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PSYCHOMETRIC PROPERTIES OF THE PERSONAL SAFETY QUESTIONNAIRE AND “WHAT IF” SITUATIONS TEST: PERSIAN VERSIONS

Childhood sexual abuse (CSA) is a serious public health problem and is one of the most stressful life events that parents and their children can experience. To prevent CSA, personal safety programs are recommended to enhance children's knowledge and related self-protection skills. In order to assess the knowledge and ability of children to prevent CSA, it is essential to have valid and reliable measures. Two instruments – the Personal Safety Questionnaire (PSQ) and “What If” Situations Test (WIST) – have been used to assess children's knowledge about sexual abuse and measure children's ability to recognize and respond in hypothetical abusive situations. The aims of this study were to translate and culturally adapt the PSQ and WIST for an Iranian target population, and determine the psychometric properties of the two measures. The translation and cultural adaptation process of PSQ and WIST followed recognized and established guidelines. Face and content validity were assessed by analyzing feedback solicited from 25 Kindergarten-aged girls and 11 professionals with expertise in different areas. Stability was assessed through test-retest reliability and internal consistency reliability was measured using Cronbach's alpha. Minor cultural differences were identified and resolved during the translation and validation processes. Results from correlational analyses indicate a high degree of stability for both Persian version of PSQ and WIST and its subscales. Internal consistency reliability as measured by Cronbach's alpha for the PSQ-P was 0.74, and ranged from 0.71 to 0.96 for the subscales of WIST-P, with total skill reliability of 0.91. The Persian versions of the PSQ and WIST appear valid and reliable. Hence, they can be useful tools for assessing the knowledge and ability of children to prevent CSA.

Keywords: *child sexual abuse, psychometrics, reliability, prevention.*

Introduction

Child Sexual Abuse (CSA) is one of five main types of child abuse (CA) – physical, emotional and psychological, sexual abuse, neglect and witness of (or knowledge of) family violence.^[1] CSA is defined as a set of unwanted sexual experiences before age 18 including the interaction of a child with an adult (or an older child) whereby the child is abused for sexual purposes and satisfaction of a perpetrator or an observer.^[2] Such interaction may involve touching (e.g., touching the vagina, penis, breasts, or buttocks; oral-genital contact, and sexual intercourse) and nontouching (e.g., peeping at a child's naked body, exposure, and showing child pornography) experiences.^[3] Many of CSA victims are younger than 7 years.^[4,5]

CSA is a serious public health problem and is one of the most stressful life events that parents and their children can experience; one that can result in severe short- and long-term physical and mental consequences for its

victims.^[2, 6, 7] Adverse consequences are not limited to families and victims; rather, they pose a wide range of economic effects on society in terms of health, rehabilitation, welfare, and judicial system costs.^[1] Emotional and behavioral consequences in child victims are different and a wide range of short-term behavioral and adaptive problems have been found. Consequences can include emotional problems such as depression and anxiety, cognitive disorders such as poor concentration, physical injuries, aggressive behaviors, and interpersonal problems.^[2, 8] In addition to short-term negative effects, CSA victims also demonstrate long-term mental and emotional problems in adulthood.^[2, 6, 7]

According to a meta-analysis for estimation of global prevalence of CSA, 8 to 31% of girls and 3 to 17% of boys have suffered different types of CSA.^[9] Despite the high attention paid to CSA prevention in many countries, this phenomenon has not been properly studied or consid-

ered in some societies including Iran, nor have strategies been put in place to prevent it or provide appropriate services for victims. Mohammadi et al. during their meta-analyses study, found CSA prevalence in three Iran cities (Isfahan, Tabriz, and Khoram Abad) with different CSA rates. However, their study does not provide an overall estimation of CSA in Iran.^[10]

