

Supplementary Materials for

EpiCHILD assessment tool: identifying exposure to witnessed violence in children and adolescents

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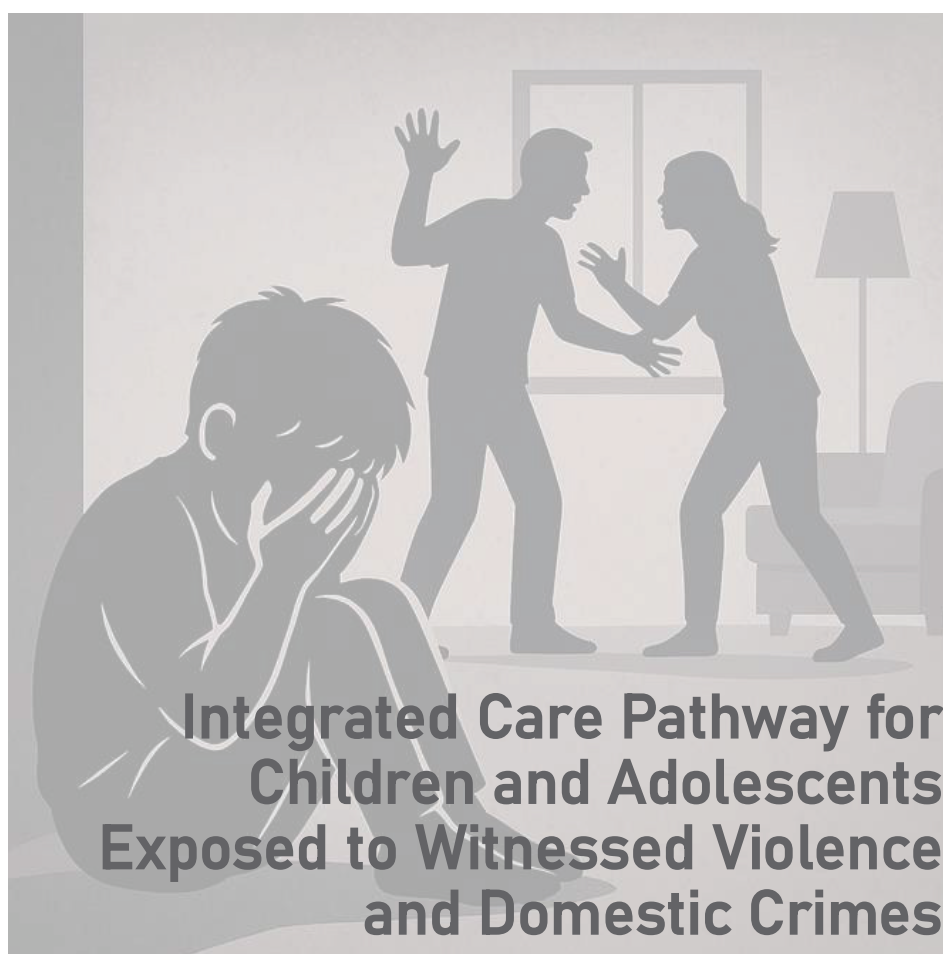
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This PDF file includes:

**EpiCHILD Assessment Questionnaire - Integrated care pathway for children and adolescents exposed
to witnessed and/or domestic violence (English translation from Italian)**

Translation note: this questionnaire was originally developed and validated in Italian for use in the Italian healthca-
re context. The English version presented here is a translation prepared for this publication. The original Italian
version of the questionnaire is available from the corresponding author upon request.



Integrated Care Pathway for Children and Adolescents Exposed to Witnessed Violence and Domestic Crimes

SECTION 1. DATA COLLECTION

1. Data Collection Phase

- ☐ T_0 (first visit - initial access to the facility)
- ☐ T_1 (visit after 7 days from first access)
- ☐ T_2 (visit at 6th month from first access)
- ☐ T_3 (visit at 12th month from first access)
- ☐ T_4 (visit at 18th month from first access)

2. Facility Identification Code

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3. Child Identification Code

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4. Questionnaire Administration Date

<i>d</i>	<i>d</i>	<i>m</i>	<i>m</i>	<i>y</i>	<i>y</i>	<i>y</i>	<i>y</i>

SECTION 2. SOCIO-DEMOGRAPHIC DATA

5. Minor's sex

- ☐ Female
- ☐ Male

6. Minor's current age (in years)

.....

