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**This is the author's manuscript**

*Original Citation:*

*Availability:*

This version is available <http://hdl.handle.net/2318/1661338> since 2021-03-12T13:46:25Z

*Published version:*

DOI:10.1007/s10508-018-1154-2

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**Young Adult Retrospective Reports of Adverse Childhood Experiences: Prevalence of Physical, Emotional, and Sexual Abuse in Italy**

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**ABSTRACT**

This study sought to understand the prevalence of childhood abuse in Italy using an instrument developed by the International Society for the Prevention of Child Abuse and Neglect (ISPCAN) and adapted to the Italian context. The study participants were 312 young adults, 106 males (34%), and 206 females (64%), aged 18–24 years, from various northwest Italian universities and workplaces, using an ISPCAN Child Abuse Screening Tool retrospective questionnaire (ICAST-R). With reference to comparative data from other countries, the Italian context reveals a high incidence of emotional abuse (62%) followed by physical abuse (44%) and sexual abuse (18%). While males reported more physical abuse, females reported more exposure to sexual and emotional abuse. Moreover, the validity of the ICAST instrument was evaluated. The internal consistency for the three subscales was similar to the findings of previous studies, with Cronbach's alphas ranging from 0.51 for emotional abuse to 0.59 for sexual abuse. We observe that children undergo forms of emotional and physical maltreatment for disciplinary purposes, and for this reason, such abuse is excused. Greater prevention measures should be adopted in this direction. Finally, our study has contributed to the validation of the ICAST-R instrument for use in the Italian context.

**Keywords:** Child abuse – Psychology of violence - Childhood adverse experiences - Physical abuse

## **Introduction**

Data from the literature show that the exposure of children to violence is a historical constant found in all cultures and societies, and at every social level (Pereda, Guilera, Forns, & Gomez-Benito, 2009; Putnam, 2003; World Health Organization (WHO), 2014). The committee of the World Report on Violence Against Children (Pinheiro, 2006) made a review of the literature concerning the abuse of minors for the United Nations Secretary-General and the UN General Assembly. The purpose was to sum up the epidemiology and the consequences of child abuse in the family, at school, and in other institutions, as well as trying to compare the different cultural contexts. There are several types of abuse; traditionally, scientific literature has focused on sexual, physical, and emotional abuse. Among these, child sexual abuse (SA) has been the most investigated, with many studies published worldwide. SA has been recognized as an unfavorable child experience by many researchers, who identified serious short- and long-term consequences on victims' psychosocial adjustment, physical, and mental health (e.g., Chen et al., 2010; Howe, 2005; Irish, Kobayashi, & Delahanty, 2009; Jonas et al., 2011; Longobardi, Veronesi, & Prino, 2017c; Maldonato, DiLillo, & Hoffmann, 2015; van der Kolk, 2005; van der Kolk & Courtois, 2005). Although a variety of factors affect the regulation of children's behavior, several studies have highlighted how abuse can influence their socioemotional, cognitive, and physical development (e.g., Corwin & Keeshin, 2011; Malloy, Lamb, & Katz, 2011). However, not all scholars agree with this point of view. In fact, the results of the meta-analytic study by Rind, Tromovitch, and Bauserman (1998) highlight that the psychological damage linked to experiences of abuse depends on various factors, such as the degree of coercion and violence experienced by the victims.

Conversely, non-sexual child abuse, namely physical abuse (PA) and emotional abuse (EA), has received less attention, although different studies have indicated both a higher prevalence of these types of abuse in the child population, and their association with increased risk of a wide range of psychological and behavioral problems, including depression, alcohol abuse, anxiety, suicidal behavior, and increased risk of contracting an HIV or herpes simplex virus type 2 (HSV2)

infection (Desai, Arias, Thompson, & Basile, 2002; Felitti et al., 1998; Jewkes, Dunkle, Nduna, Jama, & Puren, 2010; Runyan, Wattam, Ikeda, Hassan, & Ramiro, 2002). Epidemiological data on non-sexual child abuse are relatively less available in the literature.

Today, many tools exist for assessing the abuse of minors, but cross-national comparisons are difficult, due to the cultural differences in the definition and operationalization of SA, PA, and EA. One of the recommendations made by the Advisory Committee for the United Nations' study on violence against children was, in fact, the creation of child violence measurement instruments that facilitate data collection and that are comparable at a cross-national level.

At this point, the International Society for the prevention of Child Abuse and Neglect (ISPCAN), promoted by UNICEF and major organizations such as Save the Children and World Vision, took up this idea and tried to answer the call for improved measurement instruments. Their mission was to develop instruments that might facilitate common measurement approaches to child abuse (Dunne et al., 2009; Runyan et al., 2009; Zolotor et al., 2009).

Therefore, starting from the measurement instruments available in the literature, such as the Parent–Child Conflict Tactics Scales (Straus, Hamby, Finkelhor, Moore, & Runyan, 1998), the Juvenile Victimization Questionnaire (Finkelhor, Hamby, Omrod, & Turner, 2005), the Childhood Trauma Questionnaire (Scher, Stein, Asmundson, McCreary, & Forde, 2001), the Comprehensive Child Maltreatment Inventory (Riddle & Aponte, 1999), and the Childhood Trauma Interview (Fink, Bernstein, Handelsman, Foote, & Lovejoy, 1995), the ICAST instruments were created (see Zolotor et al., 2009), in accordance with the UN Study on Violence Against Children (Pinheiro, 2006). Three instruments were developed with the contribution of a global panel of 122 experts, with the aim of contributing to the creation of tools designed specifically for intercultural, multinational, and multicultural application, in order to understand the analysis of fundamental questions on the causes of variation between and within countries, cultures, and ethnic groups (Elliot & Urquiza, 2006), so as to be able to protect children from abuse more successfully. The ISPCAN child abuse screening tools are available in a parents' version (ICAST-P), children's

version (ICAST-C), subdivided into home and institution, and a retrospective version (ICAST-R) for individuals ages 18 and up.

As suggested by Pinheiro (2006), the Convention on the Rights of the Child, supported by the World Report on Violence Against Children, considers studies on abuse and maltreatment of children in all countries, so as to collect and compare results with other countries. This is part of the responsibility of every country in carrying out their obligation to the convention they have subscribed to.

