

## Research article Ερευνητική εργασία

# Rates of childhood trauma in a sample of university students in Greece: The Greek version of the Early Trauma Inventory-Self Report

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The self-report Early Trauma Inventory (ETI-SR-SF) was developed by Bremner et al in 2007 and has been proven a valid tool for the assessment of childhood trauma. The inventory covers four types of traumatic experiences: general trauma, physical abuse, emotional abuse and sexual abuse. The primary aim of the present study was to assess the internal consistency, test-retest reliability, convergent validity and factor structure of the Greek version of the ETI-SR-SF. The study sample consisted of 605 individuals (402 women), undergraduate and postgraduate students of Athens universities with a mean age of 24.3 years. All participants completed a questionnaire on demographic characteristics, the Greek version of the ETI-SR-SF and the Greek version of the Trauma Symptoms Checklist (TSC-40). Both ETI-SR-SF and TSC-40 were re-administered to 56 participants after three to four weeks. ETI-SR-SF was found to display high levels of internal consistency (Cronbach's  $\alpha=0.91$ ) and test-retest reliability (ICC=0.93). In addition, the internal structure of every subscale was examined by the means of factor analysis, which revealed that the items in every subscale contribute to a single factor explaining a great proportion of the variance. The correlation between total scores of ETI-SR-SF and TSC-40 was significantly strong ( $r=0.42$ ,  $p<0.001$ ), indicating satisfactory convergent validity. The most frequently reported type of childhood trauma was corporal punishment, at a rate of 89.9%, followed by emotional abuse (67.2%) and sexual abuse (27%). These rates are higher than those found in the international literature indicating that the various types of early traumatic experience are very common phenomena in the Greek student population. This finding should alert the experts and requires replication and further investigation by studies with larger samples. The findings of the present study suggest that the Greek version of the self-report Early Trauma Inventory (ETI-SR-SF) is a valid and reliable tool useful for future studies on childhood traumatic experiences in Greek populations. Moreover, according to our preliminary findings further investigation of the childhood trauma in Greece appears to be very much warranted.

**Key words:** Childhood trauma, early trauma inventory, psychometric properties, types of traumatic experience.

## Introduction

Psychological trauma can be defined as the effect a traumatic event has on the psyche of the person who experienced it. As traumatic can be labeled any event which is experienced as threatening to one's safety and physical integrity and causes feelings of fear or terror and helplessness.<sup>1</sup> Childhood trauma occurs during the development of the individual, from infancy to completion of 18 years – age that is regarded as the landmark of adulthood.<sup>2</sup> The trauma during the broader developmental period before adulthood is more likely to have serious psychological impact on the individual than any traumatic experience that takes place after the completion of development over the lifespan.

The impact of a traumatic experience on the psychological development of the child depends on many factors, including the age of first occurrence, the frequency and participation of persons who have the care of the child. The chances of long-term negative effects increase the younger the child is.<sup>3,4</sup>

According to the literature, the main categories of traumatic experiences a growing person can have are: (a) physical abuse, defined as the intentional physical violence against the child, which may result in serious adverse health effects on the child's development and dignity, (b) sexual abuse, defined as the involvement of a child in sexual activity which does not fully understand and with which is not able to consent, (c) emotional and psychological abuse, including threats, intimidation, discriminatory behavior, rejection, ridicule and abuse, and (d) neglect of children regarding their health, education, nutrition and safe living.<sup>5,6</sup>

As showed by epidemiological studies, childhood trauma is a fairly common phenomenon worldwide. In a large World Health Organization (WHO) study, conducted in 21 countries with a total sample of 51,945 adults and investigating the incidence of reported traumatic experiences before the age of 18 years, 59.3% to 66.2% of the sample reported multiple traumas, on average two or more.<sup>7</sup> In Greece also the phenomenon of child abuse seems to be common as, according to the Institute of Child Health, 1,000–2,000 new cases of child abuse and neglect

are recorded every year, more frequently in very young ages.<sup>8</sup>

Childhood trauma is therefore an important public health problem given the significant incidence and the serious long-term impact on the person's overall well-being.<sup>7,9</sup> Although several questionnaires regarding childhood trauma can be found in the literature,<sup>10</sup> to our knowledge none of them has been adapted to the Greek language as yet. However, it becomes very important to develop the Greek version of a clinical tool for the assessment of early trauma, which will enable the study of the phenomenon in the Greek population.

