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Measurement of victimization in adolescence: Development and validation of the Childhood Experiences of Violence Questionnaire[☆]

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ABSTRACT

Objective: This study presents evaluative data on the Childhood Experiences of Violence Questionnaire (CEVQ), a brief, self-report measure of youth victimization.

Methods: Literature reviews, expert consultations and qualitative interviews informed the development of the CEVQ. Test-retest reliability of the preliminary and final versions of the CEVQ was examined. Child welfare workers ($n = 11$) assessed content validity. Construct validity was assessed by comparing levels of emotional and behavioral problems of youth with self-reports ($n = 177$) of victimization. Criterion validity was tested by comparing clinicians' judgment of child physical abuse (PA) and child sexual abuse (SA) with youths' self-reports ($n = 93$).

Results: In general, test-retest intra-class correlations (ICCs) for the preliminary version of the questionnaire were good to excellent. Reliability estimates for the stem questions in the final version of the CEVQ were excellent, except for peer violence items which showed fair to good agreement. ICCs for PA, severe PA, SA, and severe SA of the CEVQ were .85, .77, .92, and .87, respectively. Youth with self-reported victimization had significantly higher scores for most categories of emotional and behavioral disorders. Experts classified victimization items as relevant. Kappa coefficients comparing clinician's judgments and youth's self-reports for PA, severe PA, SA, and severe SA were .67, .64, .70, and .50, respectively.

Conclusions: The present findings provide preliminary evidence that the CEVQ is a brief, reliable, valid and informative instrument for assessing exposure to victimization and maltreatment among youth.

Practice implications: Although this instrument is not appropriate for clinical use at this time, its psychometric properties will make it useful in conducting further epidemiological research and studies evaluating interventions aimed at reducing victimization.

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Introduction

Although child maltreatment is a significant public health problem affecting children, youth and families (Merrick & Browne, 1999; Trocmé & Brison, 1997), the study of child maltreatment in Canada is in its infancy (Ward & Bennett, 2003), and no national population-based data exist. Serious methodological problems inherent in two of the major sources of maltreatment data limit their usefulness. Official reports to child welfare, police and hospitals significantly underestimate the extent of the problem (Finkelhor & Hotaling, 1984; MacMillan, Jamieson, & Walsh, 2003), as many episodes of child maltreatment go unreported because of failures in its detection and recognition (Widom, 1988). Retrospective surveys of adults suffer from recall bias (Epstein & Bottoms, 1998; Fergusson, Horwood, & Woodward, 2000; Fish & Scott, 1999; Loftus, Joslyn, & Polage, 1998; Smith et al., 2000; Widom & Morris, 1997; Widom & Shepard, 1996; Williams, 1994). To address these limitations, recent studies have asked children directly about their experiences of victimization (Amaya-Jackson, Socolar, Hunter, Runyan, & Colindres, 2000). According to Hamby and Finkelhor (2000), this approach provides the most accurate estimates of exposure to victimization as it has the potential to capture data not reported to official sources resulting in increased rates of disclosure for sensitive topics. In the US, this method has been used in two national telephone victimization surveys with youth informants (Finkelhor & Dziuba-Leatherman, 1994; Finkelhor, Ormrod, Turner, & Hamby, 2005).

Few questionnaires are available to assess multiple forms of maltreatment among youth using a self-report format (Amaya-Jackson et al., 2000; Hanson, Smith, Saunders, Swenson, & Conrad, 1995; Walsh, Jamieson, MacMillan, & Trocmé, 2004). For example, many survey instruments assess only one type of victimization, rely on a single item to represent this concept, or inquire about 'abuse' in general allowing the respondent to interpret what is meant by this term—all of which have a direct impact on rates of disclosure (Bolen & Scannapieco, 1999; Silvern, Waelde, Baughan, Karyl, & Kaersvang, 2000; Tyler, 2002). In addition, few of the available instruments have established reliability and validity (Amaya-Jackson et al., 2000; Hanson et al., 1995; Walsh et al., 2004).

The National Crime Victimization Survey (NCVS) is a primary source of information on criminal victimization in the US (Bureau of Justice Statistics, 1993). The NCVS collects data annually on the frequency, characteristics and consequences of criminal victimization, from a nationally representative sample of 42,000 households comprising nearly 76,000 persons. Finkelhor and Ormrod (2001) suggest that there is underreporting of youth victimization in the NCVS, particularly with respect to child maltreatment, as a result of (1) the crime context in which questions are asked—youth may not see their victimizations within a criminal context, (2) the use of concepts and formulations that may be obscure to youth, and (3) non-private survey administration which might make youth reluctant to disclose some forms of victimization.

The Childhood Trauma Questionnaire (CTQ) is a 28-item self-report inventory of five types of maltreatment (emotional abuse (EA), physical abuse (PA), and sexual abuse (SA), and emotional and physical neglect), with published information available on reliability (test–retest, internal consistency), validity (convergent and discriminant), and agreement with clinician ratings (Bernstein, Ahluvalia, Pogge, & Handelsman, 1997). However, some of the items on the CTQ lack a behavioral base which runs counter to the belief that validity of measurement is enhanced by using specific behavioral indicators (Amaya-Jackson et al., 2000; Hamby & Finkelhor, 2000). Also, the CTQ collects no information on important contextual factors such as onset, duration, disclosure and perpetrator (Margolin, 2005).

The Juvenile Victimization Questionnaire (JVQ) is a comprehensive assessment of crime, child maltreatment and other kinds of victimization experiences during childhood (Finkelhor et al., 2005). It consists of 34 screening questions that cover five general areas: (1) conventional crime, (2) child maltreatment, (3) peer and sibling victimization, (4) sexual victimization, and (5) witnessing/exposure to indirect victimization. In telephone administration, the JVQ was associated with trauma symptomatology and demonstrated adequate test–retest reliability over a 3–4-week period. The criterion validity of the JVQ has not been assessed, and specific exposures are assessed by only one item within each of the modules. For example, in the child maltreatment module, PA is identified by a single question, "Not including the spanking on your bottom, in the last year, did a grown-up in your life hit, beat, kick, or physically assault you?" Increasing the number of screening questions would enhance disclosure (Amaya-Jackson et al., 2000; Bolen & Scannapieco, 1999; Goldman & Padayachi, 2000; Silvern et al., 2000).

LongSCAN, a consortium of five independent studies of child maltreatment (Runyan et al., 1998), uses three self-report youth measures designed to assess psychological abuse, PA, SA, and assault (Knight et al., 2000). These measures consist of newly developed questions and questions adapted from three existing instruments: the JVQ (Finkelhor et al., 2005), Things I've Seen & Heard (Richters & Martinez, 1993), and About My Parents (Straus, 1996). They provide broad coverage of factors related to abuse—the developmental stage and/or age at occurrence; the child's relationship to the perpetrator; the frequency and/or duration of maltreatment; disclosure history, including caregiver response; and the child's attribution of maltreatment. The relatively long completion times associated with these self-reports work against their acceptability for inclusion in large general population surveys.

