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Translation and Cross-Cultural Adaptation Protocol of Abuse Questionnaires: The Brazilian Portuguese Version of the Composite Abuse Scale (CAS)

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Abstract

Establishing rigorous translation and cross-cultural adaptation (TCCA) processes for abuse questionnaires is challenging. We propose a methodological TCCA protocol for abuse questionnaires based on our current adaptation of the Composite Abuse Scale (CAS) into Brazilian Portuguese. This 10-step protocol includes: (a) conceptual analysis; (b) double-blinded forward translation; (c) comparison of forward translations; (d) back-translation; (e) developer analysis; (f) specialist committee review; (g) comparison of specialist reviews; (h) cognitive interviews; (i) final reconciliation; and (j) presenting the final version to the developer. We aim to rigorously implement this protocol to achieve a reliable Brazilian Portuguese version of the CAS.

Keywords

translations, cross-cultural comparison, intimate partner violence

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Introduction

Intimate partner abuse (IPA) is the result of behaviors within an intimate relationship that cause physical, sexual, or psychological harm by and against intimate partners, for example, physical aggression, sexual coercion, psychological abuse, or controlling behavior (World Health Organization [WHO], 2014). IPA is more prevalent among low- and middle-income countries (LMICs), including Brazil (Garcia-Moreno et al., 2006).

A WHO multicentric study estimates one in three Brazilian women are subjected to physical and/or sexual IPA and one in two women are subjected to psychological IPA (Garcia-Moreno et al., 2006; Schraiber et al., 2007). More recent studies estimate a lifetime prevalence of IPA ranging from 29% up to 56% in Brazil, with psychological abuse being more prevalent than physical or sexual abuse (Bott et al., 2019; Instituto DataSenado Brasil, 2017; Kwaramba et al., 2019; Leite et al., 2017). Moreover, Brazil has the fifth highest rate of femicide in the world and is marked by racial disparities: Femicide affects more black than white women proportionally (Waiselfisz, 2015) and, while the 2018 homicide rate per 100,000 women decreased 8% for white women, it increased 15.4% for black women in the same year (Cerqueira et al., 2018). Furthermore, a 2015 study estimates that every day, 405 Brazilian women seek health care due to some type of abuse (Fórum Brasileiro de Segurança Pública, 2018; Waiselfisz, 2015). Authors argue that this is due to the Brazilian history of slavery, *machismo*, and structural racism (Ribeiro, 2018), adding to the complexity of this topic.

IPA is underreported and requires identification strategies and actions that encompass cultural diversity (WHO, 2013). A systematic review by the WHO (2013) suggests some strategies have the potential to reduce IPA, including health care programs that identify women facing abuse. It is therefore paramount to have instruments that support research on how to accurately identify abuse (Wathen et al., 2008; Wathen & Macmillan, 2015).

Among these instruments is the Composite Abuse Scale (CAS) (Hegarty et al., 1999), a 30-item questionnaire that identifies abuse and quantifies its frequency and severity, while also classifying it into the following subtypes: severe combined abuse, physical abuse, emotional abuse, and harassment. It was originally developed in English and validated with the participation of Australian health professionals and a clinical sample (Hegarty et al., 2005). The CAS has been translated into nine languages, but not into Portuguese nor Brazilian Portuguese. Studies have used the 30-item CAS as a criterion standard against which to measure the sensitivity and specificity of screening tools as well as to develop a shorter version of the CAS (Ford-Gilboe et al., 2016; Hegarty & Valpied, 2013; Signorelli et al., 2020; Sohal et al., 2007).

While undertaking the task of translating the CAS into Brazilian Portuguese, we analyzed a wide range of translation and cross-cultural adaptation (TCCA) approaches dealing with abuse questionnaires. Some of them were very simplistic, for example, not including cognitive interviews/pilots, review by external reviewers, nor mentioning the developer's role in the process, which could raise questions about their rigor and consistency (Connelly et al., 2005; Escriba-Agüir et al., 2015; Iskandar et al.,

2015; Umeda & Kawakami, 2014). Facing this dilemma, we propose a protocol for the TCCA of the CAS into Brazilian Portuguese based on meticulous practices, which could prove useful to the TCCA of other abuse questionnaires. We conducted a literature review followed by the establishment of a 10-step protocol, as detailed below. After defining this protocol, we aim to rigorously apply it to effectively evaluate its feasibility and challenges, reaching a reliable Brazilian Portuguese version of the CAS.