Italy has acted on this invitation and, after the creation of the first university Chair in Child Abuse and Neglect, in the Department of Psychology of the University of Turin, has adopted a twofold aim: on the one hand, to contribute to the validation of the ICAST-R instrument by applying it to the Italian context, and, on the other, to explore the prevalence of childhood maltreatment using the ICAST-R in the Italian cultural context, so as to make the data comparable with those of other countries, and to implement programs for the protection of children.

Retrospective studies on adolescents and young adults are used to verify whether they have suffered forms of abuse or maltreatment in the recent past (Bauserman & Rind, 1997; Fergusson & Mullen, 1999; Gilbert et al., 2008; Hardt & Rutter, 2004). Albeit useful, retrospective studies reveal a great variability in scores and lead to conclusions that are not always consistent between the various countries. This is, unfortunately, one of the main reasons for the depreciation of the results that emerge from research on maltreatment, especially those related to experiences of sexual abuse (Rind et al., 1998; Rind, Tromovitch, & Bauserman, 2001; Rind & Welter, 2014). Moreover, many of the instruments employed in the literature vary in the number of items, the operational definition of the construct of abuse, and, lastly, the weakness of their psychometric properties (Hulme, 2007). Some researchers have also pointed out that the structure and content of many instruments reflect the idea that adults have about the operative definition of maltreatment, instead of assessing the minors' perception of it. Finally, abuse and maltreatment perpetrated by peers are either not included in the instruments, or they are investigated only through a limited set of items (Finkelhor,

Turner, & Ormrod, 2006; Rind & Welter, 2016). Another limitation is that some instruments present poor translatability. For instance, the meaning of the words “abuse” and “molested” varies greatly between cultures and languages (Dunne et al., 2009).

Our study was aimed at contributing to the Italian validation of the ICAST-R and exploring the prevalence of child abuse in the Italian cultural context, so as to make the data comparable with those of other countries. In this study, we investigated SA, PA, and EA, employing an instrument (the ICAST-R questionnaire) that does not refer to a specific definition of child abuse. This was especially useful to avoid the possible biases that are linked with adherence to a too strict definition of child abuse, which has caused inconsistent findings and low comparability across studies. In fact, the ICAST-R questionnaire has been developed to study child abuse with a broad perspective: It includes many, if not all, of the actions that can be described as distressing or degrading for a child. The items cover physical, psychological, and sexual abuse. With respect to sexual abuse, all the items refer to unwanted experiences, excluding consensual ones. For each type of abuse, the ICAST-R investigates the characteristics of the perpetrators and the contexts of abuse, which will be analyzed in depth in this study with respect to the Italian context.

Finally, a further aim of this article was to study gender differences in child abuse in the Italian context, by comparing males and females on the prevalence and frequency of each type of abuse. On the basis of literature findings, we expected to find different patterns of victimization among males and females, with girls being more frequently exposed to the risk of SA in particular.

## **Method**

### **Participants**

Our sample consisted of 106 males (33.9%) and 206 females (66.1%); one participant omitted this information. The age range was 18-24 years ( $M = 21.3$ ;  $SD = 1.5$ ). Concerning geographical origin, 24.6% ( $n = 77$ ) of the participants reported that they spent their childhood in a small town or in the countryside, 49.2% ( $n=154$ ) in a big town or a small city, and 23.6% ( $n=74$ ) in a big city; 2.2% ( $n = 7$ ) reported other, non-specified locations, and 0.3% ( $n = 1$ ) omitted this information.

The majority of participants were students (89.1%,  $n = 279$ ). With reference to employment, 79.9% ( $n = 250$ ) were full-time students/unemployed, 12.8% ( $n = 40$ ) had paid part-time work, 3.5% ( $n = 11$ ) had unpaid work, and 2.9% ( $n = 9$ ) had a paid full-time job. Three participants omitted this information.

## **Procedure**

Questionnaires were distributed to university students of different courses (psychology, engineering, and law) at two large public universities in the North of Italy, and to students in three different vocational schools in the same area. All of the universities and vocational school contacted agreed to take part into the research. The sample size was determined in order to have 95% confidence limits of 5% maximum error of prevalence estimates, when the prevalence is 20% (an expected prevalence rate based on previous researches). This led to a requirement of 246 participants. Of the 370 distributed questionnaires, a total of 313 completed questionnaires were collected and analyzed. The questionnaires that were not analyzed (15.4%) included mostly of those that were not returned ( $n = 49$ ) and, to a minor degree, those that had been completed only in part ( $n = 8$ ).

## **Measure**

Experiences of child abuse were measured using the ICAST-R questionnaire, which covers physical, emotional, and sexual abuse (Pineiro, 2006). The instrument is designed to be used with young adults (age 18–24 years), and it is used in combination with other instruments that measure maltreatment retrospectively, but it differs from them in that it focuses on a few specific indicators rather than on a wide variety of possible forms of maltreatment.

Given the absence of an Italian adaptation of the ICAST-R, the original questionnaire was translated from English into Italian, following the criteria established by Van de Vijver and Hambleton (1996) concerning the adaptation of assessment tools to foreign languages and cultures. Two bilingual experts in child maltreatment were asked to translate the items conceptually rather than literally, as the latter is often difficult for sensitive terms, especially in the description of sexual

acts and emotional states. Subsequently, the original questionnaire and the Italian translation were compared by a second pair of experts, with the task of identifying any discrepancies between the original language and Italian.

The 26 items were divided into four parts: The first part (6 items) was dedicated to the collection of sociodemographic data, while the other parts investigated different types of abuse (i.e., physical, emotional, and sexual) and shared a similar structure. Each item asked the participants whether they had experienced a particular type of maltreatment or abuse; the response options were Yes, No, and Cannot remember. If the participants answered Yes, they were asked to list the frequency with which the abuse or maltreatment were perpetrated during their lives (ranging from 1 = 1–2 times to 3 = more than 10 times), the moment of their life in which these events took place, who was/were the perpetrator/s, and what were the consequences of the event, if there were any. The second part of the questionnaire (5 items) investigated physical abuse or maltreatment. The participants were asked to report whether they had ever been slapped, punched, kicked, beaten, cut, or hit with blunt objects. The third part of the questionnaire (5 items) investigated different types of emotional abuse or maltreatment, such as being insulted or criticized, hearing phrases such as “You’ve never been loved”, “I wish you had never been born”, “I wish you would die”, or receiving threats of physical violence or abandonment. Finally, the fourth part (5 items) investigated different types of sexual abuse, such as being forced to show one’s genitals, having to pose for sexual or pornographic pictures, being touched in the genitals or having to touch someone else’s genitals, and being forced to have sexual intercourse. We computed a measure of victimization severity for each type of abuse (i.e., physical, emotional, and sexual) by summing up the frequency of each type of behavior (e.g., for PA, having been slapped, punched, kicked, beaten, cut, or hit with blunt objects).

