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Psychometric properties of the Spanish adaptation of the Self-Compassion Scale for Youth (SCS-Y)

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Abstract

Objective

This study aimed to culturally adapt and validate the Spanish version of the SCS-Y.

Method

A sample of 664 Spanish adolescents (M = 13.34, SD = 1.61) from educational centers participated in the study. The sample was divided into independent subsamples for cross-validation. Construct validity was assessed using Confirmatory Factor Analysis (CFA), and measurement invariance was tested through multi-group CFA. Convergent validity was evaluated by correlating the SCS-Y with measures of depressive symptoms (RCADS), life satisfaction (SWLS), body esteem (BESAA), and eating disorder risk (EAT-26).

Results

CFA supported the original six-factor structure (Self-Kindness, Self-Judgment, Common Humanity, Isolation, Mindfulness, and Over-identification), demonstrating an acceptable fit after specifying a theoretically justified residual covariance. Full measurement invariance across gender was established. The total scale showed satisfactory internal consistency (= .79). Convergent validity was supported by significant correlations in the expected directions: self-compassion was positively associated with life satisfaction (r = .36) and body esteem (r = .45), and negatively associated with depressive symptoms (r = − .50) and eating pathology (r = − .31). Negative components (isolation and over-identification) showed the strongest links to maladaptive outcomes.

Conclusion

The Spanish version of the SCS-Y is a reliable and valid instrument for assessing self-compassion in adolescents. These findings underscore the importance of self-relating processes in adolescent mental health and support the use of this scale in clinical and educational research.

1. Introduction

Adolescence is a critical developmental period characterized by profound biological, cognitive, and socio-emotional changes that increase vulnerability to emotional distress and internalizing problems, such as anxiety and depression (Byrne et al., 2007; Cummings et al., 2014) and body dissatisfaction (Nelson et al., 2021). In European contexts, the prevalence of these disorders has shown a sustained increase over the last decade, a trend further intensified by the COVID-19 pandemic (Nazari et al., 2022). The frequent co-occurrence of these conditions suggests the presence of shared underlying processes, underscoring the importance of identifying transdiagnostic mechanisms that promote resilience and emotional health (Marsh et al., 2018).

During adolescence, these patterns often manifest as heightened rumination, harsh self-judgment, and a sense of isolation, whereby individuals perceive their suffering as unique rather than part of a broader human experience (Bluth & Blanton, 2015; Neff & McGehee, 2010). In addition, adolescents may become over-identified with negative internal states, amplifying emotional reactivity and reducing behavioral flexibility (Sutton et al., 2018). These processes contribute to vulnerability across multiple domains of psychopathology.

Within this context, self-compassion has emerged as a particularly relevant protective factor because it offers a direct psychological antidote to these maladaptive processes (Stolow et al., 2016; Zeller et al., 2015). Originally defined by Neff (2003) as an attitude of kindness, understanding, and balanced awareness toward oneself in moments of suffering, self-compassion can be conceptualized as a multidimensional regulatory system comprising three core components: self-kindness, common humanity, and mindfulness, each contrasted with their maladaptive counterparts of self-judgment, isolation, and over-identification (Neff, 2003, 2016). Therefore, self-compassion reflects an adaptive way of relating to internal experiences that may counteract rigid and self-critical response patterns central to emotional disorders (MacBeth & Gumley, 2012).

This regulatory framework is particularly relevant during adolescence, a developmental stage marked by identity formation, heightened self-consciousness, and increased sensitivity to social evaluation (Somerville, 2013; Steinberg, 2005). These

developmental features often intensify self-criticism and social comparison processes, which are functionally opposed to self-compassionate responding (Bluth & Blanton, 2015). Longitudinal research indicates that self-compassion plays a protective role by mitigating the negative impact of self-judgment and emotional reactivity, thereby facilitating healthier self-concept development and emotional adjustment (Stolow et al., 2016; Sutton et al., 2018).

From a transdiagnostic perspective, self-compassion may be especially relevant for understanding vulnerability to a range of psychological disorders, including eating disorders, which are closely linked to self-evaluative and appearance-related concerns (Turk & Waller, 2020). This relevance becomes particularly salient in specific sociocultural contexts. In Spain, for instance, recent studies have documented a marked increase in eating disorder risk among youth following the COVID-19 pandemic (Vall-Roqué et al., 2021), alongside a broader rise in emotional symptomatology in adolescents (Casella et al., 2026).

Despite its relevance, the assessment of self-compassion in adolescent populations presents important challenges. Instruments originally developed for adults may rely on abstract language and metacognitive demands that are not fully accessible to younger individuals, potentially compromising measurement validity (Neff et al., 2021). Although the original Self-Compassion Scale (SCS; Neff, 2003) and its short form (Raes et al., 2011) have shown adequate psychometric properties in Spanish-speaking samples (Garcia-Campayo et al., 2014; Ardela-Cabrera et al., 2021), these measures may not fully capture developmental differences in how self-compassion is experienced and expressed during early adolescence.

