NEAR EAST UNIVERSITY
GRADUATE SCHOOL OF SOCIAL SCIENCES
GENERAL PSYCHOLOGY PROGRAM

THE ARABIC/ LEBANESE ADAPTATION OF CHILD ABUSE POTENTIAL INVENTORY

HILDA AL SHOURA

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MASTER'S THESIS
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ACCEPTANCE/APPROVAL

We as the jury members certify The Arabic/Lebanese Adaptation Of Child Abuse

Potential Inventory prepared by Hilda Al Shoura defended on 29/01/2019

Has been found satisfactory for the award of degree of

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I **Hilda Al Shoura** hereby declare that this dissertation entitled 'The Arabic Lebanese adaptation of Child Abuse Potential Inventory' has been prepared myself under the guidance and supervision of "Assist. Prof. Dr. Utku Beyazıt" in partial fulfilment of The Near East University, Graduate School of Social Sciences regulations and does not to the best of my knowledge breach any Law of Copyrights and has been tested for plagiarism and a copy of the result can be found in the Thesis.

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ABSTRACT

THE ARABIC/LEBANESE ADAPTATION OF CHILD ABUSE POTENTIAL INVENTORY

Arabic countries especially Lebanon lack the proper instruments to detect and screen for child abuse and child abuse potential. This study aimed to adapt the Child Abuse Potential Inventory (CAPI) into Arabic/Lebanese society. The participants of the study were 350 caregivers (265 females and 85 males) in Lebanese society. In terms of the validity analysis, construct and criterion related validity analysis were performed. According to the results of the confirmatory factor analysis, 8 items from abuse scale were excluded. In the criterion related-validity analysis both Child Abuse Potential Inventory (CAPI) and Depression, Anxiety, Stress scale (DASS) scales were found to be significantly correlated ($p<0.05$). In terms of the reliability analysis, internal consistency was computed by using Cronbach's alpha reliability coefficient. The reliability coefficient was found to be .838 for the total scores of CAPI Based on these results the Arabic version of CAPI is psychometrically, valid and reliable Instrument that can be used for detecting and screening for child abuse potential in Arabic/ Lebanese sample.

Key words: child abuse, child abuse potential, Arabic version, psychometric properties

ÖZ

THE ARABIC/LEBANESE ADAPTATION OF CHILD ABUSE POTENTIAL INVENTORY.

Çocuk istismarı potansiyelini tespit etmeye yönelik Arapça ölçme araçları bulunmamaktadır. Bu noktadan hareketle bu araştırmada, Çocuk İstismarı Potansiyeli Envanteri'nin Arapça/Lübnan uyarlamasının yapılması amaçlanmıştır. Araştırmanın örneklem grubunu 350 ebeveyn (265 kadın ve 85 erkek) oluşturmuştur. Geçerlilik analizi olarak, yapı ve ölçüt bağıntılı geçerlilik analizleri yapılmıştır. Yapı geçerliğine ilişkin doğrulayıcı faktör analizi sonuçlarına göre, istismar alt ölçeğinden 8 madde çıkarılmıştır. Ölçüt bağıntılı geçerlilik analizinde ise Çocuk istismarı potansiyelini ve Depresyon, Anksiyete, Stres ölçeği ölçekleri arasında anlamlı korelasyon bulunduğu tespit edilmiştir ($p < 0.05$). Güvenilirlik analizinde ise, Cronbach alfa güvenilirlik katsayısı hesaplanmış ve iç tutarlılık incelenmiştir. ÇİPE toplam puanları için güvenilirlik katsayısı .877 olarak bulunmuştur. Bu sonuçlara göre, CAPI'nin Arapça/Lübnan versiyounun geçerli ve güvenilir bir ölçme aracı olduğu tespit edilmiştir.

Anahtar kelimeler: çocuk istismarı, çocuk istismarı potansiyeli, Arapça versiyon, psikometrik özellikler

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ABBREVIATIONS

WHO: World Health Organization

UNICEF: United Nations International Children's Emergency Fund

NCANDS: National Child Abuse and Neglect Data System

NCTSN: The National Child Traumatic Stress Network

ESCAP: United Nations Economic and Social Commission for Asia and the Pacific

CWIG: Child Welfare Information Gateway

ISPCAN: International Society for the Prevention of Child Abuse and Neglect

1.CHAPTER

INTRODUCTION

The formation of secure, solid and encouraging bonds between children and their caregivers are vital to children's healthful development. Primary relations are believed to influence children's behaviors, emotions and cognitions (Sethi et al., 2013). Regardless of the importance of such bonds, children are still susceptible to various kinds of abuse within their households. Offenders differ with respect to child's age and development level and could encompass biological caregivers, stepparents, foster caregivers, siblings or any related caregiver (UN, 2006). Familial abuse against child is one of the least recognized types of Child's abuse, and as much as it happens privately, it is widespread among communities (WHO, 2006).

Child abuse may appear to be a recent issue, since only recently it captured the attention and concern of global societies (Clark, R, 2007, Clark, J., 2007 & Adamec, 2007).

Child abuse normally encompasses four categories, physical maltreatment, sexual maltreatment, emotional maltreatment and neglect. In which they impair or have possibility to impair child's wellbeing, growth or pride (Lev-Wiesel & First, 2018). Although researches used to examine sole kind of abuse, it is becoming more obvious that many victims encounter more than one kind at a time. This occurrence usually labeled as "multiple victimization" (Clemmons et al., 2007).

1.1 Problem Statement

1. Is Child Abuse Potential Inventory, a reliable scale for screening child abuse potential in Lebanese society?

2. Is Child Abuse Potential Inventory, a valid scale for screening child abuse potential in Lebanese society?

3. Does child abuse potential vary according to the socio-demographic variables?

1.2 Aims of the study

This study aims to conduct the Arabic/Lebanese adaptation of the Child Abuse Potential Scale.

As the secondary interest, it was aimed to examine whether the child abuse potential differ according to the socio-demographic variables found in the Lebanese society.

1.3 The Importance of the Study

The CAP Inventory is the most prevalently used instrument by expertise in children's field and the only instruments available that generates an evaluation of caregiver's potential abuse. According to the information available only one language study was done before in Oman but by far this is the first full adaptation study of the CAP inventory conducted in the Arabic countries specifically in Lebanon.

The CAP Inventory is a highly anticipative of caregivers with high risks to abuse their children. CAP Inventory was invented out of the need for a measure that could help in identifying child abuse. Since its establishment the CAP Inventory has been utilized to detect the potential of physical abuse in different assessment cases. Besides the detection for child abuse potential, CAP Inventory has been utilized to assess the alteration and results of treatment.

The CAP Inventory may assist in the intervention and avoidance of child abuse, in the groups identified with high child abuse potential. An instrument such as CAP Inventory that has high reliability in screening and identifying such risks may improve the ability to change the attitudes among caregivers that are considered to have high abuse potential.

1.4 Limitations of the Study

1. Research findings are limited to caregivers of children ages from 0-18 in the Lebanese society

2. The results of the study are limited to the special structure and values of the Arabic/Lebanese culture

1.5 Definitions

Child abuse: “Child maltreatment refers to the physical and emotional mistreatment, sexual abuse, neglect and negligent treatment of children, as well as to their commercial or other exploitation.” (WHO, 2006, p. 7)

Child abuse potential: Indicate the potential or risk that a person may commit child abuse, with respect to the current concepts and attitudes that have been linked previously with the acts of child abuse” (Lowell & Renk, 2017)

2. CHAPTER

THEORETICAL FRAMEWORK AND RELATED LITERATURE REVIEW

2.1 Types of child abuse

Child abuse encompasses a number of subtypes which are: physical abuse, sexual abuse, psychological abuse and neglect (WHO, 2006).

2.1.1 Physical abuse

Physical abuse is defined as the intended usage of bodily power on a minor, that causes or possible to cause injuries to the minor's wellbeing, growth or morale. Physical abuse takes place, when a minor endures harm as result of caretaker activity that happened on purpose (Hinds & Giardino, 2017). The variety of explanations available for child abuse can be categorized from the most confined to the least; The least confined explanation encompasses only the intended and serious physical abuse (Cicchetti and Carlson, 1989). Physical abuse includes thrusting, seizing, pushing, smacking, and violent beating which results in scars (Afifi et al., 2017). Scannapieco and Carric (2005) point out that the harm by itself is insufficient in identifying child abuse, elements such as the lesion shape, and lesion location will help determining the tool behind the abuse and whether it was intentional or not

Child physical abuse targets both males and female's children, around different nations. Children of ages 4 to 7 and 12 to 15 are highly jeopardized for physical

maltreatment. The younger the Children are, the more prone they are for being severely harmed (NCTSN, 2009).

The prevalence of child physical abuse perpetration is unclear, in individual research it varies between 0.0092% and 95.7%. According to Brown and Rabbitt (2018), 18% of children subjected to child maltreatment experience are subjected to physical abuse.

CWIG (2004), indicates that physical abuse can occur for variety of reasons which include household and family, societal values and other factors related to child characteristics. Child age and gender could influence the occurrence of physical abuse, according to studies children between 3 and 12 years old are more prone to encounter physical abuse (DiLillo, Perry & Fortier, 2006).

The result of physical abuse can range from minor wounds to actual death. In addition to the negative consequences on the child brain and thinking development and emotional evolvement (Norman et al, 2012)

2.1.2 Sexual abuse

Child sexual abuse, is defined as minors' participation in sexual actions that they do not completely understand, unfitted to provide assent to, or not fully developed and unable to provide assent, and because it breaches legislations or societal customs (WHO, 2003). It involves an action between a minor and another minor with advanced aged or knowledge or with grown-up, such as caregivers or stranger, where the minor is exploited for carnal satisfaction (ESCAP, 2009). Sexual abuse encompasses but is not restricted to rape, sexual commerce with a minor, incest; it also encompasses actions that are not physical or penetrative as including minors in viewing sexual acts, persuading minors to act in sexual manners and subjecting them to indecorous sexual matters (Murray, Nguyen &Cohen, 2015).

Dissimilar to sexual and physical abuse, psychological abuse has a systematic behavior over course of time. Steady and repetitious acts are considered crucial

factors in identifying psychological abuse (Nelms, 2001). Sexual abuse usually occurs in the frame of dysfunctional households, caregiver's mental disorders and along with other forms with child abuse as physical and psychological (Pérez-Fuentes, 2013).

Studies indicate that around 60 to 80 % of child sexual abuse victims restrain from disclosure, which subject them to longer sexual victimization periods and prevent them from receiving therapeutic intervention (Alaggia, 2010). Even in the presence of clear proof, medical proof or perpetrator acknowledgment, on the perpetration occurrence, casualty of minor's sexual perpetration minors is not disposed to revel (Townsend ,2016).

According to a study done by Elliott, Browne and Kilcoyne (1995), perpetrators use different methods reaching minors; for instance, 53% tried to approach minors by playing games or sports. 46% took the minors for picnic or gave them a ride to their houses, 30% showed them fondness and warmth, 14% approached them by mythical tales, and small number of perpetrators asked for minors' assistant (9%).

Child sexual abuse can be intra-familial or extra-familial. As explained by Fischer and McDonald (1998), intra-familial sexual abuse encompasses offenders from minor's family, who usually reside the same home as the abused child; such as caregivers, brothers, sisters or stepparents. On the other hand, extra-familial sexual abuse is done by a stranger or someone outside the minor's family members (Bolen, 2000).

Most of child sexual perpetrations occur by someone related to the victim (Gekoski, Davidson &Horvath, 2016). In the majority of intra-familial child sexual abuse, fathers are the offenders, and the daughters are the one abused. Occurrences of abuse between mother and son, father and son, or mother and daughter are likely to happen as well. However, the most recognized kind on intra-familial abuse is father daughter victimization (Kinnear, 2007).

Researches indicate that patriarchy, psychological congruity with minors, offense-supportive attitudes, encountering sexual abuse as a child, weak prenatal bonds,

communication deficiency and mental state are crucial aspects in interpreting interfamilial sexual abuse (Seto et al., 2015)

2.1.3 Psychological abuse

Child psychological abuse is defined as oral and psychological attack, unassertive and unassertive hostile intent to necessities, interruption or retribution self-regard evolvement and destruction of the victim's capability to perform with in the anticipated pattern (Hart, 1998). Child psychological abuse is an assault by a caregiver on minor evolving of oneself, and societal capabilities. That takes place in five manifestations: rebuffing, alienating, terrifying, disregarding and debauching (Jellen, McCarroll & Thayer 2001). Psychological abuse is identified as consistent occurrence of parental actions that imply to children that they are valueless, undesired, unappreciated and hated (Hart, Binggeli, & Brassard, 1997).

According to Barlow and McMillan (2010), 80 % of victims who suffer child physical abuse, suffer from Psychological abuse, it proposed that Psychological abuse supports and unites other forms of abuse, and considered crucial in interpreting all forms of maltreatment. Child psychological abuse is not a sole factor, but a compass of entire ill-treatment. It illustrates an abusive setting instead of an ill-treated child (Royse, 2016).

Current studies imply that child emotional abuse could be much powerful indicator for self-regard issues, social deterioration, mental illnesses recognitions and hospitalizations, externalizing and internalizing problems and suicidal conducts (Hamarman, Pope & Czaja, 2002).

Iwaniec (2006) states that if the relation between the emotionally abused child and caretaker is constantly aggressive, contemptuous, censorious or unconcerned; then the relation will turn into hostile, uncaring, missing the needed affability, safety and attachment.

2.1.4 Neglect

Neglect is the carelessness or absence of minimum degree of guardianship, by child's caretaker that causes or possible to cause hurt to the child. Neglect is usually linked to bad financial situations; however, it is not inevitable for poor caretakers to neglect their children (Palusci & Fischer, 2011).

Child neglect takes several forms, psychological, physical and educational neglect. Psychological neglect, which is the absence of caretaker affections, nourishment, and motivation and uplifting in addition to slight chances for child's evolvement. Physical neglect is the absence physical needs, as secure, sanitary and proper house conditions, food, medical care and attire. Educational need is the lack of learning possibilities (Dubowitz, Pitts & Black, 2004).

According to Howe (2005) several caretakers, tend to show apathy–futility syndrome symptoms, which include prevalent feeling of desperation, and senselessness. Thus, they become unsuccessful in retaliating their children's fondness, societal and sentimental necessities. Even though financial situation, and the caregiver age when the child is born are crucial factors in determining neglect, child neglect is often indicated by several factors (Lounds, Borkowski & Whitman, 2006).

2.2 Child abuse potential

Child abuse potential is defined as the risk or possibility of physically maltreating a child. It is directly linked with the encouragement of corporal punishment usage and dysfunctional parenting methods (Rodriguez, 2008). Dumas and Hanson (2010), indicate that child abuse potential refers to caregivers' self-report of the probability of child abuse occurrence. They also add that potential child abuse does not certainly imply the definite occurrence of child abuse

According to Stith et al. (2009), parenting stress is recognized as an important indicator of child abuse potential, in addition to daily hardships encountered by caregivers. Caregivers who exhibit rigid attitudes prior to having a child, have more

potential to child abuse because of the changes child will influence on the household dynamics (Cerny & Inouye, 2001). Caregivers age, education, economic status and understanding can also increase child abuse potential (Miragoli, Camisasca & Di Blasio, 2015)

Doueck (1995) states that child abuse was usually recognized after the act is done. However, since the late identification negatively affected the treatment processes, efforts for early recognition of families with child abuse potential are being increased to prepare for early intervention in order to prevent the occurrence of child abuse.

In scanning for child abuse or child abuse potential observational method or family and self-report are typically used (Camilo, Garrido & Calheiros, 2016). Self-reported measurements usually rely on caregivers' conscious realization of feelings and acts towards children and are affected by social appeal (Fazio &Olson, 2003). One major drawback of self-reported methods is caregivers' hesitation to disclose child abuse. To sidestep such disadvantage researchers have developed child abuse risk tools which supply information concerning the possibility or potential of respondents to maltreat their children (Begle, Dumas &Hanson 2010). Child Abuse Potential Inventory developed by (Milner, 1980, 1986) is one of the most effective and widely used and is considered to be the main risk assessment tool (Laulik, AllaM &Browne, 2015). The CAP Inventory consists of 160 items that are answered in agree/disagree format (Milner, 1994).

