Medical Journal of the
Islamic Republic of Iran

Volume 17
Number 1
Spring 1382
May 2003

DEVELOPMENT, VALIDATION AND RELIABILITY OF CHILD ABUSE SELF REPORT SCALE (CASRS) IN IRANIAN STUDENTS

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ABSTRACT

Diagnosing and assessing child abuse is a critical and difficult process in clinical psychology, because this phenomenon has several negative behavioral and psychological consequences on victims. The aim of this research is to create a scale for assessing child abuse and neglect. Through a multiclustral sampling, 3042 secondary school students (boys and girls) were selected to fill (1) a list of 54 items (Child Abuse and Self Report Scale, CASRS) which assess four categories of child abuse and neglect, after approving through content validity and (2) Trauma Symptom Checklist for Children (TSCC-A) in order to assign construct validity and comorbid psychopathology. Then, we did a clinical interview with a sample group who were diagnosed as abused children according to CASRS and TSCC-A. In addition, these scales were completed by a group of abused children as criterion group, for assigning criterion validity. In order to assign the reliability of CASRS and TSCC-A, after 3 weeks test-retest was done. Through a factor analysis , the best items were assigned. The results showed that CASRS and TSCC-A have excellent reliability and validity. Also, its stability was at an appropriate level. In addition, factor analysis showed that 38 items were the best questions for assessing child abuse. We believe that CASRS is an instrument which measures child abuse during the current life. It is brief (6 to 8 minutes for the core scales) and practical for epidemiological researches on child abuse, maltreatment and clinical screening. Methodological issues inherent in child self-report measures of abuse are discussed.

MJIRI, Vol. 17, No. 1, 51-58, 2003.

Keywords: Child abuse, scale, reliability, validity, self report, Child Abuse and Self Report Scale (CASRS), Trauma Symptom Checklist for Children (TSCC-A).

INTRODUCTION

Most researches on physical and psychological maltreatment of children, and virtually all researches on neglect are based on cases obtained from treatment or judicial agencies. Despite the importance of these clinically based studies, only a small fraction of abuse and maltreatment cases are known to social or judicial agencies.[1] Even given the most conservative definitions, violence within the family is disturbingly common.[2]

It seems that epidemiological research on child maltreatment and child abuse in the general population is

needed. One of the requirements for epidemiological survey researches on the general population is a practical method of ascertaining the presence and degree of maltreatment and abuse.[1] We need to develop instruments which are suitable for our culture. In this case, we may have a real estimation of the incidence and prevalence of child abuse, because as Emery and Laumann-Billings (1998) have written, "much family violence remains behind closed doors".[2]

Also, researchers and child therapists have documented a wide variety of psychological difficulties associated with childhood trauma. Among the events thought to produce negative psychological effects on children are natural disasters,[3] physical and sexual abuse,[4,5] physical and sexual assaults by peers or other non-caretakers,[6] as well as less overwhelming but stressful life events such as parent divorce or hospitalization of a family member.[7]

A Gallup poll of a random, representative sample of 1,000 families across the United States found that approximately 5% or 3 million children met the Poll's criteria for physical abuse in 1994.[8] Approximately 2% of American children were determined to be sexually abused. These rates of child physical and sexual abuse are 10 to 16 times higher than comparable figures for officially reported abuse.[2] Of course, we should consider that the Gallup poll and other population surveys[9] include ratings of very specific acts that further illustrate how the definition of violence affects estimations of prevalence rates.[10] So, we tried to present operational definitions of abuse (psychological, neglect, physical and sexual) and developed some items to evaluate the child's situation.[11] We would go a step further and argue for dividing all forms of child abuse into categories of maltreatment versus violence, according to the report of severity of abuse[2] by using a Likert rating scale (always, sometimes, most often, never). This scale must be rated by children. As emotional abuse is the issue in childhood trauma[12] and there is some evidence that reports childhood emotional abuse is associated with psychological disturbance in adulthood,[13-16] we developed items to assess it. There has been relatively little research in the field of child emotional or psychological abuse relating to other forms of trauma, particularly sexual and physical abuse.[4]

The main purpose of this research is to develop a scale for assessing child abuse and neglect. To achieve this goal, we have done some stages for making questions, assign its validity, reliability and stability. CASRS measures the extent which a child has experienced psychological, sexual and physical abuse and also being neglected, regardless of whether the child was injured or not. Therefore, the CASRS measures family and parental abusive behaviors toward their children rather than injury.

