversies among adult survivors. This is because of the newly-gained courage and faith on the justice system existing in the society. According to WHO, Child Abuse is defined as the “*physical and/or emotional ill-treatment, sexual abuse, neglect, negligence and commercial or other exploitation, which results in actual or potential harm to the child’s health, survival, development or dignity in the context of a relationship of responsibility, trust or power*”. It is estimated that as many as 40 million children are abused in any given year (WHO, 2001). Child abuse in India is often a hidden phenomenon especially when it happens in the home or by family members (Segal, 1999). It has been estimated that India has approximately 375 million children present, among which nearly 69 % of them are victims of physical, emotional and/ or sexual abuse (Gupta and Agarwal, 2012). Apart from India, countries like Europe and United States also face childhood abuses, but most of the cases go unreported. The statistics indicate that 15 out of every 1,000 US

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## Development and Standardization of “Childhood Victimization Identifier” Questionnaire

children were the victims of child maltreatment (Wang & Daro, 1997). Hence, these evidences testify that child abuse is always left unnoticed, even when its threatening consequences are wide known. Thus, it is important to identify children & adult survivors of childhood abuse and provide them with necessary guidelines to lead their life without the anchoring effects of this fatalistic trauma.

The consequences of experiencing child abuse and neglect varies considerably from individual to individual, and also based on the times the person has been abused. Research indicates that those who experience multi-type maltreatment and/or poly-victimisation are more likely to experience high levels of trauma symptoms and worse outcomes as adults than those who are exposed to no abuse or only one type (Finkelhor et al., 2007; Higgins & McCabe, 2001; Richmond, Elliot, Pierce, Aspelmeier, & Alexander, 2009). Long-term implications of childhood abuse suggest that adult survivors of childhood abuse experience somatic conditions like gastrointestinal problems i.e., ulcer and migraine (Goodwin et al, 2003). It is also estimated that women with the history of childhood physical abuse are significantly correlated to experience nightmares, back pain, eating binges or self-induced vomiting, sleeping problems etc. (McCauley et al, 1997). Mental health conditions like lifetime prevalence of agoraphobia, obsessive compulsive disorder, social phobia, sexual disorders, PTSD, and suicide attempts are prone to occur among adult survivors (Saunders et al, 1992). Children who endure repeated abuse and neglect may experience attachment disorder, cognitive challenges, social difficulties, and are more prone to substance abuse with increased negative contact with law enforcement and the judicial system (Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, USDHHS, 2016).

Thus, these implications suggest the immediate need for adults to be screened for childhood abuse as soon as possible. But in reality, counsellors usually face great challenges when screening for and assessing childhood abuse or neglect. Screening and assessment, therefore, should be designed to reduce the threat of humiliation and blame and should be done in a safe, nonthreatening environment (Center for Substance Abuse Treatment, 2000). Even though there are multiple questionnaires and scales already existing, they all lack certain essential elements. Thus, to fulfil the gaps left behind by these scales, the constructed questionnaire is prepared with precision and detailed planning. Hope the measurement serves its purpose in an effective manner.

## **METHODOLOGY**

### *Aim and Objectives*

The aim of the current study is to develop and standardize an instrument for the assessment of Childhood Abuse in adult population. To achieve this purpose, objectives like to develop a tool on ‘Childhood Abuse’ that could be tested on adult population and to know about the existing ideology of non-abused adults regarding ‘Child abuse’ are framed.

### *Sample*

The target population comprises of every individual above the age of 18 i.e., legalized adults. So, the sample selected amongst the target population are college students using ‘Purposive sampling’ technique. Based on these requirements, a sample size of 100 i.e., 50 male and female population were assessed. Inclusion criteria includes both male and female between the ages of 18 – 23 years, preferably English-speaking population. For the exclusion criteria, population below the age of 18 are not included and illiterate population are not included.

## Development and Standardization of “Childhood Victimization Identifier” Questionnaire

### *Ethical Considerations*

Respect for Confidentiality and anonymity of the participants were maintained throughout the research. Since this research focuses on sensitive topic, the effect of traumatic memory is minimized as much as possible. Also, to ensure the less impact of the questions, ‘Serial positioning effect’ was used.

