Université de Montréal

Étude préliminaire d'une nouvelle méthode de cotation du dessin de la famille chez les enfants d'âge préscolaire agressés sexuellement

par

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Résumé

Cette étude évalue si les scores obtenus au dessin de la famille selon une nouvelle méthode de cotation peuvent permettre d'évaluer la présence de troubles de comportements internalisés et externalisés chez des enfants agressés sexuellement. Un dessin de la famille a été complété par 78 enfants agressés sexuellement. Le parent non agresseur a répondu au *Child Behavior Checklist 1½-5* (Achenbach & Rescola, 2000), à l'Indice de détresse psychologique (Ilfeld, 1976; Préville et coll., 1992) et à un questionnaire portant sur plusieurs événements stressants que l'enfant aurait pu avoir vécus. Les résultats indiquent qu'un score total plus élevé au dessin de la famille entraîne une probabilité plus élevée d'obtenir un score clinique aux troubles de comportements internalisés et externalisés chez les enfants ayant été agressés sexuellement, même en contrôlant la détresse psychologique parentale, l'âge de l'enfant, le nombre d'événements stressants vécus par ce dernier et le type d'agression sexuelle subie. Cette nouvelle méthode de cotation du dessin permet donc d'évaluer les problèmes de comportements internalisés et externalisés des enfants d'âge préscolaire ayant été agressés sexuellement.

Mots-clés : agression sexuelle, enfants, évaluation, problèmes cliniques.

Abstract

This study assesses whether scores on the family drawing, derived with a new scoring method, can predict the presence of internalized and externalized behavior problems among sexually abused children. A family drawing was completed by 78 sexually abused children. The non-offending parent completed the *Child Behavior Checklist 1½-5* (Achenbach & Rescola, 2000), the *Index of Psychological Distress* (Ilfeld, 1976), and a questionnaire on stressful events that their child may have experienced. The results indicate that a higher score on the family drawing is associated with a higher probability of clinical thresholds for internalized and externalized behavior problems in children who have been sexually abused, even when controlling for parents' psychological distress, child's age, number of stressful events experienced by the child, and type of abuse. This new scoring method may offer relevant information in the context of assessment of internalized and externalized behavior problems for preschoolers who disclosed sexual abuse.

Keywords : Sexual abuse, children, assessment/evaluation, clinical issues.

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Liste des abréviations

ANOVA : Analysis of variance

CBCL : Child Behavior Checklist

CI : Confidence interval for odds ratio

DAP : SPED : Draw A Person : Screening Procedure for Emotional Disturbance

PSI : Psychological Symptom Index

SD : Standard Deviation

À ma famille, mon copain et mes amis, qui

m'ont soutenue tout au long de mon

cheminement doctoral.

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Introduction

L'agression sexuelle envers les jeunes enfants a pris des proportions considérables dans les pays industrialisés et semble entrainer de nombreux problèmes de comportements internalisés et externalisés chez la majorité des enfants qui en sont victimes (Fontanella, Harrington, & Zuravin, 2001; Hornor, 2009). Il est donc essentiel d'identifier promptement ces problèmes afin d'intervenir rapidement auprès de ceux qui ont besoin d'aide. Il est toutefois très ardu d'identifier les séquelles psychologiques et comportementales des jeunes enfants agressés sexuellement, notamment puisque ceux-ci ont de la difficulté à communiquer leur inconfort émotionnel (Driessnack, 2006) et que leurs parents sont souvent des mauvais observateurs de leurs symptômes (Friedrich, 2002). Pour contrer ces difficultés, de nombreux cliniciens utilisent le dessin comme instrument d'évaluation car ce dernier minimise l'expression verbale de l'enfant et ne tient pas uniquement compte du point de vue parental (Cashel, 2002; Friedrich, 2002; Quay & La Greca, 1986). Les résultats des études portant sur l'utilité du dessin sont toutefois mitigés. Certains auteurs mentionnent qu'il y a peu de preuves empiriques pour l'utilisation du dessin comme instrument d'évaluation des difficultés émotionnelles ou comportementales (Motta, Little, & Tobin, 1993a, 1993b) alors que d'autres considèrent qu'il s'agit d'une méthode adéquate et adaptée pour évaluer les enfants (Naglieri, 1993). Il est donc important de poursuivre le développement de méthodes de cotation du dessin fiables et valides si l'on souhaite l'utiliser afin d'évaluer les problèmes de comportements internalisés et externalisés des enfants ayant été agressés sexuellement.

Cette étude élabore ainsi une nouvelle méthode de cotation du dessin de la famille. Les objectifs de l'étude sont de décrire les résultats de la nouvelle méthode de

cotation du dessin de la famille et de déterminer si les scores obtenus varient en fonction de l'âge et du sexe de l'enfant, du nombre d'événements stressants vécus par ce dernier, de la détresse parentale et des caractéristiques de l'agression sexuelle (type et sévérité). Un autre objectif de cette étude est de déterminer si les scores obtenus au dessin de la famille selon cette nouvelle méthode de cotation permettent d'identifier la présence de troubles de comportements internalisés et externalisés chez des enfants d'âge préscolaire agressés sexuellement, et ce en contrôlant pour diverses variables. Il s'agit, à notre connaissance, de la seule étude qui évalue les problèmes de comportements internalisés et externalisés des enfants ayant été agressés sexuellement en utilisant une méthode globale de cotation du dessin de la famille.

Dans les prochaines pages, l'article empirique découlant de cette étude sera présenté. Une mise en contexte permettra de mieux comprendre les objectifs et hypothèses de l'étude, puis la méthodologie, les résultats, la discussion et les conclusions seront exposés. Finalement, une conclusion globale fera suite à l'article et permettra de souligner les points importants de l'étude.

Preliminary Study of a New Scoring Method of the Family Drawing for Preschool Children Who Have Been Sexually Abused

Preliminary Study on a New Scoring Method of the Family Drawing for Preschool

Children Who Have Been Sexually Abused

This submission is intended for the Journal of Child Sexual Abuse

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Abstract

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Keywords: Sexual abuse, children, assessment/evaluation, clinical issues.

Preliminary Study on a New Scoring Method of the Family Drawing for Preschool

Children Who Have Been Sexually Abused

Sexual abuse is considerably pervasive in industrialized countries, with young children particularly affected by this problem (Fontanella, Harrington, & Zuravin, 2000; Hornor, 2009). In fact, studies have revealed that 25 - 28% of all reported sexual abuse cases during childhood involved children in the age group of 4 to 7 years old (Public Health Agency of Canada, 2005; U.S. Department of Health and Human Services, 2007). The youngest victims represent one in four victims' known to authorities, yet they tend to be underrepresented in sexual abuse research populations (Ramchandani & Jones, 2003).

The negative consequences of sexual abuse during childhood can be numerous. Internalized behavior disorders, such as depression, anxiety, self-esteem problems, and fear can follow abuse (Maniglio, 2009). Externalized behavior problems may also occur, such as aggressive behavior, interpersonal problems, self-injuring and suicidal behaviors, or substance abuse (Maniglio, 2009). Despite the high incidence of problems occurring as a result of sexual abuse during childhood, about one in three children exhibit no symptoms following the abuse, at least at initial evaluation (Putnam, 2003).

Studies have demonstrated that there are different modalities to help children after disclosure of sexual abuse to reduce their symptoms. For example, studies have suggested that immediate intervention following an assessment revealing the presence of internalized or externalized behavior symptoms can help prevent subsequent psychopathologies (Peterson, Hardin, & Nitsch, 1995; Ramchandani & Jones, 2003). In fact, rapid response and long-term evaluation of potential negative consequences of sexual abuse are described as priorities to reduce the impacts of this traumatic experience (Maniglio, 2009). Nevertheless, if health professionals cannot detect the impact of sexual

abuse, victims will not receive the appropriate treatment. It is therefore important to quickly identify the symptoms that may surface in order to reduce sexual abuse's devastating impact on young children.

