

The logo for TSCC (Trauma Symptom Checklist for Children) features the letters 'TSCC' in a bold, teal, sans-serif font. The text is enclosed in a white rectangular box with a thin black border. This box is set against a dark purple, angular background element that resembles a stylized arrow or a corner of a square.

Trauma Symptom Checklist
for Children™

The logo for TSCYC (Trauma Symptom Checklist for Young Children) features the letters 'TSCYC' in a bold, green, sans-serif font. The text is enclosed in a white rectangular box with a thin black border. This box is set against a dark blue, angular background element that resembles a stylized arrow or a corner of a square.

Trauma Symptom Checklist
for Young Children™

TSCC Screening Form and TSCYC Screening Form

English and Spanish Versions Technical Paper

John Briere, PhD

Jeffrey N. Wherry, PhD

Introduction

The Trauma Symptom Checklist for Children (TSCC; Briere, 1996) and the Trauma Symptom Checklist for Young Children (TSCYC; Briere, 2005) are reliable and valid measures of trauma symptoms that are widely used with children and adolescents. The TSCC evaluates self-reported trauma symptoms in children ages 8 to 16 years, with minor normative adjustments for 17-year-olds. The TSCYC assesses symptoms in children ages 3 to 12 years via parent/caretaker report.

The TSCC and the TSCYC are intended for use in the evaluation of children who have experienced traumatic events, including childhood physical and sexual abuse, victimization by peers (e.g., physical or sexual assault), major losses, witnessing violence done to others, and natural disasters. Historically, decisions to refer these children for mental health services have relied less on assessment or screening and more on the severity of the abuse or some emotional response by the child during the forensic interview (Wherry, Huey, & Medford, 2015).

Although the treatment referral process may include some form of clinical evaluation, intake interviews are not standardized, are relatively subjective in nature, and require that the interviewer has sufficient training and experience in symptom detection. In response, using normed psychological tests helps determine whether a child or youth is experiencing clinically significant psychological disturbance. However, the time involved in administering and scoring these tests often precludes their use in settings where large numbers of children are seen over relatively short periods of time. For this reason, there is a need for practitioners in the field to incorporate standardized screening measures, followed by thorough evaluations of those prescreened with symptoms, to assist in the treatment referral process.

Based on this critical need for psychometrically acceptable measures that assess trauma quickly, the TSCC Screening Form and the TSCYC Screening Form, derived from the TSCC and the TSCYC, have been developed. This technical paper describes the administration, scoring, and interpretation of these screening forms as well as their development and evidence for reliability and validity. For more information about the full versions of the TSCC and the TSCYC, refer to their professional manuals (Briere, 1996, and Briere, 2005; respectively).

There is a need for practitioners in the field to incorporate standardized screening measures, followed by thorough evaluations of those prescreened with symptoms, to assist in the treatment referral process.

Development of the TSCC and TSCYC Screening Forms and Spanish Versions

Selecting Items for the TSCC and the TSCYC Screening Forms

The TSCC and TSCYC screening forms were created by selecting the subset of items from the TSCC and the TSCYC that best predicted overall trauma and sexual-related symptomatology within their respective normative samples.

Specifically, items were selected from the full TSCC or TSCYC that, based on analyses of the normative samples, (1) were among the best multivariate predictors of that measure's Posttraumatic Stress scale

score (Posttraumatic Stress-Total scale, in the case of the TSCYC) and Sexual Concerns scale score, using stepwise multiple regression analyses; (2) maximized alpha reliability; (3) represented the scale content domain well; (4) contained at least one suicide risk item; and, (5) when totaled, were highly correlated (i.e., $r > .90$) with the full TSCC or TSCYC scale.

TSCC Screening Form

Derived from the TSCC, the TSCC Screening Form consists of two subscales: General Trauma (GT), with 12 items, and Sexual Concerns (SC), with 8 items. The SC subscale is scored separately from the GT subscale because sexual symptoms are somewhat specific to childhood sexual abuse, whereas nonsexual symptoms reflect general abuse-related impacts. In addition, there may be instances in which parental consent is not given for administration of SC items, in which case the GT scale can be administered alone.

TSCYC Screening Form

Derived from the TSCYC, the TSCYC Screening Form consists of two subscales: General Trauma (GT), with 12 items, and Sexual Concerns (SC), with 8 items. As with the TSCC Screening Form, the SC subscale is scored separately from the GT subscale because sexual symptoms are somewhat specific to childhood sexual abuse, whereas nonsexual symptoms reflect general abuse-related impacts.

The TSCC Spanish Screening Form and the TSCYC Spanish Screening Form

In order to facilitate administration of the TSCC and TSCYC screening forms in Spanish, TSCC and TSCYC Spanish screening forms were created from the full versions of the TSCC and TSCYC Spanish versions, respectively. The initial translations of the full versions of the TSCC and TSCYC were created by researchers using them with Spanish-speaking populations. Next, the researchers developed a back-translation (i.e., Spanish items were translated back into English). Three independent bilingual judges, including two school psychologists, reviewed the translation and the back-translation and compared it to the original English forms. After several rounds of review, final wording decisions were made and the screening forms were finalized.

The TSCC and TSCYC screening forms are derived from reliable and valid measures of trauma.