In response to these limitations, Neff et al. (2021) developed the Self-Compassion Scale for Youth (SCS-Y), a 17-item instrument specifically designed for adolescents using developmentally appropriate language. The SCS-Y retains the six-component structure of the original model while improving accessibility and comprehension. Psychometric analyses using bifactor exploratory structural equation modeling have supported the presence of a general self-compassion factor alongside specific components (Neff et al., 2021). In terms of reliability, the original scale has demonstrated adequate internal consistency, with a total Cronbach's alpha of .82, and subscale alphas ranging from .65 to .77 across its six components, supporting its multidimensional structure. Subsequent validations across diverse cultural contexts, including Turkish, Persian, and German samples, have provided further evidence of its reliability and structural validity (Nazari et al., 2022; Deniz et al., 2022; Gruber et al., 2023).

However, to date, no validated Spanish version of the SCS-Y is available. This gap represents a significant limitation for both research and clinical practice, particularly given the growing evidence that self-compassion functions as a protective factor during adolescence. Recent meta-analytic findings indicate that self-compassion interventions produce significant reductions in anxiety symptoms across randomized controlled trials, with benefits maintained over time in some cases (Luo et al., 2023). In adolescent populations, mindfulness- and self-compassion-based interventions have also shown promise in reducing stress, depressive symptoms and body image-related difficulties (Ferrari et al., 2019; Mahon et al., 2023). Given the rising prevalence of psychological difficulties among Spanish adolescents, with 22% presenting internalizing problems, 19% externalizing problems, and 16% at subclinical levels (Piqueras et al., 2024), there is a clear need for culturally sensitive and developmentally appropriate tools. Validating the Spanish version of the SCS-Y would therefore facilitate the assessment of self-compassion and support the implementation and evaluation of evidence-based interventions in both clinical and educational contexts.

The present study aims to address this gap by culturally adapting and validating the Spanish version of the Self-Compassion Scale for Youth (SCS-Y). Specifically, the objectives are: (1) to examine its factor structure in a large sample of Spanish adolescents using Confirmatory Factor Analysis (CFA) and to test its measurement invariance across gender through a cross-validation strategy using two independent subsamples; (2) to evaluate its internal consistency for both the total score and the six subscales; and (3) to provide evidence of convergent and divergent validity through its associations with transdiagnostic variables, including depressive symptoms, eating disorder risk, life satisfaction, and body esteem.

2. Method

2.1. Participants

The total sample of participants was recruited from four educational centers in *Blinded for Review*, Spain, which were randomly selected. Regarding academic level, the sample included students from 1st to 4th year of Compulsory Secondary Education (ESO) and 1st year of Post Compulsory Secondary Education.

2.2. Procedure

The project and assessment procedures were approved by the Department of Education *Blinded for Review* and the Office of Responsible Research of the *University Name Blinded for Review* (Reference *Blinded for Review*; Reference Blinded for Review) in accordance with Declaration of Helsinki's ethical standards. Informed consent was obtained from participants, their legal guardians, and the educational centers.

The methodology for the cultural and linguistic adaptation of instruments by López-Roig & Pastor (2016) was followed to conduct the SCS-Y translation to Spanish in predetermined stages. In the first stage, two of the study authors (- and -) independently translated the items directly from English to Spanish, comparing them and settling on a consensual version. The second stage consisted of a back-translation of the Spanish translation, performed by a native English speaker bilingual in Spanish and who had not participated in the initial translation and was unfamiliar with the contents of the scale. Lastly, the back-translated version was compared with the original version to trace inconsistencies, and conceptual or semantic disparities. This process aimed to guarantee that the Spanish version has linguistic and conceptual equivalence with the original English version. The original items and their Spanish translations are presented in Table 1.

Table 1

English and Spanish Versions of the SCS-Youth Items

Item	English	Spanish
1	I try to be kind and understanding to myself when I am having a hard time.	Intento ser amable y comprensivo/a conmigo mismo/a cuando lo estoy pasando mal.
2	When I feel sad or down, I seem to be the only one who feels this way.	Cuando me siento triste o decaído/a, me parece que soy el único/a que se siente así.
3	When I notice things about myself that I don't like, I feel very frustrated.	Cuando noto cosas de mí que no me gustan, me siento muy frustrado/a.
4	When I feel that I am not "good enough" in some aspect, I try to remind myself that other people sometimes feel this way too.	Cuando siento que no soy "suficientemente bueno" en algún aspecto, intento recordarme a mí mismo/a que otras personas en ocasiones también se sienten así.
5	When I feel frustrated or disappointed, I think about it over and over again.	Cuando me siento frustrado/a o decepcionado/a, pienso en ello una y otra vez.
6	When something annoying happens to me, I try to see things as they are, without exaggerating them.	Cuando me ocurre algo molesto, intento ver las cosas como son, sin exagerarlas.
7	I get angry at myself for not being better at some things.	Me enfado conmigo mismo/a por no ser mejor en algunas cosas.
8	When I am sad or down, I remember that other people sometimes feel that way too.	Cuando estoy triste o decaído/a, recuerdo que otras personas en ocasiones también se sienten así.
9	I am kind to myself when I feel bad because things are not going well.	Soy amable conmigo mismo cuando me siento mal porque las cosas no van bien.
10	When I feel bad or upset, I have the feeling that most people are probably happier than I am.	Cuando me siento mal o disgustado, tengo la sensación de que la mayoría de personas son probablemente más felices que yo.
11	When faced with a difficult situation, I try to see things clearly and without exaggeration.	Ante una situación difícil, intento ver las cosas con claridad y sin exageraciones.
12	I am very hard on myself when I do something wrong.	Soy muy duro conmigo mismo cuando hago algo mal.
13	When things aren't going well, I keep in mind the fact that life can be tough for everyone.	Cuando las cosas no van bien, tengo en mente que la vida puede ser dura para todos.
14	When I feel bad or upset, I can't think of anything else at that moment.	Cuando me siento mal o disgustado, no puedo pensar en otra cosa en ese momento.
15	I try to be understanding and patient with myself even when I screw up.	Intento ser comprensivo y paciente conmigo mismo/a incluso cuando meto la pata.
16	When I have a hard time with something, I have the feeling that others have it easier.	Cuando algo me cuesta mucho, tengo la sensación de que los demás lo tienen más fácil.
17	When something bothers me, I try to understand my feelings and not get carried away by them.	Cuando algo me molesta, intento darme cuenta de mis sentimientos y no dejarme llevar por ellos.