Methodology

Development of this protocol started with a retrospective literature review using the following databases: Pubmed, Scopus, Lilacs, and SciELO. Our search strategy included a combination of keywords related to "IPA" and "translation" (["Intimate Partner Violence" OR "Intimate Partner Abuse" AND "Translat*"], ["Violência por Parceiro Íntimo" OR "Abuso por Parceiro Íntimo" AND "Tradu*"] in English and Brazilian Portuguese, considering we included two regional databases [Lilacs and SciELO]. Inclusion criteria were as follows: (a) original studies encompassing goals related to the TCCA of IPA questionnaires; (b) studies published in the past 20 years (2000 to July 2019), thus privileging more recent articles; and (c) studies published in English, Spanish, or Portuguese, since these are the three most common languages on IPA publications (Wu et al., 2020). All other studies were excluded from our review.

This search strategy resulted in 243 studies, which were then exported to Endnote. Duplicates were excluded and the remaining studies were analyzed following the aforementioned inclusion criteria. After reading their titles and abstracts, 15 studies were deemed relevant to our goals and were included in this analysis.

After reading all articles in their entirety, we extracted data regarding the TCCA steps performed by each study (Table 1). We found no empirical evidence to determine a single-best TCCA methodological approach. However, despite the lack of consensus, all studies recommended a multistep process, including translation, back-translation, and reviews by several professionals to ensure higher reliability. Some studies included additional steps, for example, review by a specialist panel, cognitive interviews, or pretesting with potential users of the translated questionnaire, as well as the involvement of the original developer. We also found that only some studies addressed ethical concerns. The implementation of this protocol was approved by the Ethics Committees of the Federal University of Parana and the city of Curitiba. Table 1 shows an overview of the steps comprising each study included in this review. Online Appendix 1 provides more detailed information about each step.

Results: The Protocol for the TCCA of Abuse Questionnaires

This protocol for the TCCA of abuse questionnaires was based on our literature review (Alhabib et al., 2013; Antoniou et al., 2010; Burjalés-Martí et al., 2018; Cases et al., 2015; Cheung et al., 2020; Connelly et al., 2005; Escriba-Agüir et al., 2015; Fisher

Table 1. Overview of Steps for the Translation and Cross-Cultural Adaptation of IPA Questionnaires.

Author (year)	Questionnaire	Languages	Forward translation	Back-translation	Review committee	Cognitive interviews/groups	Pilot study	Developer(s) role	Ethical approval	Additional step
Burjalés-Martí et al. (2018)	Nursing students' perception of intimate partner violence	English into Spanish	Two bilingual translators	A third bilingual translator	Yes	Not described	Yes	Providing permission to translate	Yes	Validation
Giger et al., (2017)	Domestic Violence Myth Acceptance Scale (DVMAS)	English into Portuguese	Two independent language specialists	Two independent language specialists	Yes	Not described	Not described	Not described	Not described	Validation
Cheung et al. (2020)	Psychological Maltreatment of Women Inventory (C-PMWI)	English into Chinese	Performed, but not described	A third translator	Yes	Yes	Not described	Not described	Yes	Validation
Kita et al. (2017)	Woman Abuse Screening Tool—Short	English into Japanese	Two independent proficient nurses	One bilingual translator	Yes	Not described	Not described	Providing permission to translate; review and approve the final version	Yes	Validation
Wangel and Ouis (2019)	NorVold Abuse Questionnaire (NorAQ)	Swedish into Arabic	One registered translator	Only contested issues	Yes	Not described	Yes	Not described	Yes	Validation
Iskandar et al. (2015)	Woman Abuse Screening Tool (WAST)	English into Indonesian	One translator (principal investigator)	One bilingual certified translator	Not described	Not described	Not described	Not described	Yes	Validation
Cases et al. (2015)	Physician Readiness to Manage Intimate Partner Violence Survey (PREMIS)	English into Spanish	One bilingual translator	One bilingual translator	Yes	Not described	Yes	Reviewing and approving the final version	Not described	Validation
Escriba-Agüir et al. (2015)	AAS	English into Spanish	Performed, but not described	Performed, but not described	Not described	Not described	Yes	Not described	Yes	Validation
Umeda and Kawakami (2014)	Revised Conflict Tactics Scales Short Form (CTS2SF)	English into Japanese	Translated by the authors	One independent translator	Not described	Not described	Not described	Assessing the back-translation	Yes	Internet surveys