Administration and Scoring

Appropriate Populations

The TSCYC Screening Form is appropriate for children ages 3 to 12 years, and the TSCC Screening Form for those ages 8 to 17 years. If the child is between the ages of 8 and 12 years, both the TSCC and TSCYC screening forms should be administered, when possible. When, for any reason, only one screening form can be administered for an 8- to 12-year-old, the clinician should determine who is likely to be the better respondent—the child or the (nonabusive) caretaker—and administer the appropriate screening form to that person. Notably, however, clinical experience suggests that some children report relatively low levels of symptomatology soon after disclosure of abuse on psychological tests, only to endorse more symptoms later in time, typically after some level of treatment has occurred. When this occurs, it may represent the child's need to address the chaos and distress associated with having reported (or having had others report) child abuse by engaging in denial, dissociation, or other avoidance. In contrast, clinical experience suggests that nonabusive/non-neglectful parents' or caretakers' reports of symptoms (e.g., on the TSCYC Screening Form or the TSCYC) are usually not suppressed early in the

disclosure process. For this reason, we recommend that when only one screening form can be administered, and the 8- to 12-year-old child denies symptoms in the forensic interview, the TSCYC Screening Form specifically be administered.

Professional Requirements

The TSCC and TSCYC screening forms are S-level tests, meaning that they should be interpreted by an individual who (a) possesses a degree, certificate, or license to practice in a health care profession or occupation, including (but not limited to) the following: medicine, neurology, nursing, occupational therapy and other allied health care professions, physician's assistants, psychiatry, or social work, and (b) has had appropriate training and experience in the ethical administration, scoring, and interpretation of clinical behavioral assessment instruments.

Because PAR, the publisher of the TSCC and TSCYC screening forms, designates them as special purpose measures, all Child Advocacy Center (CAC) and other PAR-approved setting staff *who are appropriately screened, trained, and supervised* can administer the TSCC Screening Form and the TSCYC Screening Form, score them, and apply cutoff scores to identify children or adolescents who require further assessment or treatment.

Required training for use of the TSCC and TSCYC screening forms by non-S-level personnel includes individual or group instruction and practice on the ethical administration, scoring, and application of TSCC and TSCYC screening form cutoff scores. Supervisors of staff using TSCC or TSCYC screening forms must either (1) be licensed to administer and interpret psychological tests in their state or province, or (2) be licensed in their mental health discipline and have received individual or group instruction and practice on the ethical administration, scoring, and application of TSCC and TSCYC screening form cutoff scores.

Administration

Materials required for administration are the TSCC Screening Form Answer Sheet or the TSCYC Screening Form Rating Sheet, pen or pencil, and a flat surface on which the respondent can write. The TSCC and TSCYC screening forms can also be administered in Spanish using the TSCC Spanish Screening Form or the TSCYC Spanish Screening Form. All forms can be administered in either individual or group testing situations. The testing environment should be relatively quiet, free from distraction, and adequately illuminated. When administering the TSCC or TSCYC screening forms to groups, the environment should be arranged to protect the privacy and confidentiality of each individual's responses.

Scoring

To score the TSCC and TSCYC screening forms, tear off the perforated strip along the side of the completed form and peel away the top sheet to reveal the scoring sheet beneath. Demographic information and the rater's responses are reproduced on the carbonless scoring sheet. The scoring sheet is used to calculate the General Trauma (GT) raw score and the Sexual Concerns (SC) raw score. For each item, transfer the circled item score to the corresponding line. Next, sum the item scores for Items 1-12 to obtain the GT raw score, and enter this score

in the appropriate box. Sum the item scores for Items 13-20 to obtain the SC raw score, and enter this score in the appropriate box. Plot the raw scores on the screening form profile by marking an X on the corresponding tick mark as appropriate for the child's gender and age. Scores in the shaded area indicate an elevated score on the scale and warrant further assessment. Percentiles and base rates are provided for TSCC Screening Form raw scores and TSCYC Screening Form raw scores in Appendix A and Appendix B, respectively. See Figures 1 and 2 for examples of completed TSCC and TSCYC screening form scoring sheets.

Missing Responses

There may be instances when not all of the items on the TSCC or TSCYC screening forms have been completed. Examine the scoring sheet for unanswered items. The respondent should be asked to complete the missing items, if possible. To generate a valid GT or SC raw score, there can be no more than *one* missing item response. If the respondent is unable to complete the item with the missing response, assign it a score of 0 when calculating the raw scores on the TSCC Screening Form. Assign it a score of 1 when calculating the raw scores on the TSCYC Screening Form.

Cutoff Scores for TSCC and TSCYC Screening Form Scales

The clinical cutoff scores for TSCC and TSCYC screening form scales are set at one standard deviation above the mean rather than the higher clinical cutoff scores for the full TSCC and TSCYC scales (one and a half standard deviations above the mean, indicating possible concerns; and two standard deviations above the mean, indicating clinical significance). This decision was based on applied psychometric theory: relative to full clinical instruments, screening tests generally should be best at identifying individuals who are at risk as opposed to correctly identifying all of those who are not. In this regard, it is better to misidentify a small number of abused children as symptomatic on the TSCC or TSCYC screening form rather than *not* identify a symptomatic abused child who could be helped by treatment.



