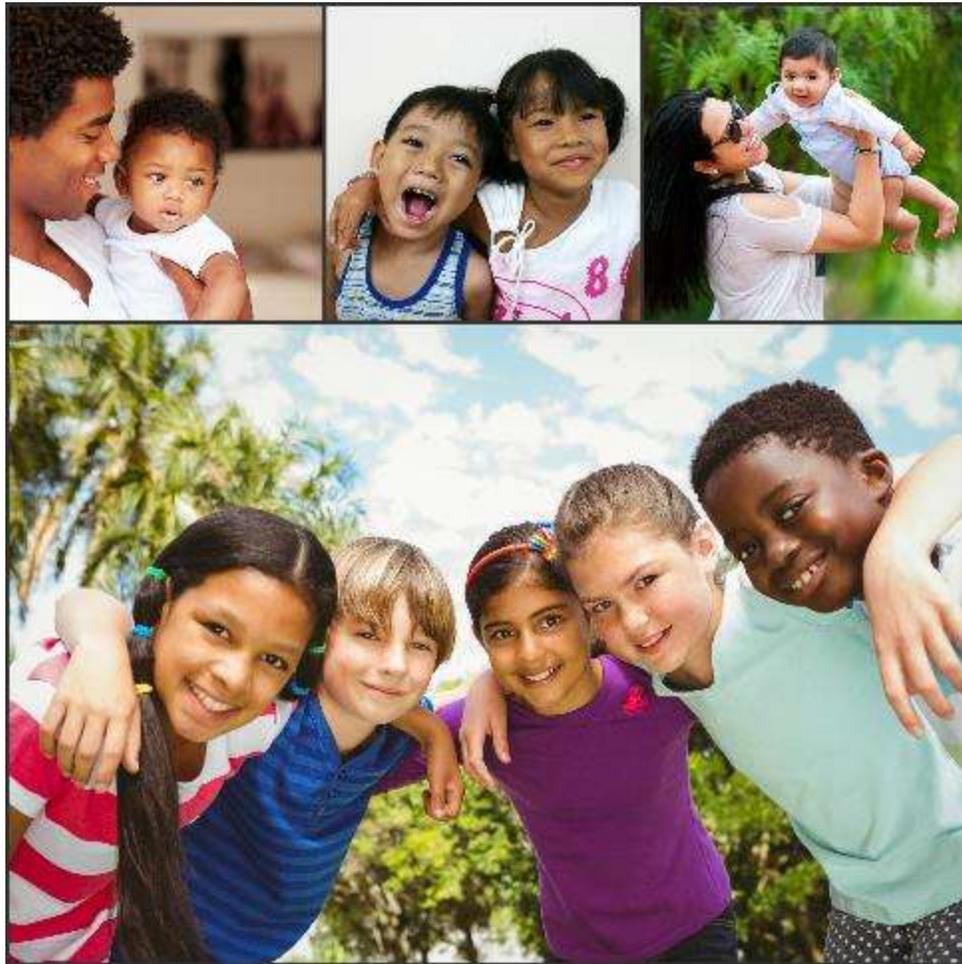


**DEFENDING
CHILDHOOD**
PROTECT HEAL THRIVE

ASSESSMENT TOOLS FOR CHILDREN'S EXPOSURE TO VIOLENCE



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I. INTRODUCTION

This document provides an update of a review of assessment tools for children's exposure to violence that was completed in 2011. The methodology for the update, covering the years 2011-2015, is described below. The original methodology for the baseline review is described in Appendix A. The purpose of the baseline review was to identify tools that could be used in pediatric and other child-serving settings to assess children's exposure to violence. Tools to assess for complex trauma, PTSD, and related symptoms were beyond the scope of the review, as were specialized tools for in-depth assessment of one type of exposure such as sexual abuse. Our primary interest was assessment tools that had been validated and have some level of evidence to support their use with children. The availability of the assessment tool was also a consideration. For the purpose of this update, we excluded tools that could not be obtained for review after multiple contacts to authors/developers.

We have expanded the scope of assessment tools for this update. First, we searched for assessment tools for children's exposure to violence using a parallel process to our original review. Newly identified tools were added to the alphabetical listing of assessment tools for children's exposure to violence in Section III. Influenced by a current movement across the United States to address Adverse Childhood Experiences (ACEs), we also identified and included several adaptations of the ACE questionnaire that are being used in pediatric and child-serving settings. Adaptations of the ACE questionnaire for parents/caregivers and children are described in Section IV. Because of growing interest and emphasis on understanding and measuring resilience, we did a preliminary scan of validated resilience measures for children and parents to determine whether an in-depth review should be considered in the future. A brief summary of this preliminary scan is provided in Section V.

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Scientist, author, professor, dog musher, and founder of the Alaska Family Violence Prevention Project, Dr. Linda Chamberlain is an internationally recognized keynote speaker and advocate for understanding the effects of domestic violence and adverse childhood experiences (ACEs) on brain development and health. She is known for her abilities to translate science into practical strategies for diverse audiences and convey a message of hope and opportunity. Dr. Chamberlain earned public health degrees from Yale School of Medicine and Johns Hopkins University and teaches at the University of Alaska. Her current work focuses on creating tools that highlight trauma-informed practices for parents, service providers and organizations that work with children and families and communities. Recognition for her work include a National Kellogg Leadership Fellowship, an Alaska Women of Achievement Award, serving as the inaugural Scattergood Foundation Scholar and the Fulbright Arctic Initiative. She lives on a rural homestead outside of Homer, Alaska with her husband and sled dog team.

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II. REVIEW METHODOLOGY FOR UPDATE

The following strategies were used to identify assessment tools for childhood exposure to violence, including those related to both Adverse Childhood Experiences (ACEs) and measures of resilience:

A. Literature Review

Three separate series of searches were conducted in Entrez PubMed and Academic Search Premier databases to identify journal publications on assessment and screening tools for childhood exposure to violence, ACE-related questionnaires for children and parents, and resilience measures. Additional articles were identified during reviews of publications and references.

B. Online Resources

The National Child Traumatic Stress Network (NCTSN) review of standardized measures to assess complex trauma, which includes some measures of childhood exposure to violence/history, was reviewed to determine if any new measures were available since the baseline review in 2011 (<http://www.nctsn.org/content/standardized-measures-assess-complex-trauma>). Other online resources were included in the baseline review (see Appendix A), such as the California Clearinghouse on Evidence-Based Practices (<http://www.cebc4cw.org/>) and the Friends National Center for Community-Based Child Abuse Prevention (<http://friendsnrc.org>).