(continued)

Table 1. (continued)

Author (year)	Questionnaire	Languages	Forward translation	Back-translation	Review committee	Cognitive interviews/groups	Pilot study	Developer(s) role	Ethical approval	Additional step
Fisher et al., (2014)	Intimate Bonds Measure (IBM)	English into Vietnamese	Performed, but not described	Performed, but not described	Yes	Not described	Yes	Not described	Yes	Validation
Alhabib et al. (2013)	Composite Abuse Scale (CAS)	English into Arabic	One bilingual translator (principal investigator)	One bilingual professional translator (conducted as the final step)	Yes	Yes	Not described	Not described	Yes	Not described
Antoniou et al. (2010)	AAS	English into Greek	Two independent blinded translators	One bilingual translator	Yes	Yes	Not described	Not described	Yes	Validation
Sundborg, et al. (2012)	The Violence Against Women Health Care Provider Survey	English into Swedish	Three bilingual independent translators	Three independent bilingual translators	Yes	Not described	Yes	Providing permission to translate	Yes	Second pretest
Connelly et al. (2005)	Revised Conflict Tactics Scales (CTS2)	English into Spanish	One bilingual translator	Two bilingual graduate students	Not described	Not described	Not described	Not described	Yes	Validation
Pearce et al. (2003)	AAS, Severity of Violence Against Women Scales (SVAWS), and Appraisal of Violent Situations (AVS) scales	English into Puerto Rican Spanish	One bicultural and bilingual translator	A second blinded, bilingual, and bicultural back-translator	Yes	Not described	Yes	Not described	Not described	Not described

Note. IPA = intimate partner abuse; AAS = Abuse Assessment Screen.

