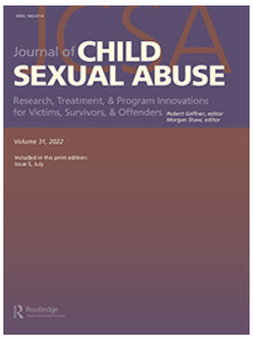

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Transcultural Adaptation and Validity Evidence of the Child Forensic Attitude Scale (CFAS) – Brazilian Version

Marck de Souza Torres[a], Clarissa P. Pizarro de Freitas[b], Mark D. Everson[c], and Luísa Fernanda Habigzang[d]

[a]Federal University of Amazonas, Manaus Brazil; [b]Pontifical University of Rio de Janeiro, Brazil; [c]University of North Carolina, Chapel Hill, North Carolina, USA; [d]Pontifical University of Rio Grande Do Sul, Porto Alegre, Brazil

ABSTRACT

Child sexual abuse is a serious problem in Brazil and requires actions taken together by Justice, Security, Health and Social Welfare to effectively protect and guarantee victims' rights. Professionals working in these fields have difficulty in evaluating cases, owing to limitations of the Brazilian Welfare Network and lack of specialized training. Such difficulty may cause professionals to carry out poorly substantiated assessments and fail to properly protect victims. Instruments to measure professionals' attitudes in the assessment of situations of sexual violence are scarce. As a result, this study aimed to adapt and evaluate validity evidence of the Child Forensic Attitude Scale (CFAS) in the Brazilian context. A total of 177 professionals (86.4% females), with a mean age of 37.6 years (*SD* = 10.1 years) participated in the survey. The results of the confirmatory factor analysis showed that in the Brazilian context, the scale structure presents three first-order oblique factors, namely "Fear of Not Identifying Abuse" (F-Under), "Fear of Overcalling Abuse" (F-Over) and "Skepticism" (Skep). The internal consistency of the three dimensions was satisfactory (F-Under, α = 0.66, F-Over, α = 0.80, and Skep, α = 0.92). Evidence has shown that the CFAS can be used to evaluate health professionals' attitudes when assessing cases of sexual violence against children and adolescents in Brazil. This instrument can support the assessment of health professionals' attitudes, and it emphasizes the importance of qualifying Brazilian professionals in the Welfare Network services by providing training opportunities regarding work with victims of sexual abuse.

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Introduction

The definition of child sexual abuse (CSA) involves a variety of concepts and disciplines (e.g., psychology, law, medicine, psychiatry, social work, sociology, among others), and there is often ambiguity in understanding the phenomenon (Jud & Voll, 2019). For this reason, there is a need to build a model that discusses the concept of CSA by addressing specific terms (i.e., child, sexual

CONTACT Marck de Souza Torres marcktorres@ufam.edu.br Faculty of Psychology, Federal University of Amazonas, 69077-000, Brazil

abuse) that can enable improved operationalization. This proposal, developed by Mathews and Collin-Vézina (2019), highlights that CSA primarily occurs when a child, unable to consent to sexual intercourse owing to cognitive and affective aspects of his/her developmental stage, is involved in sexual interactions whose objective is the physical or psychological sexual gratification of the abuser. The authors also emphasize that these interactions occur on the basis of an unequal power relationship, with exploitation of the victim's position of vulnerability.

