

Validation and cross-cultural adaptation of the 10-Item Victimization Scale into Brazilian Portuguese for transgenders: preliminary findings

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Traumatization and victimization experiences are significantly associated with the frequency and severity of symptoms and psychiatric disorders that affect the transgender population.¹

An instrument developed in 1995 by Pilkington and D'Augelli² evaluated the frequency of victimization experiences in young LGBT individuals throughout life. The questionnaire, called the 10-Item Victimization Scale, is composed of 10 items that evaluate the number of times an individual has suffered specific forms of victimization (verbal insults, threats of physical violence, physical or sexual aggression, persecution, material damage, etc.) due to the fact that the individual was or was considered to be LGBT.

The objective of this study was to describe the process of transcultural adaptation into Brazilian Portuguese and validation of the 10-Item Victimization Scale, so that it may be utilized in clinical and research contexts in our population of transgender individuals.

The first phase was transcultural adaptation, outlined according to the orientations proposed by Beaton et al.³

The scale underwent an English-Portuguese translation process – performed independently by two bilingual, native Brazilian translators – and a two-person back-translation team who had no prior knowledge of the original version. Both Portuguese and English synthesized versions created in the earlier phases were submitted to an expert committee of nine professionals (four bilingual translators, a nurse, and four psychiatrists) responsible for evaluating semantics, idiomatic expressions, and cultural and conceptual equivalence. Afterward, a test of the pre-final version was performed on five transgender individuals. Finally, a last meeting took place to discuss the pre-test results and obtain the final version of the questionnaire, which was sent for author approval.

The fact that the original authors approved the resulting merged version (back-translation) shows that the employed methodology was adequate. In the second phase, validation, the scale was applied to 51 transgendered individuals linked to *Espaço Trans* (Trans Space), a clinic of the Hospital das Clínicas da Universidade Federal de Pernambuco – Clinics Hospital (HC/UFPE), between April and July 2019. It was a non-probabilistic, convenience sample. Individuals over 18 years of age of both sexes were included after granting written informed consent.

In reliability analysis, Cronbach's alpha was 0.861 (varying between 0.837 and 0.860), even when one of the questions was removed (Table 1). These coefficients were similar in magnitude to those reported in other reliability analyses, such as those of Mustanski and Liu ($\alpha = 0.87$) and Birkett et al. ($\alpha = 0.86$).^{4,5} Therefore, the values obtained in our study with the validated instrument are similar to those observed in the original questionnaire in English.

The 10-Item Victimization Scale adapted to Brazilian culture has produced results that indicate satisfactory equivalence to the U.S. version and suggest that it is a reliable, user-friendly option for evaluating victimization in the Brazilian transgender population.

Table 1 Cronbach's alpha (0.861) analysis for the victimization instrument

Kind of aggression (Portuguese version)	Cronbach's alpha value if the item is dropped
Q1. Quantas vezes você foi verbalmente insultado(a) por ser L/G/B/T?	0.860
Q2. Quantas vezes você foi ameaçado(a) com violência física por ser L/G/B/T?	0.837
Q3. Quantas vezes jogaram um objeto em você por ser L/G/B/T?	0.839
Q4. Quantas vezes o(a) esmurraram, chutaram ou espancaram por ser L/G/B/T?	0.840
Q5. Quantas vezes você foi ameaçado(a) com uma faca, arma de fogo ou outro tipo de arma por ser L/G/B/T?	0.840
Q6. Quantas vezes você foi atacado(a) sexualmente por ser L/G/B/T?	0.860
Q7. Quantas vezes alguém ameaçou contar a alguém que você é L/G/B/T?	0.856
Q8. Quantas vezes alguém perseguiu ou seguiu você por ser L/G/B/T?	0.853
Q9. Quantas vezes você teve sua propriedade danificada por ser L/G/B/T?	0.844
Q10. Quantas vezes você já foi cuspidado(a) por ser L/G/B/T?	0.851

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Disclosure

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Is the 9-item Patient Health Questionnaire sufficiently sensitive to detect clinical risk of suicide in essential workers seeking emotional support during the COVID-19 pandemic?

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Although many studies have used online instruments to assess mental health,¹ few have done so to assess

Table 1 Demographic characteristics of the sample (n=945)

Demographic characteristic	Absolute number (%)
Female	790 (83.6)
Mean age (SD)	37.79 (9.6)
Profession	
Health service	632 (66.9)
Teacher	193 (20.4)
Other essential worker	120 (12.7)
State	
São Paulo	202 (21.4)
Rio Grande do Sul	166 (17.6)
Minas Gerais	130 (13.7)
Bahia	71 (7.5)
Rio de Janeiro	66 (7.0)
Other	310 (32.8)

suicide risk. We would like to share our experience with the 9-item Patient Health Questionnaire (PHQ-9), the standard measure of depression according to The Common Measures in Mental Health Science Governance Board,² as a screening tool for suicide risk. The PHQ-9 contains the following item: "Over the last two weeks, how often have you been bothered by: thoughts that you would be better off dead or of hurting yourself in some way?" This sentence raises a question: are those bothered by thoughts of being better off dead or of hurting themselves at clinical risk of suicide?

We used data from TelePSI, a project providing tele-psychotherapy and tele-psychiatric support for essential workers dealing with the COVID-19 pandemic. Participants who answered this question with any other response than not at all were referred for a detailed psychiatric evaluation with a manualized protocol that addresses 44 risk/protective factors associated with suicidal behavior.³ We then classified the clinical risk of suicide as none, mild, moderate, or severe. Moderate and severe risk indicate the need for an in-person assessment and immediate inpatient admission, respectively. Data analysis was performed using logistic regression.

Among 945 adults that participated in the project (NCT04632082), 659 (69.7%) answered the item with not at all, 178 (18.8%) with several days, 55 (5.8%) with more than half of the days, and 53 (5.6%) with nearly every day. Of the 286 participants referred for psychiatric evaluation, 211 (73.8%) completed the assessment. After evaluation, it was concluded that 112 (53.1%) had no clinical risk, 84 (39.8%) had a mild risk, 14 (6.6%) had a moderate risk, and one (0.5%) had a severe risk. The responses more than half of the days or nearly every day for this item were associated with moderate/severe clinical risk compared to the response several days (odds ratio = 28.2, 95%CI = 3.63-219.2). Using more than half of the days or nearly every day as the cut-off for referral to a psychiatrist would have identified all 14 participants with moderate/severe risk except one (with moderate risk). The sample's demographic characteristics are shown in Table 1.

Contemporary models of suicide risk show that suicide etiology is heterogeneous, with an interaction between