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Original Article

PSYCHOMETRIC VALIDATION AND GENDER INVARIANCE OF THE URDU DIFFICULTIES IN EMOTION REGULATION SCALE-SHORT FORM (DERS-SF) AMONG YOUNG ADULTS

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ABSTRACT

Emotion dysregulation is an important concept and has been extensively researched. The difficulties in emotion regulation short form (DERS-SF) is a brief tool developed to assess the problems in regulating the emotions. The purpose of the current study was to examine the psychometric properties and to investigate the measurement invariance of the factor structure of the DERS-SF across gender groups. A total of 285 young adults (117 men, and 168 women aged 18 through 29 years) completed the Urdu version of the DERS-SF using a cross-sectional survey design. The findings of the study suggested that both first order and second confirmatory factor analyses were acceptable fit. The findings also showed the invariance of the DERS-SF factor structure between gender across configural, metric and scalar levels of measurement. Results of the current study indicated that the Urdu DERS-SF has acceptable psychometric properties and therefore can be reliably used with Pakistani young adults.

I. INTRODUCTION

Emotion regulation refers to the mechanisms by which people control their feelings. It involves managing which emotions they feel, when they face them, and finally how they exhibit them (Gross, 1998). It is a significant phenomenon that has been extensively studied, particularly in the domain of clinical psychology. As indicated by Skutch et al. (2019) a number of clinically significant psychological issues such personality disorders, anxiety and mood disorders, self-mutilation and suicide are linked with emotion regulation. Although emotion regulation is a basic psychological process, the particular strategies used to control emotional experiences vary across individuals (Gross & John, 2003). For healthy social functioning and overall well-being, successful and effective management of emotions is crucial. Enduring and handling a diverse range of emotions is required to pursue meaningful life goals, some of which might be unpleasant. If the emotions are regulated in an unhealthy and unsuccessful way, it can make it difficult for the individual to achieve their life targets and sustain ideal living conditions. Additionally, Individuals who are unable to acquire healthy and effective techniques to regulate their emotions may suffer from intense and enduring emotions that compromise their well-being (Campbell-Sills et al., 2005).

Gratz and Roemer (2004) define emotion dysregulation by first explaining the multifaceted framework of emotion regulation. According to this model, effective emotion regulation involves being aware of emotions and comprehending and accepting them, being able to restrain impulsive actions when dealing with unpleasant feelings, and flexibility adjusting emotion regulation strategies to match the specific situations to pursue individual

goals and contextual demands. Consequently, deficits in any or all of these capabilities, indicate emotion dysregulation or difficulties in emotion regulation. Berking and Wupperman (2012) emphasize that emotion dysregulation significantly impacts the occurrence, persistence and treatment of many psychological conditions. Since emotional disturbances are central to a diverse range of psychological issues, contemporary efforts to understand and treat these pathologies focus on the role of emotion regulation difficulties (Sheppes et al., 2015). Because of this broad clinical relevance, researchers have developed a wide range of assessment formats to measure difficulties in emotion regulation. These include trait based self-report questionnaires, measures to assess state level functions, and short forms (Althoff & Ametti, 2021; Bjureberg et al., 2016; Gratz & Roemer, 2004; Hernandez et al., 2024; Kaufman et al., 2016; Lavender et al., 2015). Among these measures, one of the most frequently used tools is the difficulties in emotion regulation Scale (DERS). This brief version is a psychometrically sound self-report instrument that is used to evaluate emotion dysregulation in both adolescents and adults (Kaufman et al., 2016).

The original DERS was first formulated by Gratz and Roemer (2004) specifically to measure emotional dysregulation more thoroughly as compared to the existing measures. This 36-item DERS was created to assess the deficits in different areas of emotion regulation. These include awareness and comprehension of feelings, accepting them without judgement, managing impulsive actions, ability to pursue goals even when distressed and lastly, having access to effective strategies of managing emotion. Initial psychometric findings proposed that the scale has good internal consistency, and acceptable predictive and construct validity (Gratz & Roemer, 2004). The DERS has proven its cross-cultural validity from the very start. Its six-factor structure has been successfully validated in different languages including Italian (Giromini et al., 2012), Portuguese (Machado et al., 2020), and Turkish (Rugancı & Gençöz, 2010). Despite its widespread utility of the 36-item DERS, respondents often find the item similarity as redundant. That leads to increased frustration and fatigue, suggesting the need of brief measures that can measure the same construct with equal efficacy (Kaufman et al., 2016). To overcome these length related issues, a short version of the scale difficulties in emotion regulation-short form (DERS-SF) was created by Kaufman et al. (2016). It contains half of the items from the original scale and confirms the six-factor framework and outstanding psychometric qualities of the previous version across different age groups (Gouveia et al., 2022).

