



Factorial validity of the Childhood Trauma Questionnaire in Italian psychiatric patients



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ABSTRACT

Early adverse experiences are associated with neurobiological changes and these may underlie the increased risk of psychopathology. The Childhood Trauma Questionnaire (CTQ-SF) is the most commonly used instrument for assessing childhood maltreatment. Thus, the aim of our study was to investigate the factorial validity of an Italian version of the CTQ-SF in a sample of psychiatric inpatients by means of confirmatory and exploratory factor analyses. The sample was composed of 471 psychiatric in-patients and out-patients (206 males and 265 females) aged 16–80 years (mean age = 34.4 years [SD = 16.3]) consecutively admitted to two psychiatric departments. All patients were administered the Italian version of the CTQ-SF. We tested five different factor models which lacked good fit, while the exploratory factor analysis supported the adequacy of a solution with three factors (Emotional Neglect/Abuse, Sexual Abuse, Physical Neglect/Abuse). The three factors had satisfactory internal consistency (ordinal Cronbach alphas > 0.90). Our study supports results from previous research indicating the lack of structural invariance of the CTQ-SF in cross-cultural adaptations of the test, and the fact that, when measuring different types of childhood maltreatment, the difference between abuse and neglect may be not valid.

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1. Introduction

Research has suggested that early adverse experiences may be associated with neurobiological changes in children and adults, and these may underlie the increased risk of psychopathology (Heim and Nemeroff, 2001; Baumeister et al., 2016). Furthermore, several studies suggest that different types of childhood adverse experience may be differentially associated with different patterns of physiological reactivity to stress and psychopathological trajectories (Heins et al., 2011; van Veen et al., 2013; Huh et al., 2014; Kuhlman et al., 2015). For example, Kuhlman et al. (2015) tried to characterize the unique associations between exposure to different types of childhood maltreatment (physical and emotional abuse, and non-intentional trauma) and HPA-axis functioning, in 121 youths aged 9–16 years old, the authors found that non-intentional trauma exposure, but not physical and emotional

abuse, was associated with diurnal cortisol regulation (Kuhlman et al., 2015). The situation was different when the children had to face an acute stress (cold pressure task). In this situation, exposure to physical abuse was positively associated with a steeper acceleration of cortisol toward a peak, while exposure to emotional abuse was associated with a slower deceleration of cortisol during the recovery phase, suggesting that youths exposed to emotional abuse exhibited elevated cortisol levels longer than their peers. Finally, the three types of trauma were not independently associated with the cortisol awakening response. Heins et al. (2011), in a sample of patients diagnosed with a psychotic disorder, reported that childhood abuse, more than childhood neglect, was associated with positive psychotic symptoms within the first 10 years of their illness, while childhood neglect, more than abuse, was associated with general psychopathology. van Veen et al. (2013) investigated whether different types of adversities (childhood life events, childhood trauma, and recent life events) may have different effects on general distress, anhedonic depression, and anxiety arousal. In 2615 individuals from the Netherlands Study of Depression and Anxiety (NESDA), the authors found that, independent of diagnostic groups, emotional neglect was

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significantly associated with increased general distress and anhedonic depression, while sexual abuse was significantly associated with increased general distress and anxious arousal.

To provide a reliable measure of traumatic experiences in the childhood, Bernstein et al. (1994) developed the Childhood Trauma Questionnaire (CTQ), a 70-item self-report questionnaire which assesses, retrospectively, experiences of abuse and neglect in the childhood. The CTQ is the most commonly used questionnaire for assessing different types of childhood maltreatment (DiLillo et al., 2006). The first factor analytic studies on the CTQ suggested a four-factor structure (Physical and Emotional Abuse, Emotional Neglect, Sexual Abuse, and Physical Neglect) (Bernstein et al., 1994) or a five-factor structure (with the split of Physical and Emotional Abuse into two separate factors) (Bernstein et al., 1997). Subsequently, Bernstein et al. (2003) developed a 28-item version of the CTQ (CTQ-SF) in order to provide more rapid screening of abuse and neglect histories. The CTQ-SF has 25 items measuring five dimensions of abuse (Physical, Emotional, and Sexual Abuse) and neglect (Emotional Neglect, and Physical Neglect), and 3 items included in a Minimization/Denial validity scale. In their study, the authors used exploratory and confirmatory factor analyses (with maximum likelihood estimators) to derive five independent dimensions of abuse and neglect, but they were forced to add some non-hypothesized covariances among the error residuals of some items included in the same dimension, reflecting associations between items that are not accounted for by the latent factors (Bernstein et al., 2003; Thombs et al., 2007; Thombs et al., 2009). To date, the five-factor structure of the CTQ-SF has been only partially confirmed in cross-cultural studies (Thombs et al., 2009; Hernandez et al., 2013; Karos et al., 2014). Some studies have reported that not all the items loaded significantly on the hypothesized dimension (Thombs et al., 2009; Karos et al., 2014), while others reported different factor solution for cross-cultural versions of CTQ-SF (Gerdner and Allgulander, 2009; Grassi-Oliveira et al., 2014; Dudeck et al., 2015). Recently, Grassi-Oliveira et al. (2014) have suggested that the lack of structural invariance of the CTQ-SF in cross-cultural adaptations of the questionnaire could be related to problems in the original CTQ construction and not a weakness of the different language versions.

