

Original Article

## DEVELOPMENT AND VALIDATION OF KARACHI DOMESTIC VIOLENCE SCREENING SCALE (KDVSS)

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### ABSTRACT:

**Background:** Domestic violence is a serious public health problem. In order to identify and treat psychological consequences associated with domestic abuse. The health care providers should be screening patients for physical, psychological and sexual forms of intimate partner violence.

**Objective:** To design a validated instrument for screening out victims of domestic violence in both genders.

**Methods:** A form consisting of 77 statements was developed on the basis of an operational definition and literature review of domestic abuse. It was then distributed among 300 individuals. Each statement was to be rated on 7-point scale from strongly disagreeing to strongly agreeing with the statement. Chi-square and percentages were calculated for the data. The statements, which were rated towards the agreeing point by more than 75% of the respondents irrespective of the sex, were selected for KDVSS. For validity check KDVSS was conducted on 35 known victims of domestic abuse; for statistical reliability chi-squares and percent values were used. Experts in the field were approached for checking inter-rater reliability of KDVSS.

**Findings:** Out of 77 statements 35 had the  $p$  value above than .05, which is statistically significant. More than 75% of the participants independent of sex rated these 35 statements towards agreeing continuum. These statements comprised the final KDVSS. 82% of the "Known Victims" scored above the cutoff score on KDVSS, which is indicative of adequate validity of the scale. The statistical reliability of 0.11 being sensitive statistically significant. Raters had rated the items as appropriate and adequate.

**Conclusions:** In view of simplicity of use, and specific characteristic of investigating the incidence of domestic abuse (physical abuse, psychological abuse and sexual abuse) the scale represents a useful additional tool for the screening domestic abuse and facilitating appropriate help to the victims.

**KEY WORDS:** Domestic violence, physical abuse, psychological abuse, sexual abuse, screening.

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## INTRODUCTION

Domestic violence, a public health menace, is more prevalent in society today than is commonly believed. It can take the form of physical abuse, psychological/mental abuse, and sexual abuse. The increased number of cases of domestic abuse could be controlled with improved awareness and coordination of health care providers, social workers, educators, and legal professionals. Recent incidents, their details portrayed in high-profile legal cases by the mass media, have served to heighten the public's awareness of this cycle of abuse.

Awareness is growing but it is still underreported.

The reluctance of health care professionals to disclose incidence of domestic violence of their patients is a contributing factor towards the failure to recognize and assess the problem. Partner violence is a common source of injury for women but physicians, health care providers and their patients rarely discuss this problem. In other instances of domestic violence, when abuse is suspected, admission may be difficult to elicit from the patient because of embarrassment or fear of reprisal.<sup>1</sup>

Awareness, assessment and treatment of domestic violence by healthcare professionals are essential. Ethically bound to maintain the health of their patients, clinicians need to know the appropriate and varied methods for interviewing suspected victims of domestic violence, looking for various signs of mental and physical trauma.<sup>2</sup> Identification of abuse is the first step for most victims before they begin the lengthy ordeal of rehabilitation.

The development of the Karachi Domestic Violence Screening Scale was the result of a research study that investigated the incidence of depression and anxiety in both male and female victims of domestic violence. Identification of victims of domestic abuse as one criterion, it was required to develop a scale that could identify the individual as a 'victim' or 'non-victim' of domestic abuse as well as identify the forms of abuses (physical abuse, psychological abuse, sexual abuse) suffered by the victims.

Instead of devising a screening scale interviewing method could be used to check whether the person is a victim of domestic abuse or not but this method was more time consuming, while many people are reluctant to respond verbally to such sensitive issues. Confronted with the need to identify adequate methodology of screening the victims of domestic abuse and gaining information from the victims about nature and type of abuses, it was therefore decided to develop a validated tool aimed at meeting the two requirements as well as ease of use and definite targeting of the domestic

abuse.

The operational definition of domestic abuse the available literature about the nature of domestic violence were thoroughly investigated for the development of the instrument. The three areas of domestic abuse i.e. physical, psychological and sexual abuse were covered. Besides that, characteristic of abusers and characteristics of victims were also included.

Physical abuse against partner includes pushing, shoving, slapping, punching, kicking, holding down, leaving in dangerous places, assaulting with a weapon or refusing to help when other is sick or injured etc.<sup>3</sup>

Psychological or mental abuse includes social isolation, deprivation, intimidation, humiliation, insulting, unnecessarily criticizing, blaming, ignoring, becoming possessive and jealous and destroying trust etc.<sup>4</sup>

Sexual abuse against the partner will include forcing for sex, hurting other physically during sex, ignoring others' feeling about sex, hurting other by using other objects orally or anally etc.<sup>4</sup>

The abusers are generally possessive and jealous, have low self-esteem are of explosive temper and more likely were physically or sexually abused in childhood. The victims remain in the violent relation because they are shy, passive, become tearful, blame themselves and have excessive feelings of guilt or felt trapped in the relationship.