### *Tools Used:*

The assessment measure used was the newly developed questionnaire based on ‘Childhood Abuse’ in adult population. It comprises of two sections.

- *Personal Data Sheet:*

This platform was designed to gather information regarding the presence of abuse among the population, to get an outline of the existing ideology of the population, and to assess the aftereffects of the abuse, if any.

- *Close ended structures questionnaire:*

This section was prepared by the researcher with the intent that all the three categories of abuse i.e., Physical abuse, Emotional abuse (Verbal abuse and Emotional neglect), Sexual abuse are accurately covered.

Both of these sections are a part of the item generation process.

### *Procedure*

The present study was conducted in three phases. They are as follows.

#### *I.Phase 1: Item Generation:*

Child abuse was handpicked as the finalized topic due to its pandemic nature. Then to stand out from the group of already existing child abuse assessment tools, the topic was specified as ‘Childhood abuse among adult survivors’. After this, relevant literature was collected to substantiate the topic more strongly. Similar tools and assessment measures were also duly noted in order to effectively cumulate the constructing tool to cover all aspects of child abuse. Especially, the physical and emotional abuse dimensions were formed in reference with Malik and Shah’s ‘Child Abuse Scale’ (2007).

Hence, on this basis, the items were generated though adaptation and reference. After item generation, the questionnaire was put forward to ‘Focus Group discussion’ which comprised of distinguished experts, who had prior knowledge about child abuse from psychology / mental health field and / or social work field. Through 4-5 Focus Group discussions, the questionnaire was narrowed down to 30 questions.

#### *II.Phase 2: Instrument Validation:*

##### *Step 1: Content Validation and Expert Rating:*

In this phase, the constructed instrument was given for expert rating to 10 professionals, in order to arrive at a set of items to be included in the instrument. Expert Rating will be solicited for content appropriateness, its relatedness to the topic, reading difficulty level of items on a scale of 0-10, addition or deletion of items. This provides with the content validity of the measure.

##### *Step 2: Item Inclusion:*

After two continuous expert validation, the questionnaire were finalized with 37 items and was ready for data collection.

#### *III.Phase 3: Pilot Study:*

With the exclusion and inclusion criteria on mind, the framed questions were administered to 100 samples comprising of 50 males and 50 females, meeting the inclusion and exclusion criteria. Here, the sampling method used was “Purposive Sampling” technique.

## Development and Standardization of “Childhood Victimization Identifier” Questionnaire

### IV.Phase 4: Data Analysis:

The obtained data was coded for IBM SPSS 16.0 analysis. Descriptive statistics like mean, standard deviation, frequencies and percentages were used to examine the Personal data sheet and the Section B items. After this, Cronbach’s Alpha was performed to check the internal consistency / reliability.

## RESULTS

Reliability analysis using Cronbach’s Alpha was done within dimensions and also for the whole questionnaire. Initially, the internal consistency of the questionnaire was found to be very minimal.

*Table 1. Internal Consistency for the dimensions of the questionnaire: N=100*

DIMENSION	NO. OF ITEMS	CRONBACH’S ALPHA
Emotional Abuse (EA)	7	0.701
Sexual Abuse (SA)	7	0.407
Physical Abuse (PA)	7	0.679

Table 1 reflects that the internal consistency / reliability of the constructed instrument ranges between a Cronbach’s Alpha of 0.407 to 0.701. Thus, to improve the consistency within dimensions, thereby to enhance the overall reliability of the measure, “Item-Total statistics” was used.

