

Standardization of Karachi Domestic Violence Screening Scale - Urdu Version

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ABSTRACT The purpose of present paper was to report the preliminary findings of a study aimed at developing a valid and reliable domestic violence screening scale in Urdu language. It will be used as a screening instrument to screen physical, psychological and sexual abuse committed by husbands against wives with specific reference to population in Karachi, who understand Urdu language. The Karachi Domestic Violence Screening Scale ((KDVSS) English Version was developed by first author of this study in her Master's thesis project in 2001. Realizing the need for an Urdu scale, it was decided to develop an Urdu version of Karachi Domestic Violence Screening Scale (KDVSS). The item pool of English Version of KDVSS was used to select items for Urdu Version. The scale was translated, reviewed by experts and then empirically validated through women's reports of experiencing intimate partner violence. This indigenous scale comprised of 35 items organized into five subscales i.e. Abuser Characteristics Sub-scale, Victim Characteristics Sub-scale, Physical Abuse Sub-scale, Psychological Abuse Sub-Scale and Sexual Abuse Sub-Scale. A sample of 200 women taken from different towns of Karachi city participated in study. The findings indicated that the scale has a significant internal consistency measured by Cronbach's Alpha. Karachi Domestic Violence Screening Scale (KDVSS) had good test re-test reliability over a period of one month's time. The values of convergent validity Pearson r (.899) and discriminant validity Pearson r (-.927) were also significant. KDVSS appears to be a screening instrument that is a good screener of domestic abuse committed by husbands against their wives.

INTRODUCTION

South-East Asia is a region highly indicated for patriarchal traditions. Social, cultural and economic restraints insisted upon total subservience by women. A combination of traditional norms and weak law enforcement continue to contribute to rape, domestic violence, acid attacks, and other forms of abuse against women. In the past few decades the women's movement globally has challenged violence against women as the most common use of force and control by men. Violence against women control and restrict women to maintain social order and becomes a means of strengthening male dominance in the home and at the state level (Khan et al. 1990).

Women who become victims of violence are from all walks of life, all social classes, races, ethnicities, religious groups, developed and developing countries and can be of any age. There is overwhelming evidence that violence is mostly encountered within the domestic realm. The term 'domestic' includes violence by an intimate

partner and by other family members. It includes physical, sexual, psychological and emotional abuse. A multi-country large-scale study on domestic violence against women in both industrialized and developing countries showed that the proportion of women who had ever experienced physical or sexual violence, or both, by an intimate partner in their lifetime, ranged from 15 to 71 percent (WHO 2005). The major reason for such a large prevalence of domestic violence in all societies is "a little risk of being penalized for that act". In our social structures men are encouraged to use even physical force against women where they do not risk retaliation.

Violence is not an easy concept to define. It is very commonly defined as "an act carried out with the intentions of physically hurting a person." (Gelles 1979). This definition excludes other forms of violence which may or may not include physical violence and pertains to mental torture, harassment and undue emotional strain to victims. Walker (1980) defined domestic violence/battered woman as a woman who is seriously battered either psychologically or physically at least twice by a man whom she is married to or with whom she has a marriage like relationship. If this definition is accepted all wives in South-East Asian region specifically are abused at some stage in their married lives. Later abused

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women were described as “subjected to intense criticism, put downs, verbal harassment, sexual coercion and assault, physical attacks and intimidation, restraint of normal activities, freedom and denial of access to resources” (Walker 1999).

The whole battering phenomenon involves several factors each of which contribute towards formation of an abusive relationship. Women’s susceptibility arises from her surroundings that bring about her inferior positions socially and economically. High level of conflict and stress in the family also results in domestic violence. Literature about domestic violence has identified that there are some specific characteristics of abusers and victims which result in abusive relation. Abuser is a person who makes abuse of his partner. They are also called as the perpetrators of domestic violence. The majority of perpetrators of domestic violence are men. Perpetrators are often young, troubled, unemployed, and of low self-esteem; they have often experienced abuse themselves (Mintz et al. 1997). Victim is a person who is being abused by her partner. A typical personality profile of a battered wife tends to be restrained, nervous women with low self-esteem. Most of them come from conventional, restrictive home environment, where traditional male and female roles are accepted; hence their personality enhances their victimization, by a hostile controlling spouse (Niaz 1995). Violence generally manifests in three general forms, physical, sexual and psychological. Physical Abuse includes grabbing and pushing, fatal acts of choking, beating and an assault with weapon (Sarah et al. 2000). Psychological abuse is fundamentally a systematic effort to control another person’s thinking and behavior. Psychological violence includes certain behaviors like isolation, induced debility, pathological jealousy and threats (Stordeur et al. 1989). Sexual violence is not something that occurs only between strangers. In fact, a good number of rapes occur between individuals who know each other. It includes forced sexual activity, saying indecent words, name-calling, forcing a person to have sexual activity with another person, or forced sexual activity with objects (Dutton 1995).