Population-based surveys are needed to understand better the epidemiology of child maltreatment in order to develop and implement sound policies and programs to address the problem (Runyan, 1998). A stumbling block to conducting such surveys is the paucity of age-appropriate instruments, with good psychometric properties, designed to obtain information on maltreatment directly from youth (Mannon & Leitschuh, 2002). Our perceived need for a brief, acceptable, reliable, valid and informative instrument that assesses exposure to maltreatment among youth led us to develop the Childhood Experiences of Violence Questionnaire (CEVQ). The CEVQ is a brief (15-min), 18-item self-report measure of victimization (peer-on-peer

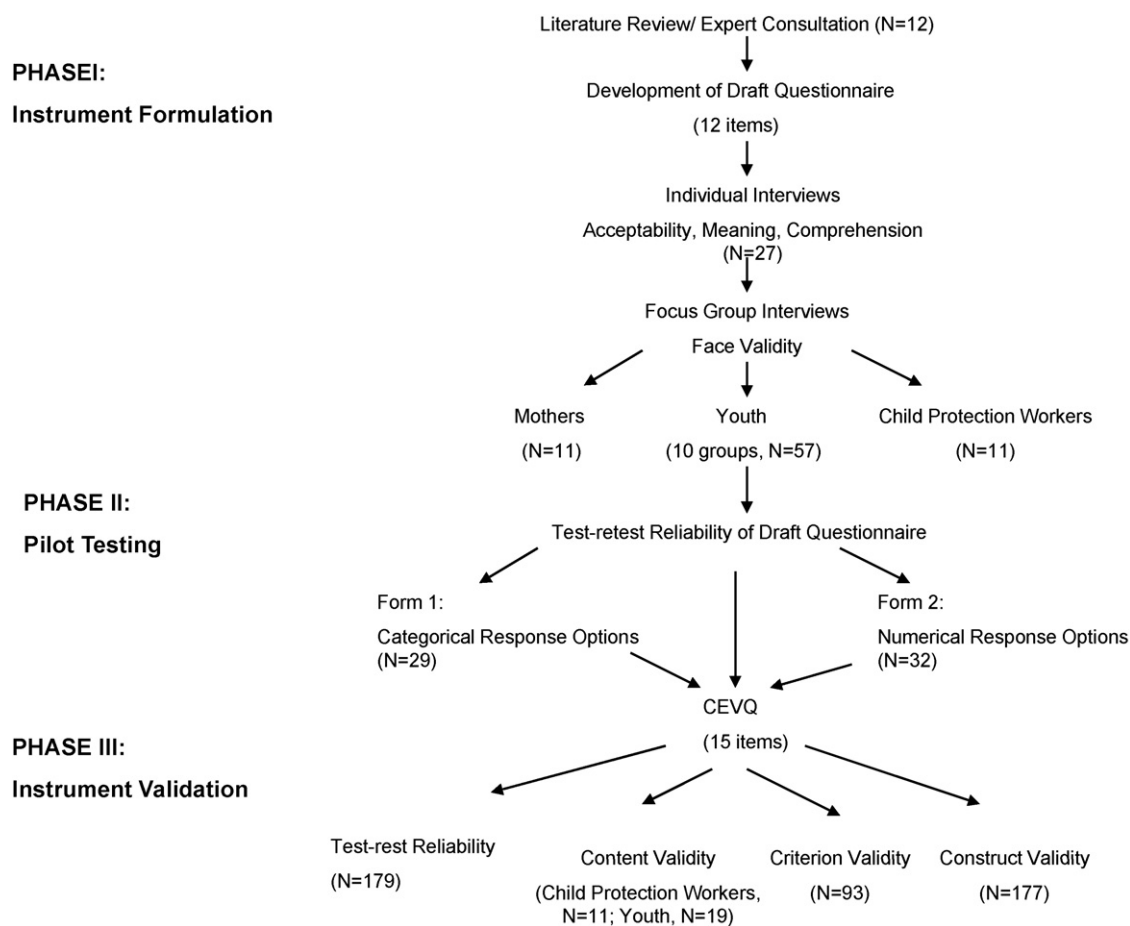


Figure 1. Flow chart of instrument development process.

violence, witnessing domestic violence, EA, physical punishment, PA and SA) for use among adolescents, ages 12–18 years; it also collects information about the perpetrator, severity, onset, duration, and disclosure of abuse.

The objective of this paper is to describe the development and evaluation of the CEVQ. The paper is divided into three major sections which correspond to phases of the study: instrument development, pilot testing, and instrument evaluation. All of the questionnaire items were assessed for clarity, acceptability, relevance, test–retest reliability as well as content and construct validity. However, criterion validity was assessed only for the core concepts of the CEVQ—PA and SA. An outline of the study phases appears in [Figure 1](#) while a description of the study samples linked to these phases appears in [Table 1](#).

Phase I: instrument development

Method. The project received approval from the Institutional Review Board of McMaster University and Hamilton Health Sciences. In addition, a Court Order from the Ontario Court of Justice was granted and approval was obtained from the Research Committee for the Ministry of Correctional Services to access a sample of youths under the Young Offender's Act. All other collaborating agencies completed internal review processes. Potential subjects were given information handouts modified according to the specific stage of their study involvement. After a complete description of the study was provided to the subjects, written informed consent or assent was obtained and parental or guardian consent was obtained for subjects younger than 16 years of age.

The Child Maltreatment History Self-Report (CMHSR: [MacMillan et al., 1997](#)), a self-administered questionnaire developed in 1990 to assess history of PA and SA, provided a starting point for the CEVQ. PA questions in CMHSR were based on a number of items in the Conflict Tactics Scales (CTS: [Straus, 1990](#)), SA questions were adapted from unwanted sexual acts covered in the National Population Survey, a Canadian survey of SA ([Badgley et al., 1984](#)). After reviewing the literature and consultation with international experts, an instrument was developed called Things That May Have Happened to Me ([MacMillan, Racine, Trocmé, & Walsh, 1996](#)). This instrument in concert with a series of literature reviews and interviews with 12 national and international experts in child maltreatment research from a variety of disciplines (criminology, pediatrics, psychology, psychiatry, social medicine, social work, and sociology) led to a draft version of the CEVQ ([MacMillan et al., 2007](#); [Walsh et](#)

Table 1
Testing and sample characteristics for all study phases.