*Table 2. Item-Total Statistics: N=100*

S.NO	QUESTIONS	CORRELATED ITEM-TOTAL CORRELATION	CRONBACH’S ALPHA IF ITEM DELETED
1	Did people generally hit you in the presence of other people?	.539	.634
2	Did you get scolded often in the presence of other people?	.435	.661
3	In your day-to-day regular conversation, were there a lot of abusive languages used?	<b>.188</b>	<b>.724</b>
4	Were you teased regularly for your appearance and looks?	.461	.654
5	Were you regularly negatively criticized for your work and behaviour?	.499	.645
6	Were you encouraged and provided with proper guidance in all your daily activities?	.412	.667
7	Did the people whom you thought to be close, reciprocate you with the same love and affection?	.359	.681
8	Were you forced to see pornographic pictures and / or videos in your childhood or adolescence?	<b>.112</b>	<b>.401</b>
9	Did you suffer from any bad touch as a child?	.173	.378
10	During your childhood or adolescence, did you receive any phone calls or messages	<b>.245</b>	<b>.340</b>

## Development and Standardization of “Childhood Victimization Identifier” Questionnaire

	filled with sexual content?		
<b>11</b>	Were you given sexual education that was beyond your age requirement?	<b>.135</b>	<b>.392</b>
<b>12</b>	As a child, were you forced to see inappropriate body parts of others?	<b>.228</b>	<b>.353</b>
<b>13</b>	In a regular conversation with you, did people always use a lot of double-meaning sexual jokes and stories?	<b>.079</b>	<b>.435</b>
<b>14</b>	Can you still recall the events of the abuse accurately?	.331	.269
<b>15</b>	Did people beat you for small things frequently?	.474	.624
<b>16</b>	Were punishments given to you in the form of beatings?	.485	.614
<b>17</b>	Did people beat you in order to vent their aggression and stress?	.479	.616
<b>18</b>	Were you beaten up as a result of someone else’s quarrel?	.397	.642
<b>19</b>	Did people hit you under the influence of alcohol and drugs frequently?	.242	.680
<b>20</b>	At school, did teachers beat you frequently?	.362	.652
<b>21</b>	At school, did fellow students beat you frequently?	.299	.666

Here, table 2 greatly helps in determining whether the generated items needed to be removed or not. The dimensions

- a. **Corrected item-total correlation** aids in assuming how much each items correlate with the overall questionnaire score. Thus questions with a value less than 0.30 indicate that the item do not belong to the appropriate criterion.
- b. **Cronbach’s Alpha if item deleted** value gives a vivid idea as of to what will be the internal consistency score if certain items are removed. Hence, here the highest value-assuming questions are to be removed for more reliable formulation of a measurement scale.

Thus, based on these conditions, values were assessed in the table and six questions were identified (1 item from emotional abuse dimension and 5 items from sexual abuse dimension). All of those six questions are bolded for easy identification. By removing these six items, the reliability of the scale can be increased.

**Table 3. Internal Consistency of the questionnaire after Item deletion: N=100**

<b>DIMENSIONS</b>	<b>NO. OF ITEMS</b>	<b>CRONBACH’S ALPHA</b>
<b>Emotional Abuse (EA)</b>	6	0.724
<b>Sexual Abuse (SA)</b>	2	0.587
<b>Physical Abuse (PA)</b>	7	0.679

After removal of the six items from the questionnaire, the internal consistency of the tool ranges from a Cronbach’s Alpha of 0.587 to 0.724. This is clearly depicted in table 3, which shows a spurt in the internal consistency, following the item deletion.

## Development and Standardization of “Childhood Victimization Identifier” Questionnaire

**Table 4. Overall Internal Consistency of the questionnaire:**

**N=100**

S.NO	CATEGORY	RELIABILITY (INTERNAL CONSISTENCY)
<b>1</b>	Cronbach’s Alpha	0.758
<b>2</b>	Split Half (Part-I)	0.662
<b>3</b>	Split Half (Part-II)	0.679

From the table 4, it is evident that the reliability of all the items finalized at the end of the test i.e., from 21 items to 15 items, have a Cronbach’s Alpha value of 0.758, Split Half (Part I) value of 0.662 and Split Half (Part II) value of 0.679 respectively. All these findings assert that the constructed tool possess good reliability and pre-established content validity.

As for the second objective of knowing about the existing ideology of non-abused adults regarding ‘Child abuse’, the personal data sheet is designed in such a way that it can assess both the survivors as well as non-victims of childhood abuse.