C. Experts

The following experts in the field of childhood exposure to violence/trauma were contacted to ask about assessment tools they have developed, used, or recommended:

- Dr. Megan Bair-Merritt
- Dr. Ellen Perrin
- Dr. Christopher Blodgett
- Dr. Linda Liebenberg
- Betsy McAllister-Groves, LCSW



III. OVERVIEW OF TOOLS TO ASSESS CHILDREN'S EXPOSURE TO VIOLENCE/TRAUMA

Review of hundreds of abstracts, identified with a wide range of search terms in literature searches, yielded two assessment tools that had not been previously identified in our baseline review and were also not related to tools measuring Adverse Childhood Experiences (ACEs). One tool, the SEEK Parent Questionnaire, was added to the review. Publications about the second assessment tool, Dimensions of Stressful Events Rating Scale (DOSE) indicated that DOSE was designed to assess aspects of stressful experiences that are likely to increase the chance of posttraumatic stress reactions versus screening for exposure or symptoms. Several attempts to contact authors to obtain the instrument were not successful. Since DOSE was not available for review and did not appear to be an assessment tool for exposure, it was excluded from our review.

Two additional assessment tools were identified during reviews of web-based resources and contacting experts in the field: the NSLJHS Trauma History Checklist (THC) and Interview and the Survey of Well-Being of Children (SWYC). The THC is a self-report tool used with adolescents, while the SWYC is a series of screening tools for parents of young children.

The three assessment tools for childhood exposure to violence that were identified during this update have been added to the alphabetized overview of assessment tools, below, and Table 1.

Behavioral Health Screen-Primary Care (BHS-PC)

The BHS-PC is a self-report, internet-based assessment tool for adolescents and young adults seen in the primary care setting. Designed as a screening tool for busy clinicians, it is automatically scored online. Validated with patients ages 12 to 21 years old (77.5% Black; 66.5% female), the BHS-PC has demonstrated good sensitivity as a biopsychosocial assessment that includes questions about substance use, sexuality, anxiety, depression, suicide, trauma, and family. Regarding exposure to violence, there are questions that ask about:

- Having seen or heard violence in the home
- Seen or heard violence in the neighborhood
- Being physically or sexually hurt by a romantic partner
- Forced to do something sexual
- Physically or sexually hurt by an adult who lives or frequently stays in the same home as the patient/child

Childhood Exposure to Domestic Violence Scale (CEDV)

The CEDV is a 42-item, self-administered questionnaire designed for children ages 10 to 16 years old. It takes approximately 30 minutes for youth to complete the questionnaire.

Questions include:

- How often the partner of the child's mother has committed physical violence
- Threats with a weapon
- Destruction of property
- What the child does when his/her mom is being hurt or threatened by her partner (including called someone for help, got physically involved, or yelled something)
- The child's experiences with physical and emotional abuse at school and in the community
- Exposure to violence on television

The response options are: never, sometimes, or a lot. When compared to Things I Have Seen and Heard (TISH), the CEDV was shown to be a reliable and valid measure for children's exposure to violence in the home and the community. The CEDV questionnaire, a user manual, and other information can be downloaded at www.mincava.umn.edu/cedv. Designed as a tool for professionals and researchers to measure the level of domestic violence a child has experienced, children are instructed not to put their name on the questionnaire. Several questions at the end of the questionnaire ask about the child's age, gender, and other background information.

Childhood Trauma Questionnaire-Short Form (CTQ-SF)

The Childhood Trauma Questionnaire is a validated screening tool to assess for adolescents' self-reported experiences of child maltreatment that can be purchased for use. The CTQ measures five different domains of child maltreatment: physical abuse, sexual abuse, emotional abuse, emotional neglect, and physical neglect. It consists of 28 items (three items screen for false-negative trauma reports) and takes approximately 10 to 15 minutes to complete. The CTQ does not discriminate between past and current experiences of abuse. Numerous studies have documented the reliability and validity of the CTQ, which has been translated into other languages. Sale of the CTQ-SF is limited to licensed mental health providers who are asked to respond to a series of questions before ordering the tool.

Childhood War Trauma Questionnaire (CWTQ)

The CWTQ, designed to measure children's war-related experiences, has an adult version for caretakers/parents of children ages 3 to 16 years old and a version to be completed by children between the ages of 10 and 16 years old. This CWTQ can be self-administered as a questionnaire or administered as a semi-structured interview; the interview format is recommended for the children's version. The caretaker/parent and child versions have 25 items and include questions to assess for:

- Child's exposure to armed combat
- Witnessing violent acts
- Injuries and handicaps as a result of war
- Involvement in fighting, patrolling, training
- Whether the child has injured or killed someone
- Deprivation of food, water, or shelter
- Losing someone close due to warfare
- Displacement and forced immigration
- Separation from parents/caregivers

The CWTQ can be obtained at the following website: www.childrenandwar.org/measures

Child Witness to Violence Interview

The "Child Witness to Violence Interview" was developed by Jaffe, Wolfe, and Wilson and published in their book, *Children of Battered Women* (Sage Publications, 1988). This assessment tool was designed to measure children's perceptions of violence in the family, particularly domestic violence. Although the interview has been identified as a measure for children's exposure to violence in some publications, it does not ask direct questions about actual exposure to domestic violence. The interview asks questions about children's attitudes, coping styles, and sense of responsibility for parental violence. This information offers insights into a child's experiences within the context of being exposed to domestic violence. To assess the validity of the interview, which is only available in the book, it was tested with a small sample of children living in shelters that were matched with similar

children who had not been exposed to domestic violence. Children who witnessed domestic violence had more inappropriate responses to attitudes about anger and less knowledge about basic safety skills compared to unexposed children.

Conflict in Adolescent Dating Relationships Questionnaire (CADRI)

CADRI is a self-administered, 35-item questionnaire to measure abusive behaviors among adolescent dating partners. The questionnaire is appropriate for adolescents between the ages of 14 and 19 years old and takes approximately 10 minutes to complete. There is a male and a female version (identical except for pronoun changes). The questions assess for physical abuse, sexual abuse, threatening behavior, relationship aggression, and emotional and verbal abuse with a current or ex-girlfriend or ex-boyfriend in the past year. Examples include:

- I threw something at her [him]
- I destroyed or threatened to destroy something she [he] valued
- I forced her [him] to have sex when she [he] didn't want me to
- I tried to turn her [his] friends against her [him]
- I insulted her [him] with insults

First, respondents are asked about their own behaviors towards dating partners during a conflict or argument and then they are asked about their dating partners' behaviors towards them during a conflict or argument. The response categories are: never, seldom, sometimes, or often, and include quantified definitions. CADRI was validated in four studies with 9th to 11th graders that demonstrated that CADRI is a reliable and valid measure of abusive behavior in adolescent dating relationships.

Conflict Tactics Scales for Parent and Child (CTSPC)

The CTSPC, which is completed by parents, measures children's exposure to physical and psychological/emotional child abuse, neglect, corporal/physical punishment, and non-violent discipline methods. There is also a supplemental scale on sexual abuse. The CTSPC, without the sexual abuse scale, has 27 questions and takes approximately 10 minutes to complete. The CTSPC is designed to be used in an interview format and has a total of eight categories of frequency that are read to parent respondents. The response categories range from "once in the past year" to "more than 20 times in the past year" to "this never happened." The CTSPC has been used extensively in research and national surveys to measure child maltreatment, and is published in over 100 studies. The CTSPC must be purchased for use.

