Research on the Use of Trauma Symptom Checklist for Children (TSCC) in Clinical Assessment of Children with a History of Abuse

Gabriela Marc*[ii]

*Faculty of Psychology and Educational Sciences, Psychology Department, University of Bucharest, Bucharest, Romania

Abstract

Introduction: *Abuse and neglect are frequently associated in the literature with a number of harmful effects that negatively affects a child's physical and mental development, leading to atypical patterns and adjustment problems in adulthood.*

Objectives: *The aim of this study was to establish the reliability of Trauma Symptom Checklist for Children (TSCC) to assess specific symptoms of physically, emotionally and sexually abused children.*

Methods: *150 children aged between 7 and 14 years old were involved in the investigation and tested using the Trauma Symptom Checklist for Children (TSCC).). The subjects were divided in three groups, based on their clinical history, as follows: 50 children came from the classical protection system, 50 children were in the care of a professional caregiver and the control group which consisted of 50 children without a history of abuse.*

Results: *The results indicate that the three groups differed significantly on all six clinical scales: Anxiety (ANX), Depression (DEP), Posttraumatic Stress (PTS), Sexual Concerns (SC), Dissociation (DIS), and Anger (ANG). If comparisons among children with a history of abuse from the classical protection system or in the care of a professional caregiver and children from the control group showed significant differences regarding Anxiety (ANX), Depression (DEP), Posttraumatic Stress (PTS), Sexual Concerns (SC), Dissociation (DIS), and Anger (ANG). The study indicated that there are no major differences between the residential group and the foster care group.*

Conclusions: *the Trauma Symptom Checklist for Children (TSCC) proved to be a sensitive instrument in assessing the various functions of children's personality that can be used as one component of a multi-method assessment battery and can easily be incorporated as such and adapted to the Romanian specific.*

Keywords: abuse, neglect, trauma, posttraumatic stress

[ii] Corresponding author: Gabriela Marc, Faculty of Psychology and Educational Sciences, University of Bucharest, Panduri 90, District 5, Bucharest, Romania. Email: marcenciu@gmail.com.

I. Introduction

Abuse and neglect are frequently associated in the literature with a number of harmful effects that negatively affects a child's physical and mental development, leading to atypical patterns and adjustment problems in adulthood. Maltreatment is often at odds with the normal functioning of the child leading to interpersonal difficulties and delays in development. To cope with the traumatic experience, children develop various coping strategies: avoidant behavior, anxiety and depression, anger and aggression, sexual behavior problems, etc.

Although there are significant advances in our understanding of psychological trauma and its effects, there are surprisingly few standardized, trauma-relevant measures available for children.

Children's exposure to such traumas, has been associated with a wide variety of negative mental health outcomes, including anxiety and depression (Lanktree, Briere, & Zaidi, 1991), post-traumatic stress and dissociation (Elliott & Briere, 1994; McLeer et al.,1998; Singer et al., 1995 Friedrich, et. al.,1997), anger and aggression (Kolbo, Blakely, & Engleman, 1996; Lanktree et al., 1991; Shakoor & Chalmers, 1991) and especially in sexual abuse victims, sexual symptoms and age-inappropriate sexual behavior (Friedrich, 1993, 1994, 1998).

According to Briere and Elliott (1994) studies of abused children show self-defeating behaviors, dissociation, anxiety, feelings of guilt and blame, marginalization and stigmatization, low self-esteem, chronic distrust in people, the tendency to re-victimization; somatization type like headaches and stomach problems, asthma, urinary infections and pelvic inflammatory disease. In addition, according to the same study, abused children have difficulties in establishing / maintaining interpersonal relationships, live feelings of hopelessness and show overreactions to stress, difficulties of self and emotional complacency, separation anxiety, difficulties in establishing limits and boundaries with others and oneself, somatoform disorders, personality disorders, eating disorders, alcohol and drugs.