The evaluation of CSA allegations is complex, because, in most cases, the only witness is the child victim. Furthermore, each victim displays a unique symptomatological condition; this hinders accuracy when substantiating assessments, thus affecting decision making for referral of cases (C. da L. Pelisoli et al., 2016). Professionals who work in CSA situations can make divergent decisions, which are influenced by the professionals' attitudes toward the frequency of false CSA allegations (Everson & Sandoval, 2011). Owing to the high frequency of CSA in Brazil, investments in research and professional training have been carried out in recent years to qualify the performance of professionals in the services that constitute the protection and care networks for children and adolescents that are victims of CSA. These networks are defined as a coordinated set of governmental and non-governmental players and institutions, whose objective is to guarantee the rights of this population (Deslandes & Campos, 2015). In Brazil, these networks include actions taken together by the Justice, Security, Health and Social Assistance sectors that must follow the guidelines of Law No. 13,431 (Brasil, 2017), which organizes the System for Guaranteeing the Rights of the Child and Adolescent Victim or Witness of Violence (SGD). The networks are operated by different professionals who have the task of intervening in situations of violation of rights. Despite their efforts, the organization of protection and care networks still has institutional weaknesses, whether in terms of management or implementation of existing public policies. In addition, there are difficulties associated with the lack of training of professionals working in this field, who are unaware of or scarcely use evidence-based practices (Aznar-Blefari et al., 2020; Hohendorff & Patias, 2017).

Thus, it can be seen that the field of study on child sexual abuse in Brazil has been directed toward the production of knowledge that contributes to effective professional actions. In this sense, knowledge of the attitudes of professionals working in the Protection and Care Network is important, owing to the complex situations of care, the biases of professionals and their beliefs about situations of child sexual abuse that can constitute protective or revictimizing interventions.

The concept of operational attitude is the willingness to respond favorably or unfavorably to a person, institution or event, assessed through measurable responses such as affections (e.g., feelings, mood and emotions),

cognition (e.g., beliefs, thoughts), and behaviors. Since attitudes are complex and abstract constructs, the instruments designed to evaluate them ultimately measure every part of the whole (Ajzen, 2005; Eagly & Chaiken, 2007).

After a review of Brazilian and foreign instruments that assess attitudes toward CSA, the Child Forensic Attitude Scale (CFAS) was selected for the present study for its good psychometric properties and because it had already been adapted to other cultures. The CFAS aims to investigate how professionals' attitudes influence decision-making on the outcome of cases of child sexual abuse. The CFAS was developed in the United States to evaluate the forensic attitudes (i.e., sensitivity, specificity, skepticism) of professionals in the field of child maltreatment (Everson & Sandoval, 2011). The first version of the CFAS was composed of 28 items (CFAS-28), and it consisted of three dimensions: the "Fear of Undercalling Abuse," "Fear of Overcalling Abuse" dimensions, which work as a professional predisposition to consider the claims as likely to be valid or invalid, and the "Skepticism" dimension (Everson & Sandoval, 2011). Professionals who balance these attitudes minimize erroneous grounds (Williams et al., 2014), as they use multiple strategies (i.e., child testimony, objective evidence, psychosocial reports) to assess case complexity. Skepticism works as an attitude of distrust of sexual violence against children and adolescents, considering age and gender (Everson & Sandoval, 2011). This attitude is associated with the judgment of CSA cases, especially when there is a lack of scientific evidence, and the basis is grounded exclusively on the evaluator's experience (C. Pelisoli et al., 2015).

CFAS-28 was assessed through an Exploratory Factor Analysis (EFA), using a sample of 910 professionals who worked with victims of sexual violence (Everson & Sandoval, 2011). This analysis indicated that an item from the Fear of Undercalling Abuse dimension and an item from the Fear of Overcalling Abuse dimension did not offer significant contributions to the assessment of the constructs; therefore, they were withdrawn. In addition, EFA results indicated that the "Fear of Undercalling Abuse" dimension could be divided into two sub-dimensions, namely "Common Missed Cases"; and "Erring on Child's Side." The factors "Fear of Overcalling Abuse" and "Skepticism" remained on the scale (Everson & Sandoval, 2011).

