2004 – 2006: *Cross-Cultural Validation of Psychometric Measures of Psychological Consequences of Trauma*

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Psychiatric disorders, especially symptoms of posttraumatic stress and depression, have been found frequently in refugees and asylum seekers. The international psychiatric classification systems, DSM-IV and ICD-10, proposed Diagnostic Criteria for Posttraumatic Stress Disorder (PTSD) in order to assess the clinical consequences of traumatic stress. It has been argued, however, that **the diagnostic categories of DSM/ICD reflect the medical and psychological concepts of Western industrialized nations** and can only partly be applied to non-Western populations. On the other hand some psychometric measures exist which only partly rely on the PTSD construct and which have been applied successfully in a cross-cultural context: (1) the Hopkins Symptom Checklist-25 (HSLC-25), (2) the Harvard Trauma Questionnaire (HTQ), (3) the Clinician Administered PTSD Scale (CAPS-1), (4) the Impact of Event Scale (IES-R), and (5) the Bradford Somatic Inventory (BSI). Still, for the work with specific ethnic groups, the cross-cultural validity of these measures had to be ascertained. In the present research, we applied these scales to N = 50 asylum seekers who have come to Austria from **(1) Afghanistan, (2) Chechnya and (3) Western Africa (total N = 150)** and wanted to find out whether these instruments would be helpful in diagnosing symptoms of post-traumatic stress in accordance with extensive diagnostic interviews.

Most importantly, we found that the **standardized Diagnostic Criteria of PTSD did not yield satisfactory results.** Many people from foreign cultures, who were clearly diagnosed as showing symptoms of traumatization in the course of the diagnostic interviews, did not fulfill DSM-IV/ICD-10 formal criteria of PTSD. Thus, conventional PTSD diagnoses, in these cases, would lead to a gross underestimization of traumatization. We also found that, among the psychomteric instruments, the **clinical interview CAPS-1 yielded optimal results** with participants from all the three cultures. On the other hand, the **questionnaire measures HSCL-25, HTQ, IES-R and BSI only partly led to valid results among the three cultures.** The HTQ worked fairly well with people from Chechnya and Afghanistan, but not with participants from West Africa, while the IES turned out to be valid for participants from Afghanistan and West Africa. The HSCL-25 and the BSI did not work well in any of the cultures investigated. Apart from these results, we also found that people stemming from Chechnya, Afghanistan, or West Africa respectiveley, reported culture specific symptoms resulting from psychological trauma as well as culturally specific ways of coping.

From these results, it can be concluded that there are typical reactions to trauma which are specific for the respective culture and which must be considered especially by expert witnesses reporting to the asylum authorities. **Universal diagnostic criteria should not be applied and should be replaced by individualized diagnostic interviews** which must be conducted by clinicians knowledgable about the culture in question. Additional structured clinical interviews like the CAPS-1 may be useful generally, while psychometric questionnaires can only be recommended if the are known to be applicable to clients of a specific culture.