2.3 Prevalence

2.3.1 Prevalence of Child Abuse Worldwide

UNICEF (2017) indicate that quarter of children of ages between 2 to 4 and approximately 300 million are encountered with abuse frequently by their caregivers at their households; 6 in 10 children experience corporal discipline which equates to 250 million.

According to WHO (2016), around quarter of entire grown-ups, disclose physical maltreatment as minors. In addition, one in every five females, in thirteen males discloses sexual abuse. Researches imply that 25 % of children around the globe are victims of child abuse, and almost 20 % of females and 5-10 % of males encountered sexual abuse (ISPCAN, 2012).

Sedlak et al., (2009) indicates that approximately 1,256,600 encountered abuse during the year 2005-2006 in the United States. This is equivalent to 17.1 minors per 1000 in overall populace around the country or a 1 minor in each of the 58 states. The number of minors placed under protection services went up 0.9 % since 2011 (3,081,000) to 2015 (3,358,000). In addition, 17.2 % of abused children encountered physical abuse, 8.4 % sexual and around 75.3 % encountered neglect (Children's Bureau, 2015). Examinations of child abuse occurrences in Canada during 1989, 2003 and 2008 shows that around 135,261 cases examined, equivalent to 21.47 examinations in 1000 children. In 2003, the examination almost doubled 235,315 cases, 38.33 in 1,000 and no significant changes between the years 2003 and 2008 (Butler-Jones ,2008).

Sethi and friends (2013) state that a minimum of 850 minors below the age of 15 die each year as result of child maltreatment in Europe; sexual maltreatment infect 18 million, physical maltreatment 44 million and emotional maltreatment 55 million of minors below the age of 18. According to an observational study of child abuse across Europe it shows that sexual abuse counts for 9.6 % (13.4% females and 5.7 males), 22.9 % physical abuse and 29.1 emotional abuse with no significant gender contrast (WHO, 2015).

Badoe (2017) state that around 95 million child encounter abuses each year and most of these incidents according to WHO occur in Africa. Children in South Africa often encounter excessive incidents of child abuse, with life span pervasiveness ratios of 55 % physical maltreatment and 36 % psychological maltreatment (Lachman et al., 2017).

According to Fry (2016), around 64 % of children in Asia are victims of child abuse, or more than 714 million encounter a minimum of one kind of abuse, which includes drastic physical, sexual or emotional abuse. McCoy (2013) state that based on UNICEF report in between 2000 and 2010 on child abuse in East Asia and Pacific region, 1 in 4 children or almost 9 % experienced extreme physical abuse in the area and 14 to 30 %of females and males encountered sexual abuse. According to WHO (2009) around 1.2 million children in Eastern Mediterranean Region were victims of child abuse in 2004.

2.3.2 Prevalence of child abuse in Lebanon

Lebanon is in Middle East; the official language of Lebanon is Arabic (Lebanon, 2018). The population in Lebanon in 2016 is estimated to be around 6 million The World Bank, 2018). Lebanon has 18 identified sects, and the greatest proportion of it, is part of two religious' groups, which are Muslims and Christians (Faour, 2007). Approximately around 1.5 million Syrian refugees live in Lebanon, in addition to 34000 Palestinian-Syrian refugees and 277,985 Palestinian refugees originally living in Lebanon (Govrenment of Lebanon, 2018).

The instability of economic and political situation is greatly affecting the conditions of women and children in Lebanon since the year of 2005, and which keep on worsening as result of 2006 Israeli war on Lebanon (Ressler, 2008).

According to Lebanese laws, physical abuse is not prohibited, the criminalization of the acts inflicted on children usually depends on what is acceptable according to the traditions of general population (Global Initiative, 2017). In a study by Usta, Farver and Danach (2011) on a Lebanese sample of 1028 child it was found that 65 % encountered psychological abuse at least once and 54 % encountered psychological abuse at least once. In another survey that included 1025 children, it was found that 1.6 % of children encountered sexual abuse before and after 2006 war (Usta et al., 2008).

2.4. Risk factors

Child abuse is affected by various factors, as little information on child rearing, substance misuse, partner violence and mental disorders. And even though abuse takes place across households from all economic backgrounds, it is more likely to occur among underprivilege ones (Child Trend Data Bank, 2016).

Risk factors include factors related to parents, child, culture and household environment.

2.4.1Factors related to parents

Rodriguez (2018) explains that the incidence of corporal ill-treatment usually surfaces in the frame of caregiver intensifying the application of corporal punishment. Child physical violence model indicates that due to their intellectual prejudice, guardians are inclined to perceive youngster ambivalent or objective conduct as irritating or infuriating and endorsing regulation.; the aroused regulatory experience, might elevate into violent occurrence (Mammen, Kolko & Pilkonis, 2003). According to Stern& Azar (1998) aggressive caregivers have a confused conception that encompass lack of knowledge structure between caregiver and youngster and a conviction that the youngster are young adults aware of their caregiver's desires and thoughts and can alter their conduct according to it. Acton and During (1992), suggest that it is hard for abusive caregivers to show compassion to their youngster, they add that under stressful circumstances, abusive care givers set their own demands prior to their young ones.

Children of teen caregivers are more prone to child abuse compared to children of grownup caregivers. Abused children reared by teen caregivers count between 36 and 51 % of all abused children (Dukewish, Borkowski & Whitman, 1996).

Connelly and Straus (1992) state that young caregivers have high possibility for child abuse, since several factors affiliated with child abuse are also affiliated with child rearing such as being a single caregiver, lacking needed information on child rearing and partner violence. The unproductive situations generated by teenage

parenting as little academic accomplishment and salary has been recognized in various researches as elements affiliated with escalated potential of child abuse (Afifi, 2007).

Mental disorders affect caregiving attitude, which in turn inflect on child well-being. For instance, depression increases the threat of aggressive rearing and physical discipline (Kohl, Jonson-Reid &Drake, 2011). Caregivers with mental disorders have higher possibility to neglect or abuse their children (Evans & Fowler 2002). Studies indicate that children living with parents with mental disorders are more prone to develop mental disorders themselves and suffer from more emotional and behavioral problems (Huntsman, 2008).

2.4.2 Factors related to child

The age stage of a child influences caregiver's perception on child's physical appearance and child's actions, which in turn influence parenting attitudes toward the child (McCabe, 1984).

Children with disabilities are believed to be more prone to child abuse than non-disabled children (Leeb, 2012). According to information from several studies it is approximated that child abuse occurrence for disabled children is 26.7% encountering abuse. Physically abused constituted 20.4 %, sexually abused were around 13.7%, emotionally abused 18.1% and neglected 9.5 %. Disabled children were 3.68 times at more risk of child abuse than disabled (Miller & Brown, 2014).

2.4.3 Factors Related to the Culture

The larger society may contribute to the occurrence of child abuse. These factors are classified as strategies, communal values and public setting. Economic and social strategies have a great impact on family's atmosphere and situation (Rangahau & Hapori, 2008). According to WHO (2009), girls are given less importance in societies than boys, and they are thought to have less financial and societal capabilities, children are thought to have lower rank within their households, corporal discipline is considered usual act in parenting and societies

are still following injurious conventional actions for instance genitalia disfigurement.

Lebanon characterized by a duality of culture and social values. This duality reflects the Lebanese societal structure, marked by an inner split as a result of its historical exposure to the west. At a point this structure became unsuccessful due several factors. Thus, the individuals in Lebanon are dual and different to themselves and others, introducing inconsistent moral plurality (Ouis & Myhrman, 2007). Even though it is hard to generalize, there are some shared social perceptions regarding children across Lebanese areas, which include the following: children are viewed as a blessing, children are not considers as owners of rights, caregiver believe that they know what is optimal to the child, and child involvement is considered as insignificant. In rustic areas extended family might participate in daily child upbringing (Save the children, 2008).

Child violence is not prohibited by Lebanese laws (Global Initiative, 2015), it rather relies on the severity of injury resulted, with punishment given depending on the degree of physical harm caused. These legislations arise from cultural attitudes regarding violence usage and rationalizing it on the bases that it does not gene2.rate high degree of suffering and injuries to victims (Hamaoui,2016). Cuevas-Parra (2009) explains that due to the patriarchal nature of Lebanese culture child abuse is usually regarded as private matter out of the state's hands. In addition, the Lebanese laws give the control over family matters to different religious sects, which deal with it according to its own legal procedure.

2.4.4 Factors related to household environment

Studies indicate that children with caregivers who misuse alcohol or drugs are at higher risk of encountering child abuse (CWIG, 2014). Magura and Laudat (1996) indicate that around 65 % of child abuse reported cases took place while the offender is intoxicated with alcohol or drugs.

Substance misuse has been greatly linked with increased rates of children abuse potential among pregnant females on drug use and caregivers with lifespan usage of substance (Walsh, McMillan & Jamieson, 2003).

The pressure to substance misuse along with the pressure to support child's daily needs can create an unsafe setting allowing child abuse to occur. In addition to the fact substance abuse caregiver will not be able to properly satisfy child's needs (Wells, 2009). Studies implies that impeded perception and inability to regulate feelings increase the likelihood of child abuse in caregiver misusing substance, they also indicate that mothers who have substance misuse tend to lose their caregiving rights more than those who don't, when facing problems with welfare systems (Human Services, 2010).

According to WHO (2006) certain association between alcohol and child abuse indicate that alcohol abuse can influence physical and intellectual performance decreasing personal control making person more aggressive especially against children.

Scholars indicate that there is a notable co-occurrence between child abuse and partner violence. Statistics on the phenomena is approximated to be between 30 and 60 % (Chan, 2011). Zolotor et al. (2007), state that in 17 study on female's victims of partner violence, the overleap between partner violence and child abuse was 40 % and ranged from 10 to 100 %

children in families with low socioeconomic level are more susceptible to child abuse (Lindo, Schaller &Hansen, 2013). Underprivileged caregivers tend to be more disciplinary toward their children, as result of higher degrees of stress (Kruttschnitt, McLeod &Dornfeld, 1994). According to Briggs and Hawkins (1996) poverty has been linked to all kinds of child abuse, tracing stance of children in the past decades indicate a direct relation between increased fecundity rates integrated with persistent poverty and child abuse of all forms. When caregivers face trouble supporting their children daily need, they are at higher risk of encountering anxiety, depression and devastation. The daily anxiety of

underprivileged life can weaken the caregiver's ability leading to instability in disciplinary actions (Martin & Citrin, 2014).

The nature and ability of caregiving is negatively affected by poverty, through alteration of caregiver's intellectual health, caregiving attitudes and family mechanisms (Lefebvre et al., 2017).

Studies indicate that other elements interact with poverty and influence caregivers to maximize or minimize child abuse such as caregivers' capacity, familial purchasing capacity, dismissive parenting attitudes and social support (Bywaters et al., 2016).

2.5 Consequences

Childhood abuse has been related to variety of cognitive and physical issues. (Springer et al., 2007). Researches indicate that children who encountered abuse are not only risking their welfare as children, but it is possible to suffer from long-term effects in adulthood (Greenfield, 2010).

Consequences include, physiological consequences, psychological consequences and educational problems.

2.5.1 Physiological consequences

Prevalent harm mainly in young children encompass rupture, brain damage, lesions, burn, genitalia damage, sexual contamination and pregnancy (Leeb, Lewis & Zolotor, 2011). Hawton et al. (2018) suggest that child abuse could lead to adulthood obesity as result of different factors such as impeded caregiver's function causing disturbed sleep and feeding habits, obesity as a defense reaction for being abused. In addition, emotional reaction that is possible to happen as results of stress.

Studies indicate that the possibility for child sexual abuse victims to experience irritable bowel syndrome were 1.7 times greater than non-abused patients. In

addition, patients who were affected by sexual abuse as children encountered more gastrointestinal problems (Irish, Kobayashi, & Delahanty 2010).

2.5.2 Psychological consequences

Studies suggest that anxiety, depression, PTSD, panic attacks are the main effect of child abuse on psychological well-being; it is also implied that 30 to 50 %of sexual victims exhibit all symptoms of PTSD, and 80 % exhibit at least one of it (Lazenbatt, 2010).

According to Sarmiento and Rudolf (2017), child abuse leads to vulnerable and tensed attachments. If the child's reliable foundations are formed with the exact individual harming the child, this could influence child's perception leading into difficulties forming secure attachment later on. Child abuse has been associated as a main element in developing personality disorder. (Tyrka et al., 2007). In addition, children who encounter child abuse describe having more suicidal ideation (Sideli, 2012).

Child abuse has been associated with various illnesses such as eating disorder, sexual problems, personality disorder, dissociative disorder and suicidal thoughts. Part of these issues is identified with individuals suffering from schizophrenia (Read et al., 2005).

Scholars indicate that children who encounter violent and abusive parenting have a high possibility of becoming abusive themselves (Pears & Capaldi, 2001). A main reason behind the inability to prevent the occurrence of child abuse, is its transmission from one generation to the other, however, there is inconsistency among studies concerning what extent abuse experience will cause later perpetration (Bartlet et al, 2017).

Trauma based model indicates that being abused as a child leads to traumatic symptoms. If such symptoms are not treated, it will elevate the chances of person becoming abusive later on (CWIG, 2016).

Studies have implied that victim of child abuse are 1.5 times more prone to illegal drug abuse with respect to non-abused individuals (Mandavia et al., 2016). Scholars have indicated various assumptions for childhood victimization and later alcohol abuse it include the following; a method to handle trauma from past abuse and depression, to decrease notions of isolation, method to enhance self-regard or a method for self-damaging (Widom & Hiller-Sturmhöfel, 2001).

2.5.3 Educational Problems

Currie and Widom (2010), state that many researches have indicated that abused children are more susceptible to poor educational attainment and cognitive activity in addition to increased occurrence of absenteeism, dismissal and class reiteration. According to Dlamini and Makondo (2017) child abuse can be recognized in class from child's inability to focus, accomplish school tasks, and comprehend school tasks; being scared, distressed and getting bad marks.

According to Wilkinson and Bowyer (2017), abused juveniles are more prone to; non-positive school attitudes, encountering bullying, learning disabilities, being expelled and truant from school.

2.6 Prevention

Attempts to prevent child abuse have developed and modified during the last decades. They are no longer limited to communal awareness, but proceeded to the essential contribution of societies, early interventions and education programs for caretakers to help securing the children from abuse (Children's Bureau, 2017).

2.6.1 Laws and regulations

Laws are significant factor in altering attitudes and apprehensions of cultural values. Polices that criminalize child abuse can convey the rejection of abusive conducts to the whole society. Nations differ in the legislations implemented to abusive behavior. Where most nations have laws against most forms of homicide, only few have legislation to shield children from caregiver's abuse (WHO, 2009).

According to WHO (2016), imposing legislations to prevent child abuse can result in decreasing physical abuse against children by their caregivers, decrease child sexual abuse as compulsory sexual acts and molestation. Elevates social values and perceptions that safeguard children from physical and sexual abuse. In addition, to promoting social values that decrease gender discrimination.

2.6.2 Non-governmental organizations and civil society

Civil societies have crucial role in empowering child protection system. To be effectual these procedures demand continuous subsistence which encompass skills and abilities strengthening, and continuous observation. If civil societies networks were efficiently checked with the right expanding schema, immediate advantages can be reflected on children (Krueger & Quigley, 2014).

Assessing the kinds of facilities supplied by NGO at the present times and recognize those with the potency to provide equilibrium among various kinds of facilities. In addition, to assessing the present plan for funding residential organizations to strengthen family-based interference (UNICEF, 2015).

2.6.3 Parenting programs

Recent studies indicate that parenting programs have been successful in decreasing self-reported child abuse. It has been also successful in reducing risk factors associated with parents and increase protective attitudes (Vlahovicova et al., 2017). Parenting programs are thought to be effective through decreasing elements associated with abuse such as, caregivers' tension, depression and caregivers' improper behaviors against children parenting, lack of caregiving skills and little information about child's evolvement (Chen & Chan, 2015).