Phase Sample	I	II		III			Phase III Sample		
	Acceptability, meaning & clarity	Test–retest reliability	Acceptability, meaning & clarity	Test–retest reliability	Content validity	Construct validity	Criterion validity	Mean age (SD)	% Male
Experts	12								
Secondary school	20 [11]	61	43	96		96		15.8 (1.3)	53.1
Adolescent health clinic	3			13			13	15.1 (1.7)	0.0
Sexual abuse treatment			14	31		31	31	14.0 (2.1)	18.8
Youth in care	4			30		30	30	14.8 (1.4)	53.3
Child welfare workers					11				
Mothers			11						
Youth in detention				7		7	7	15.5 (1.0)	85.7
Young offenders unit				12		12	12	17.3 (0.8)	100.0
Total	50	61	66	179	11	176	93	15.7 (1.7)	47.6

Table 2

Items and minimum frequency to qualify for physical and sexual abuse and severe physical and sexual abuse for researcher definition 1 and 2.

How many times has an adult:	Physical abuse		Severe physical abuse	
	Definition 1	Definition 2	Definition 1	Definition 2
slapped you on the face, head or ears or hit or spanked you with something like a belt, wooden spoon or something hard?	1–2	3–5	6–10	>10
pushed, grabbed, or shoved you to hurt you?	1–2	3–5	6–10	>10
thrown something at you to hurt you?	1–2	3–5	6–10	>10
kicked, bit, or punched you to hurt you?	1–2	1–2	1–2	1–2
adult choked, burned or physically attacked you in some other way	1–2	1–2	1–2	1–2
How many times has anyone ever:	Sexual abuse		Severe sexual abuse	
	Definition 1	Definition 2	Definition 1	Definition 2
threatened to have sex with you when you didn't want them to?	1–2	1–2	1–2	3–5
touched the private parts of your body or make you touch their private parts when you didn't want them to?	1–2	1–2	3–5	3–5
had sex with you when you didn't want them to or sexually forced themselves on you in some other way?	1–2	1–2	1–2	1–2

al., 2004). The theoretical framework for the CEVQ was the developmental-ecological model, which views maltreatment of a developing child embedded within child, familial, community and socio-cultural contexts (Belsky, 1993; Cicchetti & Rizley, 1981). The draft version was assessed for: (1) acceptability to youth, (2) clarity of question wording and meaningfulness of response options, (3) the linkage between behavioral descriptors of victimization and experiences of youth, and (4) adequacy of physical layout and question sequencing.

Acceptability to youth, clarity of question wording and meaningfulness of response options were assessed through individual interviews with convenience samples of youths drawn from a Child Welfare Setting—Youth in Care ($n = 4$), an Adolescent Health Clinic ($n = 3$), and a Secondary School ($n = 20$). To establish their levels of receptive vocabulary and verbal ability, these 27 youth – about half male with a mean age of 16.0 years ($SD = 1.4$) – were assessed using the Peabody Picture Vocabulary Test, Third Edition (PPVT-III) (Dunn & Dunn, 1981). In a subsequent test, 11 secondary students aged 16 years and older from the same Secondary School participated in individual interviews to explore linkages of the individual items with their actual experiences. Use of this age group avoided mandatory reporting, since the Ontario provincial legislative reporting obligation extends only up to 16 years of age. These youths completed the draft questionnaire and were interviewed separately to compare the question wording on the CEVQ with the behavioral descriptors elicited from these youth to describe their own victimization experiences. On a separate occasion and in a focus group setting, this same sample of youths completed two questionnaires which differed in question sequencing and response options (categorical or numerical). The number of missed items on each form was tabulated to assess the effectiveness of question sequencing. During a focus group, participants were invited to compare and contrast the acceptability and ease of understanding for each format.

Results. An initial pool of 12 items was produced: one for peer-to-peer violence, two for exposure to domestic violence, five for PA, and four for SA. Responses for all items except the SA items were scaled “never,” “rarely,” “sometimes,” or “often.” The SA item stems had yes/no responses. Positive stems were followed by questions about key aspects of the abuse as identified by Cicchetti and Toth (1995) including its chronicity and severity, the developmental period during which it occurred, the nature of the child's relationship to the perpetrator and information on disclosure.

Participants in individual and focus group interviews indicated that the instrument was acceptable and understandable; they made suggestions to enhance clarity, ease of administration and to increase the sensitivity and specificity of the tool. Among the 27 youth completing the PPVT, mean age equivalent in receptive vocabulary ranged from 11.1 to over 22 years. The Flesch-Kincaid grade level (Kincaid, Kincaid, Thomas, Lang, & Kniffin, 1991) of the stem questions on the CEVQ was 6.8.

During this phase, two algorithms were developed to classify PA and SA (see Table 2). The more conservative algorithm, definition two, was used in all subsequent analyses. A minimum score of 3–5 times was required for one or more of the items for each of the other types of victimization. If a respondent met the required frequency on one or more items in the definition, she/he was deemed to have experienced that type of abuse.

The questionnaire format with the highest acceptability and fewest missed items was assessed in Phase II. The final draft version of the CEVQ had five concepts: peer-on-peer violence (1 item), witnessing domestic violence (2 items), physical punishment (2 items), PA (6 items), and SA (4 items). EA was not included in this version of the questionnaire. Both categorical and numerical response options were retained for additional testing. Furthermore, depending on the type of victimization, information was collected on the perpetrator, severity, onset, duration and disclosure.

Phase II: Pilot testing

Pilot testing in phase II involved estimating test–retest reliability of the final draft version of the CEVQ and a second round of individual interviews and focus groups intended to assess the acceptability, meaning and clarity of the questions.

Method—Test–retest reliability. Two-week test–retest reliability of the final draft version of the CEVQ was estimated in a random sample of 61 secondary school students (84% response; 47% male; mean age in years 16.1, $SD = .8$). Care was taken to ensure the privacy of individuals while completing the questionnaires. Questionnaires were coded by identification numbers. Respondents were advised not to place their names or any identifying information on the forms and inserted completed questionnaires in envelopes which were sealed. Approximately half of the subjects ($n = 29$) completed questionnaires with categorical response options (never, rarely, sometimes, often); the remainder ($n = 32$) completed questionnaires with numerical response options (never, 1–2 times, 3–5 times, 6–10 times, more than 10 times). Intra-class correlation coefficients (ICCs) were calculated for each item in the questionnaire. All statistical analyses described in this paper were run in SPSS version 11.0. The interpretation of agreement was as follows: $<.40$ poor, $.40$ – $.59$ fair, $.60$ – $.74$ good, $>.74$ excellent (Streiner & Norman, 1995).