All these aspects of domestic violence were considered while developing this scale. The opinion of the general population about the issue KDVSS was also taken into consideration.

## METHODS

**SAMPLE:** The survey sample included 300 individuals with equal presentation of male and female participants. Most of them were middle-aged group and all of them had educational qualification above High School. Mostly of the individuals in the sample belonged to middle and upper socioeconomic classes. The distribution by sex, age, education and socio-economic

class of the overall population is described in Table I.

**PROCEDURE:** A form was developed on the basis of an operational definition of domestic violence and literature review. The operational definition followed was; "Domestic violence is an ongoing, debilitating experience of physical, psychological and sexual abuse in the home associated with increased isolation from the outside world and limited personal freedom and accessibility to resources".<sup>5</sup> The form comprised of 77 statements covering each aspect of the domestic abuse i.e. physical abuse, psychological abuse, sexual abuse, characteristics of abusers and characteristics of victims. These aspects are indicators of abusive relation between the intimate partners. Each statement was rated by participants on a seven-point scale from strongly disagreeing to strongly agreeing with the statement and only those items which had high frequency were selected for the final instrument

### DATA ANALYSIS

Data analysis was done by using statistical package of SPSS 10.0. Chi-squares and percent values of statements were calculated. Validity and reliability of the instrument was checked.<sup>6</sup>

### RESULTS

**Chi-square and percent values:** The statements having *p* values above .05 and rated by more

than 75% of the participants were considered significantly related to the trait. Out of 77 statements 35 had these characteristics and therefore these statements were selected for the Karachi Domestic Violence Screening Scale. The purpose of following this procedure was to verify that all participants irrespective of the gender have the same understanding that a particular aspect of the issue could be considered, as an act of domestic abuse against both partners therefore be included in the scale for screening.

**Validity:** The validity of the KDVSS scale was checked by administering it on 35 known victims of domestic abuse identified by psychiatrists, psychologists in mental health care settings and by people providing services to victims in NGOs like PAWLA, Shirkatgah etc. The sample taken for validity consisted of 25 female and 10 male participants with an average age range of 25-35 years. Most of them were married except a few who were either separated or divorced.

**Scores of the Known Victims on Scales:** Overall Score on KDVSS: 82% of the sample scored high on the scale i.e. out of 35 known victims 29 scored above the cutoff score and identified by the scale as victims of domestic abuse.

**Score on "Physical Abuse Scale":** 73% of the sample taken for validity scored high on the scale i.e. out of 35 known victims 26 scored

Table I: Percent distribution of the overall survey population by sex, age, marital status, education and socio-economic class (N = 300)

Sex	Age in Yrs.	Marital Status	Education	Socioeconomic Class
Male (50%)	21-30 (61%)	Unmarried (59%)	Intermediate (8%)	Lower Middle Class (6.7%)
Female (50%)	31-40 (23%)	Married (40%)	Graduate (32%)	Middle Class (81%)
	41-50 (8%) 51 & Above (6%)	Separated/ Divorced (0.3%)	Master (29%) PhD/Professional Degree (28%)	Upper Class (9.5%)

above the cutoff score for this scale.

**Score on "Psychological Abuse Scale":** 75% of the sample taken for validity scored high on the scale i.e. out of 35 known victims 28 scored above the cutoff score for this scale.

**Score on "Sexual Abuse Scale":** 73% of the sample taken for validity scored high on the scale i.e. out of 35 known victims 26 scored above the cutoff score for this scale.

**Score on "Identification of Abuser's Characteristics" Scale:** 72% of the sample taken for validity scored high on the scale i.e. out of 35 known victims 26 scored above the cutoff score for this scale.

**Score on "Identification of Victim's Characteristics" Scale:** 71% of the sample taken for validity scored high on the scale i.e. out of 35 known victims 25 scored more than the cutoff score for this scale.

The statistics showed that the scale has adequate validity to screen out the victims of domestic abuse. (See Table II)

**Reliability:**

**Statistical Reliability:** The statistical reliability measured by calculating the chi-squares of the statements was found to be 0.11, which is considered as statistically significant.

**Inter-rater Reliability:** The reliability of the instrument was checked by obtaining the rating of the instrument from experts in the field including psychiatrists, psychologists, social scientists and lawyers dealing with such cases were included. These included: Ms. Zainab Mehr Hassan, Ex. Associate professor of Clinical Psychology at Jinnah Postgraduate Medical Center, Ms. Anjum Bashir, a clinical psychologist at Liaquat National Hospital, Ms Farhana Abid, a lawyer working at PAWLA, Ms. Maria Mochallah, a psychologist working at WAR. They all rated the items as appropriate and adequate in terms of measuring the traits and considered that KDVSS has adequate face validity.

