Bahria Journal of Professional Psychology, July 2022, Vol. 21, No. 2, 01-13

# Abuse and Neglect Questionnaire: Revised

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The present study was aimed to revise an indigenous multidimensional Abuse and Neglect Questionnaire (2018) for the screening of past history of abuse and neglect in adults in Pakistan. It was a multistage research project that was executed in three stages. Initial stage was aimed towards item identification from first version of questionnaire that were collated during factor analysis and re-operationalization of the constructs of abuse and neglect and description and explanation of its types. Intermediary stage involved evaluation of the questionnaire by mental health professionals after which experts' opinions were collated and final questionnaire was devised. Final stage included pilot study on 10 participants which was followed by main study during which data was collected from 500 participants ($M_{age}$ = 30. 82; *SD* = 8.8). Demographic Questionnaire and Symptom Checklist Revised (Rahman et al., 2009) were employed during study. A Principal Component Analysis (PCA) of 51 items with Varimax rotation yielded 5 factors and the scree plot also showed the emergence of 5 distinct factors which were extracted and labelled as per thematic analysis i.e. Emotional Abuse, Sexual Abuse, Physical Abuse, Emotional Neglect, and Physical Neglect. Well established Psychometric properties of the measure emerged such as the test retest reliability (intra class correlation coefficient) for all subscales comes out to be .96, .95, .91, .74, and .89 respectively; Internal Consistency Reliability (.94, .93, .81, .78, and .56 respectively) and average inter item correlation (.45, .50, .35, .32, and .22 respectively). In addition, the construct and face validity of the respective questionnaire were also established. The development and validation of this questionnaire has manifold implications as it can be employed in the future researches, in clinical settings and can be helpful in devising cultural sensitive indigenous interventions.

*Keywords*: Abuse and neglect questionnaire, emotional abuse, sexual abuse, physical abuse, emotional neglect, and physical neglect

Maltreatment with humans and violating their rights has become a social and global pattern (Kim & Drake, 2019). Despite it is hard to imagine someone deliberately harming a child or neglecting the child's essentials, the child abuse and neglect cases are growing day by day in Pakistan (Mehnaz, 2018). According to the Ministry of Human Rights Government of Pakistan (2019), in the past few years there has been an upsurge in the cases of child abuse reported in Media. More than 200 cases of sexual abuse reported in Qasur, Punjab Pakistan and the Zainab's Case – a young girl from the same City created uproar in the Media. A number of National and International Organizations surveys calls for the implementation of an effective law and a mechanism of deterrence as well as awareness to curb the growing menace (Federal Ombudsman, 2019).

According to Child Welfare Information Gateway (2018), Child Abuse is defined as the threat to the welfare of the child through physically, emotionally and sexually exploiting him. It includes a spacious extent of abuse of children, which tends to include child punishment, beating, emotional maltreatment, sexual abuse in addition to incest and

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exploitation (Mehnaz, 2018). Child neglect is defined as physical, or emotional negligence and probably failure to provide minimal care such as (food, shelter, safety, health, physical & emotional care) to the child that is threatening for his wellbeing (Child Welfare Information Gateway, 2018).

Statistics on maltreatment revealed alarming proportions around the globe. A meta-analysis of 244 researches from various Countries revealed the life time prevalence of physical abuse to be (22.6%), emotional abuse (36.3%), physical neglect (16.3%), and emotional neglect (18.4%; Soltenborgh et al., 2015). Moreover, it was revealed that Asian Countries showed exceptionally lower onset and recurring rate of abuse and neglect as compared to other Countries (Kim & Drake, 2019).

According to the data collected by Pakistani NGO's, there has been an increment of 32% in child abuse cases in 2018 as compared to 2017 (Ministry of Human Rights Government of Pakistan, 2019). In the Punjab province, child abduction and abuse cases has reached at shocking level (12 children are abused every day). Moreover, latest researches revealed that in Pakistan, the child sexual abuse cases raised 10% in the year 2017 (Javed, 2017). According to a Report, due to sexual abuse, abortion rate has also been raised from 6.2% in 2008 to 16.2% in 2018 which calls for strict measures to tackle the issues of child protection (Federal Ombudsman, 2019).