MATERIAL AND METHODS

Participants

This study was performed on Tehran secondary school boys and girls in November and December 2001. Through a multiclustral stage randomized sampling, 3,042 students were selected among 452,250 secondary school boys and girls from 19 educational areas in Tehran, Iran. Their mean age was 13.06 (SD=1.05), ranging from 11-16 years. 51.67% of the sample were boys and 48.33% were girls. They were in first, second and third grade of secondary school. As a criterion group, 70 run away boys with a mean age of 13.95 (SD=1.75) in the range of 11-16 years also participated in our study.

Child Abuse Self Report Scale (CASRS)

At first stage, we considered 54 items for the scale, which were approved to have content validity (according to specialists' views) and assessed four categories of child abuse and neglect for the preliminary scale. The format of the scale was based on a Likert style:

0= Never
1=Sometimes
2= Most often
3= Always

Scores were obtained through determining the weight of each item, except for neglect sub-scale, which scored reversely. After factor analysis on the CASRS, it yielded four distinct sub-scales. 38 items remained that consisted of: psychological (14 items), neglect (11 items), physical (8 items) and sexual abuse (5 items). Through factor analysis, it was shown that our measure had strong and clear construction for assessing child abuse. Also, we found that the scale's reliability was at an appropriate level (α=0.92) and the correlation between test-retest was 0.89. Name, definition, and length of each subscale are:

Psychological abuse sub-scale: This sub-scale was designed to measure acts which cause psychological pain or fear on the part of the child.[17,4] In particular, Hart and Brassard (1987, 1991) have differentiated five categories which they named "psychological maltreatment"; spurning, terrorizing, isolating, exploiting and denying emotional responsiveness.[18] We developed 21 items in the original CASRS. After factor analysis, it was shown that 14 items were suitable for evaluating psychological abuse.

Physical abuse sub-scale: The CASRS included 8 physical abuse items. The items cover a wide range of physical punishment and abuse, with or without physical injuries. They are some indicators of physical abuse.[1,19] In our scale, we designed the physical abuse

questions so that they can assess physical abuse with injury or just maltreatment without any injury. After factor analysis, it was shown that all of the items were appropriate for evaluating physical abuse.

Neglect sub-scale: The CASRS included 17 items. The neglect sub-scale was designed to measure failure to engage in behaviors that are necessary to meet the developmental needs of a child, such as not providing adequate food or supervision.[20] As in the case of physical and psychological maltreatment, neglect is scored for failing to meet these needs regardless of whether the child is actually damaged by the neglect or not. With factor analysis, 11 items remained, all of which were scored reversely.

Sexual abuse sub-scale: In order to make this part, we had some difficulties, because we had to make questions which were suitable for our society. We developed questions that assessed sexual abuse in the childs' life. In these questions, we asked about sexual behaviors which were happening to the child in past or present time. Most researches ask about sexual abuse of the adult retrospectively[1] while we wanted to know about unwanted sexual touch and forced sexual contact currently. It should be noted that these questions ask about touching and forced sexual contact by an adult or older child, including family members. We hoped that respondents would be more likely to reveal sexual abuse by this way. In the case of sexual acts by adult, the conventional term was sexual abuse, regardless of whether there was physical or psychological injury. After factor analysis, 5 items of the sexual abuse sub-scale remained for evaluating sexual abusive behaviors.

Trauma Symptom Checklist for Children (TSCC-A)

TSCC-A was designed by Berrier (1996) to assess trauma symptoms.[21] This checklist consists of 8 subscales: Anxiety (ANX), Depression (DEP), Anger (ANG), Post-Traumatic Stress (PTS), Dissociation (DIS) and 2 subscales (Overt Dissociation, DIS-O, and Dissociation Fantasy, DIS-F). The studies showed that it has high reliability and validity. We used it to measure convergent validity. This checklist assessed psychiatric problems in victims who had stressful experiences during their life (such as being abused).

