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Adaptation and psychometric properties of the ISPCAN Child Abuse Screening Tool for use in trials (ICAST-Trial) among South African adolescents and their primary caregivers

Franziska Meinck^{a,b,*}, Mark E. Boyes^c, Lucie Cluver^{a,d}, Catherine L. Ward^e, Peter Schmidt^f, Sachin DeStone^g, Michael P. Dunne^h

^a Centre for Evidence-Based Intervention, Department of Social Policy & Intervention, University of Oxford Barnett House, 32 Wellington Square, Oxford, OX1 2ER, United Kingdom

^b OPTENTIA, Faculty of Health Sciences, North-West University, 1174 Hendrick Van Eck Boulevard, 1900 Vanderbijlpark, South Africa

^c Faculty of Health Sciences, School of Psychology, Curtin University, Perth, Australia

^d Department of Psychiatry and Mental Health, University of Cape Town, Cape Town, South Africa

^e Department of Psychology and Safety and Violence Initiative, University of Cape Town, Cape Town, South Africa

^f Institut für Politikwissenschaft, Justus-Liebig-Universität Gießen, Gießen, Germany

^g Warwick Medical School, University of Warwick, Coventry, United Kingdom

^h School of Public Health and Social Work, Faculty of Health, Queensland University of Technology, Brisbane, Australia

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ABSTRACT

Child abuse prevention research has been hampered by a lack of validated multi-dimensional non-proprietary instruments, sensitive enough to measure change in abuse victimization or behavior. This study aimed to adapt the ICAST child abuse self-report measure (parent and child) for use in intervention studies and to investigate the psychometric properties of this substantially modified tool in a South African sample. First, cross-cultural and sensitivity adaptation of the original ICAST tools resulted in two preliminary measures (ICAST-Trial adolescents: 27 items, ICAST-Trial caregivers: 19 items). Second, ICAST-Trial data from a cluster randomized trial of a parenting intervention for families with adolescents (N = 1104, 552 caregiver-adolescent dyads) was analyzed. Confirmatory factor analysis established the hypothesized 6-factor (adolescents) and 4-factor (caregivers) structure. Removal of two items for adolescents and five for caregivers resulted in adequate model fit. Concurrent criterion validity analysis confirmed hypothesized relationships between child abuse and adolescent and caregiver mental health, adolescent behavior, discipline techniques and caregiver childhood abuse history. The resulting ICAST-Trial measures have 25 (adolescent) and 14 (caregiver) items respectively and measure physical, emotional and contact sexual abuse, neglect (both versions), and witnessing intimate partner violence and sexual harassment (adolescent version). The study established that both tools are sensitive to measuring change over time in response to a parenting intervention. The ICAST-Trial should have utility for evaluating the effectiveness of child abuse prevention efforts in similar socioeconomic contexts. Further research is needed to replicate these findings and examine cultural appropriateness, barriers for disclosure, and willingness to engage in child abuse research.

* Corresponding author at: Department of Social Policy and Intervention, Oxford University, Oxford, OX1 2ER, United Kingdom.

E-mail addresses: franziska.meinck@spi.ox.ac.uk (F. Meinck), mark.boyes@curtin.edu.au (M.E. Boyes), lucie.cluver@spi.ox.ac.uk (L. Cluver), Catherine.Ward@uct.ac.za (C.L. Ward), peter.schmidt@sowi.uni-giessen.de (P. Schmidt), s.de-stone@warwick.ac.uk (S. DeStone), m.dunne@qut.edu.au (M.P. Dunne).

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1. Background

An estimated 1 billion children are victims of violence every year (Hillis, Mercy, Amobi, & Kress, 2016). Childhood abuse exposure is associated with long-term negative physical, mental and reproductive health outcomes which last into adulthood (Maniglio, 2009; Norman et al., 2012). Evidence of the effects of child abuse victimization on health shows severe negative outcomes independent of country, society and culture (Almuneef, Qayad, Aleissa, & Albuhairan, 2014; Felitti et al., 1998; Oladeji, Makanjola, & Gureje, 2010; Tran, Dunne, Vo, & Luu, 2015). In order to reduce children's victimization, we need to test abuse-prevention interventions in rigorous randomized and quasi-experimental studies. Moreover, the global community recognizes the need for evidence-based interventions in both high and low-income settings (WHO, 2014). In order to test whether these interventions are effective, it is essential to have validated and reliable measures of whether abuse is really diminishing.