The objective of this study was to develop the Greek version of a questionnaire assessing childhood trauma and to examine its psychometric properties. After exploring the relevant literature the short form of the early trauma questionnaire by Bremner et al. (Early Trauma Inventory-Self Report-Short Form (ETI-SR-SF)) was chosen.<sup>1</sup> The reasons for this selection were that: (a) ETI-SR-SF assesses of a wide range of traumatic experiences, and (b) it has very satisfactory reliability and validity and these properties have even confirmed by cross-cultural studies, justifying its use in different cultural contexts.<sup>12–18</sup>

## Material and methods

### Sample

The sample of the study consisted of 605 undergraduate and postgraduate students of the Athens University Medical School, Panteion University and an MSc Program organized by the First Department of Psychiatry of the University of Athens. The mean age of the sample was 24.3 with a standard deviation of 7.8 years. The male to female ratio in the sample was 1:2 (402 women).

### Instruments

#### *Demographic questionnaire*

The demographic questionnaire was designed for the needs of this study and consists of twelve multiple-choice questions about personal data. More specifically, participants were asked for information on sex, age, marital status, and whether they lived alone, with parents or with partner. Finally, information was requested about the level of education and

profession of participants' father and mother, as well as the monthly family income.

*The self-report version of the Early Trauma Inventory - Short form (ETI-SR-SF)<sup>11</sup>*

The ETI-SR-SF covers four types of trauma that people may have experienced before the age of 18: (a) traumatic experience of various etiology – general trauma, (b) trauma due to physical abuse, (c) trauma due to emotional abuse, and (d) sexual abuse or harassment experiences. It consists of 27 items including: (a) 11 questions referring to various reasons of traumatic experiences, such as "Have you ever been exposed to a natural disaster threatening your life" or "Have you ever had the experience of death or serious illness of a parent or the person who took care of you when you were a child", (b) five questions associated with traumatic experiences of corporal punishment, such as "Have you ever been slapped" or "Have you ever been punched or kicked", (c) five questions associated with traumatic experiences because of emotional abuse, such as "Were you frequently humiliated or ridiculed" or "Were you often ignored or made you feel worthless", and (d) six questions associated with traumatic experiences because of sexual harassment or abuse, such as "Have you ever felt someone rub his genitals on you" or "Have you been forced to touch another person in private parts of his body"? The response options are YES or NO.

An index for each type of trauma can be calculated summing up the traumatic events of each subscale in which the subject has answered affirmatively and the total trauma score is the sum of the four subscale scores. Scoring alternatives, such as severity, frequency, or the emotional impact of the traumatic event, do not add to the validity of the inventory, according to the authors.<sup>11</sup> However, in this exploratory study it was considered appropriate to incorporate the frequency of traumatic experiences as an alternative measure, scoring a 3-point rating scale for every item, i.e., once or twice=1, sometimes=2 frequently=3.

*Trauma Symptom Checklist, TSC-40<sup>18</sup>*

This is a 40 items self-report scale for adults, which measures certain clinical aspects of PTSD and various types of symptoms associated with trauma. The scale is designed to assess long-term impact of child

abuse<sup>19</sup> and has been used to investigate the psychological adaptation in people who have suffered childhood trauma.<sup>20</sup> TSC-40, apart from the total score, also contains six subscales: anxiety, depression, disconnection, sexual abuse index, sexual problems and sleep disorders. According to the authors, the scale may only be used for research purposes. The scale has good reliability (Cronbach's  $\alpha$  from 0.66 to 0.77 for the subscales and from 0.89 to 0.91 for the total scale).<sup>21</sup>

**Procedure**

The ETI-SR-SF was translated and adapted to the Greek language with the written permission of the author Bremner JD. The method used was the reverse translation.<sup>22</sup> More specifically, the questionnaire was at first independently translated into Greek by two psychologists, excellent English speakers. Both translations were compared and contrasted so as to identify the one which reflects the concepts of the questionnaire better. This version was back-translated into English (reverse translation) by one of the authors of the present study, who holds an MA in English Literature from the University of London. The back-translation was sent to the author, who made a comparison with the original and was completely satisfied. The reverse translation was translated back to Greek language and thus the Greek version was formed. In order to administer the TSC-40 to the sample of our study, we also had to develop a Greek version of this scale. The procedure was the same as for the ETI-SR-SF.