One research study showed that physical violence is more common in lower socio-economic classes than educated middle and upper classes. Psychological violence was expressed both verbally and non-verbally in educated middle and upper classes (Shaheen 1995).

Women are target of violence because they are weaker and have secondary status in the society. The risk of insecurity grows inside woman because of violence by a man with whom she has to live her life. The violation of physical security of a person is likely to have most disastrous effects emotionally. In all societies women who leave marriages are considered burdens and discouraged by the state and families to do so. There is a risk of social stigma, no alternative place to go and risk of losing children. These women also face lack of assistance from the police who consider marital abuse a confidential matter and counselors who advise women to be a conventional wife. This is the dilemma of a battered women. (Hassan 1995)

The effects of violence can be devastating to the women’s physical and mental well being. To address this menace properly it is required to adopt adequate stratagem. In this regard screening/identification of the abuse is the first step for most victims as they begin the often lengthy process of rehabilitation. The present study is aimed at development of a standardized domestic violence screening scale in Urdu language. This scale then can be used in variety of healthcare setting for identification of domestic violence in intimate relationship.

METHOD

Instrument Development

Instrument Development was accomplished in three steps.

Step 1- Item Generation: The initial step in the development of KDVSS-Urdu Version was to identify various potentially abusive acts committed by husbands towards wives based on relevant literature and opinion of local people. During the development of English version of KDVSS, researchers (Hassan, S, Qudsia, T, Niaz, U) have followed the necessary procedures to accomplish this. On the basis of definition of intimate partner violence by American Medical Association (1999) “*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*” types of abusive acts were grouped. Review of literature also revealed that there were certain specific characteristic of abusers and victims which make them more

vulnerable towards forming violent intimate relationship. On the basis of operational definition and literature review five categories were indicated to screen intimate partner violence. These include 1) characteristics of abuser, 2) characteristics of victim, 3) physical abuse, 4) psychological abuse and 5) sexual abuse. Initially, a large pool of 77 items was generated by formulating different behaviors in marital relation as abusive. Out of 77 statements, 35 items were selected after item analysis and item-total correlations. These 35 statements were categorized into above-mentioned five subscales. Few other standard operating procedures were applied on English version of KDVSS to determine the reliability and validity of KDVSS. This scale had one major limitation as it was in English which is understandable only by one section of our society. The English version was actually self-report instrument only for those who could understand English language. In order to gain information from other women, the interviewer had to translate items. To address this issue it was decided to develop an Urdu version of scale which could be used a self-report instrument and able to cover larger section of our society. For development of KDVSS Urdu Version, the item pool of English version was used.

Step 2-Item Evaluation: Each item of English version was re-evaluated and analyzed before including it in the scale. These items were then translated. The general conceptual understanding about the subject matter was also obtained from general population (50 females and 50 males). In order to find out any ambiguity or weakness in reading or comprehending the items, the scale was preliminary administered on 100 people. Inter-rater reliability for the scale was assessed by giving it to four experts in field of Social Sciences. They were requested to check the statements for adequate content, translation, grammar etc. Following the suggestion of field experts appropriate changes were made. In this regard two items were rephrased and two items were replaced with more appropriate ones. The frequencies and percentages of the agreement were computed and 75% consensus among the judges' ratings was taken as the selection criteria for the items.

Step-3: Empirical Evaluation of KDVSS

Sample: KDVSS-Urdu Version was administered on a total of 200 females. 25 women who at least had 1yr of marital relation were

randomly selected from eight towns of Karachi city belonged to different socioeconomic strata with age range from 25-60 years. Two family health clinics in each town were selected and women who came to seek family healthcare in these clinics were requested to provide information on the questionnaire.

