



Corrigendum: The Transcultural Community Resilience Scale: Psychometric Properties and Multinational Validity in the Context of the COVID-19 Pandemic

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A Corrigendum on:

The Transcultural Community Resilience Scale: Psychometric Properties and Multinational Validity in the Context of the COVID-19 Pandemic

by Cénat, J. M., Dalexis, R. D., Derivois, D., Hébert, M., Hajizadeh, S., Kokou-Kpolou, C. K., Guerrier, M., and Rousseau, C. (2021). *Front. Psychol.* 12:713477. doi: 10.3389/fpsyg.2021.713477

In the original article, there was an error in the abstract as published. There was an error in the name of the “Transcultural-Community Resilience Scale” and its abbreviation “T-CRS.”

A correction has been made to the *Abstract*. The corrected paragraph is shown below.

Few instruments assess community resilience. In the midst of the COVID-19 pandemic, the capacity of communities to support resilience of members deserves to be assessed to develop programs for improving mental health of affected populations. This article presents the development of the Transcultural-Community Resilience Scale (T-CRS), its underlying factorial structure and transcultural validity with a multilingual (English, French, Creole, Kinyarwanda), multinational (DR Congo, Haiti, Rwanda, Togo) and multicultural sample affected by this pandemic. A sample of 1,267 participants (40.9% women) were recruited in the four countries: DRC ($n = 626$, 43.4% women), Haiti ($n = 225$, 42.0% women), Rwanda ($n = 174$, 40.5% women), and Togo ($n = 242$, 33.2% women), with a mean age of 32 (SD = 10.1). They completed measures assessing individual resilience, depression and the T-CRS. Exploratory and confirmatory Factor Analyses, Cronbach alpha, coefficient H and the McDonald’s Omega, and bivariate regression were used to estimate the underlying components of the T-CRS, its internal consistency and concurrent validity. Parallel factorial analysis and confirmatory factor analysis results revealed an excellent fit 3-factor structure. Internal consistency coefficients varied between 0.82 and 0.95. The T-CRS showed a good construct validity with a positive association with individual resilience and negative

association with depression score. Developed with a collaborative approach involving researchers, practitioners, and clients/patients, the T-CRS and its three factors (community strengths and support, community trust and faith, and community values) demonstrated excellent psychometric properties for assessing community resilience among adults during the COVID-19 pandemic.

The authors apologize for this error and state that this does not change the scientific conclusions of the article in any way. The original article has been updated.

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