Child abuse varies from culture to culture and has different manifestations in various regions according to the age, gender, economic background and family structure (Epstein, 2008) and parenting style (Camilla et al., 2019). The exposure of young children to abuse and neglect impose serious effects on their lives (WHO, 2012). These traumatic experiences in childhood alter their perception about themselves and the world; in turn influences the capacity to cope with the stressors effectively (Bano & Akhtar, 2018). Thus, as such children grow older they experiences challenges in their relationships and in grasping hard facts of life, gradually developing psychological disorders (Aghalipuor, et al., 2013).

Though Human Rights Ministry Officials raised the issue of abuse and neglect incidents with the ex Prime Minister Imran Khan to tackle maltreatment cases and to draft a child protection policy and therefore Prime Minister proposed that death penalty to be fixed for the perpetrators to discourage the attacks on humanity (Hasan, 2019). Nevertheless, it's imperative that other bodies shall also get united to eradicate the associated morbidity. With reference to Pakistan, there is scarcity of laws and bodies to keep a check on such incidents; develop assessment tools to screen individuals with abuse in childhood; and rehabilitate such individuals. Thus, for assessment, identification and diagnostic purposes, a great need was emerged to develop some instrument to identify abuse and neglect in childhood history of adults with several mental disorders. Such instrument was required to be free from language and cultural biases in order to represent the valid test for Pakistani population.

Although several international questionnaires with well-established psychometric properties are available that assesses abuse and neglect experiences such as Childhood Trauma Questionnaire (CTQ), Juvenile Victimization Questionnaire (JVQ), Childhood Abuse and Trauma Scale (CAT), Trauma Symptom Checklist (TSC), ISPCAN Child Abuse Screening Tool, and the Sexual and Physical Abuse Questionnaire (SPAQ). However, some of the questionnaires such as CTQ-SF (28 items), TSC (40 items), and ISPCAN Child Abuse Screening Tool – Child's Institutional version (43 items) need to be purchased per administration and demands high cost (Johnson et al., 1999). Some other questionnaires also have limitations such as CTQ- SF items lacks behavioral base and overlook important

information regarding onset of abuse/ neglect, disclosure, and perpetrator etc. (Margolin, 2005). Likewise, JVQ criterion validity has not been assessed and specific exposures are determined by only one item for example physical abuse is determined by a single item (Jackson et al., 2000).

Though few indigenous questionnaires were also developed but have certain limitations. Malik and Shah (2007) developed indigenous child abuse scale that was used to evaluate different levels and types of abuse and neglect among 200 children of age range 8 to 12 years. In this research, only data from children was collected from schools. However, adult population and children from homes, schools and community was not recruited. Likewise, Naz and Kauser (2012) developed indigenous Child Abuse Interview (CAI) as part of research that was conducted on adolescents with somatoform disorder. It comprised of 44 items to assess abuse and neglect among adolescents with somatoform disorder. It consisted of four sub scales (physical abuse, emotional abuse, sexual abuse & neglect). Types of neglect i.e. emotional and physical neglect were not explored. Moreover, it was not standardized on Pakistani population. The psychometric properties of a tool are very important to establish because these are important part of test construction (Kumar, 2015). Thus a reliable and valid tool that is standardized on Pakistani population is deemed essential. Abuse and neglect questionnaires employed in other academic researches also lack well established psychometric properties and has certain limitations such as not standardized on Pakistani population (Ghaffar & Malik, 2014; Irfan & Cowburn, 2004).

This initial attempt to develop a Child Abuse Scale needs additional studies to replicate the psychometric characteristics of the scale, especially the factorial structure and the cut-off scores with larger and different samples, including a clinical sample. The samples may be selected from different settings of child abuse, for example, home, schools and community, differing in the intensity and nature of abuse and neglect. This would add to the sensitivity of the measure to identify and categorise the instances and the intensity of child abuse and neglect in the larger context. This initial attempt to develop a Child Abuse Scale needs additional studies to replicate the psychometric characteristics of the scale, especially the factorial structure and the cut-off scores with larger and different samples, including a clinical sample. The samples may be selected from different settings of child abuse, for example, home, schools and community, differing in the intensity and nature of abuse and neglect. This would add to the sensitivity of the measure to identify and categorise the instances and the inten sity of child abuse and neglect in the larger context. This initial attempt to develop a Child Abuse Scale needs additional studies to replicate the psychometric characteristics of the scale, especially the factorial structure and the cut-off scores with larger and different samples, including a clinical sample. The samples may be selected from different settings of child abuse, for example, home, schools and community, differing in the intensity and nature of abuse and neglect. This would add to the sensitivity of the measure to identify and categorise the instances and the intensity of child abuse and neglect in the larger context