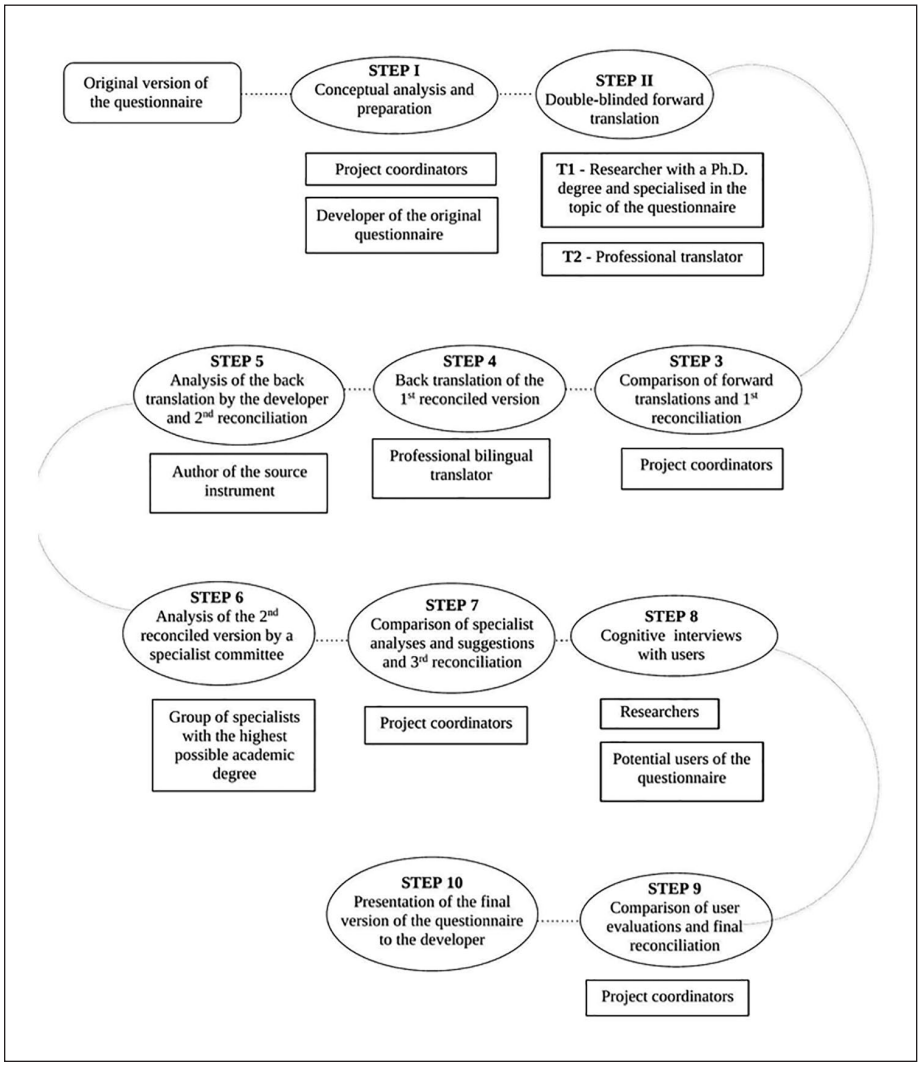

Figure 1. A 10-step protocol for the translation and cross-cultural adaptation of abuse questionnaires.

et al., 2014; Giger et al., 2017; Iskandar et al., 2015; Kita et al., 2017; Pearce et al., 2003; Sundborg et al., 2012; Umeda & Kawakami, 2014; Wangel & Ouis, 2019) and the steps and arguments of each study. It will be used to develop a Brazilian Portuguese version of the CAS, though it may be useful to other instruments and languages. The protocol consists of 10 steps as shown in Figure 1: (a) conceptual analysis; (b) double-blinded forward translation; (c) comparison and first reconciliation of forward

translations; (d) back-translation; (e) back-translation review by the developer and second reconciliation; (f) review by a specialist committee; (g) comparison of specialist reviews and third reconciliation; (h) cognitive interviews; (i) user evaluations and final reconciliation; and (j) presenting the final version of the questionnaire to the developer.

Step 1—Conceptual Analysis

This initial stage (Burjalés-Martí et al., 2018; Cheung et al., 2020) includes assembling the team, performing a conceptual analysis of the instrument, and contacting the developer. The team should include a leader (principal investigator—PI) and a supervisor with experience on the topic. These coordinators are responsible for the process and for maintaining all data. Other members may include translators (T), reviewers (R), and the developer (D). The coordinators must contact the developer of the original questionnaire to request copyright permission and to check whether there is any other translation underway for the same target language (Burjalés-Martí et al., 2018; Kita et al., 2017). Obtaining written authorization from the developer is highly recommended for compliance with any intellectual property and copyright laws that might apply when publishing and using the translated version.

This communication with the developer should also include presenting the translation protocol; anticipating errors by elucidating meanings and specific word choices of the questionnaire that might prove difficult to translate; obtaining additional guidance from the developer for translation; probing for updated versions; and gathering the developer's insights from previous translations of the same scale into other languages (Coster & Mancini, 2015). This step may also include looking for possible cultural differences between the target and source cultural contexts (Cheung et al., 2020). For our study, we included the original developer as a co-author of the translation, so that she could co-supervise the process, make suggestions, and review the final version.

Step 2—Double-Blinded Forward Translation

Literature shows that this step should be performed by a minimum of two translators—T1 and T2—who are fluent in the source and target languages (Acquadro et al., 2008; Antoniou et al., 2010; Burjalés-Martí et al., 2018; Giger et al., 2017; Kita et al., 2017; Sundborg et al., 2012). Our TCCA will include two Brazilian translators fluent in English and Brazilian Portuguese.

It is highly recommended that the translators sign a confidentiality and informed consent form. They should receive the methodological protocol of the TCCA and a spreadsheet file containing four columns: one with the original instrument in the source language; two blank columns to insert their translations; and a fourth column for queries related to the translation process.

We recommend a double-blinded translation (Antoniou et al., 2010): Preferably, one of the translators (T1) should have expertise in the topic (e.g., holding an academic degree in the field) and the other (T2) should be a certified professional

translator. Thus, T1 will provide knowledge on the concepts and technical terms of the area, that is, a specialized translation, whereas T2 will provide a more linguistically focused translation, that is, a native-like translation that is fluid and natural in the target language.

