



Research Paper

Dari version of international trauma questionnaire-child and adolescent version (ITQ-CA): In a sample of Afghan children and adolescents exposed to trauma

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ABSTRACT

Background: The 11th revision of the International Classification of Diseases (ICD-11) introduced two related stress disorders, posttraumatic stress disorder (PTSD) and complex posttraumatic stress disorder (CPTSD) which highlights the need for brief and reliable assessment for both adults and youth. The International Trauma Questionnaire – Child and Adolescent Version (ITQ-CA) is the only which assesses both PTSD and CPTSD in children and adolescents in accordance with ICD-11 guidelines, but it has not yet been translated into Dari.

Objective: The aim of this study was to translate and validate the ITQ-CA among Afghan Children and Adolescents Exposed to Trauma.

Method: A sample of 235 trauma-exposed Afghan adolescents completed the ITQ-CA in Dari. Reliability and validity were analyzed using internal consistency, test-retest stability, and confirmatory factor analysis.

Results: The present study results showed that the self-report ITQ-CA in Dari had good internal consistency (Cronbach's alpha coefficient for the scale was 0.82) and retest reliability (two-week retest correlation coefficient was 0.71). CFA supported the ICD-11 CPTSD symptom structure as a two-factor model with PTSD and Disturbances in Self-Organization (DSO) as correlated factors with a very good model fit. And the single-factor model also had a good fit.

Conclusion: This study confirms the psychometric properties of the Dari version of the ITQ-CA, which is designed to identify symptoms of PTSD and Disturbance in Self-Organization among children and adolescents. The findings confirm its effectiveness and validity in Dari in this context.

1. Introduction

In the 11th revision of the International Classification of Diseases (ICD-11), the World Health Organization (WHO) introduced two related stress disorders: posttraumatic stress disorder (PTSD) and complex posttraumatic stress disorder (CPTSD) (World Health Organization, 2018). PTSD includes three main symptom clusters: re-experiencing, avoidance, and a persistent sense of heightened current threat. CPTSD encompasses these same symptoms, along with three additional clusters: affect dysregulation, negative self-concept, and relationship disturbances. These additional symptoms are collectively known as

disturbances in self-organization (DSO) (World Health Organization, 2018).

The International Trauma Questionnaire (ITQ), published by Cloitre et al. (2018), is the only validated tool for assessing ICD-11 CPTSD in adults, demonstrating strong convergent and discriminant validity. The ITQ includes two sets of nine items that inquire about traumatic events occurring over a period ranging from six months to 20 or more years. However, the questionnaire primarily focuses on experiences within the past six months. It asks whether the individual has had upsetting dreams that replay parts of the experience or are clearly related to it, or if they have felt “super-alert,” watchful, or on guard (items commonly used to

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assess PTSD). Items such as “When I’m upset, it takes me a long time to calm down” or “I find it hard to stay emotionally close to people” assess difficulties in regulating emotions, self-beliefs, and relationships. The questionnaire also evaluates whether these issues cause distress or concern about one’s relationships or social life, as well as their impact on work or the ability to perform work-related tasks. Answers are given on five-point Likert scales ranging from 0 (= not at all) to 4 (= extremely), with higher scores reflecting a higher intensity and probability of PTSD and CPTSD.

The ITQ has been validated and translated into different languages including recently also the Dari version (Afsharzada et al., 2025). So far, research on the epidemiology and construct validity of ICD-11 PTSD and CPTSD has mainly focused on adult populations (Bondjers et al., 2019; Cloitre et al., 2021; Hansen et al., 2021; Sele et al., 2020). Further, research among clinical pediatric populations (children; adolescents) (Bruckmann et al., 2020; Haselgruber et al., 2020a; Ho et al., 2022; Li et al., 2021) employed the ITQ for adults (Cloitre et al., 2018; Karatzias et al., 2017) to assess symptoms of PTSD/CPTSD, as per the ICD-11 guidelines.

Considering the gap between the need to assess PTSD and CPTSD in pediatric populations and the reliance on measures designed for adults, there is also a pressing need to evaluate PTSD and CPTSD in children and adolescents in a way that aligns with the new diagnostic framework (Haselgruber et al., 2020a; Li et al., 2021; Smith et al., 2019), an adapted version of the ITQ has been developed for children and adolescents (Cloitre et al., 2018).