The attempt to improve caregivers' abilities to better custody for children 'welfare should be invested in three areas: Communal guidance and awareness campaigns, visitation projects for recent caregivers and parenting training and aid for potential abusive caregivers (O'Rourke, 2014).

3. CHAPTER

METHOD

3.1 Population and the sample

The participants in this study were any caregivers (single-married) of children of any age between 0 and 18. Considering the diversity of Lebanese society and culture the sample included participants of Lebanese and non-Lebanese citizens who had been living in Lebanon for at least 5 years within different area in Lebanon.

The data was collected through convenience sample method, which is “a type of nonprobability or nonrandom sampling where members of the target population that meet certain practical criteria, such as easy accessibility, geographical proximity, availability at a given time, or the willingness to participate are included for the purpose of the study” (Etikan, et al, 2015, p. 2). Since participants were recruited in a study because they were willingly accessible, convenience sample allows data collection with lower cost and shorter time (Given, 2008). Considering the large number of variables and participants needed, in addition to the deadlines needed to be met with low costs, convenience sampling was a suitable option for data collection.

Participants were recruited through online surveys which were distributed through emails, and social media, and some forms were administered face-to-face through non-governmental organizations.

The perfect sample size has been constantly controversial, with greater sample size and greater item-to- participants ratios viewed better (Robinson, 2017). Studies have concluded that sample size of 150 is considered adequate, however it is suggested that sample size should increase as the item number increases (Hinkin, Tracy & Enz 1997). As a general rule a sample size of 300 is considered sufficient (Singh et al, 2016). Hoe (2008) suggested that a minimum of 200 is considered enough. Taking into consideration that the size of the sample should be more than twice the items' number in the scale in order to be adequate (Kline, 1994) the sample size in this study was 367. 17 surveys had been excluded since they did not meet the criteria, 10 of the forms were excluded due to the high number of omitted items, 4 of the forms were excluded because they were filled by participants who lived in Lebanon for less than 5 years and 3 of the forms were excluded because they were filled by parents under 18 years old.

Finally, a number of 350 caregivers included in the study. 75.5%(n=265) of the sample were females, and 24.3%(n=85) were males. The distribution of participants according to their age groups is shown in Table 1.

Table 1.

Distribution of participants according to their gender, age, citizenship and education.

Item	n	%
Gender:		
Female	265	75.5
Male	85	24.3
Total	350	100
Age:		

18-25	38	10.9
26-36	106	30.3
37-46	117	33.4
47 and above	89	25.4
Total	350	100
Citizenship:		
Lebanese	273	78
Palestinian	45	12.9
Syrian	31	8.9
Other	1	3
Total	350	100
Education:		
Primary	70	20
Secondary	95	27.1
High school	71	20.3
University	87	24.9
Master/PhD	26	7.4
Others	26	7.4
Total	350	100
Income level:		
Low	159	45.4

Medium	180	54.4
High	11	3.1
Total	350	100

75.5% (n=65) of the participants were female and 24.3% (n=85) were males. 10.9% (n=38) of the participants were between 18 and 25, 30.3%(n=106) between 26 and 36, 33.4%(n=117) between 37 and 46 and 25.4% (89) between 47 and above. 78% (n=273) were Lebanese, 12.9 (n=45) of them were Palestinians, 8.9% (n=31) Syrians and 1% (n=3) were from other nationalities. 47.4 % (n=166) were employed and 52.6 % (n= 184) were unemployed. 20% (n=70) of the participants had primary education, 27.1% (n=95) secondary education, 20.3% (n=71) high school, 24.9%(n=87) had a university degree, 7.4% (n=26) master/PhD and 0.3% (n=1) had college degree. 45.5% (159) of the participants had low income, 54.4(180) medium and 3.1(11) had high income.

3.2 Instruments and Procedure

In the present study the following instruments were used:

The Arabic version of the child Abuse Potential Inventory, the Arabic version of Depression Anxiety Stress scale. In addition to Socio-Demographic form, that was used to gather information about the participants. Information about the instruments are further explained below.

3.2.1 Sociodemographic Form

The Sociodemographic form encompassed inquiries regarding participants “age, gender, birth place, education, nationality and economic status”. These questions were essentials to determine the factors affecting the existence of potential child abuse.

3.2.2 Child Abuse Potential Inventory (CAP Inventory)

CAP Inventory was originally introduced by Joel Milner in 1986 in the US, for aiding child services in detecting child physical abuse in suspicious instances (Laulik, Allam &Browne 2015). Currently CAP Inventory is used for detecting potential abuse in various assessment circumstances.

CAP Inventory is a 160 questions scale, self-reported under the Agree/Disagree obligatory format. It encompasses 77 item abuse scale which provides quantitative illustration in which participants have common traits with identified physical abusers. Additionally, CAP Inventory encompass six illustrative subscales: distress (36 items), rigidity (14 items), unhappiness (11 items), problems with child and self (6 items), problems with family (4 items), and problems with others(6 items).The subscales can be explained as follows: distress (irritability, depression , little self-restraint and fright), rigidity (The thought that children must always be clean , tidy complaint and noiseless) ,unhappiness (absence of self-satisfaction, discontent and seclusion), problem with child (child is views as misbehaving and slow) , problems with family (household members are viewed as having troubles and quarreling) problems with others (thinking that others makes one's life more difficult and cause suffering) (Blinn-Pike & Mingus ,2000).

The potential for abuse, is examined through the score of abuse scale, obtained from summing the scores of the remaining six scales, which varies between 0 and 486.

Two cut-off scores are provided for differentiating among possibly abusive and non-abusive caregivers: 166 and a stricter score of 215. It is advised by Milner that the cut-off scale of 215 should be used when sample is extracted from general population, whereas 166 is used when abusers' groups are possibly involved (Laulik, Allam, & Browne, 2015).

The CAP Inventory encompass three validity scales which are the lie scale, the random response scale and inconsistency scale. These scales are combined in different manners to construct three response distortion indexes: the faking good

index, the faking bad index and the random response index. The internal consistency approximates varies between 0.92 to 0.95 in general and physically abusive population. And 0.85 to 0.96 among population from varied backgrounds. The scale has been translated in different nations, with the required validity and reliability applied to translated versions. In addition to appearing in more than 150 reports using translated versions of CAP Inventory.

3.2.3 Depression Anxiety Stress Scale (DASS)

The DASS scale was developed by professors Lovibond, P.F and Lovibond, S.H in 1995. It consists of 3 scales intended to examine emotional disruption of depression, anxiety and stress. The main purpose of DASS is to explain, examine and apprehend the omnipresent meaning of emotional state. The DASS scale was used as criterion validity scale. The 3 scales consist of 14 items each, split into 3 to 5 items subscales with corresponding subjects. The self-reported scale is scored on a four-Likert scale from 0 (did not apply to me at all) to 3 (applied to me very much, or most of the time); which examines the intensity of participants' experience of these events during the previous week. The Cronbach's alpha for the Depression, Anxiety, Stress Scales were relatively 0.91, 0.84 and 0.9 in normative population. DASS is scored on a four-point Likert scale starting from 0 "did not apply to me at all" to 3 "applied to me very much, or most of the time).

The minimum and maximum scores for Depression scale 0-9 and the maximum 28 and above For Anxiety minimum scores 0-7 and the maximum 20 and above. Stress scale 0-14 is the minimum score and the maximum is 34 and above. The scores are multiplied by 2 to calculate the final score. And the scores are referred to as normal and extremely severe.

The DASS was adapted into Arabic by Taouk Moussa et al. in 2001. The adaptation process occurred through translating the original scale into Arabic by professional translator followed by back translation into English language. The back translation was thoroughly examined and compared with the original version by the professional translator and an Arabic speaking mental health expert to

ensure the appropriateness and suitability to the general Arabic society. Items that were only suitable to ask in English were altered to get the closest correspondent. The Arabic version was further examined by 7 Arabic speaking mental health experts for clinical examination. The Cronbach's alpha for the Depression, Anxiety, Stress Scales in the Arabic version were relatively 0.93, 0.90 and 0.93.

3.3 PROCEDURE

This research was approved by Near East University Ethics board through email. The permission for the scales used in the study were obtained from authors through email as well. The permission for scales are attached are attached on appendix V and VI.

Ethical aspects were carefully applied to ensure the complete anonymity of participant's personal information and to obtain informed consent which is attached on appendix I. Data was acquired through face to face administration and online surveys through Google forms attached on appendixes II, II, and IV.

The study has started with the necessary consent given by Dr. Joel Milner, the author of the scale. The translation process of CAP Inventory from its original English language into Arabic language occurred through two forward followed by two backward translations. In forward translation two professionals, translated the scale from English to Arabic, later on backward translation was conducted in which two native Arabic speakers translated the two Arabic versions back to English language. All different translations were brought together and compared by professional and native Arabic speaker expert to end up with final Arabic version that best suit the original English version. Afterwards the Arabic version was examined by professional Arabic editor to assess the language and wording. To ensure the suitability and appropriateness of the Arabic version word choices and meanings; five expertise from different fields related to children (psychologists, professors, educators, child protection workers) were consulted in order to examine the clarity and determine the practicality of the Arabic version by placing it into application.

A pre- pilot study was originally conducted by administering the scale to 10 caregivers, the parents received and filled the form through online surveys. Afterward each of the 10 caregivers were interviewed. During the interviews they were asked to give their feedback, recommendations and identify any unclear aspects of the Arabic CAP Inventory form. 4 caregivers did not understand the phrase “children should be seen not heard” so the formation of the sentence needed to be changed. The phrase “My telephone number is unlisted” was changed to “I don’t share my phone number with anyone” since telephone numbers are not listed in Lebanon. By considering the feedback given by parents, few item modifications were performed in order to guarantee their consistency with Arabic/Lebanese culture. Following the modifications of several recognized grammatical and phrasal mistakes, pilot study was conducted. The scale administration in the pilot study occurred through social media and face-to-face with 350 parents from different areas within Lebanon. With an average of 20 to 30 minutes with each administration.

LISREL program was used to conduct construct validity through performing conformity factor analysis. SPSS program was used to perform spearmen to determine the correlation between sub-dimensions of CAPI and to determine correlation related validity. Pearson was chosen since the data is parametric. SPSS was also used to determine the reliability coefficient for each subscale and for total scores. The data is parametric thus, T-test (for comparison of data with 2 groups) and ANOVA test (for comparison of data with 3 or more groups) to conduct comparison between CAPI total scores and sociodemographic information of participants.

4. CHAPTER

RESULTS

4.1. Validity

To assess the scale's validity, construct and criterion related validity were conducted. Regarding of construct validity, a conformity factor analysis was performed for each of the 12 constructs of CAP Inventory. Another analysis for testing the validity of the measurement instrument is criterion related validity. For performing criterion related validity, the criterion implemented was DASS which is previously adopted to Arabic.

4.1.1 Construct Validity

In this research, to evaluate the scale's validity, construct and criterion-related validity models were conducted. To conduct construct validity, confirmatory factor analysis was implemented for 12 scales constructed CAPI including: Abuse, Lie, Random Response, Inconsistency, Distress, Rigidity, Unhappiness, Problems with child and self, Problems with family, Problems from other, Ego-strength and Loneliness. According to the multiplicity of the variables (160 variables), performing CFA for the entire variables in one model would be problematic, therefore CFA analysis was conducted for each 12 constructs separately using Lisrel 8.8. It should be noted that to examine fitting of the models, the following criteria were considered: Chi-Square ($\chi 2$), $\chi 2/df$ (df: degrees of freedom), Root Mean Square Error of Approximation (RMSEA), Normed Fit Index (NFI), Non-

Normed Fit Index (NNFI), Comparative Fit Index (CFI), Incremental Fit Index (IFI), Goodness of Fit Index (GFI) and Adjusted Goodness of Fit Index (AGFI). The threshold of the criteria is shown in Table 4.

Table 2.

Recommended criteria for indexes

Fit Indices	**Recommended Value**	**Authors**
Chi-Square ($\chi 2$)	P-value>0.03	Meyers et al. (2005)
$\chi 2$/df	<3 good, <5 sometimes permissible (reported if n>200)	Hair et al. (2009)
RMSEA	<0.08	Hair et al. (1998); Byrne (2001); Meyers et al. (2005)
NFI	>0.90	Hu and Bentler (1999)
NNFI	>0.90	Hair et al. (1998)
CFI	>0.90	Hatcher (1994); Hu and Bentler (1999)
IFI	>0.90	Hu and Bentler (1999); Meyers et al. (2005)
GFI	>0.90	Segars and Grover (1993);
AGFI	>0.80	Hair et al. (2009)

The first factor to analyses was Abuse. The CFA model was created for Abuse scale which consisted of 77 items. The model was tested by standardized estimates. As a result of items' low variances, the model was unsuccessful in presenting relevant results. Therefore 5 items (3, 5, 9, 132 and 145) were removed

from the scale. Following the items removal, factor analysis was conducted again, ending up with (72 items) which have a significant score (see Figure 1).

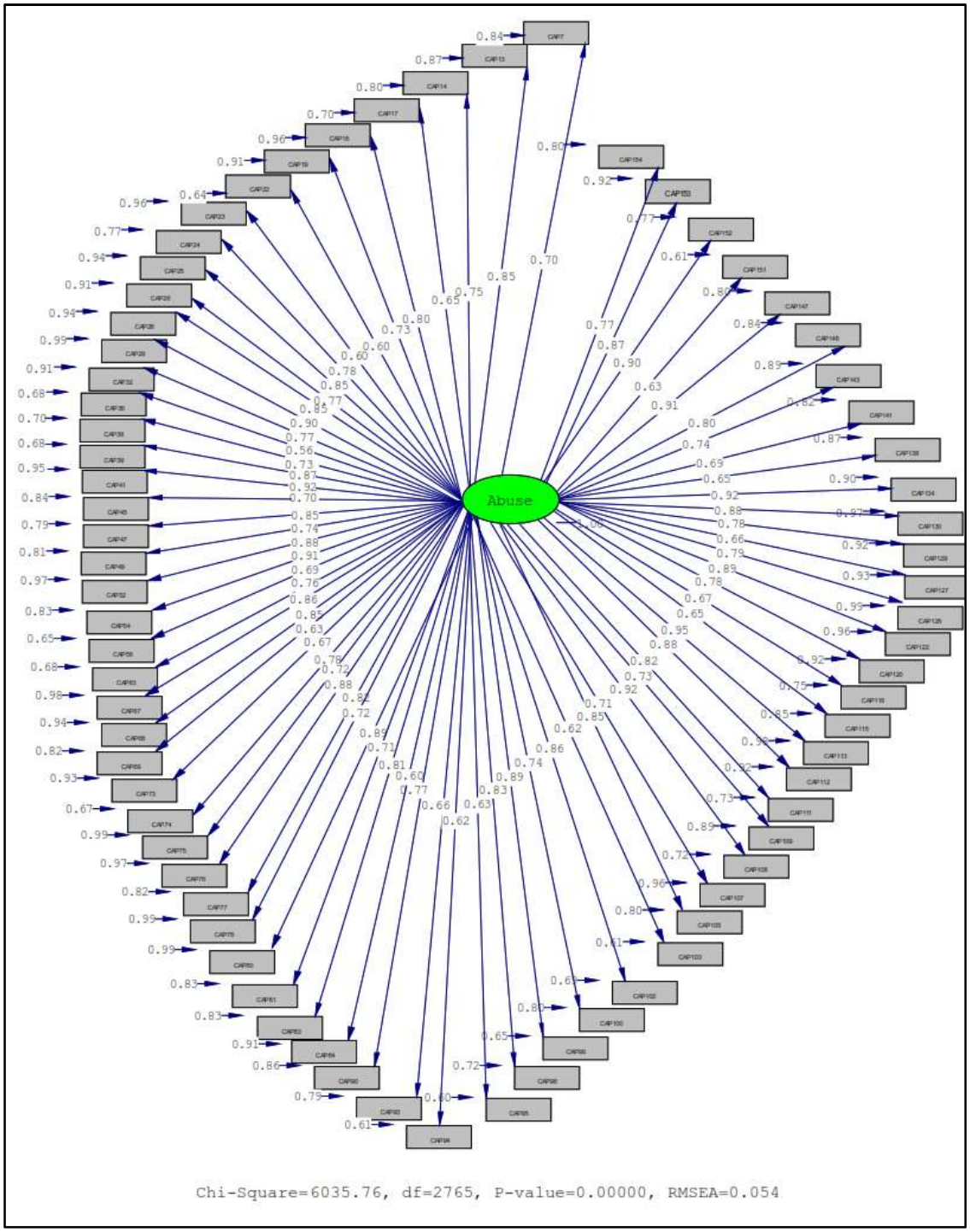

Figure 1: The Path Diagram related to the confirmatory factor analysis of Abuse.