Procedure: After the completion of data collection, statistical procedures were applied on data to determine item-total correlation, internal consistency, reliability, validity and cutoff scores of KDVSS. The scale comprised of 35 items with five subscales. For all items there was a 4-point rating scale with options of "Never", "Sometimes", "Often" and "Most of the time". The scoring range on each item was 0 to 3. The total score range of KDVSS was from 0 to 105.

Item-total correlation of the Items: An item-total correlation by using Pearson r was carried out. 35 score distributions were obtained.

Internal consistency of KDVSS: The internal consistency of KDVSS was calculated by Cronbach alpha. Cronbach alpha indicates the extent to which a set of test items can be treated as measuring a single latent variable. If a scale has an alpha value above .60, it is usually considered to be internally consistent.

Reliability of the KDVSS: Test-retest reliability of KDVSS was determined. KDVSS was re-administered on 100 individuals after one month's time. The scores obtained on two administrations were statistically analyzed to determine reliability of scale. For first KDVSS administration (Mean (M)= 41.8, Standard Deviation (SD)= 28.4) and for second administration (Mean (M)= 47.8, Standard Deviation (SD)= 33.0).

Validity of the KDVSS: Convergent and Discriminant Validity was calculated to determine the validity of scale.

Discriminant Validity of Scale: For Discriminant validity of scale Locke-Wallace Marital Adjustment Test were administered on 100 women belonging to different socioeconomic strata with age range from 25-60 years. The Locke-Wallace Marital Adjustment Test (LWMAT) measures the adjustment of partners to each other at any given time (Locke 2003). Items were translated into Urdu to make feasible its administration on participants. The cut-off score of less than 100 indicates maladjustment. The internal consistency of the Lock-Wallace is very good, with a correlation of .90.

Convergent Validity of Scale: For Convergent validity of scale, Psychological Maltreatment of Women Inventory was used. Psychological Maltreatment of Women Inventory (Short Version) is a 14-item scale designed to assess psychological abuse (Tolman 1989). Each item is scored on a 5-point Likert scale, ranging from “never” to “very frequently”, with higher scores suggesting higher endorsement of these behaviors toward partner. The score range from 0 to 70. This scale showed good internal consistency, with an alpha of .87.

RESULTS

Findings of the statistical analysis are presented below.

Item-total Correlation and Internal Consistency of Scale: All 35 items selected for Urdu version of KDVSS correlated with total KDVSS score and were significant at “ < 0.001 ”. The value of Cronbach’s alpha (.925) for KDVSS also clearly reflected good internal consistency among items.

Test–Retest Reliability of the Scale: Table 1 illustrates correlation between two administrations on KDVSS at an interval of one month’s time. The correlation between two administration of KDVSS was .977 indicates significant correlation exists between two administrations.

Validity of the Scale: Convergent and Discriminant validity statistics were obtained

Discriminant Validity of Scale: Table 2 illustrates correlation between KDVSS and Locke Wallace Marital Adjustment Scale (LWMAS) was -.927 indicates significant negative correlation exist between two scales.

Convergent Validity of Scale: Table 3 illustrates correlation between scores on a Karachi Domestic Violence Screening Scale (KDVSS) and Psychological Maltreatment of Women Inventory (PMWI) .899. Table 4 illustrates correlation between scores on Psychological Abuse Scale a sub-scale of KDVSS and PMWI was (.905). Both statistical values indicated for significant positive correlation.

DISCUSSION

Women in Pakistan and other South Asian countries face the threat of multiple forms of violence including: domestic abuse, spousal murder; being burned, disfigured with acid, beaten and threatened; ritual honor killings; and custodial abuse and torture etc. (Niaz 2003). Social and cultural lenience towards these acts of violence in this region have made women more vulnerable (Niaz 1997). In South Asia, domestic violence is the predominant mode of violence against women. The prevalence of intimate

Table 1: Correlations between first and second administration of Karachi Domestic Violence Screening Scale (KDVSS)

		KDVSS Administration 1	KDVSS Administration 2
KDVSS Administration 1	Pearson Correlation	1	.977(**)
	Sig. (2-tailed)		.000
	N	100	100
KDVSS Administration 2	Pearson Correlation	.977(**)	1
	Sig. (2-tailed)	.000	
	N	100	100

**Correlation is significant at the 0.01 level (2-tailed).

Table 2: Correlations between scores on Karachi Domestic Violence Screening Scale (KDVSS) and Locke Wallace Marital Adjustment Test (LWMAT)