Conflict Tactics Scales for Parent and Child Short (CTSPCS)

A shorter form of the CTSPC is called the CTSPCS. The CTSPCS contains 10 questions and can be completed in 2-3 minutes. It was designed as brief screening tool that can be used at well child visits and other brief encounters with parents. The CTSPCS measures:

- Physical abuse (threw/knocked child down)
- Psychological aggression (shouted/yelled/screamed, swore/cursed)
- Neglectful behavior by the parent (left child alone when adult should have been with child; not able to make sure child got the food he/she needed)
- Corporal/physical punishment (hit with an object on part of the body other than buttocks)
- Non-violent discipline (time-out)

While the CTSPCS appears to be designed to be used in an interview format, an article describing the purpose of this tool noted that it could also be completed by parents in a

doctor's waiting room or similar settings. The CTSPCS has eight categories of frequency as response options as described for the CTSPC. In an evaluation study that compared the CTSPCS to the longer version, the CTSPCS performed well in all areas of measurement and the scoring system differentiated between parents who used only corporal/physical punishment and those who also engaged in physically abusive behaviors towards their children. The CTSPCS is a copyrighted assessment tool that must be purchased for use.

CTSPC-Picture Card Version for Young Children

There is also a picture card version of the CTSPC designed to be completed by children, ages 6 to 9 years old. Administered in interview format, the picture card version has four formats that use different graphics to represent the mother or father and the gender of the child (Mom/Girl, Mom/Boy, Dad/Girl, and Dad/Boy). There are 22 questions, illustrated with picture cards, that assess the same range of experiences with child maltreatment, corporal punishment, and discipline behaviors described for the CTSPC. The tool takes approximately 15 minutes for children to complete.

Each picture that is shown to the child has an explanatory statement that matches the graphic (ex. "This girl's mother punched or kicked her when she did something wrong."), followed by the behavior as a question: "When you do something wrong, does your mother punch or kick you?" If a child answers yes, the frequency is then assessed by showing the child a visual aid that uses colored dots to represent never, once, a few times, many times, and every time.

CTSPC-PA Parent-Child Conflict Tactics Scales

This version of the Parent-Child Conflict Tactics Scales asks the same questions as the CTSPC-Picture Card Version for young children, and appears to be an interview format for older children. The same categories are used to measure frequency, however, there are three timeframe options that the interviewer can use: "in the past year," "in the year when you were 13," or "in the last year you lived at home with them [parents/caregivers]."

Exposure to Violence Screening Measure (EVSM)

The EVSM was designed as a brief screening interview to assess youth's (10 years or older) exposure to violence. It takes less than 3 minutes to administer and the developers noted that it can be easily integrated into clinical assessment with adolescents. Violence is measured for three different exposures: know a victim, witnessed, and been a victim. The types of violence measured are:

- Robbery with and without a weapon
- Assault with and without a weapon
- Rape/sexual abuse with and without a weapon
- Shooting
- Stabbing
- Murder

A pilot study of the EVSM with inner city youth indicated that the validity of the EVSM was supported by its correlation with other measures of life stress and behavioral problems. The only accessible version of the EVSM is included in the published study by Weist et al. (2002).

Juvenile Victimization Questionnaire (JVC)

The JVC is an extensively-researched tool to measure a wide range of victimizations among children. The full version has 34 items called basic screeners that can be followed up with

additional questions about frequency and details of the event. Designed as a research tool that should be administered by professionals who are trained in assessment, the questions are organized into the following five modules:

- Conventional Crime: robbery, personal theft, vandalism, assault with a weapon, assault without a weapon, attempted assault, kidnapping, bias attack due to skin color, religion, where family comes from physical problem, and nonspecific sexual assault if sexual victimization module is not used
- Child Maltreatment: physical abuse by a caregiver, psychological/emotional abuse, neglect, custodial interference/family abduction, sexual assault by known adult if sexual victimization module is not used
- Peer And Sibling Victimization: gang or group assault, peer or sibling assault, nonsexual genital assault, bullying, emotional bullying, dating violence
- Sexual Victimization: sexual assault by known adult, nonspecific sexual assault, sexual assault by peer, rape-attempted or completed, flashing/sexual experience, verbal sexual harassment, statutory rape and sexual misconduct
- Witnessing And Indirect Victimization: witness to domestic violence, parent assault of a sibling, assault with a weapon, burglary, murder of family member or friend, exposure to random shootings, terrorism, or riots, exposure to war or ethnic conflict

There is a child, self-report version as well as a caregiver version of the full-length JVC. The child, self-report version is appropriate for children 12 years of age or older. It has been administered to children as young as 8 years old in an interview format (face-to-face or by telephone), and it is recommended as an interview for children between the ages of 8 and 12. The caregiver version can be used with parents of children younger than 8 years of age. Evaluation of the JVC demonstrated adequate test-retest reliability, and the JVC items correlated well with other measures of traumatic symptoms (construct validity).

There is also a reduced-item version of the JVC that has 10 items. In a national, random digit dial telephone survey with more than 2000 children, the reduced-item version performed well when compared to the full-length version. The reduced-item version measures:

- Personal theft
- Assault with and without a weapon
- Psychological/emotional abuse
- Gang or group assault
- Peer or sibling assault
- Emotional bullying
- Sexual assault by known adult and non-specific sexual assault
- Witness to domestic violence
- Witness to assault with weapon
- Exposure to random shootings, terrorism, or riots

Lifetime Incidence of Traumatic Events, Student Form (LITE-S); Parent Form (LITE-P)

LITE-S and LITE-P are brief screening tools that assess for a broad range of children's exposures to violence and trauma including:

- Witnessed parents hurt each other
- Been hit, whipped, beaten, or hurt by someone
- Been made to do sexual things
- Been tied up or locked in a small space
- Been threatened

- Seen someone else hurt
- Car accident, fire, sick in hospital

The LITE questionnaires are usually self-administered. There are 16 items to assess exposure to violence, and for each violent exposure the following information is requested: the number of times the exposure occurred, the age of the child at the time of exposure, how much it bothered the child at the time it happened, and how much it bothers the child now. An evaluation of LITE-S and LITE-P indicated that both measures demonstrated moderate correlation with post-traumatic symptoms, which was measured with CROPS and PROPS, assessment tools for PTSD/trauma symptoms. There were modest discrepancies between the parent and student forms of LITE. The LITE questionnaires are available in English, German, Spanish, Persian, and Swedish. All versions involve a user's fee.

Safe Environment for Every Kid (SEEK) Parent Questionnaire

The SEEK Parent Questionnaire is a self-report, one-page tool that is designed for parents to complete before their child's well child visits from 2 months of age through 5 years old. The questionnaire has been validated for use in pediatric primary care practice. The SEEK Parent Questionnaire is part of the SEEK Model intervention, which has been evaluated in two randomized controlled trials that have demonstrated reductions in child abuse, neglect, and harsh parenting. The questionnaire, information about implementing the SEEK model, and evaluation are available at <http://theinstitute.umaryland.edu/frames/seek.cfm>.

