

Dimensionality and Psychometric Characteristics of Psychosocial Adjustment (PSA) Tool for Survivors of Sexual Abuse

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ABSTRACT

Child sexual abuse includes a wide range of sexual behaviors and activities that take place between a child and another person seeking sexual gratification or exploitation of the child that causes severe psycho social problems to the child. The survivors living in their traumatic events were always fingered to a psychological discomfort that affects their mental health and leads to a severe psycho social problems. There is an urgent need to address these issues for helping the caregivers to develop an appropriate intervention strategy for the survivors. For this point, researcher has structured and developed the dimensionality of psycho social adjustment.

The aim of the study is to know the dimensionality and psychometric characteristics of the Psycho Social adjustment (PSA) scale for Girl survivors of Child Sexual Abuse (CSA). The Psycho social adjustment (PSA) Scale include the major dimensions Institutional adjustment, Personal circumstances of girl survivor, Perception on abuse, Psychosocial support, Self-management and Positive life changes. The study focused in Girl survivors aged between 10 year to 18 years, living in shelter homes to know the psycho social adjustment of the survivors for plan an effective intervention for further study. A survey method was used, for data collection and data collected and validated using confirmatory factor analysis (CFA). Taking a prospective cross-sectional approach, key psychometric properties of the PSA were tested, which involved a sequential process of instrument evaluation using classical and contemporary psychometric approaches applied to a single cohort of girl survivors of sexual abuse living in shelter homes. Cronbach's alpha was calculated for determining the internal consistency (reliability) of the scale.

Key words: Psycho social adjustment, tool, Survivors of sexual abuse, Dimensionality

Introduction

Child sexual abuse (CSA) is a devastating social problem in the society. Sexual abuse to children happens across every socioeconomic status, ethnic, cultural, religion and education. Getting care and protection for a survivor of child sexual abuse is a difficult process because of the lack of trust by the child. Children have been forced into sexual relationships with adults, with or without their consent, since time immemorial. In a country where child marriage is high as 50 percent in some states, an official license of sorts is given to a sexual relationship either between two underage children or between an adult and a child. However, when the subject of sexual abuse is brought up, the reactions range from horror to disbelief. There is enough evidence to prove that even in a conservative society like India, Child sexual abuse is not only rampant, but also condoned. The Child Abuse Study of 2007 provides enough evidence to show that child sexual abuse is rampant in India. The study categorizes sexual abuse into 'severe' and 'other forms'. Severe forms of sexual abuse included assault (rape and sodomy would be a part of this), touching or fondling a child, forcing a child to exhibit his private body parts, photographing a child in the nude. Other forms of sexual abuse include forcible kissing, sexual advances towards a child during journeys, sexual advances towards a child during marriage ceremonies, exhibitionism and exposing a child to pornographic materials. The finding reveals that 53.22 per cent of child respondents reported having faced one or more forms of sexual abuse. At most 21 per cent had faced severe forms of sexual abuse, including sexual assault.

Researchers in India estimate that between 18 % and 50 % of the country's population may have experienced some type of sexual abuse in their life time (Chatterjee et al. 2006; Chawla 2004; Deb 2006, 2009; Deb and Mukherjee 2009; Deb and Walsh 2012). Childhood sexual abuse is associated with a broad array of adverse consequences for survivors throughout their lifetime. When child sexual abuse occurs the victim's family has a difficult time talking about the abuse, which leads to the family pretending the abuse never happened. It is a grave problem with short and long term effects for those who are victimized. Child sexual abuse includes a wide range of sexual behaviors and activities that take place between a child and another person seeking sexual gratification or exploitation of the child that causes severe psycho social problems to the child.

Review of Literature

Psychosocial denotes the mental and the social factors in a person's life, for instance, relationships, education, age, and employment that pertain to an individual's life history (Pugh, 2002). The term psychosocial is a standard term that historically has been associated with the profession of social work (Turner, 2009). Psychosocial adjustment is the psychosocial accommodation of a person to a life-altering event or transition (Anderson, Keith, & Novak, 2002). In psychology, this adjustment is defined as 'the relative degree of harmony between an individual's needs and the requirements of the environment' (Anderson, Novak, & Keith, 2002, p. 32). The term 'psychosocial' is a standard term that historically has been associated with the profession of social work (Turner, 2009). From this study the researcher aims to develop a standardized scale of psychosocial adjustment to address the adjustment of the CSA survivor's towards the psychological as well as social problems.

Blanchard (1994) and Hunter and Morgan (1949) revealed that the problems of girls are associated with physiological changes, psychosexual development, anxiety over menstruation, fear of marriage, sexual impulse and how to manage them. Gupta and Gupta (1980) observed that social, personal and school problems were reported the most prominent problem areas. Physique, health, courtship, sex and marriage were reported the least prominent areas of adolescent problems. Yadav, et al. (2008) found in their study that adolescents showed more distress regarding physical and emotional problems and overall total distress level was quite high. Raghav, et al. (2011) found that social adjustment was contributed more, followed by health and emotional adjustment and the minimum was contributed by home adjustment. Bailur (2006) found that majority of the adolescents have poor adjustment in health, emotional, home and total adjustment and average adjustment in social arena. He also found good adjustment only in the area of social, emotional and total adjustment. Considering the norms of adjustment inventory, Yadav et al. (2008) found majority of adolescents fall in average adjustment in home, health and social. But the emotional as well as psychological adjustment falls in the unsatisfactory category. Anderson et al. (1987) found that phobias are more common in girls than in boys. Bolognini, Bwetschart & Halfon (1996) found that boys and girls face different challenges in our and may have different emotional need during adolescence. Yadav et al. (2008) observed that the mean scores on physical, psychological, and total distress were found higher among adolescent girls of (15-17) years of age as compared to adolescents of (13-14) years of

age. Narchal and Shukla (1986) indicated that girls from large, medium and small families differ significantly on the various areas of adjustment and personality and adjustment of adolescent girls. Similar finding was also reported by Chattopadhyay and Mukhopadhyay (1995) as they found more physical and mental health problems among the residents belonging to joint families as compared to residents of nuclear families. Rao, Channabasavanna and Parthasarathy, (1982) on the basis of their study revealed that the family situation of disturbed adolescents were more stressful and tense than that of normal. Gupta (1992) in his study observed social and psychological areas to be particular difficulty for adolescents and giving intense problems during adolescence. Narke (2003) supported the present study that girls are generally leading a normal life with few problems in certain area although some of them have less adjustment problems.

Jamuna, et.al. (1991) indicated that a positive association was observed between mental health and adjustment. Dnoundigal (1984) reported that the poor home environment facilitated significance more frequent occurrence of emotional disturbance as compared to normal distributions. Amato and Keith (1991 a) indicate that family environment influences adolescent's psychological adjustment and problem solving strategies as well as self-confidence and ability to set clear goals.

Background of the study

As per the reviews, the psycho social adjustment indicates the positive association between the mental health and social comfort of any of the person's life. The present study focused to identify the psychosocial adjustment problems of the institutionalized children especially the girl survivors of sexual abuse who were placed in various shelter homes for ensuring their care and protection. The survivors living in their traumatic events were always fingered to a psychological discomfort that affects their mental health and leads to a severe psycho social problems. There is an urgent need to address these issues for helping the caregivers to develop an appropriate intervention strategy for the survivors. For this point, researcher has structured and developed the dimensionality of psycho social adjustment.

Aim of the study

The main aim of the study is to know the dimensionality and psychometric characteristics of the Psycho Social adjustment (PSA) scale for Girl survivors of Child Sexual Abuse (CSA). The Psycho social adjustment (PSA) Scale include the major dimensions Institutional adjustment, Personal circumstances of girl survivor, Perception on abuse, Psychosocial support, Self-

management and Positive life changes. The study focused in Girl survivors aged between 10 year to 18 years, living in shelter homes to know the psycho social adjustment of the survivors for plan an effective intervention for further study.

The specific objective for the study

1. To develop the Psycho Social adjustment scale and to know dimensionality and Psychometric characteristics of the scale.

Method

A survey method was used, for data collection and data collected and validated using confirmatory factor analysis (CFA). Taking a prospective cross-sectional approach, key psychometric properties of the PSA were tested, which involved a sequential process of instrument evaluation using classical and contemporary psychometric approaches applied to a single cohort of girl survivors of sexual abuse living in shelter homes. The study was conducted between 1st April and 1st June 2019.

Language and Content Validity of Scale

The back translation method was used to determine language equivalence of the Psycho social Adjustment (PSA) Scale. The translation of the scale from English to Malayalam was conducted by a faculty member who was proficient in both languages. The translated version was compared with the original scale statements and the PSA scale item finalized. To assess content validity index (CVI), the draft PSA scale was sent to 10 academic experts who were Assistant professors, counselors, psychologist, psychiatrists, officers in Child protection Units and practitioners in the concerned field working in a variety of universities and offices.

The evaluators were asked to evaluate on a Likert scale each item in the PSA scale for appropriateness at measuring 'psycho social adjustment'. The following Rating criteria used for content validity.

Table.1. Rating criteria used for content validity

Attribute	Scaling
Relevance	1= not relevant, 2= item need some revision, 3= relevant but need minor revision, 4= very relevant.
Clarity	1= not clear, 2= item need some revision, 3= clear but need some revision, 4= very clear.
Simplicity	1= not simple, 2= item need some revision, 3= simple but need some revision, 4= very simple.
Ambiguity	1= doubtful, 2= item need some revision, 3= no doubt but need minor revision, 4= meaning is clear.

For evaluating content validity, a panel of five expert analysts were recruited to rate each item on a scale of 4 to 1; 4 being completely relevant (100 %), 3 fairly relevant (75 %), 2 less relevant (50 %), and 1 insufficient relevant (25 %). The Content Validity Index (CVI) of Psychosocial Adjustment items was estimated and 4 items were not having in acceptable range so they were removed from the final scale.

All scale items were scored with 3 or 4 points, which calculated a CVI score of 100%. Post CVI, a pilot was conducted in which girl survivors (n = 25) completed the PSA scale items and provided feedback. All 25 participants understood what each item on the scale was asking and gave feedback on processes of administration. At this point the draft PSA scale was officially named the PSA scale for girl survivors.

Sample Profile and Data Collection

The present study is done for testing the reliability and validity of the Psycho social Adjustment scale which the researcher has developed for testing the psycho social adjustment of girl survivors of Child Sexual Abuse living in the shelter homes . Girl survivors of Child Sexual

Abuse in this study refer to an inmate of a shelter home for sexually abused girls, who continue to stay the institution up to the age of 18 years.

Primary data used for data collection. The primary data has collected through structured questionnaire (Psycho Social Adjustment Questionnaire) from selected shelter home in Kerala State, India on five point Likert scale *i.e.* Strongly Agree, Agree, Neutral, Disagree and Strongly Disagree. The respondents selected on the basis of convenient sampling. A sample of 25 girlsurvivors fromselected shelter homes *i.e.* Kasaragod, Kannur, Malappuram and Trivandrum were collected.

Draft Scale

Psycho social adjustment scale for the survivors of CSA was constructed for girl survivors of sexual abuse living in shelter homes. It was made bilingual (English and Malayalam) before Administration for making the language more understandable. The scale initially comprised 60 items with 5- point Likert type responses, viz., 'Strongly Disagree', 'Disagree', 'Neutral', 'Agree', and 'Strongly Agree'. This scale was administered on representative sample of 25 girl survivors. After scoring the items of each test, the scores were arranged in descending order (highest scoring to the lowest). Two separate groups, one of 27% from the highest scoring and other of 27% from the lowest scoring were made. Inter correlation matrix was examined in order to overcome existence of multicollinearity and singularity in the scale. After analysis, 4 items having the multicollinearity and singularity were rejected and the final draft of the scale comprised of 56 items.

Data Collection Instruments

The 56 item psycho social adjustment Scale (PSA) was developed by the researcher was psychometrically validated, and resulted in production of the valid and reliable statistical values. When completing the scale, participants respond to items on a Likert scale that accumulates to a total score of 280, with 56 representing highest possible level of Psychosocial adjustment score is 280 and the lowest is 56 (Table 2).

The scale has six subdimensions: (1) Institutional adjustment (four items), (2) Personal circumstances of girl survivor, (3) Perception on abuse, (4) Psychosocial support, (5) Self-management, (6) Positive life changes (Table 1)

Standardization of The Scale

The final scale with 56 items was administered on a sample of 25 girl survivors. The total score of the scale varies from 1 to 5 and can be inferred as higher the score higher the psycho social adjustment and vice-versa. The age of the girl survivors participated in the development of scale was 10 years as minimum and 18years as maximum.

