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Factor Analysis of the Trauma Symptoms Checklist for Children (TSCC) in Survivors of Childhood Sexual Abuse

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ABSTRACT

This study aims to perform reliable analysis and factor analysis of the TSCC instrument to measure trauma in CSA survivors. This research method used the CFA technique while the sample of this study was 62 children with several criteria, namely aged 8 to 17 years, had a history of experiencing sexual violence in the previous two years, and were willing to participate in this study. The results of this study indicate that the CSA instrument is proven to be reliable with score 0.862 and the EFA results show that there are two factors formed. The first factor consists of post-traumatic stress, anxiety, dissociation and sexual concern which is called the neuroticism factor. The second factor consists of depression and anger which is called the depression factor. It is hoped that the results of this study will be able to provide a valid instrument for measuring trauma so that it can be applied to children who have experienced CSA so they can get the right intervention to heal their trauma.

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Introduction

Childhood sexual abuse or CSA is a behavior that is carried out by someone to achieve and obtain sexual satisfaction with children, where in that situation there is an imbalance of positions and one party feels superior (Castro et al., 2019). CSA behavior can appear in the form of direct physical contact such as touching the genital area, performing oral or anal sex, and penetrating. Apart from that, this behavior can also appear in the form of showing pornographic videos, showing genitals, verbal requests for other people to have sexual intercourse (Castro et al., 2019). Children who experienced CSA behavior in the past are known as CSA survivors.

The existence of a history of CSA experienced by children can have long-term impacts that affect the process of developing their lives in the future. The results of the study show that survivors of CSA show problems managing their emotions and develop negative behaviors when they reach adolescence (Hebert et al., 2023; Senn et al., 2012). Negative behaviors that arise such as a tendency to abuse alcohol, drugs or exhibit deviant sexual behavior (Senn et al., 2012; Walsh et al., 2013). CSA survivors also experience changes related to their psychological condition, especially related to changes in coping strategies that tend to be maladaptive (Cantón-Cortés & Cantón, 2010), presence of anxiety, decreased self-esteem (Castro et al., 2019; Senn et al., 2012), and most showed

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symptoms of trauma (Cantón-Cortés & Cantón, 2010; Castro et al., 2019; Filipas & Ullman, 2006; Hailes et al., 2019; Messing et al., 2012; Mokma et al., 2016; Scoglio et al., 2021). Based on the research results, it appears that trauma is a long-term condition that is most often experienced by survivors of CSA and often has a negative impact on their lives.

Trauma is an emotional response that arises due to exposure to traumatic events which have an impact on changes in coping strategies in individuals (Saat, 2011). Trauma is also described as exposure to painful experiences that can occur repeatedly which results in avoidance, cognition problems and negative moods (American Psychiatric Association, 2013). The existence of traumatic situations that arise in children can have a lasting impact both physically and mentally (Gerson & Rappaport, 2013). CSA survivors show behaviors that indicate trauma that appears in the form of withdrawal behavior, flashbacks to trauma experiences, avoidance of things related to trauma, physiological hyperactivity (Lev-Wiesel, 2015; Sinanan, 2015), there is self-blame, self-criticism, and there is a feeling of worthlessness (Filipas & Ullman, 2006).

Many measurement instruments have been developed to measure trauma so that they can provide curative and rehabilitative measures for trauma survivors. There are childhood experiences of care and abuse (CECA), the childhood trauma interview (CTI), the retrospective assessment of traumatic experiences (RATE), and the traumatic antecedents interview (TAI) where the instruments are in the form of interview questions given to the closest people survivor (Roy & Perry, 2004). This instrument requires a long time, which is about 30 minutes to 2 hours (Roy & Perry, 2004). Then instruments in the form of self-report questionnaires such as Assessing environments III (AEIII) which measure the type of trauma in victims who experienced physical violence with 164 items so that this instrument is often too long to be given to CSA survivors (Roy & Perry, 2004), then The Child Behavior Checklist (CBCL), which is an instrument for measuring psychological problems in children according to DSM IV but does not specifically measure aspects of trauma in children (Achenbach & Dumenci, 2001), then the early trauma inventory (ETI) which aims to measure trauma by measuring the frequency, onset, emotional impact of physical, emotional and sexual violence received with 62 items but too long to be used on CSA survivors (Bremner et al., 2007; Roy & Perry, 2004). These instruments tend to have limitations, including too long a list of questions and take a long time to complete. Another instrument that is often used to measure trauma in children is the trauma symptoms checklist for children (TSCC).

