

## Language Translation Policy

IPPS has produced questionnaires and other educational materials, some of which may be validated only in its original format and language. The official language of IPPS is English, however, as an international organization, occasionally IPPS has received requests to translate these documents into other languages or these documents are often of interest to international audiences for whom English is not the primary language.

While it is necessary that IPPS documents fulfill the needs of our members and the community associated with chronic pelvic pain, it is also imperative that all documents disseminated on behalf of IPPS are consistent and convey the same meaning as the original English message. Translations should always emphasize the conceptual and cultural equivalence and not linguistic equivalence. Therefore, we have outlined below the steps that must be taken when translating an IPPS document.

### Process:

1. Permission must be requested and granted by the IPPS. To request permission, please email the name of the document and the language to which it will be translated to [info@pelvicpain.org](mailto:info@pelvicpain.org).
2. The request to translate should include the names and contact information for at least two translators who meet the translator requirements (see below) and will contribute to the translation process.
3. Once permission has been granted, the document should be translated by the first translator who is both fluent\* in English and a native speaker of the language to which the document will be translated.
4. The translated document must then be sent to the second translator who is both fluent\* in the language of translation and in English for reverse-translation.
5. Translations should never attempt to improve on the English version of the document, but should be written to as accurately as possible reflect the English version.
6. Where scales are used, if there is a validated scale in the language of the translation, it will be used, otherwise there must be a disclaimer that the scale has not been validated in that language.
7. Once the reverse-translation has been completed, he/she/they will also be responsible for comparing the reverse-translation with the original text as a quality check on the original translation.
8. Edits and suggestions will be provided to the original translator and may be discussed. This is an iterative process to be continued until there are no further edits.
9. Where feasible, patient materials will be reviewed by a patient fluent in the translation language for readability. Authors should aim for 10-12 reading level (North America Grade 6 or equivalent).
10. All documents that have been translated will include a disclaimer to clarify that it is an English document that has been translated with the web address of the original document. (*e.g. "This form originally developed and published in English has been translated, but the questionnaires/scales have not been validated in [Language]"* except where the questionnaires/scales have been validated in the translation language.)
11. Translators will be acknowledged on the final translation, but the document is the property of IPPS and cannot be modified or edited without IPPS written permission. Authors may include the translated document in a manuscript for publication, once it has been approved by the Board of the IPPS.
12. Graphics, appearance and table formats cannot be modified.
13. Disclaimers must be translated as well.
14. The final translated document must be approved by the International Liaison Committee and the Board of the IPPS.



### **Translator Requirements:**

The process requires 2 translators to be involved. At least 1 of the 2 translators need to be a current IPPS member meeting the criteria a to c below:

- a) Current IPPS member;
- b) Fluent\* in English; and
- c) A native speaker in language of translation.

or

- d) A certified translator (ATA certification or equivalent required);
- e) Proven knowledge of the topic- area.

*\*Fluent is defined by the C1 CEFR level C1: Effective Operational Proficiency- The ability to communicate with the emphasis on how well it is done, in terms of appropriacy, sensitivity and the capacity to deal with unfamiliar topics. For more information, please click [here](#).*