Table-2: Dimension-wise distribution of items in the scale

Dimensions	Items	No
Institutional adjustment	PSA1,4,6,2,3,52,33,16,22,25	10
Personal circumstances of girl survivor	PSA7,9,10,11,12,13,49,50,54	9
Perception on abuse	PSA14,18,35,20,21,23,29,53,30	9
Psychosocial support	PSA 40,55,42,15,26,24,47,51	8
Self-management	PSA 43,44,45,46,41,17,36,32	8
Positive life changes	PSA8,56,39,27,19,28,31,38,48,37	10
Total		56

The scoring criterion for items is given in table 3

Table-3: Scoring System

Scoring	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Maximum score	Minimum score
Measurement	1	2	3	4	5	280	56

Operational Definition of Psycho Social Adjustment (PSA) Scale for The Survivors of CSA and its Dimensions

Psychosocial adjustment scale for the survivors of CSA a reflection of an individual's psychological wellbeing that is influenced by their experiences in the social arena.

Dimensions of Psychosocial Adjustment

There are six dimensions of psychosocial adjustment and their operational definitions are given in following paragraphs.

Operational definition:

Institutional adjustment

Intuition Adjustment consisted of problems of the respondent experienced in relating to the adjustment at living in the shelter home.

Personal circumstances of girl survivor

It states that, the girl survivor living in difficult social circumstances

Perception on abuse

The way in which girl survivor is interpreted the Abuse.

Psychosocial support

Psycho social support means, it addresses the ongoing psychological and social problems of Girl survivors.

Self-management

Individual characteristics of the inmate to determine how they approach situations, manage stress, and respond to the harshness of their Child Sexual abuse (CSA).

Positive life changes

Positive life changes addresses that the observed strength and change initiatives of Girl survivors.

Instructions

Instructions for administration of the scale were printed on the first page of the scale. The scale can be administered individually or in a group (not more than 25 respondents at a time). The Participants were assured that their responses will not be disclosed but will be used for the research purpose only. The consent form was also filled by them. They were asked to read each and every item carefully and give their responses honestly. Informed consent was provided, with confidentiality and anonymity assured.

Statistical Analysis

Table.4. Case Processing Summary

Case	No of Observations	Percentage
Valid	25	100.0
Excluded	0	.0
Total	25	100.0

The table shows that all observations are included in the analysis and there is no missing observation.

Reliability

The consideration of reliability of a scale viewed as essential elements for determining the quality of any standardized test. However, professional and practitioner associations frequently have placed these concerns within broader contexts when developing standards and making overall judgments about the quality of any standardized test as a whole within a given context. Cronbach's alpha was calculated for determining the internal consistency (reliability) of the scale. Table 5. shows descriptive statistics for items and scale with reliability coefficient.

Table.5. Reliability Statistics

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	No of Items
.910	.916	25

Table shows that the value of Cronbach's Alpha is 0.90 which is high of 25 items. The value is more than 0.07. So the data is reliable for analysis.

Scale Statistics

Table.6. Scale Statistics

Mean	Variance	Std. Deviation	No of Items
83.76	133.523	11.555	25

Table results shown that the mean value of the variables is 83.76. Standard deviation (SD) is 11.55 for 25 responses

Factor Analysis

Total 24 factors extracted from data and 6 factors explained maximum information of the data. That is 88.094%. So from the result; researcher's can extract maximum information by using this 6 factors.

Table.7

Attributes	Category	Frequency	Percentage
This trauma makes me feel dishonorable.	Strongly Disagree	2	8.0
	Disagree	1	4.0
	Neutral	2	8.0
	Agree	11	44.0
	Strongly Agree	9	36.0
I am ashamed because I know I am the only one sexual survivor in my group at school.	Disagree	3	12.0
	Neutral	5	20.0
	Agree	17	68.0
I face difficulty in getting the health care services, I needed.	Strongly Dis Agree	2	8.0
	Neutral	19	76.0
	Agree	1	4.0
	Strongly Agree	3	12.0
I feel comfortable living in shelter home	Disagree	9	36.0
	Neutral	6	24.0
	Agree	10	40.0
Rehabilitation programs are explained to me in a way I could understand.	Agree	23	92.0
	Strongly Agree	2	8.0
I am not feeling comfortable with my room mates	Neutral	13	52.0
	Agree	9	36.0
	Strongly Agree	3	12.0
I easily offended or disturbed by others	Disagree	5	20.0
	Neutral	3	12.0
	Agree	16	64.0
	Strongly Agree	1	4.0
I am able to cope with traumatic	Disagree	18	72.0
	Neutral	5	20.0

