



**Assessment of Trafficked and Abused Girls living in Shelters in Cambodia:
Development and Testing of a Locally-Adapted
Psychosocial Assessment
Instrument**

Conducted by
World Vision Cambodia
World Vision US
and
The Applied Mental Health Research Group
Johns Hopkins Bloomberg School of Public Health

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EXECUTIVE SUMMARY

Project Objectives

This report describes the development and testing of an instrument to assess psychosocial problems among trafficked and sexually exploited girls currently living in shelters in Cambodia. Development consisted of generating a draft instrument which reflects the psychosocial problems that emerged in previous qualitative studies among the same target population. Testing consisted of assessing the instrument's local acceptability, clarity, validity and reliability among the two target populations. The study is part of a series of field-based activities to inform the design, implementation, monitoring, and evaluation (DIME) of the Learning to Impact Forgotten and Excluded (LIFE) initiative being implemented as part of World Vision's Children in Crisis (CIC) programming.

The objectives of the work described here are:

1. To develop a draft quantitative assessment instrument based on the psychosocial problems that emerged in a previous qualitative study of the target population.
2. To test the acceptability, clarity, validity and reliability of this instrument among these same children and finalize the instrument based on these results.
3. To build the capacity of WV in this type of applied research.

Methods

The first step was to develop a draft instrument that reflected the wide range of problems found through the previous qualitative study conducted in August/September 2007 and the need for an instrument to help assess children served by the collaborating shelters. We identified several existing measures which matched these criteria. These measures were first adapted to more closely match the problems identified by our target population (girls who had been trafficked and/or abused and currently live in one of the collaborating shelters) in a previous qualitative study by adding items based on frequently mentioned issues in the qualitative studies that were not already captured in these measures. No items were removed, in order to enable future comparisons with data from other populations in other countries. The adapted measures were translated into Khmer with an emphasis on using the same terms and phrases as that found in the qualitative data.

The next step was a pilot study of the adapted measures in order to detect any problems with the interview procedure, the project description form and the instrument from the point of view of both the interviewers and the interviewees and to give the interviewers practice in interviewing. There was some concern that the practice and pilot sessions should not be done with the girls themselves because of their vulnerable state, so the counselors from the shelters who had assisted with the interviewer training acted the part of the children for the pilot process. Based on feedback from interviewers and counselors the instrument and project description form were adjusted as necessary. The resulting instrument and description form were then tested further in the reliability and validity study.

The purpose of the reliability and validity testing was to determine whether the adapted measures could accurately determine if a child had significant psychosocial problems. Testing consisted of assessing the individual measure's internal consistency, predictive validity, and test-retest

reliability. Twenty percent of the children were re-interviewed 1-3 days after their first interview by the same interviewer in order to assess test retest reliability. Internal consistency reliability was also assessed using the Cronbach's alpha measure. Discriminant validity was assessed with the help of counselors employed by the collaborating shelters and who work with the children on an ongoing basis. These counselors assessed the children served by these organizations on the basis of the severity of their psychosocial and functioning problems. Discriminant validity was assessed by comparing the scores of those who the counselors considered 'severe' with those who were identified as 'mild' or had fewer problems on the various measures.

Results

For this validation study, we interviewed a total of 206 girls in 6 shelters.

When assessing test-retest reliability, Pearson correlation coefficient scores of .7 are considered to be acceptable. The correlations ranged from 0.68-0.91 indicating adequate test-retest reliability. Internal consistency reliability, as measured using a Chronbach alpha calculation, measures the extent to which questions that assess the same underlying concept agree or disagree. Adequate internal reliability is defined by alpha scores at least 0.7 and ideally greater than 0.8. Alpha scores for the syndrome scales are all very good (0.80-0.92). The results for the hope and function scores are adequate (0.77 and 0.68, respectively).

Discriminant validity was assessed by comparing scale scores of the girls whom the counselors rated as having lots of problems ('Cases') with the girls whom the counselors rated as having minimal problems ('Controls'). If we assume that the counselors are able to correctly classify the girls, we would expect that the 'cases' to have statistically significantly higher scale scores than the 'controls' indicating greater severity in symptoms and dysfunction. The results indicate that this comparison was only statistically significant for the post trauma scale, however all of the other scales were in the predicated direction though not statistically significant.

A second type of validity analysis we conducted was 'predictive' validity: do the scales act in an expected way if we assume that the girl's self report is the correct data (as opposed to considering the counselor reports to be 'correct'). We investigated predictive validity by comparing the correlations of the scales themselves. As expected the post-trauma and depression scales were highly correlated as were the shame and post-trauma scales. The hope scale was minimally correlated with the syndrome scales as expected. For the functional impairment scales, although the correlations are generally statistically significant, they are lower than we would have expected.

Discussion

Overall, we were able to conclude that this questionnaire created to capture the girl's reporting of their mental health and psychosocial problems is both reliable and valid, with a few exceptions. With the removal of a single mental health question (B08), the scales developed to assess depression problems, post trauma problems and shame showed strong internal consistency, test-rest reliability and predictive validity. The hope and functional impairment scales were somewhat more problematic with the results being less consistent.

One limitation of this study was our inability to test the wording of the individual questions with

a sample of girls prior to the implementation of the study. The limited piloting of the instrument became particularly evident when we conducted a final review with the interviewers and asked them to go question by question and indicate which questions were unclear to the girls and required explanations. We found that there were several questions that were understood differently by different girls and some questions where the language was too complex or used too 'high' a vocabulary for many of the girls to understand. We took careful notes during this review and recommend that the next iteration of the instrument make the necessary linguistic changes to make the questionnaire clearer for all of the respondents.

In addition, we did not find that the information provided from the counselors generated information useful for evaluating the severity of the symptoms for the girls. This was true with regards to both the global ratings generated from the questions in Table 1 and from the individual questionnaires filled out by the counselors for each girl. The results from the data analysis indicate that there were not consistent findings based on the counselor and girl respondents; that is, some counselors and girls were in better agreement about the degree of symptoms they had and some pairs were in less agreement and there was no pattern to help us understand how we would be able to identify these differences. Therefore, we recommend primarily relying on the girl's self-responses for the assessment of symptom severity across the various domains.

In conclusion, using data from a previous qualitative study we were able to successfully select and adapt a series of existing mental health and psychosocial measures for use with the target population of formerly trafficked and sexually exploited girls in Cambodia. While this interview tool has not been tested to evaluate its ability to identify girls suffering from specific mental health problems or can differentiate between 'normal' vs. 'distressed' level of symptoms, it does appear to provide a generally accurate assessment of the psychosocial problems of this population.

Recommendations

We recommend using a revised version of the instrument to assess the current level of symptoms and functioning among girls currently in the shelters and to use this data to monitor their progress as they receive services particularly focused on the mental health and psychosocial well-being. We also recommend that this measure be used in a formal evaluation of the impact of the mental health programming being conducted at the shelters.

The adapted instruments, once the language for some of the items has been checked and clarified, could be also used by other organizations working with this population including the Cambodian government, other NGOs and private groups. The goals of these assessments could include:

- a) Assessing the presence and severity of the mental health needs,
- b) Using this information to target resources and design appropriate interventions,
- c) Assessing the impact of these interventions

In conducting a-c, there should be a focus on building local capacity in program design, monitoring, and evaluation.

When the instrument is used in the future, analysis of the resulting data should include further characterization of the reliability and validity of the instrument, particularly with regard to the

performance of the function scales. A more extensive validation study could provide a stronger measure that would be able to better define specific disorders and understand what are ‘normal’ or ‘healthy’ symptom levels.

An additional recommendation is to apply the combined qualitative and quantitative methods described in this report in other contexts where assessment measures have not yet been fully developed and tested. As with the LIFE CIC project, these methods can be used to improve need and impact assessments for other populations, both children and adults, and to assess psychosocial and other problems. The methods are particularly useful in situations where need has not been well characterized and where the impact of interventions has not been well demonstrated.

INTRODUCTION

This report describes the development and testing of an instrument to assess psychosocial problems among trafficked and sexually exploited girls living in shelters in Cambodia. Development consisted of generating a draft instrument which reflects the psychosocial problems that emerged in a previous qualitative study among the same target population. Testing consisted of assessing the instrument's local acceptability, clarity, validity and reliability among the target population.

The report describes the background to the activities described here, and places them in the wider context of ongoing technical support collaboration between World Vision US, World Vision Cambodia and Johns Hopkins University (JHU). The report also describes the methods used to develop and test the instrument and the results of these tests. Conclusions based on the results are also included, as well as specific recommendations for future activities. Finally, the report ends with a series of appendices containing the final instrument and associated interview materials. There is also an appendix with explanation of some of the technical terms used in the report referring to important elements of reliability and validity.

BACKGROUND

These activities described here (instrument development and testing) form part of a planned series of field-based activities to inform the design, implementation, monitoring, and evaluation (DIME) of the Learning to Impact Forgotten and Excluded (LIFE) initiative being implemented as part of the Children and Crisis (CIC) program by World Vision (WV). The purpose of the LIFE CIC Initiative in Cambodia is to identify appropriate intervention strategies and establish systems of monitoring and evaluation for assisting formerly trafficked and sexually exploited girls in the capital city of Phnom Penh and nearby cities. The DIME activities to support the initiative are being conducted by World Vision Cambodia in collaboration with faculty from Johns Hopkins University.

The LIFE CIC process in Cambodia consists of the following stages:

1. Qualitative study of the psychosocial problems and positive among the target population.
2. Development of a locally appropriate quantitative instrument (questionnaire) to assess the major psychosocial problems and components of functionality emerging from the qualitative study.
3. Evaluation of the acceptability, clarity, validity and reliability of the instrument among the target population, with subsequent revision of the instrument based on the results.
4. Use of the final version of the instrument to conduct baseline assessments among children recruited to the program (in this case, girls who in the future will come into the shelter programs).
5. Repeat use of the instrument after participation in the program, to assess individual progress and change.

This report describes the process and results of stages 2 and 3, and includes recommendations for future activities. Details on the background to World Vision's work in Cambodia, the overall

LIFE CIC project and methodology; its rationale, theoretical basis, and explanations of the technical concepts; and the qualitative study noted stage 1 above are described in detail elsewhere and therefore much of this information has been omitted from this report. The contents here are limited to a description of the methods used to develop the quantitative instrument and the process of field-testing undertaken.

OBJECTIVES

The objectives of the work described here are:

1. To develop a draft quantitative assessment instrument based on the psychosocial problems and indicators of positive functioning that emerged in the qualitative study.
2. To test the acceptability, clarity, validity and reliability of this instrument among the girls currently residing in the collaborating shelters and finalize the instrument based on these results.
3. To build the capacity of WV in this type of applied research.

METHODS

Study Sites

The data collection took place between May and June 2008 in collaboration with 6 local agencies who provide care services for trafficked and sexually exploited children in and around the cities of Phnom Penh, Kampong Cham and Battambang. The sites are listed below, with a brief description of the services provided by each agency (descriptions written by each agency).

The World Hope International (WHI) Assessment Center for Girls opened in June 2005 to address immediate needs of girls rescued or removed from commercial sexual exploitation (CSE) and/or rape. The Center provides short-term secure housing in a home-like environment, medical and mental health assessments and care, creative arts and educational activities, and family assessments to determine appropriate placements for girls. When feasible and safe, WHI returns girls to their families; otherwise WHI refers girls to medium or long term care for cases requiring more time for family reconciliation and reintegration. The Center houses 24 girls at a time, ages 5 – 17. As of January 2010, WHI has provided care for 511 girl survivors of CSE and/or rape.

Hagar Cambodia's Children's Program began in 1998 and walks alongside children aged 4-14 who have survived abandonment, human trafficking, sexual exploitation and domestic violence ensuring their recovery, economic empowerment, and successful reintegration into society. In Hagar's two recovery shelters, 84 children are cared for by loving Cambodian house parents and receive intensive medical care, education and counseling. An additional 93 children who are unable to return to their family of origin are cared for in community foster families. Hagar's education programs and long-term support and follow up empower children for a financially independent and resilient future.

Agape Restoration Center (ARC) is a ministry of Agape International Ministries (AIM). AIM was founded in 1988 and its efforts are focused on the prevention of child sex trafficking through the Cambodian church, and the restoration and reintegration of female victims of child sex

trafficking. ARC was opened in August of 2006 and includes 2 residential homes caring for 54 girls.

In Cambodia, Destiny Rescue works with CSE girls aged from 5 to 20 years. Destiny Rescue has adopted a family type model of accommodation with house parents and ancillary staff working within our 5 individual homes. Schooling and vocational training is provided, along with a comprehensive list of semi commercial and recreational activities. Destiny Rescue visits reintegrated girls once each month for their first year following reintegration and then offers various support mechanisms for one more year after that.

American Rehabilitation Ministries (ARM) opened Rapha House in 2003 in order to respond in Cambodia to instances of commercial sexual exploitation and slavery of children. Rapha House provides a safe house for children. In addition, ARM provides reintegration programs for children as well as interventions aimed at preventing the exploitation of vulnerable children.

World Vision Cambodia operates a Trauma Recovery Program known in Khmer as Neavea Thmey, or New Life that serves children who have suffered commercial sexual exploitation or severe sexual abuse. The program has existed for over 12 years, and has undergone many geographical changes as well as an expansion of its services. The project has assisted over 800 female youth aged from 4 to 20 years. TRP strengths and resources include a solid reputation for strong community linkages and a comprehensive package of services from recovery to rehabilitation and advocacy for trafficked children.

Developing the Draft Instrument for Field Testing

Instrument Selection

In developing a quantitative instrument the major issue is whether to adapt an existing instrument already used in other populations, or produce an entirely new instrument for local use. Using an existing instrument is preferable if there is one that adequately reflects the local situation, since use of an existing instrument allows for comparison with other populations. Therefore, the main consideration is whether such an instrument already exists. In reviewing existing instruments, we based our decision on whether each one was locally appropriate based on the following criteria:

- 1) Does it reflect the important psychosocial problems that emerged from the qualitative study of the target population; and
- 2) Does it include those psychosocial and mental health issues that the LIFE program is trying to address.

The preliminary qualitative study showed that children in shelters experience a wide range of psychosocial and mental health problems. These problems can be categorized as depression and grief like problems such as sadness, crying, nervousness, and feeling lonely; post-trauma problems such as remembering and reliving the traumas; and problems associated with shame, particularly in relation to the sexual abuse they experienced. The qualitative results suggested that most of the girls had multiple problems, therefore it was decided that we would need to select several measures that would capture the range of problems experienced by the girls.