Screening Form

John Briere, PhD

Scoring Sheet

Name: Bruce Age: 12 Gender: Male Female Date: 04/14/16

Scoring Instructions: For each item, transfer the circled item score to the corresponding line. Next, sum the item scores for Items 1-12 to obtain the General Trauma (GT) raw score, and enter this score in the appropriate box. Sum the item scores for Items 13-20 to obtain the Sexual Concerns (SC) raw score, and enter this score in the appropriate box. Plot the raw scores on the TSCC Screening Form profile by marking an X on the corresponding tick mark as appropriate for the child's gender and age. Scores in the shaded area indicate an elevated score on the scale and warrant further assessment.

* If **Item 6** (suicidality) is endorsed as Sometimes, Lots of times, or Almost all of the time, referral for further assessment is warranted.

TSCC Screening Form profile								
Males				Raw score	Females			
8-12 yrs.		13-17 yrs.			8-12 yrs.		13-17 yrs.	
GT	SC	GT	SC	GT	SC	GT	SC	
				36	24			
				35	23			
				34	22			
				33	21			
				32	20			
				31	19			
				30	18			
				29	17			
				28	16			
				27	15			
				26	14			
				25	13			
				24	12			
				23	11			
				22	10			
				21	9			
				20	8			
				19	7			
				18	6			
				17	5			
				16	4			
				15	3			
				14	2			
				13	1			
				12	0			
				11				
				10				
				9				
				8				
				7				
				6				
				5				
				4				
				3				
				2				
				1				
				0				

	Never	Some-times	Lots of times	Almost all of the time	
1.	0	1	②	3	<u>2</u>
2.	0	①	2	3	<u>1</u>
3.	0	1	2	③	<u>3</u>
4.	0	1	2	③	<u>3</u>
5.	0	1	2	③	<u>3</u>
6.	①	1*	2*	3*	<u>0</u>
7.	0	1	2	③	<u>3</u>
8.	0	1	②	3	<u>2</u>
9.	0	1	2	③	<u>3</u>
10.	0	1	2	③	<u>3</u>
11.	0	1	②	3	<u>2</u>
12.	0	1	②	3	<u>2</u>
General Trauma (GT) raw score					<u>27</u>
13.	0	①	2	3	<u>1</u>
14.	①	1	2	3	<u>0</u>
15.	①	1	2	3	<u>0</u>
16.	0	①	2	3	<u>1</u>
17.	①	1	2	3	<u>0</u>
18.	①	1	2	3	<u>0</u>
19.	①	1	2	3	<u>0</u>
20.	①	1	2	3	<u>0</u>
Sexual Concerns (SC) raw score					<u>2</u>

Figure 1. Example of a completed TSCC Screening Form scoring sheet.



Screening Form

John Briere, PhD

Scoring Sheet

Date: 06/26/16

Child's name: Sarah Child's gender: Male Female Child's race: Caucasian
 Child's age: 10 Child's living situation: Home Residential center Other (describe) _____
 Rater's name: Sylvia Rater's gender: Male Female
 Rater's relationship to child: Biological parent Adoptive parent Foster parent Other legal guardian
 Residential childcare worker Other (describe) _____

Scoring Instructions: For each item, transfer the circled item score to the corresponding line. Next, sum the item scores for Items 1-12 to obtain the General Trauma (GT) raw score, and enter this score in the appropriate box. Sum the item scores for Items 13-20 to obtain the Sexual Concerns (SC) raw score, and enter this score in the appropriate box. Plot the raw scores on the TSCYC Screening Form profile below by marking an X on the corresponding tick mark as appropriate for the child's gender and age. Scores in the shaded area indicate an elevated score on the scale and warrant further assessment.

*If Item 10 (suicidality) is endorsed as Sometimes, Often, or Very often, referral for further assessment is warranted.

TSCYC Screening Form profile															
Males						Raw score				Females					
3-4 yrs.		5-9 yrs.		10-12 yrs.		GT		SC		3-4 yrs.		5-9 yrs.		10-12 yrs.	
GT	SC	GT	SC	GT	SC	GT	SC	GT	SC	GT	SC	GT	SC	GT	SC
						48	32								
						47	31								
						46	30								
						45	29								
						44	28								
						43	27								
						42	26								
						41	25								
						40	24								
						39	23								
						38	22								
						37	21								
						36	20								*
						35	19								
						34	18								
						33	17								
						32	16								
						31	15								
						30	14								
						29	13								
						28	12								
						27	11								
						26	10								
						25	9								
						24	8								
						23									
						22									
						21									
						20									
						19									
						18									
						17									
						16								*	
						15									
						14									
						13									
						12									

	Not at all	Some-times	Often	Very often	
1.	1	②	3	4	<u>2</u>
2.	①	2	3	4	<u>1</u>
3.	1	②	3	4	<u>2</u>
4.	①	2	3	4	<u>1</u>
5.	①	2	3	4	<u>1</u>
6.	①	2	3	4	<u>1</u>
7.	①	2	3	4	<u>1</u>
8.	1	②	3	4	<u>2</u>
9.	①	2	3	4	<u>1</u>
10.	①	2*	3*	4*	<u>1</u>
11.	1	②	3	4	<u>2</u>
12.	①	2	3	4	<u>1</u>
General Trauma (GT) raw score					<u>16</u>
13.	1	2	3	④	<u>4</u>
14.	1	2	③	4	<u>3</u>
15.	1	②	3	4	<u>2</u>
16.	①	2	3	4	<u>1</u>
17.	①	2	3	4	<u>1</u>
18.	1	2	③	4	<u>3</u>
19.	1	②	3	4	<u>2</u>
20.	1	2	3	④	<u>4</u>
Sexual Concerns (SC) raw score					<u>20</u>

Figure 2. Example of a completed TSCYC Screening Form scoring sheet.

