Reviewer's report

Title: Trauma exposure, PTSD and psychotic-like symptoms in post-conflict Timor Leste: an epidemiological survey

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Reviewer: Samantha Outcalt

Reviewer's report:

The authors have submitted the manuscript entitled “Trauma exposure, PTSD and psychotic-like symptoms in post-conflict Timor Leste: An epidemiological survey” for review. The authors used a large sample from both urban and rural Timor Leste to survey psychotic symptoms, trauma exposure, and PTSD symptoms. Results describe the prevalence and type of psychotic-like symptoms and suggest associations with trauma exposure and its effects.

This manuscript is a substantial contributor to the literature of psychosis experienced among cultures of developing nations. This is an interesting paper and is well written. The methods are well described and highlight the research team’s dedication to achieving relevant and meaningful epidemiological data while demonstrating respect for research participants. However, there are multiple concerns with the manuscript, some of which are minor and others point to a need for significant explanation or modification.

Discretionary Revisions

1. Introductory paragraph of Background would be clarified by brief definition of 'psychotic-like symptoms', in particular differentiating how these symptoms may be distinct from psychotic disorders and explaining why this distinction is important to your work.

2. The last two sentences of the third paragraph of the Background seem a bit disjointed. A smoother transition between the two thoughts may be helpful for the reader.

3. The third sentence in the Measures section is awkwardly worded and difficult to parse.

4. While reading the Training and Procedure section, I found myself wondering how the Timorese community workers were recruited onto the research team. This is not germane to the study, however, and not necessary to address.

5. I am struggling with the issue of “paranoia” among a population who has experienced significant atrocities, such as the sample used in your study. It seems that a degree of suspicion and distrust would not only be normative, but perhaps even adaptive, and I am not certain that it would be accurately classified as psychotic-like paranoia. Perhaps this issue has been considered by your research team, and perhaps the PSQ accounts for nuanced experiences of paranoia. The paper might benefit from some discussion of this matter.
Minor Essential Revisions

1. In the last paragraph of the Background, the study is introduced in terms of what was done (e.g., “we examined…”), and this would be strengthened if it were framed explicitly as a research question with specific hypotheses.

2. The last paragraph of the Measures section refers to “a widely used measure of disability”. Please inform the reader which measure this is.

3. The Statistical Analyses section needs to more clearly indicate that the trauma count refers to number of categories of trauma, rather than number of traumatic incidents. This becomes clear later in the paper, but also needs to be mentioned here.

4. The limitations need to mention the exclusion of rape in the data. Although this was mentioned in the Methods section, it needs to be acknowledged that the data presented in this study likely underestimate the degree of trauma exposure since rape was not included in the analyses.

5. The use of the term “outcomes” in the second sentence of the Conclusions is inaccurate. Causality cannot be determined by the design of this study. The word “outcomes” should be replaced by “correlates”.

Major Compulsory Revisions

1. The measures used in the study should be described in more detail. For one, the instruments need to be appropriately cited (e.g., Bebbington & Nayani, 1995 was strikingly omitted). Additionally, some information about scoring procedures should be included. It would have been helpful to see a brief description of PSQ criteria here rather than being referred to another paper. Additionally, after reading the manuscript, I am left wondering how PTSD diagnoses were established. Are DSM criteria for PTSD used in the HTQ? Have the diagnostic criteria been modified to reflect this population? What does a community cut-off of 2.0 mean? Is the HTQ being used to measure both trauma exposure and identify PTSD diagnoses? A paragraph with more detail about the HTQ could eliminate this confusion.

2. The PTSD prevalence (5%) is shockingly low, given the degree of trauma experienced by these participants. This low rate calls into question the validity of the diagnosis (as defined by DSM) for this population, the applicability of the HTQ in detecting culturally sensitive PTSD, and the openness of respondents about reporting their symptoms. This raises significant concern regarding the use of PTSD in your analyses. My recommendation is to either eliminate the PTSD data altogether or write a very strong and compelling rationale to explain the low rate and why you think it is useful to examine PTSD in this population. This is still an interesting and strong paper even without the analysis of PTSD as a mediator. If that analysis is retained, it would be essential to explain to the reader what the PTSD mediation tells us about trauma exposure and psychotic-like symptoms in Timor Leste.

3. The limitations need to more explicitly address the fact that the base rate of psychotic-like symptoms in pre-conflict era is not known. Inferences cannot be
made about trauma exposure as a causal factor in the development of psychotic-like symptoms without comparison to pre-conflict base rates.

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests.