



INTERNATIONAL TRAUMA QUESTIONNAIRE (ITQ): ADAPTATION TO SINHALESE

T. H Solomons¹, S. Kathriarachchi², J. Galante³ and D. Waas⁴

Department of Clinical Sciences, Faculty of Medicine, General Sir John Kotelawala Defence University (KDU), Ratmalana, Colombo, Sri Lanka¹

Department of Psychiatry, Faculty of Medical Sciences, University of Sri Jayewardenepura, Nugegoda, Sri Lanka²

Department of Psychiatry, University of Cambridge, Cambridge, United Kingdom³

Department of Psychiatry, Faculty of Medical Sciences, University of Sri Jayewardenepura, Nugegoda, Sri Lanka⁴

ABSTRACT

Trauma and post-traumatic stress disorder (PTSD) have significant implications on mental health. While active symptoms of PTSD are readily identifiable, more chronic symptoms may often go unnoticed. The ICD 11th version, which recognizes Complex PTSD, provides clinicians with the ability to recognize the long-term effects of trauma. Sri Lanka as a nation has experienced many traumatic events in recent history. However, the diagnosis of cases of C- PTSD has been low and relevant statistics are unavailable. There are no tools to diagnose C-PTSD in Sinhalese, which hinders diagnosis and ascertainment of incidence in Sri Lanka, although clinical experience suggests that there are many individuals with symptoms of long-term trauma. Since the majority of the Sri Lankan population uses Sinhalese as their first language, the International Trauma Questionnaire (ITQ), which is deemed the gold standard of the measurement of Complex-PTSD, was adapted to Sinhalese. The translation of the ITQ into Sinhalese was carried out by two psychologists. This produced two independently translated versions. A panel of five experts synthesized these into a single translated version. Subsequently, it was evaluated for clarity and relevance by another panel of experts. The translated ITQ was administered to 15 individuals, and feedback was obtained on the comprehensibility of each item. Following this, the services of a professional translator were obtained for the back translation of the Sinhala ITQ. Finalizing the final version of the Sinhala ITQ was carried out after obtaining feedback from the original authors of the tool. The Sinhalese adaptation of the ITQ is suitable to be use with Sinhalese-speaking populations with an average education.

KEYWORDS: Complex- PTSD, Post-traumatic stress disorder (PTSD), International Trauma Questionnaire (ITQ), Sri Lanka, Adaptation, Sinhalese

Corresponding Author: Tina Solomons, Email: thsolomons@gmail.com/thsolomons@kdu.ac.lk



<https://orcid.org/0000-0002-4757-7785>



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1. INTRODUCTION

1.1 PTSD and Complex PTSD

PTSD is a “psychiatric disorder that can occur in people who have experienced or witnessed traumatic events such as a natural disaster, a serious accident, a terrorist act, war/combat, rape or other violent personal assault” (American Psychiatric Association, 2020). The predominant symptoms of PTSD are divided into four categories. The first being reliving the event through flashbacks, which are intrusive memories that occur suddenly, nightmares, or even a reminder of the event, triggering sudden, rapid memories of the incident. The second category of symptoms is commonly referred to as “avoidance symptoms” and is characterised by the effort made by the person with PTSD to avoid things, people, or places that remind the person of the traumatic incident that he or she faced. The third category of symptoms is escalated negativity, which includes more negative emotions and thoughts, and prominent feelings of sadness or hopelessness. Further, most patients with PTSD also report numbness, which refers to the inability to feel emotions. The fourth category of symptoms relates to hyperarousal, which means the inability to relax or feeling anxious frequently (American Psychiatric Association, 2020; Brewin CR et al., 2017; National Centre for PTSD, n.d). It is estimated that 6.8% of the US population is affected by PTSD (National Institute of Mental Health, 2025).

The International Classification of Diseases (ICD) version 11 has distinguished between PTSD and Complex PTSD (C- PTSD). According to the diagnostic criteria for C-PTSD, besides the PTSD symptoms, severe and persistent issues in affect regulation; beliefs about oneself as defeated, diminished, or worthless, accompanied by feelings of guilt, shame, or failure related to the traumatic event; and difficulties in maintaining relationships and in feeling close to others are present (World Health Organisation, 2022). Being repeatedly exposed to a traumatic event or exposure to several traumatic events is believed to lead to the development of C- PTSD (Rocha et al., 2020). Besides, other risk factors for C-PTSD are complete loss of control over another person such as in the instances of domestic violence, physical

or sexual abuse of children, social or interpersonal events related to being in captivity or being trapped, depersonalization, or abandonment of oneself. What is even more significant is that people with C- PTSD have a higher risk of personality disorders and re-victimization (Rocha et al. 2020). Diagnosing and studying C-PTSD can reveal latent trauma aspects, particularly when PTSD symptoms are sub-clinical (Neria et al., 2007). The importance of understanding such latent aspects of trauma in military populations can serve significant importance as research demonstrates a high correlation between combat-related trauma and subsequent perpetration of intimate partner violence (IPV) (Misca & Forgey, 2017).