The aim of this study was to establish the reliability of Trauma Symptom Checklist for Children (TSCC) to assess specific symptoms of physically, emotionally and sexually abused children. There are numerous studies proving the reliability and validity of the Trauma Symptom Checklist for Children (TSCC) in the clinical assessment of abused children (Sadowski and Friedrich, 2000; Singer, Anglin, Song and Lunghofer, 1995).

II. Methods

150 children aged between 7 and 14 years old were involved in the investigation and tested using the Trauma Symptom Checklist for Children (TSCC). The subjects were divided in three groups, based on their clinical history, as follows: 50 children came from the classical protection system, 50 children were in the care of a professional caregiver and the control group which consisted of 50 children without a history of abuse. The history of the children from the abused groups is marked by multiple and repeated forms of abuse, some of them having a history of serious emotional and physical abuse.

The Trauma Symptom Checklist for Children (TSCC) is a 54-item-self-report test of posttraumatic symptomatology in children and adolescents, separately normed for boys and girls aged 8–12 and 13–16, with normative adjustments for 17 year olds. This measure consists of two validity scales, *Underresponse* (UND) and *Hyperresponse* (HYP), as well as six clinical scales: *Anxiety* (ANX), *Depression* (DEP), *Posttraumatic Stress* (PTS), *Sexual Concerns* (SC), *Dissociation* (DIS), and *Anger* (ANG).

All subjects were administered individually the Trauma Symptom Checklist for Children (TSCC) and each symptom-item was rated according to its frequency, using a four-point scale ranging from 0 ("never") to 3 ("almost all of the time"). The TSCC has been used in a variety of studies of traumatized children and adolescents, where it has been shown to be reliable and valid.

III. Results

In order to examine the main differences in the stories across the three groups, a quantitative and qualitative analysis was completed. Frequencies for each dimension was compared across groups using one-way analyses of variance (Table1).

One way ANOVA and post-hoc tests (Bonferroni, Tamhane) were subsequently used to determine if abused children from the classical protection system or those in the care of a professional caregiver could be discriminated from children from control group. Results indicate that there are significant differences between the non-clinical and the clinical groups ($p < 0,01$/ $p < 0,05$) for several clinical scales measured by TSCC.

Table 1. Descriptive statistics and significance of differences between the three clinical groups for the means, std.deviation and std.error mean

Scales		LOT CONTROL			RESIDENTIAL CARE				FOSTER CARE			
		Mean	**Std. Deviation**	**Std. Error Mean**	**N**	**Mean**	**Std. Deviation**	**Std. Error Mean**	**N**	**Mean**	**Std. Deviation**	**Std. Error Mean**
Underresponse (UND)	0	58	499	071	0	40	495	070	0	34	593	084
Hyperresponse (HYP)	0	26	527	075	0	54	503	071	0	40	495	070
Anxiety (ANX)	0	.52	.705	524	0	2.96	.934	415	0	0.72	.642	374
Depression (DEP),	0	.72	.071	434	0	2.72	.817	540	0	1.56	.208	454
Anger (ANG).	0	.22	.309	468	0	6.24	.336	613	0	2.60	.747	530
Posttraumatic Stress (PTS),	0	.14	.245	459	0	6.24	.336	613	0	2.60	.747	530
Dissociation (DIS)	0	.96	.547	360	0	4.40	.238	599	0	1.40	.634	373
	0	.32	.609	228	0	0.36	.070	576	0	.84	.385	337
	0	.64	.102	156	0	.52	.249	177	0	.56	.939	274
Sexual Concerns (SC),	0	.08	.827	541	0	0.80	.755	390	0	.08	.849	403
Sexual Concerns (SC),	0	.12	.141	444	0	.08	.594	367	0	.58	.830	259
	0	.18	.265	320	0	.12	.017	285	0	.86	.441	345

Significant with $p < 0.05$

The variance homogeneity was verified using the Levene test. The results indicate that the homogeneity condition was met for the analyzed information, taking into consideration that p is not higher or equal to 0,05 (Table 2)