Table 3.

The Goodness of Fit Indices related to the confirmatory factor analysis of Abuse.

Index	χ^2	df	χ^2/df	RMSEA	NFI	NNFI	CFI	IFI	GFI	AGFI
Value	6035.76 P = 0.00	2765	2.183	0.054	0.91	0.93	0.91	0.92	0.91	0.90

As Table 3 shows, for χ2 although P-value=0.00, but it is acceptable. Considering the study's sizeable sample in the analysis of CFA, it's fair to accept a significant p value. (Çokluk et al. 2014). In addition, the fit indices of χ2/df < 3; RMSEA < 0.08; NFI, NNFI, CFI, IFI and GFI > 0.90 and AGFI > 0.80, which are acceptable. Therefore, the fit indices revealed that the acquired CFA model for Abuse analysis consisting of 72 items, shows a good fit to the data.

Same procedure was followed for Lie scale. A CFA model was created consisted of 18 items. The model was run through Lisrel 8.8 and the output generated resulted in a poor fit. Therefore, the model was adjusted and in this process 1 item which had low variance to its related factor was excluded (110). Following the removal of 1 item which t scores was non-significant, factor analysis was conducted again. The t scores of the all (17 items) left, were significant based on the results obtained. (see Figure 2).

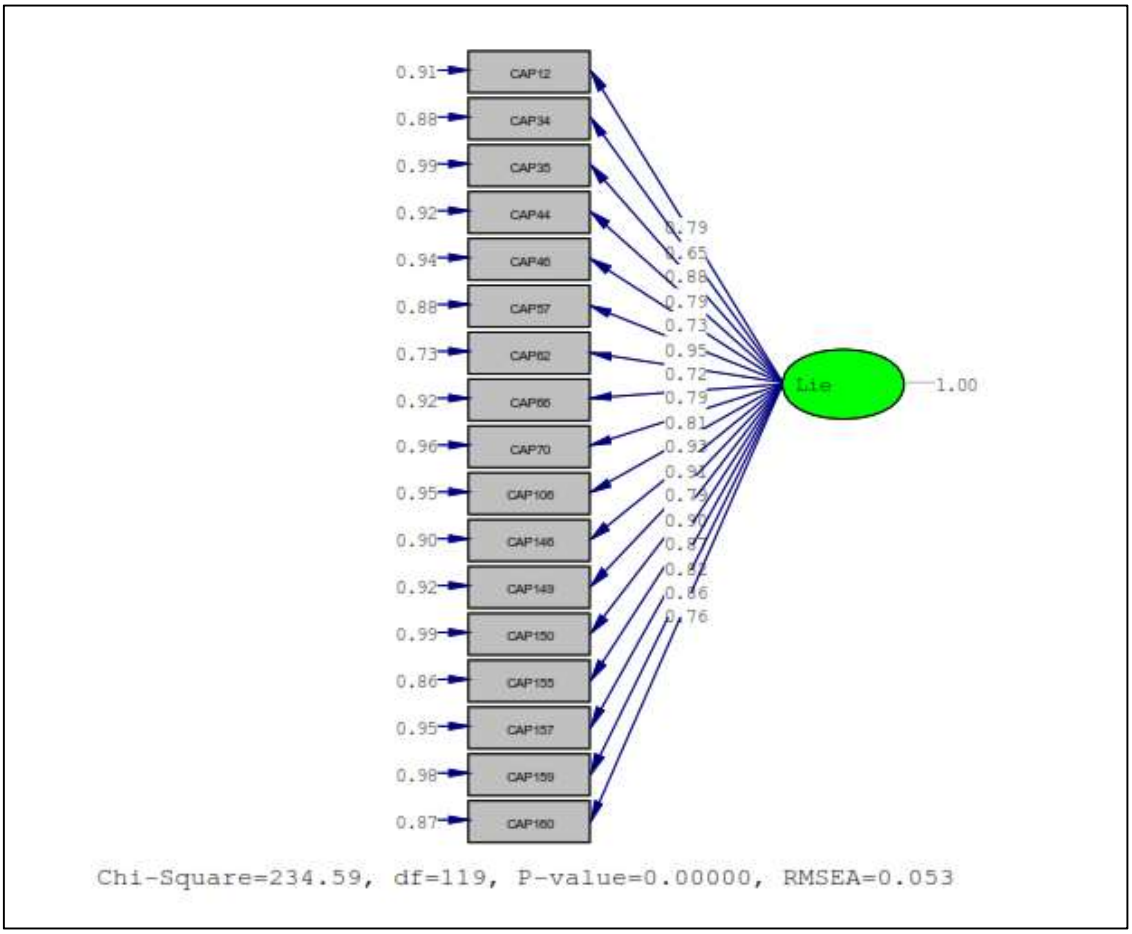

Figure 2: The Path Diagram related to the confirmatory factor analysis of Lie

Table 4.

The Goodness of Fit Indices related to the confirmatory factor analysis of Lie

Index	χ^2	df	χ^2/df	RMSEA	NFI	NNFI	CFI	IFI	GFI	AGFI
Value	234.59 P = 0.00	119	1.971	0.053	0.92	0.92	0.93	0.92	0.94	0.91

As Table 4 shows, for χ2 although P-value=0.00, but it is acceptable. Considering the study's sizeable sample in the analysis of CFA, it's fair to accept a significant p value. (Çokluk et al. 2014). In addition, the fit indices of χ2/df < 3; RMSEA <

0.08; NFI, NNFI, CFI, IFI and GFI > 0.90 and AGFI > 0.80, which are acceptable. Therefore, the fit indices revealed that the acquired CFA model for Lie consisting of 17 items, showes a good fit to the data.

The same procedure was followed for Random Response scale. A CFA model was created consisted of 18 items. The model was run through Lisrel 8.8 and the output generated resulted in a poor fit. Therefore, the model was adjusted and in this process 4 items which had low variances to their related factor were excluded (items of: 1, 58, 60 and 114). Following the removal of 3 items which t scores were un-significant, the factor analysis was conducted again. The t scores of all (15 items) left were significant. (see Figure 3).

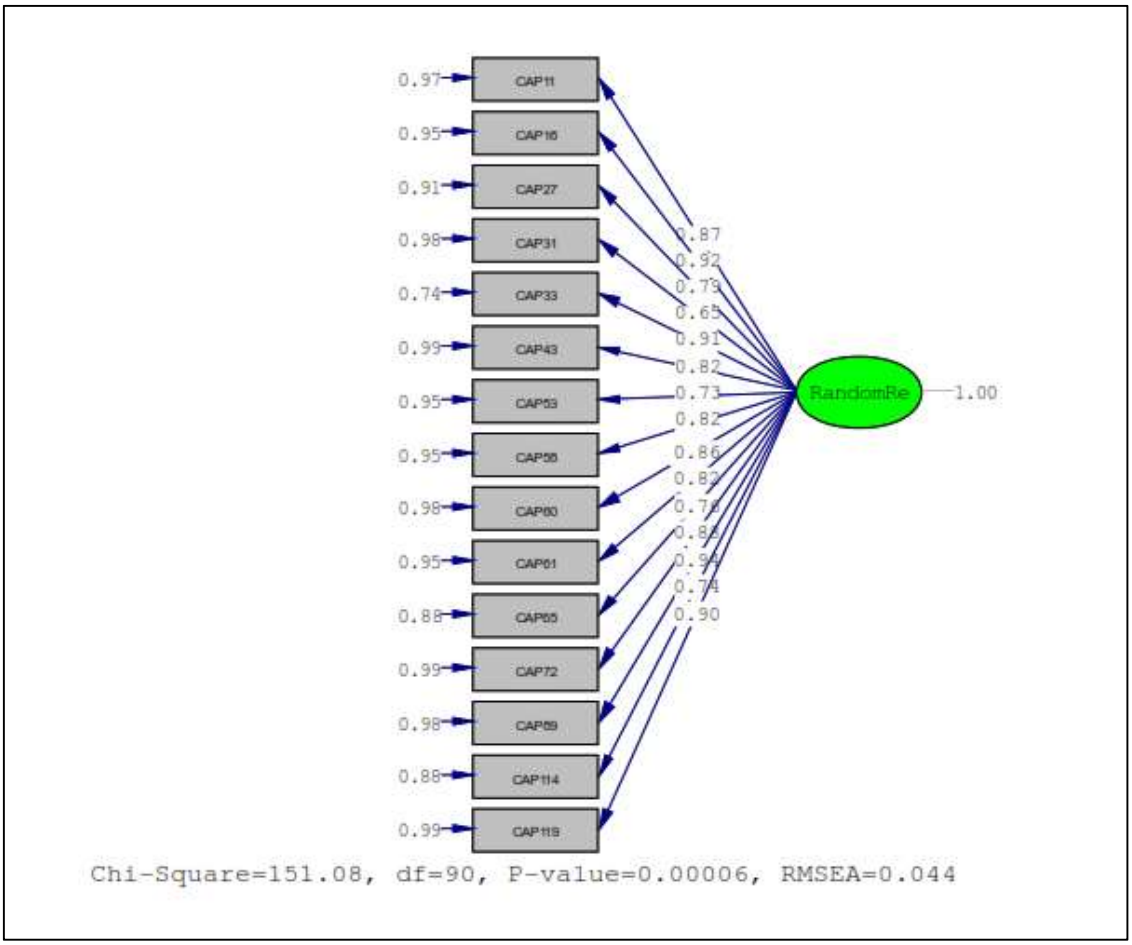

Figure 3: The Path Diagram related to the confirmatory factor analysis of Random Response

Table 5.

*The Goodness of Fit Indices related to the confirmatory factor analysis of Random Response***.**

Index	χ^2	df	χ^2/df	RMSEA	NFI	NNFI	CFI	IFI	GFI	AGFI
Value	151.08 P = 0.00	90	1.679	0.044	0.94	0.93	0.93	0.91	0.95	0.94

As Table 5 shows, for χ2 although P-value=0.00, but it is acceptable. Considering the study's sizeable sample in the analysis of CFA, it's fair to accept a significant p value (Çokluk et al. 2014). In addition, the fit indices of χ2/df < 3; RMSEA < 0.08; NFI, NNFI, CFI, IFI and GFI> 0.90 and AGFI>0.80, which are acceptable Therefore, the fit indices revealed that the acquired CFA model for Random Response, consisting of 15 items, shows a good fit to the data.

same procedure was followed for Inconsistency scale. A CFA model was created consisted of 20 items-pairs. The model was run through Lisrel 8.8 and the output generated resulted in a poor fit. Therefore, the model was adjusted and in this process 3 item-pairs which had low variances to their related factor were excluded (3-76, 44-70 and 87-141). Following the removal of 3 items-pairs which t scores were non-significant, factor analysis was conducted again. The t scores of the (17 item-pairs) left were significant, based on the results. (see Figure 4).

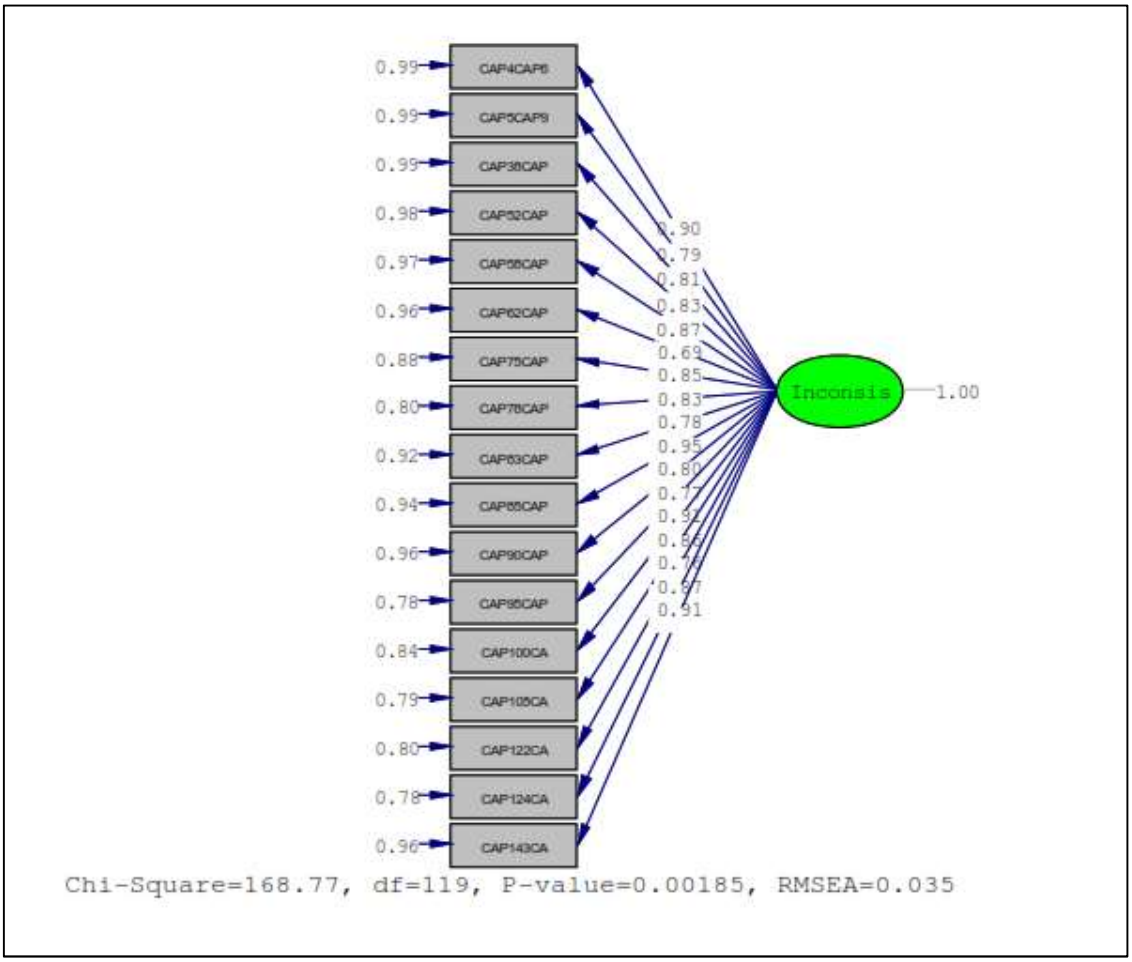

Figure 4: The Path Diagram related to the confirmatory factor analysis of Inconsistency

Table 6.

The Goodness of Fit Indices related to the confirmatory factor analysis of Distress

Index	χ^2	df	χ^2/df	RMSEA	NFI	NNFI	CFI	IFI	GFI	AGFI
Value	168.77 P = 0.00	119	1.418	0.035	0.92	0.91	0.94	0.96	0.95	0.93

As Table 6 shows, for χ2 although P-value=0.00, but it is acceptable. Considering the study's sizeable sample in the analysis of CFA, it's fair to accept a significant p value (Çokluk et al. 2014). In addition, the fit indices of χ2/df < 3; RMSEA < 0.08; NFI, NNFI, CFI, IFI and GFI > 0.90 and AGFI > 0.80, which are acceptable. Therefore, the fit indices revealed that the acquired CFA model Distress consisting of 17 item-pairs, shows a good fit to the data.

The same procedure was followed for Distress scale. A CFA model was created consisted 36 items. The model was run through Lisrel 8.8 and the output generated resulted in a moderate fit which could be better. Therefore, the model was adjusted and in this process 1 item which had low variance to its related factor was excluded (item 99). Following the removal of item 7 that t scores were non-significant; factor analysis was conducted again. The t scores of the (35 items) left were significant based on the results (see Figure 5).