All participants completed the demographic questionnaire, the ETI-SR-SF and the TSC-40. ETI-SR-SF and TSC-40 were re-administered to 56 participants within three to four weeks from the initial administration. Participation in the survey was voluntary and anonymous. Exclusion criterion was a native language other than Greek.

**Statistical analysis**

Internal consistency of the ETI-SR-SF was examined by calculating Cronbach's  $\alpha$  (alpha) coefficient. Intraclass correlation coefficients (ICCs) were calculated in order to assess the test-retest reliability. In addition, Pearson's correlation coefficients ( $r$ ) were calculated to assess the strength of (adjusted) associations between each item and the total score

minus the score on this item. The factorial structure ETI-SR-SF questionnaire was examined using factor analysis (principal component analysis) for each subscale. The scree-plot test was used as a criterion to determine the number of extracted factors.

The normality of the distribution in the total sample was tested with the Kolmogorov-Smirnov test. Correlations between variables were assessed using the Pearson's coefficient ( $r$ ). The IBM statistical analysis software SPSS Statistics 20 was used for all analyses. The statistical significance criterion for all tests was set at  $p=0.05$ .

## Results

### **Demographic characteristics of the sample**

The demographic characteristics of the participants are summarized in table 1. Since both undergraduate and graduate students participated in the study, the age range of the sample was relatively broad and a significant percentage of the participants were already holders of Bachelor or postgraduate degrees. The vast majority of participants were unmarried (88.4%) and without children (92%). Academic performance showed normal distribution with the majority of respondents having an average level (very good). The families of origin were characterized by relatively well-educated parents, as the majority of them were higher education graduates or postgraduate degree holders.

### **Reliability of ETI-SR-SF**

The Greek translation of the ETI-SR-SF was rated in a dichotomous way (YES/NO) and in a 3-point scale measuring the frequency of each traumatic experience, as mentioned above. The internal consistency of the questionnaire was assessed using both scoring ways. When the dichotomous rating was used, internal consistency was found to be low to non-acceptable levels. Specifically, the Cronbach's  $\alpha$  for the relationship between subscales and total score was 0.52. Similarly, small to medium correlation coefficients were found between the subscales and total score ( $r=0.22-0.38$ ). Cronbach's  $\alpha$  values were within acceptable levels (0,81-0,88) for the three subscales –traumatic experiences of varying etiology, trauma due to emotional abuse, trauma due to sexual harassment or abuse– but not for the subscale traumatic ex-

**Table 1.** Demographics of the sample.

|                                     | n           | (%)       |
|-------------------------------------|-------------|-----------|
| <b>Gender</b>                       |             |           |
| Male                                | 203         | 33.6      |
| Female                              | 402         | 66.4      |
| <b>Marital Status</b>               |             |           |
| Unmarried                           | 531         | 88.4      |
| Married/Divorced                    | 70          | 11.6      |
| <b>Children</b>                     |             |           |
| Yes                                 | 50          | 8.4       |
| No                                  | 552         | 91.6      |
| <b>Residential status</b>           |             |           |
| Alone                               | 215         | 36.4      |
| With parents/siblings               | 286         | 48.4      |
| With boyfriend/girlfriend           | 89          | 15.1      |
| <b>Education level</b>              |             |           |
| High School graduates               | 399         | 66.2      |
| Technological education graduates   | 36          | 6.0       |
| University graduates                | 134         | 22.2      |
| Postgraduate degree                 | 34          | 5.6       |
| <b>Average academic performance</b> |             |           |
| 5–7                                 | 87          | 20.5      |
| 7.1–8.5                             | 260         | 61.3      |
| 8.6–10                              | 77          | 18.2      |
| <b>Father's education</b>           |             |           |
| Basic                               | 78          | 13.1      |
| Secondary                           | 145         | 24.4      |
| University                          | 334         | 56.1      |
| Postgraduate                        | 38          | 6.4       |
| <b>Mother's education</b>           |             |           |
| Basic                               | 82          | 13.7      |
| Secondary                           | 181         | 30.4      |
| University                          | 307         | 51.5      |
| Postgraduate                        | 26          | 4.4       |
|                                     | Mean (SD)   | Range     |
| Age                                 | 24.3 (7.8)  | 18–54     |
| Family income (€/month)             | 2737 (1804) | 150–15000 |

periences due to physical abuse (0.63). On the contrary, all the internal consistency values of the ETI-SR-SF were high when the ordinal rating was used, as shown in table 2. More specifically, the Cronbach's  $\alpha$  for the relationship between subscales and total score was 0.91. The individual values of internal consistency between subscales and total score were also high and all the correlation coefficients between subscales and total score were strong. Test-retest reliability of