The SEEK Parent Questionnaire assesses the following psychosocial risks:

- Parental depression
- Parental substance abuse
- Harsh punishment
- Major parental stress
- Intimate partner violence ("In the past year, have you been afraid of your partner?")
- Food insecurity

The SEEK Parent Questionnaire is available, online, in English, Chinese, Spanish and Vietnamese. While free training is also available online, there is a nominal fee (\$40) to register for continuing medical education credits. The fee structure for implementing the SEEK Model intervention is described on their website.

Survey of Well-Being of Young Children (SWYC)-Family Questions

The SWYC is a surveillance instrument designed to be completed by parents at pediatric well child visits (birth through 5 years old). The SWYC consists of a series of screening instruments to assess three broad areas: social-emotional-behavioral development, developmental milestones, and family risk. Detailed information about the SWYC and age-specific, self-report questionnaires (2 to 60 months) are available at their website (<https://sites.google.com/site/swycscreen/home>). This review is limited to the Family Questions of the SWYC, which has nine questions. The following family risk factors are assessed in the Family Question SWYC form:

- Parental depression
- Parental substance abuse (alcohol, tobacco, other drugs)
- Marital discord
 - One question asks about the level of tension in relationship with partner/spouse

- A second question asks level of difficulty with working out arguments with partner
- Hunger

The SWYC has been translated into Spanish, Burmese, Nepali and Portuguese.

Traumatic Events Screening Inventory (TESI)

There is an original version (15-item) and a revised version (24-item). TESI is designed to be conducted as an interview by clinicians who are qualified mental health professionals. In addition to assessing for exposure to a wide range of potentially traumatic events, there are follow-up questions about the specifics of the event and also questions that assess for one of the criteria for posttraumatic stress disorder. Technically, this is a tool that would be categorized as assessment for children's exposure to trauma *and* PTSD symptoms. Copies of the original TESI (TESI-C for children and TESI-P for parents) are available online at the National Center for PTSD

(<http://www.ptsd.va.gov/PTSD/professional/pages/assessments/assessment-pdf/TESI-C.pdf>).

The questions cover a very broad range of trauma. Both the original and revised versions of the TESI have been evaluated for validity and reliability.

Questions on the original TESI ask about the following potentially traumatic events:

- Having ever been in an accident like a car accident, fall or fire
- Seeing a bad accident that the child wasn't involved in
- Being in a bad storm like a tornado, hurricane, or blizzard
- Knowing someone who got sick, hurt, or died
- Having to stay overnight at a hospital for an operation
- Having to go away from parents/family for a long time
- Having been attacked or hurt badly on purpose
- Having been told that someone was going to hurt them badly
- Having someone a lot older try to steal from the child or family
- Being kidnapped
- Attacked by a dog or another animal
- Seen people in the child's family fighting or attacking one another
- Hearing people in the child's family yelling and screaming
- Having someone in the child's family go to jail
- Seeing people outside of the home fighting or attacking each other
- Hearing people outside of the home yelling and screaming
- Seeing or hearing people attack each other for real on television or radio
- Being touched in a way that the child didn't want to be touched, including being molested and having pictures taken of the child's private body parts

Trauma History Checklist and Interview (THC)

The NSLIJHS (North Shore-Long Island Jewish Health System) Trauma History Checklist and Interview is a one-page self-report and interview tool that can be used to assess trauma with adolescents (13 years old to adult). The THC, developed by Dr. Mandy Habib and Dr. Victor Labruna, is listed in the NCTSN's table of "Standardized Measure to Assess Complex Trauma." Using a checklist format (yes or no), the THC consists of 20 items that cover a broad range of traumas. The types of trauma assessed include:

- Natural disasters, fire, car accidents
- Terrorist attacks and war

- Medical trauma
- Child abuse, neglect, sexual abuse
- Physical assault
- Food scarcity
- Exposure to family and community violence
- Kidnapping and stalking
- Coerced sex
- Open question about potentially traumatic event not covered by questions

The questionnaire asks for age of onset and duration, noting that this information should only be noted for traumas "as defined by DSM-IV criteria for PTSD." An open-ended question on the THC asks about the "Most Significant Traumatic Event."

The THC can be downloaded at:

<http://www.mc.vanderbilt.edu/coe/tfcbt/workbook/Assessment/NSLIJHS%20Trauma%20History%20Checklist%20and%20Interview.pdf>

Violence Exposure Scale for Children-Revised (VEX-R)

VEX-R is a self-report, cartoon-based screening tool for children from 4 to 10 years of age, which asks questions about having ever witnessed and having ever experienced violence at home, school, and/or the neighborhood. VEX-R consists of 25 items that are accompanied by drawings and a pictorial thermometer scale to help children visualize their response options (never, one time, a few times, lots of times).

The cartoon-illustrated questions assess exposure to:

- Yelling
- Throwing something [at a person]
- Spanking
- Pushing or shoving
- Chasing
- Slapping
- Being beaten up, stealing
- Pointing a gun or knife
- Stabbings and shootings
- Seeing someone getting arrested
- Drug dealing

The questions do not provide any information about when the exposure to violence occurred in a child's life. The questionnaire, which is administered as an interview using a story format, takes children about 20 minutes to complete. VEX has been translated into Spanish and Hebrew. Limited evaluation indicated some issues with younger children understanding the questions, while studies with school age children indicated good reliability and validity.

There is also a Violence Exposure Scale for Children-Revised Parent Report that parallels the questions asked in the children's version. The parents' version has additional questions about when, where, and how the event occurred. There is no data on reliability or validity for the parent version. A comparison of children's and parents' responses on the two versions of VEX indicated poor parent-child agreement.

Victimization Scale

The Victimization Scale is a lengthy questionnaire with 135 items that was designed for middle school students, grades 6 through 8. Students respond to brief questions about the frequency (never, once, sometimes, often) of violence occurring at school, in the neighborhood, and at home. The questions about school violence include experiencing, witnessing, and hearing about physical violence; threats with a weapon; emotional abuse by students and school staff; and sexual harassment and assault by students and school staff. The questions about violence in the neighborhood also assess for direct victimization, witnessing violence, hearing about physical violence, sexual harassment and assault, and threats with a weapon. The questions about violence at home ask about direct victimization and witnessing physical violence, sexual violence, and threats. The questionnaire closes with questions that ask about perpetrating physical and sexual violence, carrying a weapon, and threatening someone with a weapon. There was no data available about the reliability and validity of the Victimization Scale.



IV. OVERVIEW OF ADAPTATIONS OF THE ADVERSE CHILDHOOD EXPERIENCES (ACE) QUESTIONNAIRE FOR PARENTS AND CHILDREN

Since the baseline review of assessment tools for children exposed to violence was completed in 2011, there have been increasing efforts and awareness of the Adverse Childhood Experiences Study and the questionnaire that was used in the original research study. The ACE questionnaire, which was initially part of a self-report, health history questionnaire for male and female adult patients, was developed to retrospectively assess exposure to childhood adversity in a large research study at Kaiser Permanente involving more than 17,000 participants. The ACE portion of the questionnaire consisted of 28 items that assessed 10 types of childhood adversities including abuse (emotional, physical and sexual), neglect (physical and emotional), and household dysfunction (household mental illness, household substance abuse, household domestic violence against the mother, parental separation/divorce and incarcerated family members) prior to 19 years of age. While not a validated screening tool, the ACE Questionnaire used items from a number of other validated assessment tools including the Wyatt Sex History Questionnaire, the Conflict Tactics Scale, and the Childhood Trauma Questionnaire. The ACE questionnaire (and adaptations) uses a scoring system where a positive response to any of the 10 categories of adversity counts as one point, and the number of positive categories is summed to produce the ACE score.