To address the primary domains of depression, post-trauma anxiety and shame we selected the Center for Epidemiological Studies Depression Scale for Children (CES-D), the Posttraumatic Stress Disorder – Reaction Index (PTSD-RI), and a scale about shame entitled My Feelings About the Abuse. In addition, we selected the Children’s Hope Scale to represent the resiliency factor of hope.

Instrument Adaptation

Once the measures were chosen, JHU faculty and WV staff discussed what adaptations might be useful in order to improve the content of the instrument. The adaptation process began by reviewing the qualitative study results for any terms or phrases expressing any of the signs and symptoms included in the standard instruments. This process ensures that the terminology that is most familiar to the girls involved in the program is being used. For terms and phrases in the standard instruments for which there were no mention in the qualitative data, we relied on bilingual English Khmer translators to determine the appropriate local wording. The final step of the adaptation process was to identify often mentioned and important problems from the qualitative study that were not represented in the standard instrument. These were included initially in the Khmer language and then translated into English.

JHU staff then returned to Cambodia to assist WV with further development of the measures. JHU and WV staff met with 20 local interviewers and 13 counselors to review the initial drafts of the translated measures. All of the interviewers were Royal University of Phnom Penh sociology students, with some having experience working with at-risk children. Three of the interviewers participated in the previous qualitative study and therefore were familiar with the qualitative data. The interviewers worked closely with a team of counselors who came from each of the shelters to review the translated measures. The counselors were well qualified to comment on the appropriateness of the initial draft instrument for use among our target populations because of their experience working with the girls on a day-to-day basis.

Under the direction of the JHU and WV staff, the interviewers and counselors reviewed each translated item in the draft questionnaire (a complete tool that includes all of the different measures put together). The interviewers each had a copy of the qualitative data and compared the translation of each item with the wording used by the qualitative study respondents. Since the draft instrument was selected and adapted to match the qualitative data, a description was found in the qualitative data for most items. Where the draft translation and the terminology from the qualitative study were different, the translation was changed to reflect the vocabulary from the qualitative study. For items in the questionnaire that were not reflected in the qualitative study, interviewers used their own knowledge and experience to decide whether the language was appropriate and would be understood by the girls.

This process of review took place over 2 days. This included identification by the counselors of 11 additional psychosocial issues described in the qualitative data but yet represented in the draft instrument. As a result, 11 additional questions were added to the trauma events section (see B48a-B48k in the instrument attached as an Appendix A).

In previous studies conducted by JHU faculty in other parts of the world, part of the validity testing procedure had been to compare responses to individual items with the overall opinion of

the child and caregivers as to whether or not they thought they had a problem. Children who identified by the child and their caregiver as having significant psychosocial problems should (if the instrument is valid) report more symptoms and greater severity of symptoms compared with children who were identified as not having as many psychosocial problems. In these previous studies broad cover terms or phrases were identified in the qualitative study that described a state of having specific mental health or psychosocial problems. These terms were then used in the classification of which girls had significant mental health psychosocial problems and which girls did not.

In the qualitative study in Cambodia we did not identify any suitable general cover terms. Nor could the interviewers agree on one. Therefore, we decided to include questions asking the caregivers (i.e. counselors) to rate the girls on how severe the problems are in each of the domains being investigated (Table 1 below). The counselors were asked to fill out the following table for each girl to be interviewed. The alpha-numeric question after each question relate to the questions in the instrument itself. The counselors were given the instrument so that they would know what problems and symptoms each general question referred to.

Table 1: Counselor Rating Questionnaire

How well is she able to do these activities (A01-A11)	Very easily 0	Somewhat easily 1	A little difficulty 2	Much difficulty 3	Not Sure 9
How much is she bothered by her feelings (B01-B36)	Not at all 0	A little bit 1	A moderate amount 2	A lot 3	Not sure 9
How much is she troubled about her experiences (B52-B64)	Not at all 0	A little bit 1	A moderate amount 2	A lot 3	Not sure 9
How much is she troubled by feelings of shame (B87-B99)	Not at all 0	A little bit 1	A moderate amount 2	A lot 3	Not sure 9
How much does she feel hope/have optimism for the future (C01-C09)	Not at all 0	A little bit 1	A moderate amount 2	A lot 3	Not sure 9

Following the translation and review activities, the draft questionnaire was ready for piloting. The complete questionnaire consisted of three sections: A series of questions on functioning (Section A), the main body of the instrument that consisted of the adapted mental health measures (Section B), and questions about hope (Section C), (See Appendix A for a copy of the finalized questionnaire).

In addition, the study team (JHU and WV staff and the interviewers) drafted a description of the study to be read to the girls prior to administering the instrument and prior to asking whether they agreed to be interviewed (see Appendix B for a copy of the project description). A separate consent form was provided to the counselors to be agreed to prior to the girl's interviews (also included in the Appendix B).

Piloting

The objectives of this pilot study were: 1) to detect any problems with the interview procedure, the project description form and the instrument (including data entry) from the point of view of both the interviewers and the interviewees, 2) to determine whether the instrument was acceptable and understandable to our target populations, and 3) to give the interviewers practice in interviewing. Given the vulnerability of the girls, the shelter directors asked that we not pilot test the instrument directly with a sample of the girls. As an alternative we used the counselors, who have experience working directly with the girls in the study shelters, and asked them to pretend that they were the girls for the purpose of the interviews. While a useful activity, given this inability to actually test the questions with the target population, this compromised the ability to address objectives 1 and 2, thus the pilot served primarily to test the comprehension from the interviewers point of view and to provide them with practice.

Reliability and Validity Study

Following the piloting practice, interviewers went to the study shelters to commence interviewing a sample of girls to test the reliability and validity of the assessment instrument, using the procedures and instrument finalized at the end of the piloting. The purpose of the reliability and validity study was to determine if the adapted measures could consistently and accurately assess the presence and severity of significant emotional problems. Reliability and validity testing included assessment of the following instrument characteristics (Brief explanations of each parameter are provided in Appendix C):

1. Test retest reliability
2. Internal consistency reliability
3. Discriminant validity
4. Concordant validity

Evaluation of test-retest reliability was done by re-interviewing approximately 20 percent of the children 1-3 days after their first interview by the same interviewer and then comparing the responses across both time points. Internal consistency reliability was evaluated using statistical techniques described below.

The main focus of the validity testing was to explore discriminant and concordant validity. To test the ability of the instrument to accurately discriminate between girls with and without significant psychosocial problems, the information from the Cambodian counselor ratings (described above) were used. The counselors who worked on this study were those specifically working at the shelters, and who therefore had opportunity to assess the girls on an ongoing basis. To evaluate concordant validity, scores of the different subscales were compared with an expectation of high concordance for the problem subscales (depression, post-trauma and shame) and lower concordance for the problem scales with the hope and prosocial subscales.

The counselors were also asked to fill out a counselor version of the questionnaire for each girl they work with. The questionnaire was the same as that provided to the girls themselves except for the instructions for each section asking the counselor to report on the feelings and experiences of the girl rather than of themselves. An additional change was that for each question, the option of 'I don't know', was added such that counselors who did not know about a

specific feeling or experience would be able to indicate that.

Analysis

All of the data was entered into an EpiInfo database then converted and analyzed using Stata and SPSS statistical software. Analysis of validity and reliability included measurement of internal consistency reliability using Cronbach’s alpha and of test-retest correlation using the Pearson correlation coefficient. Discriminant validity was assessed by comparing the scale scores of children identified as having significant problems by the counselors (“cases”) with the scores of those children said to have fewer or less severe problems (“non-cases”). Concordant validity was evaluated by comparing the scores on each scale with each of the other scales. The comparisons were made using Pearson correlation coefficients.

In doing the analysis, we generated several different subscales for the different instruments adapted for use with this population. Table 2 presents is a brief description of the different scales.

Table 2: Scales of the final Questionnaire.

Scale Name	Scale Description	Items Included from Questionnaire
Function	Tasks and activities of daily living	11 items – A01-A11
Depress CESD	Items from the CESD scale	20 items – B01-B20
Depress local	Depression items from the Qualitative	16 items – B21-B36
Depress all	Combination of the two scales	36 items – B01-B36
Post trauma	Current symptoms from PTSD-RI	22 items – B65-B86
Shame	Items from Shame scale and qualitative data	13 items – B87-B99
Hope	Items from Hope scale	9 items – C01-C09

RESULTS

For this validation study, we interviewed a total of 206 girls in 6 shelters. The girls ranged in age from 9-22 years and had been in the shelter for an average of about a year and a half. Table 3 presents specific characteristics of the study sample

Table 3: Sample Characteristics*

Variable		N=206
Girl’s Age	9-10 years	6 (3)
	11-12 years	11 (5)
	13-14 years	48 (23)
	15-16 years	76 (37)
	17+ years	64 (31)
Shelters	World Vision/TRP	36 (17.5)
	World Hope	3 (1.5)
	Destiny Rescue	21 (10.2)
	ARM	61 (29.6)
	Hagar	50 (24.3)
	Agape	35 (17.0)
Currently In School	Yes	191 (93)

	No	15 (7)
Last Grade Completed	0	25 (12)
	1-3	89 (43)
	4-6	76 (37)
	7+	15 (7)
Ethnicity	Cambodian	170 (83)
	Vietnamese	29 (14)
	Cambodian/Vietnamese	7 (3)
Months in Shelter	Average (SD)	19.7 (17)
	Range	1-97.3

* presented as N (%) unless otherwise noted

Reliability and Validity

Test-retest Reliability

Table 4 shows the test-retest reliability analysis results, based on the 37 girls (18% of the total sample) who were re-interviewed by the same interviewers 2-3 days after the first interview. The test-retest reliability is assessed using the Pearson correlation coefficient, which provides a measure of how similar each subscale score is on the first and second interviews. This in turn provides an indicator of the extent to which the girls tend to give the same answer to the questions constituting the scale when asked on different occasions.

When assessing test-retest reliability, Pearson correlation coefficient scores of .7 are considered to be acceptable. On average, the correlations indicate adequate test-retest reliability based on the correlations, but the differences for individual girls across the time was relatively wide as evidenced by the wide ranges of differences between the first and repeat interviews.

Table 4: Test-Retest Comparison

Scales	First Interview		Repeat Interview		Correlation**	Range of difference***
	N*	Mean (sd)	N*	Mean (sd)		
Depress all	36	41.1 (14.4)	36	42.0 (17.1)	.79	-30 to + 17 points
Post trauma	35	35.0 (16.2)	35	34.7 (16.2)	.71	-21 to + 33 points
Shame	37	20.2 (13.7)	37	20.5 (13.3)	.91	-16 to + 10 points
Hope	37	21.5 (7.2)	37	22.5 (8.5)	.68	-20 to + 10 points
Function	23	7.2 (5.0)	23	7.7 (5.3)	.69	-12 to + 8 points

* only those who have no missing values at both interviews are included in comparison

** pearson correlation coefficient

*** range of individual differences between first and repeat interview

Internal Consistency Reliability

Internal consistency reliability measures the extent to which questions that assess the same underlying concept agree or disagree. If these questions disagree this suggests that either the questions themselves are unreliable, or they are not really measuring the same concept. As described in Appendix C, internal consistency reliability is measured using Cronbach's alpha. Scores should be at least .7 and ideally >.8.

Table 5 shows the Cronbach's alpha scores on each of the scales for the total sample. Alpha scores for the syndrome scales are all very good. The results for the hope and function scores are adequate.

Based on review of the specific items making up each scale, we chose to remove the function question A11 (washing and taking care of one's body) because almost all responses are 0 (having no difficulty), indicating that it is not a variable that was adding information to the scale. Question A04 (planning for the future) was retained because there was good variation and high correlation with the other items, even though there were many girls who indicated this question was 'not applicable'. In future iterations of the questionnaire we suggest clarifying the question further.

Question B08 (feeling like something good is going to happen) was negatively correlated with the other items, even after this and the other positively worded items (B04, B12, B16) scores were reversed to fit the patterns of the other negatively worded items. The negative correlation was an indication that the item was not working as we expected it would and therefore we removed it from the scale for the CESD Depression and the subsequent Depression All scale.

The Chronbach alpha scores were recalculated for the scales without these variables (Table 5) and all subsequent analyses were conducted with A11 and B08 removed

Table 5: Chronbach Alpha Internal Consistency Analysis for each of the scales

Scale	Sample Size ^a	Original Chronbach alphas for each scale ^b	Final Chronbach alphas for each scale ^c
Depress CESD	206	0.80	0.81
Depress Local	206	0.80	0.80
Depress All	206	0.88	0.89
Post-trauma	205	0.89	0.89
Shame	205	0.92	0.92
Hope ^d	205	0.77	0.77
Function	175	0.68	0.68

a – total sample is 206 girls. One girl only completed only the function and depression symptoms section of the questionnaire. Data for function question 4, "Plan for when you will have a job later", was not replaced because of the high number of non-respondents

b – alpha scores based on original scales were generated without missing values replaced

c – alpha scores based on removal of function item A11 and depression item B08 were generated without missing values replaced

d - for the hope scale, higher scale scores indicate more hope

Discriminant Validity

Table 6 examines the discriminant validity of the scales by comparing scale scores of the girls whom the counselors rated as having lots of problems ('Cases') with the girls whom the counselors rated as having minimal problems ('Controls'). Analyses were done separately by scale and reference the counselor ratings to the global forms described above (Table 1). If we assume that the counselors are able to correctly classify the girls, we would expect that the 'cases' to have statistically significantly higher scale scores than the 'controls' indicating greater severity in symptoms and dysfunction. The results below indicate that this comparison was only statistically significant for the post trauma scale, however all of the differences were in the predicted direction.