**Table 2.** Internal consistency and test-retest reliability of ETI-SR-SF.

| ETI  | Cronbach's $\alpha$ if the item is deleted | Corrected item-total correlation | ICC test-retest (95% CI) |
|--|--|----------------------------------|--------------------------|
| I. Trauma of various etiology                | 0.85                                       | 0.89                             | 0.89 (0.82–0.94)         |
| II. Trauma due to physical abuse             | 0.84                                       | 0.82                             | 0.85 (0.74–0.91)         |
| III. Trauma due to emotional abuse           | 0.86                                       | 0.66                             | 0.86 (0.76–0.92)         |
| IV. Trauma due to sexual abuse or harassment | 0.78                                       | 0.89                             | 0.91 (0.85–0.95)         |
| Total score                                  | 0.91                                       | –                                | 0.93 (0.89–0.96)         |

ETI-SR-SF was excellent, as shown by the values of ICCs, which were high for both the overall score and each subscale.

**Factor analysis of the subscales of ETI-SR-SF**

The structure of each subscale was examined using principal component analysis, which revealed that the items in every subscale contribute to a single factor explaining significantly large proportion of the variance (table 3). More specifically, in the subscale traumatic experiences of various etiologies one factor explains 65.1% of the variance and the factor loadings were 0.65 to 0.90; in the subscale trauma due to physical abuse one factor explains 55.3% of the variance and the factor loadings were 0.58 to 0.87; in the subscale trauma due to emotional abuse one factor explains 62.2% of the variance and the factor loadings were 0.70 to 0.87; finally, in the subscale trauma due to sexual harassment or abuse one factor explains 80.2% of the variance and the factor loadings were 0.79 to 0.94.

**Convergent validity of ETI-SR-SF**

Since the ETI-SR-SF assesses various types of traumatic experiences, the TSC-40 was used as convergent validity criterion because it measures post-traumatic symptoms and has shown satisfactory discrimination validity between individuals who have experienced trauma and individuals with no traumatic experience.<sup>23,24</sup>

The Cronbach's  $\alpha$  of the Greek version of TSC-40 was high. The internal consistency of the TSC-40 remained at satisfactory levels after deleting each of the subscales. The correlation coefficients between the subscales and the total score were high ( $\geq 0.70$ ) apart from the correlation of sexual abuse index

**Table 3.** Factor analysis of the subscales of ETI-SR-SF.

| ETI entries                                  | Eigenvalues    |                           |
|--|----------------|---------------------------|
|  | Factor 1 Total | (%) fluctuation explained |
| I. Trauma of various etiology                | 7.16           | 65.09                     |
| 1  | 0.80           |                           |
| 2  | 0.77           |                           |
| 3  | 0.84           |                           |
| 4  | 0.75           |                           |
| 5  | 0.86           |                           |
| 6  | 0.86           |                           |
| 7  | 0.75           |                           |
| 8  | 0.64           |                           |
| 9  | 0.76           |                           |
| 10   | 0.90           |                           |
| 11   | 0.89           |                           |
| II. Trauma due to physical abuse             | 2.77           | 55.31                     |
| 1  | 0.57           |                           |
| 2  | 0.74           |                           |
| 3  | 0.83           |                           |
| 4  | 0.77           |                           |
| 5  | 0.79           |                           |
| III. Trauma due to emotional abuse           | 3.11           | 62.16                     |
| 1  | 0.70           |                           |
| 2  | 0.87           |                           |
| 3  | 0.75           |                           |
| 4  | 0.84           |                           |
| 5  | 0.77           |                           |
| IV. Trauma due to sexual harassment or abuse | 4.81           | 80.25                     |
| 1  | 0.88           |                           |
| 2  | 0.79           |                           |
| 3  | 0.94           |                           |
| 4  | 0.92           |                           |
| 5  | 0.92           |                           |
| 6  | 0.92           |                           |

with the overall score, which was weak. Because of this finding, the internal consistency of the scale was further examined using the individual items and not the subscale scores in order to detect if some items included in the sexual abuse index cause the consistency problem. In this analysis, the Cronbach  $\alpha$  of TSC-40 was high (0.87) and remained high after deleting each of the items ( $\geq 0.86$ ). Therefore, all of the items and all the subscales were maintained in further analysis.

