

SEXUAL ABUSE TRAUMA AMONG PROFESSIONAL WOMEN: VALIDATING THE TRAUMA SYMPTOM CHECKLIST-40 (TSC-40)

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Abstract—This study examines the usefulness of the Trauma Symptom Checklist (TSC-40) in measuring the long-term sequelae of sexual abuse. In a national survey of 2,963 professional women, the TSC-40 was found to be reliable and to display predictive validity with regard to childhood sexual victimization. Women who reported a sexual abuse history scored significantly higher than did women with no history of abuse on each of the six subscales and on the overall TSC-40 score. Various aspects of childhood victimization were associated with the subscale scores, with the Sexual Abuse Trauma Index and Dissociation subscales being more sensitive to the specific components of the abuse.

Key Words—Sexual abuse, Trauma among professional women, Trauma Symptom Checklist-40.

INTRODUCTION

RECENT RESEARCH SUGGESTS that the negative psychological impact of childhood sexual abuse can persist well into adulthood. Among the long-term correlates of a sexual abuse history are "post-traumatic stress" symptoms such as nightmares, flashbacks, dissociation, and sleep disturbance (Briere & Runtz, 1987; Herman, 1981; Lindberg & Distad, 1985; Putnam, 1988); mood disturbance such as depression and anxiety (Bagley & Ramsay, 1986; Jehu, Gazan, & Klassen, 1984-85; Peters, 1988; Stein, Golding, Siegal, Burnam, & Sorenson, 1988); sexual problems (Briere & Runtz, 1990; Courtois, 1979; Maltz, 1988); and self-destructiveness (Briere & Zaidi, 1989; Sedney & Brooks, 1984).

Despite the many long-term impacts of childhood sexual victimization reported in the literature, the majority of instruments used in such research have been measures originally developed without reference to child abuse and thus potentially less sensitive to abuse-specific symptomatology. In response to the dearth of psychometrically acceptable abuse-specific tests, Briere and Runtz (1989) created the Trauma Symptom Checklist-33 (TSC-33) "a brief, abuse oriented instrument of reasonable psychometric quality that can be used in clinical research as a measure of traumatic impact, perhaps most notably (but not exclusively) in the area of long-term child abuse effects" (p. 153). The TSC-33 yields five subscale scores (Anxi-

Received for publication August 2, 1990; final revision received January 7, 1991; accepted February 28, 1991.

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ety, Depression, Dissociation, Post Sexual Abuse Trauma—hypothesized, and Sleep Disturbance) and a total scale score, and has been shown to demonstrate reasonable reliability and validity in the study of sexual abuse effects (Alter-Reid, 1989; Bagley, 1989; Briere & Runtz, 1989; Cole, 1986; Magana, 1990; Urquiza & Crowley, 1986; Williams, 1990).

There are, however, several potential shortcomings of the TSC-33: (a) There is no subscale to measure sexual difficulties, despite the prominence of such symptoms in adults molested as children; (b) the Sleep Disturbance subscale has relatively lower reliability ($\alpha = .66$), probably due to the smaller number of items in this subscale compared to other subscales; and (c) there is some ambiguity regarding the content validity of the “Post Sexual Abuse Trauma—hypothesized” (PSAT-h) subscale as a measure of sexual abuse trauma, *per se*. In partial response to these issues, Briere and Runtz (1989) introduced an experimental TSC-40, containing an additional seven-item “Sexual Problems” subscale and two additional items for the Sleep Disturbance subscale. Because of its recent development, however, information concerning the efficacy of the TSC-40 has yet to be published.

The current study provides the first available psychometric information on the TSC-40, both in terms of testing potential improvements over the TSC-33, and by generating comparison data on a large sample of nonclinical women not previously described in the abuse literature. The data were collected in a study of 2,963 professional women across the United States. As such, it represents an investigation of the long-term impacts of childhood sexual abuse as they specifically relate to a higher functioning sample of women. The nonclinical nature and the overall achievement level of these subjects, in terms of income, education, and professional status, allowed for a relatively conservative test of the abuse-effects hypothesis. One might expect that individuals with substantial abuse-related psychological disturbance would be less likely to function at the level required for professional careers, and thus would be underrepresented in this sample. Additionally, various studies have suggested that individuals with higher occupational or socioeconomic status are less prone to psychological disorder than those with few economic or social resources (Gibbs, 1980). Finding reliable sequelae of childhood sexual abuse in the present sample of professional women would provide strong support for the hypothesis that sexual abuse is a trauma-inducing process for many individuals, not just in clinical groups or among those experiencing significant social distress.