Results. ICCs for each stem item of the CEVQ the categorical form and the numerical form for all stem items ranged from good to excellent except for the physically attacked item ($-.03$ for the categorical form and $.37$ for the numerical form) and the threatened sex item ($.55$ for the numerical form).

Method—Acceptability, meaning and clarity. To evaluate acceptability, meaning and clarity, focus group interviews were conducted with youths from a Secondary School (seven groups with a total of 43 participants), a Sexual Abuse Treatment program (three groups with a total of 14 participants) and Mothers (one group of 11 participants). Individual and focus group interviews were audio-taped, transcribed, and analyzed for themes related to acceptability, meaning, and clarity of each item.

Results. This process led to the addition of the EA question, adoption of the numerical response options for stem questions (never, 1–2 times, 3–5 times, 6–10 times, and more than 10 times), the addition of friend as an option for disclosure as well as some general wording changes and revisions to the number of items assessing PA and SA. The final version of the CEVQ was assessed in phase III of the project.

Phase III: Instrument evaluation

This final phase included studies designed to assess test–retest reliability and validity (content, construct, and criterion validity) of the CEVQ (Appendix A).

Method—Test–retest reliability. The sample included convenience groups of adolescents from clinical, child welfare, and justice settings ($n = 83$) and a random sample of secondary school students ($n = 96$) in grades nine to eleven from an inner-city, multi-ethnic school with a socioeconomic level lower than the community average (see Table 1). Many of the secondary school students (52%) were immigrants to Canada from 1 of 27 different countries. Among immigrant students, 58% reported learning a first language other than English and 33% had learned to read and/or write English within the previous 5 years. Respondents' mean age overall was 15.7 years ($SD = 1.7$) and 48% of the sample was male.

The questionnaire was administered to individuals or small groups within foster homes, school auditoriums, clinics, or detention centers. To protect respondent confidentiality, the procedures outlined in Phase II were followed in Phase III. Questionnaires were machine-read with 10% verified manually. Intra-class correlation coefficients were computed for scaled items and kappa estimates of chance corrected agreement were computed for dichotomous items.

Results. The mean interval between test administrations was 16.4 days ($SD = 10.4$). Item completion was high: 100% completion for items on peer violence, EA and physical punishment; and completion in excess of 98.8% for all other items.

ICCs for all scaled items and kappa coefficients for dichotomous responses are presented in Table 3. Except for peer violence (.61, verbal and .59, physical), reliability of all the stem items exceeded .74. Kappa estimates of agreement for the classification of PA, severe PA, SA, and severe SA were .85, .77, .92, and .87, respectively (not shown in the table).

ICCs for the timing of exposure (before grade school, grades one to five, grades six to eight, high school, or now) ranged from poor to fair for peer violence, physical punishment, and EA, and were fair for domestic violence, excluding the “now” category for witnessing physical violence ($-.03$). Agreement on the timing of PA went from fair to excellent. The agreement for when the acts occurred was poor for four of the five categories for the “threaten to have sex” item. The categories for the “forced sex” item demonstrated excellent agreement. The agreement of all other categories of SA items ranged from poor to excellent.

Identification of the perpetrator for peer violence (brother/sister/step-brother/step-sister, kids at school, kids in your neighborhood, boy-friend/girl-friend, and other) ranged from poor to good. The agreement for the perpetrator categories (father, mother, step-father/mother's boyfriend, step-mother/father's girlfriend, relative, other) ranged from fair to excellent for physical punishment, PA, and SA items; the majority of perpetrator categories (85%) showed good to excellent agreement.

The level of agreement for seeing a physician or going to the hospital was good for physical peer violence, poor for exposure to physical domestic violence, fair to good for PA items, and good to excellent for SA items. The ‘telling someone’ item demonstrated poor to fair levels of agreement for all forms of victimization measured.

Table 3

Test–retest reliability intra-class correlation coefficients for each item in draft version, form 1 and 2.

Childhood experiences of violence questionnaire	Form 1: Numerical response options $n = 29$	Form 2: Categorical response options $n = 32$
Concept	Intra-class correlation coefficients ICCs (SD)	
1. Bullying	.78 (.19)	.80 (.18)
2. Witnessing verbal abuse	.64 (.16)	.80 (.18)
3. Witnessing physical abuse	.65 (.17)	.89 (.17)
4. Spanked	.85 (.18)	.85 (.18)
5. Slapped	.73 (.18)	.89 (.18)
6. Pushed	.85 (.18)	.65 (.17)
7. Hit with object	.90 (.19)	.84 (.18)
8. Kicked, bit or punched	.65 (.18)	.72 (.18)
9. Choked, burned or scalded	*	.66 (.13)
10. Threw an object	.80 (.18)	.88 (.18)
11. Physically attacked	-.03 (.15)	.37 (.14)
12. Indecent exposure	.93 (.18)	.87 (.17)
13. Threatened to have sex	.55 (.13)	.90 (.18)
14. Touched private parts	.96 (.18)	.89 (.16)
15. Sexually attacked	.63 (.19)	.63 (.18)

*Insufficient sample size.

Content validity

Method

A formal assessment of the content validity of the CEVQ was implemented using an 11-member panel of Child Welfare Workers who were asked to judge the relevance of each item in the CEVQ to its targeted construct and to identify any content omissions (Haynes, Richard, & Kubany, 1995). Typically, an endorsement of eight is required to establish content validity beyond the .05 level of significance using a four-point relevant scale, where “1” connotes an irrelevant item, “2” relevance unclear, “3” relevant, but requiring minor alterations, and “4” a relevant item (Lynn, 1986). In this study, 9 of 11 experts were expected to be in agreement to demonstrate content validity.

Result

Experts classified each of the stem items as relevant (4), or relevant, but requiring minor alterations (3), to the specific construct, resulting in significance beyond the .05 level.

Construct validity

Method

Strong empirical evidence indicates that levels of psychopathology will be elevated among youth exposed to maltreatment (Cicchetti & Toth, 1995; Harris, Lieberman, & Marans, 2007). This evidence served as the rationale for hypothesizing an association between each indicator of victimization on the CEVQ (exposure to peer violence, domestic violence, EA, physical punishment, PA, severe PA, SA, and severe SA) and quantitative measures of hyperactivity/inattention, anxiety/emotional disorder, indirect aggression, conduct disorder/physical aggression, and property offences assessed in the Feelings and Behavior Questionnaire. This 37-item self-completed questionnaire was used to measure emotional and behavioral problems in the National Longitudinal Survey of Children and Youth (Statistics Canada, 1996). Each scale comprised of a number of symptoms scored as 0, never or not true; 1, sometimes or somewhat true; and 2, often or very true and summed to form a score. The number of items and maximum score for each subscale are: hyperactivity/inattention (8 items, 16), anxiety/emotional disorder (8 items, 16), indirect aggression (5 items, 10), conduct disorder/physical aggression (6 items, 12), and property offences (6 items, 12). The instrument was completed by a total of 177 youths, having an average age in years of 15.7 ($SD = 1.7$) and comprised of 48% males. These youth were selected from a variety of settings (see Table 1) and completed the instrument with the first administration of the CEVQ (time 1 of the reliability study conducted in Phase III).