Table 6: Comparison of Counselor Designations of 'Case' and 'Control'

Scale	Sample Size	Mean (SD)	Validity Comparison		
			'Control' 0-1 rating by counselor Mean (SE) ^a	'Case' 3 rating by counselor Mean (SE) ^a	p-value ^b
Depress CESD	206	20.8 (8.3)	20.5 (0.7)	23.8 (2.4)	0.14
Depress Local	206	17.9 (7.7)	17.1 (0.7)	20.7 (1.9)	0.08
Depress All	206	38.7 (15.0)	37.6 (1.3)	44.6 (3.8)	0.08
Post trauma	205	31.0 (15.6)	26.3 (1.6)	34.9 (2.2)	0.002
Shame	205	18.0 (12.7)	16.7 (1.5)	18.6 (2.6)	0.51
Hope ^c	205	19.5 (7.0)	18.8 (0.9)	20.6 (0.8)	0.13
Function	175 ^d	6.8 (4.7)	6.9 (0.7)	7.3 (0.6)	0.66
Function (item 4 removed)	206	5.3 (4.0)	5.4 (0.5)	5.5 (0.5)	0.90

a – for comparisons, the highest counselor ratings were compared with the lowest counselor ratings to generate qualitatively different groups; for comparison of function, a counselor rating of 0 was compared to a counselor rating of 2-3, with higher scores indicate more dysfunction

b – p-value indicates statistical difference between mean 'case' scores and mean 'control' scores

c - for the hope scale, higher scale scores indicate more hope

d - data for function question 4, "Plan for when you will have a job later", was not replaced because of the high number of non-respondents

Counselor Data

To further explore the classification by the counselors, we analyzed the results of the complete questionnaires completed by the counselors for each girl that they knew. There were a total of 20 counselors who filled out the forms for the girls. The counselors had worked at the shelter on average for a little over 2 years (29 months; sd: 14.7) with a range from 2-60 months. Two counselors had been working at the shelter for less than 6 months; 1 for 2 months and the other for 3.

On average, the counselors reporting knowing the girls they were evaluating for 14.9 months (sd: 11.3) with a range from less than 1 month to 60 months. There were 40 girls of whom the counselors reported knowing less than 3 months.

Table 7 presents the average scale scores for the girls as reported by the girls themselves and by

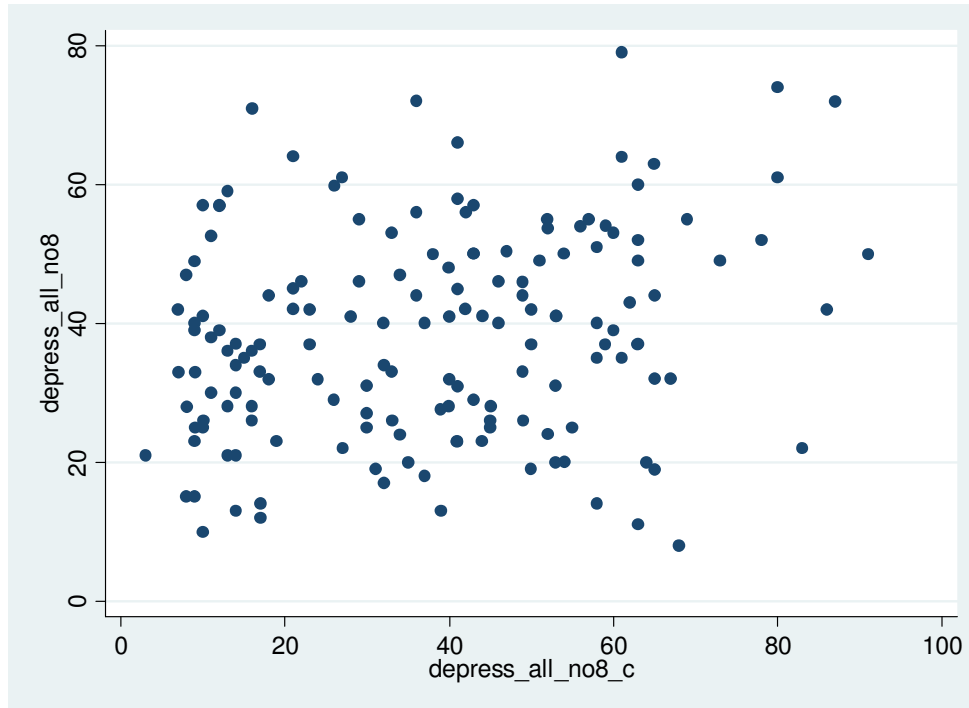
the counselors, as well as the correlation between those scores. Replacement of missing data was not done for the counselor’s data, so only the data for girls and counselors with complete information are presented.

Table 7: Comparison of Girl and Counselor Scale Scores

Scales	Girl Scores Mean (SD)	Counselor Scores Mean (SD)	Correlation
Depress CESD (n=178)	20.7 (8.4)	20.6 (11.6)	.20
Depress Local (n=175)	17.9 (7.8)	17.5 (9.6)	.20
Depress All (n=158)	38.4 (15.0)	37.7 (21.1)	.23
Post trauma (n=163)	29.6 (15.5)	25.3 (14.1)	.14
Shame (n=176)	17.6 (12.9)	16.9 (10.7)	.24
Hope (n=158)	19.5 (6.9)	19.7 (7.0)	.22
Function (n=161)	6.9 (4.7)	12.4 (8.0)	.13

While the average scores by the girls and counselors are quite comparable, the correlations are very low, indicating that the scores for individual girls were not well matched. Figure 1 below presents an example of the low-correlation by presenting the data as a scatterplot. Each point on the plot represents one girl, with the y-axis being her self-reported Depress All scale score and the x-axis being the counselor reported Depress All scale score. If the scale scores were highly correlated one would see the points grouping around a 45 degree angled line, indicating that a higher score from one respondent was also represented by a higher score from the second respondent. Instead, we see no real pattern among the points, evidence of low correlation between the different respondents’ scores.

Figure 1: Correlation between girl and counselor scores for the Depress All scale



Predictive Validity

A second type of validity analysis we conducted was ‘predictive’ validity: do the scales act in an expected way if we assume that the girl’s self report is the correct data (as opposed to considering the counselor reports to be ‘correct’). We investigated predictive validity by comparing the correlations of the scales themselves. Given that we know that many of these girls experience both the depression and post-trauma symptoms, that is that these syndromes are often co-morbid, we would expect that the scale scores of these two syndromes would be highly correlated. We would also expect them to be highly correlated with the shame scale and with the functional impairment scale. In contrast, we would expect very small correlations, even negative correlations, for the syndrome scales with the hope scale. Table 8 below presents the correlations for the 5 separate scales. As expected the post-trauma and depression scales were highly correlated as were the shame and post-trauma scales. The hope scale was minimally correlated with the syndrome scales as expected. For the functional impairment scales, although the correlations are generally statistically significant, they are lower than we would have expected.

Table 8: Correlations across the scales

	Depress All	Post trauma	Shame	Hope	Function
Depress All	1.00				
Post trauma	0.72 (<.0001)	1.00			
Shame	0.57 (<.0001)	0.73 (<.0001)	1.00		
Hope	0.08 (.28)	0.14 (.05)	0.18 (.01)	1.00	
Function	0.39 (<.0001)	0.24 (.001)	0.25 (.0007)	-.07 (0.37)	1.00

DISCUSSION

Overall, we were able to conclude that this questionnaire created to capture the girl’s reporting of their mental health and psychosocial problems is both reliable and valid, with a few exceptions. With the removal of a single mental health question (B08), the scales developed to assess depression problems, post trauma problems and shame showed strong internal consistency, test-retest reliability and predictive validity. The hope and functional impairment scales were somewhat more problematic with the results being less consistent.

One limitation of this study was our inability to test the wording of the individual questions with a sample of girls prior to the implementation of the study. The limited piloting of the instrument became particularly evident when we conducted a final review with the interviewers and asked them to go question by question and indicate which questions were unclear to the girls and required explanations. We found that there were several questions that were understood differently by different girls and some questions where the language was too complex or used too ‘high’ a vocabulary for many of the girls to understand. We took careful notes during this review and recommend that the next iteration of the instrument make the necessary linguistic changes to make the questionnaire clearer for all of the respondents.

In addition, we did not find that the information provided from the counselors generated information useful for evaluating the severity of the symptoms for the girls. This was true with regards to both the global ratings generated from the questions in Table 1 and from the individual questionnaires filled out by the counselors for each girl. The results from the data analysis indicate that there were not consistent findings based on the counselor and girl respondents; that is, some counselors and girls were in better agreement about the degree of symptoms they had and some pairs were in less agreement and there was no pattern to help us understand how we would be able to identify these differences. Therefore, we recommend primarily relying on the girl's self-responses for the assessment of symptom severity across the various domains.

In conclusion, using data from a previous qualitative study we were able to successfully select and adapt a series of existing mental health and psychosocial measures for use with the target population of formerly trafficked and sexually exploited girls in Cambodia. While this interview tool has not been tested to evaluate its ability to identify girls suffering from specific mental health problems or can differentiate between 'normal' vs. 'distressed' level of symptoms, it does appear to provide a generally accurate assessment of the psychosocial problems of this population.

RECOMMENDATIONS

We recommend using a revised version of the instrument to assess the current level of symptoms and functioning among girls currently in the shelters and to use this data to monitor their progress as they receive services particularly focused on the mental health and psychosocial well-being. We also recommend that this measure be used in a formal evaluation of the impact of the mental health programming being conducted at the shelters.

The adapted instruments, once the language for some of the items has been checked and clarified, could be also used by other organizations working with this population including the Cambodian government, other NGOs and private groups. The goals of these assessments could include:

- a) Assessing the presence and severity of the mental health needs,
- b) Using this information to target resources and design appropriate interventions,
- c) Assessing the impact of these interventions

In conducting a-c, there should be a focus on building local capacity in program design, monitoring, and evaluation.

When the instrument is used in the future, analysis of the resulting data should include further characterization of the reliability and validity of the instrument, particularly with regard to the performance of the function scales. A more extensive validation study could provide a stronger measure that would be able to better define specific disorders and understand what are 'normal' or 'healthy' symptom levels.

An additional recommendation is to apply the combined qualitative and quantitative methods described in this report in other contexts where assessment measures have not yet been fully developed and tested. As with the LIFE CIC project, these methods can be used to improve need and impact assessments for other populations, both children and adults, and to assess

psychosocial and other problems. The methods are particularly useful in situations where need has not been well characterized and where the impact of interventions has not been well demonstrated.

Appendix A: Assessment Tool

CHILD EXPLOITATION PSYCHOSOCIAL ASSESSMENT TOOL (CEPAT)²

ការណែនាំជាដំបូង

Preliminary Instructions

Introduce your name, position and role. Show this form and explain the questions are normally asked to girls in this shelter and other shelters also.

ណែនាំឈ្មោះ មុខដំណែង និង តួនាទីរបស់អ្នកដល់កុមារី។ បង្ហាញកំរងសំណួរ និងពន្យល់អំពីសំណួរ
បន្ទាប់មក ប្រាប់កុមារីថា សំណួរទាំងនេះគឺត្រូវបានសួរដល់កុមារីទាំងអស់ដែលនៅក្នុងមណ្ឌលនេះ និង មណ្ឌល
ដទៃទៀតដែរ។

The assessment will ask about your history, how you feel and things you do.

ការវាយតម្លៃ នឹងសួរដល់ប្តូរអំពីប្រវត្តិ និងការដែលប្តូរមានអារម្មណ៍ និងការអ្វីដែលប្តូរចូលចិត្តធ្វើ។

Your form will be kept securely in your client file. I will not show anyone your form but I will use some of what you share with me to help staff at the shelter care for you better.

កំរងសំណួរដែលបានសួររួចហើយ នឹងរក្សាទុកយ៉ាងមានសុវត្ថិភាពនៅក្នុងឯកសាររបស់ប្តូរ។ បងនិងមិនយក
ព័ត៌មានរបស់ប្តូរទៅបង្ហាញអ្នកណាឡើយ ។ ប៉ុន្តែ ព័ត៌មានខ្លះរបស់ប្តូរនឹងត្រូវបានចែកចាយតែជាមួយ
បុគ្គលិកដែលពាក់ព័ន្ធ ដើម្បីឱ្យមណ្ឌលអាចផ្តល់សេវាកម្មប្រសើរដល់ប្តូរ។

We will not record your name on this form to keep your information safe. We may put all the information we gather from these assessment forms together (no names) and use this information for research aimed at improving services for children.

ដើម្បីរក្សាព័ត៌មានឱ្យមានសុវត្ថិភាព បងនិងមិនកត់ឈ្មោះប្តូរនៅលើកំរងសំណួរនេះទេ។ តែយើងនឹងប្រមូល
ចំលើយទាំងអស់មកដាក់បញ្ចូលគ្នា (មិនមានបង្ហាញឈ្មោះអ្នកផ្តល់ចំលើយឡើយ) ពីព្រោះយើងនឹងប្រើ
ព័ត៌មាននេះសំរាប់ប្រយោជន៍ការស្រាវជ្រាវដើម្បីបង្កើនគុណភាពសេវាកម្មរបស់មណ្ឌល។

This interview may take between 45 minutes up to 2 hours. Some question may make you feel upset. If you need to take a break, or stop the interview, or see a counselor, then that is okay. Your information is important to us. There are no consequences for refusing this interview, refusing to answer a question, or stopping.

ការសំភាសន៍នឹងចំណាយរយៈពេលពី ៤៥ នាទី ទៅ២ ម៉ោង។ សំណួរខ្លះប្រហែលជាធ្វើឱ្យប្តូរមានការ ក្រៀមក្រំ

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ដូច្នេះហើយ បើប្អូនត្រូវការសំរាក រឺក៏បញ្ឈប់ការសំរាកសន្តិ រឺចង់ជួបជាមួយអ្នកពិគ្រោះយោបល់ ប្អូនអាច ប្រាប់បងបាន។ បងចង់ប្រាប់ថាចំលើយរបស់ប្អូន មានសារៈសំខាន់ណាស់សំរាប់បង ។ប៉ុន្តែ បើប្អូនបដិសេធ មិនចង់សំរាកសន្តិ រឺ បញ្ឈប់ការសំរាកសន្តិក៏មិនមានបញ្ហាអ្វីដែរ។

Would you like to join?

តើប្អូនចង់ចូលរួមការសំរាកសន្តិនេះដែររឺទេ?

ហត្ថលេខារបស់អ្នកសំរាកសន្តិ
Signature of Interviewer

កាលបរិច្ឆេទ
Date

ថ្ងៃទី ខែឆ្នាំ.....
Date: Day..... Month.....Year.....