The ACE questionnaire and many modified versions can be found in the literature, on the internet, and even as a smartphone app. More recently, the ACE questionnaire has been adapted for use with parents and children in pediatric and other child-serving settings. Our review of ACE-related assessment tools was limited to well-documented adaptations for pediatric and child-serving settings. Two assessment tools were identified by the literature review. Three other tools were identified through conversations with experts and web-based resources. A brief overview of ACE assessment tools that have been adapted for parents/caregivers and children is provided below, and summarized in Table 2.

Adverse Childhood Experiences Survey-Adult Version and Child Version

The Frontiers of Innovation Early Identification of Risk Group developed two versions of the Adverse Childhood Experiences (ACE) Survey. One version is for adults to assess their childhood experiences. The other version is for parents to complete for their children to assess the child's exposure to adversity. The surveys are being used in a pilot study by Frontiers of Innovation, the research and development platform for the Center on the Developing Child at Harvard University. The surveys can be used by other organizations by contacting Frontiers of Innovation. The Adult Version of the ACE Survey, one and a half pages in length, asks the ten core ACE questions (abuse, neglect, and five types of household dysfunction) and has three supplemental questions to assess the following risks:

- Homelessness
- Contact with Child Protection Services
- Ever placed in foster care

The Child Version, also one and a half pages in length, asks the ten traditional ACE questions (abuse, neglect, and five types of household dysfunction as previously described) and the following five supplemental questions:

- Contact with Child Protective Services or child ever placed in foster care
- Ever homeless or lived in a shelter
- Medical problems (parent/caregiver) that take a lot of time and energy

- Not enough money to make ends meet
- Worried that child is not learning as fast as other children
- Worried about child's behavior or that child is not happy

Child Household Survey

The Child Household Survey is designed to assess for selected adverse childhood experiences (ACEs) among families of children seen at well-child visits. The survey was evaluated in a study at a federally qualified health center to identify early child outcomes associated with ACEs. The results of the study, conducted by Dr. Ariane Marie-Mitchell and colleagues were published in *Academic Pediatrics* (Volume 13, Number 1, January-February, 2013; pages 14-19). Copies of the Child Household Survey can be obtained from the Dr. Marie-Mitchell (AMarieMitchell@llu.edu) at no cost.

The Child Household Survey, one page in length, is a self-report assessment tool for primary caretakers. The seven-item survey addresses the following types of potential trauma:

- Child living away from home for a month or more
- Domestic violence
- Household substance abuse
- Caretaker's use of alcohol and street drugs (yes/no) with four follow-up questions about problem drinking
- Household mental illness, depression or attempted suicide
- Someone from the household incarcerated

Childhood Trust Events Survey (CTES)

The Childhood Trust (www.cincinnatichildrens.org) offers two versions of the Childhood Trust Events Survey (CTES), in English and Spanish, online at no cost. Both versions are self-report tools to assess a child's exposure to traumatic events. One version is for the caregiver/parent and child, and the second version is for adolescents (13 years and older). The CTES includes all items/types of trauma identified in the ACE research and additional items from the Traumatic Events Screening Inventory for Children (TESI-C) and the UCLA PTSD Index. The original CTES for caregiver and children had 26-items. An updated version, called the long version for children and adolescents contains 30 items (six pages in length) and is available at the Childhood Trust's website, at no cost, with directions for administering the surveys.

The types of trauma addressed in the "Updated Long-Version for Children and Adolescents" are:

- All ACEs in original ACE questionnaire (abuse, neglect and five types of household dysfunction as previously described)
- Accidents
- Disasters
- Hurt so badly that painful or scary medical treatment needed
- Bullying
- Foster home, living apart from parent or never seeing parent again
- Homelessness or living in DV shelter
- Family member or someone close to you dies unexpectedly
- An adult threatening to hurt or kill you
- Neighborhood violence
- Family or self robbed or attempted robbery with a weapon
- Self or someone close to you kidnapped

- Hurt badly by an animal
- Pet or animal hurt or killed on purpose by someone you know
- Witnessed friend killed
- Gagged, blindfolded or locked in a closet or scary place by an adult
- Stabbed or shot*
- Coerced or forced to have sex with another child or adolescent*
- Saw someone sexually assaulted*
- Worried that someone close to you is very sick or might die*

*Questions added to Updated Long Version for Children and Adolescents (not included in original 26-item CTES for Caregiver and Children)

A 10-question assessment tool on animal-related experiences (called the CTSARE) for children, adolescents and adults can also be found at the Children Trust website.

CYW Adverse Childhood Experiences Questionnaire (ACE-Q): Child, Teen & Teen Self-Report

The Center for Youth Wellness (CYW) has developed three versions of the ACE-Q. The ACE-Q comes with a User Guide that provides an overview of the rationale for screening for ACEs, implementation considerations, and an overview of how the ACE-Q has been integrated into a pediatric care model-- including sample scripts and an administration schedule for the ACE-Q. In the User Guide, the ACE-Q is described as a clinical screening tool to identify patients at increased risk for health problems, learning difficulties, mental and behavioral health problems, and developmental issues secondary to exposure to extreme and prolonged stress. Information provided with the ACE-Q notes, "It is not a validated diagnostic tool, and is not intended to be used in diagnosis, cure, mitigation, treatment or prevention of a disease or other condition." The ACE-Q was designed for use in pediatric and family practice settings. The User Guide and questionnaires are free and can be downloaded at www.centerforyouthwellness.org.

The ACE-Q is self-report instrument that is one page in length and takes approximately two to five minutes to complete. There are three age-specific versions:

1. CYW ACE-Q Child is completed by parent/caregiver for children birth to 12 years old
2. CYW ACE-Q-Teen is completed by parent/caregiver for youth 13 to 19 years old
3. CYW ACE-Q Teen Self-Report is completed by youth 13 to 19 years old

The ACE-Q surveys use a series of statements that respondents are asked how many apply to them. There are two, separately scored sections. The first section consists of the ten traditional ACE questions (child abuse, neglect and five categories of household dysfunction) and the second section includes seven additional early life stressors in the child version and nine additional life stressors in the two teen versions. The additional early life stressors in the second section are:

- Foster care
- Harassment or bullying at school
- Parent or guardian died
- Separated from primary care provider through deportation or immigration
- Serious medical procedure or life threatening illness
- Exposure to violence in neighborhood or school

- Treated badly because of race, sexual orientation, place of birth, disability or religion
 - Been detained, arrested or incarcerated*
 - Experienced verbal or physical abuse or threats from a romantic partner*
- *Only in Teen Versions

The questionnaires are available in English and Spanish.