METHOD

As part of a study on childhood stressors and adult psychological adjustment in professional women (Elliott, 1990), a questionnaire was mailed to a stratified random sample of 6,000 professional women throughout the United States. Twelve careers were chosen based on Holland's (1973) typology of occupations (attorneys, certified public accountants, chemists, engineers, financial analysts, fine artists, microbiologists, musicians, nurse practitioners, occupational therapists, social workers, and statisticians), and 500 surveys were mailed to a random sample within each profession. The questionnaire included the TSC-40 and obtained information regarding the history and characteristics of childhood sexual abuse. Specific abuse characteristics investigated included: age at first abuse incident; duration and frequency of abuse; whether at least one incident involved oral, anal, or vaginal penetration; whether at least one incident involved sexual contact with a biological parent; whether any incident involved physical force or threat of harm; and subject's rating of how traumatic she perceived the abuse to have been. Of the potential 6,000 subjects, 613 were excluded due to the inadvertent inclusion of males or women no longer in the work force, or to the inability of the postal service to deliver mail to the potential subjects. Of the remaining women, 2,963 (55%) returned questionnaires in which the TSC-40 was completed and the subject had indicated the presence or absence of a history of childhood sexual abuse.

For the purpose of the present analysis, women were categorized as having a sexual abuse history if they described sexual contact (ranging from fondling to intercourse) before the age of 16 with someone five or more years their senior. On the basis of this definition, 761 women (26.9%) of this sample were designated sexual abuse survivors.

Based on a concern noted earlier, that the PSAT-h subscale might not adequately tap sexual abuse trauma, one of the items from the new Sexual Problems scale thought to be especially common to sexual abuse survivors (“Bad thoughts or feelings during sex”) was added to the PSAT-h. In order to allow discrimination between the regular PSAT-h and this augmented version, the resultant subscale will be referred to hereafter as the Sexual Abuse Trauma Index (SATI).

Statistical analysis of the TSC-40 relative to sexual abuse history proceeded in several stages: (a) cross tabulation of the demographic variables with sexual abuse, (b) reliability analysis of the TSC-40 and its subscales, (c) correlation of the TSC-40 scores with demographic variables, (d) discriminant analysis and univariate *t*-test using the TSC-40 subscales and total score to predict sexual abuse history, and (e) correlation of abuse characteristics with the TSC-40 scores among women with a self-reported sexual abuse history.

RESULTS

Demographics and Sexual Abuse History

The average age of women in this sample was 41.7 years ($SD = 10.1$), the modal relationship status was married (66%), and the modal race was Caucasian (92%). Most subjects had a master's degree or higher (82%), and the modal family income for this sample was \$45,000–\$69,999 (27%). Of 2,833 women in this study, 761 (26.9%) reported a history of sexual abuse (i.e., sexual contact with someone five or more years their senior prior to the age of 16). As presented in Table 1, most demographic variables did not vary according to sexual abuse history in this sample. There was, however, a marital status difference between abused and nonabused women ($\chi^2(3, N = 2819) = 8.78, p < .05$), with a higher proportion of divorcees among sexually abused women.

TSC-40 Subscales and Total Score

Presented in Table 2 are psychometric data for the TSC-40 subscales and total score, across abuse status. These results indicate that (a) the new Sexual Problems subscale displays reasonable reliability ($\alpha = .73$); (b) the additional two items appear to have increased the internal consistency of the Sleep Disturbance subscale ($\alpha = .77$); (c) the addition of the single item “bad thoughts or feelings during sex” to the six PSAT-h items resulted in a reliability of $\alpha = .62$ for the SATI; and (d) the total TSC-40 score, like the TSC-33, is highly reliable ($\alpha = .90$).

Analysis of variance revealed no association between the TSC-40 total score and education level, marital status, or race. However, TSC-40 total scores were negatively correlated with age ($r = .17, p < .001$) and income ($r = .07, p < .01$).

Discriminant analysis indicated that TSC-40 subscale scores were highly significant discriminators of sexually abused versus nonabused subjects, [$F(6, 2831) = 18.45, p < .0001$]. Discriminant structure coefficients and post hoc univariate *t*-tests both revealed that Anxiety, Depression, Dissociation, Sexual Abuse Trauma Index, Sexual Problems, and Sleep Disturbance subscale scores were each significantly higher for sexually abused women than for those with no sexual abuse history (see Table 2). Similarly, the total TSC-40 score was significantly greater for abused than nonabused subjects.

