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The Child Abuse Potential Inventory: Development of an Arabic version

Jumana Al Abduwani[a,*], Peter Sidebotham[a], Muna Al Saadoon[b], Mohammed Al Lawati[c], Jane Barlow[d]

[a] Warwick Medical School, University of Warwick, United Kingdom
[b] School of Medicine, Sultan Qaboos University, Oman
[c] Elite for Training and Human Resources Services, Oman
[d] University of Oxford, United Kingdom

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ABSTRACT

The Child Abuse Potential Inventory (CAPI) is a well-validated screening tool for assessing potential for child physical abuse, and has been translated into many different languages. To date the CAPI has not been translated into Arabic or used in any studies in Arabic-speaking populations. This study reports on the process of adapting the CAPI into Arabic Language which was undertaken following the International Society of Pharma-economics and Outcomes Research (ISPOR) guidelines. The translation/adaptation process was multi-stage, and involved the use of a Delphi process, cognitive debriefing, back translation, and a pilot testing of the Arabic CAPI at two primary health care centers with a population of pregnant women (n = 60). Following "literal translation" 73 out of the 160 items needed re-phrasing to adapt the items to the Oman context. No differences were found when comparing results of the translated or back-translated versions to source; however, eight items needed further amendment following translated to back-translated comparison and feedback from the pilot. Iterations were resolved following in-depth interviews. Discrepancies were due to differences in culture, parenting practices, and religion. Piloting of the tool indicated mean score value of 155.8 (SD = 59.4) and eleven women (18%) scored above the cut off value of 215. This Arabic translation of the CAPI was undertaken using rigorous methodology and sets the scene for further research on the Arabic CAPI within Arabic-speaking populations.

1. Introduction

Child abuse is a social and public health issue in many countries with serious short- and long-term complications (Children's Bureau, 2013; Gilbert et al., 2009; Radford et al., 2010; Irenyi, Bromfield, Beyer, & Higgins, 2006). A recent meta-analysis estimated global prevalence rates of child maltreatment to be 127/1000 for sexual abuse, 226/1000 for physical abuse, 363/1000 for emotional, 163/100 for physical neglect and 184/1000 for emotional neglect (Stolenbrough, Bakermans-Kranenburg, Alink, & IJzendroom, 2015). While these figures are calculated from countries with a methodology to quantify the issue, the review concludes that child physical abuse is a widespread, global problem affecting the lives of millions of children annually.

However, previously in many Arab countries such as Oman, the magnitude of child abuse and neglect was not yet clearly

* Corresponding author.
E-mail addresses: j.alabduwani@gmail.com (J. Al Abduwani), P.Sidebotham@warwick.ac.uk (P. Sidebotham), munasa@squ.edu.om (M. Al Saadoon), Therapist.mohammed@gmail.com (M. Al Lawati), jane.barlow@spi.ox.ac.uk (J. Barlow).

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understood. A number of factors have contributed to this, including the lack of a comprehensive system for data collection, under-reporting by professionals due to the fear of labelling families and risking relationships with parents, lack of a follow-up system for victims of child abuse, the unavailability of a screening system for identifying cases of abuse, and the acceptance of corporal punishment and harmful cultural practices in the community (Al-Mahroos, 2007; Gerbarka, 2010). Despite these problems in 2007, the Ministry of Health in Oman, established a notification system for reporting cases of child maltreatment reaching health facilities. Represented cases were children needing some form of health or legal intervention.

Eight hundred and twenty six (826) cases of abuse warranting medical attention/intervention were collected from 2007 to 2015 from health facilities. Physical abuse is the most common type of abuse reported in Oman. These cases represent only cases warranting medical treatment and range in severity from simple bruises, cuts and burns, to head injuries needing admission, and death (Ministry of Health (Oman), unpublished data). Cases of physical abuse resulting from corporal punishment and discipline not needing medical intervention are not included.

In 2008, the Ministry of Social Development (MoSD) established a multi-disciplinary taskforce for the follow up and support for families where child abuse has been identified. A hotline was also recently established to facilitate direct reporting of cases the teams. A department was established in 2012 with the purpose of consolidating efforts towards preventing and treating child maltreatment. This department is working on capacity building of professionals, establishing a national system for reporting of cases, providing a hotline for reporting of cases and other family related issues and establishing a shelter for children who have been subjected to abuse (UNICEF, 2009). In 2014, the Omani Child Law was endorsed with articles specific to mandatory reporting of child maltreatment and specific punitive actions (Sultan decree, 2014 No 2008/22).