The first version/ original questionnaire developed by Yousaf, et al. (2018) had some limitations i.e. the factor loadings that were yielded through Explanatory Factor Analysis with Varimax rotation generated three factors. The factor analysis combined abuse and neglect items into one factor i.e. physical abuse and physical neglect items were clustered together; where as emotional abuse and emotional neglect items were merged. However, literature shows that although both these constructs lead towards psychopathology but abuse and neglect should be dealt separately (Toth & Manly, 2018). Since, the Abuse and neglect is

multi factorial in nature, a multi-dimensional approach was needed for the identifications of high risk individuals. Thus the present study was designed to develop and validate a multi-dimensional measure of abuse and neglect screening questionnaire with sound psychometric properties which can be further employed for clinical purposes i.e. to assess actual abuse and neglect experiences. It will also serve as the backbone for further researches in the realm of Mental Health.

## Method

This research project was executed in three stages.

### Initial Stage

Foremost, the items were identified from first version of questionnaire (Yousaf, et al., 2018) that were collated during factor analysis. Then the construct of Abuse and Neglect was re-operationalized in the light of previous and current literature, theoretical model and theoretical knowledge. The items were pooled with respect to existing literature, Islamic perspective and in the face of cultural context. The items reflect cognitive, behavioral and affective elements that are implicit in the Abuse and Neglect construct. An item pool comprised of 51 items that were generated on the basis of 3 types of Abuse (Emotional Abuse, Sexual Abuse, Physical Abuse) and 2 types of Neglect (Emotional Neglect & Physical Neglect).

### Intermediary Stage

The formulated questionnaire was sent to seven Senior Clinical Psychologists/ Mental Health Professionals who hold sound knowledge and expertise of the respective subject. Only the experts meeting the desired criteria were nominated for evaluating the questionnaire: 1) A Professional having Ph. D / MS Degree in Clinical Psychology and 2) is practicing Clinical Psychologist/ Mental Health Professional in the relevant field for at least 5 five years. The feedback of the experts highlighted the sensitivity of the tool and proved helpful in reformulating and restating certain ambiguous items. The feedback of all the professionals was collated and the final questionnaire was devised. The questionnaire was reviewed time and again and was finalized.

### Final Stage

During the final stage, pilot and main study was conducted.

#### *Participants*

Non probability purposive sampling strategy was employed to recruit participants. A total of 500 participants ($M_{age}$ = 30. 82, SD = 8.8) were recruited as per criteria from Centre for Clinical Psychology, Sir Ganga Ram Hospital, MAYO Hospital, Punjab Institute of Mental Health, Services Hospital, Jinnah Hospital and Mian Afzal Trust Hospital.

#### *Measures*

**Abuse and neglect questionnaire – revised.** This revised version of the first questionnaire (Yousaf, et al., 2018) is comprised of 51 items that is aimed to assess abuse and neglect experiences. It is a 5-point likert scale that ranges from Never True (1) to Very Often True (5). It has five subscales i.e. Emotional Abuse, Sexual Abuse, Physical Abuse, Emotional Neglect, and Physical Neglect with high alpha coefficient reliability for each subscale was emerged i.e. .94, .93, .81, .78, and .56 respectively.

**Demographic information questionnaire.** It was devised as part of the research work to yield basic demographics of the participants of the study. It included age, gender, education, occupation, religion, siblings, birth order, marital status, no. of children, family system and socioeconomic status. It also included questions related to monthly income at the time of abuse, total family members at the time of abuse, type of abuse, no of times abused, age at abuse, relationship with the perpetrator, and influence of abuse on life.

**Symptom Checklist Revised (SCL-R).** It was adapted in Urdu by Rahman, et al. (2009) and was employed in the study to assess Depressive Disorders, Anxiety, Somatoform, Schizophrenia and OCD among the participants. The items were rated on a four point likert type rating scale Not At All (0) to Very Much (3). Five subscales of SCL-R were administered on the psychiatric population i.e. Depression (24 items), Anxiety (29 items), Somatoform (27 items), Schizophrenia (15 items) and Obsessive Compulsive Disorder (15 items). The validity of SCL-R is .40-.60. The reliability range determined by test retest method is .74- .92.