situations.	Agree	2	8.0
I was reluctant to report my case because of the fear, what society will think about me	Strongly Disagree	2	8.0
	Disagree	9	36.0
	Neutral	3	12.0
	Agree	7	28.0
	Strongly Agree	4	16.0
I feel emotionally overwhelmed by the thought of my case.	Disagree	14	56.0
	Agree	9	36.0
	Strongly Agree	2	8.0
I am apprehensive to attend court proceedings because of the fear of social exclusion.	Disagree	1	4.0
	Neutral	3	12.0
	Agree	15	60.0
	Strongly Agree	6	24.0
I feel that reporting child sexual abuse is necessary for the safety of girls.	Disagree	3	12.0
	Neutral	5	20.0
	Agree	13	52.0
	Strongly Agree	4	16.0
I become very anxious or unhappy when I was leaving from my house (e.g. at the time of institutional placement)	Disagree	4	16.0
	Neutral	2	8.0
	Agree	17	68.0
	Strongly Agree	2	8.0
I know the abuse was not my fault	Neutral	8	32.0
	Agree	13	52.0
	Strongly Agree	4	16.0
I know whom to contact if I had problems related to the abuse happened in me	Disagree	2	8.0
	Neutral	3	12.0
	Agree	11	44.0
	Strongly Agree	9	36.0
I was encouraged to participate in the activities in setting my goals.	Neutral	9	36.0
	Agree	16	64.0
I know how to manage difficult situations without somebody's help.	Disagree	12	48.0
	Neutral	4	16.0
	Agree	9	36.0

I feel difficulty in making friends (in a team or group) after the sexual abuse happened.	Disagree	5	20.0
	Neutral	1	4.0
	Agree	15	60.0
	Strongly Agree	4	16.0
I can able to establish a good relationship with my class mates and friends in shelter home.	Disagree	2	8.0
	Neutral	13	52.0
	Agree	10	40.0
I face difficulty to behave in different social situations such as when visiting friend ,seeing a doctor ,visiting a counselor etc.	Disagree	2	8.0
	Agree	20	80.0
		3	12.0
	Strongly Agree		
I am getting very upset by little changes in my daily routines.	Disagree	7	28.0
	Neutral	2	8.0
	Agree	16	64.0
I was treated with respect and dignity in this shelter home	Neutral	16	64.0
	Agree	9	36.0
I never feel that I were treated as a person instead of just a case in home, school and public	Disagree	10	40.0
	Neutral	3	12.0
	Agree	10	40.0
	Strongly Agree	2	8.0
My emotions(worries, fears, anxieties)were recognized and taken seriously by the counselor and staffs	Disagree	3	12.0
	Agree	17	68.0
	Strongly Agree	5	20.0
I have adequate time for rest and sleep	Disagree	4	16.0
	Agree	6	24.0
	Strongly Agree	15	60.0
I have got psychological training to adjust my problems	Disagree	1	4.0
	Agree	16	64.0
	Strongly Agree	8	32.0
My attitudes and behavior changed positively since being a member of this shelter home	Neutral	7	28.0
	Agree	18	72.0

I wish to participate more active in social activities	Disagree	5	20.0
	Neutral	2	8.0
	Agree	18	72.0
My case has an impact on the local environment, where I was lived	Strongly Disagree	1	4.0
	Disagree	3	12.0
	Agree	12	48.0
Because of the case my family socially isolated from society	Strongly Agree	9	36.0
	Disagree	5	20.0
	Neutral	3	12.0
I think that I can help other girls from their difficult situation	Agree	15	60.0
	Strongly Agree	2	8.0
	Disagree	5	20.0
I think that I am bold enough to handle my problems	Agree	5	20.0
	Strongly Agree	1	4.0
	Disagree	21	84.0
I think that my mind needs some peaceful environment.	Neutral	2	8.0
	Agree	1	4.0
	Disagree	1	4.0
I would like to set my goal.	Neutral	3	12.0
	Agree	21	84.0
	Disagree	5	20.0
My parents are incapable to handle my issues.	Agree	20	80.0
	Strongly Agree	2	8.0
	Disagree	4	16.0
Whatever happened to me doesn't matter to become a stronger girl	Agree	17	68.0
	Strongly Agree	2	8.0
	Disagree	8	32.0
I am ready to change myself.	Neutral	4	16.0
	Agree	13	52.0
	Disagree	3	12.0
	Neutral	4	16.0
	Agree	18	72.0
	Disagree	3	12.0