One of the major challenges is that internalized or externalized behavior problems in preschool-aged children can be difficult to detect (Matto, 2002). Parents of sexually abused children may reveal to be poor evaluators of their child's behavior, and tend to under- or over-report their child's symptoms (Friedrich, 2002), especially as they themselves are likely to exhibit significant emotional distress after the unveiling of the abuse (Hébert, Daigneault, Collin-Vézina, & Cyr, 2007). As parents' emotional distress can impact their ability to support their child after the abuse and increase risks of psychological symptoms in children who have been sexually abused, it is possible that children of distressed parents also objectively present more distress (Yancey & Hansen, 2010). However, distressed parents can still be biased in their perception of their child's symptoms because they erroneously interpret their symptoms and are overwhelmed with their own difficulties (Shemesh et al., 2005).

When health professionals try to obtain information directly from children about their psychological state, they also often face obstacles. Young children may have difficulty describing and communicating their emotional discomfort and have a more limited verbal ability, which makes the conversation difficult (Driessnack, 2006). These challenges in the assessment of young children are even more pronounced in the context of childhood sexual abuse, because child victims may exhibit cognitive impairment and developmental delays, especially in verbal expression, knowledge, and vocabulary (Daignault & Hébert, 2009; Finkelman, 1995; Fontanella et al., 2002). Authors have suggested that young sexual abuse victims may have little confidence in adults from their

immediate environment, a necessary feature for proper language development, which may lead to delays due to insufficient practice (Trickett & McBride-Chang, 1995).

To overcome the difficulties encountered with the evaluation of the impacts of sexual abuse in preschoolers, authors recommend to develop and use methods that minimize the child's verbal expression with preschool children in general (Quay & La Greca, 1986), and do not rely solely on parents' reports for sexually abused children (Friedrich, 2002). Several methods have been proposed to evaluate preschool children's internalized and externalized behavior problems and reduce their verbal expression, such as behavioral observations in different settings (laboratory, home, or kindergarten), as well as measures completed by an adult observer such as the kindergarten teacher, and drawings (Burgess & Hartman, 1993; Fostad & Matson, 2009; Mash & Barkley, 2007).

Studies have consistently shown that drawings are among the ten most popular measures in all of clinical psychology (Cashel, 2002). Using drawings as a method of assessment for young children has many advantages; they are short to administer, easy to understand and use, and can be less problematic than the self-reported questionnaires in regards to bias, as social desirability is eliminated through drawings (Bruening, Wagner, & Johnson, 1997; Merrill, 1994). In addition, drawings are appreciated by many children (Einarsdottir, Dockett, & Perry, 2009), and can allow children to reveal information that would carry too much anxiety if addressed verbally (Veltman & Browne, 2003). In addition, the use of drawings is often seen as an adequate medium to establish rapport with young children (Bekhit, Thomas, & Jolley, 2005).

Different psychological assessment methods of drawings have been developed throughout the years, some using the drawing of a man (Koppitz, 1968; Machover, 1949; Naglieri, McNeish & Bardos, 1991), others using the family drawing (Hulse, 1951,

1952), or the family in action drawing (Burns & Kaufman, 1970, 1972; Wegmann & Lusebrink, 2000). Family drawing can reveal pertinent information, such as the child's subjective representations of his family (Dunn, O'Connor, & Levy, 2002), or the family dynamics, an area often problematic in families where a child was a victim of sexual abuse (Bhandari, Winter, Messer, & Metcalfe, 2011).

Several studies have attempted to accurately identify sexual abuse victimization in children by using their drawings (Bruening et al., 1997; Chantler, Pelco, & Mertin, 1993). These studies have concluded that drawing methods show high rates of false identification of sexual abuse and are not a reliable source for detecting sexual abuse; yet empirical data reveals drawings may be useful for identifying a child's psychological distress (Piperno, Di Biasi, & Levi, 2007; Veltman & Browne, 2003).

Despite the various scoring methods that have been elaborated over the past decade, using drawings to detect internalized and externalized behavior problems after an episode of abuse in children is still controversial. Some authors claim that the results are often divergent across studies and that the coding schemes are subject to interpretation, leading to significant issues related to their fidelity and validity (Harris, 1978). Moreover, some argue there is little empirical evidence for the use of drawings to reveal the presence of emotional or behavioral problems in children in general (Gresham, 1993; Motta, Little, & Tobin, 1993a, 1993b), while others argue empirical support is sufficient to recommend the use of drawings (Holtzman, 1993; Naglieri, 1993). Notwithstanding this debate, empirical evidence clearly indicates that a global scoring system – with an overall score of psychological functioning – is more likely to discriminate internalized or externalized behavior disorders than the interpretation of individual signs in the drawing as having specific meanings (such as timidity revealed by the absence of arms) (Matto,

Naglieri & Clausen, 2005; McNeish & Naglieri, 1993). Given the vast disparity in the empirical literature, it remains difficult to rule on the effectiveness of the actual scoring methods of drawings in the investigation of internalized and externalized behavior difficulties of children. In this context, it is important to pursue the development of new global scoring methods that are objective and valid, so that clinicians can minimize arbitrary interpretations. Given the lack of scoring methods for the family drawing, the high rate of sexual abuse against preschool children, and the many consequences that can follow abuse, it is necessary to continue to develop new methods of assessment in order to help sexually abused children who exhibit symptoms.

This study's goal was to describe the results of a new family drawing scoring method for sexually abused preschoolers and to assess whether the family drawing score using the new assessment method varied according to the child's age, gender, number of stressful events experienced, parental distress, and type and severity of sexual of abuse. Another main objective of the study was to determine whether the scores of this new assessment method were predictive of internalized and externalized behavior problems in sexually abused children.

Method

Procedures

The study was approved by the Ethical Research Committee of the Sainte-Justine Hospital in Montreal, Canada. Participants were Francophones who were recruited at the Socio judicial Clinic of the Mother and Child University Hospital Center in Montreal, Canada. Consent for the participation of the children and parents was obtained from a parent prior to the child's drawing. The verbal consent of the child was subsequently obtained before the administration of the drawing.

Participants

Participants were 78 children who were sexually abused in the 12 months prior to the study and the non-offending parent or caregiver. The age of child participants ranged from 4 (59%) to 5 (41%) years old (M = 4 years and 4 months); 68 were girls (87%) and 10 were boys (13%). A total of 37% of children were victims of a unique episode of sexual abuse, 37% experienced some episodes, and 26% were victims of multiple episodes (more than 6 months). The majority of the children were the targets of severe episodes of sexual abuse, involving attempted or completed oral, vaginal and/or anal penetration (67%) and victims of intrafamilial sexual abuse (77%). The most frequent perpetrator was the child's father (36%), followed by the grandfather (12%), the parent's spouse (11%), another person in the family (10%), a family friend (8%), and one of the siblings (7%). The majority of perpetrators were men (95%), aged 20 to 59 years old (75%).

A large majority of children were no longer living with both parents (83%); most were in a single-parent family (72%) or in stepfamilies (12%). Most of families had an annual income of $29,999 CAD or less (62%), and the number of children in each family varied from one to seven (M = 2.09 children, SD = 1.13). Stressful life events, such as parental divorce or financial difficulties, were experienced by 92% of children in the twelve-month period prior to the study (M = 3.69, SD = 2.34).