Four educational centres were randomly selected from a sampling frame that included both public and private institutions. All of them gave their authorization to perform the study. Informed consent forms were delivered to participants and their legal guardians, which had to be signed and collected in order to assess the students. The questionnaire was administered in a classroom during regular school hours under the supervision of a teacher, using computers of the respective educational centres with online survey software, and each group took approximately 50 minutes to complete the measures. To preserve data confidentiality while being able to match data in following survey administration, each participant received a pseudonymised code generated by a secure application developed by the university conducting the research project. Data collection took place between September 2024 and March 2025. No financial incentives were provided for participating in the study.

2.3. Variables

Sociodemographic data

Sociodemographic information included gender, age, educational centre and class, self-reported weight and height, estimated hours of daily mobile phone, social media platforms used most frequently, hours per week spent exercising, previous dieting behaviours, and the reasons behind them.

Self-compassion

The Self-Compassion Scale Youth Version (SCS-Youth; Neff et al., 2021). This scale was designed to measure explicit thoughts, emotions, and behaviours associated with the different components of self-compassion: Self-Kindness (SK) vs. Self-Judgment (SJ); Common Humanity (CH) vs. Isolation (IS); and, Mindfulness (MI) vs. Over-Identification (OI) (García-Campayo et al., 2014). A 17-item version of the scale was used, where each item answers the question 'How do I usually act towards myself in tough moments?' with a 5-point Likert scale ranging from '*Never*' (1) to '*Always*' (5).

Depressive symptoms

Depression Subscale of the Revised Child Anxiety and Depression Scales (RCADS; Chorpita et al., 2000; Spanish version by Sandín et al., 2009). Only the RCADS depression subscale, which assesses major depressive disorder symptomatology according to DSM-IV criteria, was used for this study. The subscale covers 10 items measured on a 4-point Likert scale, from 0 (*Never*) to 3 (*Always*) in response to the question of with which frequency participants experience each symptom. The internal consistency of this subscale in previous studies was adequate (α = .79; Sandín et al., 2009), and in this study, an internal consistency of α = .81 on the depression subscale was obtained.

Life satisfaction

Satisfaction With Life Scale (SWLS; Diener et al., 1985; Spanish version by Atienza et al., 2000). It consists of five items that measure the overall cognitive judgment a person makes about their own life satisfaction. Respondents were asked to rate each item on a 7-point Likert scale, from '*Strongly Disagree*' (1) to '*Strongly Agree*' (7). Scale reliability was satisfactory (α = .84) in previous studies (Atienza et al., 2000) in consonance with the internal consistency in the following study (α = .84).

Body Esteem

The Body Esteem Scale for Adolescents and Adults (BESAA; Mendelson et al., 2001; Spanish version by Beltrán-Garrayo et al., 2023). This scale composed of 23 items measures subjective self-perception of the body through three different subscales: Appearance, Weight, and Attribution. The items were rated on a 5-point Likert-scale from '*Never*' (1) to '*Always*' (5). Higher scores implied greater body esteem, without defined cut-off points. Internal consistency for the total scale was good (α = .94) in previous studies (Beltrán-Garrayo et al., 2022). For this study, internal consistency was α = .91 on the total scale.

Eating Disorder symptoms

Eating Attitudes Test-26 (EAT-26; Garner et al., 1982; Spanish version by Gandarillas et al., 2003). A self-report that consists of 26 items that assess characteristic symptoms and attitudes of eating disorders (ED), divided into three specific subscales: Dieting, Bulimia and Food Preoccupation, and Oral Control. Respondents were asked to rate each item on a 6-point scale, ranging from '*Never*' (0) to '*Always*' (5), with higher scores meaning greater presence of ED symptomatology. A cut-off point of 20 was established to differentiate subjects with and without risk of ED. Scale reliability was satisfactory (α = .90) in previous studies (Gandarillas et al., 2003). Internal consistency was α = .75 on the total scale.

Statistical Analysis

The total sample was randomly split into two independent subsamples using a stratified procedure in SPSS version 31, with stratification based on age, gender, class, and school to ensure robust cross-validation. Subsample 1 was designated for construct validity and Subsample 2 for reliability and to conduct confirmatory factor analysis (CFA). Prior to the main analyses, the equivalence of these two subsamples was verified using independent samples t-tests and chi-square tests. Once the samples were separated, the data in each subsample were screened for univariate outliers using the boxplot method. Participants identified as extreme cases were excluded (n = 26 from the first subsample and n = 38 from the second subsample).

