The presence of early traumatic experiences has been associated with a variety of psychiatric disorders in adulthood. This means that in clinical practice the assessment of and approach to previous traumatic events is important in patients with different mental disorders. The main purpose of this paper is, firstly, to provide a brief description and approximation of the main measurement instruments for the assessment of early traumatic experiences; and secondly to present the new self-report for the assessment of early traumatic experiences in patients with severe mental illness. The results show that most of the existing tools for assessing early traumatic experiences have little or no psychometric support and a number of instruments are designed to measure only one type of trauma, which reduces their clinical applicability. Similarly, there are few instruments that have been adapted to and validated in the Spanish population. Future studies should continue to examine the psychometric properties of this group of self-reports with the aim of improving the evaluation of early traumatic experiences in adulthood.

**Key words:** Psychosis, Early traumatic experiences, Psychopathology, Self-report, Assessment.

La presencia de experiencias traumáticas tempranas se ha asociado con una gran variedad de alteraciones psicopatológicas en la edad adulta. Esto hace que en la práctica clínica sea importante la evaluación y el abordaje de eventos traumáticos previos en los pacientes con diferentes trastornos mentales. El objetivo fundamental de este trabajo fue realizar una breve descripción y aproximación a los principales instrumentos de medida para la evaluación de las experiencias traumáticas tempranas, preferentemente en adultos; y presentar un nuevo instrumento de medida para la evaluación de las experiencias traumáticas tempranas en pacientes con trastorno mental grave. Los resultados mostraron que la mayoría de los instrumentos existentes proporcionan escaso o ningún apoyo psicométrico y se centran en evaluar un solo tipo de experiencia traumática, lo que reduce su aplicabilidad en la práctica clínica. Del mismo modo, son escasos los instrumentos que han sido adaptados y validados en población española. Futuros estudios deberían seguir examinando las propiedades psicométricas de este conjunto de autoinformes, con la finalidad de mejorar la evaluación de las experiencias traumáticas en la edad adulta.

**Palabras clave:** Psicosis, Experiencias traumáticas tempranas, Psicopatología, Autoinforme, Evaluación.

The presence of early traumatic experiences has been associated with a variety of psychiatric disorders in adulthood. This means that in clinical practice the assessment of and approach to previous traumatic events is important in patients with different mental disorders. The main purpose of this paper is, firstly, to provide a brief description and approximation of the main measurement instruments for the assessment of early traumatic experiences; and secondly to present the new self-report for the assessment of early traumatic experiences in patients with severe mental illness. The results show that most of the existing tools for assessing early traumatic experiences have little or no psychometric support and a number of instruments are designed to measure only one type of trauma, which reduces their clinical applicability. Similarly, there are few instruments that have been adapted to and validated in the Spanish population. Future studies should continue to examine the psychometric properties of this group of self-reports with the aim of improving the evaluation of early traumatic experiences in adulthood.

**Key words:** Psychosis, Early traumatic experiences, Psychopathology, Self-report, Assessment.
emotional neglect, sexual abuse and others may produce negative psychological effects, both in the short and long term (Pereda, 2009, 2010) (see Figure 1).

Among the short and medium term psychological effects, it has been found that episodes of abuse cause changes in the emotional development and personality of the child. Different studies show the profile of the child with experience of abuse as insecure, with low self-esteem and difficulties in social relations (Flynn, Cicchetti, & Rogosch 2014; Young & Widom, 2014), presenting great difficulty in expressing and recognising emotions and having more negative emotions (Shenk, Putnam & Noll, 2013). Similarly, often they lack essential positive beliefs about themselves and their world, showing less skills in recognising and responding to the distress of others (Sanmartín, 2011). It has also been found that these children are more likely to exhibit delays in cognitive development, showing gaps in the development of language, low scores on intelligence tests and generally poor school performance (Merritt & Klein, 2015; Viezel, Freer, Lowell & Castillo, 2014).