Prevention of CSA in Iran seems necessary considering the similar prevalence of CSA around the world,^[8, 11] and the large percentage of children (<19 years of age) in this country (30%),^[10] the short- and long-term consequences of CSA, the absence of an effective CSA reporting system, and also the positive attitude of parents toward CSA prevention.^[11] Since many CSA cases in Iran are not reported due to the cultural considerations and there is a lack of appropriate services for CSA victims, it seems necessary to take the preliminary steps toward preventing CSA through enhancing the knowledge and self-protection abilities of families and their children. In order to measure the knowledge and skills of children, practical, reliable, and simple tools are needed. To have such a tool, two options are available: create a new tool, or translate and pilot test an existing tool from its original language to Persian.^[12] Since tool design is a time-consuming process,^[13] the researchers found two questionnaires, the “Personal Safety Questionnaire” (PSQ) and the “What If Situation Test” (WIST) developed in the U.S. and previously translated and used in Italy, Turkey, and China. These two instruments appeared suitable for assessing the knowledge and skills of children in CSA prevention.

The PSQ used by Wurtele, Kast, and Melzer included 10 questions to evaluate children’s knowledge of sexual abuse (e.g., “Is it OK for kids to touch a bigger person’s private parts?”) and two questions to assess attitudes toward sexuality (e.g., “Is it OK for kids to touch their own private parts?”). Children answered each question with “yes,” “no,” or “I don’t know,” and each correct response received 1 point, with scores ranging from 0 to 12. One-month test-retest reliability (Pearson *r*) was .70, *p* < .01.^[14]

The WIST includes six scenarios for assessing the ability of children to identify and respond to hypothetical sexual abuse situations. Three scenarios (1, 2 and 6) describe appropriate requests to touch or look at children’s genitals, whereas scenarios 3, 4 and 5 describe inappropriate requests. The WIST has three scale scores: (a) Appropriate Request Identification (range = 0–3); (b) Inappropriate Request Identification (range = 0–3); (c) specific skills subscales to assess four Personal Safety Skills (Say, Do, Tell, and Report); and (d) Total Personal Safety Skills (range = 0–24). Scores for each skill range from 0 to 6, and cluster analysis has confirmed that the WIST is composed of these separate skill components.^[15] Internal and test-retest reliabilities of the six scales met research standards (Cronbach’s alphas ranged from .75 to .88; one month test-retest reliabilities ranged from .60 to

.84), supporting internal consistency and temporal stability.^[16] These instruments were designed to be read to the child participant during an individual interview.

Using these questionnaires with Iranian children required translation and cultural adaptation, followed by assessment of their validity and reliability. For translation and cultural adaptation of questionnaires, WHO recommends four steps for translation including forward translation, expert panel back-translation, pre-testing, and final version,^[17] while Beaton suggests six steps including initial translation, synthesis of the translations, back translation, expert committee, test of the pre-final version, and submission of documentation to the developers’ coordinating committee for appraisal of the adaptation process.^[18] Wild recommends ten steps including forward translation, reconciliation, back translation, back translation review, harmonization, cognitive debriefing, review of cognitive debriefing, results and finalization, proof reading, and final report.^[19] We performed a mix of approaches from WHO, Beaton, and Wild in the process of translation and cultural adaptation.

The present study **aims to** describe a process of translation and cultural adaptation of the PSQ and WIST and report the psychometric properties resulting from a pilot study conducted in Iran.

Materials and Methods

This work was part of a MSc thesis of the first author entitled “The Effect of Personal Safety Education to Mothers on the Knowledge and Skills for the Prevention of Sexual Abuse of Kindergarten-Aged Girls in Gorgan”, performed in 2016 in Gorgan (a city in the north of Iran). In Iran, children start kindergarten at age 6, after they finish preschool. The study was approved by the Research Ethics Committee of Golestan University of Medical Sciences (IR.Goums.REC.1395).

Phase I. forward and back translations

Permission to translate and use the PSQ and the WIST was obtained from Prof. Wurtele at the University of Colorado in Colorado Springs, US. These two questionnaires were translated and culturally adapted based on a combination of the approaches proposed by WHO, Wild, and Beaton. The questionnaires were each translated by two translators with a high command of both target (Persian) and original (English) languages. The translators were warned to avoid transliteration and asked to give a clear translation with equalized concepts. Moreover, they were asked to pay attention to the word used with respect to the age group of the participants.^[17]