## Procedure

The permission was sought from Department Ethical Committee to execute the research project. The permission to use the Symptom Checklist Revised was taken from the respective author and the permission to collect the data was sought from the Director of Centre for Clinical Psychology and from head of the Psychiatric Departments of major hospitals of Lahore, Pakistan: Sir Gange Ram Hospital, MAYO Hospital, PIMH, Services Hospital, Jinnah Hospital and Mian Afzal Trust Hospital.

Pilot study was conducted on 10 participants (4 from Centre for Clinical Psychology and 6 from Sir Ganga Ram Hospital) to examine if the questions were clearly stated and understood well by the participants. The participants found questions easy to comprehend. They only found difficulty in comprehending negative worded questions. They provided feedback to make these items easy. Thus the researcher rephrased the items stating in clear and straight forward way. The average time consumed to complete the questionnaire was 45 minutes.

During the main study, a total of 565 participants were approached, however; 540 met the inclusion/ exclusion criteria. 520 participants gave their consent and voluntarily participated in the study. Some questionnaires were discarded during the data entry due to several reasons such as incomplete questionnaires etc. Thereby, a total data of 500 participants responded (Response Rate 88.4%) based on which the final version of the Child Abuse and Neglect Questionnaire of 51 items, along with Demographic Questionnaire and Symptom Checklist Revised (SCL-R) were administered. During the verbal administration, the rationale and objectives of the study were explained to the participants and their consent was taken. Moreover, they were assured that all the data will be kept confidential and will only be used for research and educational purposes. All ethical considerations were observed during the entire research process.

## Results

A Principal Component analysis of 51 items was executed out with rotation method (Varimax with Kaiser Normalization). The method employed for factor retention was Kaiser or mineigen greater than 1 criterion (K1), which retains factors with eigenvalues greater than 1 (Kaiser, 1960). Furthermore, Cattell's Scree test was also used to determine the number of factors to retain. It displayed plot of Eigen values which was used to examine breaks or discontinuities (Cattell & Jaspers, 1967). Rotations were converged in 7 iterations. The

Kaiser-Meyer-Olkins measure verified that the sample is adequate for the analysis KMO= .90 (superb' according to Field, 2009). Barlett's test of spherecity $\chi^2$ (1275) = 12374.587, $p<.001$ indicated that the inter item correlation was sufficiently large for PCA. A preliminary analysis was done to obtain Eigen value for all the component in the data. The Kaiser criteria of 1 yielded 5 factors. The factor analysis yielded a neat arrangement of 5 factors and explained 52.38 % of variance.

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

| Item numbers | Factors | EA | SA | PA | EN | PN |
|---|---|---|---|---|---|---|
| 1 | EN | | | .24 | | |
| 2 | EA | .53 | | | | |
| 3 | PN | | | | | .62 |
| 4 | EA | .68 | | | | |
| 5 | PN | | | | | .34 |
| 6 | PN | | | | | .71 |
| 7 | EA | .63 | | | | |
| 8 | EN | .22 | | | | |
| 9 | PA | | | .73 | | |
| 10 | SA | | .87 | | | |
| 11 | PA | | | .82 | | |
| 12 | PA | | | .82 | | |
| 13 | PA | | | .49 | | |
| 14 | PA | | | .85 | | |
| 15 | PN | | | | | .76 |
| 16 | SA | | .83 | | | |
| 17 | PN | .51 | | | | |
| 18 | PA | | | .38 | | |
| 19 | SA | | .89 | | | |
| 20 | SA | | .89 | | | |
| 21 | PA | | | .74 | | |
| 22 | EA | .79 | | | | |
| 23 | EN | | | | .55 | |
| 24 | EA | .71 | | | | |
| 25 | SA | | .60 | | | |
| 26 | EA | .78 | | | | |
| 27 | EA | .58 | | | | |
| 28 | SA | | .38 | | | |
| 29 | SA | | .61 | | | |
| 30 | EA | .69 | | | | |
| 31 | SA | | .65 | | | |
| 32 | EA | .77 | | | | |
| 33 | EN | | | | .55 | |
| 34 | EN | .69 | | | | |
| 35 | EN | | | | .57 | |
| 36 | EN | | | | .67 | |
| 37 | EN | | | | .62 | |
| 38 | EN | .56 | | | | |
| 39 | SA | | .78 | | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| 40 | PN | | | | | .47 |
| 41 | EA | .60 | | | | |
| 42 | EN | | | | .53 | |
| 43 | EA | .61 | | | | |
| 44 | EA | .63 | | | | |
| 45 | EA | .59 | | | | |
| 46 | SA | | .34 | | | |
| 47 | SA | | .85 | | | |
| 48 | EA | .50 | | | | |
| 49 | EA | .53 | | | | |
| 50 | EN | | | | .62 | |
| 51 | PN | | | | .30 | |