The following analyses were conducted using R version 4.5.1 (R Core Team, 2025). Using the first sample, a Confirmatory Factor Analysis (CFA) was performed via the *lavaan* package (Rosseel, 2012; Rosseel et al., 2025). Diagonally Weighted Least Squares Mean and Variance adjusted (WLSMV) estimators were employed to account for the ordinal nature of the scale data (Li, 2015). Assessment of model fit relied on the chi-square test and several robust indices: the Comparative Fit Index (CFI; Bentler, 1990), the Tucker–Lewis Index (TLI; Tucker & Lewis, 1973), the Root Mean Square Error of Approximation (RMSEA; Steiger, 1990), and the Standardized Root Mean Square Residual (SRMR; Jöreskog & Sörbom, 1988). SRMR was prioritized as robust indicators of exact fit (Pavlov et al., 2021), where, following the recommendations of Hu and Bentler (1999), a cutoff value close to .08 for SRMR was considered indicative of a good fit.

Measurement invariance across gender was examined using multi-group CFA, focusing on men and women due to the limited number of non-binary/other participants. The process started by testing configural invariance, which allows loadings and intercepts to be unconstrained; a satisfactory fit for this model indicates that the underlying factor structure is comparable between groups. Next, a series of nested models with increasing constraints were evaluated to establish measurement invariance. First, metric invariance was tested by constraining factor loadings to be equivalent across genders; subsequently, scalar invariance was examined by equalizing both loadings and item intercepts (Vandenberg & Lance, 2000). Model comparisons were based on fluctuations in the CFI, RMSEA, and SRMR indices. According to the criteria proposed by Chen (2007), invariance is confirmed if $\Delta CFI < .01$, supported by $\Delta RMSEA < .015$ or $\Delta SRMR < .03$ for metric invariance, and $\Delta SRMR < .01$ for scalar invariance.

Internal consistency was calculated through α and ω coefficients, while convergent validity was examined using Pearson's *r* correlations. To test convergent validity, a series of hypotheses regarding expected correlations between the SCS-Y scale and related variables was formulated. According to prior research, the following associations are anticipated to be found: a negative correlation between self-compassion, especially its negative dimensions, and depressive symptoms (López et al., 2018; MacBeth & Gumley, 2012); a positive correlation between self-compassion and life satisfaction (Zessin et al., 2015); a positive correlation between self-compassion and body esteem (Albertson et al., 2014; Braun et al., 2016; Linardon et al., 2022); and, lastly, a negative correlation between self-compassion and ED symptoms (Braun et al., 2016).

The magnitude of the resulting correlations was interpreted according to Cohen's (1988) guidelines. Specifically, coefficients between .10 and .30 were classified as weak, values from .30 to .50 were considered moderate, and scores exceeding .50 were categorized as strong.

3. Results

3.1. Descriptive statistics and sample characteristics

The total sample consisted of 664 adolescents (53.0% female, 46.1% male, 0.9% non-binary/other) aged between 11 and 18 years (M = 13.34, SD = 1.61). Body Mass Index (BMI) was 19.62 kg/m² (SD = 2.99). Regarding lifestyle habits, participants reported spending an average of 2.99 hours per day (SD = 1.97) on smartphone use. When asked about dieting history, 28.9% of the participants reported having gone on a diet at least once in their lives.

Detailed descriptive statistics for the total sample and the two subsamples, including psychometric measures are presented in Table 2. Comparative analyses showed no statistically significant differences between Subsample 1 and Subsample 2 across any sociodemographic, clinical, or psychometric variables (all $p > .05$), supporting the equivalence of the groups for the cross-validation of the scale.

Table 2

Sociodemographic and Clinical Descriptives of the Study Subsamples

Variable	Total Sample (N = 664)	Subsample 1 (n = 316)	Subsample 2 (n = 348)	*Statistic (t / χ2)*	*p*
Age *(M, SD, Range)*	13.34 (1.61), 11–18	13.29 (1.61), 11–18	13.39 (1.61), 11–18	*t* = 0.77	.440
Gender *(%)*				*χ2* = 2.33	.312
Female	53	53.2	52.9		
Male	46.1	46.5	45.7		
Non-Binary / Other	0.9	0.3	1.4		
BMI *(M, SD)*	19.62 (2.99)	19.7 (3.08)	19.55 (2.91)	*t* = − 0.63	.526
Dieting History (% Yes)	28.9	28.8	29	*χ2* = 0.00	.949
Phone Use (hrs/day) *(M, SD)*	2.99 (1.97)	2.98 (1.96)	2.99 (1.99)	*t* = 0.09	.930
Psychometric Measures *(M, SD)*					
SCS-Y	52.55 (9.76)	52.55 (9.76)	52.55 (9.78)	*t* = − 0.01	.995
RCADS	6.86 (4.32)	6.82 (4.15)	6.90 (4.48)	*t* = 0.23	.818
SWLS	19.48 (4.19)	19.55 (4.09)	19.42 (4.28)	*t* = − 0.34	.736
BESAA	62.01 (14.04)	61.99 (14.17)	62.03 (13.94)	*t* = 0.04	.970
EAT-26	5.20 (5.72)	5.18 (5.73)	5.21 (5.72)	*t* = 0.07	.947

Note. BMI: Body Mass Index; EAT-26: Eating Attitudes Test-26; BESAA: The Body Esteem Scale for Adolescents and Adults; M: Mean; RCADS: Depression Subscale of the Revised Child Anxiety and Depression Scales; SCS-Y: Self-Compassion Scale Youth Version; SD: Standard Deviation; SWLS: Satisfaction With Life Scale. M: Mean; SD: Standard Deviation; *t*: Student's t-test statistic; χ2: Chi-square test statistic; *p*: probability value.