These two translations were compared and reviewed by an expert panel composed of a psychiatrist, counselor, reproductive health professor, nurse, kindergarten teacher, and members of the research team.^[17, 19] This committee agreed upon a Persian version of the PSQ and WIST, which were prepared for back translation. In order to ensure the accuracy of the primary translation, the two questionnaires were back translated into English by a translator with expertise in both Persian and English lan-

guages who had not participated in the previous steps nor seen the original tools.^[17]

After reviewing and comparing these two translated and original texts, the research team discussed their comments about the differences between them and finally, after agreeing upon the translated English version,^[17, 19] sent it to the original designer to assure the accuracy of the translation.^[18] The comments of Professor Wurtele were received and the preliminary questionnaires Persian version (PSQ-P and WIST-P) were adjusted. Because the validity and reliability of the questionnaires are likely to be affected during the translation, the Persian versions of the questionnaires were subjected to validity and reliability tests.^[12,18,19]

Phase II. Pretesting of the preliminary Persian questionnaires

To determine children's understanding of the questionnaires and time to complete the measures, the preliminary PSQ-P and WIST-P were pretested in a small group of the target population composed of 10 kindergarten-aged girls (cognitive debriefing or cognitive interview stage).^[17-19] At the beginning of each interview, the concept of "private parts" of the body was taught to the children and then, during interviews, they were asked to report any issue that they did not understand. In order to ensure their understanding and interpretation of the questions and to find alternative words closer to their language, the children were asked to describe the questions and scenarios in their own words.^[17, 19] The cross-cultural adaptation of a self-administered questionnaire for use in a new cultural context does not end here and further investigations should be conducted on psychometric properties of the adapted measure.^[18]

Phase III. Validity of the Persian version of the questionnaires

For the purpose of content validity of the preliminary PSQ-P and WIST-P in a qualitative manner, modification comments about the questionnaires were sought from eleven experts (composed of one clinical sociologist, two counselors, two assistant professors in reproductive health, two instrument designers, one assistant professor in nursing, two psychologists, and one psychiatrist). The content validity index (CVI) was used for the quantitative part of the assessment and the scale's compliance with Persian grammar, its use of appropriate terminology, good phrasing, the scoring method used, and the responses given were also used for the qualitative part of the assessment.^[20] For this reason, the experts were asked to rate all items in the preliminary Persian version of the questionnaires based on three criteria including relevancy, simplicity, and clarity, using a 4-point Likert scale. CVI was calculated using a formula.^[13] Using guidelines proposed by Waltz and Bausell, CVI < 0.7 was unacceptable, CVI 0.7-0.78 required modification and revision, and CVI \geq 0.79 was acceptable.^[21] After providing explanations to the experts, minor modifications were made to some items with required modification and revision with the

least possible changes to the original PSQ and WIST. In the second round, five of the previous experts were asked to evaluate the relevance of the revised set of items and to compute the CVI. Scale of Content Validity Index Average method (S-CVI/Ave) was calculated based on average scores of all items' CVI ratings.^[21]

After collecting the results obtained from the pretest and the expert panel's opinions, and the analyses of the research team, minor modifications were made and at the end of this phase, final versions of the PSQ-P¹ and WIST-P² were prepared to use in the next stage to examine reliability.

Phase IV. Reliability of the Persian version of the questionnaires

To determine the reliability of the Persian version of instruments, internal consistency (Cronbach's alpha) and test-retest reliability methods were applied. To perform test-retest, after granting the written permission of the parents of children, the researcher conducted two face-to-face interviews with a two-week interval using 25 kindergarten girls selected using convenience sampling. Responses of the children were measured and analyzed using SPSS ver.16 software. Eventually, the final report of all steps was sent to the original designer.^[17-19]

Results

In total, the questionnaires were clear and took less than 15 minutes to complete. In content validity, the majority of experts believed that item #1 (Are you the boss of your body?) was not relevant or essential for CSA discourse and concluded that a child could not understand the meaning of the "body boss" concept. One of the experts proposed the term "body owner" as an alternative. Experts were told that the principle designer has clearly described the term "body boss" in her workbook designed for children, which would be also used in the present work for teaching the children, and that they learn it and easily become familiar with this concept. In addition, all the children understood the question at pretest, as five children (50%) gave the correct answer while five responded that their mother, father, or God is their body boss. Hence, it seems that children (the target group) had no problems with understanding the "body boss" concept. Accordingly, the experts agreed to keep this question in its original form in the PSQ-P.