**Table 5. Personal Data Sheet:**

**N=100**

SN.	QUESTIONS	OPTIONS	FREQUENCY	%
1	During childhood, were you subjected to any abuse?	Yes	50	50 %
		No	50	50 %
2	If yes, what was the age at which the abuse took place?	2-4 years of age	4	7.3 %
		5-7 years of age	7	12.7 %
		8-10 years of age	<b>22</b>	<b>40 %</b>
		11-12 years of age	6	10.9 %
		13-15 years of age	8	14.5 %
		16-18 years of age	8	14.5 %
3	If no, what do you think is the age at which abuse usually take place?	2-4 years of age	5	7.6 %
		5-7 years of age	10	15.2 %
		8-10 years of age	11	16.7 %
		11-12 years of age	9	13.6 %
		13-15 years of age	16	24.2 %
		16-18 years of age	<b>15</b>	<b>22.7 %</b>
4	If yes, how many abusers did you have?	One	<b>23</b>	<b>41.1 %</b>
		Two	16	28.6 %
		Three	7	12.5 %
		Four and above	10	17.9 %
5	If no, how many abusers do you think can a child have?	One	9	14.3 %
		<b>Two</b>	<b>29</b>	<b>46 %</b>
		Three	7	11.1 %
		Four and above	18	28.6 %
6	If yes, what was the relationship you shared with the abuser?	Mother	8	14.3 %
		Father	1	1.8 %
		Siblings	1	1.8 %
		Relative	<b>22</b>	<b>39.3 %</b>
		Family Friend	9	16.1 %
		Teacher	1	1.8 %
		Stranger	10	17.9 %
		Neighbour	4	7.1 %
7	If no, what do you think is the relationship children might have	Mother	7	11.7 %
		Father	3	5 %

## Development and Standardization of “Childhood Victimization Identifier” Questionnaire

shared with the abuser?	Siblings	0	0 %
	Relative	<b>20</b>	<b>33.3 %</b>
	Family Friend	12	20 %
	Teacher	0	0 %
	Stranger	10	16.7 %
	Neighbour	8	13.3 %
8 If yes, how frequently were you abused?	Once	<b>39</b>	<b>70.9 %</b>
	Frequently	16	29.1 %
9 If no, how frequently do you think children are abused?	Once	23	37.1 %
	Frequently	<b>39</b>	<b>62.9 %</b>
10 If yes, did you ever confess (or) report your abuse?	Yes	18	32.1 %
	No	<b>38</b>	<b>67.9 %</b>
11 If no, do you think children report their abuses?	Yes	25	37.3 %
	No	<b>42</b>	<b>62.7 %</b>
12 If yes, did you realize that you were abused, at the time of the abuse?	Yes	<b>31</b>	<b>56.4 %</b>
	No	24	43.6 %
13 If no, do you think children realize that they are abused, during the time of abuse?	Yes	23	35.4 %
	No	<b>41</b>	<b>63.1 %</b>
14 If yes, because of the abusive experiences during childhood and adolescence, did you (or) do you still suffer from bad dreams, where you are abused again?	<b>Yes</b>	<b>17</b>	<b>32.1 %</b>
	No	<b>36</b>	<b>67.9 %</b>
15 If no, because of the abusive experiences during childhood and adolescence, do you think children suffer from bad dreams, where they are abused again?	Yes	<b>55</b>	<b>85.9 %</b>
	No	9	14.1 %
16 Did you suffer from bedwetting and thumb sucking habits, until the age that was considered inappropriate?	Yes	27	27 %
	No	<b>73</b>	<b>73 %</b>

Table 5 showcases that equal prevalence of childhood abuse is noted amongst the sample population i.e., on a 50: 50 ratio.