Test-retest reliability of TSC-40 was very high, both for the total score and for all subscales except for sexual abuse index. The ICC for this subscale was very low indicating that the symptoms included in the sexual abuse index do not demonstrate stability in repeated administrations of the TSC-40. (All data on the psychometrics of the Greek version of TSC-40 available by the authors upon request).

Table 4 presents the correlations between the total and subscale scores of the ETI-SR-SF and the TSC-40. All correlations were statistically significant with the exception of the correlation between trauma due to sexual harassment or abuse of ETI-SR-SF and the sexual abuse index of TSC-40. Correlations between the total score in the ETI-SR-SF and categories of symptoms associated with trauma (subscales of TSC-40) were moderate ( $r \geq 0.3$ ) except for the correlation with sleep disorders, which however was slightly smaller than 0.30, and the correlation with sexual abuse index, which was weak. The correlation between the total scores of ETI-SR-SF and TSC-40 was of medium size. In conclusion, the correlations found indicate satisfactory convergent validity of ETI-SR-SF.

### **Frequency of reported trauma in the study sample**

Table 5 shows the percentage of subjects in the sample who reported one or more traumatic experiences of any type, as well as the percentages of participants reporting traumatic experiences of each of the ETI-SR-SF four types separately. As shown in this table, 98% of participants reported that they had at least one traumatic experience before the age of 18. Although trauma caused by sexual harassment or abuse ranked lowest (27%), its rate in our sample indicates a socially important phenomenon.

### **Discussion**

The main objective of the present study was to develop the Greek version of ETI-SR-SF and investigate its psychometric properties in a Greek sample. In terms of reliability, the Greek version of the ETI-SR-SF showed high internal consistency and stability over time. It is noteworthy that in this study the internal consistency of the questionnaire was found to be rather weak when the dichotomous scoring was used, but when an ordinal rating –according to the frequency of experience– was used, the internal consistency was found satisfactory to high. This finding underlines the importance of the rating method we choose, particularly in large scale studies. It is critical for the researcher to take as much information as possible from each participant when investigating a certain conceptual construct with the help of questionnaires. Conversion of the dichotomous variables to ordinal or continuous potentially increasing

**Table 4.** Correlations between ETI-SR-SF and TSC-40 scores.

| TSC-40                | ETI                        |                              |                               |                            |              |
|-----------------------|----------------------------|------------------------------|-------------------------------|----------------------------|--------------|
|                       | Trauma of various etiology | Trauma due to physical abuse | Trauma due to emotional abuse | Trauma due to sexual abuse | Total trauma |
| Dissociative symptoms | 0.18***                    | 0.26***                      | 0.32***                       | 0.18***                    | 0.37***      |
| Anxiety               | 0.23***                    | 0.21***                      | 0.28***                       | 0.15***                    | 0.34***      |
| Sleep disorders       | 0.18***                    | 0.18***                      | 0.25***                       | 0.10*                      | 0.29***      |
| Sexual problems       | 0.28***                    | 0.24***                      | 0.33***                       | 0.24***                    | 0.43***      |
| Depression            | 0.23***                    | 0.23***                      | 0.43***                       | 0.21***                    | 0.43***      |
| Sexual abuse index    | 0.12**                     | 0.10*                        | 0.14**                        | 0.06                       | 0.17***      |
| Total score           | 0.22***                    | 0.27***                      | 0.37***                       | 0.20***                    | 0.42***      |

**Table 5.** Percentage of subjects who mentioned at least one traumatic experience of any type, and percentages for every type of traumatic experiences separately.

| ETI-SR-SF   | n   | (%)  |
|---|-----|------|
| I. Trauma of various etiology   | 491 | 82.1 |
| II. Trauma due to physical abuse                                      | 543 | 89.9 |
| III. Trauma due to emotional abuse                                    | 406 | 67.2 |
| IV. Trauma due to sexual harassment or abuse                          | 163 | 27.0 |
| Percentage of subjects who reported one or more traumatic experiences | 584 | 98.0 |

the variance might be useful for the reliability of the questionnaire.