Materials

Family drawing. Every child met a research assistant in a private room, where the session was audio-recorded. The research assistant asked the child to complete a family drawing ("Do you want to draw your family for me?"), and provided him with a blank sheet of paper (letter size 8 ½ inches by 11 inches), and ten colored pencils. The

research assistant exhibited interest without asking questions while the child was drawing. When the child had finished his drawing, the research assistant questioned him about the identity of the characters drawn and the activities they were doing. Finally, the research assistant asked the child "Is there someone else who is part of your family?", and the child could then add the person in the drawing if he wanted (Fury, Carlson, & Sroufe, 1997).

Scoring method. Two existing scoring methods were combined to create an assessment method based on a global approach to the family drawing. The first method, the *Draw A Person: Screening Procedure for Emotional Disturbance (DAP: SPED)* (Naglieri et al., 1991), includes 55 items to score individual characters drawn separately: a man, a woman, and the child. If any item is present, a point is added, otherwise no point is awarded and a total score is derived. This method was standardized with a group of 2,260 individuals aged between 6 and 17. Coefficient alphas for the total score were reported as ranging from .71 to .78 for various age groups and good test-retest reliability was shown ($r = .67$) (Naglieri et al., 1991). The inter-rater agreement was shown to be excellent ($r = .83$) and the results of this scoring method were not correlated to a measure of intelligence (Naglieri et al., 1991).

The second scoring method used, the *Kinetic Family Drawing,* was developed by Burns and Kaufman (1970, 1972) and refined by Wegmann and Lusebrink (2000). It consists of twenty variables divided into six categories based on the characteristics of characters, the links between them, and the activities they share in the drawing. The method was validated among 121 children between 7 and 10 years old. Only the degree of inter-rater agreement was assessed for this study (over 80% for 80% of the variables) (Wegmann & Lusebrink, 2000).

For the new scoring method of the family drawing, an exploratory analysis was first performed to assess which items were pertinent for the family drawing. For the *DAP: SPED*, two items were deleted: the inclusion of more than one character on the sheet of paper, and the rotation of the sheet, because they would have been contrary to the family drawing procedures which did not preclude drawing more than one character and the paper was not presented vertically. The 53 items retained were based on the physical features of the characters (omission of mouth or eyes, tall character, etc.) and on drawing characteristics (aggressive symbol, addition to the background, etc.). Accordingly, each character was scored on a total of 53 items based on the presence or absence of each item. As each child had a different family composition, an average score was calculated based on the addition of scores for each character divided by the number of characters drawn. This average score corresponded to a first subscale assessing the emotional and behavioral adjustment of children. For the *Kinetic Family Drawing,* eight items were considered from Wegmann and Lusebrink's method (2000) because they were applicable to the family drawing only, and not the family in action drawing. For example, the items preserved included a major family figure missing, a clear distance between characters, barriers between characters, etc. The presence of these items was noted, which created a second subscale of eight items related to the family adjustment perceived by the child. The scores of these two subscales were then added to create the family drawing global score ranging from 0 to 61, with higher scores reflecting a poorer adjustment.

Prior to the rating of each drawing, two judges (the first two authors) carefully read the 61 definitions and explanations for each variable. Afterwards, the first author scored the drawings, and 32% of drawings were independently score by the second author. The scoring was blind as no judge was informed of the presence or absence of

internalized and/or externalized behavior problems beforehand. Inter-rater agreement, in terms of intra-class correlation, was calculated for the family drawing global score and was shown to be good ($r = 0.70$).

Child's life events. This questionnaire consists of 17 questions completed by the parent and designed to assess the presence of major events in their child's life in the past 12 months, such as a separation or divorce between parents, financial difficulties within the family, the death of an important person in the child's life, etc. This questionnaire is scored by summing the raw scores to obtain one total score of the number of stressful life events in the past year, which can range from 0 to 17.

Internalized and externalized behavior problems. The Child Behavior Checklist (1 ½ - 5) (CBCL) is a measure completed by the parent to assess the child's behaviors, and includes 99 items as well as 3 additional items that can be included as needed by the parent (Achenbach & Rescola, 2000). Parents must indicate whether each behavior described corresponds to their child's behavior over the past two months on a scale of 0 (never true) to 2 (often true or always true). This questionnaire contains two scales that were used in this study assessing internalized ($n = 36$ items) and externalized behavior disorders ($n = 24$ items). Standardized T-scores allow for the assessment of emotional and behavioral adjustment of children: clinical thresholds beginning at the 97th percentile. Alpha coefficients for the internalized and externalized behavior scales were reported to be .89 and .91, and the test-retest reliability ranged from .87 to .90 (Achenbach & Rescola, 2000).

Parental psychological distress. The brief French translation of the Psychological Symptom Index (PSI) contains 14 items and is designed to assess an adult's psychological distress (Ilfeld, 1976; Préville, Boyer, Potvin, Perreault, & Légaré,

1992). The questions regard the frequency of various symptoms that the parent may have experienced in the past week, and are linked to anxiety, depression, irritability, and cognitive impairment. Each item is rated on a 4-point Likert scale ranging from 0 (never) to 3 (very often) and then each score is added to create a global score converted on a scale ranging from 0 to 100. Respondents are then placed in one of two categories based on their global score: low psychological distress or high psychological distress (85th percentile). The reliability was reported to be .89 (Préville et al., 1992).

Analyses

All continuous scores were first standardized and descriptive analyses of the family drawing were conducted. A series of *t*-tests, correlations, and analyses of variance (ANOVA) were then performed to assess which variables were related to the family drawing global score. Afterwards, a series of Chi-square and *t*-tests analyses were completed to identify which variables were related to the dependant variables: internalized and externalized behavior disorders. All significant variables were then entered into two logistic regressions to determine whether the family drawing global score contributed to the prediction of clinical level internalized and externalized behavior disorders, while controlling for other significant variables.

Results

The results of this study are presented in two sections: 1) the descriptive analyses of the family drawing assessment method and its associated variables, and 2) univariate and multivariate analyses between the family drawing global score, the internalized and externalized behavior disorders and other associated variables.

Descriptive analyses of the new Family Drawing Scoring Method

The results of descriptive analyses showed that the majority of children drew between one and four characters in their family (80%). The most frequently drawn characters were the mother (54%), the child/participant drawing himself (33%), and the father (29%). The average family drawing global score was 13.34 (SD = 3.66) on a total of 61 items, with the scores ranging from 6 to 23 (0% scored the lowest and highest possible scores of 0 and 61). The average score of the emotional and behavioral adjustment subscale was 11.47 (SD = 3.00) on a total of 53 items, with scores ranging between 5 and 19. The correlations between each character drawn and the average score of this subscale were all significantly correlated and varied between .70 and .93, $p < .01$, which implies that the score of each individual character is strongly related to the score of the family drawing as a whole. For more than half of the children, the following items in this subscale were scored as present: omission of fingers and feet, shading, and addition to the environment. Finally, the average score of the family adjustment perceived by the child was 1.78 (SD = 1.21) on a total of 8 items, with scores ranging from 0 to 5. The majority of preschool children (77%) did not draw all of the important members of their family (64% did not draw their father if he was the abuser) and more than half of children (53%) had no spatial organization in their drawings.

Preliminary analyses showed strong correlations between the family drawing global score and the two subscales ($r = .66$ to .95, $p < .01$) and after conducting analyses separately and arriving at identical results, it was decided that only the family drawing global score analyses would be reported. Univariate analyses were then completed to determine which variables were related to the family drawing global score. Results showed that 4 year old children ($M = 14.16$, $SD = 3.41$) had significantly higher global scores on the family drawing than did 5 year old children ($M = 12.16$, $SD = 3.73$), $t(76) =$

2.44, p = .017. This seems to indicate that younger children reveal greater distress through their drawings using this method. The child's gender and number of stressful events he had experienced in the past year, including the type and severity of the abuse, as well as the parental distress were unrelated to the family drawing score.

