

EARLY TRAUMA INVENTORY-SELF REPORT SHORT FORM: TURKISH ADAPTATION AND PSYCHOMETRIC ANALYSIS FOR UNIVERSITY STUDENTS

ERKEN TRAVMA ENVANTERİ KISA FORMU: ÖLÇEĞİN TÜRKÇE UYARLAMASI VE ÜNİVERSİTE ÖĞRENCİLERİNDE PSİKOMETRİK ÖZELLİKLERİ

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Başvuru Tarihi: 02.08.2022 Yayına Kabul Tarihi: 1.06.2023 DOI: 10.21764/maeuefd.1153391

(Araştırma Makalesi)

Özet: Bu çalışmanın amacı çocukluk çağı travmalarını belirlemek üzere geliştirilen Erken Travma Envanteri Kısa Formu'nun Türkçeye uyarlanmasıdır. Uyarlama çalışması için ilk olarak envanterin çeviri çalışmaları yapılmış ve Türkçe forma son hali verilmiştir. Ölçeğin doğrulayıcı faktör analizinin gerçekleştirildiği birinci araştırma grubu 2021-2022 öğretim yılı güz döneminde öğrenimine devam eden 14 farklı üniversiteden, 270 kadın, 80 erkek toplam 350 lisans, yüksek lisans ve doktora öğrencisinden oluşmaktadır. Veri analizinde betimleyici istatistikler, güvenilirlik analizi, benzer ölçekler ve test tekrar test korelasyonları ve doğrulayıcı faktör analizi yapılmıştır. Erken Travma Envanteri Kısa Formu alt ölçeklerden oluşan bir envanter olduğu için Türkçe formunun her bir alt ölçeği için ayrı doğrulayıcı faktör analizi yapılmıştır. Sonuçlara göre genel travma ölçeği için genel olarak model veri uyumu iyi olarak elde edilmiştir. Fiziksel, duygusal ve cinsel istismardaki uyum indekslerinde ise model veri uyumu üç ölçek için de mükemmel uyuma sahiptir. Cronbach alpha iç tutarlılık katsayısı ve test-tekrar test korelasyon katsayıları yeterli düzeyde bulunmuştur. Sonuçlar, Erken Travma Envanteri Kısa Formu Türkçe versiyonunun, üniversite öğrencilerinin erken çocukluk travmalarını belirlemek üzere kullanılabilir geçerli ve güvenilir bir araç olduğunu göstermektedir.

Anahtar Sözcükler: *Erken travma envanteri kısa formu, geçerlik, güvenilirlik, üniversite öğrencileri, travma*

Abstract: The aim of this study is to adapt the Early Trauma Inventory-Self Report Short Form to Turkish and test its validity and reliability for university students. The inventory was translated, and the Turkish form was finalised. The first study group, whose data were used to conduct the confirmatory factor analysis regarding the scale, consisted of 350 undergraduate, and graduate students from 14 different universities in the fall semester of the 2021-2022 academic year; 270 of whom were female and 80 of whom were male. In data analysis, descriptive statistics were calculated; confirmatory factor analysis and reliability analyses were performed. Since Early Trauma Inventory Short Form is an inventory consisting of sub-scales, a separate confirmatory factor analysis was performed for each sub-scale of Turkish version. Confirmatory factor analysis showed that the model data fit of the general trauma subscale was "good," and it was "perfect" for the physical, emotional, and sexual abuse subscales. Cronbach alpha internal consistency coefficients and test-re-test correlations were found to be satisfactory. Results show that the Early Trauma Inventory-Self Report Short Form is a valid and reliable tool to use in determining early childhood trauma.

Keywords: *Early trauma inventory-self report short form, validity, reliability, university students, trauma*

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Introduction

Childhood traumas are an important health problem all over the world. It is reported that 30% of cases of anxiety and 40% of cases of depression in North America, and more than 25% of both conditions in Europe were associated with adverse childhood experiences (Bellis et al., 2019). A study examining the results of more than 300 studies published between 2000 and 2017, which were conducted to determine childhood abuse, found that 14% of girls and 6% of boys in Europe whereas 20% of girls and 14% of boys in North America had been exposed to sexual abuse in their childhood. On the other hand, physical abuse was found to be much higher in some continents. 60% of boys and 51% of girls in Africa were subjected to physical abuse. The rates of emotionally abused children in North America were 28% for girls and 14% for boys. As for Europe, it was reported that 13% of girls and 6% of boys were emotionally abused (United Nations Children's Foundation, 2018).

According to Fischer and Riedesser (1999), trauma results from the experience of threatening inconsistency between the threat factors in a situation and the individual's individual coping abilities. Briere and Scott (2015) used the emphasis when describing the traumatic event as “an extremely distressing event that produces long-term psychological symptoms and in which the internal resources of the person are insufficient to cope even for a short time”. There are a wide variety of events that can cause concussion or trauma to the individual. Traumatic events that can take place in human life can be counted as physical assault, sexual abuse, traffic accidents, work accidents, natural disasters such as earthquakes, floods, war and terrorism, witnessing the injury or death of others, and fatal diseases.