Step 3—Comparison of Forward Translations

Translations by T1 and T2 should be compared by the coordinators (Burjalés-Martí et al., 2018; Giger et al., 2017) to achieve the first reconciled version (RV1). If necessary, the supervisor—that is, the most experienced researcher—may have the final say considering their expertise in the field. In case any issues from outside the coordinators' expertise arise, a co-supervisor or external consultant (preferably a specialist) may be contacted to provide guidance and consolidate the RV1. All these discussions, decisions, and reasonings regarding terminology changes should be documented.

Step 4—Back-Translation

Back-translation is recommended (Alhabib et al., 2013; Antoniou et al., 2010; Burjalés-Martí et al., 2018; Cases et al., 2015; Cheung et al., 2020; Connelly et al., 2005; Escriba-Agüir et al., 2015; Fisher et al., 2014; Giger et al., 2017; Iskandar et al., 2015; Kita et al., 2017; Pearce et al., 2003; Sundborg et al., 2012; Umeda & Kawakami, 2014; Wangel & Ouis, 2019) to avoid mistranslations resulting from cultural differences between the source and target languages. During the back-translation, the RV1 is sent to at least one bilingual professional translator (the back-translator, BT). For studies that included more than one BT (Connelly et al., 2005; Wangel & Ouis, 2019), this role was performed by students or people who were not experts in the subject. The BT must ideally be fluent in the source and target languages, and preferably hold a degree in Translation Studies to ensure good translation practices (*ISO 17100*, 2015). The BT must not be aware of the content of previous steps, have contact with the original questionnaire, nor communicate with forward translators about the instrument. The BT will translate the RV1 back to the source language—in our case, from Brazilian Portuguese into English.

Step 5—Developer Analysis

Umeda and Kawakami (2014) recommend sending the back-translated version to the developer(s) for equivalence analysis. The developer(s) or their representative should analyze linguistic differences between the original version and the back-translated version, providing feedback and discussing contested issues with the coordinators to reach a consensus. This step also encompasses discussing queries and specific terms, cultural issues, and linguistic differences that might have emerged during the previous steps. After performing the necessary adjustments, the coordinators will achieve a second reconciled version (RV2). This step reinforces the rigor of the process and further

ensures translation reliability, that is, its equivalence to the original (Umeda & Kawakami, 2014).

Step 6—Specialist Committee Review

A majority of studies (Alhabib et al., 2013; Antoniou et al., 2010; Burjalés-Martí et al., 2018; Cases et al., 2015; Cheung et al., 2020; Fisher et al., 2014; Giger et al., 2017; Kita et al., 2017; Pearce et al., 2003; Sundborg et al., 2012; Wangel & Ouis, 2019) included a specialist committee that critically reviewed the RV2 and compared it to the source. There was no consensus about who would be better qualified to review the translation (e.g., IPA specialists, health professionals, and researchers) nor the optimal number of people involved in this process. However, our review shows that this specialist committee should ideally consist of bilingual experts with the highest possible academic degree in the topic—ensuring rigor—and from different backgrounds—ensuring that perspectives from varied disciplines are accounted for. For the Brazilian Portuguese version of the CAS, we intend to submit the RV2 to a group of IPA or gender specialists and researchers with a PhD degree who have a scientific production and who are fluent in both English and Brazilian Portuguese. They will have access to the original questionnaire, the RV2, and the intermediate versions (translations, RV1, and back-translation). This committee will contribute by acting as external consultants and providing feedback.

The number of specialists may vary depending on the availability of bilingual researchers/professionals. Our review showed the size of the committee varies widely (from 2 to 13 people); therefore, we recommend using a number within this range that also reaches saturation regarding specialist input. For this step, we also recommend implementing the snowball technique (Liamputtong, 2013), asking specialists to suggest colleagues who may collaborate with the review. In the final report, the coordinators need to present general nondescriptive profiles of the committee members to ensure their anonymity.

The specialists will provide coordinators written feedback regarding each item of the questionnaire by making suggestions and/or raising questions and concerns. We recommend sending the specialists a spreadsheet with each item of the questionnaire in a different row and a column in which they can insert their comments. The specialists should be advised not to communicate about the process with other specialists (regardless of them being part of the committee or not) to avoid bias and contamination.