The CVI scores of preliminary PSQ-P for 11 items (92%) were \geq 0.79. Therefore, they were identified as suitable. No items had a CVI score < 0.70. Only the score of clarity for one item (#6) "If a stranger wants to look at a kid's private parts, should the kid try to get away?" was between 0.7-0.79 (0.72). It had high relevancy (the most important criteria in CVI)^[21] and simplicity score (> 0.79) (Table 1). Also, in response to this question (#6) at pretest, one of the children mentioned that "I would never run, rather I say no and scream! Also, I might leave such a

^{1, 2} if anybody wishes to receive PGS-P, kindly contact the corresponding author.

situation. If I run, the adult is faster than I am and can easily catch me”. Considering the recommendations of the experts and response from this child, we added the two words “leave” and “scream” to the item “If a stranger

wants to look at a kid’s private parts, should the kid try to get away/scream/go away/leave?” The question was again submitted to the experts and accepted in their revision.

Table 1.

Content Validity Index (CVI) Preliminary Personal Safety Questionnaire-Persian Version

Item or questions	CVI/Ave	Result
1. Are you the boss of your body?	0.51(0.81)*	Accepted †
2. If a big person touches a kid’s private parts, has the kid done something wrong?	0.91	Accepted
3. Do kids have to let ALL big people touch their private parts?	0.91	Accepted
4. If a big person touches a kid’s private parts and tells the kid to keep it a secret, should the kid tell someone about it?	0.90	Accepted
5. Are strangers the only people who try to touch kids’ private parts?	0.79	Accepted
6. If a stranger wants to look at a kid’s private parts, should the kid try to get away?	0.72 (0,84)*	Accepted †
7. Is it OK for doctors to look at kids’ private parts if they’re hurt?	0.79	Accepted
8. Is it OK for kids to touch a bigger person’s private parts?	0.94	Accepted
9. If kids need help cleaning their bodies, is it OK for Mom or Dad to touch their private parts?	0.81	Accepted
10. If a baby-sitter wants to touch a kid’s private parts, what should the kid say?	0.87	Accepted
11. Is it OK for kids to touch their own private parts?	0.87	Accepted
12. Do you like your private parts?	0.94	Accepted

*CVI calculated in second round, † accepted in evaluation CVI in second round

Based on the expert panel’s opinion, question 4’s “favorite TV show” was replaced with “Favorite cartoon”, and to question 10, in addition to baby-sitter, “kindergarten teacher” and “personal school driver” were added to suit the Iranian culture. Since employing a private driver for transporting children to kindergarten or school is very common, the question was revised as follows: “If a baby-sitter/ kindergarten teacher/personal school driver wants to touch kid’s private parts, what should the kid say?” S-CVI/Ave was calculated on the basis of average score of

all items CVI in PSQ-P and was reported as adequate-0.86.^[21]

In content validity and measuring CVI for the preliminary WIST-P, based on expert panel’s opinion the CVI scores for all items were ≥ 0.79 (Table 2). Therefore, all items were deemed suitable and no recommendation was expressed. S-CVI/Ave was calculated on the basis of average score of all items CVI and was reported as very appropriate as 0.92.^[21]

Table 2.

Content Validity Index (CVI) Preliminary “What If Situation Test”- Persian Version

Scenario	CVI/Ave	Result
1. What if you were riding your tricycle and fell off and hurt your private parts. When you went home your mom or dad wanted to look at your private parts. A. Would it be OK for your mom or dad to look at your private parts? B. What would you say to your mom or dad? C. What would you do? D. Would you tell anyone that your mom or dad wanted to look at your private parts? E. What would you say to [first person named above]?	0.90	Accepted
2. What if after you fell off your tricycle and hurt your private parts, your mom or dad took you to the doctor. The doctor said, “I need to touch your private parts, [name of child].” A. Would it be OK for the doctor to touch your private parts? B. What would you say to the doctor? C. What would you do? D. Would you tell anyone that the doctor wanted to touch your private	0.91	Accepted