The authors discovered that the original and short measure displayed similar correlation pattern and the confirmatory factor analysis exhibited acceptable model fit for the DERS-SF (Charak et al., 2019). The short form demonstrated good psychometric properties within samples of adolescents and adults (Kaufman et al., 2016). To date, successful cross-cultural translations and validations of this short form scale have been established in various languages, including European Portuguese (Gouveia et al., 2022), Italian (Rossi et al., 2022), Persian (Asgarizadeh et al., 2024), and Hindi (Bhat et al., 2024). However, the evidence on its factor structure is mixed. Both the Portuguese and Indian studies verified the the original six-factor model. (Gouveia et al., 2022; Bhat et al., 2024). The Iranian and Indonesian validations found better support for a five-factor model that excludes the Awareness subscale, which has shown weak psychometric properties (Asgarizadeh et al., 2024; Danasasmita et al., 2024). Additionally, research examining measurement invariance across gender have consistently confirmed the equivalence of this brief scale factor structure between men and women (Asgarizadeh et al., 2024; Bhat et al., 2024; Gouveia et al., 2022; Rossi et al., 2022). Despite this extensive cross-cultural validation, the DERS-SF has not yet been psychometrically evaluated in the Urdu language among Pakistani population. To fill this gap, the objective of the present study was to translate the DERS-SF into Urdu, examine psychometric qualities and the factor structure in a sample of Pakistani students, and test measurement invariance across gender.

II. METHOD

Participants

A cross-sectional research design was employed for the present study. Sample of study consists of 285 participants from Islamabad and Rawalpindi, Pakistan using purposive sampling technique. The sample comprised of 117 (41.1%) men, and 168 (58.9%) women aged 18 through 29 years (*Mean*= 23.88, SD= 2.67).

Measures

Difficulties in Emotion Regulation Scale-Short Form (DERS-SF): This brief tool contains 18 items (3 items per subscale) consists of the six subscales: nonacceptance, goals, impulse, awareness, strategies and clarity. Respondents rate each item on a 5-point Likert scale. That are starting from 1 (almost never) to 5 (almost always). Extreme scores show greater problems in emotion regulation. The instrument exhibits strong psychometric qualities, indicated by satisfactory internal consistency with Cronbach's alphas between 0.79 and 0.91. Also, it exhibits a strong concurrent validity across adult and adolescent demographics. (Kaufman et al., 2016).

Procedure

A formal approval for this research was received from the institute's ethical review committee. Additionally, the original author granted formal consent for the linguistic translation and cultural adaptation of the scale. The scale was then translated using the back-translation protocol by Brislin (1970, 1986). First, three independent bilingual Psychology lecturers translated the original English DERS-SF into the targeted Urdu Language. A committee of experts agreed upon a final forward translation. Afterwards, an independent bilingual translator, translated this finalized Urdu translated version back into English. An expert committee, then compared the back translated with the original English version to ensure its equivalence to the original version. Finally, cognitive interviews were conducted on a small sample of young adults (*n*=15) to ensure the item comprehension of the Urdu translated version. After the translation, the main data was collected. Participants were briefed on the research objectives, their voluntary involvement, as well as their right to discontinue at any stage. To ensure privacy, no personal identifiable information was collected. All participants gave the informed consent and completed the DERS-SF Urdu version.

III. RESULTS

Table I: Demographic characteristics of the sample

Variables	*f*	*%*	*M*	*SD*
Gender				
Male	117	41.1		
Female	168	58.9		
Age			23.88	2.67

Note. M=Mean; *SD*=Standard Deviation

Table II: Descriptive Statistics for the DERS-SF and its subscale

Scales	Items	*M*	*SD*	*α*	Range	Skewness	Kurtosis
DERS-SF Total	18	43.73	13.01	.90	21-86	0.55	0.07
Strategies	3	6.93	3.12	.82	3-15	0.62	-0.42
Nonacceptance	3	7.36	3.09	.80	3-15	0.47	-0.62
Impulse	3	7.51	3.07	.81	3-15	0.36	-0.67
Goal	3	7.09	3.07	.83	3-15	0.53	-0.58
Awareness	3	7.49	2.73	.75	3-15	0.42	-0.32
Clarity	3	7.34	2.99	.77	3-15	0.52	-0.45