### DISCUSSION

The current focus of the research was to devise an effective tool to assess childhood abuse among adult survivors. In order to avoid uneasiness on part of the victim, the formulation of a questionnaire was suggested. This would effectively manage to obtain the essential data from the individuals, without much traumatizing them about their past. To minimize the lingering effects when reading traumatizing statements, primacy and recency effects were implemented to reduce the after-effects. Moreover, the need for screening tool in India is on the rise. There are multiple questionnaires and scales to screen childhood abuse among adult survivors in the western context. Whereas in eastern context, the mere topic is considered a taboo, that is being banned to be discussed in public. But with each year, the account of child abuse occurrence is on the rise. Hence to assist and guide the victimized population, a screening assessment that will be applicable and assessable by all is essential. Also, to steer affected people from dysfunctional path to the right one, such a tool is highly recommended.

## Development and Standardization of “Childhood Victimization Identifier” Questionnaire

The measures from west don't focus more from an Indian context, and also the questionnaires comprise of large number of statements in them. This might act as a strong and potential triggering factor for the victims. But the devised questionnaire tries to limit the statements at a minimal level, to fill the gaps left by the western pioneers. All the devised dimensions have overall content validity and an adequate reliability and, but sexual abuse dimension was made to undergo some alterations to facilitate with a good reliability score. This might be due to the still existing prejudice attached with it that the victims don't openly admit of such occurrences. Thus, apart from the technical difficulties, the questionnaire has been successfully validated and standardized to its maximum potential.

As for the table 5 interpretations, majority (40%) of the samples reported that they have experienced abuse at the age years of 8-10 i.e., during standards 3<sup>rd</sup> to 5<sup>th</sup>. This is alarming since during this age, children are usually under the protection and nurturance of the parents. On a note of the perpetrator, it is observed that 41% of the survivors reported of having one abuser in their lifetime and it is mostly the family relative (39.3%) who mostly carried out such an act of abuse. This new finding positively correlates with the previous outcome i.e., that children even under the roof are traumatized by their own kin. 70.9% of the participants have accepted that they have been abused once throughout their life and that they have not confessed (67.9%) or reported of their abuse. This result concurs with the earlier finding in the sense that children, when abused by their own relatives feel threatened and fearful in reporting the occurrence of the abuse to their parents. From the statistics, it can also be emphasized that majority (56.4%) of the participants had insight of the occurring abuse against them, but did not face any adverse consequences like nightmares (67.9%) and bedwetting, thumb sucking habits (73%) in their adolescent and adult stages. Thus, due to the evolution of maturity at an early stage might have aided the victims in moving from the trauma and be free of the past. All these findings pertain to the 'Childhood abuse-experienced' population.

Since the population equally represents the non-abused samples too i.e., 50%, it can be empirically ascertained that all the findings can be generalized. In the personal data sheet, 7 questions are programmed in order to arrive about a conclusion regarding the existing ideology among the population. Starting with the age range at which abuse takes place, the general population (22.7%) believes that the abused group belongs to 16-18 years of age and 46% of the participants have a general idea that the abused child approximately has two abusers. The reason for assumption of such an age group might be due to the fact that children step out to the outer world only from 16 years and above. Hence, a casual impression may be that 16-18 are the vulnerable group to child abuse.

On guessing the relationship, the abusers share with the child, the general sample (33.3%) correctly assumed that family relative play the part. The samples (62.9%) are also in the notion that children are frequently abused. On checking the awareness regarding the transparency of the child, 62.7% have responded that child usually do not report of the abuses they face. But on guessing the fact whether children realize that they are being abused, the general sample (63.2%) have conveyed that children do not realize being abused. This prevalence of thought might be due to the frame of mind that children are innocent and are easily manipulated and convinced of the occurrences around them. They are also under the negative impression that childhood abuse survivors are subjected to nightmares (85.9%). This may be due to the presumption that child ruminates the trauma, hence the trauma ends up being projected in the dream as a threatening factor. These results lead to the conclusion that



## Development and Standardization of “Childhood Victimization Identifier” Questionnaire

the general non-affected samples have baseline idea of ‘when-how-where’ child abuse takes place. This clearly establishes the preformed objectives effectively.

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### Conflict of Interest

The author declared no conflict of interest.

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