Mean symptom scores for each type of emotional-behavioral problem were compared between those who did versus did not self-report peer violence, domestic violence, EA, physical punishment, PA, severe PA, SA, and severe SA on the CEVQ. Two-way ANOVAs tested differences by abuse status and gender and their interaction.

Results

The relationship between youth self-report of victimization and each of the five types of disorder is presented in Table 4. Altogether there are 40 tests in Table 5: in all 40 tests the hypothesized direction of effect was observed (higher levels of

Table 4

Test–retest reliability intraclass correlation coefficients and kappa coefficients for each form of victimization stem items and contingency questions for the phase III sample $n = 179$.

Question	ICC	Kappa coefficients												
		When					Who					Seen		
Stem item	Before grade school	Grade 1–5	Grade 6–8	High school	Now	Brother/sister/step-brother/step-sister			Kids at school	Kids in your neighborhood	Boyfriend/girlfriend	Other	Doctor	
Peer violence verbal	.61	.36	.63	.50	.46	.20	.60			.36	.48	.42	.18	-
Peer violence physical	.59	.29	.53	.53	.55	.33	.45			.53	.62	.65	.46	.63
Stem item	When					Who					Seen	Told		
Stem item	Before grade school	Grade 1–5	Grade 6–8	High school	Now						Doctor/Hospital	Any		
Domestic violence verbal	.87	.68	.47	.49	.51	.39					-	-		
Domestic violence physical	.82	.65	.48	.44	.64	-.03					.28	.72		
Emotional abuse	.75	.57	.35	.46	.38	.35					-	-		
Stem Item	Before grade school	Grade 1–5	Grade 6–8	High school	Now	Father	Mother	Step-father/mother's boyfriend	Step-mother/father's girlfriend	Relative	Other	Doctor	Any	
Slapped or spanked	.75	.39	.35	.55	.43	.49	.75	.71	.71	.82	.43	.33	-	
Slapped or hit with something	.86	.43	.41	.64	.61	.74	.49	.61	.74	.71	.68	.45	-	
Pushed, grabbed or shoved	.83	.57	.51	.75	.39	.30	.58	.74	.61	.91	.50	.60	.62	
Thrown something	.78	.60	.32	.49	.76	.64	.79	.86	.63	1.0	.56	.46	.53	
Kicked, bit or punched	.84	.46	.54	.50	.60	.64	.75	.73	.75	.89	.85	.64	.48	
Choked, burned or attacked	.83	.57	.64	.74	.65	.82	.82	.87	.84	1.0	.72	.87	.53	
Exposed private parts	.79	.57	.56	.70	.66	*	.89	*	.57	*	1.0	.78	*	
Threaten to have sex	.76	.32	.74	.39	.21	*	.81	*	.44	*	1.0	.59	*	
Touched private parts	.86	.51	.67	.69	.84	*	.85	*	.71	1.0	1.0	.88	.67	
Forced sex	.92	.77	1.0	.89	.79	*	1.0	*	.83	*	.83	.88	.89	

* Insufficient sample size.

Table 5
Emotional and behavioral scores in the presence and absence of each form of victimization.

	Peer violence mean score (SD)		P value	Witnessing domestic violence mean score (SD)		P value	Emotional abuse mean score (SD)		P value	Physical punishment mean score (SD)		P value	Physical abuse mean score (SD)		P value	Severe physical abuse mean score (SD)		P value	Sexual abuse mean score (SD)		P value	Severe sexual abuse mean score (SD)		P value
	Y	N		Y	N		Y	N		Y	N		Y	N		Y	N		Y	N		Y	N	
Anxiety and emotional disorder	6.9	3.8	<.001	6.9	3.8	<.001	7.3	3.9	<.001	6.8	4.1	<.001	7.0	3.7	<.001	7.2	4.0	<.001	7.0	4.4	<.001	7.1	4.6	.001
	4.4	3.2		4.0	3.5		4.1	3.4		4.0	3.7		4.0	3.4		4.0	3.6		4.3	3.7		4.5	3.8	
Hyperactivity/Inattention	7.0	4.8	<.001	6.9	4.8	<.001	7.2	4.9	<.001	6.9	4.9	<.001	6.9	4.8	<.001	7.2	4.9	<.001	7.2	5.1	<.001	7.4	5.2	<.001
	3.4	2.9		3.2	3.1		3.0	3.2		3.1	3.3		3.0	3.3		3.0	3.2		3.4	3.1		3.5	3.1	
Conduct disorder/physical aggression	2.3	1.8	.186	2.5	1.6	.015	3.0	1.4	<.001	2.5	1.6	.019	2.9	1.2	<.001	3.2	1.3	<.001	2.6	1.7	.026	3.1	1.7	.003
	2.6	2.4		2.7	2.3		2.9	2.0		2.7	2.3		2.9	1.7		3.0	1.9		2.9	2.2		3.3	2.2	
Indirect aggression	2.5	1.5	.001	2.2	1.6	.064	2.3	1.7	.034	2.1	1.7	.195	2.4	1.5	.006	2.3	1.7	.073	2.3	1.7	.126	2.3	1.8	.189
	2.3	1.7		2.1	2.0		2.1	2.0		2.1	2.0		2.2	1.9		2.2	1.9		2.3	1.9		2.6	1.9	
Property offence	2.4	1.6	.012	2.7	1.4	<.001	3.1	1.3	<.001	2.6	1.5	.001	3.0	1.1	<.001	3.2	1.2	<.001	2.3	1.7	.087	2.6	1.7	.033
	2.6	1.9		2.4	2.0		2.6	1.7		2.3	2.1		2.7	1.4		2.7	1.6		2.8	1.9		3.1	1.9	

psychopathology among youth reporting victimization); in 33/40 of these tests the differences were statistically significant, and among differences that we not statistically significant, 5/7 tests involved the measure of indirect aggression. Across the five types of psychopathology, differences in levels for those reporting versus not reporting some form of victimization tended to be largest for anxiety/emotional disorder based on *t*-values: this was observed for 6 of the 8 types of victimization in Table 5.