These deficits, far from abating over time, can sometimes persist into adulthood, leading to different psychopathologies. The presence of early traumatic experiences has been associated with increased vulnerability to psychopathology and a worse physical condition in adulthood (Shonkoff et al., 2012). At the psychiatric level, numerous studies have found a relationship between childhood trauma and various psychopathological disorders, such as mood disorders and anxiety, post-traumatic stress disorder, dissociative disorders, psychotic disorders, and substance use disorders, among others (Agorastos, et al, 2014; Park et al, 2014; Van Nierop et al, 2015). It is estimated that between 34 and 53% of patients with mental health problems have a history of physical and sexual abuse during childhood (Alarcón, Araujo, Godoy & Vera, 2010). Similarly, the existence of early trauma has been associated with various complications in the course of mental disorders, such as increased comorbidity and severity, worse response to drug treatment and worse prognosis (Álvarez et al, 2011; Nanni, Uher & Danese, 2012; Teicher & Smansom, 2013).

Within the trauma and psychopathology relationship, interest in the study of the relationship between psychosis and early traumatic experiences has increased in recent years. Different studies show that traumatic experiences can play a causal role in the development of psychotic disorders (Falukzozi & Addington, 2012; Lataster, Myin-Germeys, Lieb, Wittchen & van Os, 2012; Thompson et al, 2014.) Recently, Varese and colleagues (2012) conducted a comprehensive meta-analysis, finding a significant relationship between the presence of different types of traumatic experiences and psychosis (odds ratio (OR) = 2.78, p ≤ 0.001). In Spain, there are few studies measuring this relationship, with the results being consistent with those found in international samples; and between 40 and 75% of the patients with psychosis studied reported the previous presence of traumatic experiences (Álvarez et al, 2011; Ordóñez-Camblor et al, 2014). Similarly, recent studies highlight the role of traumatic experiences before the development of psychosis, as a possible trigger factor; a history of traumatic experiences has been linked with the transition to psychosis in people at high risk (Bechdolf et al, 2010; Thompson et al, 2014; Tikka et al, 2014).

The study of the relationship between psychosis and traumatic experiences has also focused on the effect that these experiences can have on the course and outcome of psychotic disorders. Overall, the patients who report a history of trauma present a more severe clinical profile, with an earlier onset of symptoms, more positive symptoms, especially hallucinations, a higher number of admissions and more suicide thoughts and attempts (Conus, Cotton, Schimmelmann, McGorry & Lambert, 2010; Daakhir et al, 2012). Similarly, they have lower adherence to treatment and increased comorbid symptomatology (Bendall, Álvarez-Jiménez, Nelson & McGorry, 2013; Schäfer et al, 2012).

Within this context, the purpose of this study was to perform a brief description and approach to the main measuring instruments for the assessment of early traumatic experiences, preferably in adults. The assessment and treatment of traumatic experiences is of utmost importance for the prevention and intervention of psychopathological alterations. In this sense, it is relevant to have short and simple measuring instruments to identify the presence of different early traumatic experiences, in order to carry out a more precise and thorough psychological evaluation of these experiences and to guide the intervention and the possible therapeutic process.

INSTRUMENTS FOR ASSESSING EARLY TRAUMATIC EXPERIENCES: A SELECTIVE REVIEW

Due to the growing interest in the study of the presence of child traumatic experiences, and given their frequency and their impact on the psychological adjustment of the people who experience them, in recent years the development of different questionnaires for assessing the presence of such experiences has increased (Donald, 2012). In Spain, there are few studies that have carried out a review of the various measuring instruments currently used for the assessment of early traumatic experiences. At the international level, various authors have recently undertaken reviews of the instruments for assessing early trauma (see Burgermeister, 2007; Roy & Perry, 2004; Thabrew et al, 2012). Such reviews agree in affirming that most of the instruments do not provide information about their psychometric properties, which

![FIGURE 1 THE IMPLICATIONS OF EARLY TRAUMATIC EXPERIENCES]

Sadness, anxiety, anger, altered behaviour and other minor difficulties

Emotional alterations, relationship problems, developmental delay and mental disorders among others