Scenario	CVI/Ave	Result
parts? E. What would you say to [first person named above]?		
3. What if a neighbor who is a big person who lives near you said to you, “Hey, [name of child], let's play a real fun game! You take off all your clothes and I'll take pictures of your private parts with my camera!” A. Would it be OK for your neighbor to take pictures of your private parts? B. What would you say to your neighbor? C. What would you do? D. Would you tell anyone that your neighbor wanted to take pictures of your private parts? E. What would you say to [first person named above]?	0.90	Accepted
4. What if you had a baby-sitter who said to you, “[name of child], I'll let you stay up late to watch your favorite TV show, if you touch MY private parts for a little while.” A. Would it be OK for you to touch your baby-sitter's private parts? B. What would you say to your baby-sitter? C. What would you do? D. Would you tell anyone that your baby-sitter wanted you to touch her private parts? E. What would you say to [first person named above]?	1	Accepted
5. What if you were playing at the park and a man you like said to you, “Hey [name of child], I'll go buy you an ice cream cone if you take off your pants and let me touch your private parts.” A. Would it be OK for the man to touch your private parts? B. What would you say to the man? C. What would you do? D. Would you tell anyone that the man wanted to touch your private parts? E. What would you say to [first person named above]?	0.93	Accepted
6. What if you had an owey on your private parts and it hurt real bad. Your mom or dad took you to the doctor's office. The nurse, who helps the doctor, wanted to touch your private parts to put medicine on them. A. Would it be OK for the nurse to touch your private parts? B. What would you say to the nurse? C. What would you do? D. Would you tell anyone that the nurse wanted to touch your private parts? E. What would you say to [first person named above]?	0.90	Accepted

In pretest or cognitive debriefing step, some children provided interesting answers regarding the gender culture of Iran. For example, in response to question 9 of the PSQ-P (“If kids need help cleaning their bodies, is it OK for Mom or Dad to touch their private parts?”) and part A of question 1 in the preliminary WIST-P (“Would it be OK for your mom or dad to look at your private parts?”), two of the children explained that they allow only their mothers to see or touch the private parts of their bodies; not their fathers. Since according to the scoring instructions, if the children permit one of their parents (Mom or Dad) to see or touch the private part of their bodies then they receive the full score, these children gained the full score on these questions. Moreover, four of the children gave the answers such as “it is ugly” or “it is bad” to the

question about the “improper touch” in the preliminary WIST-P, which were not in the scoring guidelines for the questionnaire. However, during consultation with Professor Wurtele, these answers were also scored. The scoring instruction provided by her was also revised.

As mentioned above, according to the results of pretest phase, suggestions by the experts, and the research team, brief explanations were provided for some of the items and minor changes were applied to suit the Iranian culture. Finally, the PSQ-P and WIST-P were developed and no questions were removed from the questionnaires.

Psychometric properties of the questionnaires were determined using test-retest reliability and internal consistency method on data obtained from 25 kindergarten girls. The mean age of the girls was 79.80 (SD=4.14)

months, and the interval between pretesting and post-testing was 2 weeks. PSQ-P scores were normally distributed. The test-retest reliability of the PSQ-P was positive and significant (Pearson $r = 0.88, p < .001$). Internal consistency for the PSQ-P was 0.74 using Cronbach's alpha.

To assess the stability of WIST-P scores, the Kolmogorov-Smirnov test revealed that the distribution of scores was not normal with the exception of "Total Skill", thus Spearman's correlations were used when normality

assumption was not satisfied along with Pearson's correlation was used for normal set data to determine test-retest reliability.^[22] The correlations and Cronbach's alpha values of different subscales and the total scale of WIST-P are presented in Table 3. These correlations indicate good temporal stabilities for each subscale and total scale of WIST-P, with the exception of the low correlation of the appropriate request recognition scale ($r = .58, p = .02$).

Table 3.