Table 1. Demographic Differences Between Sexually Abused and Nonabused Professional Women

Variable	<i>N</i>	No Sexual Abuse	Sexual Abuse
Age		<i>M</i> = 41.6	<i>M</i> = 42.3
$t(N = 2829) = 1.80, ns$		<i>SD</i> = 10.3	<i>SD</i> = 9.6
Education			
$\chi^2(3, N = 2829) = 3.23, ns$			
sub-Bachelor's degree	34	1.2%	1.3%
Bachelor's degree	491	17.4%	17.4%
Master's degree	1739	60.8%	63.3%
Doctoral degree	565	20.7%	18.0%
Race			
$\chi^2(4, N = 2826) = 3.95, ns$			
American Indian	8	.2%	.4%
Asian	75	2.8%	2.4%
Black	70	2.2%	3.3%
Caucasian	2639	93.7%	92.5%
Hispanic	34	1.1%	1.4%
Marital Status			
$\chi^2(3, N = 2819) = 8.78, p < .05$			
Never married	543	19.9%	17.5%
Currently married	1866	66.4%	65.7%
Currently divorced	367	12.0%	15.7%
Widowed	43	1.7%	1.1%
Family Income			
$\chi^2(5, N = 2817) = 6.70, ns$			
<\$15,000	37	1.2%	1.6%
\$15,000–24,999	107	4.0%	3.3%
\$25,000–44,999	628	22.0%	23.0%
\$45,000–69,999	760	26.3%	28.8%
\$70,000–99,999	647	22.7%	23.6%
≥\$100,000	638	23.7%	19.8%

As indicated in Table 2, the effect size (*d*) for the TSC-40 total score was .45. Using the normal distribution procedure outlined by Wolf (1986), this statistic indicates that the average sexual abuse survivor in this study had a higher TSC-40 score than approximately 68% of nonabused subjects.

Table 2. TSC-40 Scale and Subscale Statistics and Differences Between Sexually Abused and Nonabused Professional Women

Scale	Statistics for Total Sample (<i>N</i> = 2,833)			No Sexual Abuse (<i>N</i> = 2,072)		Sexual Abuse (<i>N</i> = 761)		Statistics for Tests of Abuse/No Abuse Differences			
	<i>M</i>	(<i>SD</i>)	α	<i>M</i>	(<i>SD</i>)	<i>M</i>	(<i>SD</i>)	<i>t</i>	<i>p</i> <	<i>d</i> ^a	<i>c</i> _b
Anxiety	4.05	(2.77)	.66	3.80	(2.7)	4.74	(3.0)	8.10	.0001	.34	.71
Depression	6.07	(3.33)	.70	5.74	(3.3)	6.98	(3.4)	8.91	.0001	.38	.79
Dissociation	2.53	(2.12)	.64	2.35	(2.1)	3.05	(2.2)	7.91	.0001	.33	.70
Sexual Abuse Trauma Index	2.70	(2.26)	.62	2.44	(2.1)	3.43	(2.5)	10.49	.0001	.45	.93
Sexual Problems	4.10	(3.12)	.73	3.77	(3.0)	5.02	(3.4)	9.52	.0001	.40	.84
Sleep Disturbance	5.25	(3.06)	.77	5.03	(3.0)	5.84	(3.1)	6.24	.0001	.27	.55
TSC-33 ^c	17.84	(9.49)	.88	16.75	(9.1)	20.80	(10.0)	10.20	.0001	.43	NA ^d
TSC-40	22.28	(11.59)	.90	20.91	(11.1)	26.02	(12.1)	10.60	.0001	.45	NA ^d

^a Effect size estimate (Cohen, 1977).

^b Discriminant structure coefficients, considered meaningful if *c* ≥ .35.

^c Data on TSC-33 presented for comparison purposes only.

^d Not applicable—only subscale scores included in discriminant analysis.

Table 3. Correlation Between Abuse Characteristics and TSC-40 Subscales

Variable	Anxiety	Depression	Dissociation	Sexual Abuse Trauma Index	Sexual Problems	Sleep Disturbance	TSC-40
Number of Abusers	.03	.01	.08*	.09*	.05	-.03	.04
Age of First Abuse	-.08*	-.11**	-.09*	-.11**	-.06	-.09*	-.11*
Duration of Abuse	.09*	.06	.10*	.11*	.06	.06	.09*
Frequency of Abuse	.11*	.09*	.06	.10*	.10*	.05	.11**
Parental Incest	.07	.05	.12**	.11*	.09*	.04	.10*
Abuse Included							
Penetration	.01	-.01	.04	.03	.04	.00	.03
Abuse Involved							
Physical Force	.02	.00	.06	.02	.00	.06	.02
Abuse Involved							
Threat of Harm	.05	.07	.09*	.09*	.06	.08	.07
How Traumatic Abuse Perceived to be by Victim	.15**	.12**	.13**	.16**	.16**	.07	.16**

* $p < .01$; ** $p < .001$.