During childhood the impact can be dramatically significant

During childhood the impact can be dramatically significant

IMPORTANT IMPLICATIONS - PHYSICAL AND EMOTIONAL HEALTH

EARLY TRAUMATIC EXPERIENCES

NORMAL REACTIONS

SHORT AND LONG TERM EFFECTS

With the help of these instruments, it is possible to assess the impact of traumatic experiences in the development of the child, taking into account the importance of the prevention and intervention of psychopathological alterations.
makes them less useful in both clinical practice and research (Thabrew et al., 2012). Similarly, many of the instruments focus on evaluating a single type of traumatic experience (Roy & Perry, 2004). Tables 1 and 2 show the main interviews and self-reports for assessing children’s traumatic experiences that exist internationally.

If we consider the tools for evaluating various types of traumatic experiences, the most used ones that have provided adequate psychometric properties and have been adapted and validated into Spanish are the Childhood Trauma Questionnaire (CTQ) (Bernstein, Ahluvalia, Pogge & Handelsman, 1994) and the Early Trauma Inventory (ETI) (Bremner, Vermetten & Mazure, 2000).

The Childhood Trauma Questionnaire (CTQ) (Bernstein et al., 1994) is the most widely used self-report used in the assessment of traumatic childhood experiences (Thabrew et al., 2012). It includes five types of childhood trauma: emotional abuse, physical abuse, sexual abuse, physical neglect and emotional neglect. The CTQ consists of 70 items of Likert format with 5 categories (0 = “never” and 5 = “very often”). The internal consistency, in studies carried out with foreign samples, is between 0.86 and 0.92, with the test-retest reliability for the whole scale is 0.88, while for the individual factors it was between 0.80 and 0.83. Later, Bernstein et al. (2003) developed a short version, The Childhood Trauma Questionnaire-Short Form (CTQ-SF), composed of 28 items. The CTQ-SF has been translated and adapted to several languages, showing adequate psychometric properties (Grassi-Oliveira et al., 2014). Recently the CTQ-SF has been adapted and translated into Spanish by Hernández et al. (2013) in a sample of 185 women with various mental disorders, showing adequate psychometric properties. The Cronbach’s alpha coefficient is between 0.66 and 0.94. The factor analysis supported a five-factor structure originally proposed by Bernstein et al. (2003). Similarly, the correlation factor is high, ranging between 0.29 and 0.50.

The Early Trauma Inventory (ETI) (Bremner et al., 2000) has been developed for the evaluation of different types of abuse—such as sexual, physical and emotional abuse—other traumas—such as witnessing violent acts. The ETI has 56 items in dichotomous Yes / No format, through which it evaluates the different types of trauma, the frequency of the abuse, the age at which the abuse began, the perpetrator of the abuse and the impact of the abuse. The internal consistency, in studies carried out with foreign samples, is between 0.86 and 0.92, with the test-retest reliability oscillating between 0.51 and 0.99. There is also an abridged version, The Early Trauma Inventory-Short Form (SF-TSI) (Bremner et al., 2007), consisting of 27 items in dichotomous Yes / No response format, which, like the original version, evaluates four