TNCF 2014 "Beyond ACE" Questionnaire

The Beyond ACE survey is an assessment tool that is completed during an interview with a service provider. Beyond ACE is part of the ACEs Survey Toolkit for Providers developed by the National Crittenton Foundation (TNCF). The Toolkit, described as a protocol to guide agency use of the survey, can be downloaded at the foundation's website (www.nationalcrittenton.org), and the survey can be obtained at no cost by contacting TNCF. Beyond ACE is described as an adaptation of the initial ACE questionnaire that is not validated and is not intended to be used for clinical assessment. Described as a dynamic tool that has been modified to address the needs of their clients, TNCF encourages other agencies to adapt the Beyond ACE survey as needed to meet the needs of their clients.

Beyond ACE begins by collecting basic demographic information and previous system/agency involvement. The survey, 23 pages long, uses a format where it asks the parent/caregiver about their personal history of ACEs first, and then the ACE questions are repeated for each child of that parent/caregiver with the option to answer the questions for up to six children. The length of the survey for a parent/caregiver and one child is 11 pages. The survey indicates that the "My Child's ACE Score" section should only be filled out if it is a biological child or the respondent is a grandparent, foster parent, adoptive parent or legal guardian of the child. The types of trauma assessed in Beyond ACE include:

- All ACEs in original ACE questionnaire (abuse, neglect and five types of household dysfunction as previously described)
- Trading sex and sex trafficking
- Leaving another country due to violence, war and/or persecution
- Natural disaster

Beyond ACE also includes a section on "Well Being" as follows:

- Psychological Stress (8 items)
- Coping (7 items)
- Connection to Adults (8 items)

TNCF is currently working on a youth-informed version of Beyond ACE that will have expanded content on well-being.



V. SELECTED RESILIENCE MEASURES FOR CHILDREN

With growing awareness of the potential impact of childhood exposure to violence and trauma, there is increasing interest in measuring resilience. A key challenge in the field of resilience science is that there is no universal agreement on how resilience is defined. As resilience research has advanced, the concept of resilience has evolved. Most disciplines converge on a description of resilience that refers to positive adaptation in the context of risk or adversity as described by one of the leading resilience experts, Dr. Ann Masten, in her book, *Ordinary Magic: Resilience in Development* (2014). The concept that adversity must be present to measure resilience is a key point, as there are many tools that measure strengths regardless of the presence of risk; these tools would be considered measures of developmental assets versus resilience.

This preliminary scan was to determine if there are validated measures that specifically assess resilience with children, youth, and/or parents that would warrant an in-depth review in the future. Our preliminary scan identified five instruments that specifically measure resilience, which suggests that an in-depth review would be likely to identify many more tools. It is also important to note that there are many general resilience measures for adults that are not connected to parenting; those measures were outside of the scope of this scan. Three of the instruments we identified, the Devereux Assessments for children and parents, the Connor-Davidson Resilience Scale (CD-RISC), and the Resiliency Scales for Children & Adolescents must be purchased for review and were not obtained for review as part of this preliminary scan. Two resilience measures in the public domain, one for youth and one for parents, were identified in the scan and are described below.

It is recommended that in-depth review of resilience measures, including those that require purchase, be done in the future.

Child and Youth Resilience Measure (CYRM)-12

The CYRM-12 is a shorter version of the CYRM-28 (28 items), which was validated with a large groups of youth ages 13-23 years old who faced diverse forms of adversity in 11 countries. Developed by the Resilience Research Centre in Nova Scotia, the CYRM can be obtained by contacting Dr. Linda Liebenberg (linda.liebenberg@dal.ca). A strength of the CYRM is the range of cultural diversity involved in the development of the tool. The reduction of the CYRM from a 28-item to 12-item measure was evaluated with samples of multiple-service-using youth (mean age=18 years old) and school youth (mean age=15 years old), and it was found to show sufficient content validity in the briefer format. A half-page, self-report instrument, the CYRM-12 is a series of 12 brief statements that the respondent rates on a 5-point scale from 1=*does not describe me at all* to 5=*describes me a lot*. The statements in the CYRM-12 address the following aspects of youth resilience (related statements combined in listing below):

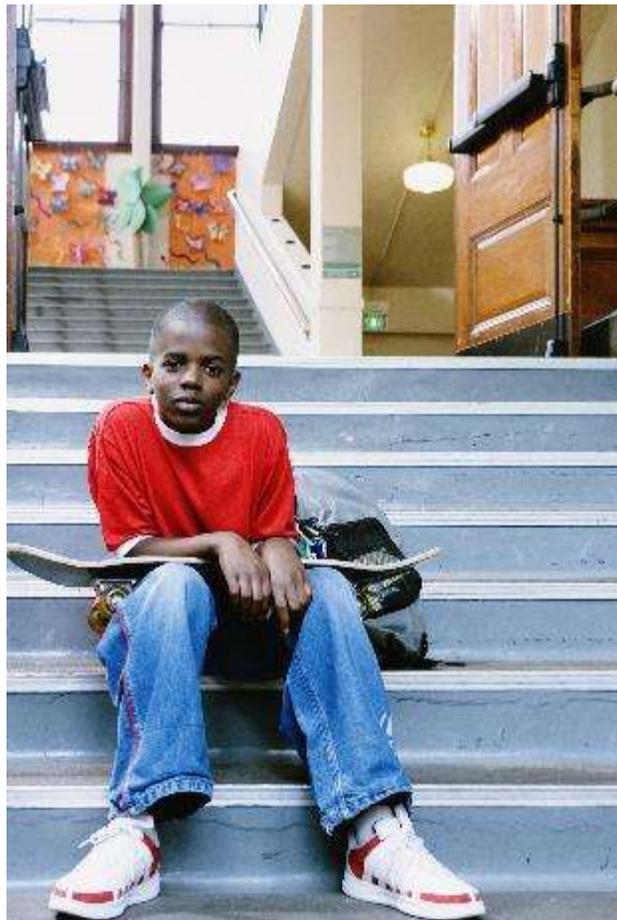
- Having people to look up to
- Getting an education is important and sense of belonging at school
- Parents/caregivers know a lot about me
- I try to finish what I start
- Able to solve problems without harming myself or others
- Know where to go in community to get help
- Family and friends stand by me in difficult times
- Have opportunities to develop skills
- Treated fairly in community and enjoy community's traditions

Protective Factors Survey (PFS)

The PFS is designed to measure protective factors among parents/caregivers participating in child maltreatment or family support programs, and it is often used as a pre-post evaluation tool by agencies. A strength of the PFS, developed by the FRIENDS National Resource center for Community-Based Child Abuse Prevention in collaboration with the Kansas Institute for Educational Resource and Public Service, is that it assesses multiple protective factors for child maltreatment. The two-page survey, which takes approximately 10-15 minutes, is divided into two sections. The first section is completed by a program staff member (6 items), and the second section is completed by the program participant (10 demographic items and 20 items on protective factors). The survey and users' manual are in the public domain and can be downloaded at the FRIENDS website (<http://friendsnrc.org/>). A Spanish adaptation of the PFS (S-PFS) also available on the website.