After providing our questionnaire and assigning sample groups, we started our research. Before performing the research, the aim of research and the method to answer the questionnaires were explained for participants. Also, they were informed that there is no force to answer the questions and their responses remained confidential. Then, the participants completed CASRS and TSCC-A. After recognizing abused children according to our instruments, we made a clinical interview with children to become sure of our diagnosis. Except for 121 students who were absent at school, all of the participants completed and returned their questionnaires immediately. After three weeks, 200 students completed these questionnaires again for assigning the test's reliability.

RESULTS

Descriptive statistics

In CASRS, the mean score of girls was 6.49 (SD=8.03) on the psychological abuse, 9.33 (SD=7.11) on the neglect, 1.77 (SD=3.26) on the physical abuse and 0.22 (SD=1.93) on the sexual abuse. The mean score of boys was 4.66 (SD=5.11) on the psychological, 10.77 (SD=7.64) on the neglect, 10.95 (SD=3.1) on the physical and 0.8 (SD=1.73) on the sexual abuse.

The mean score of the clinical group was 19.88 (SD=10.55) on the psychological, 17.89 (SD=7.39) on the neglect, 11.63 (SD=6.04) on the physical and 3.47 (SD=3.32) on the sexual abuse. All the differences between the two groups were statistically significant. It means that the mean score of runaway boys in CASRS was significantly more than the mean of the normal group.

Reliability

Scale Intercorrelation: The CASRS has 38-items. Initial findings have demonstrated that this measure has strong internal consistency. Psychological sub-scale had the highest level of internal consistency (α=0.95) and sexual abuse sub-scale had a moderate level of internal consistency (α=0.87). The result of two times administration of the CASRS showed significant reliability (r=0.82 to 0.89). On each item, participants rated the frequency of a particular abusive behavior during their current life by using a rating of 0 to 3 (as mentioned). The score for each sub-scale was the mean score on the items which make it.

Validity

Discriminant Validity: For discriminant validity, the least or negative correlation with other certain scales is necessary.[21] In our study the discriminant validity was tested by correlating (Pearson correlation) the CASRS scores with the scores of Cooper Smith's Self-Esteem Questionnaire.[22] It is expected that the abused children acquire lower self-esteem scores. Therefore, by increasing the score of abuse on CASRS, the scores of self-esteem should decrease. Table I shows the correlations between CASRS scores and self-esteem scores and the negative correlation.

Convergent Validity: Sanders & Becker-Lausen (1995) reported that there are only moderate correlations between the factors that emerged from their factor analysis of their original scale.[23] In our study, there was sig-

Table I: The correlation between self-esteem scores & CASRS scores.

Abuse	Psychological	Neglect	Physical	Sexual
Self-esteem	-0.63	-0.55	-0.49	-0.35

p <0.01

Table II: The correlation between TSCC-A scales and the scores of CASRS in a normative sample.

CASRS scores / TSCC-A scale scores	Psychological	Neglect	Physical	Sexual
ANX	0.49	0.22	0.37	0.29
DEP	0.63	0.36	0.48	0.32
ANG	0.59	0.29	0.43	0.35
PTS	0.55	0.32	0.45	0.34
DIS	0.54	0.26	0.40	0.35
DIS-O	0.50	0.27	0.40	0.34
DIS-F	0.43	0.16	0.28	0.25

p<0.001

nificant correlation (Pearson) between TSCC-A and CASRS sub-scales in the normal sample indicating convergent validity (Table II).

Construct validity: As a measure, the CASRS not only should be correlated meaningfully with a measure such as TSCC-A, but also it should (a) be higher in the samples of children with histories of abuse, such as runaway children and street children,[24-27] and (b) increase in the presence of more severe trauma (especially, the PTS and DIS Scales, according to Briere, 1996). In the normal sample, we found that children exposure to abuse was associated to significant amounts of variance in all TSCC-A scores. Table III shows the scores of runaway children based on TSCC-A and CASRS. We considered the correlation between the scores of CASRS and TSCC-A as construct validity. Table III also shows the correlations (Pearson) between the scores of CASRS and TSCC-A in a group of children who were recognized as abused (based on CASRS scores).