អត្តលេខរបស់កុមារី.....
Girl's ID Number _____

អាយុ..... (ឆ្នាំ)
Age _____ (years)

តើប្អូនរៀនបាន ត្រឹមថ្នាក់ទីប៉ុន្មាន.....
What was the last grade you finished _____

តើប្អូនបានស្នាក់នៅក្នុងមណ្ឌលនេះបានយូរប៉ុណ្ណាហើយ?..... (ខែ)..... (ឆ្នាំ)
How long have you been at the shelter? _____ (months) _____ (years)

តើប្អូនមានដើមកំនើតជាជនជាតិអ្វីដែរ?.....កម្ពុជា (K)ខ្មែរអ៊ីស្លាម (KM).....
ខ្មែរកាត់ចិន.(CC)..... ខ្មែរកាត់វៀតណាម (VC).....ខ្មែរក្រោម (KK)..... វៀតណាម
(V)..... ផ្សេងៗចូររៀបរាប់..... (O)

What is your background
Khmer (K)_____, Khmer Muslim (KM)_____,
Chinese Cambodian(CC)_____
Vietnamese Cambodian_(VC)_____,
Khmer Kroum (KK) _____
Vietnamese (V) _____
Other please specify_(O)_____

ផ្នែក ក: ការវាយតម្លៃអំពីសមត្ថភាពបំពេញការងារ

បងនិងអានតារាងការងារនិងសកម្មភាពមួយចំនួនជូនម្ចាស់។ ទាំងនេះ គឺជាការងារនិងសកម្មភាព ដែល ប្អូនៗដទៃបានប្រាប់ពួកបងថាវាមានសារៈសំខាន់សំរាប់កុមារធ្វើ។ សំរាប់ការងារនីមួយៗដែលបងនិងលើកមក សួរម្ចាស់ក្នុងពេលបន្តិចទៀតនេះ បងចង់ដឹងថា តើប្អូនមានការពិបាកក្នុងការធ្វើការងារនិងសកម្មភាពជាងកុមារ ភាគច្រើនដែលអាយុស្រករក្នុងមណ្ឌលនិងប្អូនខ្លាំងប៉ុណ្ណាក្រោយពីពីអាទិត្យមុន (សូមរកហេតុការណ៍មក បញ្ជាក់)។ ប្អូនគួរប្រាប់បងដោយ គិតផងថា ប្អូនមិនមានការពិបាកអ្វីសោះក្នុងការធ្វើការងារនោះ ឬ ប្អូនមាន ការពិបាកធ្វើវាបន្តិចបន្តួចជាងកុមារដទៃទៀត ឬ ពិបាកជាមធ្យមជាងកុមារដទៃ ឬ មានការពិបាក ក្នុងការធ្វើវាជាងកុមារដទៃខ្លាំងមែន ទែន ឬ ជាញឹកញយ ប្អូនមិនអាចធ្វើ ការងារនោះបានសោះតែម្តង។

Part A: Assessment of Function

I am going to read a list of tasks and activities. These are tasks and activities that others told us were important for girls to be able to do. For each task I am going to ask you how much more difficulty you are having doing the activity/task THAN MOST OTHER GIRLS OF YOUR AGE, IN THE SHELTER, IN THE LAST TWO WEEKS (FIND AN APPROPRIATE EVENT TO REFERENCE). You should tell me whether you are having no more difficulty, a little more, a moderate amount more, or a lot more, or you often cannot do that task.

អ្នកសំភាសន៍: ឥឡូវនេះសូមអានការងារនីមួយៗជូននាង ហើយបន្ទាប់ពីអានវានិមួយៗរួចហើយ សូមសួរ - តើប្អូនមិនមានការពិបាកអ្វីសោះក្នុងការធ្វើការងារនោះ ឬប្អូនមានការពិបាកធ្វើវាបន្តិចបន្តួចជាងកុមារដទៃ ឬពិបាកជាមធ្យមជាងកុមារដទៃ ឬមានការពិបាកក្នុងការធ្វើវាជាងកុមារដទៃខ្លាំងមែនទែន ឬជាញឹកញយប្អូន មិនអាចធ្វើការងារនោះបានសោះតែម្តងដោយព្រោះប្អូនមានការពិបាកក្នុងការធ្វើវាពេក? សូមកត់ចំលើយទុក ដោយគូសសញ្ញាក្នុង ប្រអប់នីមួយៗឱ្យត្រូវតាមការងារឬសកម្មភាពក្នុងតារាងខាងក្រោម។

Interviewer: Now say each task, and after each one say: Are you having no more difficulty than most other girls your age, a little more, a moderate amount more, a lot more, or are having so much difficulty that you often cannot do the task? Record the response by marking the appropriate box next to the activity in the table below.

	កំរិតនៃការលំបាកក្នុងការបំពេញការងារឬធ្វើសកម្មភាព					
	Degree of Difficulty completing task or activity					
	អត់ពិត សោះ None	តិចតួច A little	មធ្យម Moderate	ខ្លាំង A Lot	ជាញឹកញយគឺ មិនអាចធ្វើបាន Often Cannot Do	យកជាការ មិនបាន N/A
ក01. ការសិក្សា ឬ កិច្ចការសាលា A01. Study or do school Work	0	1	2	3	4	9
ក02. លេង និង ដើរលេងជាមួយមិត្តភក្តិ A02. Play and hang out with friends	0	1	2	3	4	9
ក03. ស្តាប់ ឬ ធ្វើកិច្ចការដែលបុគ្គលិកសុំឱ្យខ្ញុំធ្វើ A03. Listen and do what the staff asks of me	0	1	2	3	4	9
ក04. ធ្វើផែនការ រៀបចំខ្លួន នៅពេលដែលប្អូន នឹងមានការងារធ្វើពេលខាងមុខ A04. Plan or prepare yourself for when you will have a job later	0	1	2	3	4	9
ក05. សំរាកលំហែរជាមួយកុមារីដទៃ A05. Relax with other girls	0	1	2	3	4	9
ក06. និយាយល្អៗអំពីកុមារីដទៃ A06. Say good things about other girls	0	1	2	3	4	9
ក07. លើកទឹកចិត្តដល់កុមារីដទៃ A07. Encourage other girls	0	1	2	3	4	9
ក08. ចូលរួមកិច្ចការនានានៅក្នុងមណ្ឌល A08. Participate in activities at the shelter	0	1	2	3	4	9
ក09. រៀនជំនាញអ្វីមួយដែលអាចជួយខ្ញុំ (ប្អូន) នាពេលអនាគត A09. Learn skills that will be able to help me in the future	0	1	2	3	4	9
គ10. សំអាតសំភារៈផ្ទាល់ខ្លួន (ដូចជា សំលៀកបំពាក់ ឬ របស់របរផ្ទាល់ខ្លួន) A10. Clean up your own stuff (clothing, personal items)	0	1	2	3	4	9

Total

40

ផ្នែក ខ: ការវាយតម្លៃអំពីសុខភាពខាងចក្ខុនិងខាងផ្លូវចិត្តនិងសង្គម

បងនិងអានឃ្លាខាងក្រោមនេះជូនប្អូនស្តាប់ប្រៀបដូចបងជារូបប្អូន ។ ចំពោះឃ្លានីមួយៗដែលបងនិងអានជូន បង និងសួររូបថា តើប្អូនមានអារម្មណ៍ដូចឃ្លាហ្នឹងតិចច្រើនឬខ្លាំងបំណុលក្នុងអាទិត្យចុងក្រោយបំផុតនេះ គឺរួមទាំងថ្ងៃនេះ ផង ។ តើប្អូនថា ប្អូនមិនដែលមានអារម្មណ៍ដូចហ្នឹងសោះ ឬ ធ្លាប់មានអារម្មណ៍ដូចហ្នឹងម្តងៗដែរ តែដោយកំរ ឬ មានអារម្មណ៍ដូចហ្នឹងពេលខ្លះ ឬមានអារម្មណ៍ដូចហ្នឹងភាគច្រើនបំផុត ។

Part B- Psychosocial and Mental Health Assessments

I am going to read you a list of statements as if I was you. For each one I am going to ask you how much you have felt like that IN THE LAST WEEK, including today. Would you say that you never felt this way, felt it rarely, some of the time or most of the time?

(អ្នកសំភាសន៍ : សូមអានឃ្លានីមួយៗជូននាង ហើយបន្ទាប់មកសួរដល់នាង ថាតើនាងមានអារម្មណ៍ដូចហ្នឹង តិចឬច្រើនខ្លាំងបំណុល ឬអត់សោះក្នុងអាទិត្យចុងក្រោយបំផុតនេះ ។ សូមបន្តសួរនិងអនុវត្តដូចគ្នាចំពោះក្រុម សំនួរតាមផ្នែករបស់វា ហើយអនុញ្ញាតឱ្យកុមារីជ្រើសរើសយកមួយ ។ សូមកត់ចំលើយទុកដោយគូសរង្វង់ ក្នុង ប្រអប់ឱ្យត្រូវតាមអាការៈនីមួយៗ)

(Interviewer: Say each statement, and after each one ask how much the respondent has felt it to be like them in the last week. Repeat the categories after each statement and let the respondent choose one. Record the response by circling the appropriate box next to the symptom.)

សំនួរជាទូទៅអំពីអារម្មណ៍និងការរំជួលចិត្ត

General Emotions and Feelings Questions

អាការៈ Symptoms	មិនដែលសោះ Never	កំរមាន Rarely	មានច្រើនដង Some of the time	មានច្រើនដងបំផុត Most of the time
ខ០១. ខ្ញុំត្រូវបានរំខាន ដែលពីមុនខ្ញុំមិនដែល មានការរំខានបែបនេះឡើយ* B01. I was bothered by things that before did not bother me*	0	1	2	3
ខ០២. ខ្ញុំមិនមានអារម្មណ៍ចង់ញ៉ាំអាហារទេ ខ្ញុំមិន ស្ងប់ស្ងួនទេ* B02. I did not feel like eating, I wasn't very hungry*	0	1	2	3
ខ០៣. ខ្ញុំមិនអាចមានអារម្មណ៍សប្បាយចិត្តទេ ទោះបី	0	1	2	3

ជាមិត្តភក្តិ ក្រុមកុមារីដទៃព្យាយាមជួយខ្ញុំឱ្យមានអារម្មណ៍ ធូរស្រាលក៏ដោយ* B03. I wasn't able to feel happy, even with my friends or others tried to help me feel better*				
១០៤. ខ្ញុំមានអារម្មណ៍ថាខ្ញុំល្អដូចកុមារីដទៃដែរ* B04. I felt like I was just as good as other girls*	3	2	1	0
១០៥. ខ្ញុំមានអារម្មណ៍ថាខ្ញុំដូចជាមិនអាចផ្តោតចំពោះ អ្វីៗ ដែលខ្ញុំកំពុងធ្វើសោះ* B05. I felt like I couldn't pay attention to what I was doing*	0	1	2	3
១០៦. ខ្ញុំមានអារម្មណ៍មិនសប្បាយចិត្តសោះ* B06. I felt unhappy*	0	1	2	3
១០៧. ខ្ញុំមានអារម្មណ៍ថាអស់កម្លាំងយ៉ាងខ្លាំងក្នុងការ ធ្វើកិច្ចការអ្វីមួយ* B07. I felt like I was too tired to do things*	0	1	2	3
១០៨. ខ្ញុំមានអារម្មណ៍ថាអ្វីៗដែលខ្ញុំបានធ្វើពីមុនមក មិនបាន ត្រឹមត្រូវសោះ* B09. I felt like things I did before didn't work out right*	0	1	2	3
១១០. ខ្ញុំមានអារម្មណ៍ភ័យខ្លាច* B 10. I felt scared*	0	1	2	3
១១១. ខ្ញុំដេកមិនបានស្តាប់ដូចធម្មតាសោះ* B11. I didn't sleep as well as I usually sleep*	0	1	2	3
១១២. ខ្ញុំសប្បាយចិត្ត* B12. I was happy*	3	2	1	0
១១៣. ខ្ញុំមានភាពស្ងាត់ស្បែកជាងធម្មតា* B13. I was more quiet than usual*	0	1	2	3
១១៤. ខ្ញុំមានអារម្មណ៍ឯកោរ ហាក់ដូចជាខ្ញុំមិនមាន មិត្តភក្តិ ត្រូវសោះ* B14. I felt lonely, like I didn't have any friends*	0	1	2	3
១១៥. ខ្ញុំមានអារម្មណ៍ថាកុមារីដែលខ្ញុំស្គាល់គេមិន រាក់ទាក់ស្និទ្ធស្នាល ឬដូចជាពួកគេមិនចង់នៅជាមួយ ខ្ញុំទេ* B15. I felt like girls I know were not friendly or that they didn't want to be with me*	0	1	2	3
១១៦. ខ្ញុំមានពេលវេលាល្អ* B16. I had a good time*	3	2	1	0

ក្នុងអាទិត្យចុងក្រោយនេះ គឺរួមទាំងថ្ងៃនេះផង
IN THE LAST WEEK, including today

អាការៈ Symptoms	មិនដែលមាន Never	កំរមាន Rarely	មានម្តងម្កាល Some of the time	មានភាគច្រើន Much of the time
១១៧. ខ្ញុំមានអារម្មណ៍ចង់យំ* B17 I felt like crying*	0	1	2	3
១១៨. ខ្ញុំមានអារម្មណ៍ក្រៀមក្រំ* B18 I felt sad*	0	1	2	3
១១៩. ខ្ញុំមានអារម្មណ៍ថាអ្នកដទៃមិនចូលចិត្តខ្ញុំ* B19. I felt other people didn't like me*	0	1	2	3
១២០. ខ្ញុំមានការលំបាកក្នុងការចាប់ផ្តើមធ្វើកិច្ចការអ្វីមួយ* B20.. It was hard to get started doing things*	0	1	2	3
១.២១ ខ្ញុំមានអារម្មណ៍ថា មូមេរមិនដឹងខ្លួន** B21. I felt I was upset and not stable**	0	1	2	3
១២២. ខ្ញុំគិតច្រើនពេក** B22. I was thinking too much**	0	1	2	3
១២៣. ខ្ញុំមានអារម្មណ៍ថាខូចអនាគតឬជីវិតរបស់ខ្ញុំគ្មានន័យ** B23. I felt like my future is broken/my life is meaningless**	0	1	2	3
១២៤. ខ្ញុំមានអារម្មណ៍អស់កម្លាំងនិងខ្សោយ** B24. I felt tired and weak**	0	1	2	3
១២៥. ខ្ញុំមានអារម្មណ៍ថាអស់សង្ឃឹមនិងបាក់ទឹកចិត្ត** B25. I felt hopeless and discouraged**	0	1	2	3
១២៦ ខ្ញុំធ្លាប់បានគិតចង់សម្លាប់ខ្លួន (ធ្វើអត្តឃាត)** B26. I had thoughts suicide**	0	1	2	3
១២៧ ខ្ញុំធ្លាប់គិតខ្លី** B27. I had shallow thinking**	0	1	2	3
១២៨ ខ្ញុំមានអារម្មណ៍ព្រួយបារម្ភ** B28. I felt worried**	0	1	2	3
១.២៩ ខ្ញុំមិនមានអារម្មណ៍ក្លាហាន ឬ ខ្ញុំមានអារម្មណ៍រៀនខ្មាស** B29. I didn't feel brave/I felt timid**	0	1	2	3
១.៣០ ខ្ញុំមានអារម្មណ៍ច្របូកច្របល់** B 30. I felt confused**	0	1	2	3
១.៣១ ខ្ញុំមានអារម្មណ៍ថាខ្ញុំមិនអាចទុកចិត្តនរណាម្នាក់				