There are several well-validated multidimensional tools for measurement of child maltreatment, including the Parent-Child Conflict Tactics Scale (Straus, Hamby, Finkelhor, Moore, & Runyan, 1998) and the Childhood Trauma Questionnaire (Bernstein & Fink, 1997). These tools are copyrighted and require payment for use. They are complemented by several non-proprietary questionnaires and screening tools to establish the prevalence of child abuse and neglect (Meinck, Steinert, et al., 2016) but not much is known yet about the validity and psychometric properties of these latter instruments (Finkelhor, Ji, Mikton, & Dunne, 2013) and none have been developed or substantially adapted for research in sub-Saharan Africa. A well-recognized and established questionnaire is the International Society for the Prevention of Child Abuse and Neglect (ISPCAN) Child Abuse Screening Tool (ICAST). It is a non-proprietary, multi-dimensional measure assessing the lifetime and past-year prevalence of physical, emotional and sexual abuse and neglect of children using parent (ICAST-P) or adolescent (ICAST-C) self-report for current (past-year) and lifetime child abuse (Runyan et al., 2009; Zolotor et al., 2009). The ICAST has thus far been used in multiple studies across the globe and is available in 20 languages. For adolescents, the ICAST-C measures frequency of physical and emotional abuse and neglect by caregivers, sexual harassment and contact sexual abuse involving anyone, and violence exposure in the household. For caregivers, the ICAST-P measures the frequency of the caregiver's use of physical and emotional violence on the index child, neglectful incidents, and known exposure of the child to contact sexual abuse. The original ICAST-C has 38 items; the ICAST-P has 34 items.

The ICAST was specifically developed for use across cultures and languages. It is particularly suited to international contexts as the ICAST manual prescribes in-depth qualitative work and appropriate adaptation prior to utilization in population samples in order to ensure cultural sensitivity (Runyan, Brandspiegel, Zolotor, & Dunne, 2015). This is because child rearing and disciplinary practices that are accepted by one group may not be accepted by another and their use will therefore differ vastly between these groups (Korbin, 1980).

Based on a number of studies around the world, there is emerging evidence about the cultural sensitivity, validity and internal consistency of the ICAST. Initial psychometric analyses on the ICAST-C have been carried out. These suggest good internal consistency (Cronbach's α (α) > .70) for the physical abuse, psychological abuse, sexual abuse and neglect sub-scales and fair internal consistency (α = .69) for the violence exposure scale across a multi-country sample including 571 adolescents from Colombia, India, Russia and Iceland (Zolotor et al., 2009). Studies with 1142 adolescents in Romania (Iovu, 2012), 42,194 adolescents in nine Balkan countries (Nikolaidis et al., 2018), 1028 adolescents in Lebanon (Usta, Farver, & Danachi, 2012) and 5236 adolescents in Taiwan (Chang, Lin, Chang, Tsai, & Feng, 2013) show similar internal consistency for ICAST-C sub-scales. The Taiwanese study also examined construct validity of the dimensions neglect, violence exposure, psychological, physical and sexual abuse using confirmatory factor analysis. Model fit statistics suggested adequate fit with medium (r = .47) to large (r = .81) correlations among constructs except for sexual abuse and neglect (r = .23).

Only one study has thus far examined internal consistency of the ICAST-P in a multi-country sample with 697 parents in Colombia, Egypt, India, Lebanon, Malaysia, Russia and Democratic Republic of Congo (DRC) (Runyan et al., 2009). The study found good internal consistency for the physical discipline and psychological punishment sub-scales (α > .70). Internal consistency for the sexual abuse and neglect sub-scales was very poor (α < .40). These scales had two and three items respectively and yielded very few positive responses thus reducing variance, both of which can affect internal consistency. Qualitative investigations into cultural sensitivity of both ICAST measures suggest few needed adaptations and overall high levels of suitability in different cultural contexts with the possible exception of the sexual abuse items in some settings (Al-Eissa et al., 2015; Mitwalli et al., 2017; Silveira, da, & Grassi-Oliveira, 2016). No systematic test of metric and scalar invariance across different cultures, countries or time points has been undertaken (Brown, 2015).

The ICAST, and other child abuse measures, were designed for screening of populations, mainly to estimate the scale of the problem in different settings. Such tools do not require the same level of sensitivity to change as is needed to measure reductions in abusive behavior in intervention studies. Therefore, some researchers have made the unsatisfactory choice of using proxy measures for child abuse such as parental stress, child externalizing behavior, child abuse potential or attitudes towards corporal punishment (Mikton & Butchart, 2009). Although these factors are associated with child abuse they are not child abuse itself, and may reflect unrelated change in proxies rather than true variation in victimization. An additional consideration in low- and middle-income countries (LMICs) is that, unlike the ICAST suite of tools, many proxy instruments are proprietary and expensive, presenting a significant barrier to research (Ward, Sanders, Gardner, Mikton, & Dawes, 2016). Some studies use agency reports as their primary outcome; however, these tend to capture only the most severe incidents among children in high-risk families (Maier, Mohler-Kuo, Landolt, Schnyder, & Jud, 2013). Also, many agencies in LMICs are under-resourced, leaving the vast majority of abuse unrecorded (Sumner et al., 2015).

This three-phase study focuses on the development and validation of a child abuse measure, adapted from the ICAST, for use in intervention studies. The measure was tested in South Africa, a middle-income country (World Bank, 2018), where rates of child

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