Further, there is an ongoing debate among clinicians and researchers about distinguishing between C- PTSD and borderline personality disorder (BPD). Some researchers feel that C-PTSD and BPD may be overlapping, and others state that they are distinct syndromes. As research on these aspects has just begun, conclusive statements on these aspects are not possible (Ford and Courtois, 2021).

1.2 Psychometric Measurements of PTSD

In addition to the clinical diagnosis of PTSD, many psychometric assessments have been developed to aid the diagnosis and the severity of symptoms in PTSD. The American Psychological Association's website lists 13 psychometric scales that can be used to assess PTSD (American Psychological Association, 2017).

There have been several psychometric scales adapted for Sri Lankans, which have been in use for a considerable period. The military version of the PTSD checklist had been validated to Sinhala speakers in 2013 (Semage, 2013). The impact of events scale has been adapted for use in Sri Lanka in 2006 (John & Russell 2007). Among other validated psychometric instruments on trauma are, Caretaker Version of the War Trauma Questionnaire (CWTQ-A), Child PTSD Symptom Scale (CPSS), Harvard Trauma Questionnaire, Post- traumatic Stress Symptom Scale – Self Report (PSS–SR) (Suraweera, 2013). Though there are many adapted psychometric assessments available for use among Sri Lankans, most of these

scales measure clinically significant PTSD symptoms. Yet, clinicians had long felt that there are symptoms related to trauma, which may be long-term and even not warrant a diagnosis of PTSD (Cloitre, 2014). This has been taken into consideration in the ICD–11th edition in developing criteria to identify C-PTSD (World Health Organization, 2022). This would be highly important as Sri Lankan society has faced many traumas during the last few decades. Especially military personnel deployed as first responders have faced significant trauma from decades of civil war, recent Easter bomb attacks, and the ongoing pandemic, underscoring the importance of trauma assessment. There are no definite statistics to arrive at conclusions on the prevalence of PTSD among military personnel. Only a very few studies have been conducted to ascertain the prevalence of PTSD among this population. Only a few studies conducted among the personnel of the Sri Lanka army, who served during the civil war, have been noted in research literature. One such study has noted significant levels of PTSD among the individuals who have been serving in the Sri Lankan army during the civil war, who sustained upper and lower limb amputations and spinal cord injuries. The studies estimate the prevalence of PTSD among these three groups to be similar and at about 42 % (Abeyasinghe, 2012).

Military personnel who may have had clinically significant symptoms of PTSD may have been readily identified and provided treatments. Yet, when there are subthreshold symptoms, such as in C- PTSD, these may go unnoticed. Yet there were no psychometric tools available for the military members to be screened for C-PTSD. Therefore, the researchers validated the ITQ for Sri Lankan Sinhala speakers, with a view of providing validated tools for screening C-PTSD among groups like military populations, who are identified to be at high risk of C- PTSD. The current study specifically intended to equip the Sri Lankan army with a valid tool to screen C – PTSD among its members.

2. METHODOLOGY

The researchers translated and adapted the ITQ to Sinhalese using the guidelines of the International Test Commission on adapting psychometric tools (Intestcom.org, n.d.). A team of researchers have used

the same guidelines for adapting the scale to Brazilian Portuguese (Donat, 2019). Ethical clearance for the current study was obtained by the Ethics review committee of the Faculty of Medical Sciences of the University of Sri Jayewardenepura (ERC application number -02/20).

2.1 Translation

The Sinhalese translation of the ITQ was done by two psychologists holding master's degrees. One of them was the principal investigator, who is a registered clinical psychologist with an MPhil in clinical psychology and has experience working with trauma survivors. The second had specialized in forensic psychology and had a master's degree in forensic psychology. She has been involved in working with individuals who have trauma and has also had experience with trauma-related research. The translators were bilingual and were fluent in both English and Sinhalese. The two translators produced two independent translations of the ITQ in Sinhalese.

2.2 Committee synthesis

The two translations were reviewed against the original scale by an expert panel, consisting of two psychologists, two psychiatrists, and a doctoral-level sociologist working in the mental health field. They were requested to give ratings to the two translations in comparison to the original items on a Likert scale ranging from least to most relevant. While the lowest score of one indicated a rating of least relevant, the highest score of five indicated a rating of most relevant. An average score of twenty was expected for each item after evaluating them for their clarity and relevance. Items receiving a score below twenty were identified as items receiving low scores. The items that received the highest score from the experts were selected for the final translated version. Whenever a translated item received similar scores or when an item received a lower score than the expected average score, feedback was obtained from the expert panel as well as language specialists outside the expert panel to modify the items. Accordingly, the items were modified until the required average score was obtained.