Notably, even a single reported symptom on the SC subscale of the TSCYC Screening Form triggers a positive screening decision for 3- to 4-year-old females. The normative caretaker response is not to report any sexual symptoms whatsoever for this group of children. Although this level of endorsement might appear minor, the normative data for this scale indicate that it is quite rare for parents or caretakers of very young children to report any sexual symptoms on the TSCYC Screening Form, suggesting a risk of significant abuse effects. Further, even in the event that this endorsement is in error or a misinterpretation of the child's behavior, the frequent link between early sexual symptoms and significant sexual abuse-related disturbance warrants additional testing and clinical evaluation to ensure the child's safety and potential access to treatment.

As indicated in Figures 1 and 2, scores on TSCC and TSCYC screening form scales that are elevated into the *shaded area* of the relevant screening form profile section for a given gender by age combination represent a clinical level of concern

and should be identified as a *positive* risk on that scale. Scores in the *nonshaded area* of Figures 1 and 2 should be designated as a *negative* risk, although other, nonpsychometric (e.g., interview-based) information indicating risk should override this determination. If the child has any TSCC or TSCYC screening form scale

Relative to full clinical instruments, screening tests generally should be best at identifying individuals who are at risk as opposed to correctly identifying all of those who are not.

scores in the shaded area, refer him or her for further assessment and treatment. In any case, immediate clinical referral should occur if the suicidality item is endorsed on either screening form at any level (Item 6 for the TSCC Screening Form; Item 10 for TSCYC Screening Form). For this reason, we recommend that the completed assessments should

be examined immediately to determine if there are any self- or caretaker-reports of suicidality in the child.

Specific screening scale cutoff scores for boys and girls of different age groups are presented in Tables 1 and 2. Percentiles and base rates are provided for TSCC Screening Form raw scores and TSCYC Screening Form raw scores in Appendix A and Appendix B, respectively. Cutoff scores, percentiles, and base rates were derived from TSCC and TSCYC normative data. For more information about these samples, see the Descriptive and Normative Information section of this technical paper.

Inclusion of 17-Year-Olds

Note that the TSCC Screening Form can be administered to 17-year-olds. The scores of the 17-year-olds in the TSCC normative sample are now formally included in what was formerly the 13- to 16-year-old normative subgroup, allowing direct evaluation of these youth's scores on the TSCC Screening Form. As a result, the normative subgroups for the TSCC Screening Form are ages 8 to 12 years and ages 13 to 17 years.

**Table 1
Cutoff Scores for the TSCC Screening Form**

TSCC Screening Form Raw Score	Males		Females	
	Ages 8-12 years	Ages 13-17 years	Ages 8-12 years	Ages 13-17 years
General Trauma (GT)	≥16	≥14	≥16	≥18
Sexual Concerns (SC)	≥5	≥6	≥3	≥4

**Table 2
Cutoff Scores for the TSCYC Screening Form**

TSCYC Screening Form Raw Score	Males			Females		
	Ages 3-4 years	Ages 5-9 years	Ages 10-12 years	Ages 3-4 years	Ages 5-9 years	Ages 10-12 years
General Trauma (GT)	≥21	≥22	≥24	≥17	≥19	≥21
Sexual Concerns (SC)	≥10	≥10	≥12	≥9	≥10	≥12

Interpretation

The Meaning of a Positive Screening Outcome

As opposed to the full TSCC and the full TSCYC, the TSCC and TSCYC screening forms do not include scales that tap specific symptom domains. Instead, they indicate whether a child endorses significant general trauma symptoms and/or significant sexual concerns. Further, because these screening forms yield dichotomous (positive versus negative) scores, the absolute level of symptomatology in any specific area cannot be inferred. Thus, the child's specific screening scale score should *not* be used to make clinical decisions about symptom severity, including whether to refer for treatment. Only the screening cutoff score should inform this determination.

If a child screens positive on one or more TSCC or TSCYC screening form scales, it does not inevitably mean that he or she is clinically affected by abuse, only that he or she is likely to be. Other possibilities for positive screening may include: (1) the symptoms endorsed are due to a different trauma or adverse event; (2) the child has sufficient symptomatology to be screened as positive, but his or her actual symptom levels do not rise to the level of clinical impairment or concern; and/or (3) the child is overreporting symptoms, for whatever reason—a possibility that can only be evaluated with the full TSCC or TSCYC, both of which include underreporting and overreporting validity scales.

