Research Article ISSN 2641-4317

International Journal of Psychiatry Research

Relation of the Trauma Symptom Inventory's Sexual Dysfunction Subscale to Overall Distress in African American College Students

Michael K. Reed[1*], Reginald Rucker[1], Kolitta LeSueur-Reed[1], Shelby Hicks[4], Jordan Toussaint[2], Damaris[3], Ramirez-Tolentino[3], Princess Bolton[3], Glory Kang[3] and Isaiah Lesesne[3]

[1]*Associate Professor of Psychology at Hampton University, Hampton, Virginia.*

[2]*Research team Hampton University 2022, Virginia.*

[3]*Research team University of MD Eastern Shore 2018, Maryland, US.*

[4]*Hampton University Ron McNair Scholar program honor student, US Department of Education, Virginia.*

***Correspondence:**
Michael K. Reed, Associate Professor of Psychology at Hampton University, Hampton, Virginia.

Received: 20 Sep 2022; **Accepted:** 28 Oct 2022; **Published:** 04 Oct 2022

Citation: Reed MK, Rucker R, LeSueur-Reed K, et al. Relation of the Trauma Symptom Inventory's Sexual Dysfunction Subscale to Overall Distress in African American College Students. Int J Psychiatr Res 2022; 5(5): 1-4.

ABSTRACT

Recent research has identified that traumatic events have affected individuals from all occupations. Severe trauma and reactions, which in the past were primarily identified with military veterans, have now been recognized in people throughout society. The TSI-2 is a 136 item self-report tool that examines the impact of trauma on an individual's social and interpersonal functioning. The test has 4 global scales and 12 subscales. This study examined the relation of the Sexual Dysfunction subscale to overall pathology and its implication in African American college students. Students from a HBCU volunteered to complete this scale as part of a larger study-evaluating mood and cognitive functioning. The researchers reexamined the data in relation to performance on the Sexual Dysfunction Scale and overall signs of distress, depression and anxiety. Results found individuals who scored elevated on the scale also had high elevations on measures of significant distress and pathology. They also were high risks for self-injury. An item analysis indicated these individuals were likely to act impulsively and demonstrate acknowledged poor judgment in dating and sexual activities (e.g., having sex without protection, sleeping with someone who they knew was not good for them). This subscale possibly has utility in screening for college students whose experience with trauma may lead them to be high risks for exploitation and poor adjustment on a university campus.

Keywords

Trauma Symptoms,

Introduction

Recent research has identified that traumatic events have affected individuals from all occupations. Severe trauma and reactions, which in the past were primarily identified with military veterans, have now been recognized in people throughout society. Violence, natural disasters, fires, sexual assaults, and abuse have also affected women, men. Children and adolescents not in military situations. Although trauma is very specific to an environment and time, the impact can extend for years affecting social and interpersonal functioning [1,2].

Assessment of the impact of trauma on interpersonal functioning reveals significant cognitive, neuropsychological and interpersonal consequences because of trauma in early life. Specific types of traumas including those that affect interpersonal functioning include sexual trauma that can range from exposure to provocative material, being fondled/touched at a young age, rape, and severe sexual abuse both observed and experienced. In the African American community young people, under 21 have been found to be at high risk for trauma and abuse. African American females have been found to be more likely to suffer from sexual trauma than their white female counterparts and male peers [3-5].

The trauma experienced by individuals in their home environments during development if not treated becomes part of their social and interpersonal functioning as they move to independent living environments such as colleges and personal apartments. Unfortunately, unresolved issues associated with these experiences impact the social, academic and work functioning of young adults. Consequently, some academic challenges and adjustment problems experienced by African American college students are not specifically associated with the quality of the academic instruction or campus environment. The student's struggles, mood functioning, and challenges coping appear associated with their pre-enrolment history of trauma [6].

One common measure of Trauma used to examine the functioning of young adults is the Trauma Symptom Inventory -2. The TSI-2 is a 136 item self-report tool that examines the impact of trauma on an individual's social and interpersonal functioning. The test has 4 global scales and 12 subscales. The TSI-2 scale is designed to measure trauma as a multi-dimensional concept. The impact of specific types of traumas may affect an individual in varied ways based on the type, amount of exposure, prior history of trauma, and the compound nature of varied traumatic scenario. The revised TSI-2 reports the experience of trauma into four major factors of Self Disturbance (SELF), Post Traumatic Stress Disorder (TRAUMA), Externalization (EXT), and Somatization (SOMA) [7].