Step 7—Comparison of Specialist Reviews

In this step, coordinators will compare and analyze the specialists' feedback, reflect on their suggestions, and determine whether or not to incorporate them (Antoniou et al., 2010; Sundborg et al., 2012). Divergences between specialists are expected, particularly if they have different backgrounds (e.g., Public Health, Psychology, Social Sciences). Coordinators must be able to address these divergences and, if necessary,

contact specialists again for more input. Additional specialists may be invited in case there is no consensus. All suggestions, decisions, and reasonings must be documented and be auditable, if necessary. The result of this step is a third reconciled version (RV3).

Step 8—Cognitive Interviews

Cognitive interviews are a very important step to check user understanding of the RV3. It is not a pilot test of the questionnaire, despite some studies (Burjalés-Martí et al., 2018; Cases et al., 2015; Escriba-Agüir et al., 2015; Fisher et al., 2014; Pearce et al., 2003; Sundborg et al., 2012) having performed a pilot/prepilot as a substitute. The goal of cognitive interviews (Antoniou et al., 2010; Cheung et al., 2020) is not to literally ask each item of the questionnaire but instead to probe user understanding of each item. If a specific term is deemed confusing, researchers may ask, "What is your understanding of this?" (e.g., "What is your understanding of IPA?"). One study (Alhabib et al., 2013) conducted focus groups instead of interviews, which may be considered. This step is paramount because ordinary people will evaluate the translation based on their perspectives, which might differ considerably from the perspectives of specialists or professional translators.

Cognitive interviews should be conducted with potential users of the questionnaire—for example, in our case, women in situations of IPA and the professionals who work with them. If the questionnaire is aimed at elderly people, the interviews must include them and also their caregivers or health care professionals, and so on. Cognitive interviews are a way of assessing and providing feedback on the prefinal version of the instrument (RV3). Participants should be invited to the interviews following all necessary ethical guidelines and their consent should be requested by asking them to sign a consent form. General sociodemographic data of participants should be collected to try to reach participant diversity (Beatty & Willis, 2007; Willis, 2006). This will minimize bias and potentially make the questionnaire understandable to a wider range of users.

The way of conducting cognitive interviews is also important; we recommend a private face-to-face model. Our cognitive interviews will be conducted at the House of the Brazilian Woman of Curitiba, a 24/7, cross-sectoral specialized public center that supports women in situations of IPA. We argue that, particularly in our case, asking sensitive questions about IPA experiences may trigger uncomfortable feelings and revive traumas in abused women (Ellsberg & Heise, 2005). The WHO warns that interviews on sensitive topics can provoke powerful emotional responses in some participants, recommending ethical guidelines for conducting research with abused women, including the appropriate training of interviewers on how to identify and respond appropriately to symptoms of distress as well as how to terminate an interview if the impact of the questions becomes too negative (Ellsberg & Heise, 2005; WHO, 2001, 2016). Therefore, it is advisable to have a team of professionals with various backgrounds available to support or refer participants in case of intercurrences. In addition, this team could also assist interviewers in case of vicarious trauma (Raunick et al., 2015; Sexual Violence Research Initiative, 2015). For less complex

topics, coordinators should evaluate the participants' needs and even consider online cognitive interviews.

Cognitive interviews should be recorded and transcribed. For face-to-face interviews, a printed copy of the RV3 should be handed out to participants so they can follow the interview. For online interviews, the RV3 should be sent in advance so participants can print or open it on their devices during the interview. Besides the wording, cognitive interviews also need to ask about the design, format, and layout of the questionnaire. Regarding the number of participants for cognitive interviews, studies included in this review reported between 5 and 10 interviewees (Alhabib et al., 2013; Antoniou et al., 2010; Cases et al., 2015; Cheung et al., 2020; Sundborg et al., 2012), while studies that included a pilot of the final version of the questionnaire were conducted with larger samples, ranging from 23 to 102 participants (Burjalés-Martí et al., 2018; Escriba-Agüir et al., 2015; Fisher et al., 2014; Pearce et al., 2003; Sundborg et al., 2012). We also argue that cognitive interviews should follow additional qualitative research approaches, for example, trying to reach saturation (Liamputtong, 2013; Willis, 2016).