**The KDVSS Instrument:** The Karachi Domestic Violence Screening Scale comprised of 35 statements and there are five subscales exploring the incidence of:

1. **Subscale I: Physical Abuse**
  - I. Punching and shoving in anger
  - II. Slapping, hitting or kicking
  - III. Throwing objects in anger
  - IV. Denying of food, sleep or medical assistance
  - V. Threatening or harming with weapon or dangerous object
2. **Subscale II: Psychological Abuse**
  - I. Ignore the feelings of other
  - II. Ridiculing or insulting other

*Table II: Percent distribution of the "known victims" data on five subscales of KDVSS (N =35)*

Physical Abuse		Psychological Abuse%		Sexual Abusive Relation		Characteristics of Victim		Characteristics of Abuse	
Score	%	Score	%	Score	%	Score	%	Score	%
0-4	25	0-19	22	0-4	25	0-4	25	0-4	24
5 and above	73	20 and above	75	5 and above	74	5 and above	73	5 and above	72

- III. Insulting other's most valued beliefs
- IV. Withholding approval or appreciation as punishment
- V. Criticizing, shouting or calling names
- VI. Calling other bad in front of children
- VII. Making other feel bad about himself/herself
- VIII. Not considering other partner's opinion important
- IX. Keeping control on income
- X. Making all important decisions of life himself/herself
- XI. Threatening to leave the partner
- XII. Restricting contacts
- XIII. Shifting responsibility of abusive behavior to other
- XIV. Making light of serious abuse
- XV. Playing mind games

**3. Subscale III: Sexual Abuse**

- I. Minimizing the importance of partner's feelings about sex
- II. Criticizing sexual performance
- III. Withholding sex as punishment
- IV. Using sexual name that seems indecent
- V. Forcing for sex

The other two subscales intended to be used for identification of abusive relation and for identification of victim.

**4. Subscale IV: Identification of Abusive Relation**

- I. Partner's behavior is directed towards having control
- II. Partner is possessive and jealous about other
- III. Partner being verbally abused as child
- IV. Partner being physically abused as child
- V. Partner is extraordinary demanding

**5. Subscale V: Identification of person being a victim**

- I. Victim think he/she is responsible for partner's violence
- II. Reluctant to speak or disagree
- III. Difficulty in managing relation
- IV. Tearful on partner's negative behavior
- V. Having feelings of being trapped in relation

**Scoring of KDVSS:**

Each answer is scored from 0 to 3, corresponding to minimal and maximal domestic abuse being faced by the victim. The total score range of KDVSS is from 0 to 105. The cutoff score on KDVSS is 30. The total score is obtained by adding scores on all the sub-scales.

The individual cut-off score of five subscales are following:

**Physical Abuse Scale:**

Range of the score is from 0-15  
Cutoff Score is 5

**Psychological Abuse Scale:**

Range of the score is from 0-45  
Cutoff Score is 20

**Sexual Abuse Scale:**

Range of the score is from 0-15  
Cutoff Score is 5

**Characteristics/Identification of Abusive Relation:**

Range of the score is from 0-15  
Cutoff Score is 5

**Characteristics of Victim:**

Range of the score is from 0-15  
Cutoff Score is 5

The KDVSS questionnaire with scoring key is shown to Table III.