While traumatic experiences can occur during any period of life, those who happen in childhood leave a deeper trace. The concept of early period trauma can be defined as negative life experiences that occur in childhood. Negative childhood experiences affect both physical and emotional health lifelong by causing behavioural problems of internalisation and externalisation during childhood as well as learning disability, and preventing social development (Ray et al., 2020). These traumatic events that can occur in childhood are classified into four categories. Physical abuse includes hurting, restricting physically or confining; emotional abuse includes verbal communication aiming at humiliation or scolding; sexual abuse includes unwanted sexual contact that aims at satisfaction of the doer or dominating the other, as well as sexual behaviours that intend

to humiliate the victim; general trauma includes general life experiences that might be stressful or traumatic such as a natural disaster, accident or death (Bremner, Bolus & Mayer, 2007). On the other hand, it is possible to divide traumatic events into two as human-made traumas and nature-made traumas. According to this classification, human-made traumas consist of physical injury, war, torture, rape; whereas nature-made traumas include natural disasters such as earthquake, fire or flood (Herbert, 2007). Human-made traumas can lead to deeper and more permanent damages in people when compared to nature-made traumas (Ruppert, 2011).

There are many studies in the literature which reveal that some early period traumatic experiences can lead to many psychological problems in adulthood such as depression, anxiety, substance abuse, tendency to commit suicide and emotional-behavioural difficulties (Agorastos et al., 2014; Briere & Runtz, 1998; Marangoni, Hernandez & Faedda, 2016; Watt, Ceballos, Kim, Pan & Sharma, 2020; Yap et al., 2014). Li et al. (2016) found that individuals who were exposed to childhood abuse were twice as likely to experience major depressive disorder and anxiety disorder in adulthood than those who were not subjected to abuse. It is also stated that childhood traumas constitute one of the reasons that lie behind personality disorders, and that individuals with borderline personality disorder have experiences of sexual abuse, physical abuse and witnessing abuse more than others. According to the results of a study conducted with a clinical group diagnosed with borderline personality disorder and major depressive disorder, a positive relationship was found between emotional abuse and neglect and emotion regulation difficulties (Fernando et al., 2014). Moreover, early childhood traumatic experiences cause anger and aggressiveness, and result in the lack of an ability of emotion regulation (Daud, 2008).

A significant number of studies indicate that adverse childhood experiences such as physical and emotional abuse have long-term negative effects on lifelong health (Hughes et al., 2017; Bellis et al., 2019). Stoltenborgh et al. (2015) examined 244 studies conducted in non-clinical groups with a meta-analysis. Results revealed that 23% of the individuals had been physically, 13% of them had been sexually, 36% of them had been emotionally abused, 16% of them had gone through physical abuse and neglect, and 18% of them were emotionally neglected in childhood. Therefore, reliable and valid measurement tools are needed to measure early childhood traumas in order to examine the childhood traumas that have an important impact on individuals' mental and personality development. There are a limited number of measurement tools in Turkey to identify

childhood traumas. It is thought that it would be beneficial to contribute to the literature with a relatively recent scale. Moreover, literature review shows that some scales that measure childhood traumas cannot measure general trauma. The scale which is adapted into Turkish within the scope of the current study includes a sub-scale of general trauma, which is expected to contribute to the literature in terms of measuring general trauma. Thus, it might be possible to identify experiences that can traumatize people such as a natural disaster, serious disease, accident, death of a beloved one, witnessing a murder. Moreover, Early Trauma Inventory-Self Report Short Form asks the participants to reply an item choosing “yes” or “no”, which is thought to be an easier method of getting reply. In this study, it was aimed to adapt the Early Trauma Inventory-Self Report Short Form developed by Bremner et al. (2007) into Turkish. The psychometric properties of the scale were tested on university students in order to determine the past traumas of the students in psychological counseling processes conducted with university students and to be used in researches to be conducted on university students.

Method

Participants

The first study group, whose data were used to conduct the confirmatory factor analysis regarding the scale, consisted of 350 undergraduate, and graduate students from 14 different universities in the fall semester of the 2021-2022 academic year; 270 of whom were female (%77.1), and 80 of whom were male (%22.9). The ages of the participant students varied between 18 and 40, while the mean of age was \bar{X} : 21.95 and S_s :3.03. The scale was implemented with a second study group for the test-retest reliability analysis. The second study group included 46 undergraduate students that were studying at two different universities; 32 (%69.6) of the second group were female, while 14 of them (%30.4) were male, and their ages varied between 19 and 26 (\bar{X} : 21.29, S_s : 1.78).