		KDVSS	Locke Wallace Marital Adjustment Scale
KDVSS	Pearson Correlation	1	-.922(**)
	Sig. (2-tailed)		.000
	N	100	100
Locke Wallace Marital Adjustment Scale	Pearson Correlation	-.922(**)	1
	Sig. (2-tailed)	.000	
	N	100	100

**Correlation is significant at the 0.01 level (2-tailed).

Table 3: Correlations between scores on Karachi Domestic Violence Screening Scale (KDVSS) and Psychological Maltreatment of Women Inventory (PMWI)

		KDVSS	Psychological Maltreatment of Women Inventory
KDVSS	Pearson Correlation	1	.899(**)
	Sig. (2-tailed)		.000
	N	100	100
Psychological Maltreatment of Women Inventory	Pearson Correlation	.899(**)	1
	Sig. (2-tailed)	.000	
	N	100	100

**Correlation is significant at the 0.01 level (2-tailed).

Table 4: Correlations between scores on Psychological Abuse Sub-scale of KDVSS and Psychological Maltreatment of Women Inventory

		Psychological Abuse Sub-scale of KDVSS	Psychological Maltreatment of Women Inventory
Psychological Abuse Sub-scale	Pearson Correlation	1	.905(**)
	Sig. (2-tailed)		.000
	N	100	100
Psychological Maltreatment of Women Inventory	Pearson Correlation	.905(**)	1
	Sig. (2-tailed)	.000	
	N	100	100

**Correlation is significant at the 0.01 level (2-tailed).

partner abuse against wives in South Asia has been found one of the highest in the world when it is compared with other societies (Naveed 2003). Most of the time, women continue to suffer because they think and often do not find any escape from it. It is generally accepted that there is no ultimate solution to resolve the problem of intimate partner violence and most of the women face intimate partner abuse through out their lives.

At present, it has become extremely important that we must realize that identification of abuse is the first step for most of the victims to initiate some practical steps towards resolution of the problem instead of becoming silent sufferers. Various international organizations like The Family Violence Prevention Fund (2005), The American Academy of Family Physicians (2008), The American College of Emergency Physicians (1999), The American College of Obstetricians and Gynecologists (1995), The American Medical Association Council on Scientific Affairs (1992) have advocated screening and counseling for intimate partner violence.

Karachi Domestic Violence Screening Scale (KDVSS- Urdu Version) is in its development process to make a little contribution towards this requirement in Pakistan. The aim of the present paper was to report the preliminary findings while developing an internally consistent, reliable and

valid indigenous measure of intimate partner abuse in Urdu language. Before discussing in detail about KDVSS (Urdu Version) I would like to mention that caution will be needed while generalizing the results as data was primarily collected from different towns of Karachi city. KDVSS- Urdu Version is likely to be a 35 item, 4-point Likert-type self-report screening measure. It consisted of five subscales, Characteristics of Abuser, Characteristic of Victim, Physical Abuse, Psychological Abuse and Sexual Abuse. The development of Karachi Domestic Violence Screening Scale (KDVSS) so far has followed sound psychometric principles and this study can be regarded as an initial step towards the development of a reliable and valid measure. Further research will be done to validate the current results.

The development of a scale involved various steps i.e. operationalizing concepts into variables, conceptual re-evaluation of items and assessment of reliability and validity of scale (DeVellis 1991). The first step of operationalizing concepts into variables was achieved by reviewing the literature about violence against women in different societies. Studies from countries as Bangladesh, Cambodia, India, Mexico, Nigeria, Pakistan, Papua New Guinea, the United Republic of Tanzania and Zimbabwe indicated that people in

these countries follow traditional lifestyles and wife beating is largely regarded as a consequence of a man's right to inflict punishment on his wife (World Report on Violence and Health 2007). Cultural justifications for violence usually follow from traditional notions of the proper roles of men and women. Women are expected to look after their homes and children, and show their husbands obedience and respect. If a man feels that his wife has failed in her role or overstepped her limits – even, for instance, by asking for household money or stressing the needs of the children – then violence may be his response. Hassan, a distinguished researcher and author of studies on women issues from Pakistan noted, “Beating a wife to chastise or to discipline her is seen as culturally and religiously justified . . . Because men are perceived as the ‘owners’ of their wives, it is necessary to show them who is boss so that future transgressions are discouraged.” (Hassan 1995).