Abuse Characteristics and TSC-40 Scores

Within the subsample of sexually abused women, the average age at first molestation was 9.3 years ($SD = 3.5$). The duration of abuse ranged from 1 day to 14 years, with 32% of the women reporting a one-time incident of abuse. The modal number of abusers per victim was 1 (range = 1 to 11). Of all former victims, 14% reported molestation by a biological parent, 61% reported some form of intrafamilial sexual abuse, 12% experienced physical force during the abuse, and 24% had been anally, orally, or vaginally penetrated at some point during the molestation.

As presented in Table 3, a number of abuse characteristics were significantly correlated with TSC-40 scores, although the size of the association was typically small. Most frequently related to symptomatology were victimization at an especially early age, greater duration of abuse, higher frequency of abuse, parental incest and, most significantly, abuse perceived by the subject as having been especially traumatic. The TSC-40 subscales most associated with abuse characteristics were Dissociation and Sexual Abuse Trauma Index.

DISCUSSION

The findings of this study are congruent with most other research in this area regarding the long-term psychological impacts of childhood sexual abuse. Women who had been molested as children reported more anxiety, depression, dissociation, sexual problems, sleep disturbance, and post-traumatic symptoms than did their nonabused peers, and were more likely to have been divorced at the time of the study. The strength of these associations, and their presence in a high functioning nonclinical sample, suggests the ubiquity of abuse-related symptomatology in the general population.

The current data provide support for the psychometric validity of the TSC-40, and suggests that those changes to the TSC-33 found in the TSC-40 were relatively successful. The TSC-40 scale is reliable, and discriminates well between sexually abused and nonabused subjects. The Sleep Disturbance scale appears to have benefitted from the addition of the two items, given its current alpha of .76—an improvement over the previously cited alpha of .66 in Briere and Runtz's (1989) original clinical group of women.

The new Sexual Problems subscale also appears to be reasonably reliable, and discriminates well between women with a sexual abuse history and their nonabused peers. This finding is consistent with the existing body of research indicating that sexual problems are a significant part of the symptomatology seen in adult women with a history of sexual abuse (Briere & Runtz, 1990; Jehu, Gazan, & Klassen, 1984–85; Maltz, 1988). Interestingly, although this new scale varies between groups, the correlation between the TSC-33 (which has no Sexual Problems subscale) and the TSC-40 is .99. This suggests that although sexual problems are an important element of post-sexual abuse symptomatology, they tend to covary with those aspects previously measured by the TSC-33.

The performance of the Sexual Abuse Trauma Index (formerly the PSAT-h) in this study supports its use as a measure of traumatic sexual abuse impacts. Despite its relatively lower reliability compared to the other subscales (reflective, in part, of the intentional heterogeneity of items it contains), this 7-item measure was most closely associated with a history of sexual abuse of all the TSC-40 subscales. As reflected by the discriminant structure coefficient, SATI was highly correlated ($r = .92$).^{*} With the overall discriminant function, indicating that its overlap with the combination of subscales optimally discriminating sexually abused from nonabused women in the present study exceeded 86%. Based upon a comparison of effect size estimates, SATI was equivalent to the total TSC-40 in terms of its responsiveness to sexual abuse history (see Table 2).

Interestingly, each of the subscales that remained unchanged from the TSC-33 to the TSC-40 displayed slightly lower internal consistency in the current sample than they did in Briere and Runtz's (1989) original clinical group of women. As indicated by Anastasi (1988), cross-sample fluctuations in alpha coefficients are not unusual for psychological tests, with more heterogenous samples usually resulting in higher reliability estimates. In the current instance, subscale scores were considerably more heterogenous in Briere and Runtz's clinical sample (mean subscale standard deviation of 4.56) than in the present sample of professional women (mean standard deviation of 2.67 for the same subscales).

At least three noteworthy patterns emerge from the correlation analysis within the sexually abused group. They are: (a) the relatively low magnitude of the associations between abuse characteristics and TSC subscale scores; (b) the prominence of early abuse, frequent and extended abuse, parental incest, and perceptions of trauma as predictors of TSC subscales; and (c) the tendency for Dissociation and SATI to be most closely associated with abuse characteristics.