2.3 Evaluation by the expert panel for clarity and relevance

The final version of the Sinhala ITQ was evaluated by an expert panel of two consultant psychiatrists and a counselling psychologist who had experience in working with trauma populations. Based on these ratings, Content Validity Index (CVI) values were calculated (Yusoff, 2018).

2.4 Comprehension test

The comprehension test was conducted among fifteen (15) participants. The current adaptation was expected to be used among participants from the Sri Lankan army. Therefore, the researchers expected to ensure that the test is understood by all different categories serving the Sri Lankan army. The minimum educational criteria for recruitment for the Sri Lanka army is stated as the 10th grade on their official website. Therefore, five students from schools around Colombo who had completed their 11th grade were recruited via the personal contacts of the principal investigator. Verbal consent was obtained from the students and parents to share the details of the questionnaire. The parents and the students were sent the information sheets, consent forms, and the Google form link to the comprehension test via WhatsApp as requested by them. They were told to share it with their children and to request them to complete the comprehension test only if they wished to do so. All these students were 18 years of age or above and were in the final year of their school education. The parents' written consent was obtained via WhatsApp. The students who completed the pre-test had to provide consent by clicking the consent form, which consisted of the first part of the Google form of the pre-test.

Further, five participants from the non-officer category of the Sri Lanka army also participated in the test. Approval for the study was taken from the commander of the army. Verbal consent was obtained from all participants to be included in the comprehension test. As requested by them, the consent form, information sheet and the link to the google form consisting of the pretest were sent via WhatsApp and written consent was obtained via WhatsApp. Furthermore, five other participants who had an education above a bachelor's

degree, who were personally known to the principal investigator also participated. Consent forms and the information sheet were provided to them via email, following their verbal consent to be included in the study. They provided written consent via email.

The comprehension test employed a Likert-Scale. The scale ranged from 1-5 on the ease of comprehension. 1 was indicated as the lowest level of comprehension (I did not understand anything) to 5 being the highest level of comprehension (I completely understood). All the ITQ items and the title, instructions, response choices of the ITQ were evaluated for their comprehensibility using this.

The google form with the comprehension test had the information sheet and a consent form as the first part of the form.

At all phases of the adaptation, free google forms were created to obtain ratings. After gaining consent, those who agreed to participate were sent the link to the google form. Any required discussions were done online through Zoom. These precautions were incorporated as the research was conducted during a period when the risk of COVID-19 infection was much higher.

2.5 The back-translation of the Sinhala ITQ

The final translated version of the Sinhala ITQ was forwarded to 'We translate (PVT) Ltd' - a translation company based in Colombo for back-translation. Once the questionnaire was forwarded via email, they provided an online quotation for translation, upon payment of which, the translation was completed and sent via email. The researcher had no personal discussion or contact with the translator. A copy of the back-translation was sent to the original authors and the adaptation was concluded after consulting the original authors of the ITQ.