3.2. Construct Validity and Factorial Structure of the SCS-Y Scale

The factorial structure of the Self-Compassion Scale for Youth (SCS-Youth) and construct validity was examined using Confirmatory Factor Analysis (CFA) to test the original six-factor model proposed by Neff (2003). This model comprises the dimensions of Self-Kindness, Self-Judgment, Common Humanity, Isolation, Mindfulness, and Over-identification. Given the ordinal response format of the items, the model was estimated using the WLSMV estimator.

The six-factor model demonstrated an overall acceptable fit to the data, $\chi^2(103) = 278.91$, $p < .001$, CFI = .911, TLI = .880, RMSEA = .079, 90% CI [.069, .088], and SRMR = .055. While the CFI, RMSEA, and SRMR met commonly accepted criteria for adequate model fit, the TLI fell slightly below the recommended cutoff of .90 (Table 3).

Table 3

Fit Indices for Factor Model

Model	χ2	df	p	Robust CFI	Robust TLI	RMSEA [90% CI]	SRMR
Six-factor model (Initial)	224	104	< .001	.900	.870	0.083 [.073, .092]	.056
Six-factor model	278.91	103	< .001	.911	.880	.079 [.069, .088]	.055

Note. χ2 = chi-square statistic; df = degrees of freedom; CFI = Comparative Fit Index; TLI = Tucker-Lewis Index; RMSEA = Root Mean Square Error of Approximation; CI = Confidence Interval; SRMR = Standardized Root Mean Square Residual.

Inspection of modification indices indicated localized areas of shared item variance within the same latent construct. Consistent with theoretical considerations, a residual covariance was specified between Item 1 (“I try to be kind and understanding to myself when I am having a hard time”) and Item 9 (“I am kind to myself when I feel bad because things are not going well”), both belonging to the Self-Kindness factor and reflecting a proactive and compassionate response toward personal difficulties. The inclusion of this correlated error resulted in the reported model fit.

All standardized factor loadings were statistically significant ($p < .001$) and ranged from .584 to .834 (Table 4). The strongest loadings were observed for items assessing Isolation (e.g., Item 10, λ = .834) and Over-identification (e.g., Item 5, λ = .828), indicating that these items were highly representative of their respective latent dimensions. Overall, the results support the adequacy of the six-factor structure of the Spanish version of the SCS-Youth and its consistency with the original theoretical model.

Table 4

Standardized Factor Loadings and Item Descriptive Statistics for the Six-Factor Model of the SCS-Youth

Factor / Item	M (SD)	λ	SE	z	p
Self-Kindness (SK)					
SCS1	3.652 (1.163)	.635	—	—	—
SCS9	3.216 (1.155)	.693	.093	13.014	< .001
SCS15	3.149 (1.095)	.772	.110	13.888	< .001
Self-Judgment (SJ)					
SCS3	3.210 (1.266)	.742	—	—	—
SCS7	3.098 (1.365)	.756	.063	16.287	< .001
SCS12	2.828 (1.275)	.717	.063	15.374	< .001
Common Humanity (CH)					
SCS4	2.876 (1.214)	.707	—	—	—
SCS8	2.790 (1.190)	.769	.073	14.871	< .001
SCS13	3.078 (1.180)	.778	.074	14.880	< .001
Isolation (IS)					
SCS2	3.345 (1.196)	.584	—	—	—
SCS10	3.310 (1.318)	.834	.104	13.656	< .001
SCS16	3.239 (1.199)	.709	.096	12.647	< .001
Mindfulness (MI)					
SCS6	3.172 (1.146)	.642	—	—	—
SCS11	3.279 (1.076)	.776	.070	17.294	< .001
SCS17	2.994 (1.076)	.644	.069	14.523	< .001
Over-identification (OI)					
SCS5	2.672 (1.342)	.828	—	—	—
SCS14	2.638 (1.201)	.823	.049	20.225	< .001

Note. M = mean; SD = standard deviation; λ = standardized factor loading; SE = standard error; z = z-value; p = p-value. Dashes (—) indicate that the first item of each factor was fixed to 1.0 to set the metric of the latent variable; therefore, SE, z, and p are not reported for these items. All other factor loadings were statistically significant at $p < .001$.

3.3. Measurement Invariance

Measurement invariance across gender was examined for the CFA model of the Self-Compassion Scale for Youth (SCS-Y) using multi-group confirmatory factor analysis with the WLSMV estimator (Table 5). Configural, metric, scalar, and strict invariance were tested sequentially. The configural model, which allowed factor loadings and item thresholds to vary freely across groups, demonstrated an adequate fit to the data (RMSEA = .081 [95% CI: .074–.088], CFI = .974, SRMR = .053), supporting a comparable factor structure for boys and girls. Imposing equality constraints on factor loadings (metric invariance) resulted in negligible changes in model fit (ΔCFI = − .002, ΔRMSEA = − .004, ΔSRMR = .002). Further constraining both factor loadings and item thresholds (scalar invariance) also led to minimal changes in fit indices (ΔCFI = − .001, ΔRMSEA = .001). Finally, the strict invariance model, in which residual variances were additionally constrained, showed no further deterioration in model fit. Overall, these results support full measurement invariance of the SCS-Y across gender.