Measurement Tools

Early trauma inventory-self report short form (ETI-SF). ETI-SF was developed by Bremner et al. (2007) in order to examine childhood traumas before age of 18. The inventory was accepted to be a reliable tool to measure early traumas following the analysis of data gathered from 288 participants to develop it. The inventory was developed with four sub-scales. These sub-scales can

be listed as general trauma, physical trauma, emotional trauma and sexual trauma. ETI-SF has 11 items in the sub-scale of general trauma, 5 items in the sub-scale of physical abuse, 5 items in the sub-scale of emotional abuse and 6 items in the sub-scale of sexual abuse, having 27 items in total. There are two more items in the scale that ask about the effects of the most effective traumatic experience. The inventory does not have a reverse item. Convergent validity of the scale was examined with Clinician Administered PTSD Scale (Blake et al., 1995). Significant positive relationships were found between the scores of the two scales. The items can be replied via two categories, which are “yes” and “no”. Scoring is obtained by the sum of the items answered “yes” in each subscale.

The Cronbach alpha coefficient for each sub-scale is .70, .75, .86 and .87 respectively. In this study, short form of the scale was adapted into Turkish and examined psychometric properties on university students.

Translation procedure. In order to adapt the ETI-SF into Turkish, the authors of the current study first of all received permission from J. Douglas Bremner, who had developed the inventory. The English version of the scale was translated into Turkish by two academics of Counseling and Guidance, who both knew the English and Turkish languages very well. The items in the Turkish version of the scale were presented to two other academics in the field of Counseling and Guidance, an English teacher and a Turkish teacher for expert opinion. Then the authors of the current study made some amendments in the items in line with the opinions of the experts. The Turkish form was translated back into English by an academic in the field of psychology who knew English very well. After the back translation, the Turkish version of the inventory was seen to be close to the English form. The authors discussed the items in the form and came to an agreement, made some changes in the items and finalized the form.

Beck anxiety inventory. Beck Anxiety Inventory is a likert type scale with 21 items in total which was developed by Beck, Epstein, Brown and Steer (1988) in order to measure individuals’ level of clinical anxiety, and adapted into Turkish culture by Ulusoy, Hisli Şahin and Erkmen (1998). It was used in the current study to test the validity of the sub-scales of ETI-SF together with similar scales. The Turkish version of the scale is one-dimensional and gives out a single score as is the case with the original version. The distinctive feature of the scale was tested with groups having different levels of anxiety, and the group including participants diagnosed with anxiety

disorder had a higher mean score at a statistically significant level when compared to other groups. Item total correlations of the scale varied between .45 and .72, while Cronbach alpha internal consistency coefficient was found to be 0.93.

Personal information form. The authors of the current study developed a personal information form in order to gather information about the participants within the framework of the study. This form asked for information about participants' gender, age, university and grade.

Ethics Committee Approval and Application. Prior to carrying out of this study, approval of Hacettepe University Scientific Research and Ethics Committee was gathered (dated 12.03.2020 and numbered 35853172-600). The data obtained from the study were collected online via Google-forms prepared by the researchers in the fall term of the 2021-2022 academic year. The research announcement was made through academics working in various departments of the universities where the study was carried out. Instructions involved explanations about the fact that the items of the scale could trigger traumatic feelings and participants could stop filling in the scale at any time if they did not want to continue. Researcher's contact information was provided as well in case they needed information regarding psychological help.

Data Analysis

During the data analysis, SPSS program was used for descriptive statistics, reliability analysis, similar scales and test-retest correlations; while confirmatory factor analysis was conducted by using the program of Lisrel. Before starting the data analysis, the data set was checked for missing data and outlier. For outlier, replies to each item were transformed into z standard score, and consequently no value out of the interval between -3.29 and +3.29 was obtained, which means that there was no outlier in the data set (Tabachnic & Fidel, 2013). Item total correlations were obtained via descriptive statistics regarding the items in the scale. The reliability of the test was examined by calculating Cronbach alpha reliability coefficient as to each sub-scale. Moreover, Pearson correlation coefficient was used to calculate test-retest reliability coefficient by conducting pre-test and post-test with an interval of two weeks. For construct validity, confirmatory factor analysis was conducted. Since ETI-SF is an inventory consisting of sub-scales, a separate confirmatory factor analysis was performed for each sub-scale of Turkish version. As the replies to the items are

two-categorical (yes / no), the method of weighted least squares was used instead of maximum likelihood method as a method of prediction.

Results

Validity

Confirmatory factor analysis was conducted to ensure construct validity of each of the sub-scale in the Early Trauma Inventory. Before confirmatory factor analysis, descriptive statistics and total item correlations for each item in the inventory were examined. The results are given in Table 1.

Table 1. *Descriptive Statistics for Items*

Items	Mean	Item Total Correlation	Alpha (If item deleted)
General Trauma			
#1	0.23	0.11	0.50
#2	0.18	0.22	0.46
#3	0.23	0.29	0.44
#4	0.28	0.28	0.44
#5	0.05	0.08	0.49
#6	0.13	0.21	0.46
#7	0.29	0.21	0.46
#8	0.53	0.27	0.45
#9	0.21	0.19	0.47
#10	0.06	0.13	0.49
#11	0.03	0.15	0.49
Physical Abuse			
#12	0.61	0.52	0.71
#13	0.04	0.26	0.78
#14	0.27	0.59	0.67
#15	0.39	0.59	0.67
#16	0.54	0.63	0.66
Emotional Abuse			
#17	0.37	0.62	0.82
#18	0.37	0.72	0.79
#19	0.26	0.58	0.83
#20	0.39	0.74	0.78
#21	0.36	0.58	0.83
Sexual Abuse			
#22	0.19	0.47	0.67
#23	0.13	0.52	0.64
#24	0.08	0.58	0.62
#25	0.02	0.37	0.70
#26	0.03	0.40	0.69

#27	0.09	0.44	0.66
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As is seen in Table 1, each of the items in all the sub-scales display item distinctiveness at an expected level. Moreover, Table 1 includes the results as to the changes in reliability coefficients when each item is removed.