<table>
<thead>
<tr>
<th>Name of the scale</th>
<th>Reference</th>
<th>Abbrev.</th>
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<tbody>
<tr>
<td>Abuse History</td>
<td>(Soloff, Lynch &amp; Kelly, 2002)</td>
<td>AH</td>
</tr>
<tr>
<td>Brief Physical and Sexual Abuse Questionnaire</td>
<td>(Marshall et al., 1998)</td>
<td>BPSAQ</td>
</tr>
<tr>
<td>Childhood Experience of Care and Abuse</td>
<td>(Bifulco, Brown &amp; Harris, 1994).</td>
<td>CECA</td>
</tr>
<tr>
<td>Childhood Life Events and Family Characteristics Questionnaire</td>
<td>(Byrne, Velamoor, Cernovsky, Cortese &amp; Loszyn, 1990)</td>
<td>CLEFCQ</td>
</tr>
<tr>
<td>Childhood Maltreatment Interview Schedule</td>
<td>(Briere, 1992, Briere, Elliott, Harris &amp; Cotman, 1995)</td>
<td>CMIS y CMIS-SF</td>
</tr>
<tr>
<td>Childhood Trauma Interview</td>
<td>(Fink, Bernstein, Hadaselman, Foote &amp; Lovejoy, 1995)</td>
<td>CTI</td>
</tr>
<tr>
<td>Developmental Interview</td>
<td>(Paris, Zweig-Frank &amp; Guzder, 1994)</td>
<td>DI</td>
</tr>
<tr>
<td>Early Home Environment Interview</td>
<td>(Lizardi et al., 1995)</td>
<td>EHEI</td>
</tr>
<tr>
<td>Early Trauma Inventory</td>
<td>(Brenner et al., 2000)</td>
<td>ETI</td>
</tr>
<tr>
<td>Family Experience Interview</td>
<td>(Ogata et al., 1990)</td>
<td>FEI</td>
</tr>
<tr>
<td>Family Interview for Protectiveness and Empathy</td>
<td>(Laporte &amp; Gutman, 2001)</td>
<td>PIPE</td>
</tr>
<tr>
<td>History of Physical and Sexual Abuse Questionnaire</td>
<td>(Meyer, Muenzermaier, Cancienne &amp; Struening, 1996)</td>
<td>HPSAQ</td>
</tr>
<tr>
<td>Interview for Traumatic Events in Childhood</td>
<td>(Lobbestael, Arntz, Harkemo-Schouten &amp; Bernstein, 2009)</td>
<td>ITEC</td>
</tr>
<tr>
<td>Instrument on child sexual abuse</td>
<td>(Russell, 1986)</td>
<td></td>
</tr>
<tr>
<td>Retrospective Assessment of Traumatic Experience</td>
<td>(Gallaghe, Flye, Hurt, Stone &amp; Hull, 1992)</td>
<td>RATE</td>
</tr>
<tr>
<td>Retrospective Childhood Experience Questionnaire</td>
<td>(Zanarini, Gunderson, Marino, Schwartz &amp; Frankenburg, 1989)</td>
<td>RCEQ</td>
</tr>
<tr>
<td>Retrospective Family Pathology Questionnaire</td>
<td>(Zanarini et al., 1989)</td>
<td>RFPQ</td>
</tr>
<tr>
<td>Retrospective Separation Experience Questionnaire</td>
<td>(Zanarini et al., 1989)</td>
<td>RSEQ</td>
</tr>
<tr>
<td>Sexual Abuse Severity Scale</td>
<td>(Silk, Lee, Hill &amp; Lohr, 1995)</td>
<td>SASS</td>
</tr>
<tr>
<td>Structured Trauma Interview</td>
<td>(Draijer &amp; Langeland, 1999)</td>
<td>STI</td>
</tr>
<tr>
<td>Traumatic Antecedents Interview</td>
<td>(Herman, Perry &amp; Van der Kolk, 1989)</td>
<td>TAI</td>
</tr>
<tr>
<td>Trauma History Screen</td>
<td>(Allen, Hunt &amp; Evans, 1999)</td>
<td>THS</td>
</tr>
<tr>
<td>Unwelcome Childhood Sexual Events</td>
<td>(Russ, Shearin, Clarkin, Harrison &amp; Hull, 1993)</td>
<td>UCSE</td>
</tr>
</tbody>
</table>

*Note. Abbrev: Abbreviation*
dimensions (general trauma, sexual abuse, physical abuse and emotional abuse). The ETI-SF has been adapted and translated into different languages, presenting adequate psychometric properties (Osóiro et al., 2013).