The Meaning of a Negative Screening Outcome

Importantly, a negative screening result from the TSCC or the TSCYC screening form does *not* mean that the child is asymptomatic and not in need of treatment, only that he or she (or his or her caretaker) did not endorse significant levels of symptomatology on these measures. If an interview indicates concerning symptomatology, the child should be referred for additional assessment—and likely treatment—even if he or she does not screen positive on any of the TSCC or TSCYC screening form scales. As noted earlier, some children deny symptoms during an interview because they feel overwhelmed, want to avoid the emotional activation that sometimes follows symptom report, or are denying symptoms in the hope that not reporting abuse or its effects will pacify the abuser or prevent family disruption (Elliott & Briere, 1994; Friedrich, 2002; Lanktree & Briere, 2008). When there is clear evidence that severe abuse has occurred, and the child reports below-cutoff symptoms, clinical judgment may be required to determine if referral for further assessment is indicated.

Screening for Suicide or Self-Harm

Endorsement of *any* suicide or self-harm risk item on the TSCC Screening Form or the TSCYC Screening Form should be an immediate positive screen for that test. Specifically, if the child scores above a **0** on item #6 (“Wanting to kill myself”) on the TSCC Screening Form, or above a **1** on item #10 (“Saying he or she wanted to die or be killed”) on the TSCYC Screening Form, *immediate referral* for further evaluation and possible treatment should occur, irrespective of the child's scores on any scale of either measure. Further, even if suicide/self-harm screening is negative, any statement by the child or caretaker to the contrary (i.e., reporting risk of self-harm in the interview but not endorsing it on the TSCC or TSCYC screening form) should trigger a referral.

Descriptive and Normative Information

TSCC/TSCC Screening Form

Normative data for the TSCC Screening Form consists of the TSCC self-reports of 3,955 children ages 8 to 17 years, combined from three nonclinical samples: (a) 3,239 school children participating in a Case Western Reserve (CWR) study of the impacts of neighborhood violence in six different urban and suburban locations in Illinois and Colorado (Singer, Anglin, Song, & Lunghofer, 1995); (b) 469 school children who were part of a larger University of Colorado (CU) study on the effects of stressful life events in several Colorado communities (Evans, Briere, Boggiano, &

The normative sample for the TSCC Screening Form consists of 3,955 children ages 8 to 17 years. The normative sample for the TSCYC Screening Form consists of caretaker reports of 750 children between the ages of 3 and 12 years.

Barrett, 1994); and (c) 247 children at the Mayo Clinic in Minnesota (Friedrich, 1995) who were relatives of medical patients, were undergoing routine physical examinations, or were being treated for minor medical complaints. The CWR and CU samples were not administered the Sexual Concerns scale of the TSCC based on school system concerns about asking children sexually-related questions, whereas the Mayo sample was administered this scale.

The combined sample of 3,955 children well represents the general population for gender (52% female) and race/ethnicity (41% Caucasian, 28% Black/African American, and 20% Hispanic). See the TSCC Professional Manual (Briere, 1996) for specific demographics and additional sample information for children ages 8 to 16 years (as noted previously, 17-year-olds were not included in the TSCC norms).

TSCYC/TSCYC Screening Form

The normative sample for the TSCYC Screening Form consists of TSCYC caretaker reports of 750 children, stratified to match 2002 U.S. Census statistics for geographic region, parent education level, race/ethnicity, child age, and child gender. Fifty percent of the sample was male, and age was relatively evenly distributed for each year between ages 3 and 12 years. Race/ethnicity was 62% Caucasian, 16% Hispanic, 16% Black/African American, and 6% Asian or other. The median level of parent education was 12 years. Detailed data collection and demographic breakdowns of this sample can be found in the TSCYC Professional Manual (Briere, 2005).

Internal consistency coefficients were in the good-to-excellent range. Test-retest reliability coefficients were .80 for each scale.

Reliability and Validity

Reliability and validity was assessed for both the TSCC and TSCYC screening form normative samples, as well as in a sample of children presenting to a large, urban CAC (Wherry, 2016). In the CAC sample, 268 children ages 8 to 17 years completed the TSCC Screening Form, with a mean age of 12.79 ($SD = 2.33$); 90.3% were female, 56.3% Hispanic, 16.8% Caucasian, 22.8% Black/African American, and 4.1% other. Caretakers of 176 children ages 3 to 12 years, who had a mean age of 9.87 years ($SD = 2.60$), completed the TSCYC Screening Form. In this group, 80.1% were female, 51.7% were Hispanic, 14.2% Caucasian, 30.1% Black/African American, and 4% other. In addition, the reliability and validity of the full TSCYC Spanish version has been investigated in three studies. As this information pertains to the full TSCYC Spanish version, rather than the TSCYC Spanish Screening Form, it is not discussed here. Refer to Gale (2008), Rojas-Flores, Clements, Hwang Koo, and London (2017), and Wherry et al. (2014) for more information.

Reliability: Internal Consistency

Internal consistency (Cronbach's alpha, α) was calculated for males and females and all relevant age groups in both the normative and CAC samples. As indicated in Tables 3 and 4, α values were in the good-to-excellent range for all TSCC and TSCYC screening form scales (mean $\alpha = .79$), not including 3- to 4-year-olds in the TSCYC Screening Form CAC sample, in which there were insufficient participants ($n = 5$) for meaningful evaluation.