2. Screening for child abuse

The experience of translating Western psychometric tools into Arabic is not a recent one, and several tools have been translated well into Arabic. For example the Edinburgh Postnatal Depression Scale (Halabi, 2006), The Quality of Life Index (Halabi, 2006) and the ISPCAN Child Abuse Screening Tool Retrospective (ICAST-R)

(Dunne et al., 2009). However, this process should be done with caution, as there are fundamental cultural and religious differences between the different societies (Baker, 2012). Such differences, if not taken into account, may affect the reliability and validity of tools and produce faulty results (Mahmood, Abdul-Daim, Peninga, & Adema, 2015).

Screening for child abuse has been proposed as a method of preventing child abuse and neglect (Guterman, 1997; Klevens & Whitaker, 2007). A number of standardized tests are used to predict future risk of child abuse such as The Maternal History Interview 2 (Brayden et al., 1993), Family Psychosocial Risk Inventory (Hunter, Kilstron, Kraybill, & Loda, 1978), Dunedin Family Services Indicator (Muir et al., 1989), the Child Abuse Potential Inventory (CAPI), (Milner, Gold, Ayoub, & Jacewitz, 1984) and the Kempe Family Stress Inventory (Murphy, Orkow, & Nicole, 1985; as cited from a review by Peters & Barlow, 2003).

The CAPI is the most widely used of these and is a self-administered screening tool for assessing parents' potential for child physical abuse that comprises 160 forced-choice items. It contains a total of ten scales, the main one being the Child Physical Abuse scale, composed of 77 items. The abuse scale is further sub-divided into six factor scales which are: Distress; Rigidity; Unhappiness; Problems with Child and Self; Problems with Family; and Problems from Others. The abuse scale has two cut-off scores: 215, indicating that the respondent has characteristics similar to those of known child abusers; and 166, which is a "*signal detection*" to indicate increased potential for abuse within a higher-risk population. None of the scales are diagnostic of actual abuse (Milner, 1986).

In addition to the abuse scales, the CAPI contains three validity scales: The Lie Scale; Random Response Scale; and the Inconsistency Scale. Scores from the validity scales do not influence the abuse scale; they are, however, used in different combinations to form indices of response bias (Faking-good, Faking-bad, and Random Response index). These indexes are assessed for the purpose of acceptance or rejection of a respondent's results on the Abuse scale. If any of the validity indexes are elevated, the abuse score is not considered to be a true representation of the respondent's actual potential (Milner, 1986).

The CAPI has been extensively used in cross- cultural research (Milner and Crouch, 2012), translated versions of the tool were found from Croatia (Pecnik & Ajdukovic, 1995); Greece (Diareme, Tsiantis, & Tsitoura, 1997); Chile (Haz & Ramirez, 1998); Finland (Haapasalo & Aaltonen, 1999); the Chinese population in Hong Kong (Chan, Lam, Chun, & Ernest So, 2006); Belgium (Grietens, De Haene, & Uyttebroek, 2007); Japan (Kawarama, Takahashi, Akiyama, Sasaki, & Kako, 2009); Thailand (Sawasdipanich, Srisuphan, Yenbut, Tiansawad, & Humphreys, 2010); Turkey (Kutsal et al., 2011); Argentina (Bringiotti, Barbich, & de Paúl, 1998); Spain (de Paúl, Arruabarrena, & Milner, 1991); Germany (Spangler, Bovenschen, Globisch, Krippl, & Ast-Scheitenberger, 2009); Italy (Miragole, Camisasca, & Di Blasio, 2015) and Venezuela (Gamez & Hernandez, 2015). To date, however, there have been no translations of the CAPI into the Arabic language. There is a need to be cautious when using Western-developed tools in countries where there may be fundamental cultural and religious differences, affecting the reliability of the results (Mahmood et al., 2015).

The objectives of the current paper were to: a) Carry out a translation of the CAPI into Arabic based on good practice guidelines; b) Pilot test the Arabic CAPI in Oman and compare the results to those obtained in other Western and non-Western settings.

3. Methods

3.1. Setting

This research was conducted in Oman, an Arab Country in the south-eastern end of the Arab Peninsula. The main religion in