In the protective factors section of the survey, participants are asked to respond to a series of statements about their families on a 7-point scale from 1=*never* to 7=*always*. The PFS addresses five areas of protective factors:

- Family functioning/resiliency (5 items)
- Social support (3 items)
- Concrete support (3 items)
- Nurturing and attachment (4 items)
- Child development/knowledge of parenting (5 Items)



APPENDIX A: DESCRIPTION OF METHODOLOGY FOR BASELINE REVIEW, 2011 METHODS

Four core strategies were used to identify assessment tools:

1. A series of searches were conducted in Entrez PubMed and Academic Search Premier databases to identify journal publications on assessment and screening tools for childhood exposure to violence.

It was necessary to use a wide range of terms to identify screening and assessment tools for childhood exposure to violence and trauma. Many of the tools identified through the review process were designed to assess trauma symptoms and/or diagnose posttraumatic stress disorder, in addition to measuring exposure to trauma. Since these tools are typically used for more in-depth assessment and diagnosis, those tools were beyond the scope of the baseline review.

2. Additional articles were identified during reviews of publications and their reference lists. Several review studies and resource documents provided information on assessment tools:

Edleson J, Ellerton AL, Seagren EA, Kirchberg SL, Schmidt SO, Ambrose AT. Assessing child exposure to adult domestic violence. *Child and Youth Services Review*. 2007;29:961-971.

Stover CS, Berkowitz S. Assessing violence exposure and trauma symptoms in young children: a critical review of measures. *Journal of Traumatic Stress*. 2005;18(6):707-717.

Strand VC, Sarmiento TL, Pasquale LE. Assessment and screening tools for trauma in children and adolescents: a review. *Trauma Violence Abuse*. 2005;6:55-78.

Diseth TH, Christie HJ. Trauma-related dissociative (conversion) disorders in children and adolescents-an overview of assessment tools and treatment principles. *Nordic Journal of Psychiatry*. 2005;59(4):278-292.

Centers for Disease Control and Prevention. Dahlberg LL, Toal SB, Swahn MH, Behrens CB. *Measuring Violence-Related Attitudes, Behaviors, and Influences Among Youths: A Compendium of Assessment Tools*. 2nd Edition. 2005. Atlanta, Georgia.

U.S. Department of Justice. Hamby SL, Finkelhor D. Choosing and using child victimization surveys. *Juvenile Justice Bulletin*. March, 2001.

Walsh C, Jamieson E, MacMillan H, Trocme N. Measuring Child Sexual Abuse in Children and Youth. *Journal of Child Sexual Abuse*. 2004;13(1):39-68.

3. Web-based searches were conducted to identify online repositories and reviews of assessment and screening tools. The following web-based resources provided useful information on assessment tools:

National Child Traumatic Stress Network Measure Review Database
(www.nctsn.org/resources/online-research/measures)

Measure of Exposure to Violence and Outcomes document
(www.capacitybuilding.net/measures)

Office of Juvenile Justice & Delinquency Prevention, National Training and
technical Assistance Center (www.nttac.org)

American Academy of Pediatrics, Feelings Need Check Ups Too
(www.aap.org/disasters/toolkit.cfm)

Child & Adolescent Trauma Measures: A Review, Children F.I.R.S.T.
(www.fordham.edu/childrenfirst)

Health Care Toolbox (www.healthcaretoolbox.org/index.php/tools-andresources/tools-you-can-use-assess)

4. The following experts in the field of childhood exposure to violence/trauma were contacted to ask about assessment tools they have developed, used, or recommended:

Dr. Jeff Edleson

Dr. David Wolfe

Dr. Sandra Graham-Bermann

David Love

Tools that were designed to assess exclusively for childhood sexual abuse were excluded from this review, because these tools appear to be highly specialized for diagnosis and treatment of sexual abuse by therapists and counselors. Screening questions for sexual abuse are included in several of the assessment tools included in this review.

5. Textbooks and professional publications on assessment and childhood exposure to violence were reviewed for screening and assessment tools.



Table 1: TOOLS TO ASSESS FOR CHILDREN'S EXPOSURE TO VIOLENCE

TOOL	REFERENCE	METHOD	AGE GROUP (years)	TRAUMA TYPE	LENGTH /TIME (minutes)	CONTACT/ SOURCE	COST
Childhood Exposure to Domestic Violence (CEDV)	Edleson et al, 2007	Self-report; child	10 to 16 yrs	DV, PA, SA, EA, fights	30	www.mincava.umn.edu/cedv	No
Childhood War Trauma Questionnaire (CWTQ)	Macksoud, 1988	Self-report; child, parent	(CWTQ-A): Parent or caretaker of children 3-16 yrs; (CWTQ-C): Children 10-16 yrs	War	Not specified	www.childrenandwar.org	No
Childhood Witness to Violence Interview	Jaffe et al, 1988	Self-report; child	6 yrs or older	DV	Not specified	Published in Children of Battered Women, Jaffe Wolfe, & Wilson, 1990	No
Children's Exposure to Community Violence	Richters & Martinez, 1990	Self-report; Child	Not specified	CV	Not specified; 12 items		No
Conflicts in Adolescent Dating Relationships Questionnaire (CADRI)	Wolfe et al, 1998	Self-report; Adolescent	14 to 19 yrs	ADV	<10	dawolfe@uwo.ca	No
Exposure to Violence Screening Measure (EVSM)	Weist et al, 2002	Self-report; Child	10 yrs and older	CV, SA/rape	3	weist@mailboxsc.edu ;	No
Juvenile Victimization Questionnaire (JVC)	Finkelhor et al, 2005	Self-report; Child, Parent	2 to 9 yrs 10 to 17 yrs	PA,, SA, EA, Neglect, DV, crime, peer & sibling violence	20	sherry.hamby@unc.edu	No
Lifetime Incidence of Traumatic Events (LITE)	Greenwald, 1999	Self-report; Child, Parent	8 yrs and older	DV, CV, PA, SA Disaster, illness Injury	5	www.childtrauma.com	Yes
Parent-child Conflict Tactics Scale (CTSPC), Short and longer versions	Straus et al, 1998	Self-report; Child, Parent	6-9 yrs	PA, neglect, PP	Not specified	www.wpspublish.com	Yes
Safe Environment for Every Kid (SEEK) Model-Parent Questionnaire	Howard Dubowitz, 2014	Self-report; Parent	Parents of children 2-60 months old	Parental depression, Substance abuse, PP, extreme stress, DV, food insecurity	Not specified	http://theinstitute.umaryland.edu/seek	No
Survey of Well-being of Young Children-Family Questions (SWYC)	Ellen Perrin	Self-report; Parent	Parents of children 2-60 months old	Behavioral development, developmental milestones, family risk	15 minutes for entire tool-family risk	https://sites/google.com/site/swycscreen	No

					section-9 items		
Trauma Events Screening Inventory- (TESI)	Ribbe, 1996 (TESI-C) Ippen et al, 2002 (TESI-revised)	Self-report; Child, Parent	Child 6 to 18 yrs; parents of children 8 yrs or younger	DV, PA, SA, CV, MV, disasters, accidents, injuries, hospitalization, kidnapping, animal attack	20 to 30	http://www.nctsn.org/nctsn_assets/pdfs/edu_materials/TESI-C-SR.pdf	No
Trauma History Checklist and Interview (THC)	Habab & Labruna	Self-report & Interview; Adolescent	13 yrs-adult	DV, PA, SA, CV, neglect, MV, disasters, terrorism, medical, kidnapping, food scarcity, stalking	Not specified	http://www.mc.vanderbilt.edu/coe/tfcbt/workbook/Assessment/NSLIJHS%20Trauma%20History%20Checklist%20and%20Interview.pdf	No
Violence Exposure Scale for Children-Revised (Preschool Version, VEX-PV, Parent Report-VEX-RPR)	Shanifar, Fox & Leavitt (2000)	Self-report Child, Parent	4 to 10	PA, beat-up another person, assault w/ gun or knife, spanking	20	fox@umd.edu	No