1.1. The international trauma questionnaire -Child and adolescent version (ITQ-CA)

The International Trauma Questionnaire-Child and Adolescent Version (ITQ-CA) is the only available and validated questionnaire for assessing ICD-11 PTSD and CPTSD in children and adolescents (Cloitre et al., 2018). It is a brief and simple worded self-report questionnaire aimed at children and adolescents between the ages of 7 to 17. The ITQ-CA measures the 12 core symptoms of PTSD and DSO but includes 10 items that measure associated functional impairments. Also, it has been translated from English into multiple languages such as Danish, Farsi, Chinese, Spanish, and French. Several studies provide evidence of the ITQ-CA distinguishing PTSD from CPTSD in adolescents in both clinical and non-clinical samples (Ho et al., 2022; Kazlauskas et al., 2022; Løkkegaard et al., 2023; Parhoon et al., 2024).

Cumulative trauma exposure, particularly during critical developmental periods, has been strongly associated with the emergence of DSO. Repeated or prolonged interpersonal trauma, such as abuse, neglect, or displacement, can disrupt core developmental processes related to emotion regulation, identity formation, and attachment, which are central to the DSO symptom cluster. Consequently, CPTSD is more likely to emerge in populations exposed to chronic or complex trauma, such as children and adolescents in humanitarian settings (Cloitre et al., 2020).

The DSO in adolescents may manifest through persistent difficulties in emotional regulation, unstable sense of identity, and problems in forming or maintaining relationships. However, distinguishing pathological symptoms from normative developmental challenges at this age requires careful consideration. For instance, emotional lability and identity exploration are typical in adolescence, but when such traits are rigid, pervasive, and impairing, they may indicate DSO. Recent studies have emphasized the importance of dimensional and network-based approaches in understanding PTSD and CPTSD in youth. Haselgruber et al. (2020a) and Kazlauskas et al. (2022) highlight how symptom interconnections and variability across individuals can better capture the complexity of trauma responses in adolescents, supporting the need for nuanced model testing in this population.

The study by Daniunaite et al. (2021) utilized the Lithuanian version of the ITQ-CA in a cross-sectional community study involving 1,299

adolescents aged 12–16 years, identifying 97 cases of PTSD and 108 cases of CPTSD. Notably, Kazlauskas et al. (2020) examined data from 932 adolescents in the general population who had experienced various traumatic events. Their analysis of the Lithuanian ITQ-CA’s psychometric properties revealed that the best-fitting measurement model included six correlated factors, representing three PTSD symptom clusters and three DSO symptom clusters. In another study, Løkkegaard et al. (2023) examined the psychometric validity of the Danish version of the ITQ-CA by testing it among 119 children and adolescents referred to the Danish Children Centres due to suspicions of physical or sexual abuse, or both. The results supported a two-factor second-order model, which aligned with the ICD-11 conceptualization of CPTSD, as the most accurate representation of the data. Additionally, latent class analyses (LCA) revealed that the symptoms followed a distribution pattern consistent with the ICD-11 proposal for CPTSD. The findings showed that CPTSD was more prevalent than PTSD, regardless of how functional impairment was defined.

The traditional Afghan society, due to its turbulent political and social history marked by wars, revolutions, social unrest, and natural disasters such as earthquakes and floods, has consistently been vulnerable to various forms of psychological trauma. Research indicates a high prevalence of chronic anxiety, depression, post-traumatic stress disorder (PTSD), and other trauma-related disorders among the population. Factors such as gender, age, education level, and socioeconomic background play a significant role in the development and persistence of these issues (Naghavi et al., 2022). However, the social stigma surrounding mental health remains a major barrier to accessing psychological support (Bastami et al., 2024; Mirghaed et al., 2020).

Given the existing challenges and the need for culturally appropriate tools, the ITQ-CA is recognized as a brief yet effective instrument for identifying children and adolescents in need of care, even in environments lacking specialized professionals. By assessing both PTSD and CPTSD simultaneously, the ITQ-CA offers a comprehensive understanding of trauma-related issues within the Afghan community. This enables the development and implementation of targeted interventions, particularly for children and adolescents affected by CPTSD. Additionally, the ITQ-CA proves valuable in identifying trauma-related concerns across various contexts, including clinical practice, scientific research, fieldwork, and population-based programs. Therefore, the present study was conducted to translate and validate the International Trauma Questionnaire-Child and Adolescent ITQ-CA among Afghan Children and Adolescents Exposed to Trauma.