Results of Confirmatory Factor Analysis: Factor loads of items for each sub-scale were found to be statistically significant. Having a statistically significant t value for each item means that the item in question is correlated with that dimension (Çokluk, Şekerci & Büyüköztürk, 2010). According to CFA model, in all scales, all items have a value higher than critical t value of 1.96 at 0.05 significance level, and they are statistically significant. Model fit indices obtained at the end of the confirmatory factor analysis conducted for each sub-scale are presented in Table 2. Although there are a lot of fit indices in confirmatory factor analysis, the ones that are most frequently used in the literature are included in the current study.

Table 2. *Model-Fit Indexes*

Scale	X2/sd	RMSEA	CFI	IFI	NFI	GFI
General Trauma	4.03	0.093	0.91	0.91	0.89	0.97
Physical Abuse	2.688	0.07	0.99	0.99	0.99	0.99
Emotional Abuse	2.038	0.055	1	1	0.99	1
Sexual Abuse	1.34	0.031	1	1	0.98	1

In data model fit, fit indices that are used in the current study are Root Mean Square Error of Approximation (RMSEA), Normed Fit Index (NFI), Comparative Fit Index (CFI), goodness of fit index (GFI) and incremental fit index (IFI). When Chi-square/sd is lower than 3, RMSEA value is lower than 0.05, the values of CFI, IFI, NFI, GFI are higher than 0.95, this means that there is a perfect data model fit. When Chi-square/df is between 3 and 5, RMSEA value is lower than 0.10, the values of CFI, IFI, NFI, GFI vary between 0.90 and 0.95, this means that there is a good data model fit (Steiger, 1990; Schumacker & Lomax, 1996). According to this, chi-square/sd value was found to be (173.47/43) 4.03 for the general trauma scale. General trauma scale is seen to have a good data model fit in general (RMSEA=0.093. CFI=0.91. IFI=0.91. NFI=0.89. GFI=0.97). Chi-square/sd was found to be (13.44/5) 2.688 for physical abuse, (10.19/5) 2.038 for emotional abuse and (12.08/9) 1.34 for sexual abuse. When the fit indices as to physical, emotional and sexual abuse are examined, data model fit is seen to have a perfect fit for the three sub-scales.

Confirmatory factor analysis models regarding the scales are given in Figure 1 below.