In each part of the questionnaire, a number of items were dedicated to investigating the participants’ own perception of the physical (Items 12 and 13) or emotional (Items 19 and 20) abuse or maltreatment they might have experienced. These items also asked participants whether they excused the behaviors as disciplinary measures, and to compare their experiences to those of the



general population. Concerning sexual abuse, there was an item that investigated whether the abuse had been reported to someone. A positive answer led to the participants specifying the role of the person they decided to confide with, the time that passed between the abuse and their decision to report it, and the person's reaction to the news.

## **Results**

### **Internal Consistency**

The internal consistency of the three subscales was moderate (physical abuse: Cronbach's  $\alpha = 0.56$ ; emotional abuse:  $\alpha = 0.51$ ; sexual abuse:  $\alpha = 0.59$ ). The low internal consistency was due to the heterogeneity of the types of abuse under investigation. Although we anticipated a moderate correlation between different types of experienced abuse, we did not expect that being victims of a specific type of abuse (e.g., being slapped) would make participants more likely to have experienced other types of abuse (e.g., being hit with a blunt object) as a consequence.

### **Types of Abuse**

For each part of the questionnaire, we found participants in the sample who said they had undergone the type of abuse at stake in the item at least once (see Table 1). The data presented in the table show that emotional abuse was the type of abuse most commonly reported by young adults (62.0%), followed by physical abuse (44.4%) and sexual abuse (18.2%). Being insulted or criticized was the item with the highest frequency: More than half the participants (54%) indicated they had experienced this type of abuse. A much lower frequency was found for two types of physical abuse, namely being punched (27.8%) and being shaken hard (23.3%). The two types of abuse that were found least frequently among the participants both belonged to the sexual subscale: posing nude without having agreed to do so (0.3%) and being forced to have full sexual intercourse (1.6%).

Table 1

*Prevalence of child abuse acts reported by young adults*

		Male (n = 106)			Female (n = 206)			Total		
		Yes	No	DR/ Missi ng	Yes	No	DR/ Missi ng	Yes	No	DR/ Missi ng
		(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)
<b>Physical Abuse</b>										
	Hit or punched*	38.7	52.8	8.5	21.8	73.8	4.4	27.8	66.5	5.8
	Kicked*	20.8	67.9	11.3	10.7	80.6	8.7	14.4	76.0	9.6
	Beaten with an object	10.4	84.0	5.7	8.7	88.3	2.9	9.6	86.6	3.8
	Shaken hard	20.8	63.2	16.0	24.8	63.6	11.7	23.3	63.6	13.1
	Cut or stabbed on purpose	4.7	92.5	2.8	1.9	94.7	3.4	2.9	93.9	3.2
	At least one episode	50.9	49.1		40.8	59.2		44.4	55.6	
<b>Emotional Abuse</b>										
	Insulted or criticized	48.1	36.8	15.1	57.3	33.5	9.2	54.0	34.5	11.5
	Told they were not loved	4.7	89.6	5.7	8.7	86.9	4.4	7.3	87.5	5.1
	Told "I wish you had never been born or/or were dead"	3.8	72.6	23.6	6.3	80.1	13.6	5.4	77.6	16.9
	Threatened to be hurt or killed	20.8	70.8	8.5	13.6	81.1	5.3	16.3	77.3	6.4
	Threatened to be abandoned/refused access into the home	16.0	76.4	7.5	18.0	75.7	6.3	17.3	76.0	6.7
	At least one episode	55.7	44.3		65.0	35.0		62.0	38.0	
<b>Sexual Abuse</b>										
	Someone exposed their genitals*	6.6	89.6	3.8	14.1	83.0	2.9	11.5	85.3	3.2
	Made to pose naked	0.0	96.2	3.8	0.5	97.6	1.9	0.3	97.1	2.6
	Someone touched the child's genitals*	3.8	93.4	2.8	12.6	85.0	2.4	9.6	87.9	2.6
	Made to touch another's genitals	1.9	93.4	4.7	6.3	90.3	3.4	4.8	91.4	3.8
	Made to have intercourse	0.0	98.1	1.9	2.4	97.1	0.5	1.6	97.4	1.0
	At least one episode*	9.4	90.6		22.8	77.2		18.2	81.8	

DR don't remember

\* Significant gender differences at p\05

**Frequency and Severity of Abuse**

By analyzing the data on the frequency of abuse (see Table 2), it can be seen that, for most of the items, over half the participants stated they had experienced the type of abuse in question only once or twice. However, the item concerning being insulted or criticized differed, presenting a decidedly higher frequency (1–2 times: 25.8%, 3–10 times: 39.3%, more than 10 times: 35%). The most frequent types of abuse (i.e., more than 10 times) were being insulted or criticized, and being touched on the genitals or on the breasts.

The severity for each type of abuse was computed considering the reported frequency for each of the five items included in the subscales. Descriptive statistics (M and SD) were computed

among the participants who had experienced at least one episode of abuse, separately for PA (M = 2.5, SD = 1.8), EA (M = 2.9, SD = 2.0), and SA (M = 2.2, SD = 1.9). Correlations among severity measures for each type of abuse were all significant ( $p < .01$ ): The strongest correlation was found between PA and EA,  $r(311) = .47$ , while SA correlations with PA and EA were modest, respectively,  $r(311) = .15$  and  $r(311) = .16$ . No significant gender differences in correlation strength were found.

Table 2.