In our country, Plaza et al. (2011) have carried out the validation and adaptation into Spanish of the ETI and ETI-SF in a sample of 227 postpartum women. The results indicate that the Spanish version of the ETI presents adequate psychometric properties. The reliability of the scores relating to the internal consistency (estimated using Cronbach’s alpha) for the overall scale was 0.79, while the values for the subscales ranged between 0.58 and 0.76. Meanwhile the test-retest was 0.92 for the global scale and between 0.76 and 0.95 for the different subscales. Similarly, the results indicate that the ETI-SF had adequate psychometric properties. The Cronbach’s alpha coefficient for the total score was 0.72, while the values for the subscales ranged from 0.42 to 0.72. Obtaining evidence of validity of the two instruments was performed by analysis of the ROC curve. The results indicate that both instruments have adequate evidence of validity, although the ETI-SF is slightly weaker in the detection of physical abuse.

### DEVELOPMENT AND VALIDATION OF AN ASSESSMENT INSTRUMENT FOR THE DETECTION OF EARLY TRAUMATIC EXPERIENCES IN PATIENTS WITH SEVERE MENTAL DISORDERS: THE EXPTA-S

Within this research context, at the national level, as yet no instrument has been specifically built, weighted and validated for the assessment of traumatic experiences in clinical population, particularly in patients with severe mental illness (SMI) (e.g., psychosis). Also, the vast majority of assessment instruments developed for this purpose do not incorporate new developments in psychological measurement (e.g., the construction, translation and/or adaptation of the test, or the construction of items) or new statistical procedures, such as item response theory (IRT) or differential item functioning (DIF). Similarly, there are few instruments that are available in the specialist literature, that evaluate the distress associated with these experiences. This is important since, from a clinical point of view, the way in which the patient processes and manages the trauma is critical in working through the traumatic experiences.

Recently our research team developed the Cuestionario de Screening

### TABLE 2

<table>
<thead>
<tr>
<th>Name of the scale</th>
<th>Reference</th>
<th>Abbrev.</th>
</tr>
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<tbody>
<tr>
<td>Adverse Childhood Experiences Study Questionnaire</td>
<td>(Dube, Williamson, Thompson, Felitti &amp; Anda, 2004)</td>
<td>AEQ</td>
</tr>
<tr>
<td>Assessing Environments III</td>
<td>(Berger, Knustan, Mehmy &amp; Perkins, 1988)</td>
<td>AEII</td>
</tr>
<tr>
<td>Computer Assisted Maltreatment Inventory</td>
<td>(DiLillo et al., 2010)</td>
<td>CAMI</td>
</tr>
<tr>
<td>Childhood Abuse and Trauma Scale</td>
<td>(Sanders &amp; Becker-Lausen, 1995)</td>
<td>CATS</td>
</tr>
<tr>
<td>Childhood Experiences Questionnaire</td>
<td>(Ferguson &amp; Dacey, 1997)</td>
<td>CEQ</td>
</tr>
<tr>
<td>Childhood Unwanted Sexual Events</td>
<td>(Lange, Kooiman, Huberts &amp; van Oostendorp, 1995)</td>
<td>CHUSE</td>
</tr>
<tr>
<td>Child Maltreatment History Self-Report</td>
<td>(MacMillan et al., 1997)</td>
<td>CMHSR</td>
</tr>
<tr>
<td>Childhood Traumatic Events Scale</td>
<td>(Pennebaker &amp; Susman, 1988)</td>
<td>CTES</td>
</tr>
<tr>
<td>Childhood Trauma Questionnaire</td>
<td>(Bernstein et al., 1994)</td>
<td>CTQ</td>
</tr>
<tr>
<td>Childhood Violence Scale</td>
<td>(Riggs, O’Leary &amp; Breslin, 1990)</td>
<td>CVS</td>
</tr>
<tr>
<td>Comprehensive Child Maltreatment Scales for Adults</td>
<td>(Higgins y McCabe, 2001)</td>
<td>CCM-SA</td>
</tr>
<tr>
<td>Life Experience Questionnaire</td>
<td>(Bryer, Nelson, Miller &amp; Krol, 1987)</td>
<td>LEQ</td>
</tr>
<tr>
<td>Neglect Scale</td>
<td>(Harrington, Zuravin, DePanfilis, Ting &amp; Dubowitz, 2002)</td>
<td>NS</td>
</tr>
<tr>
<td>Parental Physical Maltreatment Scale</td>
<td>(Briere &amp; Runtz, 1990)</td>
<td>PHY</td>
</tr>
<tr>
<td>Psychological Maltreatment Inventory</td>
<td>(Engels &amp; Moisan, 1994)</td>
<td>PMI</td>
</tr>
<tr>
<td>Physical and Sexual Abuse Questionnaire</td>
<td>(Nakata, Kiriike, Iketani, Kawarada &amp; Tanaka, 1999)</td>
<td>PSA</td>
</tr>
<tr>
<td>Parental Psychological Maltreatment Scale</td>
<td>(Briere &amp; Runtz, 1990)</td>
<td>PSY</td>
</tr>
<tr>
<td>Revised Childhood Experiences Questionnaire</td>
<td>(Zanarini et al., 1997)</td>
<td>RCEQ</td>
</tr>
<tr>
<td>Sexual Abuse Exposure Questionnaire</td>
<td>(Ryan, Rodríguez, Rowan y Foy, 1992)</td>
<td>SAEQ</td>
</tr>
<tr>
<td>Sexual Abuse Questionnaire</td>
<td>(Finkelhor, 1979)</td>
<td>SAQ</td>
</tr>
<tr>
<td>Sexual Events Questionnaire</td>
<td>(Calam &amp; Slade, 1989)</td>
<td>SEQev</td>
</tr>
<tr>
<td>Sexual Experience Questionnaire</td>
<td>(Wagner &amp; Linehan, 1994)</td>
<td>SEQex</td>
</tr>
<tr>
<td>Sexual Life Events Inventory</td>
<td>(Palmer, Chatoner &amp; Oppenheimier, 1992)</td>
<td>SLEI</td>
</tr>
<tr>
<td>Sexual and Physical Abuse History Questionnaire of Leserman and colleagues</td>
<td>(Leserman &amp; Drossman, 1995)</td>
<td>SPAHQ</td>
</tr>
<tr>
<td>Stressful Life Events Screening Questionnaire</td>
<td>(Goodman, Carcoran, Turner, Yuan &amp; Green, 1998)</td>
<td>SLESQ</td>
</tr>
<tr>
<td>Traumatic Experiences Questionnaire</td>
<td>(Nijenhuis, Spinhoven, van Dyck, van de Hart &amp; Vanderlinden, 1998)</td>
<td>TEQ</td>
</tr>
</tbody>
</table>