2. Method

2.1. Methods and participants

This methodological study aimed to translate and validate the ITQ-CA. The research evaluated construct validity and assessed reliability in terms of stability and internal consistency. The study’s population consisted of 235 trauma-exposed Afghan adolescents who had been separated from their families, deported from Iran in 2024, and temporarily housed in a refugee camp in Herat Afghanistan. Using G*Power calculations ($1-\beta = 0.90$, $\alpha = 0.05$), the required sample size for a moderate correlation was determined to be 200 participants. To account for potential dropouts, the final sample size was increased to 235. Participants were recruited through convenience sampling and completed an online survey via Qualtrics.

The study included adolescents aged 12 to 17 years (mean age = 14.74, SD = 1.79). Of the participants, 71.10 % ($n = 167$) were male, and 28.90 % ($n = 68$) were female. Additionally, to assess test-retest reliability, 50 participants who provided their phone numbers were randomly selected to complete the ITQ-CA again two weeks after the initial administration. All sessions took place in the same location, with the same level of supervision, and in the presence of an adult facilitator to ensure standardization. Inclusion criteria required participants to be

between 12 and 17 years old, have no history of psychiatric disorders, have no experience of parental divorce or death, and have completed an online informed consent form. The exclusion criterion was incomplete questionnaire responses. All participants were fully informed about the study, provided informed consent, and were assured of confidentiality, privacy, and the absence of any physical or psychological harm. Additionally, throughout all stages, the camp's general supervisor and the mental health counselor were informed of the process and supervised the implementation of the sessions.

2.2. Procedure and material

In order to translate, the researchers first translated ITQ-CA items into Dari and then reviewed them by a psychologist fluent in English. To ensure the accuracy of the translation, a professional translator used the method of re-translation into English.

2.3. International trauma questionnaire-child and adolescent version (ITQ-CA)

The International Trauma Questionnaire—Child and Adolescent version (ITQ-CA) is a brief self-report measure designed to assess ICD-11 PTSD and CPTSD in children and adolescents aged 7 to 17. The questionnaire consists of 22 items, with six assessing core PTSD symptoms—re-experiencing, avoidance, and persistent perceptions of heightened current threat—and another six evaluating the three clusters of Disturbances in Self-Organization (DSO), including affect dysregulation, negative self-concept, and disturbances in relationships. Additionally, ten items measure functional impairment across various domains, such as family, school, social life, and other key areas related to emotional well-being and general happiness (Cloitre et al., 2018; Haselgruber, Sölva, & Lueger-Schuster, 2020). Each item is rated on a 5-point Likert scale ranging from 0 ("not at all") to 4 ("almost always"), with a score of 2 ("sometimes") or higher indicating the presence of a symptom. Functional impairment is assessed dichotomously across five domains: relationships with friends, relationships with family, school performance, other significant life areas (e.g., hobbies and other relationships), and overall distress (worded as "general happiness"). A probable PTSD diagnosis is assigned when at least one symptom is present in each cluster along with functional impairment, while a probable CPTSD diagnosis requires meeting the PTSD criteria in addition to at least one symptom in each DSO cluster and functional impairment. The ITQ-CA has demonstrated strong internal consistency, with a Cronbach's alpha of 0.88 overall, 0.79 for the PTSD subscale, and 0.97 for the DSO subscale (Cloitre et al., 2018).

2.4. Statistical analysis

Data were analyzed using SPSS-24 and AMOS-24 software. Internal consistency was evaluated using Cronbach's alpha coefficient, while retest reliability was assessed through the Pearson correlation coefficient. To examine the construct validity of the ITQ-CA, first and second-order confirmatory factor analysis (CFA) was used.

3. Results

In this study, 235 participants completed the online survey in full. The items and descriptive indicators of the ITQ-CA are presented in Table 1. The descriptive statistics for the ITQ-CA items show that the mean scores for all items were close to the midpoint of the Likert scale (2), suggesting that participants generally reported experiencing some level of trauma. Additionally, the items demonstrated strong item-total correlations, ranging from 0.44 to 0.60, indicating their relevance to the measurement of ITQ-CA (>0.30).

Table 1
Descriptive Statistics for ITQ-CA Items (N = 235).