បាន** B31. I felt like I can't trust anyone**	0	1	2	3
ខ.៣២. ខ្ញុំមានអារម្មណ៍ថាខ្ញុំមិនចង់ធ្វើជាមិត្តជាមួយកុមារី ដទៃទៀត** B32. I felt like I didn't want to be friendly with other girls**	0	1	2	3
ខ.៣៣. ខ្ញុំមានអារម្មណ៍ខឹងចំពោះអ្នកដែលធ្វើឱ្យខ្ញុំធ្លាក់ខ្លួន ក្នុងស្ថានភាពបែបនេះ B33 . I felt angry towards those people who put me in this position	0	1	2	3
ខ.៣៤ ខ្ញុំមានអារម្មណ៍ខឹងនិងស្អប់ខ្ពើមអ្នកដទៃគឺ បណ្តាល មកពីការទទួលរងគ្រោះបែបនេះ B34. I felt angry and hatred towards others because I had this suffering	0	1	2	3
ខ.៣៥ ខ្ញុំមានអារម្មណ៍ថាខ្ញុំអន់ជាងអ្នកដទៃពីព្រោះតែអ្វីៗ ដែលបានកើតឡើងចំពោះខ្ញុំ B35. I felt lower because of what happened to me	0	1	2	3
ខ.៣៦ ខ្ញុំមានអារម្មណ៍ថាខ្ញុំត្រូវតែជួយ ឧបត្ថម្ភដល់ គ្រួសាររបស់ខ្ញុំជាជាងខាត B36. I feel that I must help support my family	0	1	2	3

* មជ្ឈមណ្ឌលសិក្សាស្រាវជ្រាវ ជំងឺរាងកាយ រាងកាយ ក្រុមប្រឹក្សាសុខភាពកុមារ - សំណួរ 4, 12, 16 គឺជាសំណួរ " វិជ្ជមាន "

** ស្រង់ចេញពីលទ្ធផលនៃការស្រាវជ្រាវប្រយោជន៍បុគ្គលភាព - មានកុមារខ្លះនាក់បានឆ្លើយក្នុងបញ្ជីចំហរនិងការសម្ភាសមនុស្សសំខាន់

*Center for Epidemiologic Studies Depression Scale for Children. Questions 4, 12, 16 are 'positive' B08 removed in validation study.

** Taken from Qualitative study results – items mentioned by 2+ respondents in free lists and/or key informant interviews

Total

105

សំណួរអំពីបទពិសោធន៍និងអារម្មណ៍នៃការប៉ះទង្គិចចិត្ត

ខាងក្រោមនេះគឺជាតារាងស្តីអំពី ភាពគួរឱ្យខ្លាច ភាពគ្រោះថ្នាក់ ឬ អំពើឃោរឃៅ ដែលជូនកាលកើតឡើង
ចំពោះមនុស្ស។ ទាំងនេះគឺជាសំដៅទៅលើពេលដែលមានមនុស្សរងគ្រោះយ៉ាងធ្ងន់ធ្ងរឬស្លាប់ឬវិះស្លាប់។ មាន
កុមារីខ្លះធ្លាប់ទទួលរងនូវបទពិសោធន៍រួមទាំងនេះ តែខ្លះទៀតមិនធ្លាប់បានទទួលរងបទពិសោធន៍បែបហ្នឹងទេ។
សូមប្តូរមេត្តាឆ្លើយដោយស្មោះត្រង់ផង ថាតើធ្លាប់មានអំពើឃោរឃៅកើតឡើងចំពោះប្អូន ឬក៏អត់ដែលមានទេ។

អ្នកសំភាសន៍: សូមគូសផ្លូវ ទេ ប្រសិនបើ ហេតុការណ៍នេះមិនបានកើតឡើង។ តែបើហេតុការណ៍នេះ បានកើតឡើងសូមគូសផ្លូវ ចាស ដោយសូមបន្តថាតើហេតុការណ៍នេះបានកើតម្តងរឺច្រើនដង។

Trauma Experiences and Feelings Questions

Below is a list of VERY SCARY, DANGEROUS, OR VIOLENT things that sometimes happen to people. These are times where someone was HURT VERY BADLY OR KILLED, or could have been. Some girls have had these experiences while some girls have not had these experiences. Please be honest in answering if the violent thing happened to you or if it did not happen to you. *Interviewer: Check No if it did not happen to the child. If the child says Yes, ask if it happened once or more than one time.*

	ទេ No	ចាស Yes, Once	ចាស ច្រើនជាងមួយ Yes, more than once
ខ.៣៨ ទទួលរងគ្រោះដោយគ្រោះមហន្តរាយ ដូចជាភ្លើងឆេះ ល្អះ ទឹកជំនន់ និងខ្យល់កូច B38. Being in another kind of disaster, like a fire, flood, tropical storm, twister	0	1	2
ខ.៣៩ ទទួលរងគ្រោះយ៉ាងធ្ងន់ធ្ងរ ដូចជាគ្រោះថ្នាក់ចរាចរណ៍ដោយសារ កង់ ម៉ូតូ ឬ ឡាន B39. Being in a bad accident, like a very serious bicycle, car, motorcycle or traffic accident	0	1	2
ខ.៤០ ស្ថិតនៅកន្លែងដែលមាន ការវាយតប់ រឺ ការបាញ់គ្នារវាង ក្រុមប្រដាប់អាវុធ B 40. Being in a place where there was fighting between groups of people using knives, guns or other weapons.	0	1	2
ខ.៤១ ទទួលរងគ្រោះដោយការវៃ ដាល់ ទាត់ឆាកយ៉ាងខ្លាំងនៅផ្ទះ (សូមកុំរាប់បញ្ចូលជំលោះរវាងបង ប្អូន ឯងដែលជាភ្លើងធម្មតាហើយឆាប់ត្រូវគ្នាវិញ) B41. Being hit, punched, or kicked very hard at home (DO NOT Include ordinary fights with brothers and sisters)	0	1	2
ខ.៤២ ឃើញសមាជិកគ្រួសារទទួលរងគ្រោះដោយការវៃ ដាល់ ទាត់ឆាកយ៉ាងខ្លាំងនៅផ្ទះ (សូមកុំរាប់បញ្ចូល ជំលោះរវាងបង ប្អូន ឯងដែលជាភ្លើងធម្មតាហើយឆាប់ត្រូវគ្នាវិញ) B42. Seeing a family member being hit, punched or kicked very hard at home (DO NOT Include ordinary fights between brothers and sisters)	0	1	2
ខ.៤៣ ទទួលរងការវាយតប់ បាញ់ ឬ ការសំឡុតគំរាមថានឹងទទួលរងការរឺចាប់យ៉ាងខ្លាំង B43 Being beaten up, shot at or threatened to be hurt badly	0	1	2
ខ.៤៤ ឃើញមាននរណាម្នាក់ទទួលរងការវៃតប់ បាញ់ ឬ សម្លាប់ B44. Seeing someone being beaten up, shot at or killed	0	1	2
ខ.៤៥ ឃើញសាកសព ឬ មនុស្សស្លាប់ (សូមកុំរាប់បញ្ចូលសពក្នុងពិធីបុណ្យសព) B45. Seeing a dead body (do not include funerals)	0	1	2
ខ.៤៦ មានមនុស្សចាស់ឬមនុស្សពេញវ័យអាយុច្រើនជាងប្អូនប៉ះពាល់ ប្រដាប់ភេទ របស់ប្អូនហើយ ដែលប្អូនមិន ចូលចិត្ត។ B46. Having an adult or someone much older touch your private sexual body parts when you did not want them to	0	1	2

ខ.៤៧ នៅពេលដែលប្អូនទទួលបានព័ត៌មានថាអ្នកដែលប្អូនស្រឡាញ់ ទទួលគ្រោះថ្នាក់ធ្ងន់ធ្ងរ រឺ អគ្រោះដោយអំពើឃោរឃៅ B47. Getting news about the violent death or serious injury to someone you love.	0	1	2
ខ.៤៨ នៅពេលដែលប្អូនឈឺឬអវស្សន៍ធ្ងន់ធ្ងរ ប្អូនមានការភ័យខ្លាចនិងឈឺចាប់ដោយមានការព្យាបាលពី គ្រូពេទ្យ B48 Having painful and scary medical treatment in a hospital when you were very sick or badly injured	0	1	2
ខ៤៨ក. ត្រូវបានគេរំលោភ រឺ បង្ខំឱ្យរួមភេទជាមួយនរណាម្នាក់ B48a. Being raped or forced to have sex with someone	0	1	2
ខ៤៨ខ. ត្រូវបានគេយកទៅលក់ B48b. Being sold	0	1	2
ខ៤៨គ. ត្រូវបានគេចាប់ពីរិត រឺ ត្រូវបានចាប់បញ្ជូនទៅ ដែលយើងមិនយល់ព្រម B48c. Being kidnapped or taken away by someone against your will.	0	1	2
ខ៤៨ឃ. ត្រូវបានគេបង្អាក់បាយ (ដាច់ពោះដោយអត់អាហារ) B48d. Being starved	0	1	2
ខ៤៨ង. ត្រូវបានគេបំប្លែង ចាប់ចង ដាក់ខ្នោះ B48e. Being restrained, tied up, shackled	0	1	2
ខ៤៨ច. ស្ថិតក្នុងកន្លែងដែលប្អូនមិនអាចលូតរត់បាន B48f. Being in a place where you could not escape	0	1	2
ខ៤៨ឆ. ត្រូវបានគេបង្ខំឱ្យមើលរូបភាព ស្រាត B48g. Being forced to watch pornography	0	1	2
ខ៤៨ជ. ត្រូវបានគេបង្ខំឱ្យថតរូបភាព ស្រាត ឬចូលរួមថតរូបភាព ស្រាត B48h. Being forced to pose or participate in pornography	0	1	2
ខ៤៨ឈ. ត្រូវបានគេដាក់ឱ្យនៅម្នាក់ឯងក្នុងចំណោមមនុស្សដែលប្អូនមិនដែលស្គាល់ B48i. Being left alone with no one around you that you know	0	1	2
ខ៤៨ញ. ត្រូវបានគេបង្ខំឱ្យប្រើ ឬ ផឹកគ្រឿងញៀន រឺ ថ្នាំ B48j. Being forced to use/to take drugs or pills.	0	1	2
ខ៤៨ដ. ត្រូវបានគេបង្ខំឱ្យរួមភេទជាមួយមនុស្សប្រុសមួយក្រុម (គ្នាច្រើន) B48k. Being forced by a group to have sex/to have sex with a group	0	1	2
ខ៤៨. ក្រៅពីស្ថានភាព (ការអគ្រោះ) ដែលបានរៀបរាប់ខាងលើ តើមានអ្វីទៀតដែលធ្លាប់បានកើតឡើង ចំពោះប្អូនដែលគួរឱ្យខ្លាចរន្ត គ្រោះថ្នាក់ និង មានភាពឃោរឃៅទេ B49 Other than the situations described above, has anything else ever happened to you that was really scary, dangerous or violent	0	1	2

អ្នកសំរាសន៍: សូមត្រួតពិនិត្យហេតុការណ៍ទាំងឡាយដែលកុមារឆ្លើយ ចាស។ ប្រសិនបើនាងឆ្លើយចាសលើស ពីមួយ សូមសួរនាងថា តើមួយណាដែលវាខាននាងច្រើនជាងគេបំផុតនៅពេលនេះ ហើយសូមកត់ចំលើយនាងនៅ

ទីនេះ.....(១៥០) (ប្រសិនបើនាងគ្រាន់តែឆ្លើយ ចាស ចំពោះហេតុការណ៍តែមួយទេ នោះសូមកត់លេខនោះ) ។

Interviewer: Review the events that the girl said yes to. If she said yes to more than one, ask which of these **BOTHERS HER THE MOST NOW** and record this number here: _____ (B50)
(If she only said yes to one event, record that number)

១៥១. សូមសួរនាងថា តើពេលណាដែលជាពេលថ្មីៗជាងគេបូកក្រោយបំផុតដែលហេតុការណ៍នេះបានកើតឡើង ចំពោះនាង (យូរប៉ុណ្ណាហើយដែលវាបានកើតឡើង..... (ខែ)..... (ឆ្នាំ))

B51. Ask her when was the most recent time this happened (how long ago this happened)
_____ (months) _____ (years)

សំរាប់សំណួរនាងបង្កើននិងសួរនាងថា តើមានអារម្មណ៍ដូចម្តេច ក្នុងអំឡុងពេលឬក្រោយពេលមានហេតុការណ៍ អាក្រក់បានកើតឡើងចំពោះប្អូន (សូមរំលឹកចំលើយរបស់នាងដែលបានជ្រើសយក ដែលថា វាខានដល់នាងខ្លាំង ជាងគេ) ។

For the next questions, I am going to ask you about how you felt during or right after the bad thing happened to you (repeat the one she chose that bothered her the most)

សូមអានឃ្លា "នៅពេលហេតុការណ៍នេះបានកើតឡើង ឬ បន្ទាប់ពីហេតុការណ៍នេះបានកើតឡើង..." មុនអានសំណួរនីមួយៗ

Say before each question, "When this happened or right after this happened..."