7. Minor's level of education (completed or in progress)

- ☐ No formal education
- ☐ Primary school
- ☐ Lower secondary school (middle school)
- ☐ Upper secondary school (high school)

8. Mother's level of education

- ☐ No formal education
- ☐ Primary school
- ☐ Lower secondary school (middle school)
- ☐ Upper secondary school (high school)
- ☐ Undergraduate degree (first cycle, 3 years)
- ☐ Master's degree (2-year postgraduate programme)
- ☐ Postgraduate specialization or Master (including professional qualification))

SECTION 2. SOCIO-DEMOGRAPHIC DATA

9. Father's level of education

- ☐ No formal education
- ☐ Primary school
- ☐ Lower secondary school (middle school)
- ☐ Upper secondary school (high school)
- ☐ Undergraduate degree (first cycle, 3 years)
- ☐ Master's degree (2-year postgraduate programme)
- ☐ Postgraduate specialization or Master (including professional qualification))

10. Current relationship status between the parents

- ☐ Married and living together
- ☐ Married but not living together (e.g. de facto separated or for other reasons)
- ☐ Not married but living together (cohabiting partnership)
- ☐ Separated or divorced
- ☐ Never married and never lived with a partner
- ☐ Widowed
- ☐ Other / Unknown

11. Occupation of the parent victim of violence

- ☐ Temporary or insecure employment
- ☐ Part-time employment
- ☐ Full-time fixed-term employment
- ☐ Full-time permanent employment
- ☐ Not employed, student or in training
- ☐ Not employed, not in the labour force (e.g. homemaker)
- ☐ Unemployed

12. Minor's citizenship or foreign country of birth

[illegible]

13. Citizenship or foreign country of birth of the parent victim of violence

[illegible]

14. Citizenship or foreign country of birth of the abusive parent

[illegible]

15. Number of cohabiting siblings

- ☐ None
- ☐ One
- ☐ Two
- ☐ More than two

16. Number of cohabiting siblings with disabilities

- ☐ None
- ☐ One
- ☐ Two
- ☐ More than two

17. Number of half-siblings (from a different partner)

- ☐ None
- ☐ One
- ☐ Two
- ☐ More than two

SECTION 2. SOCIO-DEMOGRAPHIC DATA

18. Indicate how long the parent has been experiencing the reported condition (i.e., violence)

- ☐ Less than 6 months
- ☐ 6-11 months
- ☐ 1-5 years
- ☐ 6-10 years
- ☐ 11-20 years
- ☐ More than 20 years

19. Do you wish to proceed?

- ☐ Yes (*continue to the next section*)
- ☐ No (*skip to the Section 9*)

SECTION 3. ASSESSMENT OF PHYSICAL CONDITIONS, ORGANIC SYMPTOMS AND BEHAVIOURAL PROBLEMS

20. Physical conditions, organic symptoms and behavioural problems

(*Adapted from: Nelson et al., 2020 – Adversity in childhood is linked to mental and physical health throughout life – Adaptation by Pasquale Ferrante and Maria Grazia Foschino Barbaro)

	Yes	No	I don't know
Allergies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Immune system disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asthma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-harm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dermatitis/Eczema/Hives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School dropout	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emotional dysregulation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleep disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attention deficit/hyperactivity disorder (ADHD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conduct/behavioural disorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Enuresis/Encopresis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teenage pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Suicidal ideation or suicide attempt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Viral infections, upper and lower respiratory infections, pneumonia, acute otitis media, gastrointestinal infections, urinary tract infections, conjunctivitis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cardiovascular diseases	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronic illnesses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Delayed menarche	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obesity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thinness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Early onset of sexual activity (<15–17 years)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
First alcohol use before age 14	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
First use of illicit drugs before age 14	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Learning difficulties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grade repetition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Growth delay	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poor dental health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unexplained somatic symptoms (e.g., nausea, vomiting, dizziness, constipation, headaches)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SECTION 3. ASSESSMENT OF PHYSICAL CONDITIONS, ORGANIC SYMPTOMS AND BEHAVIOURAL PROBLEMS

21. Do you wish to proceed?

- ☐ Yes (*continue to the next section*)
- ☐ No (*skip to the Section 9*)

