

# Culture and PTSD – Identification of similarities and differences, and adaptation of measurement tools

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## ABSTRACT

Existing studies show that symptom patterns in PTSD, depression and anxiety vary between cultures, but included samples are small and refugee populations from the Middle East have received limited attention. Diagnostics and measurement of treatment outcome with trauma-affected refugees is therefore hindered by limited knowledge of the symptom structure in these cultures, as well as the validity of the relevant measurement tools. The current project uses Item Response Theory (IRT) and Confirmatory Factor Analysis (CFA) to assess the responses of approx. 900 refugees on the Harvard Trauma Questionnaire (HTQ) and the Hopkins Symptom Checklist-25 (HSCL-25) for depression and anxiety. Preliminary results show how key symptoms vary in their display across cultures, as well as across alternative scale implementations and translations. An illustrative example is the role of suicidal thoughts in depression. Such thoughts are considered unacceptable by many Muslim patients. Care should be taken in the formulation of such a question, if they are to contribute in the assessment of depression across cultures. Although IRT has received little attention in cross-cultural psychiatry, it may serve to identify and inform reformulation or retranslation of items displaying limited validity.

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