*Note.* EA= Emotional Abuse, EN= Emotional Neglect, PA= Physical Abuse, PN= Physical Neglect, SA= Sexual Abuse.

Table 1 depicts five factors along with their factor loadings. These factors were thematically analyzed and entitled as per content of the items in each factor. The thematic analysis suggested factor one as ‘Emotional Abuse’. This scale comprises of 19 items i.e. 2, 4, 7, 8, 17, 22, 24, 26, 27, 30, 32, 34, 38**,** 41, 43, 44, 45, 48 and 49. Second factor is identified as ‘Sexual Abuse’. It comprises 11 items i.e. 10, 16, 19, 20, 25, 28, 29, 31, 39, 46 and 47. Factor three is comprised of items that relates to ‘Physical Abuse’. 8 items come under this factor i.e. 23, 33, 35, 36, 37, 42, 50 and 51. Factor four ‘Emotional Neglect’ comprises of 8 items i.e. 1, 9, 11, 12, 13, 14, 18 and 21. Factor five was named as ‘Physical Neglect’. Five items that are item# 3, 5, 6, 15 and 40 come under this component

All the factors utilize a four point intensity scale for measurement and depicted adequate content, construct and face validity as Clinical Psychologists and experts opinions also evaluated it to be above average.

**Table 2**

*Factor, Items in the Original Item Pool, Items after Factor Analysis and Total No. of Items*

| Factors | Item No’s in the Original Item Pool | Total No. of items | Item No’s after Factor Analysis | Total No. of items |
|---|---|---|---|---|
| EA | 2, 4, 7, 22, 24, 26, 27, 30, 32, 41, 43, 44, 45, 48 and 49 | 15 | 2, 4, 7, 8, 17, 22, 24, 26, 27, 30 32, 34, 38, 41, 43, 44, 45, 48 and 49 | 19 |
| SA | 10, 16, 19, 20, 25, 28, 29, 31, 39, 46, 47 | 11 | 10, 16, 19, 20, 25, 28, 29, 31, 39, 46, 47 | 11 |
| PA | 9, 11, 12, 13, 14, 18, 21 | 7 | **1**, 9, 11, 12, 13, 14, 18, 21 | 8 |
| EN | **1, 8,** 23, 33**, 34**, 35, 36, 37, **38**, 42, 50 | 11 | 23, 33, 35, 36, 37, 42, 50, **51** | 8 |
| PN | 3, 5, 6, 15, 17, 40, 51 | 7 | 3, 5, 6, 15, 40 | 5 |

*Note.* EA= Emotional Abuse, EN= Emotional Neglect, PA= Physical Abuse, PN= Physical Neglect, SA= Sexual Abuse.

Table 2 shows factor and corresponding items numbers in the original pool. It also displays item numbers and number of items after Varimax rotation (Principal Component

Analysis). Only 6 items i.e. item no # 8, 17, 34, 38, 1 and 51 were misclassified. These items belong to some other factor but after factor analysis (Varimax Rotation) they were classified with the factor that constitute all the items that probe some other type of abuse/ neglect.

## Discussion

It is imperative that indigenously screening tools needs to be developed to have a clear picture of manifestation of abuse and neglect in a particular culture. Therefore, the present study was designed to develop and validate a Multidimensional Indigenous Child Abuse and Neglect Screening Questionnaire Revised. The initial researches on scale development are carried out mostly on psychiatric populations (for example Bernstein et al., 2003; Finkelhor et al., 2005; Fakunmoju & Bammeke, 2013; Fergusson, et al., 2013; Dinwiddie et al., 2000; Beitchman, et al., 1992; Naz, 2011; Yousaf & Sitwat, 2010). Therefore, in the present research also psychiatric population was targeted for the development and validation of this questionnaire.