SECTION 4. MEDICATION USE

22. Is the minor currently taking any medication?

- ☐ Yes (if Yes, proceed to question 23)
- ☐ No (if No, skip to question 25)

23. Please list any medications currently being taken, giving priority to antidepressants or anxiolytics

Medication 1 (Name of the drug):

Medication 1 (Dosage):

Medication 2 (Name of the drug):

Medication 2 (Dosage):

Medication 3 (Name of the drug):

Medication 3 (Dosage):

Medication 4 (Name of the drug):

Medication 4 (Dosage):

24. Do you wish to proceed?

- ☐ Yes (continue to the next section)
- ☐ No (skip to the Section 9)

SECTION 5. PSYCHIATRIC/PSYCHOLOGICAL THERAPY AND PSYCHOSOCIAL INTERVENTIONS

25. Has the minor received psychiatric or psychological therapy/counselling? *(Select all that apply)*

	Yes	No
Antidepressant or anxiolytic medications	<input type="radio"/>	<input type="radio"/>
Referred for neuropsychiatric assessment	<input type="radio"/>	<input type="radio"/>
Prescribed therapy by a neuropsychiatrist	<input type="radio"/>	<input type="radio"/>
Psychotherapy	<input type="radio"/>	<input type="radio"/>
Psychosocial interventions (<i>e.g. financial support, educational/sports activities</i>)	<input type="radio"/>	<input type="radio"/>
Follow-up	<input type="radio"/>	<input type="radio"/>

26. Do you wish to proceed?

- ☐ Yes *(continue to the next question)*
- ☐ No *(skip to the Section 9)*

27. The minor is participating in the study as:

- ☐ An 'exposed' minor, i.e., victim of violence *(proceed to the next section)*
- ☐ A 'non-exposed' minor, i.e., not a victim of violence *(skip to the Section 7)*

SECTION 6. DESCRIPTION OF THE VIOLENCE

28. Relationship between the perpetrator and the minor

- ☐ Parent
- ☐ Other relative
- ☐ Acquaintance or friend
- ☐ Stranger
- ☐ Other specified relationship
- ☐ Unspecified relationship

29. Sex of the perpetrator

- ☐ Male
- ☐ Female
- ☐ Unknown

30. Age group of the perpetrator

- ☐ Youth (15-24 years)
- ☐ Young adults (25-44 years)
- ☐ Middle-aged adults (45-64 years)
- ☐ Elderly (65+ years)
- ☐ Unknown

31. Do you wish to proceed?

- ☐ Yes (*continue to the next section*)
- ☐ No (*skip to the Section 9*)

SECTION 7. POST-TRAUMATIC STRESS DISORDER

International Trauma Questionnaire Child and Adolescent version (ITQ-CA)

32. Sources of traumatic stress

Many people experience stressful or frightening events. Below is a list of stressful and frightening events that sometimes occur. Answer YES if it happened to you, NO if it did not happen to you.

	Yes	No
Severe natural disasters - floods, tornadoes, hurricanes, earthquakes, or fires	<input type="radio"/>	<input type="radio"/>
Serious accidents or injuries such as bicycle or car accidents, dog bites, sports injuries	<input type="radio"/>	<input type="radio"/>
Being robbed under threat, by force, or with weapons	<input type="radio"/>	<input type="radio"/>
Being slapped, punched, or beaten by family members	<input type="radio"/>	<input type="radio"/>
Being slapped, punched, or beaten by someone outside your family	<input type="radio"/>	<input type="radio"/>
Seeing someone in your family being slapped, punched, or beaten	<input type="radio"/>	<input type="radio"/>
Witnessing a person being slapped, punched, or beaten	<input type="radio"/>	<input type="radio"/>
An older person touched you in private parts when they shouldn't have	<input type="radio"/>	<input type="radio"/>
Someone who forced you or pressured you into sexual acts or situations where you couldn't say no	<input type="radio"/>	<input type="radio"/>
Someone close to you died suddenly or violently	<input type="radio"/>	<input type="radio"/>
You were attacked, stabbed, shot, or seriously injured	<input type="radio"/>	<input type="radio"/>
You saw someone attacked, stabbed, shot, seriously injured, or killed	<input type="radio"/>	<input type="radio"/>
Being subjected to stressful or frightening medical procedures	<input type="radio"/>	<input type="radio"/>
Being in war contexts	<input type="radio"/>	<input type="radio"/>
Have you experienced other stressful or frightening events?	<input type="radio"/>	<input type="radio"/>

If yes, please briefly describe: _____

SECTION 7. POST-TRAUMATIC STRESS DISORDER

International Trauma Questionnaire Child and Adolescent version (ITQ-CA)

33. Below are problems people can have after an upsetting or a stressful event. Thinking about that event, select how much the following things have bothered you in the PAST MONTH.