The factor analysis of ETI-SR-SF subscales yielded only one factor for each subscale explaining a substantial proportion of the variance. These results indicate satisfactory discriminant ability of the four subscales of ETI-SR-SF. Moreover, the significant correlations found between the Greek version of ETI-SR-SF and TSC-40, i.e. symptoms associated with trauma, were indicative of satisfactory convergent validity. Our results are compatible with previous studies in other countries, confirming thus the cross-cultural reliability and validity of ETI-SR-SF.<sup>12-17</sup>

With regards to the frequency of the reported trauma, 98% of our study participants reported at least one childhood traumatic experience. This percentage is significantly higher than what was found in samples of students in other countries. More specifically, according to studies in the U.S. and Israel, the prevalence of childhood trauma in student populations ranges from 67% to 84%.<sup>25,26</sup> In a study conducted in Israel investigating the frequency of exposure to traumatic experiences in a sample of 983 students, 67% reported at least one traumatic experience.

The most frequently reported type of childhood trauma in the present study was corporal punishment (89.9%), followed by emotional abuse (67.2%) and sexual abuse (27%). In a very extensive retrospective study of 17,000 people with an average age of 57 years, (Adverse Childhood Experiences Study) conducted in the U.S., the incidence of various types of trauma was 28% due to corporal pun-

ishment, 11% due to emotional abuse and 22% for sexual abuse.<sup>9</sup>

The very high rate of childhood trauma due to physical abuse in our study is consistent with other research findings in Greece, showing that corporal punishment is a common method of discipline. More specifically, in a survey conducted by the National Center for the Study of Corporal Punishment and Alternative Punishment in a sample of undergraduate students in Athens and Thessaloniki, 73% of the students reported that as children had been receiving corporal punishment at home.<sup>8</sup> This study also reported higher emotional abuse rate (67.2%) compared with the findings in the U.S.

The rate of the sexual abuse in our sample (27%) is also remarkable. During the '90s, a study in the U.S. investigated the prevalence of childhood trauma due to sexual abuse in a sample of 81,241 adolescents with different national origins. 10% reported at least one sexual abuse episode, with no significant differences were found between nationalities.<sup>27</sup> According to U.S. studies the prevalence of sexual abuse in student populations ranges from 8.2% to 34%.<sup>28</sup> In conclusion, the results of this study suggest that childhood trauma in general and its different types are very common phenomena in the student population of our country. This finding should alert the experts and warrants replication and further investigation by studies with larger samples.

In summary, the findings of our study suggest that the Greek version of ETI-SR-SF is a valid and reliable tool for the assessment of childhood trauma and the four types of traumatic experiences (traumatic experiences of varying etiology, physical abuse, emotional abuse, sexual abuse or harassment) in Greek populations. The development of the Greek version of the questionnaire enables further investigation of childhood trauma in Greece and thus facilitates cross-cultural research in the field of early trauma. Moreover, according to our preliminary findings further investigation of childhood trauma in Greece appears to be very much warranted. The use of ETI-SR-SF will allow the detection of childhood trauma contributing to future research on its psychological effects and hopefully to new efforts to prevent them.

# Η συχνότητα του παιδικού τραύματος σε δείγμα Ελληνικού φοιτητικού πληθυσμού: Η Ελληνική εκδοχή του Ερωτηματολογίου Πρώιμου Τραύματος