After the Exploratory Factor Analysis, the CFAS was composed of 26 items (Everson & Sandoval, 2011). To confirm which structure presented the best fit for CFAS-26, two confirmatory factor analyses (CFA) were performed to investigate the adjustments of the first-order three-oblique-factor model and the first-order four-oblique-factor model. The CFAs were carried out with a sample of 264 professionals who work in the American protection and care network, who did not participate in the first CFAS analysis. The $\chi 2$ difference analysis showed that the fit indices of the first-order four-oblique-factor model were superior to the fit indexes of the first-order three-oblique-factor model.

As a result, the final version of CFAS-26 was made up of four dimensions, namely: "Common Missed Cases," "Erring on Child's Side," "Fear of Overcalling Abuse" and "Skepticism" (Everson & Sandoval, 2011).

A study using the CFAS was carried out in Saudi Arabia to assess the attitudes of Saudi professionals toward reports of suspected cases of CSA (Al-Saif et al., 2017). A total of 327 professionals, who evaluated suspected cases of CSA as part of their work or had professions that needed involvement with such cases, participated in the study. The results indicated weighting for specificity, since 38% of those professionals were in the high specificity subgroup, while only 2.4% were in the high sensitivity subgroup (favoring the decision to report suspected CSA). Forensic doctors showed high specificity scores, in comparison to doctors, nurses, therapists and psychiatrists, who exhibited higher sensitivity scores. The emphasis score of women's sensitivity was significantly higher compared to that of men (Al-Saif et al., 2017).

Investigating the attitudes of professionals who work in the Protection and Care Network is a relevant action because professionals dealing with victims of CSA are supposed to be attentive and carefully listen to them and develop a trust-based bond with them throughout the process (Hohendorff et al., 2017). Therefore, the balance between sensitivity and specificity can help professionals to carry out assessments of CSA situations more accurately and reliably (Williams et al., 2014). When victims of sexual violence are mistakenly discredited, the risk of vulnerability and lack of protection increases; thus, accurately assessing CSA situations is essential (Aznar-Blefari et al., 2020; Lashbaugh-Barney, 2020).

Evidence shows that CFA is a reliable instrument to evaluate the attitudes (i.e., specificity, sensitivity, and skepticism) of different professionals who deal with CSA victims (Everson & Sandoval, 2011). Considering the lack of instruments to evaluate the attitudes of Brazilian professionals in the assessment of cases of CSA, this study aimed to carry out the cultural adaptation of the CFAS and present validity evidence of this instrument in Brazil.

Method

Participants

A convenience sample was composed of 177 workers: 13.6% of males and 86.4% of females, aged between 23 and 69 years (M = 37.6 years; SD = 10.1 years) who participated in the study. The sample was considered as adequate to assess evidence of scale validity, considering the recommendations by Hair et al. (2018) that the process of evaluating evidence of validity can be carried out using samples with five to ten participants per item. Participation was voluntary and anonymous and the professionals did not receive any compensation for contributing to the study. Inclusion criteria for

participation in the study were: working in the protection network and care for victims of sexual violence (SV) for at least six months, complete higher education (with/without a master's or doctoral degree). Among the participants, there were psychologists (71.1%), social workers (20.9%), lawyers (0.6%), nurses (0.6%), medical doctors (1.7%), while 4.5% of them had other professions. As far as education is concerned, 28.2% had a Bachelor's degree and 71.8% had a graduate degree. The participants were from the five Brazilian regions: 17% from the South, 6% from the Southeast, 24% from the Midwest, 9% from the Northeast and 45% from the North. Among the participants, 32% had expertise to work with victims of sexual violence, and worked an average of 31.7 hours (SD = 12.6 hours) per week. Their average seniority in working with these cases was 7.6 years (SD = 7.6, ranging from 1 year to 41 years). With regard to the fields of professional activity of the participants, 7% worked in law and order, 27% in the legal field, 28% in health, 39% in social assistance.