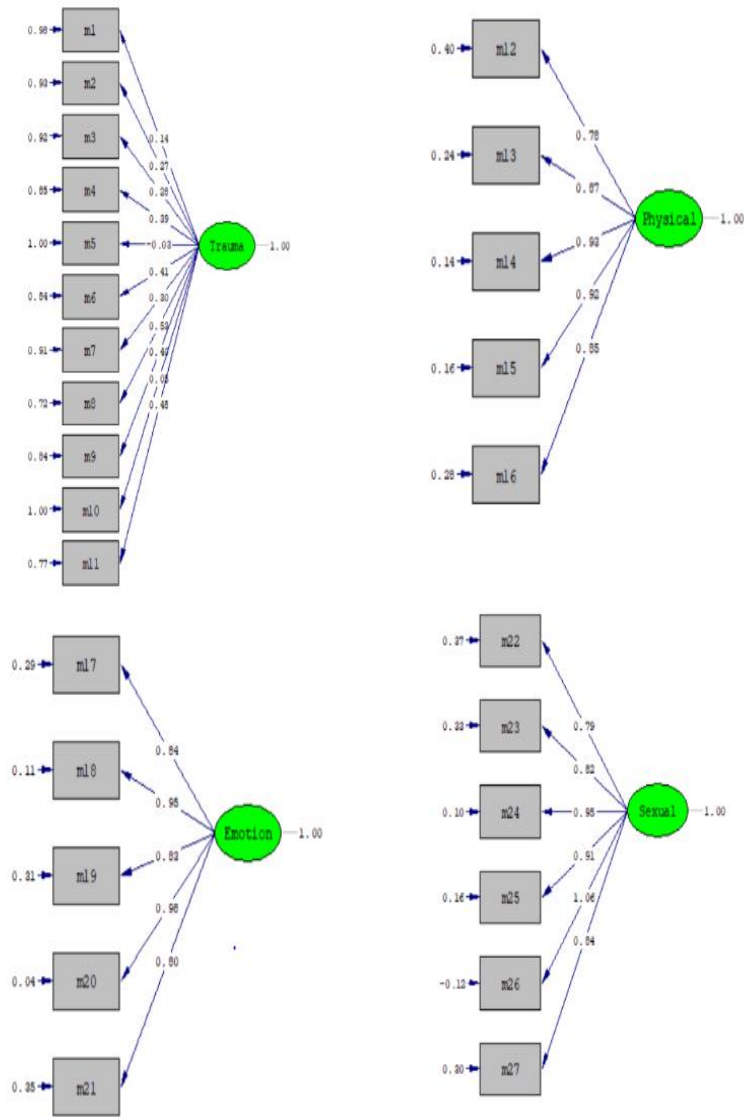


Figure 1. Confirmatory Factor Analysis Model

Correlation values between sub-scales were examined as another way to test construct validity. The results are given in Table 3.

Table 3. *Correlation Between Constructs of Scale*

	General Trauma	Physical Abuse	Emotional Abuse	Sexual Abuse
General Trauma	1			
Physical Abuse	0.61**	1		
Emotional Abuse	0.43*	0.59**	1	
Sexual Abuse	0.65**	0.81**	0.44*	1

**p<.01. *p<.05

When the correlations between each sub-scale are examined, it is clear that there is a statistically significant relations in the positive direction. As the sub-scales of the inventory are related to each other, the results support the idea that sub-scales can be the four sub-dimensions of a single scale.

Criterion validity: The correlations between Early Trauma sub-scales and Beck Anxiety Inventory scores were examined for criterion validity. The analysis was conducted with the data gathered from 346 participants who replied ETI-SF as well as Beck Anxiety Inventory. According to the results, correlation coefficients between ETI-SF sub-scales of general trauma, physical abuse, emotional abuse and sexual abuse, and Beck Anxiety Inventory score are .33, .27, .32 and .31 respectively. Statistically significant relations within the confidence interval of 99% were found between the scores obtained from each sub-scale and the scores obtained from anxiety scale (p<.01). Correlation coefficients between Beck Anxiety Inventory and ETI-SF sub-scales were found to vary between 0.27 and 0.33 in the positive direction. According to correlation coefficients, there is a statistically significant relation between scales and anxiety at a medium level. As the scores of early trauma sub-scales increase, the level of anxiety increases, too.

Reliability

Reliability coefficients for each sub-scale were obtained via Cronbach alfa reliability coefficient. The results are given in Table 4.

Table 4. *Cronbach Alpha Reliability*

	Cronbach Alfa	n	Original
General Trauma	0.61	11	0.7
Physical Trauma	0.75	5	0.75
Emotional Trauma	0.84	5	0.86
Sexual Trauma	0.71	6	0.87

As is seen in Table 4, reliability coefficients of the sub-scales varied between 0.61 and 0.84. Although Cronbach alpha coefficient of the sub-scale of general trauma was found to be lower than expected, the coefficients of the other sub-scales were calculated to be at an acceptable level.

Test-Retest reliability: ETI-SF was implemented with 46 participants twice with a two-week interval. Pre-test scores as well as post-test scores were obtained for each sub-scale with the data gathered from 46 participants. While obtaining the total scores as to the scales, the items included in the related scale were considered. According to this, among the sub-scales, test-retest correlation between pre-test scores and post-test scores were analysed via Pearson correlation coefficient. The correlation between the pre-test and post-test of all the scales were found to be statistically significant ($p < .001$). The correlation coefficients were found to be 0.83 for the scale of general trauma, 0.92 for the scale of physical abuse, 0.92 for the scale of emotional abuse and 0.96 for the scale of sexual abuse. As the correlation coefficients were found to be higher than 0.80, test-retest validity was ensured.

Discussion

ETI-SF has been adapted into Turkish in the current study. The Turkish version of the inventory includes four sub-scales as is the case in the original form. The inventory has 27 items in total, while there are 11 items in the sub-scale of general trauma, 5 items in the sub-scale of physical abuse, 5 items in the sub-scale of emotional abuse and 6 items in the sub-scale of sexual abuse. There is no reverse item in the inventory. The "yes" answers given to the scale items are 1 point. Higher scores indicate greater exposure to the relevant type of abuse. The analysis first of all focused on total item correlation coefficients. Total items correlations are statistics that give information as to the distinctiveness of items, and the items are accepted to be distinctive when the correlation is over than 0.20 (Özçelik, 2010). Therefore, the distinctiveness of items are at a sufficient level. As the inventory is composed of four sub-scales, a confirmatory factor analysis has been conducted separately for each sub-scale to test the validity of the sub-scales. Fit indices obtained at the end of CFA are (χ^2/df 4.03; RMSEA= 0.093; CFI= 0.91; IFI= 0.91; NFI= 0.89; GFI= 0.97) for general trauma; (χ^2/df = 2.0668; RMSEA= 0.07; CFI= 0.99; IFI= 0.99; NFI= 0.99; GFI= 0.99) for physical abuse; (χ^2/df = 2.038; RMSEA= 0.055; CFI= 1; IFI= 1; NFI= 0.99; GFI= 1) for emotional abuse and (χ^2/df = 1.34; RMSEA= 0.031; CFI= 1; IFI= 1; NFI= 0.98; GFI= 1) for sexual abuse. These values are within the acceptable intervals, and thus the structure having four

sub-scales has been confirmed in the Turkish form as is the case in the original version. The analysis to examine the correlations between the sub-scales reveal that correlation coefficients are between .43 and .81. Therefore, there are medium and high level relations between the sub-scales of the inventory, and it can be indicated that they can measure similar structures.