Note: Abbrev: Abbreviation
de Experiencias Traumáticas [Questionnaire for the Screening of Traumatic Experiences] (ExpTra-S), a short, simple and useful instrument for assessing, through screening, the frequency and distress of early traumatic experiences frequently found in patients with SMI. For further detail please consult Camblor Ordoñez (2015). This is not an assessment instrument that covers all of the possible traumatic experiences; however, it does cover the traumatic experiences that are considered most frequent in childhood (Bernstein et al., 2003). Furthermore, it is intended for use as a screening method, so the information found must be completed using other methods of assessment and different informants.

The construction process of the ExpTra-S, was conducted according to the international guidelines for the construction of assessment instruments (American Educational Research Association et al., 1999; Downing, 2006; Schmeiser & Welch, 2006; Wilson, 2005), following a series of steps that would ensure that the construction process was carried out in a systematic and rigorous way (Muñiz & Fonseca-Pedrero, 2008). The item bank was built based on a comprehensive review of the existing tools for assessing early traumatic experiences in adults and the judgement of experts in the field. The items that made up the bank were selected or modified from different scales and/or newly created ones. All of the items were constructed and drafted based on the principles of simplicity, clarity, comprehensibility and relevance to the population of interest. The translation, adaptation and construction of the items was conducted in accordance with international guidelines for the translation and adaptation of tests (Hambleton, Merenda & Spielberg, 2005; Muñiz & Bartram, 2007; Muñiz, Elósa & Hambleton, 2013), and the construction of multiple-choice items (Haladyna, 2002; Moreno, Martínez & Muñiz, 2006).