Instruments

The Child Forensic Attitude Scale (CFAS) assesses how professionals make decisions based on three attitudes: 1) sensitivity; 2) specificity, and 3) skepticism. Attitudes related to sensitivity are assessed by the dimensions "Common Missed Cases," made up of seven items, and "Erring on Child's Side," made up of three items, both of which have adequate internal consistency estimate (α = 0.76, α = 0.81 respectively). The "Fear of Overcalling Abuse" dimension assesses the attitudes associated with specificity; it is composed of 10 items and has adequate reliability estimates (α = 0.84). Attitudes related to skepticism were investigated by the dimension homonymous to these attitudes, composed of 6 items, which presents satisfactory internal consistency values (α = 0.90). The scale is answered using a five-point Likert-type scale (1 strongly disagree to 5 strongly agree; Everson & Sandoval, 2011).

CFAS translation and adaptation procedures

The process of adaptation of the Brazilian version of the CFAS was based on the procedures recommended by Beaton et al. (2000). In the first stage, the scale was translated from English into the target language (Portuguese) by two independent bilingual investigators (Portuguese-English) in order to minimize linguistic, cultural and understanding biases (International Test Commission, 2017). Then, the two translated versions were synthesized (preliminary adapted version) to compare and evaluate potential differences in order to obtain a single version. The investigators evaluated each item considering four types of equivalence: semantic (review of the meaning of expressions and possible grammatical errors); idiomatic (evaluation if difficult items were adapted correctly); experiential (applicability of the instrument to the

new culture); conceptual (evaluation of whether a term has an equivalent compared to the context of the original version; Beaton et al., 2000). At the end of this stage, the investigators obtained a single version of the CFAS (Figure 1).

This consolidated version was revised by a group of researchers and professionals in the field of psychometry and sexual violence (n = 5). Each evaluator answered a questionnaire with three questions about the quality of the translation of the items. The questions "Is the item well written?" and "Should the item be modified?" were answered on a dichotomous yes/no scale. The third question was "If so, what modification do you suggest to improve the item?"; this question was answered when the evaluators considered that the item should be modified. When answering the third question, the evaluators should suggest an alternative translation of the item and indicate what changes would be necessary to make the item more clearly understood. At this stage, the evaluators agreed on most items, but they disagreed on a few of them: 1, 7, 9 and 11 in the first part; 4 and 11 in the second part. To resolve disagreements, the researchers reviewed the discrepancies, taking into account the terms that best translated professional performance in the field of VS in Brazil. A version was forwarded to a target audience (n = 10) formed by professionals who