Intimate partner violence refers to any behavior within an intimate relationship that causes physical, psychological or sexual harm to those in the relationship. More than 70 statements were developed on the basis of operational definition and review of previous literature. Based on item-total correlations, 35 out of 70 items were selected to form the KDVSS-English Version. The item-total correlation is the Pearson correlation of the item with total score. A low item-total correlation means the item is little correlated with the overall scale (i.e. a value of $< .3$ for sample is not significant) and the researcher should consider dropping it. A negative correlation indicates the need to recode the item in the opposite direction (Cohen 1977). The item pool of English Version was used. The items were re-evaluated, translated and then empirically validated. The psychometric properties of 35 items of KDVSS-Urdu Version was tested with a systematic random sample ($N = 200$) married women from eight towns of Karachi city. Values of these 35 items in KDVSS scale found to lie between .316 - .672. A general body of agreement was present among the items and every item contributed to the conceptual theme of the scale. The sample for study was basically comprised of women from Karachi city who understand and can properly communicate in Urdu language. Karachi is large metropolitan city with multiethnic population and this sample may not adequately represent whole Karachi population. I would like

to discuss here an interesting observation made during data collection. The initial data collection strategy was to include only those married women who can themselves read and respond in Urdu language. During data collection, researcher found some other women who were not able to read Urdu but can understand and respond in Urdu language. These women expressed their interest in talking to researcher and providing information. The two likely reasons for their interest could be the settings i.e. family health clinics and assurance that confidentiality will be maintained and information will be used for research purposes only. Thirdly, researcher felt these women actually wanted to share their sorrows and feelings with someone and needed some guidance and help to resolve the problems.

At the completion of administration of KDVSS - Urdu version, the data was statistically analyzed to determine reliability and validity of scale. Internal consistency reflects the extent to which items of a test measure various aspects of the same characteristic. Internal consistency was measured with Cronbach's alpha (Nunnally 1970). Internal consistency coefficients can take on values from 0 to 1. Higher values represent higher levels of internal consistency. The Cronbach's alpha for KDVSS was .925 which reflected good internal consistency.

KDVSS Test-retest reliability was also assessed. Test-retest reliability is an estimation based on the correlation between two (or more) administrations of the same item, scale, or instrument for different times, locations, or populations. For this purpose KDVSS was re-administered on 100 women by one month's gap. Significant correlation (.977) ($p < 0.001$) existed between two administrations of KDVSS.

The validity of KDVSS was assessed by method of Construct validity. It shows that whether a measure is valid or not based on how it relates to other variables in expected ways. One form of construct validity is convergent validity and other is discriminant validity (Campbell et al. 1959). Convergent validity evaluates the degree to which two or more measures that theoretically relate to each other are, in fact, observed to be related to each other. Convergent validity was assessed by administering Psychological Maltreatment of Women Inventory (PMWI) (Short Version) on 100 women who had high score on KDVSS. A high score on PMWI indicates presence of psychological maltreatment. A

significant positive correlation co-efficient value .899 ($p < 0.001$) indicated good convergent validity between Karachi Domestic Violence Screening Scale (KDVSS) and Psychological Maltreatment of Women Inventory (PMWI). Highly significant correlation (.905) existed between Psychological Abuse (Sub-scale of KDVSS) and Psychological Maltreatment of Women Inventory (PMWI). Discriminant validity assess whether a measure relates to the measures of opposite concept. Discriminant validity was assessed by administering Locke-Wallace Marital Adjustment Test (LWMAT) on 100 women who had high scores on KDVSS. A high score on this scale indicates good marital adjustment between two partners. A significant negative correlation co-efficient -.922 ($p < 0.001$) existed between Karachi Domestic Violence Screening Scale KDVSS and LWMAT. The reliability and validity statistics showed that Karachi Domestic Violence Screening- Urdu Version is a good screening instrument for wife abuse and will serve as an important tool to be used with women who understand Urdu language.

The development of such screening instruments are in line with the recommendations given by Marcus, E., a general internist, in her recent article "Screening for Abuse May Be Key to Ending It". She stressed "The reasons to ask about intimate partner abuse are to educate a patient and to open the door so that the patient knows she can come to you. It's part of developing a real relationship with your patient. Over time, you might be able to uncover the abuse and improve her safety, but you also might better understand why she's having her symptoms and how to better approach her self-management of her illness." (Marcus 2008).

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