*Frequencies of the episodes of abuse.*

	Male			Female			Total		
	1 or 2 times (%)	3 to 10 times (%)	More than 10 times (%)	1 or 2 times (%)	3 to 10 times (%)	More than 10 times (%)	1 or 2 times (%)	3 to 10 times (%)	More than 10 times (%)
Hit or punched	55.0	32.5	12.5	61.4	29.5	9.1	57.6	31.8	10.6
Kicked*	68.2	13.6	18.2	63.6	36.4	0.0	66.7	24.4	8.9
Beaten with an object	72.7	9.1	18.2	72.2	27.8	0.0	70.0	23.3	6.7
Shaken hard*	47.6	33.3	19.0	65.3	32.7	2.0	60.0	32.9	7.1
Cut or stabbed on purpose	100.0	0.0	0.0	100.0	0.0	0.0	100.0	0.0	0.0
Insulted or criticized	20.4	40.8	38.8	28.1	38.6	33.3	25.8	39.3	35.0
Told they were not loved	60.0	20.0	20.0	52.9	29.4	17.6	54.5	27.3	18.2
Told "I wish you had never been born or/or were dead"	100.0	0.0	0.0	61.5	23.1	15.4	68.8	18.8	12.5
Threatened to be hurt or killed	57.1	38.1	4.8	67.9	28.6	3.6	64.0	32.0	4.0
Threatened to be abandoned/refused access into the home	70.6	23.5	5.9	54.1	37.8	8.1	59.3	33.3	7.4
Someone exposed their genitals	85.7	14.3	0.0	75.9	20.7	3.4	77.8	19.4	2.8
Made to pose naked	0.0	0.0	0.0	0.0	100.0	0.0	0.0	100.0	0.0
Someone touched the child's genitals	33.3	0.0	66.7	50.0	34.6	15.4	48.3	31.0	20.7
Made to touch another's genitals	50.0	50.0	0.0	69.2	15.4	15.4	66.7	20.0	13.3
Made to have intercourse	0.0	0.0	0.0	75.0	25.0	0.0	75.0	25.0	0.0%

Percentages refer to the total number of participants who reported to have experienced each type of abuse

\* Significant gender differences at  $p < .05$

### Characteristics of the Perpetrators and Contexts of Abuse

We calculated the frequency of the different types of perpetrators for each type of abuse, considering in particular their age (i.e., adult vs. peer) and gender. There were a few cases in which the participants, while declaring that they had experienced a certain type of abuse, did not indicate who the perpetrator was (11 cases out of the total affirmative answers received). Table 3 shows the

five most frequent perpetrators as indicated by the participants.

Table 3.

*Counts of the five most frequently reported perpetrators by abuse item subset, perpetrator gender, and adult or peer age group.*

Adult female perpetrators		Peer female perpetrators		Adult male perpetrators		Peer male perpetrators	
<i>Physical</i>							
Mother	52	Sister	12	Father	60	Boy at school	58
Sister	9	Girl at school	6	Brother	12	Brother	25
Other relative	7	Neighborhood female	4	Grandfather	8	Stranger	17
Grandmother	4	Stranger	2	Other relative	2	Other	15
Teacher	3			Neighborhood male	2	Boyfriend	11
<i>Emotional</i>							
Mother	33	Girl at school	71	Father	33	Boy at school	86
Teacher	21	Sister	8	Teacher	14	Brother	15
Sister	13	Other	8	Stranger	8	Boyfriend	13
Grandmother	9	Stranger	5	Brother	7	Stranger	11
Stranger	7	Girlfriend	5	Boss or colleague	3	Neighborhood boy	8
<i>Emotional (Members of Family/Household only can be perpetrators): item 15, 16 e 18</i>							
Mother	62	Father	33				
Sister	8	Brother	9				
Grandmother	4	Step father	3				
Step mother	1						
Other relative	1						
<i>Sexual</i>							
Other relative	2	Cousin	5	Stranger	12	Boy at school	21
		Girlfriend	4	Neighborhood male	7	Cousin	11
		Girl at school	1	Family friend	4	Boyfriend	8
				Other relative	2	Other	8
				Grandfather	2	Brother	2

The data of the emotional abuse typical of the family context are reported separately (items 15, 16, 17)

We will now consider the three subscales separately to describe the features of the situations of abuse declared by the participants, the contexts where they occurred, the perpetrators, the consequences, and the age of the participants at the time of the abuse.

With reference to physical abuse, 44.4% (n = 141) of the sample declared they had experienced this kind of violence. Physical abuse occurred most often at home and at school; in fact, parental figures were the most common adult perpetrators indicated by the participants. Among the peer group, the most frequent perpetrators of physical violence were children at school, followed by siblings and strangers (see Table 3). Analyzing the consequences of the episodes of physical abuse, 34.5% of the participants suffered bruising, fractures, bleeding or broken teeth; for 11.5%, it was necessary to visit a hospital or a doctor; 3.4% had to stay at home due to the injuries;

1.1% had to miss days at school or work, and 1.1% suffered permanent damage following the abuse.

Among the episodes of physical violence, 44.6% of the participants excused them as disciplinary measures, 17.3% did not excuse them, though they saw them as disciplinary measures, while 10.1% stated that such acts were neither disciplinary nor justified.

With reference to emotional abuse, 62% (n = 196) of the sample stated that they had experienced at least one of the examples. Insults and criticisms were mainly received from children at school, followed by parents and teachers. A total of 26.6% of those who suffered episodes of emotional maltreatment justified such acts as disciplinary measures, 11.5% felt that such acts had been carried out for disciplinary reasons, but did not justify them, and 16.9% felt that such acts were neither disciplinary nor justified.

With respect to sexual abuse, 18.2% (n = 58) of the sample reported that they had experienced it. Most of the perpetrators were known male individuals, and in no cases, participants reported to have been sexually abused by their parents.

The ensuing questions asked whether the person that suffered the forms of SE described in the item had talked about the incident: 35.1% (n = 20) reported that they have never mentioned it to anyone. Among those who had talked about what happened, 36.8% (n = 7) did so after one day and 31.6% (n = 6) talked about it for the first time after more than three years had passed. In 15.8% of the cases, the interlocutors were well disposed toward the participant, believing his/her words and providing comfort; in 4.2% of the cases, although the interlocutors believed the participant, they did not offer any type of consolation or support. Most often the experience of abuse was confessed to mothers (11.6%) and to female friends (11.5%), followed by boyfriends (7.4%).