Two sets of factor analyses were executed employing Principal Component Analysis with Varimax rotation for Child Abuse and Neglect. Five factors extracted through fix factor analysis in the current study affirmed Child Abuse and Neglect Screening Questionnaire-Revised. It is consistent with the previous researches such as Bernstein et al. (2003) also developed and validated Childhood Trauma Questionnaire (the CTQ-SF) to screen the participants with past history of maltreatment. This 70 items based screening questionnaire was devised for both clinical and general population. Factor analysis of 70 items of CTQ-SF also yielded five domains i.e. physical abuse, physical neglect, emotional abuse, emotional neglect and sexual abuse (Bernstein, et al., 2003). In the preset study Emotional abuse factor comprises 15 items that are sufficient to probe occurrence of verbal attacks such as criticizing, insulting, rejecting and teasing. All the 15 items also after Factor Analysis were categorized in the factor Emotional Abuse which reflects that the content of the items was adequate. All the items under its heading relates to harming one's emotional stability that results in the significant change in his/ her emotional responsiveness and behavior. Factor one 'Emotional Abuse' was also assessed in other researches and the results are consistent with the findings of the current research (Bernstein & Fink, 1997).

Second factor is identified as 'Sexual Abuse' as all the 11 items of the questionnaire come under its heading that relates to sexually exploitative behavior such as forcing any child to engage in sexual behavior, fondling the child's genitals, compelling for oral and anal sex, incest and rape. After factor analysis also the same 11 items were loaded on the same factor i.e. Sexual Abuse. This factor was also measured by other researchers. Child Abuse Screening Tool was devised by an International body working for the Prevention of Child Abuse and Neglect. This respective tool was based on 43 items and factor analysis generated three subscales i.e. physical abuse, emotional abuse and sexual abuse (Zolotor et al., 2009). The content of the items of sexual abuse subscale in this study is consistent with the items of the other researches. Fergusson, et al. (2013) also assessed sexual abuse during childhood and after 30 years its impact on adulthood on 900 participants. Results revealed that child sexual abuse is accompanied by higher rates of post traumatic symptoms, lowers self-esteem and negatively influences life. It leads to Depression, Anxiety disorder, Suicidal ideation, suicidal attempt, and substance dependence.

Factor three is comprised of 8 items that relates to 'Physical Abuse' that probe any occurrence of non-accidental and deliberate risk or harm directed towards the child such as minor injuries that may range from mild (bruises, laceration, wounds, abrasions) to severe

(injuries, aches, or broken bones). Factor analysis revealed that the content of the items under this factor was adequate. All the items of this factor were loaded under their respective factor. This factor was also measured by other researchers. Ghaffar and Malik (2014) developed Child Abuse Scale Adolescent form. The following questionnaire measures child maltreatment (physical, emotional and sexual abuse in adolescents).

Factor four 'Emotional Neglect' relates to items regarding failure to fulfill emotional needs of a child. It includes failure to provide love, encouragement, affiliation, support. It includes persistent ignoring and socially isolating someone. This factor comprises of 8 items. However, after factor analysis its one item was loaded under the second factor of Physical Abuse and three other factors were loaded under Emotional Abuse. Thus, these four items can be rephrased in the future research. This factor was also measured by other researchers. Fakunmoju and Bammeke (2013) presented psychometric properties of the Perception of Child Maltreatment Scale (PCMS) that was comprised of 34 items. This scale was intended to measure child labor and maltreatment during childhood (physical or emotional in nature). Another Child Abuse Scale developed by Malik and Shah (2007) for child population also has four empirically determined subscales i.e. physical abuse, physical neglect, emotional abuse and emotional neglect.

Factor five includes items relating to neglecting child needs and failure to provide food, shelter, safety, health and minimal physical care to the child. Therefore, this factor was named as 'Physical Neglect'. Factor Analysis suggest that item no 17 and 51 of Physical Neglect scale need to be revised as they were loaded under some other factor. The content of the remaining items was adequate. This factor was also assessed by many other researches (Naz, & Kauser, 2012; Yousaf, et al., 2018).