Most of the CASRS scores had positive correlation with TSCC-A items. It means that severe traumatic experiences in runaway boys and abused children correlated with higher levels of psychopathology (except neglect). The correlation between these items was statistically significant. Mulitiple regression analysis (Forward Model) was used to determine the most parsimonious model of the CASRS scales that could predict Anxiety, Depression, Anger, Post-traumatic stress and Dissociation (DIS-O, DIS-F). In each case, when the four CASRS sub-scales were entered simultaneously as independent variables, they predicted the psychopathology indicators (Table IV).

At the first analysis, anxiety was the dependent variable. The CASRS scales significantly predicted anxiety (F=201.81, p<0.001) accounting for 24.2% of the total variance. This association was the product of significant effects of abuse particularly psychological abuse with 23.3% of variance.

In the second analysis, depression was the dependent variable. The CASRS scales were significantly related to depression (F=311.22, p<0.001) accounting for 40% of the total variance. This association was a product of significant effects of abuse, particularly with 38.4% of variance for psychological abuse.

In the third, fourth and fifth analysis, Anger, Post-traumatic Stress and Dissociation were the dependent variables. The CASRS scores were significantly related to all of them (F=317.39, F=208.26, F=245.85, p<0.001) accounting for 33.3%, 30.9% and 28.4% of the total variance. These associations have shown the significant effects of abuse. For all of them, psychological abuse had the most important role in these associations.

In the sixth and seventh analysis, the scores of the two TSCC-A sub-scales were entered as the dependent variables.The CASRS scales were significantly related to both of them (F=159.54, F=143.39, p<0.001) accounting for 25.1% and 18% of the total variance. These associations have shown the significant effects of abuse. For both of them, psychological abuse had the most important role in these associations.

Table III: The correlation between TSCC-A & CASRS scores in abused children and runaway boys.

TSCC / CASRS	Group	UND	HYP	ANY	DEP	ANG	PTS	DIS	DIS-O	DIS-F
Psychological	Grp1	-0.45*	0.36*	0.52*	0.64*	0.58*	0.54*	0.56*	0.51*	0.46*
	Grp2	-0.28*	0.17*	0.40*	0.53*	0.51*	0.52*	0.29*	0.26*	0.26*
Neglect	Grp1	0.07	-0.01	-0.04	0.03	-0.02	-0.003	-0.03	-0.01	-0.03
	Grp2	0.16*	0.12*	-0.27*	-0.03	-0.09	-0.22*	-0.32*	-0.28*	-0.23*
Physical	Grp1	-0.31*	0.34*	-0.49*	0.45*	0.39*	0.43*	0.39*	0.38*	0.28*
	Grp2	-0.22*	-0.22*	0.36*	0.62*	0.55*	0.50*	0.34*	0.34*	0.27*
Sexual	Grp1	-0.22*	0.23*	0.27*	0.29*	0.29*	0.30*	0.33*	0.34*	0.23*
	Grp2	-0.32*	0.35*	0.43*	0.42*	0.43*	0.31*	0.43*	0.37*	0.32*

Grp1= Abused children Grp2= Runaway childem $p<0.05$

* Statistically significant.

Table IV: The results of Mulitiple Regression Analysis.

TSCC-A scale / Abuse	ANX	DEP	ANG	PTS	DIS	DIS-O	DIS-F
Psychological	23.3%	38.4%	33.3	28.6%	27.2%	23.1%	17.6%
Neglect	-	0.5%	-	0.5%	-	0.3%	0.2%
Physical	0.5%	0.9%	0.1	1.3%	0.4%	0.6%	-
Sexual	0.4%	0.2%	0.9	5%	0.8%	11%	0.2%
Total	24.2%	40%	33.3%	30.9%	28.4%	25.1%	18%
F	201.81	311.22	317.39	208.26	245.85	159.54	143.39

$p<0.001$

These findings demonstrated concurrent validity and also, they suggested that among a nonclinical group of children, the extent of reported abuse is linked to high levels of traumatic symptoms. Particularly, psychological child abuse was a reliable predictor of five TSCC-A scales and two of it's sub-scales. Sexual abuse was related to Dissociation-Fantasy sub-scale more than the other TSCC-A scales and sub-scales.