Family Drawing Global Score as a measure to evaluate internalized and externalized behavior disorders in children

Among the 78 participants, 44% reached clinical thresholds for internalized disorders and 25% for externalized behavior disorders. A significant proportion of parents (67%) achieved a score higher than the corresponding clinical cutoff point, indicating high psychological distress in a majority of parents of preschool children who have been sexually abused.

The results of univariate analyses (Table 1) show that in comparison to sexually abused children who did not achieve clinical threshold for internalized behavior problems, those who did obtained higher scores on the family drawing (moderate effect size) were more often victims of an intrafamilial abuse (moderate effect size), experienced more stressful events in the year prior to the study (large effect size), and had parents who more frequently experienced psychological distress reaching clinical levels (moderate effect size). Results also reveal that in comparison to sexually abused children who did not reach the clinical threshold for externalized behavior problems, children who did obtained higher scores on the family drawing (large effect size) and were more often victims of intrafamilial sexual abuse (moderate effect size). The severity of the abuse and the child's gender and age were not significantly related to internalized and externalized behavior disorders, and the parent's psychological distress was not related to externalized behavior disorders.

The variables significantly related to internalized and externalized behavior disorders and those related to the family drawing, were then included in the regression analyses as control variables to predict internalized and externalized behavior disorders using the family drawing global score. However, the type of abuse was not included in the final regression analysis to predict externalized behavior disorders because none of the participants who presented clinical levels of externalized behavior disorders had experienced extrafamilial abuse.

As can be seen in Table 2, results from the first regression analysis revealed that the family drawing global score was a significant predictor of an internalized behavior disorder in children, even when controlling for the type of abuse, the child's age, the number of stressful events in the last year, and the parent's psychological distress. A score higher than 14 on the family drawing was associated with internalized behavior disorders in sexually abused preschool children (scores above 15 for 4-year-old children and 13 for 5-year-old children). For each added point on the family drawing global score, the odds of children reaching a clinical level of internalized behavior disorders increased 2.28 times.

Results of the second regression analysis (Table 2) revealed that the family drawing global score was a significant predictor of an externalized behavior disorder in children, even when controlling for the child's age and the parent's psychological distress. When the score of the family drawing was higher than 15, it was associated with externalized behavior disorders in sexually abused preschool children (scores above16 for 4-year-old children and 14 for 5-year-old children). For each added point on the family drawing global score, the odds of children reaching a clinical level of externalized behavior disorders increased 1.95 times.

Discussion

This study aimed to describe the results of a new family drawing scoring method, such as the associated participant characteristics, and to investigate whether this new scoring method would allow for the identification of internalized and externalized behavior problems in sexually abused preschool children. Findings reveal that higher scores on the family drawing are related to a younger age of the participants and that they contribute to the prediction of internalized and externalized behavior disorders in preschool children who have been sexually abused.

More specifically, a family drawing global score of more than 14 and 15 are respectively associated with internalized and externalized behavior problems reaching clinical thresholds in sexually abused preschool children. These results are in-line with other studies, which have demonstrated that using a global score of psychological functioning in the assessment of drawings can be useful to identify children with internalized and externalized behavior problems (Goldner & Scharf, 2011, 2012; McNeish & Naglieri, 1993; Wrightson & Saklofske, 2000). Although many studies have used the *Draw-a-Person test* to assess distress in children (Matto, 2002; McNeish & Naglieri, 1993; Naglieri & Pfeiffer, 1992; Wrightson & Saklofske, 2000), the results of this study show that using family drawings could also help professionals assess distress in children who have been sexually abused.

Our results also reveal that the family drawing global score remained a significant predictor of children's internalized and externalized behavior problems even after accounting for parental psychological distress. These results indeed confirm the usefulness of this new assessment method of distress in children who have been sexually abused, which takes into account their point of view about their adjustment (Piperno et

al., 2007). This family drawing scoring method thus constitutes an efficacious medium to gain access to children's honest feelings and emotions, which is a common difficulty with preschool children (Friedrich, 2002; Veltman & Browne, 2003).

It is important to note that parental distress was not related to the family drawing score but was related to children's internalized behavior problems. These results are worth considering, because parent's emotional distress could have had a negative impact on the child's adjustment, which would translate in higher scores for the family drawing (Yancey & Hansen, 2010). Notwithstanding, it is not clear whether the increased level of child internalized behavior symptoms reported by the parents represent objective problems in the child, or whether this stems from a blurred perception of the parents who are overwhelmed by their own psychological distress (Deblinger, Steer, & Lippman, 1999). It has also been shown that parents' psychological distress can affect the accuracy of the assessment of their child's internalized behavior symptoms, as such symptoms are less observable and thus more subjectively assessed than externalized behavior symptoms (Treutler & Epkins, 2003). Accordingly, it can be more difficult for parents to differentiate between their own distress and that of their child. If parental distress indeed affects the assessment of their child's internalized behavior symptoms, then the family drawing could capture sexually abused preschool children's internalized behavior problems in a more objective light. This would thus explain why no relationship was found between parental distress and the family drawing score, though future studies should investigate this relationship further.

Our data indicates that the type and severity of abuse, and the number of stressful events experienced by the child are not related to the family drawing score. These results spur interest, considering that many studies tend to find a link between a severe abuse

involving attempted or completed penetration, an abuse perpetrated by a relative (intrafamilial), as well as more stressful life events and the development of greater adjustment difficulties in children (Bulik, Prescott, & Kendler, 2001; Dinwiddie et al., 2000; Fergusson, Linskey, & Horwood, 1996; Ryan, Kilmer, Cauce, & Watanabe, 2000). On the contrary, one meta-analysis found that, overall, the type and severity of the abuse experienced were unrelated to children's adjustment (Paolucci, Geniuis, & Violato, 2001). It could be argued that the population assessed in this study was different, because most of children were the targets of severe (67%) and intrafamilial (77%) episodes of abuse, and had experienced stressful life events (92%), which implies a lack of variability in the group. Also, most studies assessing the impact of the severity and type of abuse on adjustment collected information retrospectively, so for many participants, memory decay and elaboration of events could have impacted the reliability of information they provided about the sexual abuse (Bulik et al., 2001), which is not the case in this study.

On the other hand, parent's reports of their child's problems were related to the type of abuse for both internalized and externalized behavior disorders and to the amount of stressful events experienced by the child for internalized disorders. It could be argued that these characteristics were indeed related to parent's reports because of the parents' own distress regarding those aspects, which would explain the difference between parental assessment and the drawing assessment (Hébert et al., 2007; Newberger, Gremy, Waternaux, & Newberger, 1993; Yancey & Hansen, 2010).

The study shows that the least observed items of the assessment method are the omission of fingers and feet, no spatial organization in the drawing, shading, and addition to the drawing's environment. It is possible that preschool children are not yet developmentally or cognitively able to include fingers and feet, to be organized in their

drawings, or to inhibit themselves from adding or shading something in the drawing's environment. Other authors have also demonstrated that preschool children tend to forget important details of characters in their drawings and can lack planning for their drawing (Baldy, 2002; Clare, 1988). These characteristics could explain lower scores for the 4-year-old children on the family drawing, and demonstrate that, although this measure may not be related to intelligence (Naglieri et al., 1991), it could be related to motor abilities or specific executive functions such as planning or inhibition. Subsample analyses revealed elevated family drawing scores (15) for 4-year olds compared to 5-year-old children (13 for internalized disorders and 14 for externalized behavior disorders). It could thus mean that different norms need to be created for preschool children in order to take into account their developmental drawing stage. Future studies should validate this scoring method with children of different ages from the general population. Nonetheless, when controlling for the age of children in the present study, the family drawing global score explained a significant proportion of internalized and externalized behavior disorders as perceived by the parents.