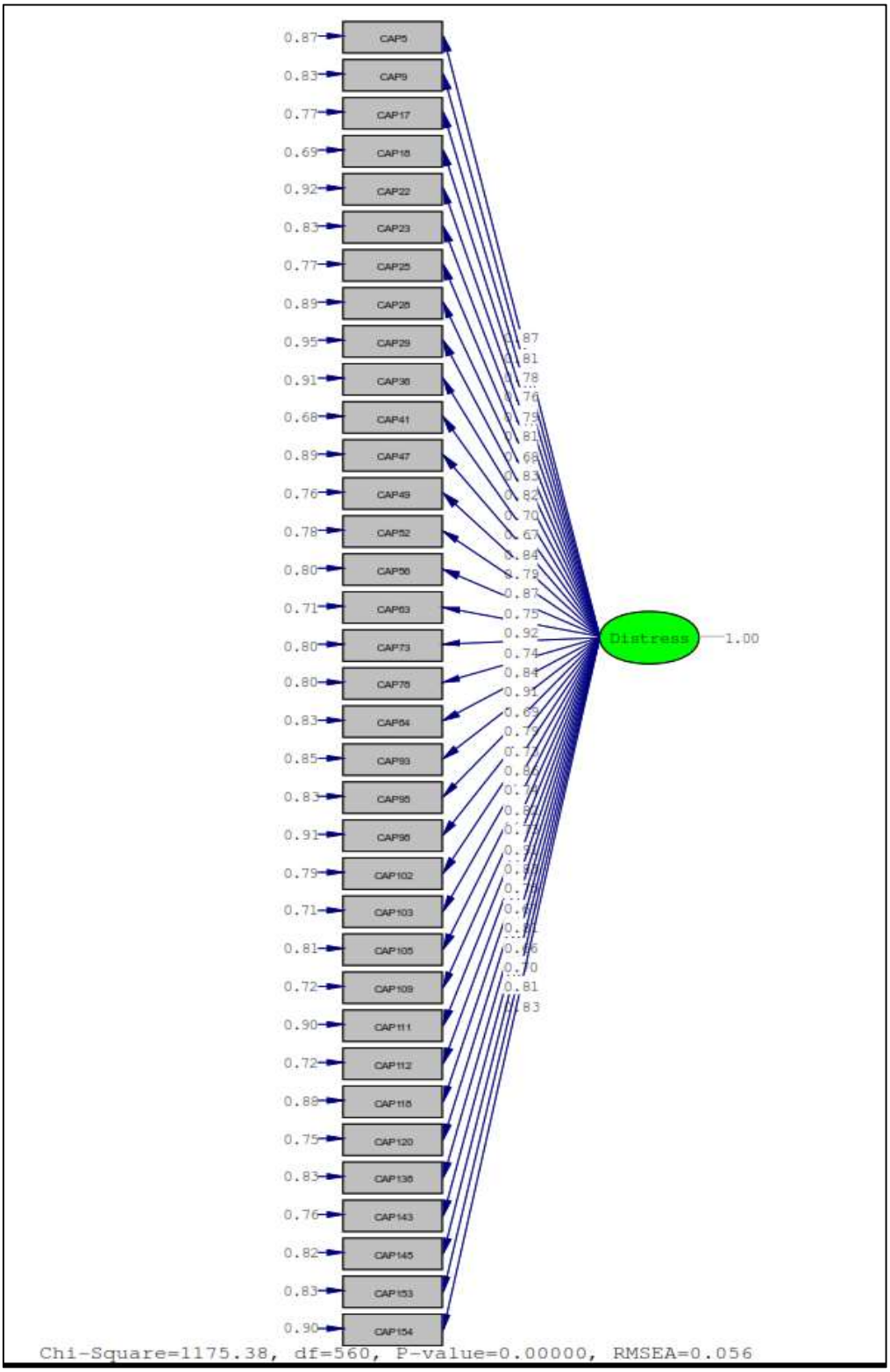

Figure 5: The Path Diagram related to the confirmatory factor analysis of Distress

Table 7.

The Goodness of Fit Indices related to the confirmatory factor analysis of Distress

Index	χ^2	df	χ^2/df	RMSEA	NFI	NNFI	CFI	IFI	GFI	AGFI
Value	1175.38 P = 0.00	560	2.099	0.056	0.92	0.96	0.97	0.96	0.90	0.89

Table 7 shows, for χ2 although P-value=0.00, but it is acceptable. A significant p value can be accepted as a fair condition due to the large size of the sample in the studies of confirmatory factor analysis (Çokluk et al. 2014). In addition, the fit indices of χ2/df < 3; RMSEA < 0.08; NFI, NNFI, CFI, IFI and GFI > 0.90 and AGFI > 0.80, which are acceptable. Therefore, the fit indices revealed that the CFA model obtained in the analysis for Distress, which consisted of 35 items, indicates a good fit to the data

The same procedure was followed for Rigidity scale. A CFA model was created consisted of 14 items. The model was run through Lisrel 8.8 and the output generated resulted in a moderate fit which could be better. Therefore, the model was adjusted and in this process 1 item which had low variance to its related factor was excluded (item of: 7). Following the removal of item 7 that t scores were non-significant; factor analysis was conducted again. The t scores of the (13 items) left were significant based on the results (see Figure 6).

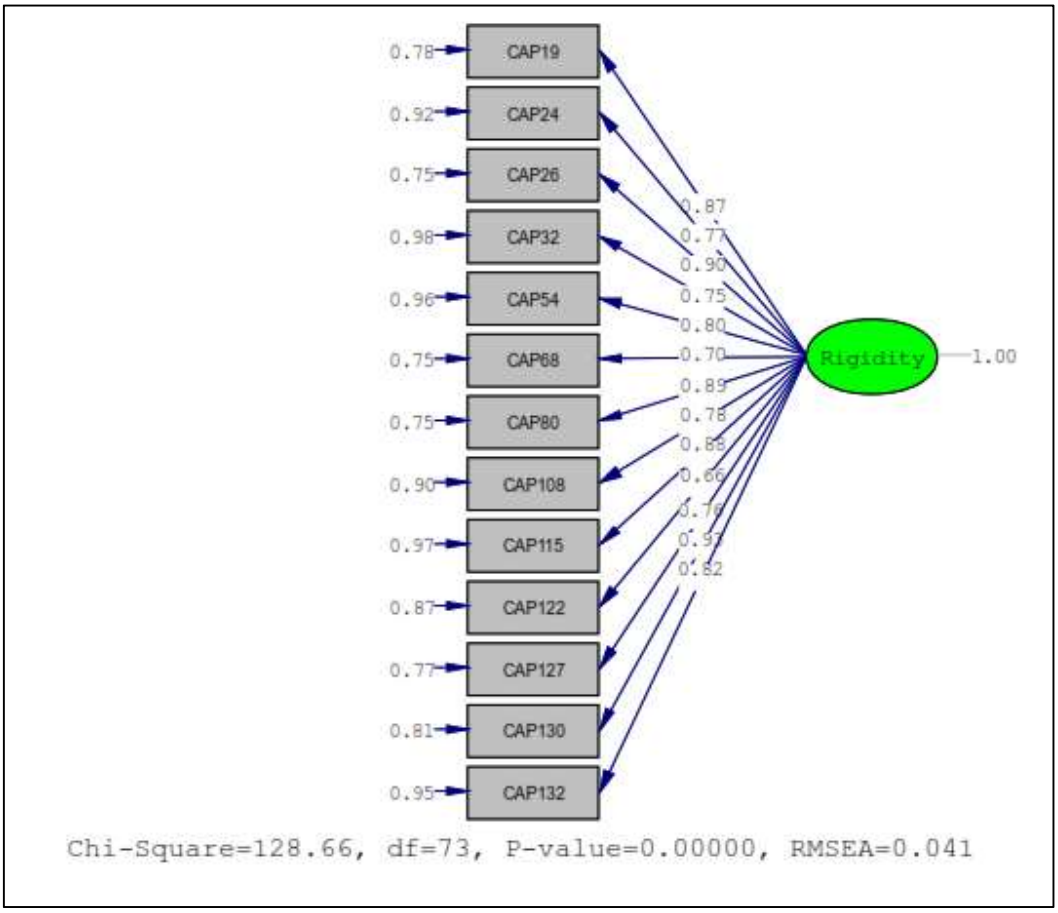

Figure 6: The Path Diagram related to the confirmatory factor analysis of Rigidity

Table 8.

The Goodness of Fit Indices related to the confirmatory factor analysis of Rigidity

Index	χ^2	df	χ^2/df	RMSEA	NFI	NNFI	CFI	IFI	GFI	AGFI
Value	128.66 P = 0.00	73	1.763	0.041	0.92	0.93	0.96	0.94	0.96	0.94

As Table 8 shows, for χ2 although P-value=0.00, but it is acceptable. Considering the study's sizeable sample in the analysis of CFA, it's fair to accept a significant p value (Çokluk et al. 2014). In addition, the fit indices of χ2/df < 3; RMSEA < 0.08;

NFI, NNFI, CFI, IFI and GFI > 0.90 and AGFI > 0.80, which are acceptable. Therefore, the fit indices revealed that the acquired CFA model for Rigidity consisting of 13 items, shows a good fit to the data.

Same procedure was followed for Unhappiness scale. A CFA model was created consisted of 11 items. The model was run through Lisrel 8.8 and the output generated resulted in poor fit. Therefore, the model was adjusted and in this process 1 item which had low variance to its related factor was excluded (item 152). Following the removal of 1 item that its t scores was non-significant; factor analysis was conducted again. The t scores of the (10 items) left were significant based on the results (see Figure 7).

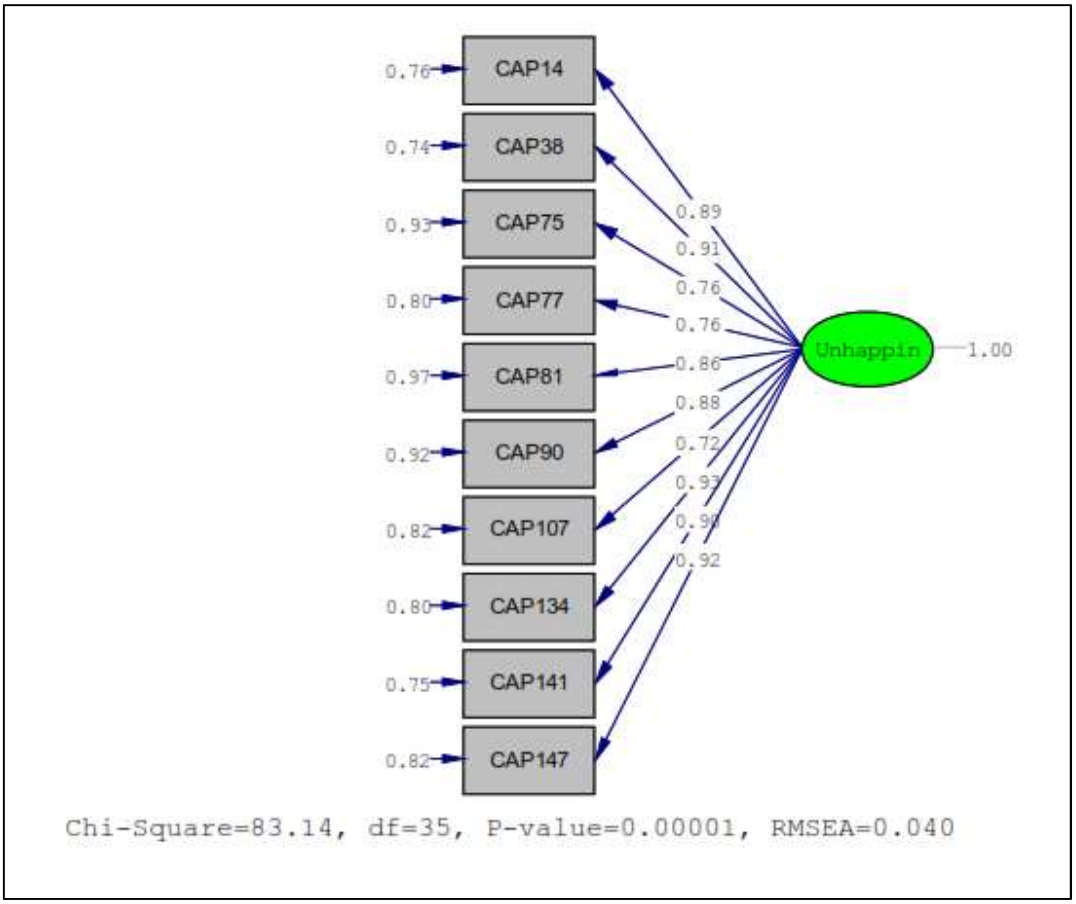

Figure 7: The Path Diagram related to the confirmatory factor analysis of Unhappiness

Table 9.

The Goodness of Fit Indices related to the confirmatory factor analysis of Unhappiness

Index	χ^2	df	χ^2/df	RMSEA	NFI	NNFI	CFI	IFI	GFI	AGFI
Value	83.14 P = 0.00	35	2.375	0.040	0.90	0.92	0.93	0.93	0.95	0.93

As Table 9 shows, for χ2 although P-value=0.00, but it is acceptable. Considering the study's sizeable sample in the analysis of CFA, it's fair to accept a significant p value (Çokluk et al. 2014). In addition, the fit indices of χ2/df < 3; RMSEA < 0.08; NFI, NNFI, CFI, IFI and GFI> 0.90 and AGFI > 0.80, which are acceptable. Therefore, the fit indices revealed that the acquired CFA model for Unhappiness consisting of 10items, shows a good fit to the data.

The same procedure was followed for Problems with Child and Self scale. A CFA model was created consisted of 6 items. The model was run through Lisrel 8.8 and the output generated resulted in a goof fit. According to the results, all the items (6 items) had significant t scores (see Figure 8).

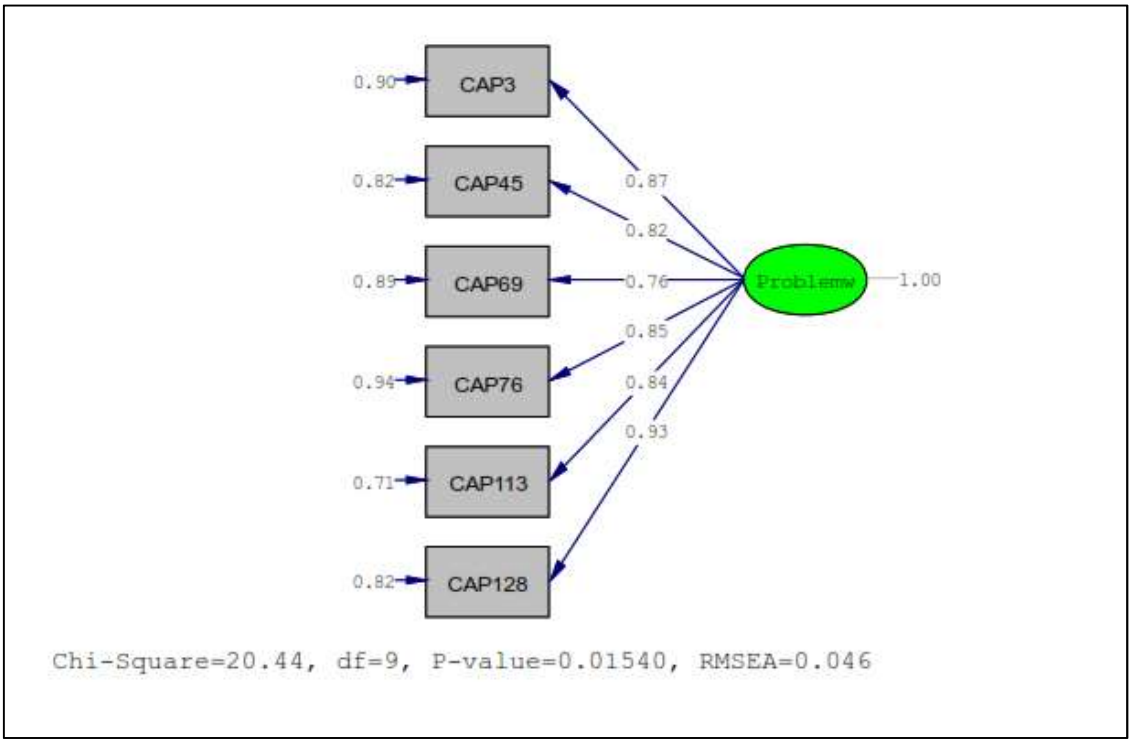

Figure 8: The Path Diagram related to the confirmatory factor analysis of Problems with Child and Self

Table 10.

