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Supplementary Materials for

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

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This PDF file includes:

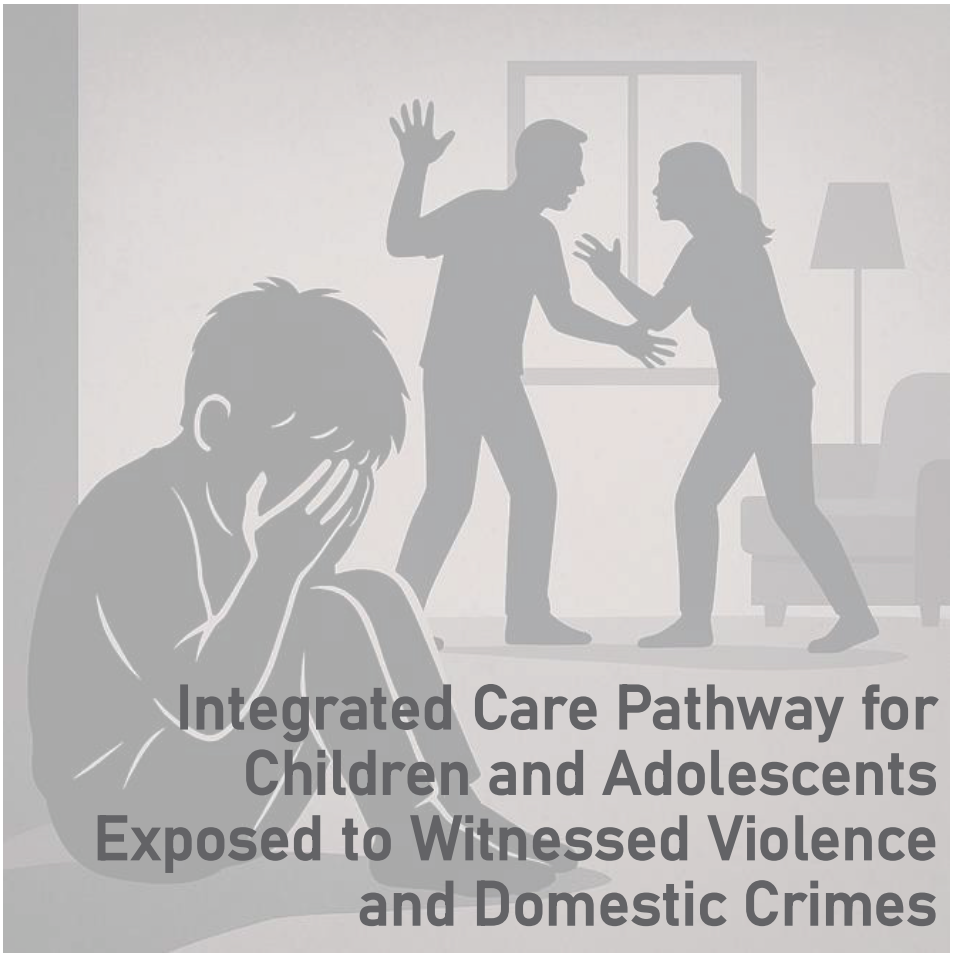
EpiCHILD Assessment Questionnaire - Integrated care pathway for children and adolescents exposed to witnessed and/or domestic violence (English translation from Italian)

Translation note: this questionnaire was originally developed and validated in Italian for use in the Italian healthcare 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.

SUPPLEMENTARY MATERIALS

Centro nazionale per la prevenzione e il Controllo delle Malattie

ISTITVTO SVPERIORE DI SANITA



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

3. Child Identification Code

4. Questionnaire Administration Date

d	*d*	*m*	*m*	*y*	*y*	*y*	*y*

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

SECTION 2. SOCIO-DEMOGRAPHIC DATA

12. Minor's citizenship or foreign country of birth

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

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

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	○	○	○
Immune system disorders	○	○	○
Asthma	○	○	○
Self-harm	○	○	○
Dermatitis/Eczema/Hives	○	○	○
Diabetes	○	○	○
School dropout	○	○	○
Emotional dysregulation	○	○	○
Sleep disorders	○	○	○
Attention deficit/hyperactivity disorder (ADHD)	○	○	○
Conduct/behavioural disorder	○	○	○
Enuresis/Encopresis	○	○	○
Teenage pregnancy	○	○	○
Suicidal ideation or suicide attempt	○	○	○
Viral infections, upper and lower respiratory infections, pneumonia, acute otitis media, gastrointestinal infections, urinary tract infections, conjunctivitis	○	○	○
Cardiovascular diseases	○	○	○
Chronic illnesses	○	○	○
Delayed menarche	○	○	○
Obesity	○	○	○
Thinness	○	○	○
Early onset of sexual activity (<15–17 years)	○	○	○
First alcohol use before age 14	○	○	○
First use of illicit drugs before age 14	○	○	○
Learning difficulties	○	○	○
Grade repetition	○	○	○
Growth delay	○	○	○
Poor dental health	○	○	○
Unexplained somatic symptoms (e.g. (e.g., nausea, vomiting, dizziness, constipation, headaches))	○	○	○