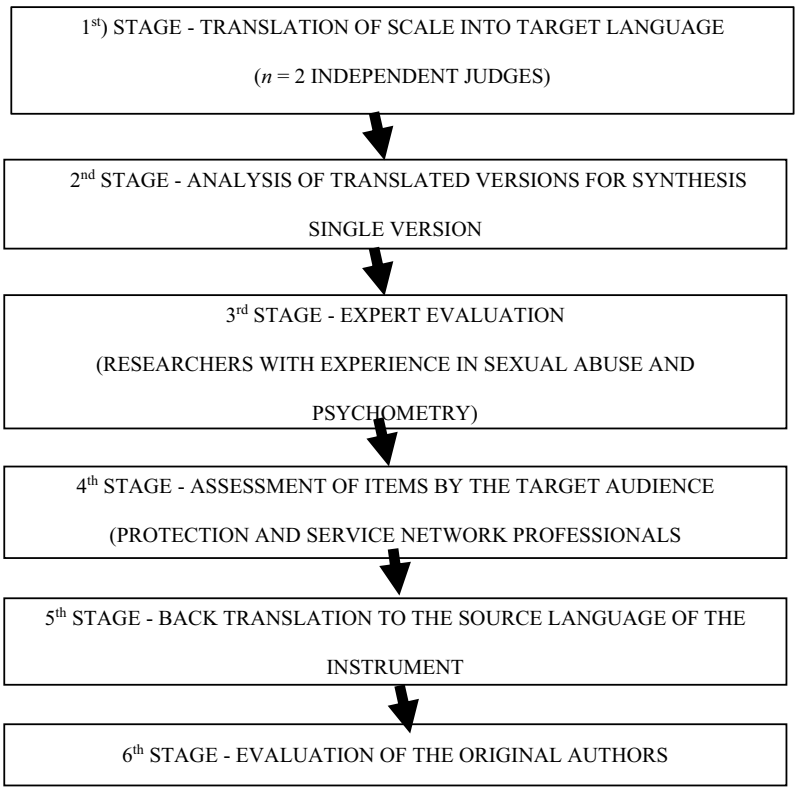

Figure 1. Flowchart of cross-cultural adaptation stages.

worked in the field of sexual violence against children and adolescents. The objective was to check whether the items, instructions and scale of responses were understandable. Importantly, the participants were asked to give their opinion about the items or terms, and suggest synonyms that could represent the specific vocabulary of the field. Some terms from the original scale were difficult to understand, and reformulations were suggested for the following terms: custody (custody dispute); fail to substantiate (make mistakes); accredited (receiving credibility).

Finally, this revised version was translated from Portuguese into English by two other independent translators who had not participated in the first translation stage. The version was sent to the authors of the original instrument, who suggested some changes to the items, which were implemented by the researchers. Finally, the scale was considered as suitable for use in the Brazilian context, and it was considered that the adapted version was semantically and idiomatically equivalent to the original version of the scale.

Data collection procedures

The data were collected through an online survey, using the Qualtrics software between January and July 2018. Questionnaire response time averaged 15 minutes. All participants were informed about the objectives of the study, and those who agreed with the Informed Consent Form were given access to the survey instruments. The sample was recruited through an announcement on social media (e.g., Facebook, LinkedIn, WhatsApp, E-Mail) by snowball sampling. The link to the questionnaire was sent to the coordinators of institutions that provide assistance to violence victims, coordinators of research groups on violence and psychosocial care for victims that could collaborate in the dissemination of the study. All professionals received an e-mail that described the objectives of the study, the target population and the link to access the questionnaire.

Procedures for data analysis and interpretation

Initially, the matrix of item correlations was analyzed to check whether the items presented the theoretically expected relationships. To define the factorial structure of the Brazilian version of the CFAS, two extraction criteria were applied: the theoretical assumptions (the CFAS has four dimensions; Everson & Sandoval, 2011) and the Parallel Analysis (Hayton et al., 2004). The number of factors to be retained was determined on the basis of the results of those criteria; therefore, two models were tested to assess the structure of the CFAS. The Weighted Least Squares Mean and Variance-Adjusted (WLSMV) with oblique rotation (Geomin) was used, as this is a robust extraction method for

ordinal data (Muthén & Muthén, 2010). The fit indices were as follows: CFI (> 0.90), TLI (> 0.90), and RMSEA (<0.08, with a 90% confidence interval not exceeding 0.10; Brown, 2015).

The first CFAS model evaluated the structure adjustment indices of four first-order oblique factors, in which the 26 items carry the dimensions "Common Missed Cases," "Erring on Child's Side," "Fear of Overcalling Abuse" and "Skepticism" (Everson & Sandoval, 2011). The second model investigated the adjustment indices of the solution of three first-order oblique factors, which are "Fear of Undercalling Abuse," "Fear of Overcalling Abuse" and "Skepticism." Confirmatory factor analyses were performed with the lavaan package (Rosseel, 2012) using the software R.

After the final solution of the scale was defined, internal consistency of the dimension was calculated using Ordinal Cronbach's alpha (a). Values above 0.70 were considered to indicate that the dimensions showed adequate internal consistency. The ordinal alpha was calculated using the psych package (Revelle, 2020) in the R software.