Cronbach alpha internal consistency coefficients for the inventory are .61; .75; .84; .71 respectively for the sub-scales of general trauma, physical abuse, emotional abuse and sexual abuse. According to the current results, internal consistency coefficient of the sub-scale of general trauma is lower than expected. Internal coefficient belonging to the sub-scale of general trauma in the adapted scale is lower than that of the original scale developed by Bremner et al. (2007). This may result from a case that in the study conducted by Bremner et al. (2007), more than 50% of the participants might have experienced childhood traumas and might experience post-trauma stress disorder with a higher mean score. Even in the original scale, internal consistency of sub-scales is lower in the short form than that in the long form (Bremner et al., 2020). Moreover, having very few item reply categories is another important component that affects reliability (Turgut & Baykul, 2010). Likewise, in the studies conducted in various different countries to adapt the original form into different cultures, internal consistency coefficient belonging to the sub-scale of general trauma is lower than the other sub-scales (Bremner et al., 2007; Plaza et al., 2011; Hörberg et al., 2019; Osorio et al., 2013; Vallejo-Medina et al., 2021). For example, in the short Spanish version of ETI-SF adapted into Spanish culture by Plaza and others, internal consistency coefficient belonging to the sub-scale of general trauma was found to be .42 (Plaza et al., 2011). Internal consistency coefficient belonging to the sub-scale of general trauma in the Swedish form was found to be .60 (Hörberg et al., 2019) and it was found to be .54 in the Brazilian version (Osorio et al., 2013). This might be because the sub-scale of general trauma measures a variety of different traumatic events ranging from natural disasters to witnessing a murder. Therefore, this sub-scale does not measure a single united structure. In other words, the fact that internal consistency coefficient belonging to the sub-scale of general trauma is low can be explained with the reasons that the sub-scale of general trauma measures a wide range of heterogenic traumatic events ranging from natural disasters to mental disorders within the family instead of measuring a single structure.

Despite the internal consistency coefficient of the general trauma sub-scale is low, validity and reliability of the scale having four sub-scales are thought to be at a sufficient level as construct

validity is ensured. However, it would be better to interpret the results of the scale about the sub-scale of general trauma in the inventory and to test the internal consistency of the sub-scale in further and more comprehensive studies. Test-retest method has been preferred as another way to identify the reliability of the sub-scales of the inventory. Test-retest correlation coefficient is .83 for general trauma, .92 for physical abuse, .92 for emotional abuse and .96 for sexual abuse. According to this result, it can be stated that the inventory can measure childhood traumas consistently in university students.

On the other hand, the scale has items that may disturb the participants, especially in the sexual abuse subscale, and trigger emotions that are difficult to cope with related to trauma. It is useful to use the scale only by experts and researchers in mental health fields (such as psychiatry, psychology and psychological counseling). In the directive of the researchers using the scale, “You can stop answering the scale if you feel uncomfortable while answering the scale items, and if your feelings about your traumatic experiences are triggered.” and “If you feel that you need psychological support because of your emotions triggered while answering the scale, you can reach the researcher from the contact information provided to guide you.” It is recommended that they include their notes.

It is thought that psychometric properties of the Turkish version of ETI-SF is a reliable and valid measurement tool to identify university students’ early childhood traumas. The inventory can be used by psychiatrics and psychological counsellors to examine early period traumas of young adult counselees who are university students. The inventory can also be used with young adults who are university students in order to identify traumatic childhood experiences in academic studies. The limitation of the current study is that the study group is composed of young adults chosen via random sampling. Therefore, psychometric properties of the inventory can be examined with further studies with participants of different age groups. In the current study, the participants were not chosen from clinical group. It is not known whether the participants had a psychopathological diagnosis. Psychometric properties of the scale can be tested with different groups that have and do not have a psychiatric disorder.