	Never	Rarely	Someti mes	Often	Almost always
ITQ01: Bad dreams reminding me of what happened.	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
ITQ02: Pictures in my head of what happened. Feels like it is happening right now.	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
ITQ03: Trying not to think about what happened. Or to not have feelings about it.	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
ITQ04: Staying away from anything that reminds me of what happened (people, places, things, situations, talks).	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
ITQ05: Being overly careful (checking to see who is around me).	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
ITQ06: Feeling jumpy or tense.	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>

34. Please indicate, by marking YES or NO, whether these problems have interfered with:

	Yes	No
Getting along with friends	<input type="radio"/>	<input type="radio"/>
Getting along with family	<input type="radio"/>	<input type="radio"/>
School assignments/homework	<input type="radio"/>	<input type="radio"/>
Anything else that is important to you (hobbies, other relationships, etc.)	<input type="radio"/>	<input type="radio"/>
Your overall sense of happiness	<input type="radio"/>	<input type="radio"/>

SECTION 7. POST-TRAUMATIC STRESS DISORDER

International Trauma Questionnaire Child and Adolescent version (ITQ-CA)

35. Below are problems people report after traumatic or stressful events. They are about how you feel, what you believe about yourself and others. Select how much the following things have bothered you in the PAST MONTH.

	Never	Rarely	Someti mes	Often	Almost always
ITQ07: Having trouble calming down when I am upset (angry, scared or sad)	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
ITQ08: Not being able to have any feelings or feeling empty inside.	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
ITQ09: Feeling like a failure	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
ITQ10: Thinking I'm not a good person	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
ITQ11: Not feeling close to other people	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
ITQ12: Having a hard time staying close to other people	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>

36. Please indicate, by marking YES or NO, whether these problems have interfered with:

	Yes	No
Getting along with friends	<input type="radio"/>	<input type="radio"/>
Getting along with family	<input type="radio"/>	<input type="radio"/>
School assignments/homework	<input type="radio"/>	<input type="radio"/>
Anything else that is important to you (hobbies, other relationships, etc.)	<input type="radio"/>	<input type="radio"/>
Your overall sense of happiness	<input type="radio"/>	<input type="radio"/>

SECTION 7. POST-TRAUMATIC STRESS DISORDER

International Trauma Questionnaire Child and Adolescent version (ITQ-CA)

37. Do you wish to proceed?

- ☐ Yes (*continue to the next section*)
- ☐ No (*skip to the Section 9*)

SECTION 8. DEPRESSION ASSESSMENT

Children’s Depression Inventory, 2° edition

(CDI 2 self report)

38. This questionnaire lists ideas and feelings grouped together. From each group of three sentences, choose the sentence that best describes you in the last two weeks. After choosing a sentence from the first group, move to the next group. There are no right or wrong answers. Choose only the sentence that best describes how you have felt lately. Mark an X in the box next to the sentence that best describes how you’ve felt.

Here is an example. Try to respond by putting an X next to the sentence that best describes you:

Example:

I always read books

☐

I sometimes read books

☐

I never read books

☐

Remember, for each group, choose the sentence that best describes you in the LAST TWO WEEKS

Item 1

I am sad sometimes

☐

I am sad many times

☐

I am always sad

☐

Item 2

Nothing will ever go well for me

☐

I’m not sure things will go well for me

☐

Things will go well for me

☐

Item 3

I do most things right

☐

I do many things wrong

☐

I do everything wrong

☐

Item 4

Many things are fun for me

☐

Some things are fun for me

☐

Nothing is fun for me at all

☐

SECTION 8. DEPRESSION ASSESSMENT

Children's Depression Inventory, 2^o edition (CDI 2 self report)