Significant interactions were found between gender and physical punishment and gender and PA and severe PA. Females who reported physical punishment had an approximately twofold increase in anxiety/emotional disorder [$F(1, 173) = 4.88, p = .028$] and indirect aggression [$F(1, 173) = 4.16, p = .043$]. In the presence of PA [$F(1, 173) = 5.22, p = .024$], or severe PA [$F(1, 173) = 4.30, p = .040$], females reported indirect aggression scores almost twice as high as non-abused females.

Criterion validity: PA and SA

Method

Criterion validity was assessed for PA and SA by comparing classifications derived from self-report on the CEVQ obtained from 93 youths being served in clinical or justice settings with classifications of exposure to maltreatment recorded independently by clinicians (social workers, child and youth workers, and a pediatrician) responsible for these same youth (see Table 1). Other forms of victimization (peer violence, physical punishment, domestic violence, and EA) were not included in this assessment.

To obtain classifications of exposure to maltreatment for the 93 youths, each clinician filled out a self-administered questionnaire. The questionnaire consisted of a brief description of both PA and SA, followed by each of the five CEVQ stem items for PA and six for SA. Clinicians were asked to determine the presence or absence of PA and SA and to indicate the degree of confidence in their judgment. Clinicians completed the questionnaire based on their own knowledge of the youth and record data available to them (reports of objective physical markers, independent witnesses, the child's self-report or other materials). Standardized training was not provided to clinicians. Those determinations rated as very certain and somewhat certain were included in the analysis; responses to stem questions rated as not very certain or uncertain were discarded. Respondents most often used information retrieved from records to complete the questionnaire, and all were blind to the CEVQ responses of youths. Agreement on PA, severe PA, SA, and severe SA was tested with the kappa coefficient.

Results

Clinician reports were completed on 93 youths, 12 of which had to be discarded due to uncertain determinations of SA and four for uncertain determinations of PA. Agreement between the youth's self-report and the clinician's report for PA, severe PA, SA, and severe SA were .67, .64, .70, and .50, respectively, representing fair to good agreement for these constructs.

Discussion

The CEVQ was designed to assess multiple forms of victimization experienced by youth with special attention on exposure to PA and SA. Qualitative evaluation, using individual and focus group interviews with youths from diverse settings, suggests that adolescents find the instrument acceptable and understandable. With the exception of peer violence, the test-retest reliability of the stem questions for victimization exceeds .75. The algorithms used in the CEVQ to classify PA and SA, including their severe forms, exhibit substantial test-retest reliability from .77 to .92, and there is considerable agreement between self-reported PA and SA obtained from served youth and independently classifications obtained from their clinicians.

The present findings lend support for content, construct, and criterion validity of the CEVQ. According to child protection workers, the CEVQ adequately covered the domains of child abuse and had significant relevancy ratings for all forms of victimization. Experts regarded acts of physical punishment as physically abusive and many other items were judged as having relevance to either or both PA and SA. As predicted, there were significant associations (i.e., in 33 of 40 tests) between reported exposures to all types of victimization measured by the CEVQ and self-reported levels of emotional-behavioral problems. Most of the non-significant differences (i.e., five of seven) involved indirect aggression. It is not entirely clear how to interpret these non-significant findings. Given the number of tests and the nature of the hypotheses (i.e., that significant differences would be observed for all tests), two or three of them could be non-significant by chance. Furthermore, differences in levels of indirect aggression between youth reporting exposure to abuse and victimization have received less attention in the published literature than the other types of disorders studied here.

Evaluation studies of instruments to classify the victimization of youth in the general population inevitably experience challenges and limitations, and the present study is no exception. First, estimates of reliability and validity are sample dependent. Because the base rates for severe forms of maltreatment, particularly SA, are relatively low, evaluation studies often draw on "informative" samples of youth at elevated risk to assess the psychometric properties of new instruments. The present study included an array of convenience samples drawn from both the general population and clinical settings. The reliability coefficients observed in this study are most likely "liberal"—the reliability of classifying victimization in the general

population may be lower. Second, establishing a “gold standard” to assess the criterion validity of self-reported victimization is very difficult because these experiences are usually known only to the victim and the perpetrator(s). This study restricted the examination of criterion validity to PA and SA, relying on the knowledge of clinical workers enhanced by administrative data available to them. Even then, clinicians expressed substantial uncertainty in their classifications. This occurred across all settings, even among child protection workers responsible for youths in care. The discrepancies between the youth’s and the clinician’s reports observed in this study could be better understood through individual interviews with youths and clinicians. Third, psychometric evaluation of the CEVQ provides reasonably good evidence of the stability of individual stem items and researcher-defined definitions of all forms of victimization. However, reliability estimates associated with the timing of specific types of victimization are lower on average and show more variability than the reliability estimates of stem questions. This is particularly true for reports of peer violence. With some exceptions, reliability estimates associated with the identity of perpetrators are higher than corresponding estimates for timing. The reliability of the contingency questions may be improved if the questions were asked about the abuse type in general rather than after each stem question. Including timing parameters for reports to physicians, hospitals, and others may increase the reliability of these constructs. These concepts require further evaluation involving larger samples with greater heterogeneity of exposure. Finally, there are several other limitations associated with the instrument: (1) This measure does not include an assessment of neglect—an important concept that is difficult to assess briefly. (2) The study did not include an evaluation of the criterion validity associated with forms of victimization other than PA and SA. (3) Additional items as suggested by the child protection workers (one regarding exposure to pornography, the other concerning touching someone’s private parts) have been included in the final version of the instrument but have not been subjected to rigorous evaluation. Further testing of the instrument is necessary to clarify these issues.

Accurate assessment of the prevalence of child victimization and its determinants is critical to inform policies and programs aimed at effective prevention and intervention. A fundamental first step to achieving this end is the development of a theoretically based, valid, and reliable measure. The present findings provide preliminary evidence that the CEVQ is a brief, acceptable, reliable, valid and informative instrument for assessing exposure to victimization and maltreatment among youth. Although more evaluative work would be welcome, we believe that the CEVQ shows promise and envision it being incorporated into a population-based study of children followed prospectively into adulthood. This type of study would not only provide us with more accurate prevalence estimates of child maltreatment in Canada but would also contribute substantively to our understanding of the causes, correlates, and consequences of maltreatment.

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1. Sometimes kids get hassled or picked on by other kids who say hurtful or mean things to them.

How many times has this happened to you?

- Never →if never, go to Question 2
 1 to 2 times
 3 to 5 times
 6 to 10 times
 more than 10 times

a. When did this happen? Please mark all that apply.

- Before grade school
 In grades 1 to 5
 In grades 6 to 8
 In high school
 Is happening now

b. Who did this to you? Please mark all that apply.