Items	Subscale	Mean	SD	Skewness	Kurtosis	Item-Total Correlation
1	PTSD	2.14	1.273	-0.049	-1.051	.513**
2		2.44	1.333	-0.383	-1.056	.521**
3		2.26	1.246	-0.142	-0.946	.453**
4	DOS	1.95	1.256	.058	-1.100	.487**
5		2.39	1.264	-0.314	-0.903	.494**
6		2.42	1.361	-0.286	-1.205	.605**
7		1.85	1.369	.159	-1.201	.515**
8		2.28	1.276	-0.145	-1.094	.569**
9		2.34	1.292	-0.299	-0.956	.564**
10		2.00	1.341	.019	-1.184	.513**
11		2.14	1.341	-0.074	-1.169	.440**
12		2.09	1.402	-0.055	-1.274	.551**
PTSD		15.44	5.138	-0.270	.153	.910**
DOS	12.69	4.714	-0.298	.612	.893**	
ITQ-CA	26.29	8.181	-0.463	.956	-	

3.1. Validity

Fig. 1 reports the measurement models and standard coefficients.

Note: Indirect hierarchical model with standardized coefficients for the two subscales of the Dari ITQ-CA. PTSD: Post Traumatic Stress Disorder; DOS: Disturbances in self-organization; CPTSD: Complex PTSD.

The final model derived from the confirmatory factor analysis (CFA) is shown in Fig. 1. The results of the 2-factor CFA revealed that the factor loadings for the ITQ-CA questions ranged from 0.33 to 0.63. Since the factor loading for all questions exceeds 0.30, it can be concluded that all the questions demonstrate acceptable factor loadings. The fit indices for the measurement model are presented in Table 2.

According to the results of the above table, the single-factor model and the two-factor model have a better fit than other models; Table 3 indicates that the chi-squared value (χ^2) is significant ($P = 0.01$) and equals 100.33 [105.93]. However, given that chi-square is sensitive to large sample sizes, it may not be the most reliable indicator of model fit. Instead, the χ^2/df ratio is considered a more valid measure, which was calculated as 1.97 [1.96] in this study. Since this value is below 3, it suggests a good model fit. The Goodness of Fit Index (GFI) was 0.90, indicating an acceptable fit. Additionally, the Comparative Fit Index (CFI) was also 0.90, further supporting a good model fit. The Root Mean Square Error of Approximation (RMSEA) was calculated at 0.06, which, being below 0.08, reflects an optimal fit. Overall, these results suggest that the ITQ-CA demonstrates a good fit in both single- and two-factor models. According to the present results, models 3, 4, and 5 do not fit well, so no valid construct validity has been observed for these models.

3.2. Reliability

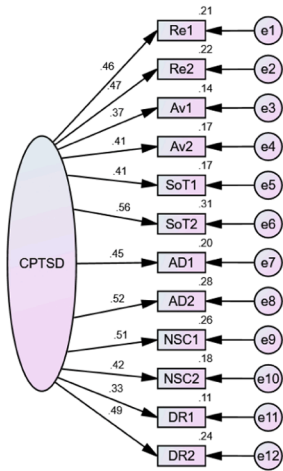
The reliability of ITQ-CA by two methods of internal consistency and test-retest is presented in Table 3.

The reliability of the ITQ-CA was calculated in two ways. First, internal consistency was calculated using Cronbach's alpha; the results showed that internal consistency was ($\alpha = 0.75$); then test-retest reliability was estimated in 50 students with an interval of two weeks ($r = 0.71$). Given that Cronbach's alpha coefficients for the two PTSD-6 and DSO-6 factors are less than 0.60, internal consistency is more reliable for the 12 questions. Test-retest reliability has also provided reliable results for these two factors.

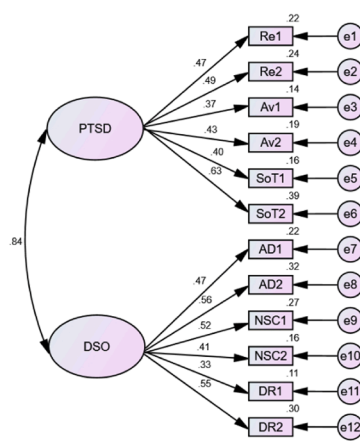
4. Discussion

This study aimed to translate and validate the International Trauma Questionnaire-Child and Adolescent ITQ-CA among Afghan Children