Many college counseling centers use the TSI-2 and similar measures in order to obtain information allowing them to determine the individual's condition and the severity of the presenting problems. However, the student who is seeking support and is feeling vulnerable may find the long questionnaire with many questions about personal trauma as a barrier for obtaining service. This study hypothesizes that the Sexual Disturbance-Dysfunctional sexual behavior subscale's 10 items could serve as an initial screening task to reflect the severity of the student's condition, and risk for impaired social/interpersonal functioning on the campus [8,9].

This study examined the relation of the Sexual Dysfunction Scale to overall pathology and its implication in African American college students. Students from a HBCU volunteered to complete this scale as part of a larger study-evaluating mood and cognitive functioning. The researchers reexamined the data in relation to performance on the Sexual Dysfunction Scale and overall signs of distress, depression and anxiety. It was hypothesized that the individuals who scored high on the SXD scales would experience higher levels of trauma, mood disturbance, and impaired social functioning than peers who scored low on the scale.

Method

Participants

Students consisted of 102 students who attended historically black colleges or Universities in the Southeast United States. Students included 74 females and 28 males. The students were volunteers who were blind to the specific purpose of the study. The examiners were also blind to the student's condition when examined for the experiment. Students ranged in age from 18 to 26 years with an average age of 19. The study revealed 41 participants with significant symptoms of depression and 61 control participants without significant depressed symptoms in the original study. This specific study grouped individuals based on their performance on the SXD subscale of the TSI-2. Twenty-six individuals scored into the high group with 76 in the low SXD group a 25% hit rate.

Measures

Brief Symptom Inventory - the BSI is a 53-item self-report symptom inventory designed to reflect the psychological symptom patterns of psychiatric and medical patients as well as community nonpatient respondents. Each item of the BSI is rated on a five-point scale of distress (0 – 4), ranging from "not at all" (0) at one pole to "extremely" (4) at the other. There are nine primary symptom dimensions and three global indices of distress. Respondent's report and rate problems that distressed them for the week prior to completion of the assessment. The test takes 8 – 10 minutes to complete. The test retest reliability for the global indices range from .80 to .90. Relatively high convergent validity was found for the 9 sub-scales of the BSI and the MMPI clinical scales revealing correlations ≥ .30 [10].

Beck Depression Inventory – 2 (BDI - 2) is a commonly used instrument for quantifying levels of depression. The scale for the BDI was originally created by patients' descriptions of their symptoms – mood, pessimism, sense of failure, self-dissatisfaction, guilt, suicidal ideas, crying, irritability, social withdrawal, insomnia, fatigue, appetite, weight loss, self-accusation. In the first portion of the test, psychological symptoms are assessed whereas the second portion assesses physical symptoms. The BDI test includes a 21 item self-report using a four-point scale ranging which ranges from 0 (symptom not present) to 3 (symptom very intense. The test takes approximately 5 to 10 minutes to complete. The BDI-II also contains 21 questions, scored from 0 to 3. The BDI-II positively correlated with the Hamilton Depression Rating Scale, r = 0.71, had a one-week test–retest reliability of r = 0.93 and an internal consistency α=.91[11].

Traumatic Symptom inventory – II - The TSI-2 is a diagnostic tool that measures both potentially acute and chronic symptomatology relating to exposure to trauma in individuals, ages 18 years and older. The TSI-2 regular form consists of 136 items that require a fifth-grade proficiency level. The TSI-2 is constructed to evaluate the extent that a respondent will endorse 12 different types of trauma related symptomatology; six of these clinical scales also have scoreable subscales. In turn, these clinical scales are grouped together to make up four broad categories, or factors of distress: Self-Disturbance (SELF), Posttraumatic Stress (TRAUMA), Externalization (EXT), and Somatization (SOMA) [7]. The test asked respondents to rate their degree of self-reported symptoms during the previous six months using a Likert scale; item questions do not reference any specific trauma. Scale scores range from 0 (never) to 3 (often), with higher scores indicating a greater degree of distress and symptomatology. The test reliability as reflected by Cronbach's alpha range from 74 - .90. The scale's validity is

identified by it's association with a previous version of the scale and high association with independent measures associated with composite scales [7].

Procedure

Student volunteers were recruited through announcements in undergraduate social science classes. Participants signed up for an assessment session. They were individually briefed and then administered self-report questionnaires and three cognitive measures.

Additional measures – Students were also administered the Ways of Coping Checklist, Rey's Complex Figure, and the Vocabulary test from the WAIS-IV as part of the larger study, However, these measures are not part of the current study analysis]. After completion of the tasks, students were debriefed and provided credit for participation in the research activity. The overall assessment time consisted of approximately one hour.