The Goodness of Fit Indices related to the confirmatory factor analysis of Problems with Child and Self

Index	χ^2	df	χ^2/df	RMSEA	NFI	NNFI	CFI	IFI	GFI	AGFI
Value	20.44 P = 0.02	9	2.271	0.046	0.92	0.90	0.92	0.92	0.98	0.96

As Table 10 shows, for χ2 although P-value=0.02, but it is acceptable Considering the study's sizeable sample in the analysis of CFA, it's fair to accept a significant p value (Çokluk et al. 2014). In addition, the fit indices of χ2/df < 3; RMSEA < 0.08; NFI, NNFI, CFI, IFI and GFI> 0.90 and AGFI > 0.80, which are acceptable.

Therefore, the fit indices revealed that the CFA model obtained in the analysis for Problems with Child and Self, which consisted of 6 items, indicates a good fit to the data.

Same procedure was followed for Problems with Family scale. A CFA model was created consisted of 4 items. The model was run through Lisrel 8.8 and the output generated resulted in a good fit. T scores of all items were significant based on the results (see Figure 9).

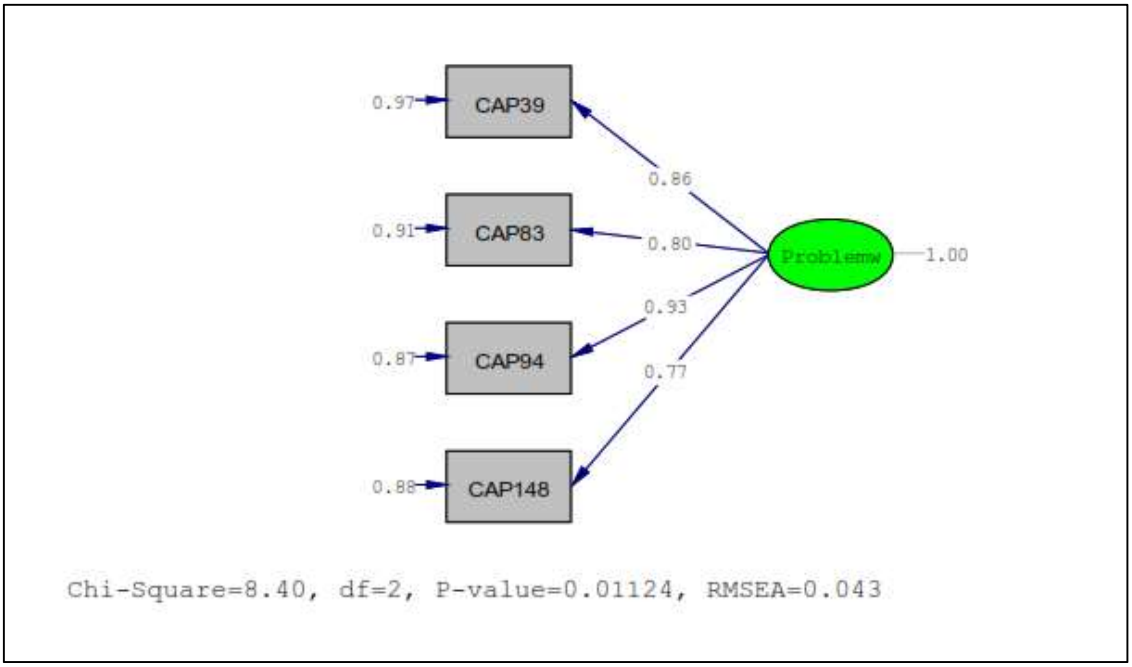

Figure 9: The Path Diagram related to the confirmatory factor analysis of Problems with Family

Table 11.

The Goodness of Fit Indices related to the confirmatory factor analysis of Problems with Family

Index	χ^2	df	χ^2/df	RMSEA	NFI	NNFI	CFI	IFI	GFI	AGFI
Value	8.40 P = 0.01	2	4.20	0.043	0.96	0.94	0.96	0.97	0.98	0.94

As Table 11 shows, for χ2 although P-value=0.01, but it is acceptable. Considering the study's sizeable sample in the analysis of CFA, it's fair to accept a significant p value (Çokluk et al. 2014). In addition, the fit indices of χ2/df < 5; RMSEA < 0.08; NFI, NNFI, CFI, IFI and GFI > 0.90 and AGFI > 0.80, which are acceptable. Therefore, the fit indices revealed that the acquired CFA model for Problems with Family consisting of 4 items, is a good fit to the data.

The same procedure was followed for Problems from Other scale. A CFA model was created consisted of 6 items. The model was run through Lisrel 8.8 and the output generated resulted in a good fit. The t scores of all 6 items were significant according to the results (see Figure 10).

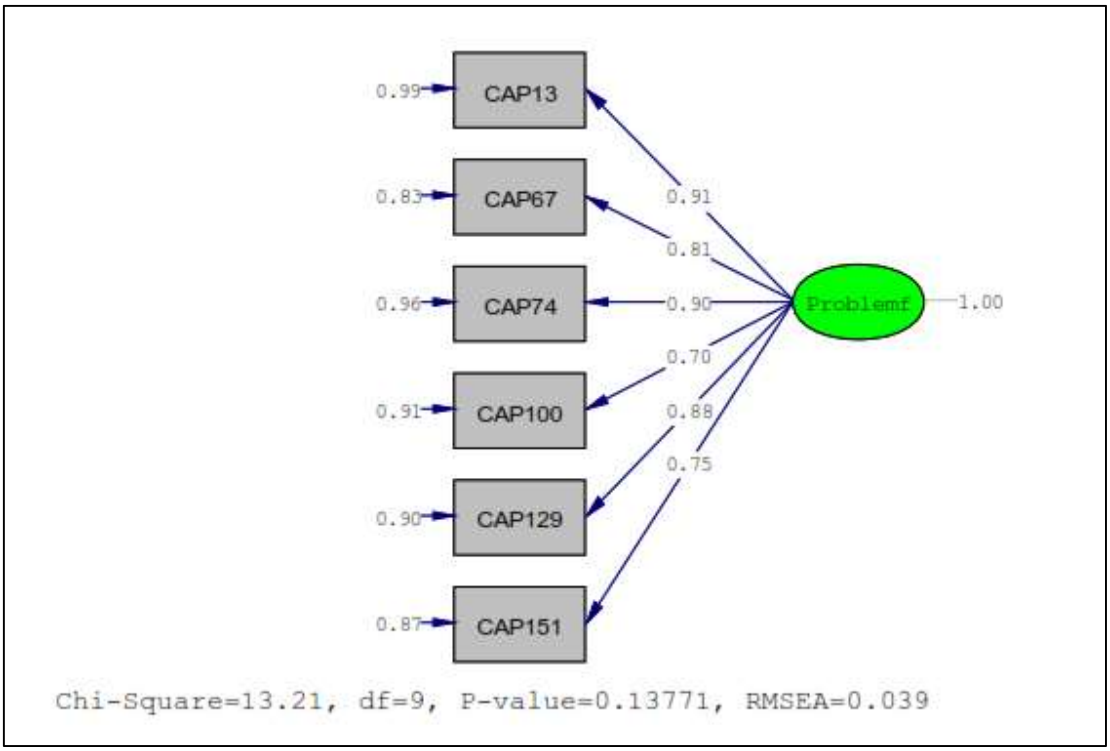

Figure 10: The Path Diagram related to the confirmatory factor analysis of Problems from Other

Table 12.

The Goodness of Fit Indices related to the confirmatory factor analysis of Problems from Other

Index	χ^2	df	χ^2/df	RMSEA	NFI	NNFI	CFI	IFI	GFI	AGFI
Value	13.21 P = 0.14	9	1.468	0.039	0.95	0.96	0.97	0.97	0.97	0.96

As Table 12 shows, the fit indices of χ2 > 0.03; χ2/df < 3; RMSEA < 0.08; NFI, NNFI, CFI, IFI and GFI > 0.90 and AGFI > 0.80, which are acceptable. Therefore, the fit indices revealed that the CFA model obtained in the analysis for Problems from Other, which ultimately consisted of 6 items, shows a good fit to the data.

The same procedure was followed for Ego-strength scale. A CFA model was created consisted of 40 items. The model was run through Lisrel 8.8 and the output generated resulted in a moderate fit which could be better. Therefore, the model was adjusted and in this process 1 item which had low variance to its related factor was excluded (item 20). Following the removal of I item that its t score was un-significant, the factor analysis was conducted again. The t scores of the (39 items) left were significant based on the results (see Figure 11).

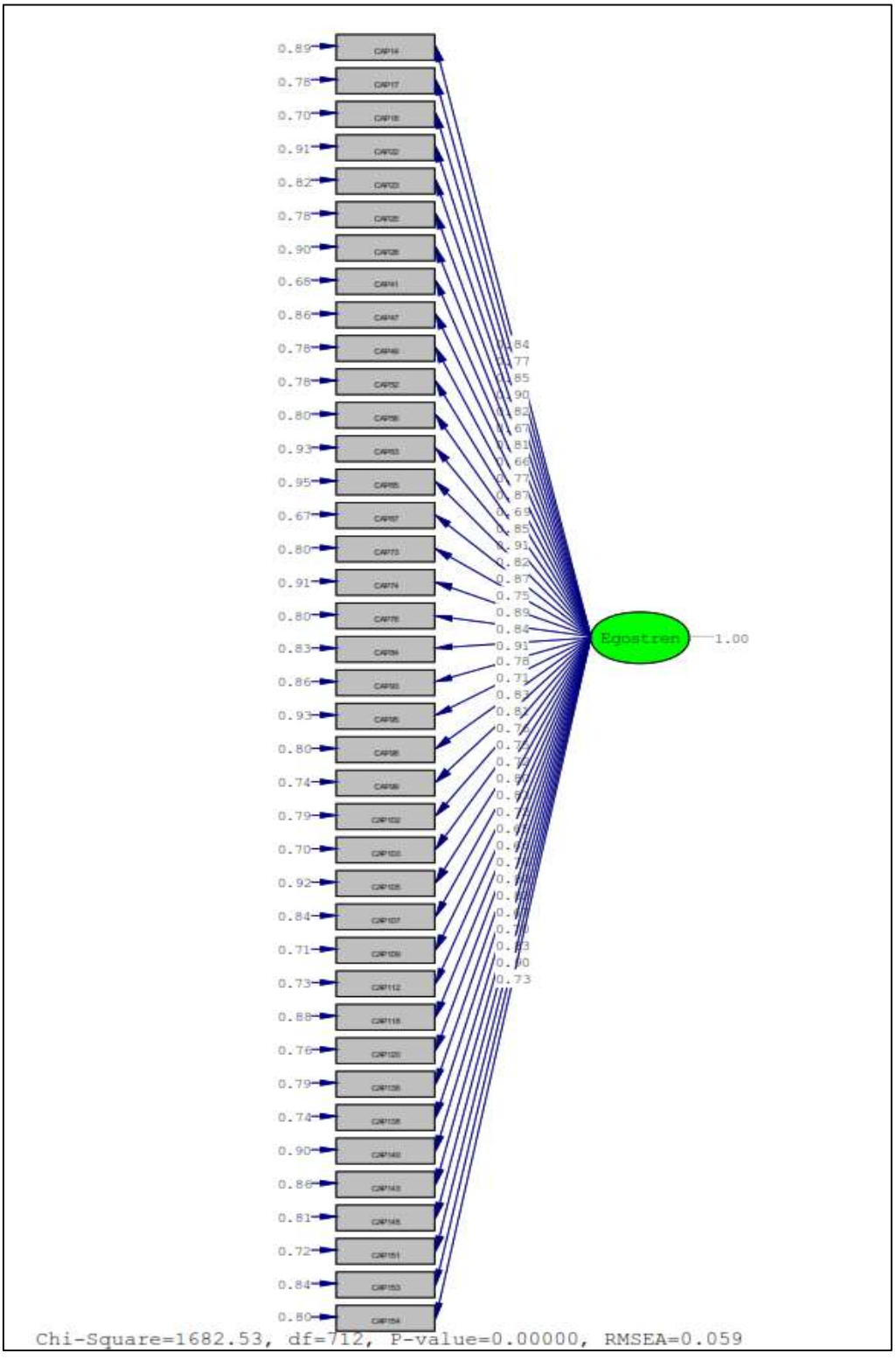

Figure 11: The Path Diagram related to the confirmatory factor analysis of Ego-strength

Table 13:

The Goodness of Fit Indices related to the confirmatory factor analysis of Ego-strength

Index	χ^2	df	χ^2/df	RMSEA	NFI	NNFI	CFI	IFI	GFI	AGFI
Value	1682.53 P = 0.00	712	2.363	0.059	0.93	0.94	0.96	0.95	0.90	0.89

As Table 13 shows, for χ2 although P-value=0.00, but it is acceptable. Considering the study's sizeable sample in the analysis of CFA, it's fair to accept a significant p value (Çokluk et al. 2014). In addition, the fit indices of χ2/df < 3; RMSEA < 0.08; NFI, NNFI, CFI, IFI and GFI > 0.90 and AGFI > 0.80, which are acceptable. Therefore, the fit indices revealed that the acquired CFA model for Ego-strength, consisting of 39 items, shows a good fit to the data.

The same procedure was followed for Loneliness. A CFA model was created consisted of 15 items. The model was run through Lisrel 8.8 and the output generated resulted in a moderate fit which could be better. Therefore, the model was adjusted and in this process 1 item which had low variance to its related factor was excluded (item 6). Following the removal of 1 item that its t scores was un-significant; factor analysis was conducted again. The t scores of the (14 items) left were significant based on the results (see Figure 12).

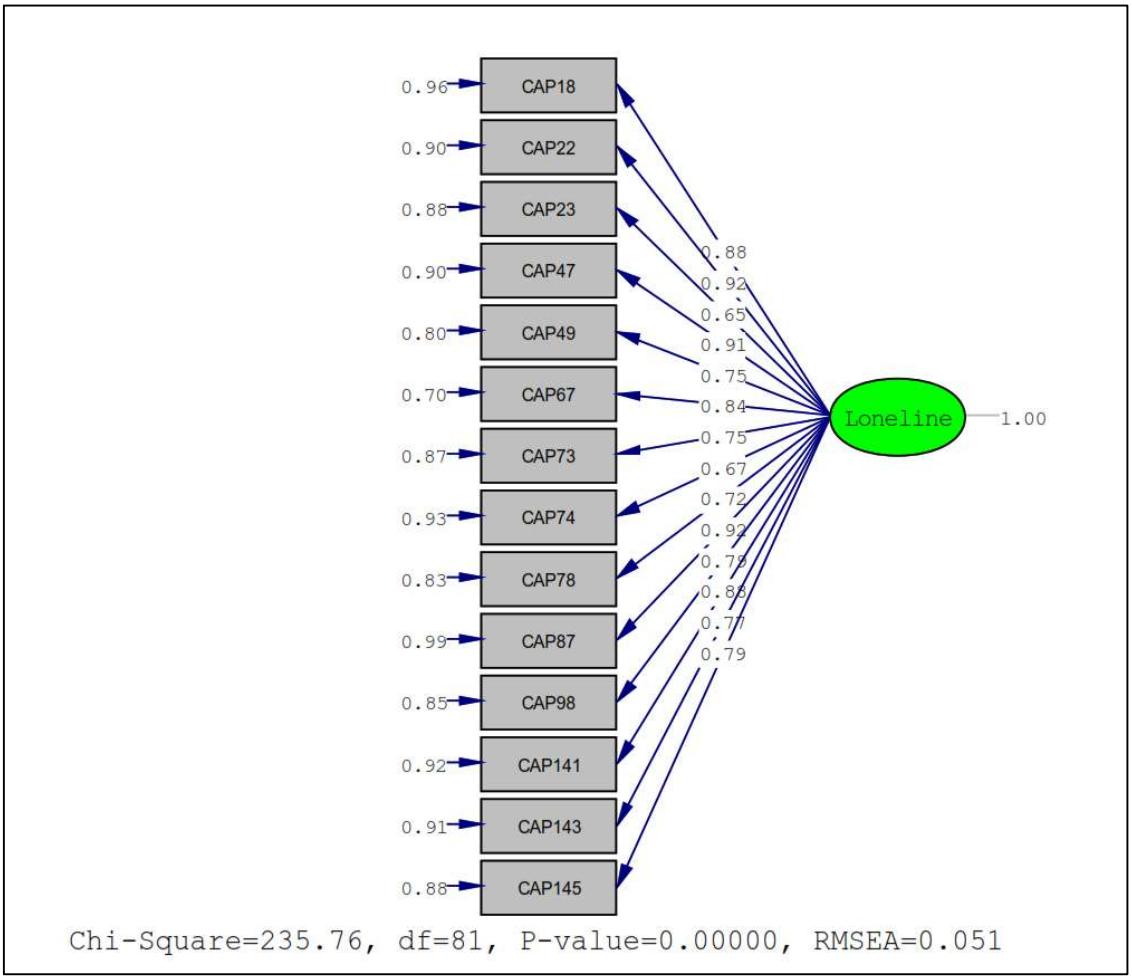

Figure 12: The Path Diagram related to the confirmatory factor analysis of Loneliness

Table 14.

The Goodness of Fit Indices related to the confirmatory factor analysis of Loneliness

Index	χ^2	df	χ^2/df	RMSEA	NFI	NNFI	CFI	IFI	GFI	AGFI
Value	235.76 P = 0.00	81	2.911	0.051	0.92	0.94	0.95	0.93	0.93	0.91

As Table 14 shows, for χ2 although P-value=0.00, but it is acceptable. Considering the study's sizeable sample in the analysis of CFA, it's fair to accept a significant p value (Çokluk et al. 2014). In addition, the fit indices of χ2/df < 3; RMSEA < 0.08; NFI, NNFI, CFI, IFI and GFI > 0.90 and AGFI > 0.80, which are acceptable. Therefore, the fit indices revealed that the acquired CFA model for Loneliness, consisting of 14 items, shows a good fit to the data.

Correlations between the Sub-Dimensions of CAPI:

Table15.

Pearson correlation coefficients between the scales

	Abuse	Lie	Random Response	Inconsistency	Distress	Rigidity	Unhappiness	Problems with Child and Self	Problems with Family	Problems from Other	Ego-strength	Loneliness
Abuse	1.000											
Lie	-.230**	1.000										
Random Response	.113*	.114*	1.000									
Inconsistency	.193**	.117*	.286**	1.000								
Distress	.960**	-.293**	.168**	.158**	1.000							
Rigidity	.453**	.257**	-.164**	.125*	.334**	1.000						
Unhappiness	.631**	-.140**	.189**	.168**	.534**	.142**	1.000					
Problems with Child and Self	.409**	-.106*	.246**	.184**	.296**	.156**	.307**	1.000				
Problems with Family	.564**	-.155**	.195**	.151**	.442**	.122*	.364**	.317**	1.000			
Problems from Other	.663**	-.255**	.118*	.158**	.651**	.187**	.336**	.162**	.321**	1.000		
Ego-strength	-.946**	.345**	-.119*	-.179**	-.963**	-.319**	-.540**	-.312**	-.452**	-.727**	1.000	
Loneliness	.868**	-.316**	.122*	.127*	.885**	.268**	.513**	.275**	.410**	.721**	-.922**	1.000

*p< 0.05, **p< 0.01

The correlations of CAPI sub-dimensions were evaluated to inspect if the subdimension's scores can be totaled to calculate total scores. Pearson criterion was used to evaluate the correlations between the 12 subdimensions of CAPI. The results are shown in table 14.

Table 14 shows that there are moderate statistically significant correlations among all CAPI subdimensions ($p<0.05$ and $p< 0.01$). Relying on the results found, subdimensions can be totaled in order to calculate total score.

4.1.2 Criterion-Related Validity:

Another analysis for testing the validity of the measurement instrument in this study is criterion-related validity. To perform criterion-related validity, the criterion implemented is DASS which has been previously adopted into Arabic

The analysis results of the criterion-related validity of the CAPI based on Spearman criterion are reported in Table 17.

Table 16.

The Spearman correlation coefficients between the scale and DASS

	Abuse	Lie	Random Response	Inconsistency	Distress	Rigidity	Unhappiness	Problems with Child and Self	Problems with Family	Problems from Other	Ego-strength	Loneliness
DASS	.688**	-.319**	.161**	.184**	.696**	.130*	.440**	.321**	.380**	.505**	-.716**	.638**

*p< 0.05, **p< 0.01

According to the results presented in Table 15 DASS is significantly and positively correlated with Abuse (r=.688, $p < 0.01$), Random Response (r=.161, $p < 0.01$), Inconsistency (r=.184, $p < 0.01$), Distress (r=.696, $p < 0.01$), Rigidity (r=.130, $p < 0.05$), Unhappiness (r=.440, $p < 0.01$), Problems with Child and Self (r=.321, $p <$

0.01), Problems with Family (r=.380, p < 0.01), Problems from Other (r=.505, p < 0.01) and Loneliness (r=.638, p < 0.01). In addition, aggregated DASS is significantly and negatively correlated with Lie (r=-.319, p < 0.01) and Ego-strength (r=-.716, p < 0.01)

4.2 Reliability

To examine the reliability, Cronbach's alpha reliability coefficient were calculated for each of the 12 scales and the aggregation of them as the total value of Cronbach's alpha reliability coefficient of the CAPI. Cronbach's alpha coefficient typically varies between 0 and 1. Internal consistency is considered stronger when the reliability coefficient is nearer to 1. George and Mallery (2003) indicated the following criteria ">9 -Excellent; >8 -Good; >.7-Acceptable; >.6-Questionable; >.5-Poor; and < .5- Unacceptable" generated by SPSS for the reliability analysis is indicated in Table 16

Table 17.

Reliability Statistics

Scale	**Cronbach's Alpha**
Abuse	.912
Lie	.778
Random Response	.753
Inconsistency	.826
Distress	.884
Rigidity	.787
Unhappiness	.831
Problems with Child and Self	.823
Problems with Family	.857
Problems from Other	.886
Ego-strength	.930
Loneliness	.788
Total	**.838**

As Table 16 shows, for the entire 12 scales and the total measurement scale, the Cronbach's alpha reliability coefficients are higher value than $0 > .7$, which is acceptable. Therefore, the reliability of the scales and the total measurement scale is verified.

4.3 Comparison of CAPI scores according to sociodemographic groups

The comparison of the total CAPI scores according to sociodemographic variables was performed. Among all sociodemographic variables gender, age, education and nationality were the variables found to anticipate CAPI scores the most. The comparison of the CAPI scores with these variables and the significance are manifested below.

Table 18.

The comparison of CAPI scores according to the gender of participants

Scale	Females	Males	t	p
CAPI	228.41±90.41 (n=265)	221.57±93.74 (n=85)	1.941	.164

p>0.05

Table 17 related to the T-test comparison of the total scores of CAPI according to the gender of the participants, revealed that there is no significant difference (t=1.941, p=.164) between the average mean scores of the 265 female participants (228.41±90.41) and the 85 males' participants (221.57±93.74).

Table 18.

The comparison of CAPI scores according to the age groups of the participants

Scale	18-25	26-36	37-46	47 and above	f	p
CAPI	228.76±87.92 (n=38)	206.55±96.17 (n=106)	236.53±88.45 (n=117)	228.48±88.83 (n=89)	2.146	.094

p>0.05

Table related to the ANOVA comparison results of the total scores of CAPI according to the age of the participants revealed that there is no significant difference among the age groups of the participants (f=2.146, p=.094).

Table 19.

The comparison of CAPI scores according the citizenship of the participants

Scale	Lebanese	Palestinian	Syrian	Other	f	p
CAPI	219.59±90.83 (n=272)	238.56±94.76 (n=45)	254.13±82.35 (n=31)	127±128.69 (n=2)	2.495	.060

p>0.05

Table related to the ANOVA comparison results of total scores of CAPI according to the citizenship of the participants revealed no significance difference among the groups of participants (f=2.495, p=.060).

Table 20.

The comparison of CAPI scores according to the educational level of the participants

Scale	Primary education	Secondary Education	High school	University	Master/PhD	Others	f	p
CAPI	282.61±73.62 (n=79)	245.12±86.74 (n=95)	222.82±77.42 (n=71)	182.37±88.45 (n=87)	143.35±75.14 (n=26)	198±48.79 (n=2)	17.875	.000****

**p< 0.01

The ANOVA comparison of total scores of CAPI according to the level of education of the participants revealed a significance difference among the groups. (f=17.875, p=.000). A multiple comparison conducted by Tukey showed that the mean scores of participants with primary education (282.61) were significantly higher than the mean scores of secondary educations (245.12), high school education (222.82), university (182.37) and participants with masters/PhD education (143.35).

Table 21.

The comparison of CAPI scores according to the income level of the participants

Scale	Low	Medium	High	f	p
CAPI	262.84±89.81 (n=159)	191.34±79.76 (n=180)	214.91±81.59 (n=11)	30.27	.000**

**p< 0.01

The ANOVA comparison of total scores of CAPI according to the income level of participants revealed a significance difference among the income groups, (f=30.27, p=.000). A multiple comparison conducted by Tukey showed that the mean scores of participants with low income (262.84) were significantly higher than participants with high income (214.91) and participants with medium income (191.34).

5. CHAPTER

DISCUSSION

In this study the objective was to adapt CAPI inventory into Arabic and evaluate the psychometric aspects of the Arabic version.

At first, forward and backward translations were performed. The Arabic translated version was then examined by five experts to ensure content suitability and language usage. The scale was first examined by a pre-pilot study comprised of 10 parents (5 females and 5 males). After the adjustment of some recognized spelling and grammatical mistakes the scale was set into pilot study as following step. At this point in the study the scale was administrated to 350 caregivers.

In this research, to evaluate the scales validity, construct and criterion-related validity were conducted. To conduct construct validity, confirmatory factor analysis was implemented for 12 scales constructed CAPI including: Abuse, Lie, Random Response, Inconsistency, Distress, Rigidity, Unhappiness, Problems with child and self, Problems with family, Problems from other, Ego-strength and Loneliness. According to the multiplicity of the variables (160 variables), therefore CFA analysis was conducted for each 12 constructs separately using Lisrel 8.8. It should be noted that to examine fitting of the models, the following criteria were considered: Chi-Square ($\chi 2$), $\chi 2/df$ (df: degrees of freedom), Root Mean Square Error of Approximation (RMSEA), Normed Fit Index (NFI), Non-Normed Fit Index (NNFI), Comparative Fit Index (CFI), Incremental Fit Index (IFI), Goodness of Fit Index (GFI) and Adjusted Goodness of Fit Index (AGFI). Spearman criterion was

used to evaluate the correlations between the 12 subdimensions of CAPI. Based on the results there are moderate positive statistically significant correlations among all CAPI subdimensions ($p<0.05$ and $p< 0.01$). Relying on the results found, subdimensions can be totaled in order to calculate total score.

Another analysis for testing the validity of the measurement instrument in this study is criterion-related validity. To perform criterion-related validity, the criterion implemented is DASS which is previously adopted into Arabic. The results of the criterion-related validity analysis of the CAPI based on Spearman criterion, CAP inventory has a criterion validity with DASS. Thus, parents who suffer from depression, anxiety or stress are more likely to have higher potential when it comes to child abuse. In their study Jakupčević1 and Ajduković2 (2011) reported that participants raised with parents with depression history reported up to 3 times higher rates of child abuse.

In terms of reliability, Cronbach's alpha reliability coefficient were calculated for each of the 12 scales and the aggregation of them as the total value of Cronbach's alpha reliability coefficient of the CAPI. The reliability coefficient for each of the 12 subscales were found be high, all above 0.7. In addition, the reliability coefficient for the total scores was found to be .838 which is very strong and close to the Cronbach alpha coefficient of 0.93 conducted by Milner (1994) in a mixed sample of abusive and non-abusive caregivers. In this study findings are well matched with the original one verifying the efficacy of the reliability of the Arabic form. Therefore, the Arabic version of the Child Abuse Potential Inventory is valid and reliable. The study presents a valuable instrument which would help in early screening and detection of potential child abuse which in turn will help in early intervention and protection of potentially abused children. In addition, Arabic CAP Inventory provides a full assessment of reasons and circumstances linked to both the potentially abused children and caregivers, which will ease the process of providing the right kind of treatment and therapy for both caregivers and children.

Psychometric Characteristics of the Arabic version of CAPI

After distinguishing and demonstrating the validity and reliability of the scales in the adopted version of CAPI, in this section the psychometric characteristics of the Arabic version of CAPI is presented. Table 22 indicates the number of items for each scale, the total possible scores and the minimum and maximum scores for each scale.

Table 22.

The psychometric characteristics of the Arabic version of CAPI

Scale	Number of Items	Total Possible Score	Minimum Score	Maximum Score
Abuse	72	462	28	433
Lie	17	17	0	17
Random Response	15	15	0	10
Inconsistency	17	17	1	12
Distress	35	259	0	257
Rigidity	13	60	0	60
Unhappiness	10	56	0	47
Problem with Child and Self	6	30	0	29
Problem with Family	4	38	0	38
Problem from Other	6	24	0	24
Ego-Strength	39	39	0	39
Loneliness	14	14	0	14

As Table 22 shows, Abuse sub-dimension consists of 72 items after the exclusion of the 5 items. The total possible score for Abuse sub-dimension is 462, the minimum score is 28 and the maximum score is 433. Lie sub-dimension consists of 17 items after the exclusion of the 1 item. The total possible score for Lie sub-dimension is 17, the minimum score is 0 and the maximum score is 17. Random Response sub-dimension consists of 15 items after the exclusion of the 3 items. The total possible score for Random Response sub-dimension is 15, the minimum score is 0 and the maximum score is 10. Inconsistency sub-dimension consists of 17 pair-items after the exclusion of the 3 pair-items. The total possible score for Inconsistency sub-dimension is 17, the minimum score is 1 and the maximum score is 12.

Distress sub-dimension consists of 35 items after the exclusion of 1 item. The total possible score for Distress sub-dimension is 259, the minimum score is 0 and the maximum score is 257. Rigidity sub-dimension consists of 13 items after the exclusion of 1 item. The total possible score for Rigidity sub-dimension is 60, the minimum score is 0 and the maximum score is 60. Unhappiness sub-dimension consists of 10 items after the exclusion of 1 item. The total possible score for Unhappiness sub-dimension is 56, the minimum score is 0 and the maximum score is 47. Problem with Child and Self sub-dimension consists of 6 items. The total possible score for Problem with Child and Self sub-dimension is 30, the minimum score is 0 and the maximum score is 29.

Problem with Family sub-dimension consists of 4 items. The total possible score for Problem with Family sub-dimension is 38, the minimum score is 0 and the maximum score is 38. Problem from Other sub-dimension consists of 6 items. The total possible score for Problem from Other sub-dimension is 24, the minimum score is 0 and the maximum score is 24. Ego-strength sub-dimension consists of 39 items after the exclusion of 1 item. The total possible score for Ego-strength sub-dimension is 39, the minimum score is 0 and the maximum score is 39. Loneliness sub-dimension consists of 14 items after the exclusion of 1 item. The

total possible score for Loneliness sub-dimension is 14, the minimum score is 0 and the maximum score is 14.