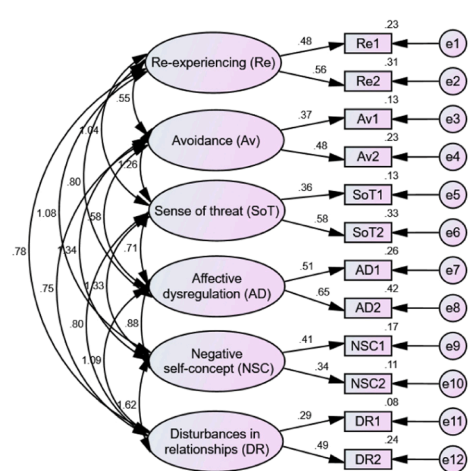
Model 1: Single factor



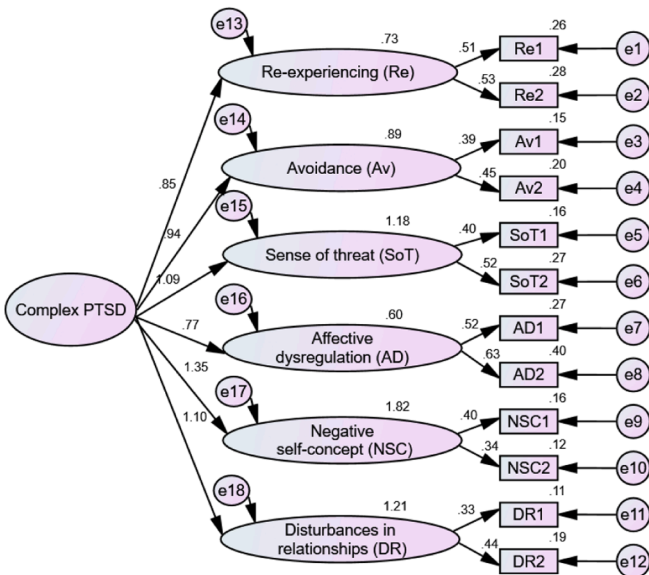
Model 2: Two-factor



Model 3: Six factors



Model 4: Second-order single factor



Model 5: Second-order two-factor

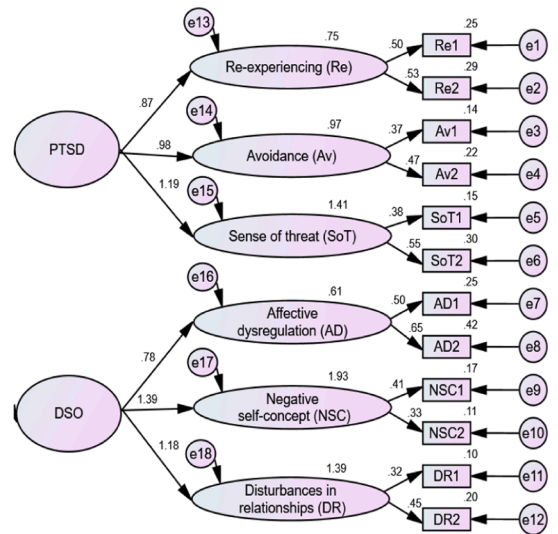


Fig. 1. Factor models of ICD-11 PTSD and CPTSD tested in the study using confirmatory factor analysis.

Table 2

Fit indices for confirmatory factor analyses.

Index	Model 1	Model 2	Model 3	Model 4	Model 5	Decision criterion
(X ²)	105.93	100.33	62.87	95.41	89.49	P > 0.05
(Df)	54	53	39	41	47	-
(X ² /df)	1.96	1.89	1.61	1.99	1.90	CMIN/DF < 3
Comparative Fit Index (CFI)	.90	.90	.93	.87	.88	CFI > 0.90
Normed Fit Index (NFI)	.92	.92	.85	.77	.79	NFI > 0.90
Tucker Lewis index (TLI)	.92	.92	.89	.82	.89	TLI > 0.90
root mean square error of approximation (RMSEA)	.06	.06	.05	.07	.06	RMSEA < 0.08

Table 3

ITQ reliability in the Afghan sample.

Variable	Cronbach's alpha	test-retest
PTSD-6	.61	.70
DSO-6	.62	.73
ITQ-CA-12	.75	.71

and Adolescents Exposed to Trauma. The results of the factor structure of the International Trauma Questionnaire -Child and Adolescent (ITQ-CA) showed that all items of the ITQ-CA were significantly loaded onto their respective factors, consistent with the results of the original scale development study (Cloitre et al., 2018). In this study, five models were examined, including the single-factor model (Model 1), the two-factor model (Model 2), the six-factor model (Model 3), the Second-order single-factor model (Model 4), and the Second-order two-factor model (Model 5).