Results

The data were analyzed by a series of Analysis of Variance procedures. Results examined the difference between the high and low groups based on their performance on the SXD subscale. Table 1, Figure 1, reveal the significant findings between groups on the major index scales from the BSI and the TSI-2. Those in the high group revealed higher levels of pathology and clinical range of impairment in specific areas (Self-disturbance, PTSD, Externalized stress, severe clinical symptoms, and number of clinical symptoms of pathology). Table 2 reflects significant clinical subscales from the BSI that fall in clinically significant range of pathology. Table 3 reflected the significant clinical subscales from the TSI-2. Four of the six scales revealed scores near the clinical range of impaired functioning (Anxious arousal, intrusive experience, defensive avoidance and insecure attachment). Table 4 and Figure 2, reflect performance on clinical sub-scales from the TSI-2 associated with suicide and dissociative coping experiences. The results reveal that of the significant findings, three of the measures reveal measures that suggest clinical impairment (suicidal behavior, tension reduction, and dissociation).

Table 1: Global Mood measures by SXD.

Variable	F	p<	Low	High
Self-disturbance	27.38	0.001	48.5	58.38
Trauma - PTSD	11.65	0.001	52.91	60.48
Externalize tension	39.14	0.001	49.99	62.58
Somatic preoccupation	16.38	0.001	44.46	53.38
Global severity	8.13	0.005	62.93	69.6
POS symptom total	13.28	0.001	61.22	69.2

Table 2: BSI Mood measures by SXD.

Variable Name	F	P <	Low	High
Dep	11.51	0.001	59.67	67.24
Som	8.51	0.004	64.22	68.96
IS	5.31	0.023	57.72	65.39
Anxiety	7.71	0.007	57.37	64.62
Phobia	3.85	0.05	56.8	61.48
Paranoid	10.84	0.02	64.3	70.5
Psych.	7.97	0.001	61.2	69.2

Table 3: TSI-2 Mood measures by SXD.

Variable Name	F	p<	Low	High
Anxious Arousal	16.36	0.001	50.95	59.23
Depression	17.43	0.001	47.38	56.35
Intrusive Exper	5.2	0.025	49.71	58.85
Defensive Avoid	7.58	0.007	53.72	60.15
Somatic Preoc	15.96	0.001	44.45	53.31
Insecure Attach	20.47	0.001	49.71	58.85

Table 4: TSI – 2 Trauma/Mood measure by SXD.

Variable Name	F	p<	Low	High
Suicide	11.13	0.001	48.24	56.96
suicide ideation	10.67	0.001	48.05	56.12
suicide behavior	9.97	0.002	49.79	58.06
Impaired Self Reference	11.97	0.001	50.91	58.62
Tension Reduction	12.86	0.001	51.87	61.12
Dissociation	8.97	0.003	52.39	59.85

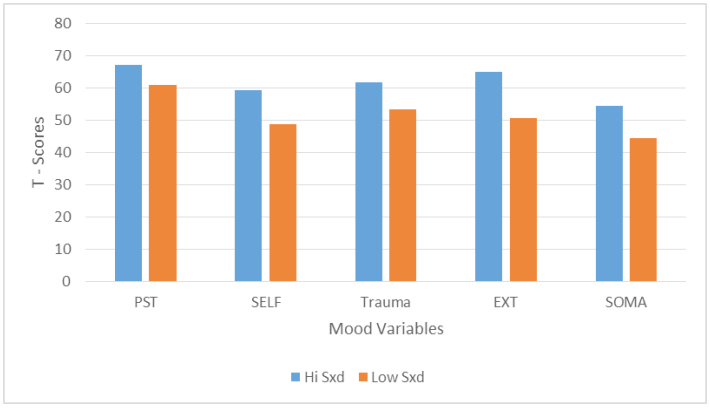

Figure 1: Sexual Dysfunction Scale Level by Mood.

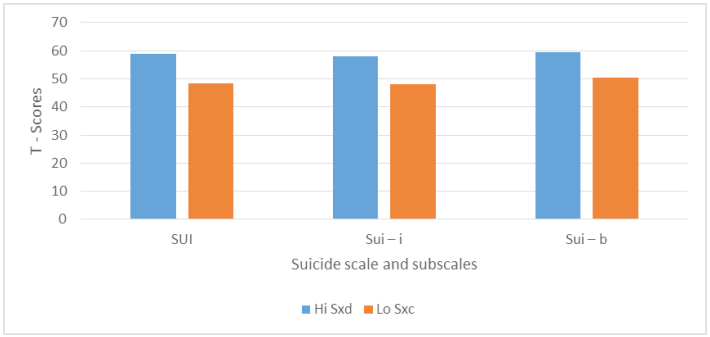

Figure 2: Sexual Dysfunction Scale and Suicide Scale of TSI-2 AA College Students.