Note. DERS-SF=Difficulties in Emotion Regulation Scale-Short Form; α=Cronbach's alpha value

Table III: Fit Indices of Confirmatory Factor Analysis for DERS-SF

Model	χ^2	*df*	χ^2/df	*GFI*	*CFI*	*RMSEA*	*SRMR*
Model Fit (First Order)	207.33	120	1.73	.93	.96	.051	.05
Model Fit (Second Order)	235.79	129	1.83	.92	.95	.054	.06

Note. CFI= comparative fit index; GFI=goodness of fit index; SRMR=Standardized root mean square; RMSEA= root mean square error of approximation

The structural validity of the Urdu version was evaluated by testing both a first order and a second order model. As presented in the fit-indices table 3, the first-order six-factor model demonstrated a satisfactory overall fit to the observed data. The RMSEA (.051) and SRMR (.05) fell well within the < .06 and < .08 parameters recommended by Hu and Bentler (1999). Additionally, the GFI (.93) and CFI (.96) both comfortably met the acceptable threshold of ≥ .90 established by Hair et al. (2019). Above results collectively approve that the theoretical model adequately captures the covariances among the items. Afterwards, a second-order model was assessed to determine if a single higher-order latent factor (overall emotion dysregulation) adequately explained the relationships among the six primary subscales. This model also showed an acceptable fit (GFI = .92, CFI = .95, RMSEA = .054, SRMR = .06). Although there was a marginal reduction in the indices compared to the first-order structure, the RMSEA and SRMR remained within the boundaries stated by Hu and Bentler (1999), and the CFI and GFI values met the acceptable baseline (Hair et al., 2019). These results justified the application of the subscale scores individually, as well as DERS-SF total score as a composite