If I trained well in life skills, things would be better.	Neutral	1	4.0
	Agree	24	96.0
I capable to change my bitter experience in a positive way.	Disagree	11	44.0
	Neutral	11	44.0
	Agree	3	12.0
I need support to overcome from stressful events.	Agree	23	92.0
	Strongly Agree	2	8.0
I was unaware about the Sexually transmitted diseases (STD).	Agree	22	88.0
	Strongly Agree	3	12.0
Because of my shyness and fear I reluctant to disclose about sexual abuse.	Disagree	2	8.0
	Agree	18	72.0
	Strongly Agree	5	20.0
	Neutral	2	8.0
I agree that knowing about reproductive sexual health is very important in adolescent period	Agree	22	88.0
	Strongly Agree	1	4.0
I know HIV is not transmitted through touching, hugging, or handshaking.	Disagree	2	8.0
	Neutral	21	84.0
	Agree	2	8.0
I agree that unwed mother is not socially accepted.	Neutral	2	8.0
	Agree	23	92.0
	Disagree	5	20.0
I know early pregnancy makes complex health problems in girls.	Neutral	15	60.0
	Agree	4	16.0
	Strongly Agree	1	4.0
	Disagree	10	40.0
I agree that I should know the psychological techniques to overcome from difficult times.	Agree	4	16.0
	Strongly Agree	11	44.0
I am thankful for the social support which I am getting now	Disagree	16	64.0
	Neutral	2	8.0
	Agree	5	20.0

	Strongly Agree	2	8.0
I am denied from the opportunities of education because of the sexual abuse	Strongly Disagree	2	8.0
	Disagree	19	76.0
	Agree	4	16.0
There is a significant change happened in my social relationships because of the sexual abuse and its effects in my life.		25	100.0
	Agree		
I am very much afraid about my future	Neutral	3	12.0
	Agree	20	80.0
	Strongly Agree	2	8.0
Because of the fear of social isolation, I don't want to go back to my home.	Disagree	15	60.0
	Neutral	2	8.0
	Agree	7	28.0
	Strongly Agree	1	4.0
I agree that vulnerability of my family (Poor family background) is a major factor that the offender abused me.	Disagree	8	32.0
	Agree	6	24.0
	Strongly Disagree	11	44.0
I think that my rights are violated.	Agree	24	96.0
	Strongly Agree	1	4.0
I feel that I need more time to come out from my mental stress	Neutral	4	16.0
	Agree	19	76.0
	Strongly Agree	2	8.0
	Disagree	8	32.0
I believe that I can lead a better life in future	Neutral	7	28.0
	Agree	10	40.0

Results and Discussion

Psycho social Adjustment (PSA) scale was developed and standardized by the researcher to know about the major psycho social adjustment of girl survivors. It is a bilingual (Malayalam and English) scale. The scale consists of 56 items on 5-point Likert Scale with values anchored as 1= strongly disagree, 2= Disagree, 3= Neutral, 4= Agree, and 5= strongly agree. The responses of each item varied from 1 to 5. The score of the scale varies from 56 to 280 and can be interpreted

as higher the score higher the abuse and vice-versa. The reliability was determined by using Cronbach's Alpha and was found as 0.91, significant at 0.001 level of significance. The internal consistency of the scale is excellent and this gives support that the scale is reliable. (George & Mallery, 2003).

Implication

The objective of this research program was to standardize a comprehensive, reliable and valid tool of Psycho social adjustment (PSA) scale. This scale can be used to help self-analysis, researchers and practitioners to measure the Psycho social adjustment of survivors of Child sexual abuse and on its sub-domains viz. Institutional adjustment, Personal circumstances of girl survivor, Perception on abuse, Psychosocial support, Self-management and Positive life changes. The tool can be used by students, medical professionals, Social workers and counselors. This can also be used by Child Welfare Institutions and Child Protection offices under Women and Child Development Department for developing positive strength among Survivors. This may also be used by care givers and Managers of the Residential Institutions to examine and develop a positive strength among Inmates.

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