Table 5
Measurement invariance of the SCS-Y across gender

Model Fit Indices					**Model Fit Comparisons**			
Invariance Model	**χ^2 (df)**	**RMSEA [95% CI]**	**CFI**	**SRMR**	**$\Delta\chi^2$ (df)**	**ΔRMSEA**	**ΔCFI**	**ΔSRMR**
Female (n = 352)	365 (103)	.091 [.081, .102]	.947	.062	—	—	—	—
Male (n = 306)	365 (103)	.091 [.081, .102]	.947	.062	—	—	—	—
Configural	652 (206)	.081 [.074, .088]	.974	.053	—	—	—	—
Metric	641 (217)	.077 [.070, .084]	.972	.055	−11 (11)	−.004	−.002	.002
Scalar	629 (211)	.078 [.071, .085]	.971	.055	−12 (− 6)	.001	−.001	0
Strict	629 (211)	.078 [.071, .085]	.971	.055	0 (0)	0	0	0

Note. χ^2 = chi-square; df = degrees of freedom; RMSEA = root mean square error of approximation; CFI = comparative fit index; CI = confidence interval; SRMR: Standardized RootMean Square Residual; Δ: change in paramete

3.4. Reliability

The internal consistency of the SCS-Y total score was satisfactory, with a Cronbach's alpha of .788. For the six subscales, the coefficients ranged from .652 to .805, indicating adequate to good reliability across all dimensions (Table 6). The corrected item-total correlations for the 17 items were all adequate, and the internal consistency analysis indicated that the removal of any item would not significantly improve the overall reliability of the scale.

Table 6
Internal Consistency of the SCS-Y and Criterion Measures

Scale / Subscale	**Number of Items**	**Cronbach's α**	**McDonald's **
SCS-Y Total Score	17	.788	.792
Self-Kindness (SK)	3	.664	.673
Self-Judgment (SJ)	3	.711	.716
Common Humanity (CH)	3	.728	.741
Isolation (IS)	3	.631	.655
Mindfulness (MI)	3	.676	.687
Over-identification (OI)	2	.745	.748

3.5. Convergent Validity

To assess convergent validity, measures of depression, life satisfaction, body esteem, and eating disorder symptomatology were selected to examine their relationships with self-compassion. Table 7 includes the descriptive analysis of these variables, as well as their Pearson correlations with the SCS-Y.

Table 7

Bivariate Correlations Between SCS-Y Scores and Criterion Measures

Variable	1	2	3	4	5	6	7	8	9	10
1. SCS-Y Total (n = 316)	—									
2. Self-Kindness	.690***	—								
3. Self-Judgment	.673***	.258***	—							
4. Common Humanity	.432***	.347***	−.060	—						
5. Isolation	.638***	.215***	.521***	−.067	—					
6. Mindfulness	.594***	.557***	.083	.441***	.075	—				
7. Over-identification	.563***	.128*	.549***	−.139*	.522***	.033	—			
8. RCADS (Depression) (n = 300)	−.499***	−.294***	−.417***	.039	−.514***	−.162**	−.446***	—		
9. EAT-26 (n = 300)	−.305***	−.244***	−.289***	.031	−.267***	−.065	−.256***	.323***	—	
10. BESAA (n = 316)	.445***	.322***	.364***	.056	.395***	.142*	.313***	−.477***	−.421***	—
11. SWLS (n = 234)	.362***	.305***	.184**	.093	.357***	.233***	.119	−.455***	−.148*	.519***

Note. Pearson correlations are shown. SCS-Y = Self-Compassion Scale for Youth; RCADS = Revised Child Anxiety and Depression Scale; EAT-26 = Eating Attitudes Test–26; BESAA = Body Esteem Scale for Adolescents and Adults; SWLS = Satisfaction With Life Scale. Ns range from 234 to 316 due to missing data.

$p < .05$*, $p < .01$**, $p < .001$*** (two-tailed)

Self-compassion was significantly associated with all criterion variables in the expected directions. Specifically, the SCS-Y demonstrated positive correlations with body esteem ($r = .445$, $p < .001$) and life satisfaction ($r = .362$, $p < .001$), and negative correlations with depressive symptoms (RCADS depression subscale; $r = -.499$, $p < .001$) and eating pathology (EAT-26; $r = -.305$, $p < .001$).

Regarding the SCS-Y subscales, differential but theoretically consistent patterns of associations were observed. The positive components of self-compassion (self-kindness, common humanity, and mindfulness) showed small to moderate positive correlations with indicators of psychological well-being, particularly body esteem and life satisfaction, and small to moderate negative associations with depressive symptoms and eating pathology. In contrast, the negative components (self-judgment, isolation, and over-identification) were more strongly associated with maladaptive outcomes, including higher levels of depressive symptoms and greater eating pathology. Notably, isolation and over-identification exhibited the strongest negative correlations with body esteem and the strongest positive correlations with depressive symptoms.