The confirmatory factor analysis of the obtained models indicated

that the single-factor model (Model 1) and the two-factor model (Model 2) demonstrated a good fit for the data. These results highlight that the Dari ITQ-CA has sufficient scale reliability and validity and good content validity in the sample of Afghan Children and Adolescents Exposed to Trauma. These findings are consistent with previous studies (Haselgruber et al., 2020a, 2020b; Løkkegaard et al., 2023; Parhoon et al., 2024). The results achieved adequate to excellent reliability, internal consistency, and internal structure. CFA supported the ICD-11 CPTSD symptom structure in children and adolescents as a two-factor model with PTSD and Disturbances in Self-Organization (DSO) as correlated factors with a very good model fit, while the single-factor model also fitted the data very well. These results highlight the robust factor structure of the questionnaire and confirm that the proposed conceptual model effectively explains the relationships between variables in a meaningful and reliable manner. These findings are consistent with the research conducted by Haselgruber et al. (2020a), Ho et al. (2022), Løkkegaard et al. (2023), Parhoon et al. (2024). In the same way, according to the results of this study, the strong fit of the two-factor model in a non-clinical sample is an unexpected finding, as it has been more commonly reported in clinical populations (Ho et al., 2022). However, previous research also supports a good fit for this model in non-clinical samples (Haselgruber et al., 2020a; Løkkegaard et al., 2023; Parhoon et al., 2024).

Furthermore, the results also showed that all questions had relatively high factor loadings, except for question number 11, which emphasizes the lack of feeling close to others, which has a lower factor loading (0.33) than other questions in the single-factor and two-factor models; a possible explanation could be that in Eastern societies, especially in Afghan society, due to the collectivist spirit, people are less likely to distance themselves from others when faced with trauma and the tendency to socialize with close people for emotional discharge is greater than in individualistic societies. However, more studies are needed to understand this issue.

The reliability analysis demonstrated that the ITQ-CA has good internal consistency and retest reliability. The Cronbach's alpha coefficient for the scale was 0.82, and the two-week retest correlation coefficient was 0.71. These findings are consistent with the results of the original scale development study (Cloitre et al., 2018). According to the results of this study, the present questionnaire has suitable psychometric properties in Afghanian society and, due to its ease of application, can be easily used by researchers. Since it is an appropriate tool for assessing trauma, it can lead to better assessment, acceleration of actions, and improvement of clinical interventions in the context of counseling or psychology. It is worth noting that the ITQ-CA adds value by assessing ICD-11 CPTSD, including DSO symptoms not covered by tools like the Child Revised Impact of Event Scale-13 (CRIES-13) or the University of California at Los Angeles (UCLA) PTSD Index. While the ICD-11 model shows promise, cultural differences in DSO expression highlight the need for further transcultural validation. However, this study also has limitations, including the number of participants in the study, which is limited to trauma-exposed Afghan adolescents who had been separated from their families, and deported from Iran, and generalization of its results to other adolescents and other environments requires further investigation; and also, we have not used clinical interviews for the assessment of PTSD and CPTSD. Without clinical validation through structured interviews, it remains uncertain how well the questionnaire identifies true cases of CPTSD. Furthermore, one of the limitations of the present study is the absence of a construct validity test and a lack of criterion validity. Given the above limitations, it is suggested that future studies examine the relationship between ITQ-CA and depression and anxiety. Furthermore, it is suggested that other researchers should consider longitudinal designs to examine the stability and predictive validity of the ITQ-CA over time. Additionally, integrating the ITQ-CA with measures of Dissociation and Emotion Regulation Scale (DERS) and the Strengths and Difficulties Questionnaire (SDQ), as well as employing clinical interviews, may enhance diagnostic validity and

provide a more comprehensive understanding of complex trauma in children and adolescents. Also, the Dari version of the ITQ-CA is intended for use by clinicians, psychologists, social workers, and potentially trained school counselors working with children and adolescents. Ethical and valid use requires familiarity with trauma-informed practices and cultural sensitivity. Training in administration and interpretation is recommended to ensure accurate assessment and to avoid misinterpretation. Additionally, the tool may be adapted for digital screening platforms for broader community-level application. However, such approaches raise ethical considerations regarding informed consent, confidentiality, interpretation of results, and ensuring timely referral pathways for those identified as at risk.