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Το ερωτηματολόγιο αυτοαναφοράς του πρώιμου τραύματος (Early Trauma Inventory-Self-Report-Short-Form, ETI-SR-SF) δημιουργήθηκε από τους Bremner, Bolus και Mayer το 2007 και αποτελεί ένα έγκυρο ψυχομετρικό εργαλείο για την εκτίμηση του παιδικού τραύματος. Το ερωτηματολόγιο καλύπτει τέσσερις τύπους τραυματικών εμπειριών: τραυματικές εμπειρίες ποικίλης αιτιολογίας- γενικό τραύμα (general trauma), τραυματικές εμπειρίες σωματικής κακοποίησης (physical abuse), εμπειρίες συναισθηματικής κακοποίησης (emotional abuse) και εμπειρίες σεξουαλικής κακοποίησης ή παρενόχλησης (sexual abuse). Η παρούσα μελέτη είχε ως πρωταρχικό στόχο να εξετάσει την εσωτερική συνοχή, την αξιοπιστία χορήγησης-επαναχορήγησης, τη συγκλίνουσα εγκυρότητα και την παραγοντική δομή της ελληνικής εκδοχής του ερωτηματολογίου ETI-SR-SF. Το δείγμα της έρευνας περιελάμβανε 605 άτομα (402 γυναίκες), προπτυχιακούς και μεταπτυχιακούς φοιτητές πανεπιστημίων της Αθήνας, με μέσον όρο ηλικίας τα 24,3 έτη. Οι συμμετέχοντες συμπλήρωσαν ένα ερωτηματολόγιο δημογραφικών στοιχείων, την ελληνική εκδοχή του ερωτηματολογίου πρώιμου τραύματος ETI-SR-SF και την ελληνική εκδοχή της κλίμακας συμπτωμάτων σχετιζόμενων με τραύμα για ενήλικες (Trauma Symptom Checklist, TSC-40). Σε 56 συμμετέχοντες επαναχορηγήθηκαν το ETI-SR-SF και η κλίμακα TSC-40 εντός χρονικού διαστήματος τριών έως τεσσάρων εβδομάδων. Το ερωτηματολόγιο ETI-SR-SF επέδειξε υψηλό επίπεδο εσωτερικής συνοχής (Cronbach's  $\alpha=0,91$ ) και αξιοπιστίας χορήγησης-επαναχορήγησης (ICC=0,93). Επιπλέον ελέγχθηκε η δομή κάθε υποκλίμακας με παραγοντική ανάλυση, από την οποία βρέθηκε ότι τα λήμματα σε κάθε υποκλίμακα συμβάλλουν σε έναν μόνο παράγοντα, που εξηγεί σημαντικά μεγάλο ποσοστό της διακύμανσης της βαθμολογίας. Η συσχέτιση μεταξύ της συνολικής βαθμολογίας του ETI-SR-SF και της TSC-40 ήταν σημαντικής ισχύος ( $r=0,42$ ,  $p<0,001$ ), εμφανίζοντας ικανοποιητική συγκλίνουσα εγκυρότητα. Ο συχνότερα αναφερόμενος τύπος παιδικού τραύματος στην παρούσα μελέτη ήταν η σωματική τιμωρία, με ποσοστό 89,9%, και ακολουθούσαν η συναισθηματική κακοποίηση (67,2%) και η σεξουαλική κακοποίηση (27%). Τα ποσοστά αυτά είναι υψηλότερα σε σύγκριση με τα ποσοστά που βρίσκουμε στη διεθνή βιβλιογραφία και υποδεικνύουν ότι το παιδικό τραύμα και οι διάφοροι τύποι του είναι ένα πολύ συχνό φαινόμενο στον ελληνικό φοιτητικό πληθυσμό. Το εύρημά μας αυτό θα πρέπει να προβληματίσει τους ειδικούς και χρήζει επιβεβαίωσης και περαιτέρω διερεύνησης από μελέτες με μεγαλύτερα δείγματα. Από τα αποτελέσματα της παρούσας μελέτης προκύπτει ότι η ελληνική εκδοχή του ερωτηματολογίου πρώιμου τραύματος (ETI-SR-SF) αποτελεί ένα έγκυρο και αξιόπιστο εργαλείο, το οποίο δίνει τη δυνατότητα περαιτέρω διερεύνησης του φαινομένου του ψυχικού τραύματος στον ελληνικό πληθυσμό. Επιπλέον, τα προκαταρκτικά ευρήματα της μελέτης υποδεικνύουν την αναγκαιότητα συνέχειας στην έρευνα σχετικά με τις πρώιμες τραυματικές εμπειρίες στη χώρα μας.

**Λέξεις ευρετηρίου:** Παιδικό τραύμα, ερωτηματολόγιο πρώιμου τραύματος, ψυχομετρικές ιδιότητες, τύποι τραυματικών εμπειριών.



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