4. Discussion

The present study aimed to examine the psychometric properties of the Spanish adaptation of the Self-Compassion Scale for Youth (SCS-Youth; Neff et al., 2021) in a community sample of Spanish adolescents. Specifically, we evaluated its factorial structure, internal consistency, measurement invariance across gender, and convergent validity with indicators of psychological distress and well-being. Overall, the findings provide strong evidence that the Spanish version of the SCS-Youth is a reliable, valid, and developmentally appropriate instrument, supporting its use in both research and applied settings within Spanish-speaking adolescent populations.

4.1. Factorial Structure and Reliability

Consistent with the original validation of the SCS-Youth (Neff et al., 2021), the confirmatory factor analysis supported the six-factor structure corresponding to self-kindness, self-judgment, common humanity, isolation, mindfulness, and over-identification. This result aligns with previous adaptations conducted in Turkish (Deniz et al., 2022), Persian (Nazari et al., 2022), and German samples (Gruber et al., 2023), reinforcing the robustness of the multidimensional conceptualization of self-compassion across cultural contexts. This perspective aligns with process-based models, which emphasize the identification of functionally coherent dimensions of behavior rather than reliance on latent diagnostic categories, supporting the utility of modeling self-compassion as a set of interrelated but distinguishable processes of self-relating (Hayes et al., 2020).

Although the initial model fit indices were slightly below the most conservative thresholds, particularly for the TLI, the overall pattern of fit indices (CFI, RMSEA, and SRMR) fell within acceptable ranges for complex, multidimensional models estimated with ordinal data. Importantly, the inclusion of a theoretically justified residual covariance between two self-kindness items reflecting proactive compassionate responding resulted in an improved and acceptable model fit. Similar localized item dependencies have been reported in prior validations and likely reflect overlapping behavioral expressions of self-kindness rather than deficiencies in the underlying construct (Neff, 2016; Neff et al., 2021).

All standardized factor loadings were statistically significant and of moderate to high magnitude, indicating that the items were strong indicators of their respective latent dimensions. Notably, items belonging to the negative components (isolation and over-identification) exhibited particularly strong loadings, underscoring their salience during adolescence, a developmental period characterized by heightened emotional reactivity, self-focus, and social comparison (Levantini et al., 2025).

Regarding reliability, the total scale demonstrated satisfactory internal consistency ($\alpha = .79$; $\Omega = .79$), comparable to those reported in previous adolescent samples (Deniz et al., 2022; Nazari et al., 2022). Although some subscales result in modest coefficients, this pattern is expected given their brevity (two to three items) and the multidimensional nature of the construct. Taken together, these results indicate that the Spanish SCS-Youth achieves an adequate balance between psychometric robustness and developmental accessibility, a critical requirement for instruments targeting early and middle adolescence.

4.2. Measurement Invariance across Gender

Results indicated measurement invariance across gender for the Spanish SCS-Youth, extending to configural, metric, scalar, and strict levels. These findings suggest that differences may reflect that the Spanish SCS-Youth measures self-compassion equivalently in boys and girls, allowing for meaningful comparisons of latent means and associations across gender groups.

This result is particularly relevant given well-documented gender differences in adolescent mental health, body image concerns, and self-criticism (Ricci et al., 2026). The establishment of strict invariance suggests that observed gender differences in self-compassion scores, if present, can be interpreted as true differences rather than measurement artifacts. From a methodological perspective, this strengthens the scale's suitability for both research comparisons and intervention studies that aim to evaluate gender-specific effects.

4.3. Convergent Validity and Clinical Relevance

Evidence for convergent validity was consistent with theoretical expectations and prior empirical findings. Higher overall self-compassion was associated with lower depressive symptoms and eating disorder symptomatology, and with higher life satisfaction and body esteem. These associations reinforce the conceptualization of self-compassion as a transdiagnostic protective factor during adolescence (Dai et al., 2024).

The negative association between self-compassion and depressive symptoms was of moderate to strong magnitude, mirroring meta-analytic findings in adolescent populations (Pullmer et al., 2019). This relationship was particularly pronounced for the negative dimensions of self-compassion (self-judgment, isolation, and over-identification) which showed the strongest links to depressive symptomatology. This pattern supports the theoretical proposition that vulnerability to internalizing problems is driven less by the absence of kindness and more by the presence of maladaptive self-relating processes, such as harsh self-criticism, perceived social disconnection, and ruminative over-engagement with distress (Sutton et al., 2017). These findings are consistent with the notion that psychological suffering is maintained by rigid patterns of responding to internal experiences, particularly those characterized by

cognitive fusion, experiential avoidance, and perseverative self-focused attention, all of which have been identified as core components of psychological inflexibility (Kashdan & Rottenberg, 2010).

Similarly, the observed associations with body esteem and eating pathology are consistent with previous research highlighting self-compassion as a buffer against body dissatisfaction and disordered eating attitudes (Pan et al., 2025). In sociocultural contexts characterized by high levels of appearance-based evaluation (Choukas-Bradley et al., 2022), self-compassion may function as a regulatory process that reduces the impact of external standards on self-worth. In this sense, self-compassion may operate as a regulatory process that facilitates a shift from evaluative and avoidance-based responding toward more open, flexible, and values-consistent engagement with internal experiences, thereby reducing vulnerability to socioculturally reinforced appearance-based concerns.