### **Age When the Abuse Took Place**

By observing the age when the episodes of abuse were experienced, it can be seen (Table 4) that the age group that suffered the highest amount of emotional and physical abuse was the one ranging from 14 to 17 years, with the exception of two items: being struck with an object (prevalent

between 10 and 13 years of age) and being struck with a sharp object (prevalent between 5 and 13 years of age).

Table 4.

*Age when the abuse took place.*

	< 5 year old	5–9 year old	10–13 year old	14–17 year old
Hit or punched	3%	13%	26%	59%
Kicked	0%	27%	34%	39%
Beaten with an object	7%	32%	39%	21%
Shaken hard	3%	23%	34%	39%
Cut or stabbed on purpose	20%	30%	30%	20%
Insulted or criticized	1%	9%	32%	58%
Told they were not loved	0%	9%	41%	50%
Told "I wish you had never been born or/or were dead"	0%	0%	47%	53%
Threatened to be hurt or killed	0%	5%	27%	68%
Threatened to be abandoned/refused access into the home	2%	10%	10%	78%
Someone exposed their genitals	3%	18%	36%	42%
Made to pose naked	0%	0%	0%	100%
Someone touched the child's genitals	4%	21%	29%	46%
Made to touch another's genitals	0%	7%	43%	50%
Made to have intercourse	0%	0%	0%	100%

### Gender Differences in Child Abuse

After analyzing gender differences in the experiences of abuse reported by the young adults in our sample, only a few items were found to have a significantly different distribution between males and females (see Table 1). Two items related to physical abuse concerned prevalently males: being hit or punched,  $\chi^2(1) = 11.85$ ,  $p < .001$ , and being kicked,  $\chi^2(1) = 6.52$ ,  $p = .01$ . Conversely, the subscale for sexual abuse concerned mostly females: The percentage of females who experienced at least one episode of sexual abuse was 23%, while the percentage of males was 9%,  $\chi^2(1) = 8.39$ ,  $p = .003$ . Differences emerged especially with respect to two items: being exposed to another person's genitals,  $\chi^2(1) = 4.16$ ,  $p = .04$ , and being touched on one's private parts,  $\chi^2(1) = 6.27$ ,  $p = .01$ .

Table 2 shows the relative frequencies for each type of abuse, computed considering the participants who had experienced what was described in the items at least once. Only two gender

differences emerged: 18% of males had experienced being kicked more than 10 times during their lives, while no females reported a similar frequency for the same item,  $\chi^2 (2) = 46.81, p < .001$ ; additionally, 19% of males had experienced being shaken hard more than 10 times during their lives, while only 2% of females a similar frequency for the same item,  $\chi^2 (2) = 30.14, p < .001$ .

Concerning the severity of the abuse, we performed t-tests to ascertain the presence of gender differences for each type of abuse: No significant differences emerged (PA:  $t(136) = 1.91, p = .06$ ; EA:  $t(191) = 0.42, p = .67$ ; SA:  $t(56) = -0.53, p = .60$ ).

## **Discussion**

Before discussing the specific results on the sexual, emotional, and physical abuse of minors, it is important to give a picture of the social and cultural context in which it takes place. Over the past 20 years, the Italian sociocultural context has been changing gradually (UNICEF, 2015). The economic situation has changed because of European monetary unification and the current economic crisis (Ciccarone & Saltari, 2015). Italian schools have become more heterogeneous and many new types of families are present (e.g., blended or single-parent families), which means that there is a higher difference in education styles and children grow up with schoolmates from different sociocultural background, at times generating misunderstandings both in horizontal and vertical relationships. Italy has long been very sensitive to policies for the protection of children, but also of adults, such as the protection of female victims of domestic violence or intimate partner violence (IPV). Nevertheless, there are almost no prevalence studies investigating the phenomenon of child abuse using internationally recognized and standardized instruments.

## **Comments on the Validation of the ICAST-R**

The first aim of this study was to contribute to the validation of the ICAST-R in the Italian context. The instrument proved to be adequate for our context; the relatively low Cronbach's alpha values (ranging from 0.51 to 0.59) were due to the moderate interitem correlation, which in turn is expected, given that frequently participants are the victims of only one of the abusive or maltreatment behaviors considered by each dimension. However, similar values have been found in

previous studies (Dunne et al., 2009; Lee & Kim, 2011). This result is encouraging since it enables a meaningful comparison with analogous methodologies that measure children's exposure to violence.

### **Comments on Prevalence, Frequency, Severity, Characteristics of the Perpetrators, and Age of Victimization for PA, EA, and SA**

As regards the second aim (i.e., to assess the prevalence of the phenomena in the Italian context), the data were partly in line with the results of previous research and partly in contrast (WHO, 2014). What emerges, and requires attention, is the high incidence of emotional abuse (62%) followed by physical (44%) and sexual abuse (18%). With respect to the severity of each type of abuse, no relevant differences emerged for PA, EA, and SA among individuals who had experienced at least one episode of abuse. A moderate correlation emerged between severity of experienced PA and EA, indicating a relevant association between these two types of abuse. The association of SA with other types of abuse was modest.

With reference to physical abuse, almost half of the participants reported having been subjected to physical violence. This datum is far higher than for similar studies conducted in other Western countries. For instance, Gilbert et al. (2008) studied physical abuse on children in European countries, reporting a prevalence of 12% in Macedonia and 29% in Moldavia. In the UK, May-Chahal and Cawson (2005) reported a prevalence of 16%, while, in the U.S., Hussey, Chang, and Kotch (2006) found that 28% of their interviewees had been slapped, struck, or kicked by a caregiver or an adult. In the Asian context, Sadowski, Hunter, Bangdiwala, and Munoz (2004) reported that 36% of their sample used physical punishments on their children. However, these comparisons need to be interpreted with caution given that different studies employed different instruments to estimate the abuse prevalence.

It would seem that, in Italy, despite the laws protecting minors, the prevalence of the phenomenon is much higher, mainly for males in the 14–17 year age group. Physical aggression is perpetrated mainly by parents or brothers in the family setting, and by other boys at school. The



high frequency of aggressive behavior experienced by the participants is undoubtedly something to examine in greater depth, not least because it is very frequently excused by the youths as a form of disciplinary behavior on the part of adults.