Table III: KDVSS Instrument along with Scoring Key

	Never	Some	Often times	Most of the time
1. Is your partner behaviour is directed towards having control on you?	0	1	2	3
2. Do you feel reluctant to speak or disagree in front of your partner?	0	1	2	3
3. Does your partner punch and shove you in anger?	0	1	2	3
4. Does your partner ignore your feelings?	0	1	2	3
5. Does your partner call you an awful and terrible (father/mother) in front of your children?	0	1	2	3
6. Does your partner threaten you in anger that he/she will leave you?	0	1	2	3
7. Does your partner minimize the importance of your feelings about sex?	0	1	2	3
8. Do you think your partner is possessive and jealous of you?	0	1	2	3
9. Do you have feelings of sadness or feeling trapped in your relationship with your partner?	0	1	2	3
10. Does your partner slap, hit or kick you in anger?	0	1	2	3
11. Does your partner ridicule or insult you in anger?	0	1	2	3
12. Do you think that your partner makes you feel that you are a bad person?	0	1	2	3
13. Does your partner restrict your contacts with other family members and close friends?	0	1	2	3
14. Does your partner criticize your sexual performances?	0	1	2	3
15. Is your partner been verbally abused as a child?	0	1	2	3
16. Do you feel difficulty in managing the relationship?	0	1	2	3
17. Does your partner throw objects at you in anger?	0	1	2	3
18. Does your partner insults your most valued beliefs such as religion, race, heritage or class in anger?	0	1	2	3
19. Does your partner not take your opinion seriously?	0	1	2	3
20. Does your partner shift the responsibility of abusive behaviour to you by saying that you have caused it?	0	1	2	3
21. Does your partner withhold sex and affection as a punishment?	0	1	2	3
22. Is your partner been physically abused as a child?	0	1	2	3
23. Do you become tearful on your partner's negative behaviours?	0	1	2	3
24. Does your partner deny you of food, sleep or medical assistance?	0	1	2	3
25. Does your partner withhold approval, appreciation or affection as a punishment?	0	1	2	3
26. Does your partner keep his/her control on the all the income?	0	1	2	3
27. Do you think that your partner play mind games with you?	0	1	2	3
28. Does your partner use sexual names in anger that are indecent?	0	1	2	3
29. Does your partner demand that you change yourself according to his expectations?	0	1	2	3
30. Do you think you are responsible for your partner's violence?	0	1	2	3
31. Does your partner threaten to harm you with a weapon or any harmful object?	0	1	2	3
32. Does your partner criticizes, call names and shout at you in anger?	0	1	2	3
33. Does your partner make all the important decisions of life by himself/herself?	0	1	2	3
34. Does your partner make light of the abuse by not taking it seriously?	0	1	2	3
35. Does your partner forces sex after beatings or anger on you?	0	1	2	3

## DISCUSSION

Domestic violence is a pattern of assault and controlling behavior perpetrated by one partner against the other. It can include physical, sexual, and psychological attacks, as well as emotional intimidation, verbal abuse, destruction of property, marital rape, and social isolation etc. Identification of the abuse is the first step for most victims. The purpose of the development of Karachi Domestic Violence Screening (KDVSS) was to get an adequate instrument for screening domestic abuse.

The procedure followed for the development of the scale was extensive and appropriate. In order to develop a scale on the basis of forms of domestic abuse prevalent in our society it was considered necessary to take the opinion of general population about the issue. The scale therefore screens for three forms of abuses that are commonly prevalent i.e. physical abuse, psychological abuse and sexual abuse. Studies have shown that the nature of abuses varies across different cultures. A study done on "Domestic violence and mental health: correlates and conundrums within and across cultures provided some information on the issue. It showed that domestic abuse contributes significantly to preventable morbidity and mortality for women across diverse cultures still the presentation of domestic violence is often culture specific.<sup>7</sup> In Pakistani society domestic abuse is considered as a private family matter and is so entrenched in our culture that even not recognized by the larger sections of our society. However, the medical and psychological consequences of domestic violence are sufficiently prevalent in our society, which justify routine screening of patients in health care settings. A study done on suicidal patients in Pakistan showed that majority of the patients were married women and the major source of conflict was conflict with husband (80%) and conflict with in laws (43%).<sup>8</sup>

The American College of Obstetricians and Gynecologists (ACOG) also recommends that physicians must screen all patients for intimate partner violence. From 1993 through 1998, a

period when professional medical organizations such as the American Medical Association and the American College of Obstetricians and Gynecologists recommended that physicians screen female patients for intimate partner abuse, violence against women by their intimate partners declined by 21%, according to the US Department of Justice.<sup>9</sup>

Victims of domestic violence are often not identified by healthcare providers. Firstly, because of reluctance from patients to provide information as they considered it a sensitive and personal issue, secondly physicians face many barriers i.e. lack of time-to establish rapport with a patient, to hear details about all of their problems, and to ask a multitude of questions for further diagnostic elucidation - is a commonly cited reason for not routinely screening for domestic violence in primary care practice. Physicians do not want to open a Pandora's box of complicated social and psychological issues that could not possibly be evaluated in an allotted 30 minutes or less.<sup>10</sup> However, a validated screening scale if used with the patients for routine screening it would take less time and patients are to be less reluctant as no verbal response was required in the process.

KDVSS is an adequate instrument for screening the victims of domestic abuse as it covers all the forms of domestic abuses possibly faced by the victims. Most of the statements in the scale ask direct questions, which identify the types of violence, experienced by the patient. Secondly, it can screen out the presence of abuse in both male and female victims. This newly developed scale appears to be valid and reliable as "Known Victims" scored quite high on the scale as well the items were rated as appropriate and adequate by psychologists, psychiatrists and social workers. However, the need for further research and improvements can be made in it. Still in view of its simplicity of use and particular way of investigating incidence of domestic abuse and the nature of such abuse, the scale represents a useful additional tool for the identification/screening of the victims of domestic abuse in emergency, primary care and

mental healthcare settings and will facilitate in providing appropriate aid to the victims.

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