Finally, the positive association between self-compassion and life satisfaction provides additional support for the convergent validity of the SCS-Y. This finding suggests that the scale is not only capturing the absence of psychological distress, but also the presence of adaptive functioning and subjective well-being, as theoretically expected (Seekis et al., 2023).

4.4. Theoretical and Practical Implications

The availability of a validated Spanish version of the SCS-Youth addresses a critical gap in assessment tools for Spanish-speaking adolescents. First, the scale provides clinicians, educators, and researchers with a developmentally sensitive instrument suitable for screening, outcome evaluation, and longitudinal research. The validation of the Spanish SCS-Y provides a developmentally appropriate tool for assessing self-compassion as a multidimensional process of self-relating in adolescents. This is particularly relevant for process-based approaches that aim to identify and target core mechanisms underlying psychological distress.

Second, the differential role of positive and negative components suggests that interventions may benefit from focusing not only on enhancing self-kindness but also on reducing maladaptive processes such as self-criticism, experiential avoidance, and cognitive fusion. In this regard, self-compassion can be conceptualized as overlapping with key processes targeted in Acceptance and Commitment Therapy (ACT), including acceptance, defusion, and self-as-context. This interpretation is consistent with process-based therapy approaches, which prioritize the modification of core biopsychosocial processes over disorder-specific symptom reduction, positioning self-compassion as both a target and an indicator of therapeutic change (Hofmann & Hayes, 2019).

Third, the scale may be useful for evaluating the effectiveness of mindfulness- and self-compassion-based interventions, which have shown growing promise in reducing adolescent stress, anxiety, body image related-problems and depressive symptoms (Ferrari et al., 2019; Mahon et al., 2023).

4.5. Limitations and Future Directions

Several limitations should be considered. First, participants were recruited from secondary education centers in the city of Blinded for Review using a random school selection procedure. The inclusion of public and private schools, students across all secondary grades, and a balanced gender distribution strengthens the internal representativeness of the sample. Nonetheless, the restriction to a single geographic area may limit the generalizability of the findings to other regions of Spain.

Second, the cross-sectional design precludes conclusions regarding developmental trajectories or causal relationships between self-compassion and mental health outcomes. Longitudinal studies are needed to examine how self-compassion and its components evolve across adolescence and to determine their prospective role in emotional adjustment.

Third, reliance on self-report measures may introduce shared method variance and social desirability bias. Future research would benefit from incorporating multi-informant or behavioral indicators of self-compassion.

Fourth, although the present study focused on a correlated six-factor model, which is consistent with prior research (Gruber et al., 2023), future studies could broaden the analytical approach by exploring alternative structural representations, for instance by incorporating more flexible modelling frameworks such as bifactor or exploratory structural equation models (ESEM).

Finally, future research should further examine the sensitivity of the scale in clinically high-risk populations, particularly among adolescents with depressive and eating disorders, as well as its utility in intervention contexts. Building on this, studies could adopt process-based and idiographic approaches, using intensive longitudinal designs to capture within-person fluctuations in self-compassion across sessions and contexts, and to better understand how self-kindness and self-judgment dynamically relate to

emotional and interpersonal processes over time. Extending this work across cultural contexts using the SCS-Youth would also be essential to clarify how broader social and cultural norms shape the development and expression of self-compassion during adolescence.

5. Conclusion

In summary, the present study provides robust evidence supporting the Spanish adaptation of the Self-Compassion Scale for Youth as a reliable and valid measure in adolescents. The findings confirm the expected six-factor structure, demonstrate measurement invariance across gender, and show theoretically coherent associations with indicators of psychological distress and well-being. Importantly, the results suggest that both the positive and negative components of self-compassion are meaningfully related to adolescent functioning, with maladaptive self-relating processes such as self-judgment, isolation, and over-identification showing the strongest associations with depressive symptoms and eating disorder risk.

Taken together, these results support the use of the Spanish SCS-Y as a reliable tool for assessing self-compassion in adolescents, while also underscoring the importance of self-relating processes in shaping emotional well-being and vulnerability during this developmental period.

Declarations

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Competing interests

The authors have no competing interests to declare that are relevant to the content of this article.

Ethics approval

The project and the data collection were approved by the *Blinded for Review (*Reference - ; Reference -) in accordance with the ethical standards of the committees listed and the Declaration of Helsinki. Informed consent was obtained from the participants, their legal guardians, and the educational centers.

Consent to participate

All participants and their legal guardians provided informed consent to take part in the study.

Consent to publish

The authors affirm that human research participants provided informed consent for publication. All authors read and approved the final manuscript.

Data availability statement

Data is available upon reasonable request.

Authorship contribution statement

-: Conceptualization, Formal analysis, Funding acquisition, Investigation, Methodology, Project administration, Writing – original draft, Writing – review & editing. **-:** Conceptualization, Data curation, Formal analysis, Investigation, Methodology, Project administration, Supervision, Writing – original draft, Writing – review & editing. **-:** Data curation, Investigation, Writing – original draft. **-:** Data curation, Investigation, Writing – original draft. **-:** Conceptualization, Investigation, Methodology, Project administration, Resources, Supervision, Writing – review & editing.

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Declaration of generative AI and AI-assisted technologies in the manuscript preparation process

During the preparation of this work the authors use *Grammarly* in order to improve the readability and language of the manuscript. After using this tool, the authors reviewed and edited the content as needed and takes full responsibility for the content.

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