The exposure to emotional abuse was also very high. The level is considerably higher than in all other studies on this aspect. For instance, May-Chahal and Cawson (2005) reported that 6% of young English adults have experienced serious emotional abuse. By contrast, 22% of participants in the U.S. reported memories of emotional abuse during childhood (Finkelhor, Turner, Ormrod, & Hamby, 2009; Rind & Tromovitch, 2007). Therefore, the figure is much higher than in other countries, but it is in line with findings from previous studies conducted on Italian adolescents (Longobardi, Prino, Fabris, & Settanni, 2017a, b; Longobardi, Settanni, Prino, & Gastaldi, 2015). Criticisms, insults, and denigration were the acts most frequently suffered by minors, also justified here as disciplinary measures (Longobardi, Prino, Fabris, & Settanni, 2017a, b). This figure is in line with the emotional abuse experienced in the family setting. It would benefit from a more indepth analysis in both contexts, especially considering that the impact of psychological abuse on minors has been associated with increased aggressiveness and social withdrawal during primary school, and lower ratings of socioemotional competence in early adolescence (Longobardi et al., 2017a; Shaffer, Yates, & Egeland, 2009).

From the data that have emerged, and considering the elevated number of people that consider the abuse they suffered as being some form of discipline, it appears that the meaning attributed to acts of physical and emotional abuse might have both an immediate and long-term impact on the victims' mental health and overall well-being (Dunne et al., 2009). Further research is needed to improve our understanding of the relation between abuse and its psychological consequences.

Finally, the level of sexual abuse (18%) was similar to studies conducted all over the world. For instance, in a meta-analysis of 39 sexual abuse studies in 21 countries, Pereda et al. (2009) reported levels ranging from 10 to 20% for girls, and 10% in boys. Concerning the absence of

parental figures as perpetrators of sexual abuse in this study, the participants in our sample did not provide this datum. This is in contrast to the literature, which reports that intrafamilial abuse was the prevalent form of abuse suffered by minors (WHO, 2014). We believe that participants omitted this information willingly, probably due to a “code of silence” that is imposed on all family members, so that cases of intrafamilial child sexual abuse are hardly ever reported to law enforcement agencies when they occur. However, this finding is congruent with what Dunne et al. (2009) reported in their cross-national study.

As for the age in which the acts of SA occurred, the majority of the participants stated that they occurred between the ages of 14– 17 years, which is an age range that can be considered to be fully adolescence and not childhood anymore. However, some of the types of SA are relatively common even among younger participants: In particular, about 20% of our participants reported to have had their genitals touched or that others had exposed their genitals to them.

It is worth noting that the focus of the instrument we employed in this study was on detecting unwanted sexual experiences. This allowed us to investigate the prevalence of the experiences that were perceived as abusive by the participants, but it did not allow us to measure the prevalence of illegal acts, given that, according to the law, even consensual activities can sometimes be considered crimes. Indeed, according to Italian law, the age of consent is set to 14 years, with the presence of exceptions: The age of consent rises to 16 years if the person involved in the sexual acts has a role of authority over the minor (e.g., has influence on him/her, is a parent or a legal guardian, or another person who, for reasons of health, education, or guardianship, is caring for the minor or lives with him/her); however, it drops to 13 years if the two partners are both minors and they are not more than 3 years apart from each other.

### **Gender Differences**

Concerning gender differences, our findings were in line with the literature (Simsek, Guney, & Baysal, 2017; WHO, 2014): We confirmed previous findings that PA was more frequent among males, and that SA was generally more prevalent among females. Furthermore, it should be noted

that in Simsek et al.'s (2017) study the most prevalent types of SA were: being touched in the genitals or having to touch someone else's genitals. With respect to EA, no significant gender differences emerged; this is in line with the literature (Simsek et al., 2017; WHO, 2014). Lastly, with respect to all three types of abuse, the level of perceived severity did not differ between males and females.

In summary, our study applied the ICAST-R to an Italian sample to obtain data that were comparable at an international level. The results encourage us to continue in this previously unexplored field of application, and we believe that they constitute a fundamental step toward dealing with two emerging problems that are not to be underestimated: the high prevalence of both physical and emotional abuse. Our findings highlight that the prevalence of PA and EA is higher than that of SA: This is noteworthy, given that PA and EA tend to be neglected more by the authorities and helping professions, compared to SA, which is a form of abuse that, especially in Italy, receives a great deal of attention by scholars, policy makers, and professionals. More studies are needed to increase awareness on the characteristics and perception of non-sexual types of abuse, and on their consequences on children's developmental processes.

### **Limitations**

This study presents some limitations. First, the sample was not representative. A replication of the study on a representative sample should be performed in order to acquire more reliable data. The measurement of the maltreatment of minors was applied retrospectively, using self-report tools. Therefore, it would be useful to apply the non-retrospective versions of the ICAST to a sample of minors in order to acquire more reliable data, and to study how the phenomenon of abuse occurs in different life contexts (i.e., at home, at school, in the community). However, we cannot ignore the strength constituted by the use of an instrument, such as the ICAST-R, that is accepted internationally, and that has been adapted according to the cultural context of application. Furthermore, this study, like others, followed the UN recommendation for studies dealing with child abuse, to assess all the settings frequented by minors.

### **Conflict of Interest Statement**

The authors declare that they have no competing interests.

### **Compliance with Ethical Standards**

Ethical approval: all procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments, or comparable ethical standards.

Informed consent: Informed consent was obtained from all individual participants included in the study. Individual informed consent to take part in the research was collected from young adults, along with written consent describing the nature and objective of the study according to the ethical code of the Italian Association for Psychology (AIP). The consent stated that data confidentiality would be assured and that participation was voluntary. The study was approved by the IRB of the University of Turin (approval number: 47096).