The fact that there is no floor or ceiling effects of the measure, as indicated by 0% of participants scoring the lowest and highest score, partly attests to the content validity of the scale. This absence of floor or ceiling effects is important as it allows for greater sensitivity in detecting important clinical changes over time, as demonstrated in treatment effectiveness studies (Meier, 2004).

Finally, as many authors have suggested, drawings should always be used in the context of a multidimensional evaluation battery with sexually abused children, and not as a single method of assessment (Bruening et al., 1997; Thomas & Jolley, 1998).

Although this new coding scheme seems useful, it should be used in conjunction with other assessment tools for sexually abused preschoolers.

Strengths and limitations of the study

To our knowledge, this is the first study that assesses sexually abused preschool children's internalized and externalized behavior disorders with a global scoring method of family drawings. The sample size was substantial considering that only sexually abused preschool children were included. There was sufficient statistical power to detect the existing relationships between the drawing and internalized or externalized behavior disorders. However, the sample size was only sufficient to detect medium to large effects of the variables assessed and smaller effects may have been missed by our analyses.

The results of this study should be interpreted considering the limitations inherent to the specificity of the sample recruited (sexually abused preschool children). It is not possible to conclude that the family drawing assessment method would be applicable for children of other ages, or children of the general population. Future studies should use the family drawing assessment method with children who have not been sexually abused to establish norms for preschool children of different ages and for school-aged children.

Also, considering that the study verified the validity of this new family drawing assessment by comparing it to a measure completed by parents, future studies are needed to evaluate the predictive capacity of this new family drawing assessment for internalized and externalized behavior difficulties in children as observed by third parties other than parents and with another measure completed by the child, such as the Berkeley Puppet Interview, which uses puppets to interview young children about key aspects of their life (Ablow & Menselle, 1993).

Conclusion

These preliminary analyses reveal that this new scoring method could improve drawing assessment with sexually abused children because it constitutes a less subjective method of assessment. The use of family drawings seems to be of significant value as an additional and supplementary tool for identifying children with clinically significant internalized and externalized behavior disorders. The high prevalence of internalized and externalized behavior disorders seen in victims of sexual abuse reinforces the necessity to continually improve our clinical assessment methods; the results of this study are thereby promising for future use of family drawings in clinical settings in combination with other methods of assessment in order to correctly identify, diagnose, and treat these disorders in the most efficient, effective, and accurate manner.

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Table 1

Analyses of Variables Related to Children's Internalized and Externalized Behavior Disorders

	Internalized disorder							Externalized behavior disorder						
	Yes		No					Yes		No				
Variables	*M*	*SD*	*M*	*SD*	*t(76)*	*p*	Cohen's d	*M*	*SD*	*M*	*SD*	*t(76)*	*p*	Cohen's d
Family Drawing Global Score	14.34	3.27	12.56	3.79	-2.19	.032	0.50	15.18	2.75	12.74	3.73	-2.61	.011	0.74
Number of stressful events	4.65	2.45	2.95	1.95	-3.40	.001	0.77	4.47	2.14	3.44	2.34	-1.70	.092	0.79
	n	*%*	*n*	*%*	$x^2(1)$	*p*	Cramer's V	*n*	*%*	*n*	*%*	$x^2(1)$	*p*	Cramer's V
Child's gender														
- Girl	32	47.1%	36	52.9%				18	26.5%	50	73.5%			
- Boy	2	20.0%	8	80.0%	2.60	.107	0.18	1	10.0%	9	90.0%	1.29	.257	0.13
Child's age														
- 4	21	45.7%	25	54.3%				13	28.3%	33	71.7%			
- 5	13	40.6%	19	59.4%	0.19	.660	0.05	6	18.8%	26	81.3%	0.93	.336	0.11
Type of abuse														
- Intrafamilial	28	49.1%	29	50.9%				17	29.8%	40	70.2%			

	n	%	n	%	χ²	p		n	%	n	%	χ²	p	
- Extrafamilial	3	17.6%	14	82.4%	5.33	.021	0.27	0	0.0%	17	100.0%	6.58	.010	0.30
Severity of abuse														
- Less severe	0	0.0%	3	100.0%				0	0.0%	3	100.0%			
- Severe	7	35.0%	13	65.0%				3	15.0%	17	85.0%			
- Very severe	25	54.3%	21	45.7%	4.81	.090	0.26	15	32.6%	31	67.4%	3.35	.187	0.22
Parent's psychological distress														
- Yes	28	53.8%	24	46.2%				16	84.2%	3	15.8%			
- No	6	23.1%	20	79.9%	6.67	.010	0.29	36	11.5%	23	88.5%	3.48	.062	0.21

Table 2

Summary of Logistic Regressions Analyses Predicting Internalized and Externalized Behavior Disorders in Children

	B	SE	OR	95% CI	Wald statistic	p
Internalized behavior disorders						
Child's age	-0.43	0.67	0.65	[0.17, 2.40]	0.42	.518
Type of abuse	-0.82	0.84	0.44	[0.08; 2.29]	0.95	.330
Family Drawing Global Score	0.82	0.37	2.28	[1.10, 4.71]	4.96	.026
Parent's psychological distress	0.80	0.34	2.23	[1.15, 4.35]	5.57	.018
Number of stressful events	0.67	0.25	1.96	[1.19, 3.22]	6.98	.008
Externalized behavior disorders						
Child's age	-0.17	0.62	0.84	[0.25, 2.87]	0.07	.785
Family Drawing Global Score	0.67	0.32	1.95	[1.04, 3.67]	4.28	.038
Parent's psychological distress	0.73	0.29	2.08	[1.18, 3.66]	6.42	.011

Note. CI = confidence interval for odds ratio (*OR*).

Conclusion

En conclusion, les résultats de cette étude ont démontré, conformément à l'hypothèse initiale, que la nouvelle méthode de cotation du dessin de la famille constituait un instrument d'évaluation pertinent pour l'identification de problèmes de comportements internalisés et externalisés chez les enfants d'âge préscolaire agressés sexuellement. En effet, même en contrôlant pour diverses variables telles que la détresse parentale, l'âge de l'enfant, le nombre d'événements stressants vécus par l'enfant et le type d'agression sexuelle subie, le score au dessin de la famille permet d'identifier les problèmes de comportements internalisés et externalisés chez ces enfants. Considérant la popularité actuelle d'utilisation du dessin de la famille en milieu clinique (Cashel, 2002) et la forte prévalence des troubles internalisés et externalisés chez les victimes d'agression sexuelle (Tyler, 2002), les résultats de cette étude sont très prometteurs. Ils permettront éventuellement d'utiliser adéquatement et objectivement le dessin de la famille en milieu clinique en plus de prendre en charge plus rapidement les enfants d'âge préscolaire victimes d'agression sexuelle présentant des symptômes internalisés et externalisés. Ces résultats sont d'autant plus encourageants, car il s'agit des seuls à notre connaissance ayant démontré la pertinence d'une méthode globale de cotation du dessin de la famille pour évaluer les problèmes de comportements internalisés et externalisés chez des enfants ayant été agressés sexuellement