- Brother/Sister/ Stepbrother/ Stepsister
 Kids at school
 Kids in your neighbourhood
 Boyfriend/Girlfriend
 Other, Who? _____

2. Sometimes kids get pushed around, hit or beaten up by other kids or a group of kids.

How many times has this happened to you?

- Never →if never, go to Question 3
 1 to 2 times
 3 to 5 times
 6 to 10 times
 more than 10 times

a. When did this happen? Please mark all that apply.

- Before grade school
 In grades 1 to 5
 In grades 6 to 8
 In high school
 Is happening now

b. Who did this to you? Please mark all that apply.

- Brother/Sister /Stepbrother/ Stepsister
 Kids at school
 Kids in your neighbourhood
 Boyfriend/Girlfriend
 Other, Who? _____

c. Have you ever seen a doctor because of this?

- No
 Yes

3. How many times have you ever seen or heard any one of your parents (step-parents or guardians) say hurtful or mean things to each other or to another adult in your home?

Never →if never, go to Question 4

- 1 to 2 times
 3 to 5 times
 6 to 10 times
 more than 10 times

a. When did this happen? Please mark all that apply.

- Before grade school
 In grades 1 to 5
 In grades 6 to 8
 In high school
 Is happening now

4. How many times have you ever seen or heard any one of your parents (step-parents or guardians) hit each other or another adult in your home?

Never →if never, go to Question 5

- 1 to 2 times
 3 to 5 times
 6 to 10 times
 more than 10 times

a. When did this happen? Please mark all that apply.

- Before grade school
 In grades 1 to 5
 In grades 6 to 8
 In high school
 Is happening now

b. Were the police ever called because of this?

- No
 Yes

c. Did anyone go to the hospital because of this?

- No
 Yes

d. Have you ever told anyone about this?

- No
 Yes

e. If yes, who did you tell? Please mark all that apply.

- Parent/ step-parent/guardian
 Teacher/ guidance counselor
 Children's Aid worker
 Friend
 Other, Who? _____

5. How many times has any one of your parents (or step-parents or guardians) said hurtful or mean things to you?

- Never → *if never, go to Question 6*
 1 to 2 times
 3 to 5 times
 6 to 10 times
 more than 10 times

- a. When did this happen? Please mark all that apply.
 Before grade school
 In grades 1 to 5
 In grades 6 to 8
 In high school
 Is happening now

6. How many times has an adult spanked you with their hand on your bottom (bum), or slapped you on your hand?

- Never → *if never, go to Question 7*
 1 to 2 times
 3 to 5 times
 6 to 10 times
 more than 10 times

- a. When did this happen? Please mark all that apply.
 Before grade school
 In grades 1 to 5
 In grades 6 to 8
 In high school
 Is happening now

- b. Who did this to you? Please mark all that apply.
 Father
 Mother
 Stepfather/ Mother's boyfriend
 Stepmother/ Father's girlfriend
 Relative, Who? _____

Were they:
 male
 female

Were they:
 A teenager
 An adult

Other, Who? _____

Were they:
 male
 female

Were they:

- A teenager
 An adult

7. How many times has an adult slapped you on the face, head or ears?

- Never → *if never, go to Question 8*
 1 to 2 times
 3 to 5 times
 6 to 10 times
 more than 10 times

- a. When did this happen? Please mark all that apply.
 Before grade school
 In grades 1 to 5
 In grades 6 to 8
 In high school
 Is happening now

- b. Who did this to you? Please mark all that apply.
 Father
 Mother
 Stepfather/ Mother's boyfriend
 Stepmother/ Father's girlfriend
 Relative, Who? _____

Were they:
 male
 female

Were they:
 A teenager
 An adult

Other, Who? _____

Were they:
 male
 female

Were they:
 A teenager
 An adult

8. How many times has an adult hit or spanked you with something like a belt, wooden spoon or something hard?

- Never *>if never, go to Question 9*
 1 to 2 times
 3 to 5 times
 6 to 10 times
 more than 10 times

a. When did this happen? Please mark all that apply.

- Before grade school
 In grades 1 to 5
 In grades 6 to 8
 In high school
 Is happening now

b. Who did this to you? Please mark all that apply.

- Father
 Mother
 Stepfather/ Mother's boyfriend
 Stepmother/Father's girlfriend
 Relative, Who? _____

Were they:

- male
 female

Were they:

- A teenager
 An adult

Other, Who? _____

Were they:

- male
 female

Were they:

- A teenager
 An adult

9. How many times has an adult pushed, grabbed, or shoved you to hurt you?

- Never *>if never, go to Question 10*
 1 to 2 times
 3 to 5 times
 6 to 10 times
 more than 10 times

a. When did this happen? Please mark all that apply.

- Before grade school
 In grades 1 to 5.
 In grades 6 to 8
 In high school
 Is happening now

b. Who did this to you? Please mark all that apply.

- Father
 Mother
 Stepfather/ Mother's boyfriend
 Stepmother/Father's girlfriend
 Relative, Who? _____

Were they:

- male
 female

Were they:

- A teenager
 An adult

Other, Who? _____

Were they:

- male
 female

Were they:

- A teenager
 An adult

c. Have you ever seen a doctor because of this?

- No
 Yes

d. Have you ever told anyone about this?

- No
 Yes

e. If yes, who did you tell? Please mark all that apply.

- Parent/ step-parent/guardian
 Teacher/ guidance counselor
 Children's Aid worker
 Friend
 Other, Who? _____

10. How many times has an adult thrown something at you to hurt you?

- Never →if never, go to Question 11
 1 to 2 times
 3 to 5 times
 6 to 10 times
 more than 10 times

a. When did this happen? Please mark all that apply.

- Before grade school
 In grades 1 to 5
 In grades 6 to 8
 In high school
 Is happening now

b. Who did this to you? Please mark all that apply.

- Father
 Mother
 Stepfather/ Mother's boyfriend
 Stepmother/Father's girlfriend
 Relative, Who? _____
 Were they:
 male
 female
 Were they:
 A teenager
 An adult

 Other, Who? _____

- Were they:
 male
 female
 Were they:
 A teenager
 An adult

c. Have you ever seen a doctor because of this?

- No
 Yes

d. Have you ever told anyone about this?

- No
 Yes

e. If yes, who did you tell? Please mark all that apply.

- Parent/ step-parent/guardian
 Teacher/ guidance counselor
 Children's Aid worker
 Friend
 Other, Who? _____

11. How many times has an adult kicked, bit,**or punched you to hurt you?**

- Never →if never, go to Question 12
 1 to 2 times
 3 to 5 times
 6 to 10 times
 more than 10 times

a. When did this happen? Please mark all that apply.

- Before grade school
 In grades 1 to 5
 In grades 6 to 8
 In high school
 Is happening now

b. Who did this to you? Please mark all that apply.

- Father
 Mother
 Stepfather/ Mother's boyfriend
 Stepmother/Father's girlfriend
 Relative, Who? _____
 Were they:
 male
 female
 Were they:
 A teenager
 An adult

 Other, Who? _____

- Were they:
 male
 female
 Were they:
 A teenager
 An adult

c. Have you ever seen a doctor because of this?

- No
 Yes

d. Have you ever told anyone about this?

- No
 Yes

e. If yes, who did you tell? Please mark all that apply.

- Parent/ step-parent/guardian
 Teacher/ guidance counselor
 Children's Aid worker
 Friend
 Other, Who? _____

12. How many times has an adult choked, burned or physically attacked you in some other way?

- Never →if never, go to Question 13
 1 to 2 times

- 3 to 5 times
 6 to 10 times
 more than 10 times

a. When did this happen? Please mark all that apply.

- Before grade school
 In grades 1 to 5
 In grades 6 to 8
 In high school
 Is happening now

b. Who did this to you? Please mark all that apply.

- Father
 Mother
 Stepfather/ Mother's boyfriend
 Stepmother/Father's girlfriend
 Relative, Who? _____

Were they:

- male
 female

Were they:

- A teenager
 An adult

Other, Who? _____

Were they:

- male
 female

Were they:

- A teenager
 An adult

c. Did this ever involve a weapon, like a knife or a gun?

- No
 Yes

d. Have you ever seen a doctor because of this?

- No
 Yes

e. Have you ever told anyone about this?

- No
 Yes

f. If yes, who did you tell? Please mark all that apply.

- Parent/ step-parent/guardian
 Teacher/ guidance counselor
 Children's Aid worker
 Friend

No →if no, go to Question 14

Yes

a. How many times has this happened to you?

- 1 to 2 times
 3 to 5 times
 6 to 10 times
 more than 10 times

b. When did this happen? Please mark all that apply.

- Before grade school
 In grades 1 to 5
 In grades 6 to 8
 In high school
 Is happening now

c. Who did this to you? Please mark all that apply.

- Father
 Mother
 Stepfather/ Mother's boyfriend
 Stepmother/Father's girlfriend
 Relative, Who? _____

Were they:

- male
 female

Were they:

- A teenager
 An adult

Other, Who? _____

Were they:

- male
 female

Were they:

- A teenager
 An adult

d. Have you ever told anyone about this?

- No
 Yes

e. If yes, who did you tell? Please mark all that apply.

- Parent/ step-parent/guardian
 Teacher/ guidance counselor
 Children's Aid worker
 Friend
 Other, Who? _____

13. Did anyone ever show their private parts to you when you didn't want them to?

Other, Who? _____

14. Did anyone ever make you show them your private parts when you did not want them to? No →if no, go to Question 15 Yes

a. How many times has this happened to you?

 1 to 2 times 3 to 5 times 6 to 10 times more than 10 times

b. When did this happen? Please mark all that apply.

 Before grade school In grades 1 to 5 In grades 6 to 8 In high school Is happening now

c. Who did this to you? Please mark all that apply.

 Father Mother Stepfather/ Mother's boyfriend Stepmother/Father's girlfriend Relative, Who? _____

Were they:

 male female

Were they:

 A teenager An adult Other, Who? _____

Were they:

 male female

Were they:

 A teenager An adult

d. Have you ever told anyone about this?

 No Yes

e. If yes, who did you tell? Please mark all that apply.

 Parent/ step-parent/guardian Teacher/ guidance counselor Children's Aid worker Friend Other, Who? _____**15. Did anyone ever threaten to have sex with you when you didn't want them to?** No →if no, go to Question 16 Yes

a. How many times has this happened to you?

 1 to 2 times 3 to 5 times 6 to 10 times more than 10 times

b. When did this happen? Please mark all that apply.

 Before grade school In grades 1 to 5 In grades 6 to 8 In high school Is happening now

c. Who did this to you? Please mark all that apply.

 Father Mother Stepfather/ Mother's boyfriend Stepmother/Father's girlfriend Relative, Who? _____

Were they:

 male female

Were they:

 A teenager An adult Other, Who? _____

Were they:

 male female

Were they:

 A teenager An adult

d. Have you ever seen a doctor because of this?

 No Yes

e. Have you ever told anyone about this?

 No Yes

f. If yes, who did you tell? Please mark all that apply.

 Parent/ step-parent/guardian Teacher/ guidance counselor Children's Aid worker Friend Other, Who? _____**16. Did anyone ever touch the private parts of your body or make you touch their private parts when you didn't want them to?** No →if no, go to Question 17 Yes

a. How many times has this happened to you?

- 1 to 2 times
- 3 to 5 times
- 6 to 10 times
- more than 10 times

b. When did this happen? Please mark all that apply.

- Before grade school
- In grades 1 to 5
- In grades 6 to 8
- In high school
- Is happening now

c. Who did this to you? Please mark all that apply.

- Father
- Mother
- Stepfather/ Mother's boyfriend
- Stepmother/Father's girlfriend
- Relative, Who? _____

Were they:

- male
- female

Were they:

- A teenager
- An adult

Other, Who? _____

Were they:

- male
- female

Were they:

- A teenager
- An adult

d. Have you ever seen a doctor because of this?

- No
- Yes

e. Have you ever told anyone about this?

- No
- Yes

f. If yes, who did you tell? Please mark all that apply.

- Parent/ step-parent/guardian
- Teacher/ guidance counselor
- Children's Aid worker
- Friend
- Other, Who? _____

17. Did anyone ever have sex with you when you didn't want them to or sexually force themselves on you in some other way?

- No →if no, go to Question 18
- Yes

a. How many times has this happened to you?

- 1 to 2 times
- 3 to 5 times

- 6 to 10 times
- more than 10 times

b. When did this happen? Please mark all that apply.

- Before grade school
- In grades 1 to 5
- In grades 6 to 8
- In high school
- Is happening now

c. Who did this to you? Please mark all that apply.

- Father
- Mother
- Stepfather/ Mother's boyfriend
- Stepmother/Father's girlfriend
- Relative, Who? _____

Were they:

- male
- female

Were they:

- A teenager
- An adult

Other, Who? _____

Were they:

- male
- female

Were they:

- A teenager
- An adult

d. Have you ever seen a doctor because of this?

- No
- Yes

e. Have you ever told anyone about this?

- No
- Yes

f. If yes, who did you tell? Please mark all that apply.

- Parent/ step-parent/guardian
- Teacher/ guidance counselor
- Children's Aid worker
- Friend
- Other, Who? _____