DISCUSSION

This study developed a Child Abuse Self Report Scale (CASRS) and has examined it's competency as a measure for diagnosing and assessing child abuse and neglect. Four sub-scales were drawn through a factor analysis, which had been done on the original scale. The scale contains fourteen items for psychological abuse sub-scales, eleven items for neglect sub-scales, eight items for physical abuse sub-scales and five items for sexual abuse sub-scales. The CASRS had internal consistency, and was a consistent predictor of psychopathology among the abused children.[27-29] These findings also support further studies which have shown that psychological child abuse is the best predictor of developmental outcomes.[30]

The analysis showed that this scale has high correlation with TSCC-A. It means that we can assess the psychological states and consequences of abused children. Considering the correlation between TSCC-A and CASRS and also, this point that TSCC-A is designed to assess trauma symptomatology, we concluded that CASRS is an applied measure for screening and diagnosing abused and neglected children.

The CASRS requires further validation and also, we need some normalization studies in our society, particularly of demographic factors (eg. socio-economic status, family size, father and mother's job and the level of their education). Although it has a great potential to measure the multidimensional nature of abusive experiences. We advise to use the measure in the context of one or more clinical interviews. For further study, we suggest that it might be useful to consider some additional items which address other components of child abuse.

This scale has some useful applications, as an instrument for helping the process of diagnosing, screening

and recognizing abused and neglected children for clinicians in outpatient and inpatient settings. Also, it is useful for research, especially in epidemiological and survey studies. In addition, because it is a short questionnaire, its application is easy for both specialists and children. Also, we tried to make it synchronized with our culture, so it is valid and reliable for clinical conclusions.

On the other hand, we have some limitations for using this scale. One of them is that we have no specific definitions for each type of abuse in our culture, because the borders between training, punishment and abuse are confused with each other in some cases. We can't exactly say that one specific behavior is abuse, so it makes the situation difficult and needs more researches and studies in this subject. We think that this problem exists in every society, according to their culture. Sexual abuse items need more studies, especially in differentiating between normal touching of children and sexual abuse. As a result, since there are no similar instruments in Iran, these kinds of researches are necessary and need more support.

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APPENDIX: CHILD ABUSE SELF REPORT SCALE

0= Never, 1= Sometimes, 2= Most often, 3= Always

Psychological Abuse Sub-scale

Items	Never	Sometimes	Most often	Always
1) I feel that other members of my family do not like me and they do not care for me.				
2) I feel that my parents do not like me and they do not care for me.				
3) The other members of my family criticize me.				
4) My family taunt me.				
5) My parents criticize me.				
6) My parents treat me with disrespect.				
7) I feel worthless because of the way my parents treat me.				
8) My parents are very hard on me.				
9) I wish to live with another family.				
10) My parents order me a lot.				
11) My parents blame me in others presence.				
12) I feel the other members of my family ridicule me.				
13) My parents ridicule me.				
14) Other members of my family order me a lot.				

Neglect Sub-scale

Items	Never	Sometimes	Most often	Always
1) I am sure that other members of my family will help me if I have a problem. 2) My family pay attention to my wishes. 3) I am allowed to decide for my wishes. 4) My family care of my hygiene. 5) I spend a restful life. 6) My family expectations are to the extent of my potentiality. 7) My parents's expectations are to the extent of my potentiality. 8) My life is generally going well. 9) My parents care of my nutrition state. 10) I have enough sleep and rest. 11) I am sure that my parents will help me, if I have a problem.				

Physical Abuse Sub-scale

Items	Never	Sometimes	Most often	Always
1) My parents beat me up, so hard that I have signs of it on my body. 2) I was beatening up hard at home. 3) I am beaten up because of every small mistake. 4) I have been punished unfairly at home. 5) I was beaten up so hard that it caused me serious injury (Like broken bones ...). 6) When my parents punish me, it is not proportionate to my mistakes. 7) I testify other members of my family are being beaten up. 8) If I do not obey the rules of my family I will be punished very hard.				

Sexual Abuse Sub-scale

Items	Never	Sometimes	Most often	Always
1) An adult or some adults have tried to touch my private parts. 2) An adult or some adults have tried to look at my private parts. 3) An adult or some people talk to me nastily. 4) An adult or some adults have tried to hurt me sexually. 5) An adult made me look at or touch his/her private parts.				

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