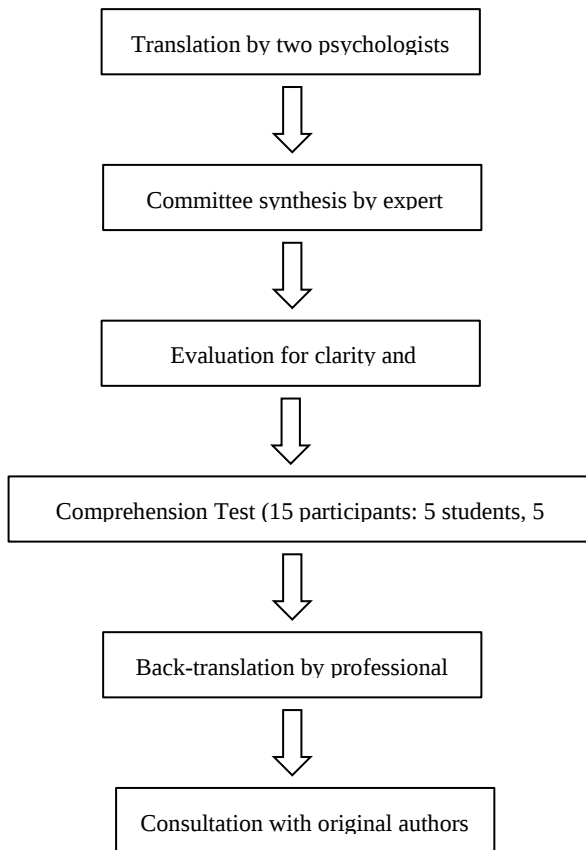


Figure 1: Flowchart of the ITQ Sinhalese adaptation process

3. RESULTS

During the process of forward translation and subsequent synthesis to a single translated version, a few modifications were proposed by the expert panel. These were incorporated after discussing with them. The panel requested minor modifications to the choice of words for 07 items. Besides the ratings, the response form had a separate column for them to add detailed feedback regarding each item. These were also taken into consideration when modifications of items were necessary. There were several discussions regarding the most suitable equivalent Sinhala term for Trauma. Further feedback on this was obtained from a professor of Sinhalese from a Sri Lankan state university, in addition to the feedback that was received from the panel of experts, before the final decision on the wording was made. The seven items that required a change of words were modified according to the given suggestions, and consensus was obtained from the

expert panel for the final items. During the third stage, the CVI scores were obtained. The S-CVI score was 0.87. Four items had an ICVI value of 0.5, and another three items obtained an ICVI value of 0.6. The rest of the items had an ICVI value of 0.1. There were 26 items in total, including the scale's title and response choices, which were translated to Sinhalese. Modifications were made to the items that had received less than one, as per the expert feedback. During the comprehension test, most items had a score of over three on the level of comprehension. The lowest score received on the comprehension test was three (03). Only three (03) items received this score. Upon presenting the back-translation to the original authors of the scale, they suggested changes to 03 items, related to word choice, which were carried out as per their guidance. The revised back-translation was then presented to the original authors.

4. DISCUSSION

The main difficulty in adapting the ITQ was finding suitable Sinhalese terms, especially for emotions to convey the original scale's meanings. This is probably because in the Sinhalese cultural context, emotions are not discussed frequently. However, this difficulty, noted by many clinicians, has not been explored in research yet.

The website of the International Trauma Consortium lists 32 translations of the scale (Trauma measures n.d.). There are translations into Asian languages as well. Yet, the website does not list any translated versions to South Asian languages. Other Asian and European translations have not stated such difficulties in translation that were encountered in the current study (Ho et al., 2019; Peraud, 2022; Sele, 2020). The Sinhala word to be used for trauma was also extensively discussed. Some words that were suggested appeared to be accurate, yet were not part of everyday spoken language. This difficulty was made even greater by the fact that written Sinhalese is substantially different from the spoken language. Therefore, the expert panel and a linguistic expert of Sinhala were invited for their opinion. Their recommendation was to use a semi-formal approach, where the language used is not too academic, nor too informal. This recommendation

seemed to have been quite appropriate as the pre-test indicated that the scale is easily understood by most of the participants. The average years of schooling in Sri Lanka is 10, and the pre-test has indicated that the ITQ can be easily understood by individuals of this average education, as it was pre-tested with participants with 10-11 years of formal schooling.

5. CONCLUSIONS

In conclusion, it can be stated that the Sinhalese adaptation of the ITQ is suitable to be used among the Sinhala-speaking population of Sri Lanka. Further, it can be concluded that it can be easily used even among people with an average level of education and literacy.

Though the current research expects to use it with military populations, it can be used among any Sinhalese-speaking population with an average literacy level. For non-literate Sinhala-speaking populations, the current adaptation can be administered through an interview. The semi-formal language format used in the translation would be appropriate for interview-administering the tool.

6. ACKNOWLEDGMENTS

The authors wish to thank Dr Marylene Cloitre and Dr Chris Brewin for granting permission to adapt the scale. Dr Philip Hyland is also remembered with gratitude for supporting the process of obtaining permission. The authors wish to make a special acknowledgement of Ms Raneesha De Silva for her contribution in the forward translation process of the ITQ. In addition to that, we would like to acknowledge the contributions made by Dr K. Hettigoda, Dr Udeni Ariyaratna, Dr R. Perera, Dr P. Senevirathna Alles, Dr M. Rajasuriya, Dr R. Monaragala, M. Dalpatadu, and Dr D. Vithanage, Dr Pabasari Ginige for their participation as expert panel members. Authors also like to acknowledge the valuable support of the commander of the Sri Lanka army by providing approval for the study to be conducted among members of the Sri Lanka army. Also, acknowledgement goes to Miss. T.H. Hettige and Miss. I.T. Wijesekara for contributing to translating and documenting the ITQ publication details.

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8. APPENDIX

Table 1: Summary of Content Validity Index (CVI) Scores for Translated Items

Metric	Value
Scale-level Content Validity Index(S-CVI)	0.87
Number of Items with I-CVI=0.5	04
Number of Items with I-CVI=0.6	03
Number of Items with I-CVI=1.0	19
Total Number of Items	26