Reliability: Test-Retest Reliability

Test-retest data were available for 33 children in the TSCYC Screening Form normative sample. Test-retest reliability was $r = .80$ ($p < .001$) for each scale, indicating that scores were consistent across two time periods (see Table 5).

Table 3
Internal Consistency Coefficients (α) for the TSCC Screening Form

Sample	Scale	Males		Females		Ages 8-12 years		Ages 13-17 years	
		<i>n</i>	α	<i>n</i>	α	<i>n</i>	α	<i>n</i>	α
Normative	General Trauma	1,888	.85	2,067	.88	593	.90	3,362	.87
	Sexual Concerns	124	.83	123	.62	137	.83	110	.78
CAC	General Trauma	24	.91	237	.89	101	.90	160	.87
	Sexual Concerns	25	.74	240	.84	106	.81	159	.84

Note. α = Cronbach's alpha. TSCC = Trauma Symptom Checklist for Children. CAC = child advocacy center.

Table 4
Internal Consistency Coefficients (α) for the TSCYC Screening Form

Sample	Scale	Males		Females		Ages 3-4 years		Ages 5-9 years		Ages 10-12 years	
		<i>n</i>	α	<i>n</i>	α	<i>n</i>	α	<i>n</i>	α	<i>n</i>	α
Normative	General Trauma	375	.85	375	.81	150	.76	370	.80	230	.89
	Sexual Concerns	375	.80	375	.85	150	.60	370	.76	230	.87
CAC	General Trauma	35	.88	142	.83	5	— ^a	65	.86	77	.86
	Sexual Concerns	33	.63	141	.75	5	— ^a	64	.77	76	.77

Note. α = Cronbach's alpha. TSCYC = Trauma Symptom Checklist for Young Children. CAC = child advocacy center.

^aInsufficient sample for meaningful calculation.

Table 5
Test-Retest Reliability Coefficients for the TSCYC Screening Form

Scale	<i>r</i>	First Rating		Second Rating	
		<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
General Trauma	.80	14.91	3.02	14.27	2.41
Sexual Concerns	.80	8.12	0.33	8.12	0.42

Note. *N* = 33. TSCYC = Trauma Symptom Checklist for Young Children. Test-retest interval ranged from 1 to 13 days.

Validity: Correlations with Full Forms

Because the TSCC and the TSCYC have demonstrated validity in the assessment of trauma-related symptomatology, the primary concern for the TSCC and TSCYC screening forms is the extent to which they represent their respective full-scale tests. As shown in Tables 6 through 9, the screening forms were highly correlated with the full-scale measures for both the normative and CAC samples. The mean correlation between the

TSCC Screening Form General Trauma scale and the TSCC Total score (the summation of all TSCC clinical scales except the Sexual Concerns scale) across all groups was $r = .95$, and the mean correlation between the TSCC Screening Form Sexual Concerns scale and the TSCC Sexual Concerns scale was $r = .95$. Similarly, excluding 3- to 4-year-olds in the CAC sample, for which there was an insufficient subsample size, the TSCYC Screening Form General Trauma scale and the TSCYC Total score (the summation of all TSCYC clinical scales except the Sexual Concerns scale) were, on average, highly correlated ($r = .93$), as were the TSCYC Screening Form Sexual Concerns scale and the TSCYC Sexual Concerns scale, $r = .94$.

Table 6
Correlations Between the TSCC Screening Form
General Trauma Raw Score and the TSCC Total Score

Sample	Total		Males		Females		Ages 8-12 years		Ages 13-17 years	
	<i>n</i>	<i>r</i>	<i>n</i>	<i>r</i>	<i>n</i>	<i>r</i>	<i>n</i>	<i>r</i>	<i>n</i>	<i>r</i>
Normative	247	.95	124	.96	123	.94	137	.94	110	.95
CAC	252	.96	21	.96	231	.96	95	.95	157	.97

Note. TSCC = Trauma Symptom Checklist for Children. CAC = child advocacy center. All correlations are significant at $p < .001$.

Table 7
Correlations Between the TSCC Screening Form
Sexual Concerns Raw Score and the TSCC Sexual Concerns T Score

Sample	Total		Males		Females		Ages 8-12 years		Ages 13-17 years	
	<i>n</i>	<i>r</i>	<i>n</i>	<i>r</i>	<i>n</i>	<i>r</i>	<i>n</i>	<i>r</i>	<i>n</i>	<i>r</i>
Normative	247	.95	124	.97	123	.91	137	.95	110	.96
CAC	265	.94	25	.93	240	.95	106	.96	159	.98

Note. TSCC = Trauma Symptom Checklist for Children. CAC = child advocacy center. All correlations are significant at $p < .001$.

Table 8
Correlations Between the TSCYC Screening Form
General Trauma Raw Score and the TSCYC Total Score

Sample	Total		Males		Females		Ages 3-4 years		Ages 5-9 years		Ages 10-12 years	
	<i>n</i>	<i>r</i>	<i>n</i>	<i>r</i>	<i>n</i>	<i>r</i>	<i>n</i>	<i>r</i>	<i>n</i>	<i>r</i>	<i>n</i>	<i>r</i>
Normative	750	.90	375	.94	375	.90	150	.85	370	.90	230	.95
CAC	177	.94	35	.94	142	.95	5	— ^a	65	.93	77	.95

Note. TSCYC = Trauma Symptom Checklist for Young Children. CAC = child advocacy center. All correlations are significant at $p < .001$.