Considering the results presented above, and the fact that Italian versions of the CTQ-SF have been used in previous clinical studies (Pompili et al., 2014; Imperatori et al., 2015; Imperatori et al., 2016) without a proper investigation of their psychometric properties, the aim of our study was to investigate the factorial validity of an Italian version of the CTQ-SF in a sample of psychiatric inpatients as a first step for a cross-cultural validation of the questionnaire. Local information on reliability and validity of a cross-cultural adapted test is necessary to avoid the limitations associated with a use of the instrument in an applied context without the availability of local reliability and validity estimates (Gudmundsson, 2009). The lack of estimates for local reliability and validity of a measure reduces the possibility of reliably interpreting the findings from studies which use this instrument and the impossibility of comparing findings from international studies. In line with two previous studies (Grassi-Oliveira et al., 2014; Dudeck et al., 2015), we compared different models able to explain the structure of the CTQ-SF by means of confirmatory factor analysis: (1) the original five-factor model reported originally by Bernstein et al. (2003); (2) a five-factor model proposed by Gerdner and Allgulander (2009), in which the items CTQ2 and CTQ26 of the Physical neglect subscale were allocated to the Emotional neglect subscale; (3) a four-factor solution combining emotional and physical abuse (Lundgren et al., 2002); (4) a unidimensional model with all the items loading on a single factor (childhood trauma); and (5) a one construct–two method bi-factor model, in which each item loads on the same construct (childhood

trauma) and on one of the two factors defined by the items polarity (positive and negative polarity). If confirmatory factor analysis indicated the fit of one of the competing models, we reported statistics for this model. Otherwise we planned to investigate the factorial structure of the CTQ-SF by means of exploratory factor analysis.

2. Methods

2.1. Participants and procedure

The final sample was composed of 471 inpatients (206 males and 265 females) consecutively admitted between 2013 and 2015 either to the Department of Psychiatry of the Sant'Andrea University Hospital in Rome, Italy, or to the Via Plinio Adolescent Psychiatric Outpatient Clinic, part of the Rome E Territorial Psychiatric Services (see Table 1). Inclusion criteria were age of 16 and higher and admission in the time period indicated. Exclusion criteria were the presence of major disorders of the central nervous system (e.g., epilepsy, dementia, or Parkinson disease), and any condition affecting the ability to take the assessment, including delirium or denial of informed consent. Twenty-nine patients (5.5%) denied their informed consent and were excluded from the study. Furthermore, thirty patients (6.0%) provided missing information for one to three items of the CTQ-SF and were excluded from the final sample. Patients excluded from the study did not differ in sex and age from those included in the final sample. The mean age of the participants in the study was 34.4 years (SD=16.3; Range: 16–80 years). Most of the patients had been diagnosed with a mood disorder (48.5%; 19.5% bipolar disorder-I, 10.2% bipolar disorder-II, and 18.8% major depressive disorder) or psychosis (20.6%). Other diagnoses were anxiety disorders (8.6%), personality disorders (13.2%), substance abuse (1.2%), and other DSM-IV-TR specified disorders (including eating disorders, and dissociative disorders: 5.6%). Only, 2.3% of the sample had received no diagnosis.

Subjects were approached by senior fully qualified psychiatrists and psychologists in training who informed them about the aim of the study and explained how to fill-in the questionnaire.

Table 1
Characteristics of the sample (n=471).

	Adult in-patients (n=342)	Adolescent outpatients (n=129)	Test	Significance
Sex				0.01 ^a
Males	47.4%	34.1%		
Females	52.6%	65.9%		
Age – M(SD)	40.99 (14.62)	17.38 (1.31)	$t_{347.72}=29.25$	0.001
Diagnosis			$\chi^2_8=159.35$	0.001
None	0.0%	7.8%		
BD-I	23.5%	10.1%		
BD-II	14.2%	0.8%		
MDD	17.5%	21.7%		
Psychosis	27.8%	3.9%		
Anxiety disorders	1.7%	24.8%		
Substance abuse	1.3%	0.8%		
Other other-wise specified diagnoses	6.6%	3.1%		
Personality disorders	7.3%	27.1%		

^a One-way Fisher-exact test. BD-I = Bipolar Disorder type I; BD-II = Bipolar Disorder type II; MDD = Major Depressive Disorder.

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