The TSCC was compiled by Birere (1996) which is a trauma measurement instrument that can be used for children aged 8 to 17 years (Nilsson et al., 2008). This instrument consists of 54 items that aim to measure six dimensions of trauma, namely anxiety, depression, posttraumatic stress, sexual concern, dissociation, and anger (Lobo et al., 2015; Nilsson et al., 2008). Psychometric test results showed that the TSCC instrument proved to have good reliability and validity values for both the clinical and non-clinical groups. In addition, this instrument has been tested in large samples and has been widely used in Canada, America and European countries (Coll et al., 2020), socioeconomic, gender and age (Castro et al., 2019; Coll et al., 2020; Nilsson et al., 2008; Roberts et al., 2022; Sadowski & Friedrich, 2000). However, there are still quite limited trials of the TSCC instrument on Asian subjects, especially Indonesia.

In this study the aim was to conduct a psychometric analysis of the TSCC instrument by looking at reliability and analyzing the structure of the relationship between a number of variables using a specific research subject, namely CSA survivors. It is hoped that this research will be able to obtain a valid and reliable trauma measurement instrument so that it can be used by other professionals to identify trauma-related conditions in CSA survivors, besides that from previous research it appears that the TSCC instrument is often used for samples in America and European countries while has never been done in Indonesia.

Method

This research method uses a quantitative method with exploratory factor analysis (EFA) techniques which will be assisted with the help of SPSS. The sampling technique in this study used a purposive sampling technique in which the researcher had several criteria for the sample, namely children aged 8 to 17 years, had a history of experiencing sexual violence in the previous two years, and were willing to participate in this study. This research was conducted from February to April 2023, where researchers collaborated with institutions that are active in handling CSA cases. The number of samples in this study were 62 children.

The instrument used in this study was an adaptation of the trauma symptom checklist for children (TSCC) instrument from Briere (1996). The TSCC consists of 54 items in the form of a Likert scale with four possible answers from 0 to 3 (never to always). This instrument consists of six clinical scales, namely anxiety, depression, anger, posttraumatic stress, dissociation, and sexual concern. The process of adapting the instrument through several processes, the first is that the researcher translates the instrument into Indonesian, the two instruments that have been translated are consulted with the linguist, and the three instruments will be corrected according to input from the linguist.

Results

The results of the EFA test begin with calculating the KMO MSA value and the Bartlett's test sphericity value as an initial condition to proceed to the advanced calculation stage. The results of the study are presented in **Table 1**, where the KMO MSA value obtained was > 0.50 and the Bartlett's test sphericity value was < 0.05, so factor analysis calculations could proceed to the next stage.

Tabel 1. KMO MSA value and Bartlett's test sphericity

Value Test	Result
KMO value	0.694
Bartlett's test scores	0.000

The next stage is to perform calculations by looking at the value of the anti-image correlation to see the validity of the variables in an instrument. The calculation results are shown in **Table 2**, where from the calculation results a value > 0.50 is obtained, which means that the variable on the TSCC instrument is posttraumatic stress. Anxiety, depression, anger, dissociation and sexual concern are proven valid.