	ទេ No	ចាស Yes
១.៥២ តើពេលនោះប្អូនភ័យខ្លាចពីព្រោះប្អូនគិតថាប្អូននឹងស្លាប់ B52. Were you scared that you would die	0	1
១.៥៣ តើពេលនោះប្អូនភ័យខ្លាចពីព្រោះប្អូនគិតថាប្អូននឹងទទួលរងការឈឺចាប់យ៉ាងខ្លាំង B53. Were you scared that you would be hurt badly	0	1
១.៥៤ ប្អូនទទួលរងការឈឺចាប់យ៉ាងខ្លាំង B54. Were you hurt badly	0	1
១.៥៥ ប្អូនភ័យខ្លាចទេ ប្រសិនបើប្អូនគិតថានិរមនណាម្នាក់ស្លាប់ B55. Were you scared if someone else would die	0	1
១.៥៦ តើមាននរណាម្នាក់ស្លាប់ទេ B56. Did someone die	0	1
១.៥៧ តើប្អូនភ័យខ្លាចទេ ប្រសិនបើប្អូនគិតថានិរមនណាម្នាក់នឹងរងការឈឺចាប់យ៉ាងខ្លាំង	0	1

B57. Were you scared that someone else would be hurt badly		
ខ.៥៨ តើមាននរណាម្នាក់ឈឺចាប់យ៉ាងខ្លាំងដែរឬទេ	0	1
B58. Was someone else hurt badly		
ខ.៥៩ តើមានអ្នកណាម្នាក់ឈឺចាប់យ៉ាងខ្លាំង ប្រសិនបើប្រៀបធៀបទៅនឹងការឈឺចាប់ដទៃទៀតដែលប្អូន ធ្លាប់បានជួបប្រទះពីមុន	0	1
B59. Were you most afraid when this happened, compared to other fearful events you experienced		
ខ.៦០ តើប្អូនមានអារម្មណ៍ថាប្អូនមិនអាចបញ្ឈប់អ្វីដែលបានកំពុងកើតឡើង ឬ មានអារម្មណ៍ថាប្អូនត្រូវការ អោយគេជួយ	0	1
B 60. Did you feel that you could not stop what was happening or that you needed someone to help		
ខ.៦១ តើប្អូនមានអារម្មណ៍ថាអ្វីដែលប្អូនបានឃើញ គួរអោយស្អប់ខ្ពើម ឬ អាក្រក់ទេ	0	1
B 61. Did you feel that what you saw was disgusting or gross		
ខ.៦២ តើប្អូនរត់ឬដើរចុះឡើង ឬបញ្ចេញអាកប្បកិរិយាក្រៀមក្រំនៅពេលមានបញ្ហានេះកើតឡើង	0	1
B62. Did you run or walk up and down/back and forth or act like you were very upset		
ខ.៦៣ តើប្អូនមានអារម្មណ៍ថាច្របូកច្របល់	0	1
B63. Did you feel very confused		
ខ.៦៤ តើប្អូនមានអារម្មណ៍ថាអ្វីដែលបានកើតឡើងហាក់ដូចជាមិនមែនជាការពិត គឺដូចជាវាមានតែកើតឡើង នៅក្នុងរឿងកុំដុំ មិនកើតឡើងក្នុងជីវិតជាក់ស្តែង	0	1
B64. Did you feel like what was happening did not seem real in some way, like it was going on in a movie instead of real life?		

Total

13

អ្នកសំរាសន៍: ឥឡូវសូមប្រាប់កុមារីថា អ្នកនឹងអានតារាងបញ្ហាដែលមនុស្សម្នាក់ៗមាន ក្រោយពេលដែលមាន ហេតុការណ៍អាក្រក់បានកើតឡើងដល់គេ ។ សូមគិតពីហេតុការណ៍អាក្រក់ដែលបានកើតឡើងចំពោះប្អូនដែលយើង ទើបតែជជែកគ្នាមុននេះបន្តិច ខ្ញុំនិងសូមប្អូន ថាតើបញ្ហាទាំងនោះកើតឡើង ចាប់តាំងពីខែមុន រឺ មួយខែកន្លង មកដល់ ពេលនេះ ញឹកញាប់ដូចម្តេចដែរ: មិនដែលសោះ: កំរកើតមាន កើតឡើងក្នុងពេលខ្លះ: កើតឡើងច្រើនដង ឬ កើតឡើងច្រើនដងបំផុត ។

Interviewer: now tell the respondent that you will read to her a list of problems people sometimes have after very bad things happen. Thinking about the bad thing that happened to you that we were just talking about, I am going to ask you how often each of these problems has happened to you IN THE PAST MONTH: never, rarely, some of the time, much of the time, most of the time?

	មិនដែល សោះ Never	កំរើក មាន Rarely	កើតឡើង ពេលខ្លះ Some of the time	កើតឡើង ច្រើនជាង Much of the time	កើតឡើងច្រើន ជាងបំផុត Most of the time
ខ.៦៥ ខ្ញុំប្រុងប្រយ័ត្នក្រែងមានគ្រោះថ្នាក់ ឬ អ្វីៗ ដែលខ្ញុំខ្លាច B65. I watch out for the danger or things that I am afraid of	0	1	2	3	4
ខ.៦៦ ពេលមានអ្វីមួយធ្វើអោយខ្ញុំនឹក ឃើញពីអ្វីដែលបាន កើតឡើង ខ្ញុំចាប់ផ្តើម ខឹងយ៉ាងខ្លាំង ខ្លាច ឬក្រៀមក្រំ B66. When something reminds me of what happened, I get very upset, afraid or sad	0	1	2	3	4
ខ.៦៧ ខ្ញុំមានការអាក់អន់ក្នុងចិត្ត ជាមួយហេតុការណ៍ ដែលខ្ញុំមិនចង់ អោយវាកើតមាន B67 I have upsetting memories of the bad events when I don't want them.	0	1	2	3	4
ខ.៦៨ ខ្ញុំមានអារម្មណ៍មម៉ៅ ខឹង ឬ មិនសប្បាយចិត្ត B68 I feel grouchy, angry or mad	0	1	2	3	4
ខ.៦៩ ខ្ញុំដេកយល់សប្តិឃើញហេតុការណ៍ ដែលបានកើត ឡើង និងយល់សប្តិអាក្រក់ B69. I have dreams about happened or other bad dreams	0	1	2	3	4
ខ.៧០ ខ្ញុំមានអារម្មណ៍ថាហាក់ដូចជាត្រឡប់ទៅរកពេល ដែលហេតុការណ៍អាក្រក់បានកើតឡើងចំពោះខ្ញុំ រស់នៅ ក្នុងស្ថានភាពនោះម្តងទៀត B 70. I feel like I am back at the time when the bad thing happened, living through it again	0	1	2	3	4
ខ.៧១ ខ្ញុំមានអារម្មណ៍ហាក់ដូចជានៅតែម្នាក់ឯង ហើយមិន នៅជាមួយមិត្តរបស់ខ្ញុំ B 71. I feel like staying by myself and not being with my friends	0	1	2	3	4
ខ.៧២ ខ្ញុំមានអារម្មណ៍ថាឯកោក្នុងចិត្តហើយ និងមិនជិតស្និទ្ធ ជាមួយអ្នកដទៃទៀត B72. I feel alone inside and not close to other people	0	1	2	3	4
ខ.៧៣ ខ្ញុំព្យាយាមមិននិយាយ មិនគិត ឬមានអារម្មណ៍ពី អ្វីដែលបានកើតឡើង B73. I try not to talk about, think about, or have feelings about what happened	0	1	2	3	4

ខ.៧៤. ខ្ញុំមានអារម្មណ៍ថាមានបញ្ហាលើការសប្បាយ និង ការស្រឡាញ់ ជាមួយអ្នកដទៃ B74. I have trouble feeling happy and have trouble feeling love for others.	0	1	2	3	4
ខ.៧៥ ខ្ញុំមានអារម្មណ៍ថាមានបញ្ហាក្រៀមក្រំ ឬខឹង B75. I have trouble feeling sadness or anger	0	1	2	3	4
ខ.៧៦ ខ្ញុំមានអារម្មណ៍មិនទៀងទាត់ ឬឆាប់ ភ័យ ដូចជា ពេលខ្ញុំឮសំលេងខ្លាំង ឬ អ្វីដែល ធ្វើអោយខ្ញុំភ្ញាក់ផ្អើល B76. I feel jumpy or startle easily, like when I hear a loud noise or when something surprises me	0	1	2	3	4
ខ.៧៧ ខ្ញុំមានបញ្ហាដេកមិនលក់ ឬភ្ញាក់ច្រើន ដងពេលយប់ B77. I have trouble going to sleep or I wake up often during the night	0	1	2	3	4
ខ.៧៨ ខ្ញុំគិតថាផ្នែកខ្លះដែលបានកើតឡើង គឺជា កំហុសរបស់ខ្ញុំ B78. I think that some part of what happened in my fault	0	1	2	3	4
ខ.៧៩ ខ្ញុំមានបញ្ហាក្នុងការចងចាំ នូវអ្វីដែល បានកើតឡើង B79. I have trouble remembering what happened.	0	1	2	3	4
ខ.៨០ ខ្ញុំមានបញ្ហាក្នុងការផ្តោតអារម្មណ៍ ឬការយកចិត្ត ទុកដាក់ B80. I have trouble concentrating or paying attention	0	1	2	3	4
ខ.៨១ ខ្ញុំព្យាយាមនៅឆ្ងាយពីគេ ពីកន្លែង ឬពីអ្វីដែល ធ្វើអោយខ្ញុំចងចាំនូវហេតុការណ៍ដែលបានកើតឡើង B 81. I try to stay away from people, places, or things that make me remember what happened	0	1	2	3	4
ខ.៨២ ពេលនរណាម្នាក់រំលឹកខ្ញុំអំពីអ្វីដែលបាន កើតឡើង ខ្ញុំមានអារម្មណ៍តឹងតែងក្នុងខ្លួន ដូចជាបេះដូងដើរញាប់ ឈឺក្បាល ឬឈឺពោះ B82. When someone reminds me of what happened, I have strong feelings in my body, like my heart beats fast, my head aches, or my stomach aches	0	1	2	3	4
ខ.៨៣ ខ្ញុំគិតថា ជីវិតរបស់ខ្ញុំមិនបានយូរទេ B83. I think that I will not live a long life	0	1	2	3	4
ខ.៨៤ ខ្ញុំមានជំលោះ ឬ វាយតប់គ្នា B84. I have arguments or physical fights	0	1	2	3	4
ខ.៨៥ ខ្ញុំមានអារម្មណ៍មិនល្អចំពោះអនាគតរបស់ខ្ញុំ	0	1	2	3	4

B85. I feel bad about my future					
ខ.៨៦ខ្ញុំខ្លាចតែហេតុការណ៍អាក្រក់នេះនឹងកើត ឡើងម្តង ទៀត B86. I am afraid that the bad thing will happen again	0	1	2	3	4

អ្នកសំភាសន៍: ឥឡូវនេះសូមប្រាប់ដល់កុមារីថា អ្នកនឹងអានស្តីអំពីអារម្មណ៍របស់មនុស្សដែលជួនកាលកើតឡើងក្រោយពេលមានរឿងអាក្រក់បានកើតឡើងដល់ពួកគេ អោយនាងស្តាប់។ ខ្ញុំនឹងសួរម្តងថា តើវាជាការពិតរបស់ម្តងទេ ដែលម្តងគិតថាឃ្លានិមួយៗវាដូចគ្នានឹងអារម្មណ៍របស់ម្តងផ្ទាល់ដែរ។ សំរាប់ឃ្លា និមួយៗ តើម្តងនឹងនិយាយថា ឃ្លានេះគឺវាដូចគ្នានឹងអារម្មណ៍ម្តង មិនដែលសោះ កំរើក៏មាន មានក្នុង ពេលខ្លះ មានច្រើនដង ឬ មានច្រើនដងបំផុត?

Interviewer: now tell the respondent that you will read to her a list of feelings people sometimes have after very bad things have happened to them. I am going to ask you how you true you think each of the statements is about your own feelings. For each one, would you say that you feel this way, never, rarely, some of the time, much of the time, or most of the time?