Factorial Structure

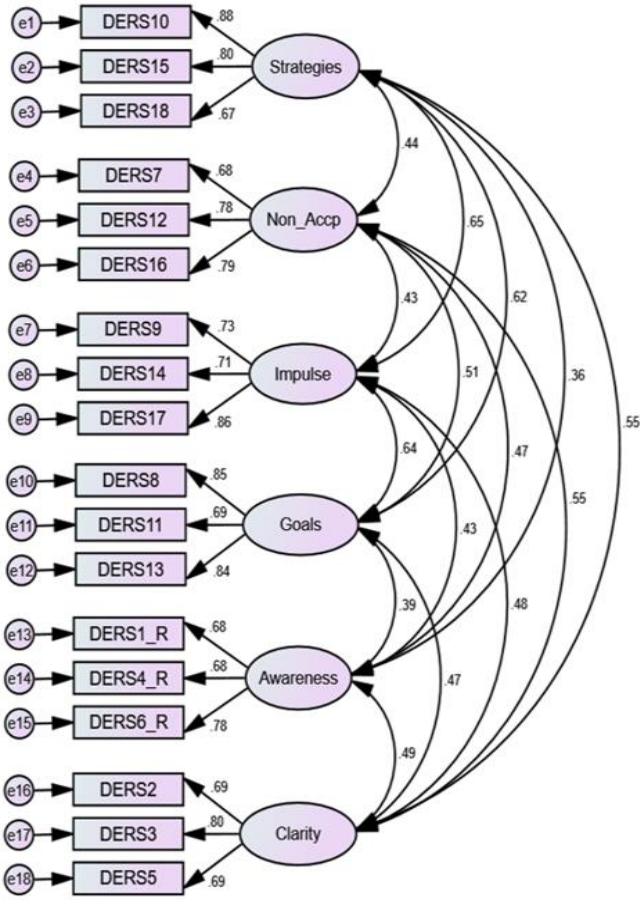


Figure 1. DERS-SF First Order

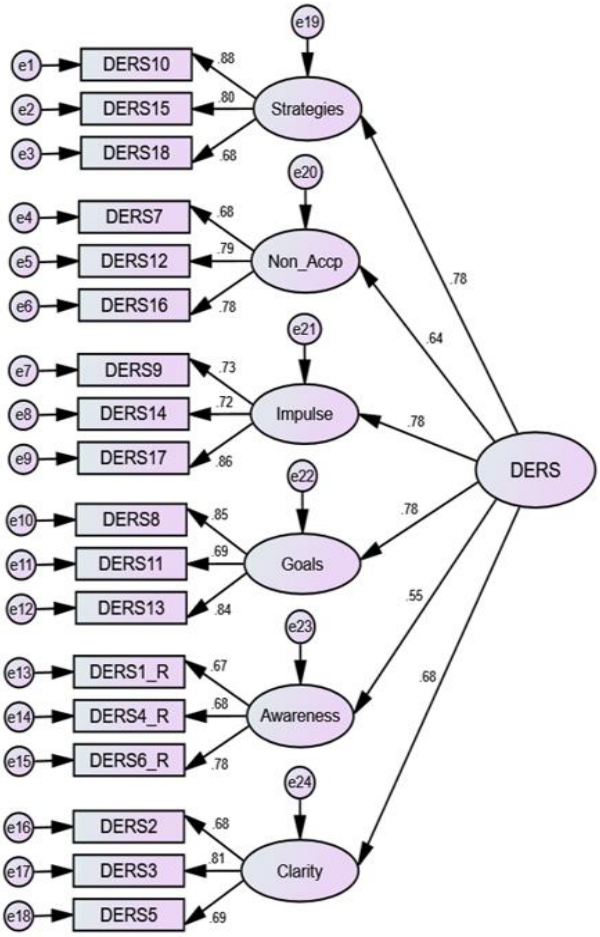


Figure 2. DERS-SF Second Order

Table IV: Fornell-Lacker Criterion for the factors of DERS-SF

Factors	CR	AVE	MSV	Strategies	Non_Accp	Impulse	Goals	Awareness	Clarity
Strategies	0.831	0.624	0.423	0.790					
Non_Accp	0.797	0.567	0.298	0.436	0.753				
Impulse	0.814	0.594	0.423	0.651	0.430	0.771			
Goals	0.839	0.637	0.414	0.623	0.513	0.643	0.798		
Awareness	0.757	0.511	0.243	0.358	0.475	0.427	0.387	0.715	
Clarity	0.773	0.533	0.298	0.546	0.546	0.480	0.468	0.493	0.730

Note. Non_Accp= Nonacceptance; CR = Composite Reliability; AVE = Average Variance Extracted; MSV = Maximum Shared Variance

Construct validity was evaluated through both convergent and discriminant metrics. As presented in Table 4, all inter-factor correlations were positive and showed statistical significance ($p < .001$). findings also confirmed the adequate convergent validity, with the average variance extracted (AVE) for all six DERS-SF subscales exceeding the .50 threshold (Fornell & Larcker, 1981). The structural model also satisfied two independent criteria of discriminant validity. First, the square root of the AVE for every subscale goes above all of its respective inter-factor correlations. (Fornell & Larcker, 1981). Second, each subscale AVE consistently exceeded its respective maximum shared variance (MSV) (Hair et al., 2019).

Table V: Model Fit Indices and Invariance Testing Across Genders

Model	χ^2	*df*	*CFI*	*RMSEA*	$\Delta\chi^2$	*Δdf*	*p*	*ΔCFI*	*ΔRMSEA*
Configural (Unconstrained)	337.399	240	.956	.038	-	-	-	-	-
Metric (Measurement weights)	349.823	252	.955	.037	12.424	12	.412	-.001	-.001
Scalar (Measurement intercepts)	363.499	270	.957	.035	13.676	18	.750	.002	-.002
Structural covariances	377.554	291	.961	.032	14.055	21	.867	.004	-.003
Strict (Measurement residuals)	391.264	309	.963	.031	13.710	18	.748	.002	-.001

Note. RMSEA = root mean square error of approximation; CFI = comparative fit index; Δ= change from the previous model.

A MGCFA examined whether the Urdu translated version assess deficits in emotion regulation equivalently across genders. Table 5 shows that measurement invariance across gender was fully supported across all four hierarchical levels that are configural, metric, scalar, and strict invariance. At each step, nested model comparisons show non-significant chi-square difference tests ($p > .05$). Furthermore, changes in fit indices remained well within established cutoff criteria ($\Delta RMSEA \leq .015$, $\Delta CFI \leq .01$) proposed by Chen (2007) and Cheung and Rensvold (2002). These outcomes confirm that the DERS-SF works equivalently across men and women.