Tabel 2. Anti-image correlation value

Variables on the TSCC instrument	MSA value of anti-image correlation
Pts	0.727
Anx	0.673
Dep	0.671
Ang	0.693
Dis	0.707

Sc	0.674

Based on the test results, it was found that of the six variables, two factors were formed with an eigen value > 1 as in **Table 3**. Factor one was found to be able to explain 40.71% of the variation while factor two could only explain 17.46% of the variation and the two overall factors could explain of 58.17% variation.

Tabel 3. Eigenvalues

No	Initial eigenvalues			Extraction sums of squared loadings		
	Total	% of variance	Cumulative %	Total	% of variance	Cumulative %
1	2.443	40.709	40.709	2.443	40.709	40.709
2	1.047	17.457	58.167	1.047	17.457	58.167
3	0.934	15.573	73.740			
4	0.689	11.479	85.218			
5	0.472	7.865	93.083			
6	0.415	6.917	100.000			

The results of the rotated component matrix obtained grouping for both factors according to the highest value as shown in **Table 4**. Factor one consisted of PTS, ANX, DIS, and SC, while factor two consisted of DEP and ANG.

Tabel 4. Rotated component matrix results

Aspect	Factor	
	1	2
PTS	0.785	0.048
ANX	0.634	0.042
DEP	-0.002	0.803
ANG	0.187	0.760
DIS	0.619	0.545
SC	0.704	0.184

The TSCC instrument has fairly good reliability based on the Cronbach's alpha test performed. The results obtained were 0.862 which showed results close to 1 and it could be interpreted that this instrument proved to be reliable.

Discussion

The results of this study indicate that each indicator has a relationship and is able to explain and measure the Trauma variable on the TSCC scale. The calculation results also show that there are two groups of factors that can be formed from the factor analysis of the TSCC scale results for CSA survivors. The first group of factors consisted of post-traumatic stress, anxiety, dissociation, and sexual concern while the second group of factors consisted of depression and anger. These results are in accordance with the results of previous studies which state that the TSCC scale is proven to be valid and reliable (Lobo et al., 2015). Previous researchers also mentioned that there were two groups of factors from the TSCC scale factor analysis, in which the first factor consisted of anxiety, dissociation, and post-traumatic stress while the second factor consisted of anger and depression. (Butcher et al., 2015).

The first factor consisting of post-traumatic stress, anxiety, dissociation and sexual concern belongs to the group on the neuroticism factor, where the variables in this group

have a basis for anxiety within themselves. Post-traumatic stress is one of the long-term impacts shown by CSA survivors. Post-traumatic stress symptoms in survivors can appear in the form of anxiety, problematic behavior, nightmares, flashbacks, hyperarousal, avoiding things that remind you of the trauma, feeling worthless, irritability, anger, and lack of concentration. They also occasionally exhibit panic and somatic symptoms (Gerson & Rappaport, 2013). In addition, there is also dissociation and feelings of worthlessness in traumatized children which can influence the emergence of aggression, delinquency and violent behavior (Gerson & Rappaport, 2013). Individuals who show PTS symptoms will often experience changes in their way of thinking and have an impact on their ability to deal with problems or changes in coping strategies that tend to be maladaptive (Browne & Winkelman, 2007; Cantón-Cortés & Cantón, 2010). These conditions make them more vulnerable to exhibit problematic behaviors, blame themselves and become victims again in the future (Filipas & Ullman, 2006; Hailes et al., 2019; Scoglio et al., 2021). CSA survivors who experience trauma also show symptoms of anxiety (Doğangün et al., 2016; Molnar et al., 2001; Pittenger et al., 2019; Suhita et al., 2021). Anxiety symptoms that appear can be in the form of pessimistic thoughts, difficulty sleeping, eating problems, fear (Doğangün et al., 2016; Pittenger et al., 2019; Suhita et al., 2021), the emergence of problematic behavior, the existence of interpersonal relationship problems (Pittenger et al., 2019). Anxiety is also a strong factor in measuring trauma variables on the TSCC scale. Apart from post-traumatic stress and anxiety, there are dissociative factors. Disassociation is an intrusive derelating condition, a person feels his mind goes blank, feels emotionally numb, pretends to be someone else or somewhere else, daydreams, memory problems and dissociative avoidance (Coll et al., 2020). Dissociation is also a strong predictor of trauma in a person (Butcher et al., 2015; Elklit & Kurdahl, 2013; Nilsson et al., 2010). The presence of dissociation causes disturbances in the perceptual function of the environment, problems with memory, awareness or identity which would normally be integrated (Bryant, 2007; Elklit & Kurdahl, 2013). Dissociation is a coping strategy used to reduce the appearance of excessive anxiety when faced with a very stressful situation and can be caused by trauma (Svedin et al., 2004). The experience of experiencing sexual harassment makes it more vulnerable to experiencing serious problems related to sexual concern (Brown & Yoder, 2021). Sexual concern is a condition in which a person feels sexual satisfaction which makes him exhibit behaviors to seek sexual satisfaction caused by an experience of sexual harassment that is not appropriate for his age (Nilsson et al., 2008). The existence of sexual harassment raises symptoms of post-traumatic stress which is characterized by dissociation and sexual problems (Briere et al., 2001).