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	○	○
Referred for neuropsychiatric assessment	○	○
Prescribed therapy by a neuropsychiatrist	○	○
Psychotherapy	○	○
Psychosocial interventions (*e.g. financial support, educational/sports activities*)	○	○
Follow-up	○	○

26. Do you wish to proceed?

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

27. The minor~~child~~ 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 Questionnarie 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	○	○
Serious accidents or injuries such as bicycle or car accidents, dog bites, sports injuries	○	○
Being robbed under threat, by force, or with weapons	○	○
Being slapped, punched, or beaten by family members	○	○
Being slapped, punched, or beaten by someone outside your family	○	○
Seeing someone in your family being slapped, punched, or beaten	○	○
Witnessing a person being slapped, punched, or beaten	○	○
An older person touched you in private parts when they shouldn't have	○	○
Someone who forced you or pressured you into sexual acts or situations where you couldn't say no	○	○
Someone close to you died suddenly or violently	○	○
You were attacked, stabbed, shot, or seriously injured	○	○
You saw someone attacked, stabbed, shot, seriously injured, or killed	○	○
Being subjected to stressful or frightening medical procedures	○	○
Being in war contexts	○	○
Have you experienced other stressful or frightening events?	○	○

If yes, please briefly describe:_____

SECTION 7. POST-TRAUMATIC STRESS DISORDER
International Trauma Questionnarie 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	Sometimes	Often	Almost always
ITQ01: Bad dreams reminding me of what happened.	0	1	2	3	4
ITQ02: Pictures in my head of what happened. Feels like it is happening right now.	0	1	2	3	4
ITQ03: Trying not to think about what happened. Or to not have feelings about it.	0	1	2	3	4
ITQ04: Staying away from anything that reminds me of what happened (people, places, things, situations, talks).	0	1	2	3	4
ITQ05: Being overly careful (checking to see who is around me).	0	1	2	3	4
ITQ06: Feeling jumpy or tense.	0	1	2	3	4

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

	Yes	No
Getting along with friends	○	○
Getting along with family	○	○
School assignments/homework	○	○
Anything else that is important to you (hobbies, other relationships, etc.)	○	○
Your overall sense of happiness	○	○

SECTION 7. POST-TRAUMATIC STRESS DISORDER
International Trauma Questionnarie 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	Sometimes	Often	Almost always
ITQ07: Having trouble calming down when I am upset (angry, scared or sad)	0	1	2	3	4
ITQ08: Not being able to have any feelings or feeling empty inside.	0	1	2	3	4
ITQ09: Feeling like a failure	0	1	2	3	4
ITQ10: Thinking I'm not a good person	0	1	2	3	4
ITQ11: Not feeling close to other people	0	1	2	3	4
ITQ12: Having a hard time staying close to other people	0	1	2	3	4

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

	Yes	No
Getting along with friends	○	○
Getting along with family	○	○
School assignments/homework	○	○
Anything else that is important to you (hobbies, other relationships, etc.)	○	○
Your overall sense of happiness	○	○

SECTION 7. POST-TRAUMATIC STRESS DISORDER
International Trauma Questionnarie 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° 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 6
- I hate myself ○
- I dislike myself ○
- I think I'm okay as I am ○

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 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 9
- I feel like crying every day ○
- I feel like crying many days ○
- I sometimes feel like crying ○

Item 10
- I feel nervous all the time ○
- I feel nervous many times ○
- I almost never feel nervous ○

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 12
- I can never make up my mind about things ○
- It's hard for me to make decisions ○
- I make decisions easily ○

Item 13
- I think I look good ○
- I think there are some ugly things about me ○
- I think I look ugly ○

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 16
- I get tired once in a while ○
- I'm tired many days ○
- I'm tired all the time ○

Item 17
- Most days I don't feel like eating ○
- Many days I don't feel like eating ○
- I eat pretty well ○

Item 18
- I often worry about aches and pains ○
- I sometimes worry about aches and pains ○
- I never worry about aches and pains ○

Item 19
- I don't feel lonely ○
- I often feel lonely ○
- I always feel lonely ○

Item 20
- I never have fun at school ○
- I sometimes have fun at school ○
- I often have fun at school ○

Item 21
- I have lots of friends ○
- I have some friends but wish I had more ○
- I don't have any friends ○

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 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 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° 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 26

- I always fall asleep during the day ○
- I often fall asleep during the day ○
- I never fall asleep during the day ○

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