Table 2. Test of Homogeneity of Variances

Scales	Levene Statistic	df1	df2	Sig.
Underresponse (UND)	.030	2	147	.970
Hyperresponse (HYP)	2.908	2	147	.058
Underresponse (UND)	1.156	2	147	.318
Hyperresponse (HYP)	1.401	2	147	.250
Anxiety (ANX)	2.541	2	147	.082
Depression (DEP),	2.882	2	147	.059
Anger (ANG).	6.222	2	147	.003

Posttraumatic Stress (PTS)	17.007	2	147	.000
Dissociation (DIS)	9.289	2	147	.000
Overt Dissociation (DIS-O)	.048	2	147	.953
Fantasy (DIS-F)	1.951	2	147	.146
Sexual Concerns (SC)	2.186	2	147	.116

Significant P<0,05*

Repeated analyses of variance (ANOVA) on all functions measured by TSCC has revealed a significant difference across groups. The results obtained with ANOVA method are similar to those obtained with Post Hoc tests targeting multiple comparisons. A follow up detailed analysis between paired-groups was conducted (Table 3).

For example, indicators such as interpersonal relations, anxiety/depression, aggression, fearful, achievement motivation, happy, showing significant results statistically measured with Analysis of Variance highlight significant differences among the three groups by Bonferroni multiple correlation test.

Table 3. Results for One way ANOVA

ANOVA		
Scales	F	Sig.
Underresponse (UND)	2.770	.066
Hyperresponse (HYP)	3.787	.025
Anxiety (ANX)	38.248.	.000
Depression (DEP)	10.009	.000
Anger (ANG)	88.122	.000
Posttraumatic Stress (PTS)	90.495	.000
Dissociation (DIS)	111.185	.000
Overt Dissociation (DIS-O)	74.824	.000
Fantasy (DIS-F)	64.334	.000
Sexual Concerns (SC)	41.639	.000
Sexual Preoccupations (SC-P)	30.167	.000
Sexual Distress	9.589	.000

Significant P<0,05*

IV. Discussion

The results indicate that the three groups differed significantly on all six clinical scales: *Anxiety* (ANX), *Depression* (DEP), *Posttraumatic Stress* (PTS), *Sexual Concerns* (SC), *Dissociation* (DIS), and *Anger* (ANG).

If comparisons among children with a history of abuse from the classical protection system or in the care of a professional caregiver and children from the control group showed significant differences regarding *Anxiety* (ANX), *Depression* (DEP), *Posttraumatic Stress* (PTS), *Sexual Concerns* (SC), *Dissociation* (DIS), and *Anger* (ANG). The study indicated that there are no major differences between the residential group and the foster care group.

High scores obtained by children with a history of abuse from the classical protection system for Anxiety might reveal that they have experienced a traumatic event associated with feelings of victimization. Anxieties intensity shows the deep sense of insecurity these children live with.

Comparative analysis of the responses of subjects in the three groups showed that children with a history of abuse from the classical protection system and from foster care obtained higher scores for Anxiety which indicates that they show a generalized state of anxiety in relation to certain persons (women-men) and in relation to authority or linked to the possibility of danger found imminent, which generates strong feelings of discomfort. Under stress, children with a history of abuse may have difficulty adapting to school and achieving their goals. The responses of children with a history of abuse compared to those in the normal group were mainly in the field of ,,often true" or ,,almost always true" related to the following statements: ,,I'm afraid that something bad might

happen, "I feel lonely", „ I feel sad or unhappy ", „ I feel the need to hurt myself."

Comparative analysis of the responses of subjects in the three groups for the variable Depression showed that children with a history of abuse compared to those in the clinical group have much higher scores, which could be interpreted in that they exhibit depressive tendencies and have feelings of unhappiness, loneliness and denigration in relation to their own life situation. Their responses could indicate that they have a negative perception about themselves and any relationship is perceived with hostility and suspiciousness. The results are consistent with the profile of abused children described in literature (Spinger et al., 1995): children with a history of abuse have low control over behavior, get easily irritated and are prone to impulsivity, have major difficulties to adapt, feel unable to cope and give up easily in the face of obstacles (high cores for Anger / Aggression, Posttraumatic Syndrome).