^aInsufficient sample for meaningful calculation.

Table 9
Correlations Between the TSCYC Screening Form
Sexual Concerns Raw Score and the TSCYC Sexual Concerns T Score

Sample	Total		Males		Females		Ages 3-4 years		Ages 5-9 years		Ages 10-12 years	
	<i>n</i>	<i>r</i>	<i>n</i>	<i>r</i>	<i>n</i>	<i>r</i>	<i>n</i>	<i>r</i>	<i>n</i>	<i>r</i>	<i>n</i>	<i>r</i>
Normative	750	.88	375	.96	375	.79	150	.98	370	.95	230	.96
CAC	174	.96	33	.98	141	.96	5	— ^a	64	.94	76	.97

Note. TSCYC = Trauma Symptom Checklist for Young Children. CAC = child advocacy center. All correlations are significant at $p < .001$.

^aInsufficient sample for meaningful calculation.

Conclusions

Analyses of the TSCC Screening Form and the TSCYC Screening Form indicate that these tests are reliable and valid and can be used to screen children for significant symptomatology in forensic contexts, including in CACs. A positive screen on either measure should trigger a referral for treatment or, in more ambiguous cases, at least a more in-depth assessment with the full TSCC, TSCYC, or other trauma-specific measure, in the context of a clinical interview. The TSCC and TSCYC screening forms should not be used to quantify the extent of symptomatology, but rather to indicate whether or not the child or adolescent is likely to be clinically symptomatic. Also, it is possible for a child to screen negative but still have significant clinical issues, or to screen positive but not experience symptoms to the extent that treatment is indicated. Importantly, the presence or absence of a positive screen on these tests is not evidence of whether abuse has or has not taken place, only whether the child or youth is reporting potentially significant symptomatology.

Appendix A:

Raw-Score-to-Percentile Conversions for the TSCC Screening Form and the TSCYC Screening Form

Table A.1
Raw-Score-to-Percentile Conversions for TSCC Screening Form Raw Scores

Raw score	General Trauma				Sexual Concerns				Raw score
	Males		Females		Males		Females		
	Ages 8-12 years	Ages 13-17 years	Ages 8-12 years	Ages 13-17 years	Ages 8-12 years	Ages 13-17 years	Ages 8-12 years	Ages 13-17 years	
36	>99	>99	>99	>99					36
35	>99	>99	>99	>99					35
34	>99	>99	>99	>99					34
33	>99	>99	>99	>99					33
32	>99	>99	>99	>99					32
31	>99	>99	>99	99					31
30	>99	>99	>99	99					30
29	>99	>99	>99	98					29
28	>99	>99	>99	98					28
27	>99	>99	99	97					27
26	99	>99	98	96					26
25	98	>99	98	96					25
24	98	99	98	94	>99	>99	>99	>99	24
23	97	98	97	93	>99	>99	>99	>99	23
22	96	98	96	92	>99	>99	>99	>99	22
21	95	97	96	91	>99	>99	>99	>99	21
20	95	97	96	89	>99	>99	>99	>99	20
19	94	96	95	87	>99	>99	>99	>99	19
18	92	95	92	85	>99	>99	>99	>99	18
17	91	94	89	83	>99	>99	>99	>99	17
16	88	92	88	80	>99	>99	>99	>99	16
15	85	90	86	76	>99	>99	>99	>99	15
14	83	88	83	73	99	>99	>99	>99	14
13	80	85	80	69	99	>99	>99	>99	13
12	76	82	75	65	99	>99	>99	>99	12
11	71	79	69	61	97	96	>99	>99	11
10	67	75	60	56	97	96	>99	>99	10
9	61	70	52	50	96	96	>99	>99	9
8	53	65	47	44	94	96	>99	>99	8
7	46	59	44	37	94	93	>99	>99	7
6	43	51	40	31	93	91	>99	>99	6
5	36	44	35	24	93	81	>99	97	5
4	30	35	31	18	92	76	96	93	4
3	25	27	27	13	87	70	92	88	3
2	18	19	24	9	82	59	88	72	2
1	15	11	20	5	72	40	83	56	1
0	14	4	18	1	54	19	68	25	0
<i>M</i>	8.57	7.54	8.69	10.93	1.54	2.89	0.73	1.70	<i>M</i>
<i>SD</i>	6.45	5.68	6.67	7.13	2.88	2.88	1.36	1.58	<i>SD</i>
<i>n</i>	285	1,603	308	1,759	71	53	66	57	<i>n</i>

Table A.2
Raw-Score-to-Percentile Conversions for TSCYC Screening Form Raw Scores: Males