អារម្មណ៍របស់ខ្ញុំអំពីការរំលោភបំពាន

My Feelings about the Abuse

	មិនដែល សោះ Never	កំរើក៏មាន Rarely	មានក្នុង ពេលខ្លះ Some of the time	មានច្រើនដង Much of the time	មានច្រើន ដងបំផុត Most of the time
ខ.៨៧ខ្ញុំមានអារម្មណ៍អៀនខ្មាស់ ព្រោះខ្ញុំគិតថា នៅពេល គេមើលមកខ្ញុំដូចគេដឹងរឿងរបស់ខ្ញុំ* B87. I feel ashamed because I think that when people look at me they know my story*	0	1	2	3	4
ខ.៨៨ ពេលខ្ញុំគិតអំពីអ្វីដែលបានកើតឡើង ខ្ញុំចង់ទៅអោយ ឆ្ងាយដោយខ្លួនឯង និង រត់ពូន* B88. When I think about what happened, I want to go away by myself and hide*	0	1	2	3	4

<p>ខ.៨៩ ខ្ញុំមានការអៀនខ្មាស់ ព្រោះខ្ញុំមាន អារម្មណ៍ថា ខ្ញុំមានតែម្នាក់គត់ដែលជួបនិងបញ្ហាទាំងនេះ*</p> <p>B89. I am ashamed because I feel I am the only person who faced these problems*</p>	0	1	2	3	4
<p>ខ.៩០ អ្វីដែលបានកើតឡើងមកលើខ្ញុំ ធ្វើអោយខ្ញុំមានអារម្មណ៍កខ្វក់*</p> <p>B 90. What happened to me makes me feel dirty*</p>	0	1	2	3	4
<p>ខ.៩១ ពេលដែលខ្ញុំគិតអំពីអ្វីដែលបានកើតឡើង ខ្ញុំមានអារម្មណ៍ចង់បិទបាំងខ្លួនរបស់ខ្ញុំ*</p> <p>B91. When I think about what happened, I feel like covering my body*</p>	0	1	2	3	4
<p>ខ.៩២ ពេលដែលខ្ញុំគិតអំពីអ្វីដែលបានកើតឡើង ខ្ញុំបំនង្ស តែគេមើលខ្ញុំមិនឃើញ*</p> <p>B92. When I think about what happened, I wish I were invisible*</p>	0	1	2	3	4
<p>ខ.៩៣ ពេលដែលខ្ញុំគិតអំពីអ្វីដែលបានកើតឡើង ខ្ញុំមានអារម្មណ៍ថាខ្លើមខ្លួនឯង*</p> <p>B93. When I think about what happened, I feel disgusted with myself*</p>	0	1	2	3	4
<p>ខ.៩៤ ពេលដែលខ្ញុំគិតអំពីអ្វីដែលបានកើតឡើង ខ្ញុំមានអារម្មណ៍ថារឿងខ្ញុំត្រូវបានបើកកកាយ និងខ្ញុំដូចជាអក្រាតនៅខ្លួន ទទេគ្មានអ្វីបិទបាំងសោះ*</p> <p>B94. When I think about what happened, I feel exposed or naked.*</p>	0	1	2	3	4
<p>ខ.៩៥ ខ្ញុំមានអារម្មណ៍ថា មនុស្សនៅក្នុងភូមិ និងអ្នកជិតខាង ស្អប់ខ្ញុំ**</p> <p>B95 I feel that people in the neighborhood or village hate me**</p>	0	1	2	3	4
<p>ខ.៩៦ ខ្ញុំមានអារម្មណ៍ថា មនុស្សនៅក្នុង ក្នុងភូមិ និងអ្នកជិតខាង មើលងាយខ្ញុំ**</p> <p>B96. I feel that people in the neighborhood or village look down on me**</p>	0	1	2	3	4
<p>ខ.៩៧ ខ្ញុំមានអារម្មណ៍ថា មនុស្សនៅក្នុង ភូមិ និងអ្នកជិតខាង និយាយ ដើមខ្ញុំ ឬ និយាយអាក្រក់ពីខ្ញុំ**</p> <p>B97. I feel like people in the neighborhood or village gossip about me/say bad things about me**</p>	0	1	2	3	4
<p>ខ.៩៨ ខ្ញុំមានអារម្មណ៍ថា មនុស្សនៅក្នុង ភូមិ និង</p>	0	1	2	3	4

អ្នកជិតខាង គិតថាខ្ញុំគ្មានអនាគត** B98. I feel like people in the neighborhood or village think I have no future**					
ខ.៩៩ ខ្ញុំមានអារម្មណ៍ថា មនុស្សនៅក្នុង ភូមិ និង អ្នកជិតខាង គិតថាខ្ញុំនឹងនាំក្តីអាមាសនិងសំណាង អាក្រក់ដល់គេ** B99. I feel like people in the neighborhood or village think I will bring disgrace and bad luck**	0	1	2	3	4

* កិត្តិយសរបស់កុមារ

* * ដកស្រង់ចេញពីលទ្ធផលស្រាវជ្រាវបែបគុណភាព - អត្ថបទត្រូវបានរៀបរាប់ដោយអ្នកឆ្លើយលើសពី ២ នាក់ នៅក្នុង បញ្ជីរចំហរ និង ឬ បទសំភាសន៍ជាមួយមនុស្សសំខាន់

*Children’s sexual abuse shame scale

** Taken from Qualitative study results – items mentioned by 2+ respondents in free lists and/or key informant interviews

ផ្នែកក - គោលដៅ និង សេចក្តីសង្ឃឹម

អ្នកសំភាសន៍: សូមប្រាប់កុមារីថា សំរាប់សំណួរផ្នែកចុងក្រោយនេះ អ្នកនឹងអានអោយនាងស្តាប់នូវតារាង
អំពីអារម្មណ៍វិជ្ជមាន ដែលមនុស្សម្នាក់ៗមាន។ សំរាប់អារម្មណ៍នីមួយៗ តើប្អូននឹងនិយាយថា អារម្មណ៍ នេះ
គឺវាជួបគ្នានឹងអារម្មណ៍ប្អូន មិនដែលសោះ កំរើកើតមាន មានក្នុងពេលខ្លះ មានច្រើនដង ឬ មាន
ច្រើនដងបំផុត?

Part C- Goals and Hopes

Interviewer: Tell the respondent that for the final set of questions you will read to her a list of positive feelings some people have. For each one, would you say that you feel this way never, rarely, some of the time, much of the time, or most of the time?

**សំណួរអំពីគោលដៅ និងសេចក្តីសង្ឃឹមសំរាប់អនាគត
Questions about Goals and Hope for the Future**

	មិនដែលសោះ Never	កំរើកើតមាន Rarely	មានក្នុង ពេលខ្លះ Some of the time	មានច្រើនដង Much of the time	មានច្រើន ដងបំផុត Most of the time
គ01. ខ្ញុំគិតថា ជីវិតខ្ញុំកាន់តែប្រសើរ C01. I think my life is getting better*	0	1	2	3	4

<p>គ០២. ខ្ញុំគិតឃើញ នូវរបៀបជាច្រើនយ៉ាង ដើម្បីទទួលយកអ្វី ដែលសំខាន់បំផុតសំរាប់ជីវិតខ្ញុំ*</p> <p>C02. I think of many ways to get most of the important things in life.*</p>	0	1	2	3	4
<p>គ០៣. ខ្ញុំធ្វើអ្វីៗបានល្អដូចកុមារី ដទៃទៀតដែល មាន អាយុប្រហាក់ប្រហែលខ្ញុំ*</p> <p>C03. I am doing just as well as other girls my age*</p>	0	1	2	3	4
<p>គ០៤. ពេលខ្ញុំមានបញ្ហា ខ្ញុំអាចរកឃើញវិធីដោះស្រាយ បានជាច្រើនដើម្បីដោះស្រាយវា*</p> <p>C04. When I have a problem, I can come up with lots of ways to solve it*</p>	0	1	2	3	4
<p>គ០៥. ខ្ញុំគិតថា អ្វីដែលខ្ញុំបានធ្វើពីមុន នឹងជួយ ខ្ញុំនៅ ថ្ងៃក្រោយ*</p> <p>C05. I think the things I have done in the past will help me in the future*</p>	0	1	2	3	4
<p>គ០៦. បើទោះជាមានគេចង់ បោះបង់ចោល ខ្ញុំដឹងថា ខ្ញុំអាចរកវិធី ដោះស្រាយបញ្ហាបាន*</p> <p>C06. Even when others want to quit, I know that I can find ways to solve the problem*</p>	0	1	2	3	4
<p>គ០៧. ខ្ញុំជឿជាក់ថា ខ្ញុំនឹងរស់នៅបានយ៉ាងសុខ សប្បាយជាមួយគ្រួសាររបស់ខ្ញុំម្តងទៀត**</p> <p>C07. I believe that I will live happily with family again**</p>	0	1	2	3	4
<p>គ០៨. ខ្ញុំជឿជាក់ថា ខ្ញុំនឹងអាចរកស្វាមីមួយដែល នឹង ស្រឡាញ់ខ្ញុំ**</p> <p>C08. I believe that I will find a husband who will love me**</p>	0	1	2	3	4
<p>គ០៩. ខ្ញុំជឿជាក់ថា ខ្ញុំនឹងអាច មានគ្រួសារមួយ ដែល កក់ក្តៅ**</p> <p>C09. I believe that I will be able to have a warm family**</p>	0	1	2	3	4

* កិច្ចការសំរាប់សកុមារ លេខសេស tap agency, even # tap pathways
 * * ដកស្រង់ចេញពីលទ្ធផលស្រាវជ្រាវបែបគុណភាព
 *Children’s hope scale odd # tap agency, even # tap pathways
 ** Taken from Qualitative study results

CEPAT SCORES & COUNSELOR INTAKE / MONITORING NOTES

Function	Depression	Post Trauma	PTS Feelings	Shame	Hope/Resilience
A1 – A10 <i>សមត្ថភាពបំពេញ ការងារ</i>	B01 – B36 ការវាយតម្លៃអំពី សុខភាពខាងបញ្ញា និងខាងផ្លូវចិត្តសង្គម *B08 removed *B04, B12, B16 require reverse scoring.	B52 – B64 ការប៉ះទង្គិចចិត្ត	B65 – B86 អារម្មណ៍នៃការ ប៉ះទង្គិចចិត្ត	B87 – B99 ភាពខ្មាស់អៀន	C01 – C09 សេចក្តីសង្ឃឹម /ការងើបឈរជាថ្មី ឡើងវិញ
Total	Total	Total	Total	Total	Total
40	105	13	88	52	36

B38 – B51 Child experiences of trauma. List major traumatic experiences identified and frequency of exposure. Identify any clear implications for care of the child.

បទពិសោធន៍និងអារម្មណ៍នៃការប៉ះទង្គិចរបស់កុមារ ។ សូមសរសេរចុះនូវបទពិសោធន៍ នៃការប៉ះទង្គិចរបស់កុមារទាំងឡាយដែលអ្នក
បានឃើញញឹកញាប់កន្លងមក ។ ចូលកំណត់នូវអ្វីដែលអ្នកគិតថា អាចបង្ករនូវភាពលំបាកក្នុងការថែទាំកុមារ ។

Additional Notes (កំណត់ហេតុបន្ថែម)

Appendix B: Child Consent Form

សេចក្តីយល់ព្រមដោយផ្ទាល់មាត់របស់កុមារ

Verbal Child Assent

សួរស្តី បងឈ្មោះ..... សព្វថ្ងៃបងធ្វើការជាមួយអង្គការទស្សនៈពិភពលោកនៅភ្នំពេញនេះ ។ បងចង់សួរសំនួរមួយ
ចំនួនដល់ប្អូនដើម្បីស្វែងយល់អំពីបញ្ហារបស់ប្អូននិងបញ្ហារបស់ប្អូនៗកុមារិយដទៃទៀតដូចប្អូនដែរ ។ កុមារិយទាំងអស់ក្នុងមណ្ឌលនេះត្រូវ
បានអញ្ជើញឱ្យចូលរួមឆ្លើយសំនួរទាំងនេះដែរ ដែលជាផ្នែកមួយរបស់កម្មវិធីរបស់យើង ។ ការស្រាវជ្រាវដែលយើងកំពុងធ្វើនេះ
គឺធ្វើឡើងដោយបុគ្គលិកមកពីអង្គការទស្សនៈពិភពលោកនិងដៃគូរបស់យើងមកពីមហាវិទ្យាល័យ ចន ហាប់យីន្ស ទៅសហរដ្ឋ អាមេរិក ។
ការស្រាវជ្រាវនេះនឹងជួយយើងឱ្យអាចបង្កើតកម្មវិធីដើម្បីជួយកុមារិយដូចប្អូនឱ្យកាន់តែល្អឡើង ។ ពេលបងសួរចប់ ប្រសិនបើប្អូនមាន
សំនួរអ្វីអំពីកម្មវិធីនេះ ប្អូនអាចសួរលោកឬលោកស្រីប្រធានមណ្ឌលដើម្បីឱ្យគាត់ជួយប្អូនទាក់ទងមកអង្គការ ទស្សនៈពិភពលោក ឬ
មកពួកយើងខ្ញុំផ្ទាល់ ដើម្បីឆ្លើយសំនួររបស់ប្អូន ។

Hello, my name is: _____ and I work with World Vision here in Phnom Penh. I would like to ask you some questions to
understand your problems and the problems and situation of girls like you. All of the girls in this shelter are being invited to participate in these
interviews as part of our program. This study that we are doing is being done by staff from World Vision and our partners from a University in
the United States called Johns Hopkins University. This study will help us make the programs for girls like you better. After the interview is
over if you have questions about this project, you can ask your shelter director to help you get in touch with World Vision and us so we can
answer any question you might have.

បងនឹងសួរសំនួរមួយចំនួនដើម្បីចង់ដឹងថា តើប្អូនមានអារម្មណ៍យ៉ាងណានិងគិតយ៉ាងណាដែរអំពីកិច្ចការដែលប្អូនធ្វើជាប្រចាំ នៅក្នុងមណ្ឌល ។

ពួកបងនឹងប្រើព័ត៌មានដែលប្អូនចែកឱ្យនេះមកចងក្រងជាកម្មវិធីឱ្យកាន់តែប្រសើរឡើងសំរាប់ជួយកុមារិយ ។ ទោះ ជាយ៉ាងណា សូមប្អូនមេត្តា

ដឹងជាមុនថាប្អូនផ្ទាល់អាចនឹងមិនបានទទួលប្រយោជន៍ពីកម្មវិធីនេះ ។ សូមប្អូនមេត្តាដឹងជាមុនដែរថា ប្អូននឹងមិនបានទទួលអំណោយអ្វីសំរាប់

ការដែលប្អូនសុខចិត្តឆ្លើយសំនួររបស់បងទេ ។

I am going to ask you some questions about how you feel and the activities you regularly do. We will use what you share with us to make
programs for the children better. All sisters (girls) who are participating in the interviewing are volunteering and will not receive any gifts
(compensation).

ពួកបងបាននិយាយជាមួយអ្នកពិគ្រោះយោបល់និងបុគ្គលិកដែលទទួលខុសត្រូវនៅមណ្ឌលនេះហើយ ហើយពួកគាត់បានឱ្យបញ្ជី ឈ្មោះកុមារិយ

មួយចំនួននៅក្នុងមណ្ឌលនេះដែលពួកបងអាចជួបសំភាសន៍បាន ។ ពួកគាត់មិនបានផ្តល់ព័ត៌មានផ្ទាល់ខ្លួនរបស់ប្អូន ឬ ព័ត៌មានផ្ទាល់ខ្លួនរបស់

កុមារិយដទៃទៀតមកពួកបងទេ ហើយក៏មិនបានផ្តល់ព័ត៌មានអំពីរឿងផ្ទាល់ខ្លួនរបស់ប្អូនដែរ ។ ដូច្នេះ ប្អូនអាច ឆ្លើយនិងចែករំលែកឱ្យបងដឹង

តែអំពីរឿងអ្វីដែលប្អូនចង់ប្រាប់ប៉ុណ្ណោះ ។

We have already spoken with the counselors and staff here at the shelter and they have given us a list of girls we can talk with here at the shelter. They have not given us personal information about you or any of the other girls or any information about your story, so you only have to share with us what you want to share.