Comparison of the Results of Reliability of the Original WIST, Zhang's Study and WIST-P

Scale	Internal consistency and test-retest reliability (Wurtele's study)		Internal consistency and test-retest reliability (present study)		Internal consistency (Zhang's study)
	Chronbach's Alpha	Correlation Coefficient ¹	Chronbach's Alpha	Correlation Coefficient	Chronbach's Alpha
Appropriate Recognition	0.75	0.76	0.71	0.58 [*]	0.7
Inappropriate Recognition	0.88	0.81	0.92	0.73 [*]	0.75
Say Skill	0.85	0.84	0.87	0.71 [*]	0.80
Do Skill	0.85	0.71	0.79	0.72 [*]	0.81
Tell Skill	0.84	0.71	0.93	0.81 [*]	0.78
Report Skill	0.79	0.60	0.96	0.85 [*]	0.71
Total Skill	0.90	0.83	0.91	0.89 ¹	0.8

Note: ^{*} Spearman's Correlation, ¹ Pearson's Correlation

Discussion and Conclusion

The purpose of the present study was to describe the process of translation and cultural adaptation of the PSQ and WIST and determine the psychometric properties of the Persian version of these two measures. We were able to successfully translate and adapt both the PSQ and WIST. The PSQ-P and the WIST-P were developed while preserving all original items of the questionnaires. We did not face serious problems during the translation and cultural adaptation process of PSQ and WIST. Although substantial changes to the original version were not necessary, we made minor changes in some questions to facilitate young children's understanding or added some words and expressions to the original instruments with examples in Persian. At the conclusion of translation and cultural adaptation, the English and Persian versions of the PSQ and WIST were very similar.

Once translated, we examined the psychometric properties of the Persian versions of the PSQ and WIST. First, we examined content validity using both qualitative and quantitative methods. Using a combination of methods to evaluate an instrument's content validity provides different but complementary perspectives of the measure.^[13] Results supported that PSQ-P and WIST-P have included relevant issues in terms of its content.^[20]

Findings also supported the overall reliability and internal consistency of the WIST-P and PSQ-P. These findings provide support that young children respond similar-

ly to the PSQ-P ($r = .88, p < .001$) and different skills of the WIST-P (Table 3). With the exception of appropriate request recognition, two-week test-retest reliabilities were also high in WIST-P (with correlations ranging from 0.71 to 0.89). These correlations indicate good temporal stability; a psychometric property that is desirable when evaluating pretest-posttest designs. As noted, the appropriate request recognition had a lower test-retest reliability ($r = .58$) for children of this age. This finding can be explained by the tendency for Iranian families to emphasize improper touches more often than proper ones. Although there is no systemic program for training children about CSA in Iran, the majority of families have warned their children not to show and allow others (especially strangers) to touch their private parts (which are called by some funny names, rather than their real names). Accordingly, the children may be unfamiliar with proper touches and they may answer questions about proper touches differently across time.

Although time intervals between the original test and the retest are somewhat controversial, 2 weeks to 1 month is the generally accepted time interval for retesting.^[23] In present study, temporal stability was determined using test-retest reliability, and Cronbach's alpha was calculated to determine internal consistency reliability. In contrast, Zhang et al. calculated only Cronbach's alpha to assess the reliability.^[24] In the current study, the Cronbach's alpha coefficient of the PSQ-P was 0.74, which is higher

than the one reported in a study conducted by Zhang et al. (0.61) in a Chinese population. Test-retest reliability of the PSQ-P with a 2-week interval showed appropriate stability of the instrument; Pearson's coefficient $r = .88$, $p < .001$. Moreover, our results are consistent with those of Wurtele (the designer of the questionnaire), who reported Cronbach's alpha and correlation coefficient as .78 and .77, respectively.

In assessing the internal consistency of the WIST-P, Table 3 contains the calculated Cronbach's alpha values for this study, compared to those of Zhang [24] and Wurtele. [16] A comparison between the results of the present study and Zhang et al. [24] shows that the Cronbach's alpha coefficients for the aspects including improper touch, tell, report, and overall skill are rather different. Moreover, a comparison between different aspects of the WIST-P indicated that the obtained Cronbach's alpha values are highly similar to those reported by Wurtele. [16] The internal consistency of all subscales of WIST-P was high (Cronbach's alpha range:

0.71–0.96), which is similar to the original WIST. [16] A Cronbach's $\alpha \geq 0.7$ is generally considered as a satisfactory level of internal consistency, [25] therefore results indicated that the PSQ-P and WIST-P had satisfactory reliability indicators.