IV.DISCUSSION

The purpose of the current study was to translate the DERS-SF in Urdu language, to examine its psychometric qualities and to test its measurement invariance across genders among Pakistani young adults. Results revealed that total DERS-SF mean score was 43.73 (see table 2), that is within the range from *M*=36.0 (Kaufman et al., 2016) to 49.03 (Danasasmita et al., 2024) of previous studies on the validation of DERS-SF among university and adult populations. Furthermore, analyses of the current research confirmed that the overall scale as well as its individual dimensions kept reasonable internal consistency, with Cronbach's alpha coefficients falling between .75 and .90 (see table 2). These alpha reliabilities are close to the foundational work of Kaufman et al. (2016). To determine the psychometric qualities of the DERS-SF in Pakistani young adults, two model were tested. First, the six-factor model at first order level and then the second order model to examine whether the six-factors load onto a single overarching emotion dysregulation construct. Results revealed that the first-order CFA as an acceptable model fit to the data (see table 3) with (χ^2 207.33, χ^2/df=1.73, *df*= 120, $p < .001$, *GFI*= .93, *CFI*= .96, *SRMR*= .05, *RMSEA*=.051,). This result aligns closely with the Kaufman et al. (2016) and other previous studies on the validation and psychometric qualities of the measure (Bhat et al., 2025; Charak et al., 2019; Gouveia et al., 2022; Severinsen et al., 2026). Additionally, the factor loading of the scale items on their corresponding constructs were examined in order

to assess the convergent validity. As illustrated in the path diagram Figure 1, all 18 items showed acceptable factor loadings (> .50) in line with earlier research (Bhat et al., 2025; Charak et al., 2019).

As indicated in table 3, the second-order model also demonstrated a satisfactory model fit to the data with (χ^2=235.79, χ^2/df= 1.83, *df*= 129, *p* < .001, *GFI*= .92, *CFI*= .95, *SRMR*= .06, *RMSEA*=.054). This outcome is in line with the earlier research that examined the six-factor hierarchical DERS-SF model as an adequate fit (Severinsen et al., 2026). The structural model yielded adequate second-order factor loadings ranging from .55 to .78, shown in Figure 2. Every primary subscale successfully loaded onto the higher-order emotion dysregulation factor above the acceptable .50 threshold (Hair et al., 2019). Findings confirmed that the six distinct subscales collectively and reliably measure a single, unified construct of overall emotion dysregulation. Existing literature shows discrepancies regarding the DERS-SF factor structure. According to Bardeen et al. (2012) and Hallion et al. (2018) the original first order and higher-order models fail to achieve an acceptable fit. Across these inconsistent models, the Awareness subscale consistently performs as a problematic, weaker dimension. Its weak correlations with other emotion regulation factors often degrade the overall model fit. As a result, researchers suggested excluding it entirely to achieve acceptable structural validity. However, the current Urdu version of DERS-SF exhibited an acceptable model fit in the university student sample consistent with the original Kaufman et al. (2016) study.

This study used the Fornell-Larcker criterion (1981) to examine discriminant validity (see table 4) The findings demonstrated that each subscales' square root of the average variance extracted (AVE) is higher than its correlation with any other subscale. This confirms that the subscales of Urdu DERS-SF measure unique aspects of emotion dysregulation. Lastly, the current study examined the invariance between genders. Results indicated that the multi group CFA of the Urdu DERS-SF established full measurement invariance across genders. Including all four hierarchical levels: configural, metric, scalar, and strict invariance (see Table 5). These findings are aligned with the studies confirming gender equivalence in DERS-SF (Asgarizadeh et al., 2024; Bhat et al., 2024; Gouveia et al., 2022; Rossi et al., 2022).

Strengths, Limitations and Future Recommendations

The outcomes of the current study provide a validated Urdu version of DERS-SF for Pakistani population. Hence, filled a gap in cross cultural assessment. The findings of the second order CFA along with first order, provide the researcher a reliable tool that score can be used to assess Emotion dysregulation as a whole construct. Additionally, results of the invariance between gender, offer this Urdu version to be used as an identical tool with men and women. The data was collected from a specific population, which is young adults. The outcome of this study cannot be applied to the other age groups and clinical samples. Another limitation is that the study didn't establish the test-retest reliability. Future research should verify the Urdu DERS-SF across diverse populations, including different age groups and clinical populations. Future work should examine test-retest and linguistic validation. Subsequent investigations should examine invariance across additional demographics (e.g., age, socioeconomic status, etc.).

V. CONCLUSION

The present research adds important insights into the factor structure, psychometric qualities, and gender invariance of DERS-SF to the cross- cultural literature.

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