Item 5

I am important to my family ☐

I'm not sure I'm important to my family ☐

My family would be better off without me ☐

Item 7

All bad things happen because of me ☐

Many bad things happen because of me ☐

Bad things usually don't happen because of me ☐

Item 9

I feel like crying every day ☐

I feel like crying many days ☐

I sometimes feel like crying ☐

Item 11

I like being with people ☐

Many times, I don't like being with people ☐

I don't want to be with people at all ☐

Item 13

I think I look good ☐

I think there are some ugly things about me ☐

I think I look ugly ☐

Item 6

I hate myself ☐

I dislike myself ☐

I think I'm okay as I am ☐

Item 8

I don't think about killing myself ☐

I think about killing myself but I wouldn't do it ☐

I want to kill myself ☐

Item 10

I feel nervous all the time ☐

I feel nervous many times ☐

I almost never feel nervous ☐

Item 12

I can never make up my mind about things ☐

It's hard for me to make decisions ☐

I make decisions easily ☐

Item 14

I always have to push myself to do homework ☐

I often have to push myself to do homework ☐

Doing homework is not a big problem for me ☐

SECTION 8. DEPRESSION ASSESSMENT

Children's Depression Inventory, 2° edition

(CDI 2 self report)

Item 15

I have trouble sleeping every night ☐

I have trouble sleeping many nights ☐

I sleep pretty well ☐

Item 17

Most days I don't feel like eating ☐

Many days I don't feel like eating ☐

I eat pretty well ☐

Item 19

I don't feel lonely ☐

I often feel lonely ☐

I always feel lonely ☐

Item 21

I have lots of friends ☐

I have some friends but wish I had more ☐

I don't have any friends ☐

Item 23

I can never be as good as other kids ☐

If I try, I can be as good as other kids ☐

I'm as good as other kids ☐

Item 16

I get tired once in a while ☐

I'm tired many days ☐

I'm tired all the time ☐

Item 18

I often worry about aches and pains ☐

I sometimes worry about aches and pains ☐

I never worry about aches and pains ☐

Item 20

I never have fun at school ☐

I sometimes have fun at school ☐

I often have fun at school ☐

Item 22

I do well in school ☐

I'm not doing as well in school as I used to ☐

I'm doing very poorly in subjects I used to be good at ☐

Item 24

No one really loves me ☐

I'm not sure anyone really loves me ☐

I'm sure someone loves me ☐

SECTION 8. DEPRESSION ASSESSMENT

Children's Depression Inventory, 2^o edition (CDI 2 self report)

Item 25

It's easy for me to get along with friends ☐

I argue with friends many times ☐

I argue with friends all the time ☐

Item 27

Most days I feel like I can't stop eating ☐

Many days I feel like I can't stop eating ☐

I eat the right amount ☐

Item 26

I always fall asleep during the day ☐

I often fall asleep during the day ☐

I never fall asleep during the day ☐

Item 28

It's very easy for me to remember things ☐

I sometimes forget things ☐

I have trouble remembering things ☐

39. Do you wish to proceed?

☐ Yes (*continue to the next section*)

☐ No (*skip to the Section 9*)

SECTION 9. PARENT/CAREGIVER ASSESSMENT

Strengths and Difficulties Questionnaire (SDQ-Ita)

40. For each item, please tick one box: “Not true”, “Somewhat true” or “Certainly true”. It would be helpful if you answered all the questions as best as you can, even if you’re not entirely sure or the question seems a bit unusual. You should answer based on the child’s behaviour over the past six months or during the current school year.

	Not true	Somewhat true	Certainly true
Considerate of other people's feelings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Restless, overactive, cannot stay still for long	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Often complains of headaches, stomach-aches or nausea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shares readily with other children (sweets, toys, pencils, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Often has temper tantrums or is easily annoyed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rather solitary, tends to play alone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Generally well-behaved, usually does what adults request	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has many worries, often seems worried	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Helpful if someone is hurt, upset or feeling ill	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Constantly fidgeting or squirming	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has at least one good friend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Often fights with other children or bullies them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Often unhappy, depressed or tearful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Generally liked by other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Easily distracted, concentration wanders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nervous or clingy in new situations, easily loses confidence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Kind to younger children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Often lies or cheats	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Picked on or bullied by other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Often volunteers to help others (parents, teachers, other children)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thinks things through before acting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Steals from home, school or elsewhere	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gets on better with adults than with other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has many fears, easily scared	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sees tasks through to the end, good attention span	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>