Raw score	General Trauma			Sexual Concerns			Raw score
	Ages 3-4 years	Ages 5-9 years	Ages 10-12 years	Ages 3-4 years	Ages 5-9 years	Ages 10-12 years	
48	>99	>99	>99				48
47	>99	>99	>99				47
46	>99	>99	>99				46
45	>99	>99	>99				45
44	>99	>99	>99				44
43	>99	>99	>99				43
42	>99	>99	>99				42
41	>99	>99	>99				41
40	>99	>99	>99				40
39	>99	>99	98				39
38	>99	>99	98				38
37	>99	>99	97				37
36	>99	>99	97				36
35	>99	>99	97				35
34	>99	99	97				34
33	>99	99	97				33
32	99	99	97	>99	>99	>99	32
31	99	98	97	>99	>99	>99	31
30	99	98	97	>99	>99	>99	30
29	97	97	97	>99	>99	>99	29
28	96	97	97	>99	>99	>99	28
27	95	95	95	>99	>99	>99	27
26	95	95	93	>99	>99	>99	26
25	95	94	91	>99	>99	>99	25
24	95	92	88	>99	>99	>99	24
23	95	92	86	>99	>99	>99	23
22	93	90	84	>99	>99	>99	22
21	92	84	81	>99	>99	>99	21
20	91	80	77	>99	>99	98	20
19	88	76	75	>99	>99	98	19
18	84	71	70	>99	99	98	18
17	77	66	61	>99	99	97	17
16	63	55	54	>99	99	97	16
15	52	43	46	>99	98	97	15
14	36	32	39	>99	98	97	14
13	20	18	24	>99	97	97	13
12	8	9	12	99	96	97	12
11				99	96	94	11
10				95	92	88	10
9				92	90	83	9
8				84	74	63	8
<i>M</i>	16.33	17.21	17.63	8.32	8.63	8.97	<i>M</i>
<i>SD</i>	4.07	4.57	5.89	0.89	1.71	2.20	<i>SD</i>
<i>n</i>	75	185	115	75	185	115	<i>n</i>

Table A.3
Raw-Score-to-Percentile Conversions for TSCYC Screening Form Raw Scores: Females

Raw score	General Trauma			Sexual Concerns			Raw score
	Ages 3-4 years	Ages 5-9 years	Ages 10-12 years	Ages 3-4 years	Ages 5-9 years	Ages 10-12 years	
48	>99	>99	>99				48
47	>99	>99	>99				47
46	>99	>99	>99				46
45	>99	>99	>99				45
44	>99	>99	>99				44
43	>99	>99	>99				43
42	>99	>99	>99				42
41	>99	>99	>99				41
40	>99	>99	>99				40
39	>99	>99	>99				39
38	>99	>99	>99				38
37	>99	>99	>99				37
36	>99	>99	>99				36
35	>99	>99	>99				35
34	>99	>99	>99				34
33	>99	>99	>99				33
32	>99	>99	>99	>99	>99	>99	32
31	>99	>99	>99	>99	>99	>99	31
30	>99	>99	>99	>99	>99	>99	30
29	>99	99	98	>99	>99	>99	29
28	>99	99	98	>99	>99	>99	28
27	>99	99	97	>99	>99	>99	27
26	>99	99	97	>99	>99	>99	26
25	>99	98	97	>99	>99	>99	25
24	>99	98	96	>99	>99	>99	24
23	>99	98	94	>99	>99	>99	23
22	>99	97	93	>99	>99	>99	22
21	>99	97	91	>99	>99	>99	21
20	99	96	90	>99	>99	>99	20
19	99	91	85	>99	>99	>99	19
18	96	84	81	>99	>99	>99	18
17	96	80	73	>99	>99	>99	17
16	85	71	66	>99	>99	>99	16
15	72	58	62	>99	>99	>99	15
14	59	49	55	>99	>99	>99	14
13	29	32	37	>99	>99	>99	13
12	13	15	22	99	>99	98	12
11				99	98	97	11
10				99	96	95	10
9				99	90	90	9
8				97	78	75	8
<i>M</i>	14.52	15.42	15.85	8.08	8.39	8.61	<i>M</i>
<i>SD</i>	1.85	3.19	4.85	0.59	0.90	2.37	<i>SD</i>
<i>n</i>	75	185	115	75	185	115	<i>n</i>

Appendix B:

Base Rates of TSCC Screening Form and TSCYC Screening Form Raw Score Elevations

Table B.1
Base Rates of TSCC-SF Raw Scores Exceeding the Clinical Cutoff Score

TSCC-SF raw score	Male				Female			
	Ages 8-12 years		Ages 13-17 years		Ages 8-12 years		Ages 13-17 years	
	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>
General Trauma (GT)	15.1	285	14.7	1,603	13.6	308	17.5	1,759
Sexual Concerns (SC)	8.5	71	18.9	53	12.1	66	12.3	57

Table B.2
Base Rates of TSCYC-SF Raw Scores Exceeding the Clinical Cutoff Score

TSCYC-SF raw score	Male						Female					
	Ages 3-4 years		Ages 5-9 years		Ages 10-12 years		Ages 3-4 years		Ages 5-9 years		Ages 10-12 years	
	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>
General Trauma (GT)	9.3	75	15.7	185	13.9	115	14.7	75	15.7	185	10.4	115
Sexual Concerns (SC)	8	75	10.3	185	6.1	115	2.7	75	10.3	185	2.6	115

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