Step 9—Final Reconciliation

All cognitive interviews need to be transcribed and compared. Another spreadsheet may be adopted to tabulate and analyze this step, with a single row for each item of the questionnaire and one column for each participant's feedback. The coordinators should carefully analyze how each item was understood and discuss semantic equivalence or similarities for each culture (Beck et al., 2003; Chavez et al., 2007). User-raised queries must be addressed, particularly if they are recurrent. If necessary, changes in wording may be implemented, and coordinators may return specific issues to Step 6 until a consensus is reached.

All concerns, queries, suggestions, and decisions should be documented with their respective reasoning and be auditable. For the final report on the study, de-identified quotes from the interviews may also be presented to justify adaptations in the final version. At the end of this step, a new reconciled and final version of the questionnaire (RV4) will be reached.

Step 10—Presenting the Final Version to the Developer

In this final step, the authors will present the final version (RV4) to the developer alongside all partial reports and forms regarding the previous steps (Cases et al., 2015; Kita et al., 2017). Results may also be presented to participants of steps 6 and 8, for example, a written report or a public presentation. In this step, the final version of the instrument (RV4) should be submitted for publication and dissemination.

Final Considerations

Our review showed no consensus on the steps of the TCCA of IPA questionnaires. Performing the TCCA of abuse questionnaires is a complex task and requires effort

from both researchers and professional translators (Alhabib et al., 2013; Iskandar et al., 2015; Kita et al., 2017; Sundborg et al., 2012; Wangel & Ouis, 2019). They need to collaborate and employ strategies to reach maximum equivalence between source and translation, avoid distortions, and ensure the trustworthiness and reliability of the translated version. Researchers and translators also need to recognize their limitations; therefore, involving external members to collaborate in the process is essential, preferably including both specialists (Alhabib et al., 2013; Antoniou et al., 2010; Burjalés-Martí et al., 2018; Cases et al., 2015; Cheung et al., 2020; Fisher et al., 2014; Giger et al., 2017; Kita et al., 2017; Pearce et al., 2003; Sundborg et al., 2012; Wangel & Ouis, 2019) and potential users (Alhabib et al., 2013; Antoniou et al., 2010; Cheung et al., 2020) of the instrument. The involvement of participants and interviewers who are native speakers of the target language/bilingual is essential to culturally adapt the content. We found discussions regarding the appropriateness, for example, of having one single Spanish translation for culturally diverse groups, (e.g., Spaniards, Mexicans, and Cubans, among others (Berkanovic, 1980). Therefore, questionnaires must be translated and culturally adapted to each target population (Pearce et al., 2003).

This protocol was developed to define a rigorous 10-step TCCA process specifically for the TCCA of the CAS into Brazilian Portuguese, but it might prove methodologically useful to researchers undertaking the TCCA of others questionnaires. Adaptations may be reasonably implemented considering thematic and contextual specificities, for example, availability of professional translators and bilingual experts. Other steps—for example, pretesting/piloting (Burjalés-Martí et al., 2018; Cases et al., 2015; Escriba-Agüir et al., 2015; Fisher et al., 2014; Pearce et al., 2003; Sundborg et al., 2012) and validation (Antoniou et al., 2010; Burjalés-Martí et al., 2018; Cases et al., 2015; Cheung et al., 2020; Connelly et al., 2005; Escriba-Agüir et al., 2015; Fisher et al., 2014; Giger et al., 2017; Iskandar et al., 2015; Kita et al., 2017; Umeda & Kawakami, 2014)—were also conducted to achieve higher reliability, though they were out of scope for this protocol. Moreover, ethical issues should be addressed when involving patients in the process, particularly in the context of sensitive topics like IPA, as recommended by the WHO (2001).

We recognize the limitations of our study, among which is the search strategy used during the literature review to determine which studies served as the benchmarks for this protocol. This strategy resulted in the exclusion of articles from the field of translation studies related to broader linguistic validation methodologies not directly related to IPA that could provide resources to further improve this protocol. However, instead of prescribing this protocol as the sole solution for TCCA, we aimed to present it as a rigorous methodological option. Specific to our topic, we maintain that rigorous and ethical processes should involve not only listening to potential users but also respecting and caring for them to avoid trauma revival or revictimization. IPA is a global health problem (Bott et al., 2019; Stöckl et al., 2013; WHO, 2013, 2014), and having sensitive measures readily available in each language and culture is paramount to support abuse identification and prevention.

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Supplemental Material

Supplemental material for this article is available online.

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