The ExpTra-S, has two scales, one of frequency and another of distress. The frequency scale is composed of a total of 18 items in Likert response format of four categories (0 “never”, 1 “sometimes”, 2 “frequently”, 3 “almost always”). The presence of early traumatic experiences is evaluated through 17 questions regarding different types of child abuse: sexual abuse, physical abuse, emotional abuse, and emotional and physical neglect, adding a final item that refers to any other type of traumatic event that may have occurred which has not been covered in previous questions and which has caused the participant distress. Similarly, the scale of distress is also made up of 18 items in Likert format with four categories (1, “no distress”, 2 “slight distress”, 3 “considerable distress” and 4 “great distress”), where the distress associated with these experiences is evaluated. The scale of distress should be answered only if the trauma is present at least “sometimes” on the frequency scale. An example of an item could be: “When you were a child, did a family member regularly and repeatedly insult you?”

The construction and validation of the ExpTra-S, was conducted with a sample of 114 patients with psychotic disorders and 153 young non-clinical adults, and presented adequate psychometric properties. The estimation of the reliability showed an internal consistency of 0.96, with all indices of discrimination greater than 0.30. The reliability of the scores was also estimated using IRT. Validity studies allowed us to collect enough evidence that could serve as the scientific basis for the interpretation of the scores of participants of the ExpTra-S. Similarly, validity evidence was obtained with other self-reports that evaluated psychotic symptoms and subjective complaints of cognitive deficits in patients with psychosis (Ordoñez-Camblor, 2015). It would be interesting for future studies to apply ExpTra-S in patients with other serious mental disorders.

BY WAY OF CONCLUSION

A topic of growing interest is the study of the relationship between early adversity and psychological difficulties in later phases of life. In this regard, recent research indicates poorer mental health in general in people who have suffered abuse, with greater presence of symptoms and psychiatric disorders (Carr, Martins, Stingel, Lembruber & Juruena, 2013; Sala, Goldstein, Wang & Blanco, 2014; Subica, 2013). The importance of the trauma and psychopathology relationship has led to the creation of different assessment instruments.

In this sense, the purpose of this research was to conduct a review of the main existing self-reports for assessing early traumatic experiences in adults; and to present a new measuring instrument for assessing early traumatic experiences in patients with SMI. The results show that, although a large number of instruments have been built over the past 30 years focusing on the assessment of adult traumatic experiences, more studies are still needed to further facilitate development and knowledge in the field of assessing traumatic experiences. There is great heterogeneity among the instruments, not only in the formats and methods of administration, but also in the kinds of traumatic experiences that they focus on, which makes comparison between them difficult. At the same time, not all of the instruments developed have provided information about their psychometric properties. Similarly, there are few instruments that have been adapted and validated in the Spanish population. These and other limitations reduce the clinical applicability of these instruments (Thabrew et al., 2012). There is no doubt that the use of assessment instruments with adequate metric quality, upon which solid and well-founded decisions can be based, is a must from both the clinical and research perspectives (Fonseca et al., 2011).

On the other hand, until now none of the existing instruments had been developed specifically for assessing early traumatic experiences in patients with SMI. In this sense, the ExpTra-S is an instrument that can facilitate the brief and simple assessment of early traumatic experiences in patients with SMI.

The assessment of early traumatic experiences is extremely important from the clinical point of view. The early identification and intervention of abusive experiences may decrease the development of mental disorders in adulthood. In the same vein, the presence of early traumatic experiences in a patient with a mental disorder may hinder the therapeutic process and it may be an indicator of poor prognosis as well as influencing the evolution of the clinical condition and the therapy or prophylactic treatment. Thus, participants that report traumatic experiences with some distress should be subject to monitoring as well as a specific intervention during the therapy in order to work through the early traumatic experiences and to reduce the associated distress.

For future work in this line, it is important to continue to obtain validity evidence of the ExpTra-S and to continue to examine the psychometric properties of the measuring instruments available for assessing early traumatic experiences.
REFERENCES


infantil: el “ciclo de la violencia” [Neurobiology of child abuse: the “cycle of violence”]. Revista de Neurología, 52(8), 489-503.