Finally, an item analysis was conducted that examined the specific questions that made up the sexual dysfunction scale. The analysis identified that those in the high SXD group revealed higher rates of acknowledgements of the following items associated with their sexual behavior *(Wanting to have sex with someone who you new was bad for you; not protecting yourself during sex when you probably should have; being sexual when it probably wasn't a good idea, and having sex with someone you hardly knew.)* They also acknowledged the following sexual concerns at higher levels than low scoring peers (*Feeling anxious about sex, Problems in*

your sexual relations with another person, Feeling ashamed about your sexual feelings or behavior, sexual problems)

Discussion

Results found individuals who scored elevated on the Sexual dysfunction sub-scale also had high elevations on measures of significant distress and pathology. They also were high risks for self-injury. This suggests that the SXD subscale has some utility with African American college students in identifying high levels of emotional dysfunction. The subscale does not identify all of the individuals who suffer from traumatic exposure on the TSI-2. However, those who score high on the TSI-2 all revealed significant levels of pathology on multiple measures of emotional impairment. The global indexes revealed higher numbers of emotional symptoms and higher levels of distress. The individuals therefore appear to require significant mental health services. The TSI-2 therefore would be a great screening instrument to use for these students.

Individuals who score high on the SXD also appear to have very active thoughts of self-injury and use dissociation as a way of coping with stress. Both of these coping strategies are very dysfunctional and are associated with individuals experiencing the highest levels of emotional distress. These individuals would be placed on a high level of risk and a high need for immediate clinical services. Therefore, identifying these individuals even as part of a university orientation screening process might be very useful in avoiding significant problems early in the students' enrollment in the university [12].

Specifically, the item analysis suggests that the students, both male and female, in the study who scored high, show impaired social judgment interpersonal decision making and interpersonal behavior. These individuals appear to be a high risk for sexual exploitation and for making poor interpersonal decisions that can lead to sexual abuse, poor sexual decision making, and ideation that can lead to decreased self-esteem and severe cognitive sets associated with depression [13].

The current study is based on a modest sample and the results although similar to other findings and highly statistically significant, should be considered preliminary and should be considered with care. The study was conducted on an HBCU campus and the findings generalizability to other African American students should be taken with caution. However, the findings do identify a utility for the SXD subscale that could be of great benefit to individual student orientation courses and/or screening of African American students seeking support at university counseling centers.

References

1. https://www.nimh.nih.gov/health/statistics/major- depression.shtml
2. Navalta CP, Polcari A, Webster DM, et al. Effects of childhood sexual abuse on neuropsychological and cognitive function in college women. The Journal of neuropsychiatry and clinical neurosciences. 2006; 18: 45-53.
3. Boyraz G, Horne SG, Owens AC, et al. Academic achievement and college persistence of African American students with trauma exposure. Journal of Counseling Psychology. 2013; 60: 582-592.
4. Burt DB, Zembar MJ, Niederehe G. Depression and memory impairment: A meta-analysis of the association, its pattern, and specificity. Psychological Bulletin. 1995; 117: 285-305.
5. Feldman G, Knouse LE, Robinson A. Executive functioning difficulties and depression symptoms: Multidimensional assessment, incremental validity, and prospective associations. Journal of Cognitive & Behavioral Psychotherapies. 2013; 13: 259-274.
6. Flannery AJ, Luebbe AM, Becker SP. Sluggish cognitive tempo is associated with poorer study skills, more executive functioning deficits, and greater impairment in college students. Journal of Clinical Psychology. 2016; 73: 1091-113.
7. Briere J. Trauma symptom inventory-2 (TSI-2): Professional manual. 2011.
8. Walker L. Trauma, environmental stressors, and the African-American college student: Research, practice, and HBCUs. Penn Center for Minority Serving Institutions. 2015.
9. Leath S, Jones M. Racial climate and mental health service utilization among Black college students at diverse institutions. Currents: Journal of Diversity Scholarship for Social change. 2022; 2: 35-42.
10. Derogatis LR. BSI, brief symptom inventory: Administration, scoring, and procedures manual. 1993.
11. Beck AT, Steer RA, Brown GK. BDI-II, Beck Depression Inventory: Manual. 1996.
12. Cardemil EV, Nelson T, Keefe K. Racial and ethnic disparities in depression treatment. Current Opinion in Psychology. 2015; 4: 37-42.
13. Johnson NL, Johnson DM. Factors influencing the relationship between sexual trauma and risky sexual behavior in college students. Journal of interpersonal violence. 2013; 28: 2315-2331.
14. Lindquist CH, Barrick K, Krebs C, et al. The context and consequences of sexual assault among undergraduate women at historically Black colleges and universities (HBCUs). Journal of interpersonal violence. 2013; 28: 2437-2461.