## REFERENCES

- Bauserman R., & Rind B. (1997). Psychological correlates of male child and adolescent sexual experiences with adults: A review of the nonclinical literature. *Archives of Sexual Behavior*, 26, 105-141.
- Chen, L. P., Murad, M. H., Paras, M. L., Colbenson, K. M., Sattler, A. L., Goranson, E. N., . . . Zirakzadeh, A. (2010). Sexual abuse and lifetime diagnosis of psychiatric disorders: systematic review and meta-analysis. *Mayo Clinic Proceedings*, 85, 618-629. doi:10.4065/mcp.2009.0583.
- Ciccarone, G., & Saltari, E. (2015). Cyclical downturn or structural disease? The decline of the Italian economy in the last twenty years. *Journal of Modern Italian Studies*, 20, 228-244. doi:10.1080/1354571X.2015.997495
- Corwin, D. L., & Keeshin, B. R. (2011). Estimating present and future damages following child maltreatment. *Child and Adolescent Psychiatric Clinics of North America*, 20, 505-518. doi:10.1016/j.chc.2011.03.005
- Desai, S., Arias, I., Thompson, M. P., & Basile, K. C. (2002). Childhood victimization and subsequent adult revictimization assessed in a nationally representative sample of women and men. *Violence and Victims*, 17, 639-653. doi: 10.1891/vivi.17.6.639.33725
- Dunne, M. P., Zolotor, A. J., Runyan, D. K., Andrevva-Miller, I., Choo, Y. W., Gerbaka, B., . . . Youssef, R. M. (2009). ISPCAN Child Abuse Screening Tools Retrospective version (ICAST-R): Delphi study and field testing in seven countries. *Child Abuse & Neglect*, 33, 815-825. doi:10.1016/j.chiabu.2009.09.005
- Elliot, K., & Urquiza, A. (2006). Ethnicity, culture and child maltreatment. *Journal of Social Issues*, 62, 787-809. doi:10.1111/j.1540-4560.2006.00487.x
- Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., . . . Marks J. S. (1998) Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) study.

*American Journal of Preventive Medicine*, 14, 245-258. doi: 10.1016/S0749-3797(98)00017-8

Fergusson, D. M., & Mullen, P. E. (1999). *Childhood sexual abuse: An evidence-based perspective*. Thousand Oaks, CA: Sage Publications.

Fink, L. A., Bernstein, D., Handelsman, L., Foote, J., & Lovejoy, M. (1995). Initial reliability and validity of the Childhood Trauma Interview: A new multidimensional measure of childhood interpersonal trauma. *American Journal of Psychiatry*, 152, 1329-1335. doi:10.1097/01.nmd.0000243824.84651.6c

Finkelhor, D., Hamby, S. L., Ormrod, R., & Turner, H. (2005). The Juvenile Victimization Questionnaire: Reliability, validity, and national norms. *Child Abuse & Neglect*, 29, 383-412. doi:10.1016/j.chiabu.2004.11.001

Finkelhor, D., Turner, H., & Ormrod, R. (2006). Kid's stuff: The nature and impact of peer and sibling violence on younger and older children. *Child Abuse & Neglect*, 30, 1401-1421. doi:10.1016/j.chiabu.2006.06.006

Finkelhor, D., Turner, H., Ormrod, R., & Hamby, S. L. (2009). Violence, abuse, and crime exposure in a national sample of children and youth. *JAMA Pediatrics*, 124, 1411-1423. doi:10.1001/jamapediatrics.2013.42

Gilbert, R., Widom, C. S., Browne, K., Fergusson, D., Webb, W., & Janson, S. (2008). Burden and consequences of child maltreatment in high-income countries. *Lancet*, 373, 68-81. doi:10.1016/S0140-6736(08)61706-7

Hardt, J., & Rutter, M. (2004). Validity of adult retrospective reports of adverse childhood experiences: Review of the evidence. *Journal of Child Psychology and Psychiatry*, 45, 260-273. doi:10.1111/j.1469-7610.2004.00218.x

Howe, D. (2005). *Child abuse and neglect: Attachment, development and intervention*. New York, NY: Macmillan.

Hulme, P. A. (2007). Psychometric evaluation and comparison of three retrospective, multi-item

measures of childhood sexual abuse. *Child Abuse & Neglect*, 31, 853-869.

doi:10.1016/j.chiabu.2007.03.016

Hussey, J. M., Chang, J. J., & Kotch, J. B. (2006). Child maltreatment in the United States: Prevalence, risk factors, and adolescent health consequences. *Pediatrics*, 118, 933-942.

doi:10.1542/peds.2005-2452

Irish, L., Kobayashi, I., & Delahanty, D. L. (2009). Long-term physical health consequences of childhood sexual abuse: A meta-analytic review. *Journal of pediatric psychology*, jsp118.

doi: 10.1093/jpepsy/jsp118

Jewkes, R. K., Dunkle, K., Nduna, M., Jama, P. N., & Puren, A. (2010). Associations between childhood adversity and depression, substance abuse and HIV and HSV2 incident infections in rural South African youth. *Child Abuse & Neglect*, 34, 833-841. doi:

10.1016/j.chiabu.2010.05.002

Jonas, S., Bebbington, P., McManus, S., Meltzer, H., Jenkins, R., Kuipers, E., . . . Brugha, T. (2011). Sexual abuse and psychiatric disorder in England: Results from the 2007 Adult Psychiatric Morbidity Survey. *Psychological Medicine*, 41, 709-719.

doi:10.1017/S003329171000111X

Lee, Y., & Kim, S. (2011). Childhood maltreatment in South Korea: Retrospective study. *Child Abuse & Neglect*, 35, 1037-1044. doi:10.1016/j.chiabu.2011.09.005

Longobardi, C., Settanni, M., Prino, L. E., & Gastaldi, F. G. M. (2015). Emotionally abusive behavior in Italian middle school teachers as identified by students. *Journal of Interpersonal Violence*. doi:10.1177/0886260515615144

Maldonado, R. C., Di Lillo, D., & Hoffman, L. (2015). Can college students use emotion regulation strategies to alter intimate partner aggression-risk behaviors: An examination using I<sup>3</sup> theory. *Psychology of Violence*, 5, 46-55. doi:10.1037/a0035454

Malloy, L. C., Lamb, M. E., & Katz, C. (2011). Children and the law: Examples of applied developmental psychology in action. In M. E. Lamb & M. H. Bornstein (Eds.), *Social and*

*personality development* (pp. 435-476). New York, NY: Psychology Press.