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Appendice A

Grille de cotation du dessin de la famille

Ajustement émotionnel et comportemental		18. Omission de la tête	0 – 1	36. Yeux vers la gauche ou la droite	0 – 1
1. Grand personnage	0 – 1	19. Omission des cheveux	0 - 1	37. Bouche renfrognée	0 – 1
2. Petit personnage	0 – 1	20. Omission des yeux	0 – 1	38. Bouche en forme de ligne	0 – 1
3. Gros personnage	0 – 1	21. Omission du nez	0 – 1	39. Dents visibles	0 – 1
4. Personnage mince	0 – 1	22. Omission de la bouche	0 – 1	40. Objet dans la bouche	0 – 1
5. Positionnement du personnage au haut de la feuille	0 – 1	23. Omission du corps	0 – 1	41. Bras au-dessus de la tête	0 – 1
6. Positionnement du personnage au bas de la feuille	0 – 1	24. Omission des bras	0 – 1	42. Bras collés au corps	0 – 1
7. Positionnement du personnage du côté gauche de la feuille	0 – 1	25. Omission des doigts	0 – 1	43. Chaque bras est dans une position différente de l'autre	0 – 1
8. Positionnement du personnage du côté droit de la feuille	0 – 1	26. Omission des jambes	0 – 1	44. Mains coupées	0 – 1
9. Personnage incliné	0 – 1	27. Omission des pieds	0 – 1	45. Mains cachées	0 – 1
10. Jambes ensemble	0 – 1	28. Omission de la fourche	0 – 1	46. Poings	0 – 1
11. Ligne de base	0 – 1	29. Ombrage de la fourche	0 – 1	47. Doigts en forme de griffes	0 – 1
12. Lettres/chiffres	0 – 1	30. Ombrage de la main ou des mains	0 – 1	48. Symbole agressif	0 – 1
13. Personnage ou visage orienté vers la gauche ou la droite	0 – 1	31. Ombrage d'un pied ou des pieds	0 – 1	49. Objet	0 – 1
14. Personnage dont le visage est orienté du côté opposé	0 – 1	32. Ombrage du paysage	0 – 1	50. Ajout au paysage	0 – 1
15. Intégration ratée	0 – 1	33. Yeux vides	0 – 1	51. Monstre	0 – 1
16. Transparence	0 – 1	34. Yeux fermés	0 – 1	52. Personnage nu	0 – 1
17. Reprise	0 – 1	35. Strabisme	0 – 1	53. Personnage en uniforme	0 - 1
Ajustement familial perçu		3. Distance évidente entre les personnages	0 - 1	6. Barrière entre les personnages	0 - 1
1. Personnage important manquant	0 – 1	4. Compartimentalisation des personnages	0 - 1	7. Personnage élevé par rapport aux autres	0 – 1
2. Personnage important effacé	0 – 1	5. Encapsulation des personnages	0 – 1	8. Aucune organisation spatiale dans le dessin	0 - 1

Appendice B

Document d'explication pour chaque variable

Ajustement émotionnel et comportemental (évaluation pour chaque personnage)

Utiliser les feuilles jointes pour les numéros 1 à 9. Accorder un point si l'élément en question est présent.

1. Grand personnage : Plus grand que la ligne 1. Les vêtements (ex. chapeaux, souliers) sont inclus dans la mesure alors que les autres objets (ex. sacoche, bâton de baseball) ne sont pas inclus dans la mesure. De plus, il ne faut jamais tourner la feuille jointe, même si l'enfant a tourné la feuille pour réaliser son dessin.

2. Petit personnage : Plus petit que la ligne 2. Les vêtements (ex. chapeaux, souliers) sont inclus dans la mesure alors que les autres objets (ex. sacoche, bâton de baseball) ne sont pas inclus dans la mesure. De plus, il ne faut jamais tourner la feuille jointe, même si l'enfant a tourné la feuille pour réaliser son dessin.

3. Gros personnage : Plus gros que la boîte 3. Il doit excéder la boîte horizontalement ET verticalement.

4. Personnage mince : Plus mince que la boîte 4. Il doit vraiment être inclus dans la boîte et ne pas toucher le carré.

5. Positionnement du personnage au haut de la feuille : Une partie du personnage se trouve dans la boîte 5 et le personnage est complètement au-dessus de la ligne 5. Les cheveux et les vêtements sont inclus dans la mesure alors que les autres objets (ex. sacoche, bâton de baseball) ne le sont pas.

6. Positionnement du personnage au bas de la feuille : Une partie du personnage se trouve dans la boîte 6 et le personnage est complètement en-dessous de la ligne 6. Les vêtements sont inclus dans la mesure alors que les autres objets (ex. sacoche, bâton de baseball) ne le sont pas.

7. Positionnement du personnage du côté gauche de la feuille : Si une partie du personnage se trouve dans la boîte 7 et qu'il est situé du côté gauche de la ligne 7 sans toucher à cette ligne.

8. Positionnement du personnage du côté droit de la feuille : Si une partie du personnage se trouve dans la boîte 8 et qu'il est situé du côté droit de la ligne 8 sans toucher à cette ligne.

9. Personnage incliné : Si le torse du personnage n'est pas inclus dans les limites de 15 degrés. Il faut aligner la ligne présente sur la feuille jointe perpendiculairement au bas du dessin de l'enfant.

10. Jambes ensemble : Les jambes sont dessinées ensemble et il n'y a pas d'espace visible entre les jambes OU une seule jambe est visible.

11. Ligne de base : S'il y a une ligne au bas du dessin (ex. pelouse).

12. Lettres/chiffres : Si des lettres, chiffres, phrases ou nombres apparaissent à n'importe quel endroit sur la feuille sauf sur le personnage (le personnage inclut les accessoires).

13. Personnage dont le visage est orienté vers la gauche ou la droite : Si le visage complet ou si la tête seulement sont orientés vers la gauche ou la droite.

14. Personnage dont le visage est orienté du côté opposé : Si le personnage au complet ou la tête du personnage sont orientés vers l'opposé (ainsi, seulement le derrière de la tête est visible).

15. Intégration ratée : Accorder le point si l'une de ces caractéristiques est présente et non attachée au personnage - (1) La tête n'est pas attachée au cou ou au torse, (2) Les deux bras (ou seulement l'un des bras si le personnage est de profil) ne sont attachés à la partie supérieure du torse, (3) Les deux jambes (ou seulement l'une des jambes si le personnage est de profil) ne sont pas attachées au bas du torse.

16. Transparence : Si l'une des parties du corps est apparente à travers les vêtements ou une autre partie du corps.

17. Reprise : Si le personnage a été abandonné (effacé, rayé, laissé incomplet) et un personnage plus complet apparaît sur la feuille.

18. Omission de la tête : Si la tête est absente.

19. Omission des cheveux : Si le personnage n'a pas de cheveux sur la tête. Si l'enfant dessine une barbe, on ne donne pas de point à l'enfant.

20 : Omission des yeux : S'il y a seulement un œil, il n'y a pas de point.

21. Omission du nez : Même chose.

22. Omission de la bouche : Même chose.

23. Omission du corps : Par le corps, il est entendu qu'il s'agit du torse.

24. Omission des bras : S'il y a seulement un bras, il n'y a pas de point.

25. Omission des doigts : Même chose.

26. Omission des jambes : Même chose.

27. Omission des pieds : Même chose.

28. Effacement de la fourche : S'il y a effacement au niveau de la fourche du personnage.

29. Ombrage de la fourche : S'il y a des coups de crayon sur la fourche qui remplissent cette section par de la couleur ou de l'assombrissement (inclut les bandes de couleur sur les vêtements).

30. Ombrage de la main ou des mains : Même chose.

31. Ombrage d'un pied ou des pieds : Même chose. Les lacets ne comptent pas pour 1 point.

32. Ombrage du paysage : Même chose, mais à l'extérieur du personnage.

33. Yeux vides : Si les deux yeux (ou un œil si le personnage est de profil) sont vides (ex. yeux en cercle).

34. Yeux fermés : Les deux yeux doivent l'être.

35. Strabisme : Les yeux sont orientés vers deux directions différentes.

36. Yeux regardant vers la gauche ou vers la droite : Si les yeux (ou l'œil si le personnage est de profil) regardent d'un côté spécifique.