Test retest Reliability (intra class correlation coefficient) was established by administering the same questionnaire on 50 participants over a period of 2 weeks to evaluate it for stability over time. The participant's scores on five subscales of Abuse and Neglect Screening questionnaire for the first time administration and for re-administration were then evaluated to seek correlation coefficient. By keeping Two Way Mixed Model and Absolute Agreement type, the intra class correlation coefficient for all subscales (i.e. Emotional Abuse, Sexual Abuse, Physical Abuse, Emotional Neglect, and Physical Neglect) comes out to be .96, .95, .91, .74, and .89 respectively. It indicates high test retest reliability of all subscales.

Internal consistency Reliability was used to estimate the extent to which multiple test items of the same scale that probe the similar construct generate the same results. Internal consistency Reliability was estimated by computing Chronbach's Alpha and Average Inter Item Correlation.

Chronbach's Alpha reliability analysis of each subscale was also carried out by computing Cronbach's alpha. For each subscale Emotional Abuse, Sexual Abuse, Physical Abuse, Emotional Neglect, and Physical Neglect high alpha coefficient reliability emerged i.e. .94, .93, .81, .78, and .56 respectively.

Average Inter Item Correlation was computed for all subscales by selecting all the items of each subscale of Abuse and Neglect Screening Questionnaire that probe the same construct and by computing its correlation coefficient. Afterwards the average of all of the correlation coefficients was computed to yield the average inter-item correlation for all subscales which was observed to be .45, .50, .35, .32, and .22 for Emotional Abuse, Sexual Abuse, Physical Abuse, Emotional Neglect, and Physical Neglect respectively.

Construct Validity ensures if the child abuse and neglect screening questionnaire and its subscales truly measures the intended construct rather than extraneous factor. Therefore to establish construct validity of the questionnaire, the researcher contacted the panel of the experts and the Professionals of the relevant field and were familiar with the construct. Construct Validity was thus established through carefully defining the conceptual framework. The formulated questionnaire was given to ten Senior Mental Health Professionals who hold sound knowledge and expertise of the respective subject. The experts evaluated the items and suggested what that specific item reflects and intends to measure. The feedback of the experts highlighted the sensitivity of the tool and that its content extensively measures Child Abuse and Neglect. Thus, for the current study the consensus given by the Senior Mental Health Professionals was utilized as an indicator of construct validity.

Face validity was established on the basis of expert opinion and evaluation of the Child Abuse and Neglect Questionnaire from Seven Senior Mental Health Professionals. They were asked to rate the appropriateness and whether the items of the subscales appears to assess the intended construct under study. They were requested to rate the questions under each domain and give recommendations/ suggestions/ or indicate amendments if required in case of low rating of an item. None of the item was deleted after the process of evaluation, thus confirming the face validity of the questionnaire. Only certain words and sentence structure of certain items were amended as per suggestions of the experts.

## Conclusion

The current study was aimed at devising and validating an indigenous multidimensional screening measure of child abuse and neglect and to a great extent the effort was a success. A large sample size of psychiatric population was ensured (N=500). Moreover from developing and revising measure on the basis of expert opinion to robust data collection, advanced analyses and establishing psychometric properties, the measure serves as a reliable and valid screening instrument to be employed for clinical and academic/ research purposes.

## Limitations and Suggestions

Every research work has some constraints in it which in turn serves as the backbone for further improvement in forthcoming researches. In the current study, for establishing test retest reliability, the measure was though re-administered on 85 participants but 50 participants were able to complete it. Some left the questionnaire incomplete and some questionnaires were discarded due to non-serious responses of the participants. Thus, it may could have yield more reliable results if re-administration could be ensured on large sample. Besides, for further study the steps to follow include determining the parallel forms reliability, split half reliability, criterian related validity, formative validity, convergent and divergent validity of the questionnaire with different measures and populations.

## Future Implications

This study will serve as the building block for further researches in the area of abuse and neglect in the realm of mental health. Reliability and validity studies in the future will facilitate in identifying the structure of the child abuse and neglect construct. Moreover, future researches will be undertaken to identify the relationship between the history of abuse and neglect and mental health. This questionnaire can also be employed in clinical setting for probing the history of abuse and neglect in childhood and indigenous interventions can further be devised.

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