The second factor consists of depression and anger which are classified into groups on the depressive factor. This result is in line with previous research which stated that depression and anger are included in the same factor (Butcher et al., 2015). Increased levels of anger have an influence on a person's depressive condition and make him vulnerable to exhibit suicidal behavior (Butcher et al., 2015). Depression is a condition in which individuals feel excessive sadness, feel unhappy, feel alone, have negative perceptions such as self-blame, desire to self-harm, and desire to commit suicide. (Coll et al., 2020). Exposure to trauma situations makes a person more vulnerable to the risk of depression (Ying et al., 2014). Survivors of sexual abuse show that the presence of self-criticism, self-blame, hopelessness and decreased self-esteem are predictors of depression (Abdullah et al., 2011). Victims who have experienced sexual violence show anger within them (Ghani et al., 2014). Anger is a symptom of trauma shown by survivors of sexual violence (Ahmad & Nasir, 2010; Cantón-Cortés & Cantón, 2010; Suhita et al., 2021). This anger will appear in the form of problematic behavior and result in emotional problems (Cantón-Cortés & Cantón, 2010). Anger is a negative emotion that increases physical urges, gives rise to blaming thoughts and increases the urge to exhibit aggressive behavior (Sukhodolsky et al., 2016). This anger arises because it is triggered by feelings of frustration and interpersonal problems (Sukhodolsky et al., 2016). In trauma situations, survivors often feel that they are in an unfair situation and question why this unpleasant

behavior occurred, which in turn causes them to experience anger (Saat, 2011). This anger causes problems with distractions, problems at work and loss of friendships (Saat, 2011).

The results of this study indicate that the TSCC instrument has proven to be reliable for measuring trauma in groups of CSA survivors. It is hoped that this research can be used as an assessment instrument for survivors. The results of this assessment are expected to be the basis for providing appropriate curative and rehabilitative measures for TSCC survivors according to the symptoms of psychological disorders that appear based on the TSCC instrument measurements.

Conclusion

The results of this study indicate that the TSCC instrument has good reliability, besides that based on the results of the factor analysis test using the TSCC instrument on CSA survivors, two groups of factors are obtained. The first factor group consists of post-traumatic stress, anxiety, dissociation and sexual concern and can be called the factor of neuroticism while the second group of factors consists of depression and anger can be called the factor of depression. The impact of the results of this study was that the results of the TSCC scale were validated and able to measure trauma well so that it could be used by other professionals to measure trauma in CSA survivors. Limitations in this study, the number of samples in this study was still limited because it was difficult to obtain data from CSA survivors. Suggestions for future researchers are expected to increase the number of research samples.

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