37. Bouche renfrognée

38. Bouche en forme de ligne : Si la bouche est une ligne droite ou une barre oblique.

39. Dents visibles

40. Objet dans la bouche : ex. cigare, pipe, etc.

41. Bras au-dessus de la tête : Si les deux bras du personnage (incluant les mains) sont au-dessus de sa tête.

42. Bras collés au corps : Si les deux bras du personnage (incluant les mains) sont collés à son torse sans espace visible entre le torse et les bras.

43. Chaque bras est dans une position différente de l'autre : (1) Un seul bras est au-dessus de la tête du personnage, (2) Un seul bras est presqu'horizontal et étendu, (3) Un seul bras semble pendre et pointer vers le bas ou (4) Un seul bras est collé au torse du personnage et il n'y a pas d'espace visible entre ce bras et le torse.

44. Mains coupées : S'il n'y a pas de mains ou de doigts à la fin des bras (Si les mains sont cachées derrière le dos ou dans les poches du personnage, aucun point ne doit être accordé).

45. Mains cachées : Si les mains sont cachées derrière le dos ou dans les poches du personnage.

46. Poings : Si les mains sont en forme de poings.

47. Doigts en forme de griffes : Si l'un ou des doigts sont clairement pointés (comme une griffe ou un couteau).

48. Symbole agressif : S'il y a présence d'un ou de plusieurs symboles agressifs, gestes ou déclarations écrites (ex. couteau, fusil, etc.).

49. Objet attaché : S'il y a présence d'un ou de plusieurs objets attachés ou tenus par le personnage (ex. sacoche, etc. mais n'inclut pas les symboles agressifs).

50. Ajout au paysage : S'il y a d'autre chose qui est dessiné sur la feuille que le personnage et qui n'est pas attaché ou tenu par le personnage (ex. animal, soleil, automobile, etc.)

51. Monstre : Si le personnage est dessiné comme une personne qui n'est pas humaine ou un monstre.

52. Personnage nu : Si le personnage est dessiné partiellement ou complètement nu. Cela inclut aussi la présence de parties génitales. Toutefois, la présence de pieds nus, de pantalons courts ou de chandails à manches courtes ne doit pas être attribuée d'un point.

53. Personnage en uniforme : Ex. Soldat, cowboy, policier, etc.

Ajustement familial perçu (évaluation pour la famille)

1. Personnage important manquant : Un membre de la famille immédiate est manquant.

2. Personnage important effacé partiellement ou complètement : Effacement d'un personnage de la famille immédiate. Cela n'inclut pas un détail qui a été effacé et redessiné par la suite.

3. Distance évidente entre les personnages : Les personnages sont vraiment éloignés les uns des autres et ne se touchent pas.

4. Compartimentalisation des personnages : Des lignes organisent l'espace et structurent le dessin. Tous les personnages doivent être placés dans des compartiments (ex. carrés).

5. Encapsulation des personnages : Si les personnages sont encerclés et séparés des autres, se trouvant dans leur propre espace personnel. Il est possible que des personnages se retrouvent dans les mêmes « bulles ». De plus, la « bulle » peut se fermer grâce à la bordure de la feuille.

6. Barrière entre les personnages : Si deux personnages sont séparés par un objet ou par des lignes.

7. Personnage élevé par rapport aux autres : La tête d'un personnage doit se trouver à au moins 2 niveaux sur la feuille (sur 8) plus hauts que la tête des autres personnages. Pour ce faire, il peut être important de diviser la feuille en 8 parties égales.

8. Aucune organisation spatiale dans le dessin : Ex. Les objets et les personnages semblent flotter sur la feuille sans relation les uns avec les autres.

Appendice C

Questionnaire pour les parents

QUESTIONNAIRE POUR LES PARENTS – ÉTUDE SUR LES DESSINS D'ENFANTS DE 4-5 ANS

Date de la complétion du questionnaire : _____   Code d'identification: |_____|

INFORMATIONS CONCERNANT VOTRE FAMILLE

1. **Date de naissance de l'enfant :** Jour ____ Mois ____ Année _____
2. **Sexe de l'enfant (cochez):** Fille ☐   Garçon ☐
3. **Combien d'heures par semaine votre enfant passe t-il de temps au centre de la petite enfance?** _____
4. **Lien du répondant avec l'enfant (cochez):** Mère ☐   Père ☐   Autre (préciser) : ☐_____
5. **Composition de la famille (cochez la situation familiale décrivant le mieux votre famille):** Famille intacte ☐ Famille monoparentale : Mère-enfant ☐   Père-enfant ☐ Famille reconstituée : Père-enfant-autre conjointe que la mère ☐   Mère-enfant-autre conjoint que le père ☐ Parents d'accueil-enfant ☐ Autre (préciser): ☐ _____
6. **Dans le cas de famille monoparentale ou reconstituée, la répartition de la garde de l'enfant est (cochez) :** 1. Une semaine sur deux ou moitié/moitié ☐ 2. Jours de semaine chez l'un/fins de semaine chez l'autre ☐ 3. Une fin de semaine sur deux ☐ 4. Autre (préciser) ☐_____
7. **Nombre d'enfants dans la famille: (inclus le participant et les enfants des nouveaux conjoints, qu'ils habitent ou non avec l'enfant participant)**|____|
8. **Les enfants de la famille: (inclus l'enfant participant et les les enfants des nouveaux conjoints, qu'ils habitent ou non avec l'enfant qui participe à l'étude)** Premier enfant :   . Fille ☐   Garçon ☐   Âge |____|____| ans Deuxième enfant : Fille ☐   Garçon ☐   Âge |____|____| ans Troisième enfant : Fille ☐   Garçon ☐   Âge |____|____| ans Quatrième enfant : Fille ☐   Garçon ☐   Âge |____|____| ans

Informations concernant les parents

	Mère	Père
9. **Date de naissance:**	Jour ____ Mois_____ Année_____	Jour ____ Mois_____ Année_____
10. **Occupation actuelle :**	10. Aux études ☐ 20. Emploi rémunéré ☐ 30. Sans emploi ☐ 40. Autre occupation ☐ 50. Décédé/e ☐	10. Aux études ☐ 20. Emploi rémunéré ☐ 30. Sans emploi ☐ 40. Autre occupation ☐ 50. Décédé/e ☐
11. **Plus haut niveau de scolarité atteint:**	1. Études primaires ☐ 2. Études secondaires ☐ 3. Diplôme d'études collégiales ou professionnelles ☐ 4. Diplôme d'études universitaires (Baccalauréat) ☐ 5. Maîtrise ou doctorat ☐ 9. Ne sais pas ☐	1. Études primaires ☐ 2. Études secondaires ☐ 3. Diplôme d'études collégiales ou professionnelles ☐ 4. Diplôme d'études universitaires (Baccalauréat) ☐ 5. Maîtrise ou doctorat ☐ 9. Ne sais pas ☐

12. Approximativement, quel est le revenu annuel brut (i.e. avant impôt) de votre famille (incluant l'assurance-chômage, les allocations familiales) (famille est l'endroit où vit principalement l'enfant) ?

1. 9 999$ et moins ☐   5. 40 000$ à 49 999$ ☐
2. 10 000$ à 19 999$ ☐   6. 50 000$ à 59 999$ ☐
3. 20 000$ à 29 999$ ☐   7. 60 000$ à 69 999$ ☐
4. 30 000$ à 39 999$ ☐   8. 70 000$ et plus   ☐

13. En utilisant la liste des groupes ethniques ci-dessous, répondez à la question suivante : À quel groupe ethnique vous identifiez-vous actuellement (encerclez)?