5. Conclusions

This study confirms the psychometric properties of the Dari version of the ITQ-CA, which is designed to identify symptoms of Post-Traumatic Stress Disorder (PTSD) and Disturbance in Self-Organization (DSO) among children and adolescents in Afghanistan. This tool has been evaluated based on the criteria of the 11th edition of the International Classification of Diseases (ICD-11) for disorders related to trauma-induced stress, and the study's findings confirm its effectiveness and validity in this context.

Ethics statement

Human studies were approved by Herat University. The studies were conducted in accordance with local regulations and institutional requirements. Written informed consent was provided to participants to participate in the study.

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CRedit authorship contribution statement

Mohammad Sajjad Afsharzada: Writing – original draft, Supervision, Software, Resources, Investigation, Data curation. **Sajjad Saadat:** Writing – original draft, Methodology, Formal analysis, Data curation. **Mohammad Ershad Afsharzada:** Data curation. **Lisa Lindström:** Validation, Resources. **Mohammad Farid Fahiz:** Formal analysis. **Fazel Rahman Fazel:** Writing – review & editing, Data curation.

Declaration of competing interest

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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Data availability

The raw data supporting the conclusions of this article will be made available by the authors, without undue reservation.

References

- Afsharzada, M. S., Saadat, S., Azizi, B. A., & Haqyar, S. (2025). Dari version of international trauma questionnaire (ITQ): In a sample of Afghan students. *European Journal of Trauma & Dissociation*, Article 100528.