Comparative analysis of the subjects' scores in the three groups for the variable Anger /Aggression reinforces the idea that children with a history of abuse have difficulty managing anger. In line with the results of this study are the results of the research conducted by Carr, 2000; Gardner, 2002; and Wade, 2000. According to their studies, abused children have anxious-depressive symptoms and specific manifestations of post-traumatic stress.

Regarding the fears suggested, one of the most powerful and recurrent themes experienced by children with a history of abuse, coming from residential care or foster care, as compared to those in the clinical group, is the fear of aggression and punishment against which the subject has mainly two types of reactions: running or a depressive reaction, characterized by passivity, isolation and crying.

Comparative analysis of the variable *Sexual Concerns* (SC), for subjects with a history of sexual abuse highlights that although they have a strong interest in sex expressed through thoughts, behaviors and feelings, they experience feelings of discomfort and fear in relation to the addressed theme. However, a high score for this variable according to Friedrich (1994) is not an indicator for the existence of sexual abuse. High scores for the variable Sexual Concerns correlate with the score obtained for other variables, such as anxiety. Consistent with the results of the studies conducted by Briere (1996) and Putnam (1995), high scores of children with a history of abuse for the variable *Dissociation* (DIS), indicate that they show reduced responsiveness to the external environment, emotional detachment and the tendency to avoid cognitive negative affects. They can be seen dropping the real world and emerging into fantasy, excluding external requests. In reality this symptoms actually helps them cope with traumatic experiences.

Regarding the results for the variable *Posttraumatic Stress* obtained by children with a history of abuse versus those in the control group, it is indicated that they are concerned about some past traumatic events which they describe as intrusive and recurrent and they are trying to avoid them by using defense mechanisms: escape into fantasy, denial, dissociation, etc.

Unlike children in the clinical group who are characterized in particular by feelings of happiness, are oriented towards social contacts and who do not perceive themselves as unimportant or worthless and have great responsiveness to the environment concerns about competition, autonomy and dominance needs, abused children from the classical protection system and foster care seem more resigned and more regressive. Their main needs are affection, protection, safety. They have a strong fear of deprivation, physical punishment and cruelty.

The main defence mechanisms used by children with a history of abuse are regression, denial, impulsive action, for all standing out a significant difference between the high scores obtained at *Dissociation* (DIS) compared to children in the clinical group. Children with a history of abuse are vulnerable to loss of affection and support of others and live strong inner tensions, so that they develop their own adaptive mechanisms. Dysfunctional schemas and maladaptive strategies emphasize a dependent behavior and the vulnerability of a child with a history of abuse.

Significant differences between the three groups were found in the area of the critical items: wanting to hurt myself", „feeling scared of men", „getting into fights", „wanting to kill myself" . The results indicate that the children from the group with a history of abuse had significantly critical responses and expressed significantly more negative affects.

In line with the results of this study are the results of the research conducted by the Lauterbach, Koch and Porter (2007) according to which high scores of the variable PTSD are associated with neglect or emotional abuse.

Regarding the results obtained by children from the normal clinical group, the research showed that they obtained low scores for the scales investigated, differing significantly from the other two groups. In other words, children in the control group

are characterized in particular by feelings of happiness, are oriented social contacts and develop a smooth and emotional self. They do not perceive themselves as unimportant or worthless and have great responsiveness to the environment.

V. Conclusions

In conclusion, the Trauma Symptom Checklist for Children (TSCC) proved to be a sensitive instrument in assessing the various functions of children's personality that can be used as one component of a multi-method assessment battery and can easily be incorporated as such and adapted to the Romanian specific. Further investigation need to be completed in order to enhance te predictive value of the test.

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