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Geniş Özet

Giriş

Bu çalışmanın amacı çocukluk çağı travmalarını belirlemek üzere geliştirilen Erken Travma Envanteri Kısa Formu'nu Türkçeye uyarlanmasıdır. Travma, bir durumdaki tehdit faktörleri ile kişinin bireysel baş etme becerileri arasındaki tehdit edici tutarsızlık deneyiminden kaynaklanmaktadır (Fischer & Riedesser, 1999). Her insanın zorluklarla ve yaşanan olumsuz olayların ortaya çıkardığı zorlayıcı hatta yıkıcı duygular ve belirtilerle baş etme potansiyeli farklıdır. Travmatik deneyimler yaşayan her bireyin gösterdiği tepki farklı olabilmektedir. Kimi bireylerde travmatik deneyim sonrası çeşitli psikopatolojik deneyimler ortaya çıkarken kimi bireyler görece olumlu birtakım değişimler gösterebilir. Travmatik yaşantılar yaşamın her döneminde gerçekleşebilmekteyken çocuklukta yaşananlar daha derin izler bırakmaktadır. Erken dönem travma kavramı çocukluk çağında yaşanan olumsuz yaşam deneyimleri olarak tanımlanmaktadır. Olumsuz çocukluk yaşantıları, çocuklukta içselleştirme ve dışsallaştırma davranış sorunları, öğrenme güçlüğü ve sosyal gelişimin engellenmesine neden olarak, yaşam boyu hem fiziksel hem de duygusal sağlığı olumsuz etkiler (Ray vd., 2020). Bireyin ruhsal ve kişilik gelişimine önemli etkileri olan çocukluk çağı travmalarının incelenmesi için çocukluk çağında yaşanan travmaları geçerli ve güvenilir bir şekilde ölçecek ölçme araçlarına ihtiyaç duyulmaktadır. Türkiye'de çocukluk çağı travmalarını belirlemeye yönelik sınırlı sayıda ölçme aracı bulunmaktadır. Bu amaçla bu çalışmada farklı ülkelerde farklı gruplarla (Brezilya, Kore, İspanya, İsveç, Kolombiya) uyarlama çalışması geçmişte yapılan (Plaza vd., 2011; Hörberg vd., 2019; Osorio vd., 2013; Vallejo-Medina vd., 2021) Bremner ve arkadaşlarının (2007) geliştirdiği Erken Travma Envanteri Kısa Formu'nun Türkçeye uyarlanması hedeflenmiştir.

Yöntem

Erken Travma Envanteri Kısa Formu Bremner ve arkadaşları (2007) tarafından çocukluk çağı travmalarını değerlendirmek üzere geliştirilmiştir. Envanterin geliştirilme aşamasında 288 katılımcıyla yürütülen çalışmadan ölçeğin erken dönem travmaları ölçmede geçerli olduğu görülmüştür. Envanter dört alt ölçekli olarak geliştirilmiştir. Bunlar, genel travma, fiziksel, duygusal ve cinsel travma alt ölçekleridir. Ölçeğin uzun formu da bulunmakta olup yapılan analizlerde ölçekteki bazı maddelerin birbirleri ile yüksek oranda korelasyona sahip olduğu ve bir

faktörde kümeleştiği görüldüğünden bazı maddelerin gereksiz olduğu ve aynı yapıyı ölçtüğü düşünülerek ölçeğin kısa formu oluşturulmuştur. Ölçeğin kısa versiyonunda genel travma alt ölçeğinde 11, fiziksel istismar alt ölçeğinde 5, duygusal istismar alt ölçeğinde 5 ve cinsel istismar alt ölçeğinde 6 madde olmak üzere toplam 27 madde yer almaktadır. Envanterde ters madde bulunmamaktadır. Maddeler “evet ve hayır” olmak üzere iki kategorili olarak yanıtlanmaktadır. Her bir alt ölçek için Cronbach alfa katsayıları sırasıyla, .70, .75, .86 ve .87 olarak bulunmuştur.

Uyarlama çalışması için ilk olarak envanterin çeviri çalışmaları yapılmış ve Türkçe forma son hali verilmiştir. Ölçeğin doğrulayıcı faktör analizinin gerçekleştirildiği birinci araştırma grubu 2021-2022 öğretim yılı güz döneminde öğrenimine devam eden 14 farklı üniversiteden, 270 kadın (%77.1), 80 erkek (%22.9) toplam 350 lisans, yüksek lisans ve doktora öğrencisinden oluşmaktadır. Öğrencilerin yaşları 18 ile 40 arasında değişmekte olup yaş ortalaması \bar{X} : 21.95 ve Ss:3.03'dür. Ölçeğin test-tekrar test güvenilirliğinin analizi için ikinci bir araştırma grubuna uygulama yapılmıştır. İkinci araştırma grubu ise iki farklı üniversitenin 46 lisans öğrencisinden oluşmaktadır. İkinci araştırma grubunun 32'si (%69.6) kadın, 14'ü (%30.4) erkek olup, yaşları 19 ile 26 arasında değişmektedir (\bar{X} : 21.29, Ss: 1.78). Veri analizinde betimleyici istatistikler, güvenilirlik analizi, benzer ölçekler ve test tekrar test korelasyonları SPSS programı kullanılarak, doğrulayıcı faktör analizi ise Lisrel programı kullanılarak yapılmıştır. ETI-SF alt ölçeklerden oluşan bir envanter olduğu için Türkçe formunun her bir alt ölçeği için ayrı doğrulayıcı faktör analizi yapılmıştır.