- Bastami, F., Mohammadi, R., Piri, Z. A., Valipour, E., Ahmadi, P., Almasian, M., & Motlagh, S. N. (2024). Prevalence of post-traumatic stress disorder and its relationship with coping strategies among flood victims: Evidence from Iran. *Journal of Affective Disorders Reports*, 15, Article 100704.
- Bondjers, K., Hyland, P., Roberts, N. P., Bisson, J. I., Willebrand, M., & Arnberg, F. K. (2019). Validation of a clinician-administered diagnostic measure of ICD-11 PTSD and complex PTSD: The international trauma interview in a Swedish sample. *European Journal of Psychotraumatology*, 10(1), Article 1665617.
- Bruckmann, P., Haselgruber, A., Sölva, K., & Lueger-Schuster, B. (2020). Comparing rates of ICD-11 and DSM-5 posttraumatic stress disorder in Austrian children and adolescents in foster care: Prevalence, comorbidity and predictors. *European Journal of Psychotraumatology*, 11(1), Article 1767988.
- Cloitre, M., Brewin, C. R., Bisson, J. I., Hyland, P., Karatzias, T., Lueger-Schuster, B., Maercker, A., Roberts, N. P., & Shevlin, M. (2020). *Evidence for the Coherence and Integrity of the Complex PTSD (CPTSD) Diagnosis: Response to Achterhof et al., (2019) and Ford (2020)*, 11. Taylor & Francis, Article 1739873.
- Cloitre, M., Hyland, P., Prins, A., & Shevlin, M. (2021). The international trauma questionnaire (ITQ) measures reliable and clinically significant treatment-related change in PTSD and complex PTSD. *European Journal of Psychotraumatology*, 12(1), Article 1930961.
- Cloitre, M., Shevlin, M., Brewin, C. R., Bisson, J. I., Roberts, N. P., Maercker, A., Karatzias, T., & Hyland, P. (2018). The International Trauma Questionnaire: Development of a self-report measure of ICD-11 PTSD and complex PTSD. *Acta Psychiatrica Scandinavica*, 138(6), 536–546.
- Daniunaite, I., Cloitre, M., Karatzias, T., Shevlin, M., Thoresen, S., Zelviene, P., & Kazlauskas, E. (2021). PTSD and complex PTSD in adolescence: Discriminating factors in a population-based cross-sectional study. *European Journal of Psychotraumatology*, 12(1), Article 1890937.
- Hansen, M., Vægter, H. B., Cloitre, M., & Andersen, T. E. (2021). Validation of the danish international trauma questionnaire for posttraumatic stress disorder in chronic pain patients using clinician-rated diagnostic interviews. *European Journal of Psychotraumatology*, 12(1), Article 1880747.
- Haselgruber, A., Sölva, K., & Lueger-Schuster, B. (2020a). Symptom structure of ICD-11 complex posttraumatic stress disorder (CPTSD) in trauma-exposed foster children: Examining the international trauma questionnaire-child and adolescent version (ITQ-CA). *European Journal of Psychotraumatology*, 11(1), Article 1818974.
- Haselgruber, A., Sölva, K., & Lueger-Schuster, B. (2020b). Validation of ICD-11 PTSD and complex PTSD in foster children using the International Trauma Questionnaire. *Acta Psychiatrica Scandinavica*, 141(1), 60–73.
- Ho, G., Liu, H., Karatzias, T., Hyland, P., Cloitre, M., Lueger-Schuster, B., Brewin, C. R., Guo, C., Wang, X., & Shevlin, M. (2022). Validation of the international trauma questionnaire—child and adolescent version (ITQ-CA) in a Chinese mental health service seeking adolescent sample. *Child and Adolescent Psychiatry and Mental Health*, 16(1), 66.
- Karatzias, T., Cloitre, M., Maercker, A., Kazlauskas, E., Shevlin, M., Hyland, P., Bisson, J. I., Roberts, N. P., & Brewin, C. R. (2017). PTSD and Complex PTSD: ICD-11 updates on concept and measurement in the UK, USA, Germany and Lithuania. *European Journal of Psychotraumatology*, 8(sup7), Article 1418103.
- Kazlauskas, E., Jovarauskaite, L., Abe, K., Brewin, C. R., Cloitre, M., Daniunaite, I., Haramaki, Y., Hihara, S., Kairyte, A., & Kamite, Y. (2022). Trauma exposure and factors associated with ICD-11 PTSD and complex PTSD in adolescence: A cross-cultural study in Japan and Lithuania. *Epidemiology and Psychiatric Sciences*, 31, e49.
- Kazlauskas, E., Zelviene, P., Daniunaite, I., Hyland, P., Kvedaraitė, M., Shevlin, M., & Cloitre, M. (2020). The structure of ICD-11 PTSD and Complex PTSD in adolescents exposed to potentially traumatic experiences. *Journal of Affective Disorders*, 265, 169–174.
- Li, J., Wang, W., Hu, W., Yuan, Z., Zhou, R., Zhang, W., & Qu, Z. (2021). Validation of posttraumatic stress disorder (PTSD) and complex PTSD in Chinese children as per the ICD-11 proposals using the international trauma questionnaire. *European Journal of Psychotraumatology*, 12(1), Article 1888525.
- Løkkegaard, S. S., Elklit, A., & Vang, M. L. (2023). Examination of ICD-11 PTSD and CPTSD using the international trauma questionnaire-child and adolescent version (ITQ-CA) in a sample of Danish children and adolescents exposed to abuse. *European Journal of Psychotraumatology*, 14(1), Article 2178761.
- Mirghaed, M. T., Gorji, H. A., & Panahi, S. (2020). Prevalence of psychiatric disorders in Iran: A systematic review and meta-analysis. *International journal of preventive medicine*, 11(1), 21.
- Naghavi, A., Afsharzada, M. S., Brailovskaia, J., & Teismann, T. (2022). Mental health and suicidality in Afghan students after the Taliban takeover in 2021. *Journal of affective disorders*, 307, 178–183. <https://doi.org/10.1016/j.jad.2022.04.001>
- Parhoon, K., Sadeghi-Bahmani, D., Cloitre, M., Parhoon, H., & Shahbazi, P. (2024). Psychometric properties of the farsi version of the international trauma questionnaire-child and adolescent version (ITQ-CA) in a sample of iranian children and adolescents exposed to trauma. *European Journal of Trauma & Dissociation*, 8(4), Article 100459.
- Sele, P., Hoffart, A., Bækkelund, H., & Øktedal, T. (2020). Psychometric properties of the international trauma questionnaire (ITQ) examined in a Norwegian trauma-exposed clinical sample. *European Journal of Psychotraumatology*, 11(1), Article 1796187.
- Smith, P., Dalgleish, T., & Meiser-Stedman, R. (2019). Practitioner review: Posttraumatic stress disorder and its treatment in children and adolescents. *Journal of Child Psychology and Psychiatry*, 60(5), 500–515.
- World Health Organization. (2018). *International classification of diseases for mortality and morbidity statistics (11th Revision)*. <https://www.who.int/standards/classifications/classification-of-diseases>. Accessed May 5, 2025.