ពួកបងនឹងសរសេរចំណើយរបស់ប្អូនទុកតាមសំនួរនីមួយៗ ប៉ុន្តែពួកបងនឹងមិនកត់ឈ្មោះប្អូនទុកលើក្រដាសទេ ។ ម្យ៉ាងទៀតសូមប្អូនដឹងផងដែរ

ថាបងនឹងមិនចែកចាយព័ត៌មានដែលប្អូនប្រាប់មកបងនេះទៅបុគ្គលិកដទៃ សមាជិកគ្រួសារ ឬ នរណាម្នាក់ដែល មិនពាក់ព័ន្ធជាមួយការ

ស្រាវជ្រាវនេះទេ ។ ពេលខ្លះពួកបងចាំបាច់ត្រូវឱ្យព័ត៌មានមួយចំនួនដែលប្អូនប្រាប់នេះទៅបុគ្គលិក ឬ អ្នកដែលពាក់ព័ន្ធ ជាពិសេសពេលយើង

យល់ឃើញថាប្អូនចង់ធ្វើអ្វីមួយដែលគ្រោះថ្នាក់ដល់ខ្លួនឯង ឬអ្នកដទៃទៀត ។ ប្រសិនបើមាន មែន នោះពួកបងនឹងប្រាប់ដល់អ្នកផ្តល់ប្រឹក្សា

នៅក្នុងមណ្ឌលនេះ គឺដើម្បីឱ្យពួកគាត់អាចមកជួយប្អូនបានភ្លាមៗ ។

We will write down the answers you give us to each question and we will not record your name on any of our forms. None of the information you tell us will be shared with staff from the shelter, family members, or anyone else not connected with the study. The only time we will tell others about what you've said is if we think you are in danger of hurting yourself or someone else. If this happens, we will share that information with the counselors here at the shelter so that they can help you immediately.

ប្អូនមានសិទ្ធិពេញលេញក្នុងការសំរេចចិត្តចូលរួមឬមិនចូលរួមឆ្លើយសំនួរនេះបាន ។ មានន័យថា ប្អូនមិនឆ្លើយសំនួរបងក៏បាន

ប្រសិនបើប្អូនមិនចង់ឆ្លើយ ពីព្រោះបងចង់ឱ្យការឆ្លើយសំនួរទាំងនេះគឺតាមការសំរេចចិត្តរបស់ប្អូនផ្ទាល់ ។ ប្រសិនបើប្អូនមិនចង់ ឆ្លើយសំនួរពួកបង

នោះគ្មានហេតុការណ៍អាក្រក់អ្វីកើតឡើងចំពោះប្អូនឡើយ ។ ម្យ៉ាងទៀតក្នុងពេលឆ្លើយសំនួររបស់បង ប្រសិនបើមានព័ត៌មានអ្វីដែលប្អូន មិនចង់

ប្រាប់ពួកបងដោយមានមូលហេតុអ្វីមួយ ក៏អត់អីដែរ មិនបាច់ប្រាប់ក៏បាន ។ យើងនឹង ប្រើពេលអស់ប្រហែលពី 1 ម៉ោងទៅ 2 ម៉ោង ដើម្បីសួរនិង

ឆ្លើយសំនួរទាំងនេះ ។

We want you to know that you are free to decide if you want to participate in this interview. You don't have to talk to us if you don't want to; this conversation is only if you want. It is ok if you don't want to talk to us, nothing bad will happen if you don't want to talk with us. You don't have to tell us anything you don't want to share or feel comfortable sharing. This will take some time, about 1-2 hours, to answer our questions.

ប្រសិនបើប្អូនសុខចិត្តយល់ព្រមចូលរួមឆ្លើយសំរាសន៍ ពួកបងនឹងសួរឱ្យអ្នកពិគ្រោះយោបល់របស់ប្អូនផ្តល់ព័ត៌មានអំពីគំនិតរបស់ ពួកគាត់ថាប្អូនមានសុខុមាលភាពណាខ្លះ ។ ព័ត៌មានអំពីសុខុមាលភាពរបស់ប្អូនដែលពួកគាត់ផ្តល់នោះ គឺខុសគ្នាពីព័ត៌មានដែលប្អូន កំពុងផ្តល់ឱ្យយើងនេះ ហើយពួកបង ប្រមូលព័ត៌មាននោះតែក្នុងករណីដែលប្អូនយល់ព្រមឆ្លើយសំរាសន៍តែប៉ុណ្ណោះ ។ ម្យ៉ាងទៀត ព័ត៌មានដែលប្អូនផ្តល់ឱ្យពួកបងនេះ គឺពួកបងមិនចែកឱ្យអ្នកពិគ្រោះយោបល់ដឹងឡើយ ។ ប្រសិនបើប្អូនសំរេចចិត្តចង់បញ្ចប់ការធ្វើ

សំភាសន៍មុននិងបង្ហាញរបស់ ទោះពួកអ្នកក៏មិនសូវឱ្យអ្នកពិគ្រោះយោបល់របស់ប្អូនផ្តល់ព័ត៌មានអ្វីបន្ថែមទៀតដែរ ។

If you agree to participate, we will also ask your counselor to provide information about how they think you are doing. This information is separate from the information you are providing us and will only be collected if you agree to participate. The information you provide us will not be shared with the counselors. If you decide you want to end the interview before it is finished, then we will not ask the counselor to give us any additional information either.

សូមប្អូនដឹងជាមុនឱ្យហើយថា មានសំនួរខ្លះអាចនឹងធ្វើឱ្យប្អូនមិនសប្បាយចិត្ត ។ ប្រសិនបើយើងមកដល់សំនួរហ្នឹង ហើយប្អូន មានអារម្មណ៍ខឹង

ពិតមែន យើងអាចបន្តទៅសួរសំនួររប្លាប់ប្តីក៏បាន ។ ការសួរសំនួរនេះ ធ្វើឡើងនៅចំពោះមុខតែបងនិង ប្អូនប៉ុណ្ណោះ នេះគឺដើម្បីរក្សា

ការសំងាត់ ។ ទោះជាយ៉ាងណា ក៏មានអ្នកពិគ្រោះយោបល់របស់ប្អូននៅជិតៗនេះទេ ដូច្នេះប្អូន អាចឈប់ឆ្លើយសំនួរពេលណាក៏បាន ហើយហៅ

គាត់មកជិតតាមចង់ ។ ពេលឆ្លើយសំនួរ ប្រសិនបើប្អូនចង់សម្រាក ឬ ក៏ បញ្ឈប់ មិនអីទេ គឺឈប់បានដើម្បីប្អូនអាចនៅជិតអ្នកផ្តល់ប្រឹក្សា

ឬអ្នកដទៃ ដែលប្អូនចង់នៅជាមួយ ។ ប៉ុន្តែបងមិនបន្តសួរ សំនួរ ឬ ចង់ឱ្យប្អូនឆ្លើយសំនួរដោយមានពួកគាត់នៅជិតនោះឡើយ គឺចាំទាល់តែគាត់

ចេញទៅសិន ។

There is a possibility that some of the questions we ask may make you feel upset. If that happens we can continue on with other questions or stop the conversation. The interview will be conducted with only you and the interviewer present, in order to maintain confidentiality, but your counselor will be close by and so if you want, at any time, you can stop the interview and call them over. If you would like to pause or end the interview at any time and to be with a counselor or other person that is fine. However, we would not continue the interview until that person had left.

សូមប្អូនដឹងផងដែរថា ពួកអ្នកនិងសុំកុមារីមួយចំនួនតូច ថា តើពួកគេយល់ព្រមឱ្យពួកអ្នកសំភាសន៍ជាលើកទីពីរបានដែរឬអត់ ។ ពួកអ្នកនិងសុំកុមារីពិគ្រោះយោបល់ជួយយើងក្នុងការសួរដល់កុមារីទាំងអស់ដែលចូលរួមសំភាសន៍នៅលើកទីមួយ ថា តើពួកគេ សុខចិត្តចូលរួមឆ្លើយសំភាសន៍ជាលើកទីពីរដែរឬទេ ហើយក្នុងចំណោមអ្នកដែលសុខចិត្តចូលរួមឆ្លើយជាលើកទីពីរនោះ គឺយើង នឹងធ្វើការជ្រើសរើសដោយចៃដន្យចំនួនតូចមកសំភាសន៍ ។ ដូច្នេះ ប្រសិនបើប្អូន ត្រូវបានពួកគាត់សុំឱ្យចូលរួមឆ្លើយ សំភាសន៍ជាលើកទីពីរ នោះប្អូន ត្រូវដឹងថា គឺជារូបប្អូនផ្ទាល់ដែលមានសិទ្ធិក្នុងការសំរេចចិត្តថាចូលរួមឬមិនចូលរួមម្តងទៀត ។ ពួកអ្នកចង់សំភាសន៍តែកុមារីណាដែលសុខចិត្តចង់ចូលរួមក្នុងការឆ្លើយសំភាសន៍ជាលើកទីពីរនេះប៉ុណ្ណោះ ។

A small number of girls will be asked if it is ok to interview them a second time. We will ask the counselors help us ask all the girls who participated in the first interview if they are willing to be interviewed a second time and among those who say yes, we will randomly pick a few to be interviewed. If you are asked to participate in the second interview, it is up to you to decide if you want to participate again. We will only interview girls who want to participate in the second interview.

តើយើងអាចចាប់ផ្តើមបានទេ? (អ្នកសំភាសន៍: ប្រសិនបើនាងឆ្លើយ ទេ នោះសូមអរគុណនាងហើយបន្តទៅកុមារីម្នាក់ ទៀត ។

ប៉ុន្តែប្រសិនបើនាងថា ចាស់ នោះសូមចាប់ផ្តើម) ។

Is it ok to talk now? (INTERVIEWER: if they say no, say thank you and move on to another child. If they say yes, then continue)

បងសូមអរគុណច្រើនដែលប្តូរសុខចិត្តជួយពួកយើង។

Thank you for agreeing to help us.

តោះយើងទៅរកកន្លែងណាសំរាប់យើងអង្គុយស្រួលដើម្បីនិយាយគ្នាមិនឱ្យអ្នកដទៃឮ ប៉ុន្តែជាកន្លែងដែលប្តូរនៅជិតអ្នកពិគ្រោះ
យោបល់ នៅពេលប្តូរត្រូវការគាត់។ ការនេះវាមានសារៈសំខាន់ណាស់ ពីព្រោះវាធ្វើឱ្យប្តូរមានអារម្មណ៍ស្រួល ដើម្បី
ឱ្យប្តូរអាចនិយាយប្រាប់ពីអារម្មណ៍ខ្លួនបាន ហើយជិតថាមិនមានអ្នកណាអាចស្តាប់ឮ។

Please let's find a comfortable and quiet place where we can talk, where no-one else can hear us but where you can be close to the counselors in case you need them. This is important so you can feel comfortable telling us about how you feel and know that others won't be able to hear you.

ហត្ថលេខារបស់អ្នកសំរាសន៍
Signature of Interviewer

កាលបរិច្ឆេទ
Date

Appendix C: Explanation of Reliability and Validity Concepts

Reliability

Reliability refers to the extent to which different measures of the same concept agree with each other. It can refer to measurements taken at the same time, or different times. To be useful an instrument must have good local reliability, which must therefore be tested whenever a questionnaire is changed (including translation) or used among a new population.

Internal Consistency Reliability

This refers to how well questions measuring the same concept on the same occasion agree with each other. For example, two questions that measure different aspects of Depression should agree with each other in that the same individual should score high or low on both. Agreement is measured quantitatively by correlations. For questionnaires with many questions measuring the same concept, a large number of correlations would be required to check the agreement of every question with every other question, and some summary of these correlations would be needed. Cronbach's alpha is a statistical measure which provides this. It is a single figure which summarizes the average correlation between all pairs of questions in a questionnaire. Cronbach's alphas should be above 0.7 and ideally between 0.8-0.9.³ The reliability of each question can be assessed by calculating the alpha with and without it. Significant increases in alpha without the question would suggest that the question is not measuring the same thing as the other questions, and should be removed. Studying the effect of each question in this way is called Item Analysis.

Test-Retest Reliability

Testing reliability over time is also useful. This is called test-retest reliability. The questionnaire is given to the same subject on two different occasions by the same interviewer. It is usually done at least a day later, to reduce the effect of memory on the responses, but not too long because what is being measured may actually change (mood, for example). Therefore, the repeat interview is usually done 1-7 days after the first interview. Comparison of the results of the first and second interviews is therefore a measure of test-retest reliability. To make this comparison, a summary scale is first created using all the questions in the same subscales and calculated for both the first and second interview. Test-retest is tested by measuring correlations between these scores. Opinions vary as to what is an acceptable score, although correlations above 0.7 are considered desirable for test-retest reliability. A problem arises in interpreting low scores. These may be due to a poor instrument or because the concept being measured has changed. Partly for these reasons, test-retest is not generally considered as important as internal consistency reliability (Streiner et al 1995).

³ Above 0.9 suggests that the questionnaires has too many questions and some could be eliminated (Streiner et al, 1995).

Validity

Validity refers to the extent to which the measurement provided by an instrument agrees with the correct measurement. Instruments may be reliable but not valid, if they consistently give the same (but wrong) measurement and so both reliability and validity must be measured to assess instrument accuracy. There aspects of validity considered when testing this questionnaire were:

Discriminant Validity

This refers to the ability of the instrument to accurately distinguish, or discriminate, between individuals with the problems being assessed and those without the problems. A standard way of testing discriminant validity is to rely on a criterion, or a gold standard, that is able to correctly diagnose an individual and then we would compare the scale scores of those identified with and without the problem. Lacking this 'gold standard,' we relied on counselor ratings of each girl on level of severity of their problems with the test of validity being whether the responses to the instrument accurately identified girls with more severe and less severe problems as identified by the counselors.

Predictive validity

In general, **predictive validity** refers to the extent to which a scale score predicts, or is related, to other scores in an expected way. For example, if a respondent indicates that attending school and doing their homework is relatively easy for them, we would expect that this would predict better success in school related measures (i.e. attendance, grades) than for respondents who indicate more difficulty with school work. For this study, we recognized that many of the problems being investigated are often co-morbid, which means that many of the girls will have not just one type of problem but many of the symptoms from several problems. So we would expect that having high scores on one of the problem scales would predict having higher scores on the other problem scales. We would also predict that having higher scores on the positive scales of hope and prosocial behaviors would be less correlated with the problem scales.