Validation of the Revised Trauma Symptom Inventory (TSI-2)

Runtz, M.¹, Godbout, N.¹², Eadie, E.¹, & Briere, J.³

¹Department of Psychology, University of Victoria; ²École de psychologie, Université Laval; ³Department of Psychiatry, University of Southern California

ABSTRACT

Posttraumatic stress disorder (PTSD) occurs in as many as 20 to 40 percent of individuals who have experienced stressful life events such as rape or combat (Davidson & Fairbank, 1993). PTSD and related symptoms are also common among adult survivors of childhood maltreatment (Runtz & Roche, 1999). The treatment needs of those who have experienced trauma can place a significant burden on the health care system. Therefore, there is a need for comprehensive and standardized measures for the assessment of trauma-related symptoms. The Trauma Symptom Inventory (TSI; Briere, 1995) is one of the most widely used tools for the assessment of psychological sequelae of traumatic events. It assesses for symptoms in three broad areas: trauma symptoms, identity, and affect. The revised Trauma Symptom Inventory (TSI-2) is an expanded and psychometrically updated version of the TSI. This 120-item self-report measure consists of 2 validity scales and 13 clinical scales (including 9 revised scales and 3 new scales addressing insecure attachment, somatization, and suicidality). The present study provides initial data on the validity, dimensionality, and reliability of the TSI-2. We also examine associations between each of these scales and adult attachment, physical health symptoms, PTSD, and interpersonal victimization in childhood and adulthood.

RESULTS

MANOVA comparing Survivors/Non-Survivors of Child and Adult Sexual Abuse

Table 1. TSI-2 Scale Reliability

Table 2. MANOVA comparing Survivors/Non-Survivors of Child and Adult Sexual Abuse

Table 3. Correlations: TSI-2 Scales, Health, PTSD, & Attachment

Table 4. Correlations: TSI-2 Factors & PANS scales

CONCLUSION AND IMPLICATIONS

The results of this study provide support for the validity and reliability of the TSI-2.

The original 3-factor structure derived from the original TSI was replicated for the TSI-2.

Interpersonal victimization was associated with higher trauma-related symptoms on the TSI-2.

The TSI-2 scales were associated with poorer health and adjustment in relation to general physical health, sexual and reproductive health, insecure attachment, and PTSD symptoms.

The strongest intercorrelations were between scales measuring similar constructs specific TSI-2 scales (e.g., IE and DA were highly related to PTSD; IA was highly related to the ECR-R’s anxious and avoidant attachment scales), thus supporting the validity of the TSI-2.

Further validation studies with diverse populations are underway and will lend further support to the use of the TSI-2 in research and clinical practice.