1. Algérien	21. Coréen	41. Indonésien	61. Panaméen	81. Tanzanien
2. Allemand	22. Costaricien	42. Irakien	62. Péruvien	82. Tchèque
3. Américain	23. Cubain	43. Israélien	63. Philippin	83. Thaïlandais
4. Amérindien	24. Dominicain	44. Italien	64. Polonais	84. Togolais
5. Argentin	25. Égyptien	45. Ivoirien	65. Portugais	85. Turc
6. Arménien	26. Équatorien	46. Jamaïcain	66. Québécois	86. Ukrainien
7. Australien	27. Espagnol	47. Japonais	67. Roumain	87. Vénézuélien
8. Belge	28. Éthiopien	48. Jordanien	68. Russe	88. Vietnamien
9. Bolivien	29. Français	49. Koweïtien	69. Rwandais	89. Yougoslave
10. Bosniaque	30. Ghanéen	50. Laotien	70. Salvadorien	90. Zaïrois
11. Brésilien	31. Grec	51. Libanais	71. Saoudien	91. Autre
12. Britannique	32. Grenadin	52. Malais	72. Sénégalais	
13. Bulgare	33. Guadeloupéen	53. Malgache	73. Serbes	_____
14. Cambodgien	34. Guatémaltèque	54. Marocain	74. Slovaque	
15. Camerounais	35. Guyanais	55. Martiniquais	75. Somalien	
16. Canadien	36. Haïtien	56. Mauricien	76. Sri Lankais	
17. Chilien	37. Hondurien	57. Mexicain	77. Sud Africain	
18. Chinois	38. Hongrois	58. Nicaraguayen	78. Suisse	
19. Chypriote	39. Hollandais	59. Nigérien	79. Syrien	
20. Colombien	40. Indien	60. Pakistanais	80. Taïwanais	

LES ÉVÉNEMENTS VÉCUS PAR VOTRE ENFANT

Parmi les événements qui suivent, indiquez ceux qui ont été vécus par votre enfant AU COURS DES DOUZE DERNIERS MOIS. Veuillez encercler « OUI » si votre enfant a vécu l'événement et « NON » si l'événement ne lui est pas arrivé :

1.	Augmentation des disputes entre les parents	Oui	Non
2.	Séparation ou divorce des parents	Oui	Non
3.	Perte d'emploi d'un des parents	Oui	Non
4.	Difficultés financières de la famille	Oui	Non
5.	Maladie grave de l'enfant	Oui	Non
6.	Maladie ou accident grave d'un autre membre de la famille	Oui	Non
7.	Problèmes d'alcool ou de drogues d'un membre de la famille	Oui	Non
8.	Incarcération d'un des parents ou d'un membre de la famille	Oui	Non
9.	Placement d'un frère ou d'une sœur de l'enfant en famille d'accueil	Oui	Non
10.	Décès d'un membre de la famille, de la parenté ou d'une personne proche	Oui	Non
11.	Déménagement de la famille	Oui	Non
12.	Arrivée d'un nouvel enfant à la maison (naissance, adoption, remariage, etc.) ou départ d'un enfant (quitte pour études, etc.)	Oui	Non
13.	Emménagement d'un-e nouveau-nouvelle conjoint-e	Oui	Non
14.	Problèmes de l'enfant à l'école (apprentissage, échecs scolaires, acceptation/rejet par les pairs, etc.)	Oui	Non
15.	Incendie, vol ou cambriolage, catastrophe naturelle, etc.	Oui	Non
16.	Abus sexuel	Oui	Non
17.	Autre événement (préciser)	Oui	Non

LISTE DE VÉRIFICATION DU COMPORTEMENT DES ENFANTS DE 1½ À 5 ANS

Voici une liste de caractéristiques qui s'appliquent aux enfants. Assurez-vous de répondre à tous les items en vous basant sur le comportement de votre enfant AU COURS DES DEUX DERNIERS MOIS. Encerclez…

    0 → si l'item **ne s'applique pas** pour votre enfant
    1 → si l'item est **parfois vrai** pour votre enfant
    2 → si l'item est **toujours** ou **souvent vrai** pour votre enfant

1. Douleurs ou maux autres que maux de tête ou d'estomac (sans cause organique reconnue). ... 0 1 2

2. A un comportement trop jeune pour son âge. ... 0 1 2

3. A peur d'essayer de nouvelles choses. ... 0 1 2

4. Évite de regarder les autres dans les yeux. ... 0 1 2

5. A de la difficulté à se concentrer ou à porter attention. ... 0 1 2

6. A de la difficulté à demeurer tranquillement assis/e ou a un comportement hyperactif. ... 0 1 2

7. Ne tolère pas que chaque chose ne soit pas à sa place. ... 0 1 2

8. Ne peut attendre; veut tout avoir immédiatement. 0 1 2

9. Mâche des objets non comestibles. ... 0 1 2

10. S'accroche aux adultes ou est trop dépendant/e. ... 0 1 2

11. Cherche constamment de l'aide. ... 0 1 2

12. Souffre de constipation ou de rétention des selles. 0 1 2

13. Pleure beaucoup. ... 0 1 2

14. Est cruel/le envers les animaux. ... 0 1 2

15. Se rebelle. ... 0 1 2

16. Exige qu'on satisfasse immédiatement à ses demandes. ... 0 1 2

17. Détruit les choses qui lui appartiennent. ... 0 1 2

18. Détruit les choses qui appartiennent aux autres ou à la famille. ... 0 1 2

19. Souffre de diarrhée ou a des selles molles (lorsqu'il/elle n'est pas malade). ... 0 1 2

20. Désobéit. ... 0 1 2

21. Est perturbé/e par tout changement de routine. ... 0 1 2

22. Ne veux pas dormir seul/e. ... 0 1 2

23. Ne répond pas quand on lui parle. ... 0 1 2

24. Ne mange pas bien. (précisez): ... 0 1 2

25. Ne s'entend pas bien avec les autres enfants. ... 0 1 2

26. Ne sait pas comment s'amuser, agit comme un/e petit/e adulte. ... 0 1 2

27. Ne se sent pas coupable après s'être mal comporté/e. ... 0 1 2

28. Ne veut pas sortir de la maison. ... 0 1 2

29. Se frustre facilement. ... 0 1 2

30. Est facilement en proie à la jalousie. ... 0 1 2

31. Mange ou boit des substances qui ne sont pas des aliments. Précisez lesquelles (ne mentionnez pas les friandises): ... 0 1 2

32. A peur de certains animaux, de certaines situations ou certains endroits autres que l'école (précisez): ... 0 1 2

33. Se vexe facilement. ... 0 1 2

34. Se blesse souvent, a souvent des accidents. ... 0 1 2

35. Se bagarre souvent. ... 0 1 2

36. Explore, fouine. ... 0 1 2

37. Est trop perturbé/e lorsqu'il/elle est séparé/e de ses parents. ... 0 1 2

38. A de la difficulté à s'endormir. ... 0 1 2

39. A des maux de tête (sans cause organique reconnue). ... 0 1 2

40. Frappe les autres. ... 0 1 2

41. Retient sa respiration. ... 0 1 2

42. Blesse les animaux ou les gens involontairement. ... 0 1 2

43. Semble malheureux/se sans raison. ... 0 1 2

44. Est de mauvaise humeur, se met en colère. ... 0 1 2

45. A des nausées (sans cause organique reconnue). ... 0 1 2

46. A des gestes nerveux ou convulsifs, des tics (précisez): ... 0 1 2

47. Est une personne nerveuse ou tendue. ... 0 1 2

48. A des cauchemars. ... 0 1 2

49. Mange trop. ... 0 1 2

50. Souffre d'épuisement. ... 0 1 2

51. Panique sans raison. ... 0 1 2

52. A des selles douloureuses (sans cause organique reconnue). ... 0 1 2