In this study, the CAPI scores of the participants were compared according to socio-demographic variables. According to the results parents with lower income level have higher abuse potential. Indeed, there is a strong relation between parent's socio-economic statutes and the probability that their children will encounter child abuse (Bywaters et al., 2016). Lower socio-economic circumstances are directly connected to child maltreatment potential as a result of the stress it imposes on parents to secure resources (Lefebvre et al., 2017). Studies also suggest that economic struggle may cause a deterioration in parent's mental abilities and may affects parental attitudes, which in turn threatens child's safety (Berger, 2018). Another result in this study indicates that caregivers with master's /PhD degrees and parents who obtained university degree have significantly lower child abuse potential than caregivers with primary, secondary and high school education. Lower educational level may result in other stressors as low living standards, low income and difficulty to secure a job (Beyazit, & Ayhan, 2018).

6. CHAPTER

CONCLUSION AND RECOMMENDATIONS

The current study provides a valid and reliable scale that can be employed professionally in Lebanon and other Arabic countries. To the best of the researchers' knowledge, this instrument is the first of its kind in any Arabic society to provide an instrument to assess child abuse potential. Yet, there are several limitations faced during this research that need to be elaborated on.

This research was limited to the unique structure, values and socio-demographic composition of caregivers in Lebanese society. A larger sample would have contributed to more accurate generalization to the rest of Lebanese society. It was also observed that, the administration of surveys was challenging especially to male caregivers, since the majority of parents in Lebanon still believe that child rearing is the mother's responsibility. Some caregivers refused to fill the survey because of the number of questions it contained, which made it difficult to collect the required number of data in a short time. Considering the unique nature of the Lebanese society, further studies should be conducted in other Arabic countries to form a better understanding to various Arabic cultures and its effect on the concepts of abuse.

The definition of child abuse is unclear according to Lebanese laws it usually relies on the degree of harm inflected and social values in the Lebanese society. Investigating methods to break the social cycle of child abuse by upcoming studies would outdo anticipations. child protection services are very weak, and mostly no

services are provided for abused children in Lebanon. future studied should focus on investigating the situation of abused children and services provided in order to ensure better protection of abused children.

Lebanon and Arabic region in general lack any sort of scale or screening tool which detects child abuse or child abuse potential, therefore future studies should focus on adapting and developing more scales and items that fit in the context of Lebanon and the rest of the Arabic region.

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APPENDIX

Appendix I

INFORMATION AND CONSENT FORM

الدراسة أدناه تهدف الى معاينة بعض اوجه العلاقة بين الأهل والطفل. إذا قمت بالموافقة على الاشتراك في الدراسة ، سيتوجب عليك اكمال ثلاثة استبيانات. انت غير ملزم بالمشاركة في هذه الدراسة، ولديك كامل الحرية لرفضها. حتى ان قررت الاشتراك في الدراسة، يمكنك التراجع في اي وقت كان.
لن يتم تجميع اي معلومات تدل عليك شخصيا، مشاركتك ستكون مجهولة الهوية ووسيتم حفظ جميع المعلومات بسريه تامه. إذا كنت موافق على المشاركة، لطفا قم بقراءة وامضاء نموذج الموافقة أدناه.
شكرا على مشاركتكم.
هيلدا الشورى

E-mail
hilda.shora@gmail .com

نموذج الموافقة:
أنا اوافق على المشاركة في هذه الدراسة، التي تم شرحها الي. لقد أعطيت الفرصة بطرح اي سائله تتعلق بالدراسة. أنا على
علم تام أن اجوبتي ستكون مجهولة الهوية، ولن يتم الكشف عن هويتي في أي وقت كان. وأنا أيضا على علم تام أن مشاركتي ستكون تطوعيه، ويمكنني الانسحاب من الدراسة في اي وقت. أنا أبلغ 18 أو ما فوق، ويحق لي قانونيا اعطاء
الموافقة

توقيع المشترك والتاريخ

Appendix II

SOCIO-DEMOGRAPHIC INFORMATION FORM

العمر.....
2 الجنس
ذكر
أنثى

3 مكان الولادة.....
4 الجنسية
لبناني
فلسطيني
سوري
غير ذألك الرجاء التحديد.....

.5 كم مضى على إقامتك في لبنان .....
.
6 ما هي أعلى مرحلة تعليمية قمت بإتمامها
المرحلة ابتدائية
المرحلة متوسطي
المرحلة ثانوية
المرحلة الجامعية
ماستر/دكتورا
غير ذألك الرجاء التحديد .....

7 حدد وضعك المهني
موظف
عاطل عن العمل

8 كيف تصف مستوى دخلك
منخفض
متوسط
مرتفع

9 ما هي مهنتك.....

10 الرجاء تحديد نوع ملكية المنزل
مملوك من قبل أحد أفراد العائلة
مستأجر
غير مملوك أو مستأجر ولم يتم القيام بأي دفعة مالية
غير ذلك الرجاء التحديد .....

Appendix III

SAMPLE ITEMS OF THE ARABIC FORM OF CHILD ABUSE POTENTIAL INVENTORY

لا أشعر أبداً بالأسف تجاه الآخرين	م	لا
أحب اقتناء الحيوانات الأليفة	م	لا
كنت دائماً بصحة جيّدة	م	لا

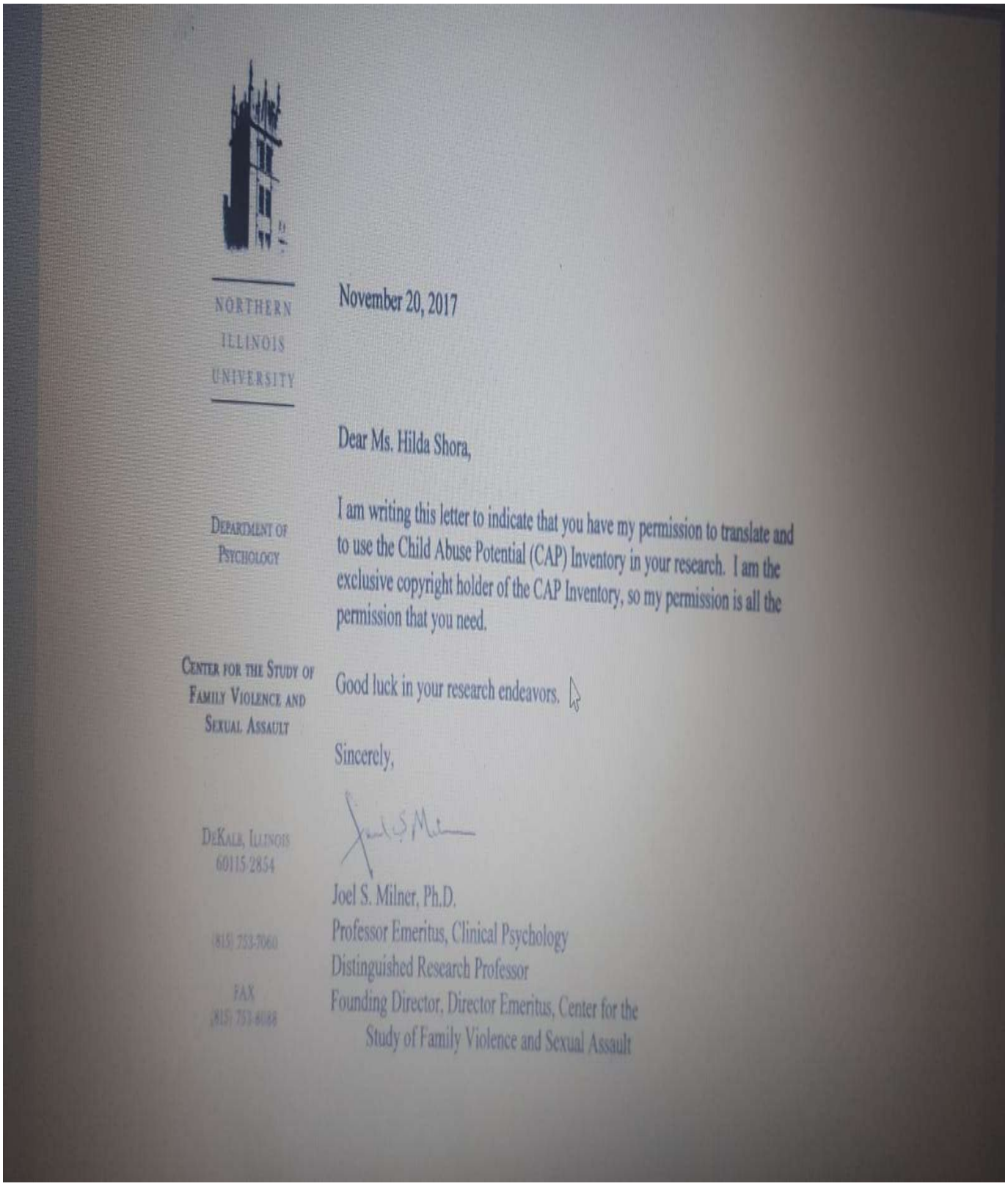
Appendix IV

SAMPLE OF THE ARABIC FFORM OF DASS

اقرأ كل من النصوص التالية ثم ضع دائرة حول الرقم 0،1،2و3 الذي يبين درجة انطباق هذا الشعور عليك في الأسبوع الماضي.
استعمل التقديرات التالية:
لا ينطبق عليّ بتاتاً (0)
ينطبق عليّ بعض الشيء أو قليلاً من الأوقات (1)
ينطبق عليّ بدرجة ملحوظة أو بعض الأوقات (2)
ينطبق عليّ كثيراً جداً، أو معظم الأوقات (3)

1	وجدت إنني مضطرب ومنزعج بسبب أمور تافهة جد أً	0	1	2	3
2	شعرت بجفاف في حلقي	0	1	2	3
3	لم يبدو لي أن بإمكاني الإحساس بمشاعر إيجابية على الإطلاق	0	1	2	3

Appendix V



NORTHERN ILLINOIS UNIVERSITY

November 20, 2017

Dear Ms. Hilda Shora,

DEPARTMENT OF PSYCHOLOGY

I am writing this letter to indicate that you have my permission to translate and to use the Child Abuse Potential (CAP) Inventory in your research. I am the exclusive copyright holder of the CAP Inventory, so my permission is all the permission that you need.

CENTER FOR THE STUDY OF FAMILY VIOLENCE AND SEXUAL ASSAULT

Good luck in your research endeavors.

Sincerely,

DEKALB, ILLINOIS 60115-2854

(815) 753-7060

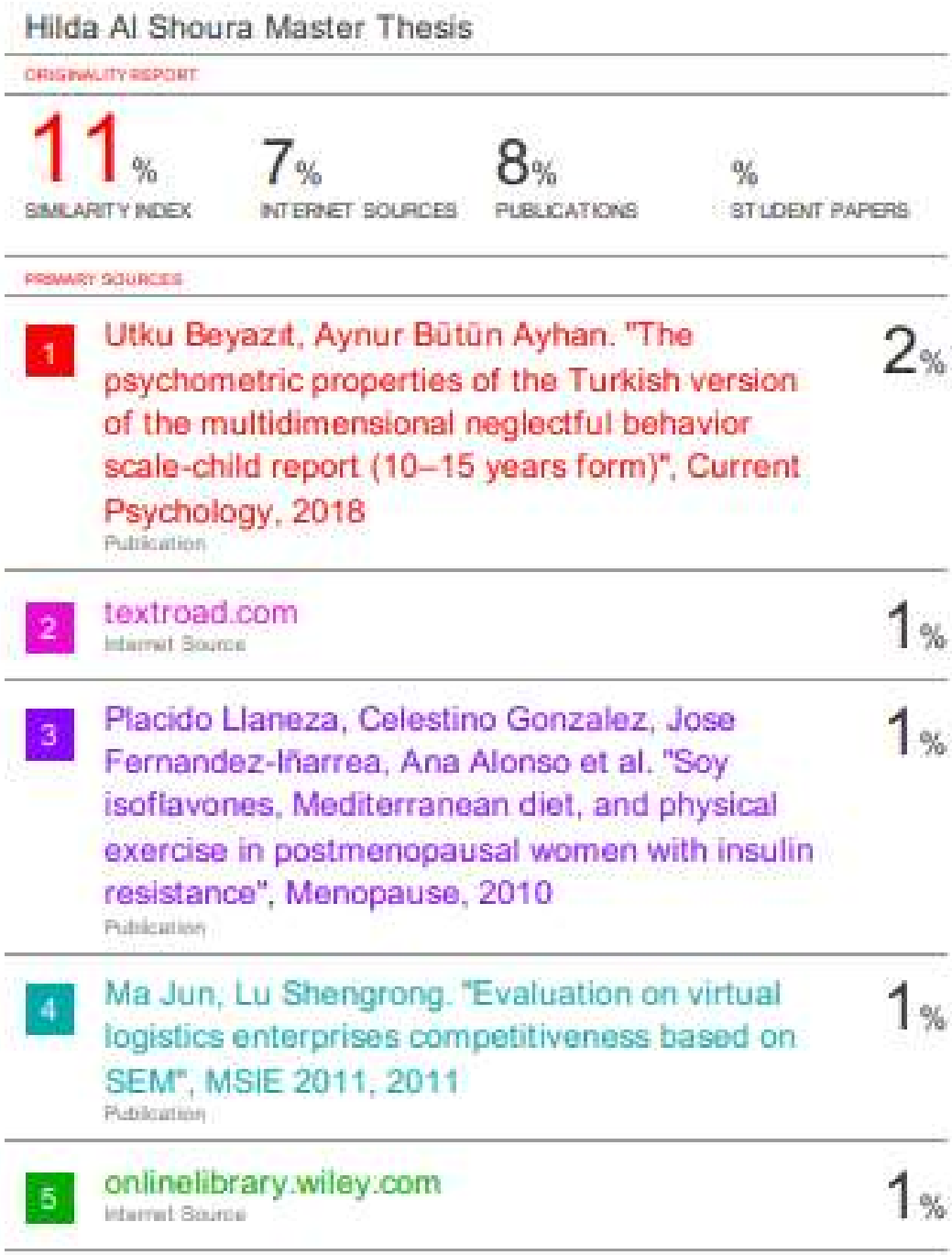
FAX (815) 753-6088

Joel S. Milner, Ph.D.
Professor Emeritus, Clinical Psychology
Distinguished Research Professor
Founding Director, Director Emeritus, Center for the Study of Family Violence and Sexual Assault

BIOGRAPHY

Hilda Ali Al Shoura was born on August 24th, 1995 in Lebanon. She completed all of her school years in UNRWA schools in Lebanon. She was granted a scholarship to complete her university studies in the Lebanese American University. She graduated with B.S in business management in 2016. After her graduation she decided pursue a master's degree in General Psychology, during her master studies she worked at the International office in Near East. Her master's degree was recently completed in 2019 She's looking forward to work on researching other topics in psychology, in addition to working on developing plans to protect children from abuse.

PLAGARISM REPORT



Hilda Al Shoura Master Thesis

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Appendix VI

Yakın Doğu Üniversitesi

BİLİMSEL ARAŞTIRMALAR ETİK KURULU

Dear Hilda Al Shoura

Your application titled **"The Arabic Lebanese adaptation of the Child Abuse Potential Inventory"** with the application number YDÜ/SB/2018/115 has been evaluated by the Scientific Research Ethics Committee and granted approval. You can start your research on the condition that you will abide by the information provided in your application form.

Assoc. Prof. Dr. Direnç Kanol

Rapporteur of the Scientific Research Ethics Committee

Direnc Kanol

Yakın Doğu Üniversitesi

BİLİMSEL ARAŞTIRMALAR ETİK KURULU

Sayın Hilda Al Shoura

Bilimsel Araştırmalar Etik Kurulu'na yapmış olduğunuz YDÜ/SB/2018/115 proje numaralı ve **"The Arabic Lebanese adaptation of the Child Abuse Potential Inventory"** başlıklı proje önerisi kurulumuzca değerlendirilmiş olup, etik olarak uygun bulunmuştur. Bu yazı ile birlikte, başvuru formunuzda belirttiğiniz bilgilerin dışına çıkmamak suretiyle araştırmaya başlayabilirsiniz.

Doçent Doktor Direnç Kanol

Bilimsel Araştırmalar Etik Kurulu Raportörü

Direnç Kanol