Our findings suggest that, despite the cultural differences between the United States and Iran, both PSQ-P and WIST-P serve as useful tools to measure the knowledge and skills of young children in Iran. We hope these tools will be a starting point for further research on CSA in Iran.

Limitations

The major limitation of this study is the small sample size. Because some families believed that such education might have a negative impact on their children and encourage their sexual curiosities, few parents allowed their children to participate in this study. Moreover, the sample contained only girls, and thus should be replicated with kindergarten-aged boys.

REFERENCES

1. Taylor, P, Moore, P, Pezzullo, L, Tucci, J, Goddard, C, De Bortoli L. (2008). *The Cost of Abuse in Australia*. Australian Childhood Foundation and Child Abuse Prevention Research Australia: Melbourne.
2. Walsh, K, Brandon, L, Chirio, L. (2012). Mother-child communication about sexual abuse prevention. *J Child Sex Abuse*, 21, 399-421.
3. Xie, QW, Qiao, DP, Wang, XL. (2016). Parent-Involved Prevention of Child Sexual Abuse: A Qualitative Exploration of Parents' Perceptions and Practices in Beijing. *J Child Fam Stud*, 25, 999-1010.
4. Wurtele, S.K., Kast, L.C., Melzer, A.M. (1992). Sexual abuse prevention education for young children: A comparison of teachers and parents as instructors. *Child Abuse Negl*; 16, 865-76.
5. Kenny, M.C. (2010). Child sexual abuse education with ethnically diverse families: A preliminary analysis. *Child Youth Serv Rev*; 32: 981-89.
6. Finkelhor, D. (2009). The prevention of childhood sexual abuse. *Future Child*, 19, 169-94.
7. Tutty, L.M. (2000). What children learn from sexual abuse prevention programs: Difficult concepts and developmental issues? *Res Soc Work Pract*, 10, 275-300.
8. Collin-Vézina, D, Daigneault, I, Hébert, M. (2013). Lessons learned from child sexual abuse research: prevalence, outcomes, and preventive strategies. *Child Adolesc Psychiatry Ment Health*, 7, 22.
9. Barth, J, Bermetz, L, Heim, E, Trelle, S, Tonia, T. (2013). The current prevalence of child sexual abuse worldwide: a systematic review and meta-analysis. *Int J Public Health*, 58, 469-83.
10. Mohammadi. M.R., Zarafshan, H., Khaleghi, A. (2014). Child Abuse in Iran: a systematic review and meta-analysis. *Iran J Psychiatry*, 9, 118-24.
11. Khanjari, S., Bastani, F., Kamalinahad, R., Hosseini, A. *Prevention of Child Sexual Abuse*.
12. Rode, N. (2005). Translation of Measurement Instruments and their Reliability: An Example of Job-Related Affective Well-Being Scale. *Metodološki zvezki*, 2, 15-26.
13. Hyrkas, K, Appelqvist-Schmidlechner, K, Oksa, L. (2003). Validating an instrument for clinical supervision using an expert panel. *Int J Nurs Stud*, 40, 619-25.
14. Wurtele, S.K., Kast, L.C., Melzer, A.M. (1992). Sexual abuse prevention education for young children: comparison of teachers and parents as instructors. *Child Abuse Negl*, 16, 865-76.
15. Liang, B., Bogat, G.A., McGrath, M.P. (1993). Differential understanding of sexual abuse prevention concepts among preschoolers. *Child Abuse Negl*, 17, 641-50.
16. Wurtele, S.K., Hughes, J., Owens, J.S. (1998). An examination of the reliability of the "What if" Situations Test: A brief report. *J Child Sex Abuse*, 7, 41-52.
17. World Health Organization (WHO). *Process of translation and adaptation of instruments*. 2016 [cited 2016 Feb 3]. Retrieved from: http://www.who.int/substance_abuse/research_tools/translation/en/.
18. Beaton, D.E., Bombardier, C., Guillemin, F., Ferraz, M.B. (2000). Guidelines for the process of cross cultural adaptation of self-report measures. *Spine (Phila Pa 1976)*, 25, 3186-91.
19. Wild, D., Grove, A., Martin, M., Eremenco, S., McElroy, S., Verjee-Lorenz, A., et al. (2005). Principles of Good Practice for the Translation and Cultural Adaptation Process for Patient-Reported Outcomes (PRO)

Measures: report of the ISPOR Task Force for Translation and Cultural Adaptation. *Value Health*, 8, 94-104.