- May-Chahal, C., & Cawson, P. (2005). Measuring child maltreatment in the United Kingdom: A study of the prevalence of child abuse and neglect. *Child Abuse & Neglect, 29*, 967-983. doi: 10.1016/j.chiabu.2004.05.009
- Melton, G. B. (2005). Mandated reporting: A policy without reason. *Child Abuse & Neglect, 29*, 9-18. doi:10.1016/j.chiabu.2004.05.005
- Pereda, N., Guilera, G., Forns, M., & Gomez-Benito, J. (2009). The international epidemiology of child sexual abuse: A continuation of Finkelhor (1994). *Child Abuse & Neglect, 33*, 331-342. doi:10.1016/j.chiabu.2008.07.007
- Pinheiro, P. S. (2006). *World report on violence against children*. Geneva, Switzerland: United Nations.
- Putnam, F. W. (2003). Ten-year research update review: Child sexual abuse. *Journal of the American Academy of Child and Adolescent Psychiatry, 42*, 269-278. doi:10.1097/00004583-200303000-00006
- Riddle, K. P., & Aponte, J. F. (1999). The Comprehensive Childhood Maltreatment Inventory: Early development and reliability analysis. *Child Abuse & Neglect, 23*, 1103-1115. doi:10.1016/S0145-2134(99)00079-4
- Rind B., & Welter M. (2014). Enjoyment and emotionally negative reactions in minor–adult versus minor–peer and adult–adult first postpubescent coitus: A secondary analysis of the Kinsey data. *Archives of Sexual Behavior, 43*, 285-297. doi:10.1007/s10508-013-0186-x
- Rind B., & Welter M. (2016). Reactions to first postpubertal male same-sex sexual experience in the Kinsey sample: A comparison of minors with peers, minors with adults, and adults with adults. *Archives of Sexual Behavior, 45*, 1771-1786. doi:10.1007/s10508-016-0719-1
- Rind, B., & Tromovitch, P. (2007). National samples, sexual abuse in childhood, and adjustment in adulthood: A commentary on Najman, Dunne, Purdie, Boyle, and Coxeter (2005). *Archives of Sexual Behavior 36*, 101-106. doi:10.1007/s10508-006-9058-y



- Rind, B., Tromovitch, P., & Bauserman, R. (1998). A meta-analytic examination of assumed properties of child sexual abuse using college samples. *Psychological Bulletin*, *124*, 22-53. doi:10.1037/0033-2909.124.1.22
- Rind, B., Tromovitch, P., & Bauserman, R. (2001). The validity and appropriateness of methods, analyses, and conclusions in Rind et al. (1998): A rebuttal of victimological critique from Ondersma et al. (2001) and Dallam et al. (2001). *Psychological Bulletin*, *127*, 734-758. doi:10.1037/0033-2909.127.6.734
- Runyan, D. K., Dunne, M. P., Zolotor, A. J., Madrid, B., Jani, D., Gerbaka, B., . . . Youssef, R. M. (2009). The development and piloting of the ISPCAN Child Abuse Screening Tool - Parent version (ICAST-P). *Child Abuse & Neglect*, *33*, 826-832. doi:10.1016/j.chiabu.2009.09.006
- Runyan, D., Wattam, C., Ikeda, R., Hassan, F., & Ramiro, L. (2002). Child abuse and neglect by parents and other caregivers. In E. G. Krug, L. L. Dahlberg, J. A. Mercy, A. B. Zwi, & R. Lozano (Eds.), *World Report on Violence and Health*, 57-86. Geneva, Switzerland: World Health Organization.
- Sadowski, L. S., Hunter, W. M., Bangdiwala, S. I., & Munoz, S. R. (2004). The World Studies of Abuse in the Family Environment (WorldSAFE): A model of a multi-national study of family violence. *International Journal of Injury Control and Safety Promotion*, *11*, 81-90. doi:10.1080/15660970412331292306
- Scher, C. D., Stein, M. B., Asmundson, G. J., McCreary, D. R., & Forde, D. R. (2001). The Childhood Trauma Questionnaire in community sample: Psychometric properties and normative data. *Journal of Traumatic Stress*, *14*, 843-857. doi:10.1023/A:1013058625719
- Shaffer, A., Yates, T. M., & Egeland, B. R. (2009). The relation of emotional maltreatment to early adolescent competence: Developmental processes in a prospective study. *Child Abuse & Neglect*, *33*, 36-44. doi:10.1016/j.chiabu.2008.12.005
- Simsek, E., Guney, S. A., & Baysal, S. U. (2017). A retrospective study with ICAST-R (ISPCAN Child Abuse Screening Tools-Retrospective) questionnaire for determination of child abuse

in first year medical students in Turkish population. *Child Abuse & Neglect*, 69, 125-133.

doi: 10.1016/j.chiabu.2017.04.018

Straus, M. A., Hamby, S. L., Finkelhor, D., Moore, D. W., & Runyan, D. (1998). Identification of child maltreatment with the Parent-Child Conflict Tactics Scales: Development and psychometric data for a national sample of American parents. *Child Abuse & Neglect*, 22, 249-270. doi:10.1016/S0145-2134(97)00174-9

UNICEF. (2015). *Refugee and migrant crisis in Europe*. Retrieved

from:[http://www.unicef.org/publicpartnerships/files/Refugee\\_and\\_migrant\\_children\\_in\\_Europe\\_-\\_Sept\\_2015.pdf](http://www.unicef.org/publicpartnerships/files/Refugee_and_migrant_children_in_Europe_-_Sept_2015.pdf)

van de Vijver, F. J. R., & Hambleton, R. K. (1996). Translating tests: Some practical guidelines.

*European Psychologist*, 1, 89-99. doi:10.1027/1016-9040.1.2.89

van der Kolk, B. A. (2005). Developmental trauma disorder: Toward a rational diagnosis for children with complex trauma histories. *Psychiatric Annals*, 35, 401-408.

van der Kolk, B. A., & Courtois, C. A. (2005). Editorial comments: Complex developmental trauma. *Journal of Traumatic Stress*, 18, 385-388. doi:10.1002/jts.20046

World Health Organization. (2014). *Global status report on violence prevention 2014*. Geneva:

Author. Retrieved from:

[http://www.who.int/violence\\_injury\\_prevention/violence/world\\_report/en/](http://www.who.int/violence_injury_prevention/violence/world_report/en/)

Zolotor, A. J., Runyan, D. K., Dunne, M. P., Jain, D., Peturs, H. P., Ramirez, C., . . . Isaeva, O.

(2009). ISPCAN Child Abuse Screening Tool Children's Version (ICAST-C): Instrument development and multi-national pilot testing. *Child Abuse & Neglect*, 33, 833-841.

doi:10.1016/j.chiabu.2009.09.004