The significant, yet modest, correlations between abuse variables and symptomatology are similar to those found in other nonclinical studies (e.g., Briere & Runtz, 1988). They suggest that although certain aspects of molestation may be more traumatic than others, the passage of time and/or the overriding impact of having been abused, per se, may obscure most differential abuse effects, perhaps especially within a nonclinical population. Nevertheless, the current data highlight the potentially traumagenic nature of molestation at an especially early age, extended and frequent abuse, and incest by a biological parent, as has been found in other studies (Herman, 1981; Meiselman, 1978; Russell, 1986). The significant correlations between specific aspect of the victimization and the SATI and Dissociation subscales further suggest that these measures are most sensitive to the specific traumatic components of sexual abuse, and may, in fact, be indicators of a form of abuse-related post-traumatic stress.

Aspects of the current study that most discriminate it from other sexual abuse research in this area are the large number of subjects studied, the nonclinical and nonforensic nature of the sample, and the relatively high level of social and occupational functioning of the subjects.

^{*} Discriminant structure coefficients (c) represent the correlation between a given variable and the entire discriminant function. Thus, $c = r$ in the present context.

The size of the sample (the largest published abuse effects study known to the authors) made substantially more robust the multivariate and univariate statistical tests employed, both in terms of viable subjects-to-variables ratios (thereby decreasing capitalization on error variance) and the overall statistical power available to detect real differences and associations.

Finding reliable sequelae in the present sample indicates that sexual abuse is a trauma-inducing process, not only for individuals in clinical groups or among those experiencing social distress, but also for those in the professional strata of society. Although higher socioeconomic status may serve as a buffer against certain forms of stress (e.g., those associated with poverty or diminished psychosocial resources), the long-term impacts of childhood sexual abuse appear to be present in all classes of society.

Limitations of the current study include its use of volunteer subjects. Of the initial women asked to participate in the study, 45% chose not to do so. Thus, these findings may be generalizable to all professional women only to the extent that the current sample adequately represents that population.

Although the current study used a discriminant approach to validating the TSC-40, the authors of this scale did not intend it to be used as a "litmus test" of the presence of absence of a sexual abuse history, per se (Briere & Runtz, 1989). Rather, the elaborations upon the original TSC-33 were in the service of developing useful and reliable subscales, so that the specific pattern of disturbance in trauma victims could be determined. Additionally, as was true of the TSC-33, the TSC-40 is not intended to be a clinical instrument; it was developed as a research measure to aid in the study of victimization impacts.* The present study provides support for the success for this endeavor, specifically in terms of evaluating the long-term effects of sexual molestation. Further research is indicated regarding the effectiveness of this measure in the evaluation of other forms of trauma, as well as its usefulness with individuals of lower socioeconomic status.

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* The second author has developed a longer and more detailed version of this measure (The Trauma Symptom Inventory; Briere, 1990) that, upon successful validation, may be appropriate for general clinical use in the assessment of trauma victims.

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Résumé—Cette étude examine l'utilité d'une liste de contrôle, appelée Trauma Symptom Checklist (TSC-40) dans l'évaluation des séquelles à long-terme de l'abus sexuel. Dans une étude nationale concernant 2963 femmes professionnelles, la TSC-40 s'est avérée fiable et a montré une valeur prédictive dans les cas de victimisation sexuelle au cours de l'enfance. Les femmes rapportant des antécédents d'abus sexuel ont marqué significativement plus de points que les femmes ne rapportant pas d'antécédents d'abus et ceci pour chaque sous-échelle et pour la liste TSC-40 dans son ensemble. Des aspects divers de victimisation infantile étaient associés avec les scores des sous-échelles, l'index traumatique en rapport avec l'abus sexuel (Sexual Abuse Trauma Index) et les échelles de dissociation étant les plus sensibles aux composantes spécifiques de l'abus.

Resumen—Este estudio examina la utilidad del "Trauma Symptom Checklist (TSC-40) para medir las secuelas a largo plazo del abuso sexual. En una encuesta nacional con 2,963 mujeres profesionales, el TSC-40 resultó ser confiable y demostró validez predictiva en relación con la victimización sexual en la niñez. Las mujeres que reportaron una historia de abuso sexual obtuvieron puntajes significativamente más altos que las mujeres sin historia de abuso en cada una de las seis subescalas y en el puntaje total del TSC-40. Diversos aspectos de la victimización en los niños fueron asociados con los puntajes de las subescalas, con el Indicador de Abuso Sexual y las subescalas de Disociación fueron las más sensibles a los componentes específicos del abuso.