20. Bannigan, K., Watson, R. (2009). Reliability and validity in a nutshell. *J Clin Nurs*, 18, 3237-3243.

21. Polit, D.F., Beck, C.T., Owen, S.V. (2007). Is the CVI an acceptable indicator of content validity? Appraisal and recommendations. *Res Nurs Health*, 30, 459-67.

22. Mukaka, M.M. (2012). Statistics corner: A guide to appropriate use of correlation coefficient in medical research. *Malawi Med J*, 24, 69-71.

23. DeVon, H.A., Block, M.E., Moyle-Wright, P., Ernst, D.M., Hayden, S.J., Lazzara, D.J., et al. (2007). A psychometric toolbox for testing validity and reliability. *J Nurs Scholarsh*, 39, 155-64.

24. Zhang, W., Chen, J., Feng, Y., Li, J., Zhao, X., Luo, X. (2013). Young children's knowledge and skills related to sexual abuse prevention: a pilot study in Beijing, China. *Child Abuse Negl*, 37, 623-30.

25. Tavakol, M., Dennick R. (2011). Making sense of Cronbach's alpha. *Int J Med Educ*, 2, 53-55.

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ПСИХОМЕТРИЧНІ ВЛАСТИВОСТІ ОПИТУВАЛЬНИКА ОСОБИСТІСНОЇ БЕЗПЕКИ ТА «А РАПТОМ...» СИТУАЦІЙНОГО ТЕСТУ: ІРАНСЬКА ВЕРСІЯ

Сексуальне насильство над дітьми є серйозною проблемою громадського здоров'я та є однією з найбільш стресових подій у житті, з якими можуть зіткнутися батьки та їхні діти, що може викликати серйозні психологічні порушення. Щоб запобігти цьому явищу, у світі розробляються особисті програми безпеки для покращення знань та навичок дітей, пов'язаних із самозахистом. Для того, щоб оцінити знання та здатність дітей запобігати насильству над собою, важливо мати дійсні та надійні заходи. Дві методики – «Опитувальник особистісної безпеки» і «Ситуаційний тест «А раптом» – використовуються для оцінки знань дітей про сексуальне насильство та вимірювання здатності дітей розпізнавати контекст та реагувати в гіпотетично небезпечних ситуаціях. Метою дослідження є переклад та адаптація цих двох опитувальників з англійської мови на персидську для іранського цільового населення, а також визначення психометричних властивостей цих двох інструментів. Процес перекладу та культурної адаптації було здійснено за стандартною схемою. Валідність методик була оцінена шляхом емпіричного дослідження, у якому взяли участь 25 дівчат молодшого шкільного віку та 11 фахівців з досвідом роботи у різних сферах. Стабільність оцінювалася шляхом перевірки надійності випробувань та перевірки внутрішньої послідовності за допомогою коефіцієнта альфа Кронбаха. Було виявлено деякі культурні відмінності під час перекладу та валідації методик, які в результаті дослідження було адаптовано до цільової аудиторії. Результати кореляційного аналізу вказують на високий рівень надійності перських версій обох методик та їх підрахунків. Надійність внутрішньої послідовності, яка вимірюється коефіцієнтом альфа Кронбаха для Опитувальника особистісної безпеки становила 0,74, та від 0,71 до 0,96 – для Ситуаційного тесту «А раптом», загальна надійність – 0,91. Перські версії обох методик є валідними та надійними. Отже, вони можуть бути корисними інструментами для оцінки знань дітей щодо насильства та вмінь запобігати йому.

Ключові слова: сексуальне насильство над дітьми, психометрія, надійність, профілактика.

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