KEY FOR ABBREVIATIONS

PA=physical child abuse

SA=sexual child abuse

EA=emotional child abuse

DV=exposure to parental domestic violence

ADV=adolescent dating violence

CV=community violence

MV=media violence

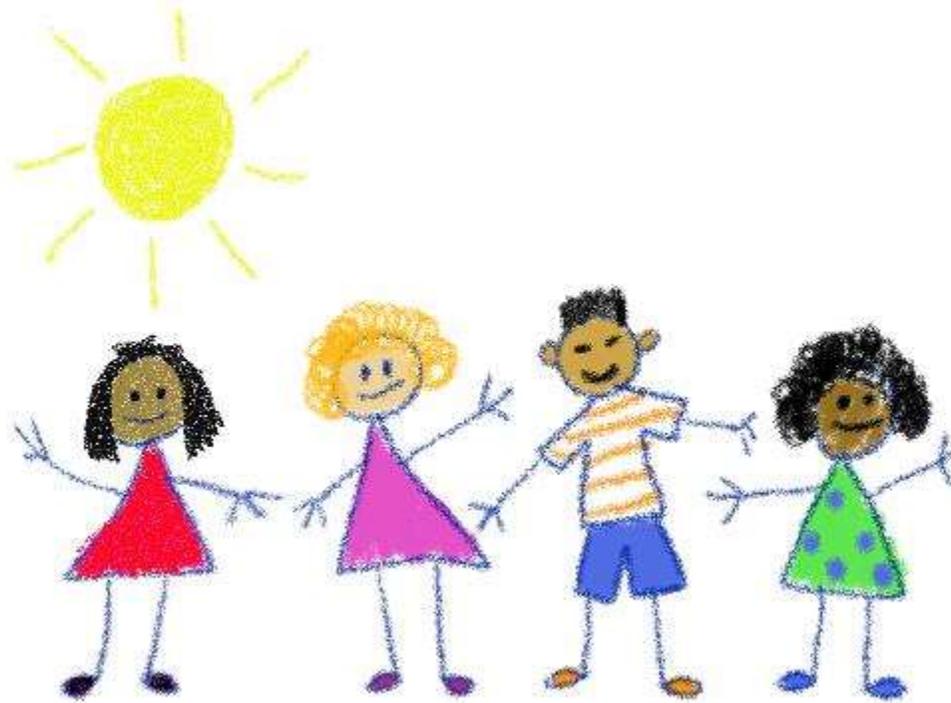
PP=physical punishment

Table 2: ADAPTATIONS OF ACEs QUESTIONNAIRE FOR PARENTS AND CHILDREN

TOOL	REFERENCE	METHOD	AGE GROUP (years)	TRAUMA TYPE	LENGTH /TIME (minutes)	CONTACT/ SOURCE	COST
Adverse Childhood Experiences Survey	Website	Self-report; Adult & Parent of child versions	Not specified	ACEs, contact with CPS, homeless, medical problems, financial, learning problems, child behavior	Not specified; 13-15 items	Susan Levene susan_levene@harvard.edu http://developingchild.harvard.edu	No
Child Household Survey	Marie-Mitchell et al, 2013	Self-report; Parent	Not specified	DV, substance abuse, mental illness, incarceration	Not specified; 7 items	Ariane Marie-Mitchell AMarieMitchell@llu.edu	No
Childhood Trust Events Survey Children and Adolescent (CTES)	Website	Self-report; Caregiver & Adolescent versions	Adolescents-13 and older	ACEs, accidents, disasters, medical, bullying, homelessness, foster home, CV, assault, animal abuse, kidnap, someone close sick or killed	Not specified; 30 items	www.cincinnatichildrens.org	No
CYW Adverse Childhood Experiences Questionnaire (CYW ACE-Q)	Website	Self-report; Caregiver & Teen versions	Primary caregiver of child 0 to 12 years old; adolescents 13-19 years old	ACEs, foster care, harassed or bullied; parent/guardian died; loss of caregiver due to deportation/immigration, medical, CV, discrimination, arrest, dating violence	2-5 minutes; 17-19 items	Nadine Burke Harris Todd Renschler www.centerforyouthwellness.org	No
TNCF 2014 Beyond ACE Questionnaire	Website	Interview; Parent & Children	Not specified	ACEs, trading sex, sex trafficking, natural disaster, forced to leave country of origin, psychological stress, coping, connection to adults	Not specified; Parent w/ one child-11 pages	Jessie Domingo Salu Jessie@NationalCrittenton.org www.nationalcrittenton.org	No

Table 3: TOOLS TO MEASURE RESILIENCE WITH CHILDREN OR PARENTS/CAREGIVERS

TOOL	REFERENCE	METHOD	AGE GROUP (years)	TYPES OF RESILIENCE	LENGTH /TIME (minutes)	CONTACT/ SOURCE	COST
Child and Youth Resilience Measure-CYRM-12	Liebenberg, Ungar & Leblanc, 2013	Self-report; Adolescent	13-25 years old	School connectedness Valuing education Support of family & friends Caregivers' knowledge of child Problem-solving skills Opportunities to learn life skills Knowledge of where to get help Fair treatment in community Enjoy community traditions	Not specified; 12 items	Linda Liebenberg Linda.Liebenberg@dal.ca	No
Protective Factors Survey (PFS)	Website	Self-report; Parent/ caregiver	Adult	Family function/resiliency Social support Concrete support Knowledge of parenting & child development Nurturing & attachment	10-15 minutes	http://friendsnrc.org/protective-factors-survey	No



Our Mission: For more than 30 years, Futures Without Violence has been providing groundbreaking programs, policies, and campaigns that empower individuals and organizations working to end violence against women and children around the world. Providing leadership from offices in San Francisco, Washington D.C. and Boston, we've established a state-of-the-art Center for Leadership and Action in the Presidio of San Francisco to foster ongoing dialogue about gender-based violence and child abuse. Striving to reach new audiences and transform social norms, we train professionals such as doctors, nurses, judges, and athletic coaches on improving responses to violence and abuse. We also work with advocates, policy makers, and others to build sustainable community leadership and educate people everywhere about the importance of respect and healthy relationships. Our vision is a future without violence that provides education, safety, justice, and hope.



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