Sonuç, Tartışma ve Öneriler

Buna göre genel travma ölçeği için ki-kare/sd (173.47/43) 4.03 olarak elde edilmiştir. Genel travma ölçeği genel olarak model veri uyumu iyi olarak elde edilmiştir (RMSEA=0.093. CFI=0.91. IFI=0.91. NFI=0.89. GFI=0.97). Ki-kare/sd oranı fiziksel istismar için (13.44/5) 2.688, duygusal istismar için (10.19/5) 2.038 ve cinsel istismar için (12.08/9) 1.34 olarak elde edilmiştir. Fiziksel, duygusal ve cinsel istismardaki uyum indeksleri incelendiğinde ise model veri uyumu üç ölçek için de mükemmel uyuma sahiptir. Her bir alt ölçeğe ilişkin güvenilirlik katsayıları Cronbach alfa güvenilirlik katsayısı ile elde edilmiştir. Alt ölçeklerin güvenilirlik katsayıları 0.61- 0.84 arasında değişmektedir. Test tekrar test güvenilirliğini incelemek amacıyla Erken Travma Envanteri Kısa Formu iki hafta arayla 46 kişiye iki kez uygulanmıştır. Travma ölçeğinde korelasyon katsayısı 0.83; fiziksel istismar ölçeğinde 0.92; duygusal istismar ölçeğinde 0.92 ve cinsel istismar ölçeği için 0.96 olarak elde edilmiştir. Ölçüt geçerliliği için Erken Travma alt ölçekleri ile Beck Kaygı Envanteri

puanları arasındaki korelasyonlar incelenmiştir. Beck Kaygı Envanteri ile Erken Travma Envanteri Kısa Formu alt ölçekleri arasındaki korelasyon katsayıları 0.27- 0.33 arasında pozitif yönde elde edilmiştir. Korelasyon katsayılarına göre ölçekler ile kaygı arasında orta düzeyde ilişki vardır.

Sonuç olarak, envanterin Türkçe versiyonunda da orijinalinde olduğu gibi dört alt ölçek bulunmaktadır. Envanterde, genel travma alt ölçeğinde 11, fiziksel istismar alt ölçeğinde 5, duygusal istismar alt ölçeğinde 5 ve cinsel istismar alt ölçeğinde 6 madde olmak üzere toplam 27 madde bulunmaktadır. Envanterde ters madde bulunmamaktadır. Erken Travma Envanteri Kısa Formu'nun Türkçe versiyonunun psikometrik özelliklerinin, envanterin üniversite öğrencilerinin erken çocukluk travmalarını belirlemek üzere kullanılabilir ve geçerli ve güvenilir bir araç olduğunu gösterdiği düşünülmektedir. Envanter psikiyatristler, psikologlar ve psikolojik danışmanlar tarafından, üniversite öğrencisi genç yetişkin danışanların erken dönem travmatik yaşantılarını değerlendirmek amacıyla kullanılabilir. Ölçek özellikle cinsel istismar alt ölçeğinde katılımcıları rahatsız edebilecek, travmatik duyguları tetikleyebilecek özellikte maddelere sahip olduğundan ruh sağlığı alanlarındaki (psikiyatri, psikoloji ve psikolojik danışmanlık gibi) uzman ve araştırmacılar tarafından kullanılması; ölçek uygulanırken yönergesinde “Ölçek maddelerini yanıtlarken rahatsız olursanız, travmatik deneyimlerinizle ilgili baş edilmesi zor duygularınız tetiklenirse ölçeği yanıtlamayı bırakabilirsiniz.” ve “Ölçeği yanıtlarken tetiklenen duygularınızdan dolayı psikolojik desteğe ihtiyaç duyduğunuzu hissederseniz araştırmacının sizi yönlendirmesi için verilen iletişim bilgilerinden kendisine ulaşabilirsiniz.” notlarına yer verilmesi önerilmektedir. Envanter aynı zamanda bilimsel araştırmalarda da travmatik çocukluk yaşantılarını belirlemek amacıyla kullanılabilir. Envanterin uyarlamasının genç yetişkin grup üzerinde ve tesadüfi örnekleme ile yapılmış olması bu çalışmanın sınırlılıklarıdır. Bu nedenle envanterin psikometrik özelliklerinin farklı yaş gruplarında sınanması önerilmektedir.

ETİK BEYAN: “Early trauma inventory: Adaptation and psychometric analysis for university students” başlıklı çalışmanın yazım sürecinde bilimsel, etik ve alıntı kurallarına uyulmuş; toplanan veriler üzerinde herhangi bir tahrifat yapılmamıştır ve veriler toplanmadan önce Hacettepe Üniversitesi Etik Komisyonu'ndan 12.03.2020 tarih ve 35853172-600 sayılı etik izin alınmıştır. Karşılaşılacak tüm etik ihlallerde “Mehmet Akif Ersoy Üniversitesi Eğitim Fakültesi Dergisi Yayın Kurulunun” hiçbir sorumluluğunun olmadığı, tüm sorumluluğun Sorumlu Yazarlara ait olduğu ve

bu çalışmanın herhangi başka bir akademik yayın ortamına değerlendirme için gönderilmemiş olduğunu taahhüt ederiz.