The relationships between dimensions were analyzed through Spearman correlations, using the ggpubr package (Kassambara, 2020) in the software R. Mann-Whitney analyses were performed to check the differences in the dimensions "Fear of Undercalling Abuse," "Fear of Overcalling Abuse" and "Skepticism" according to whether or not training had been provided to the professionals (psychologists and non-psychologists) and to level of education (maximum: graduate degree and minimum: bachelor's degree). Exact probability tests (Monte Carlo) were applied to increase the accuracy of the results. The Mann-Whitney tests were performed using the asht package (Fay, 2020) in the software R.

Ethical procedures

This study was evaluated by the Pontifical University of Rio Grande do Sul Ethics and Research Committee with Humans, and was approved by Review No. 2.446.227.

Results

The results of the parallel analysis showed that the solution of three first-order oblique factors would be the most suitable for CFAS. Nevertheless, the theoretical assumptions suggested the retention of four first-order oblique factors (Everson & Sandoval, 2011). The results of the item correlation matrix show that the items are positively related. In addition, items that belong to the same dimension have stronger associations with items of the same dimension, compared to items that belong to different dimensions (Table 1).

Table 1. CFAS-26 Items correlations.

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
1																									
2	.27*																								
3	.20*	.33*																							
4	.07	.33*	.31*																						
5	.17*	.32*	.22*	.30*																					
6	.20*	.22*	.32*	−.00	.17*																				
7	.20*	.34*	.30*	.32*	.35*	.33*																			
8	−.02	.27*	.19*	.10	.26*	−.00	.15																		
9	.01	.24*	.19*	.13	.32*	.17*	.26*	.12																	
10	.10	.10	.11	.13	−.05	−.03	.08	.00	−.07																
11	.15*	.23*	.09	.21*	.19*	−.09	.14	.05	−.00	.33*															
12	.06	.08	−.09	.10	.05	−.05	−.01	−.07	.13	.07	.12														
13	.14	.28*	.26*	.25*	.12	−.04	.21*	.00	.06	.23*	.47*	.13													
14	.13	.19*	.23*	.06	.09	.00	.18*	−.02	−.01	.31*	.30*	.20*	.45*												
15	.17*	.06	.19*	.12	.08	.05	.11	.01	.06	.22*	.20*	.06	.26*	.25*											
16	.09	.16*	.27*	.17*	.02	.06	.28*	−.03	−.02	.36*	.38*	.20*	.48*	.44*	.25*										
17	.03	.12	.09	.23*	−.11	−.05	.13	−.00	−.05	.19*	.25*	.12	.29*	.28*	.31*	.39*									
18	.11	.14	.28*	.05	−.06	.01	.09	.03	−.06	.27*	.07	.09	.21*	.31*	.18*	.45*	.38*								
19	.06	.11	.16*	.27*	.02	−.05	.15*	−.05	.05	.18*	.27*	.09	.33*	.27*	.28*	.48*	.47*	.32*							
20	.13	.22*	.18*	.15*	−.03	−.09	.16*	.09	.03	.38*	.32*	.15*	.37*	.30*	.31*	.39*	.38*	.39*	.27*						
21	.12	.12	.14	.13	−.03	−.08	.14	−.01	−.07	.22*	.28*	.00	.29*	.17*	.22*	.23*	.13	.20*	.19*	.24*					
22	.17*	.10	.07	.14	−.04	−.12	.11	−.04	−.10	.26*	.24*	.10	.23*	.24*	.24*	.21*	.20*	.19*	.21*	.28*	.72*				
23	.10	.12	.07	.11	.03	−.06	.13	−.05	−.06	.20*	.11	.10	.25*	.24*	.23*	.25*	.17*	.15*	.23*	.21*	.46*	.69*			
24	.07	.10	.13	.14	−.02	−.12	.12	.03	−.04	.23*	.28*	−.02	.29*	.18*	.23*	.24*	.14	.23*	.22*	.23*	.90*	.68*	.46*		
25	.14	.12	.11	.15*	−.05	−.13	.14	−.02	−.09	.37*	.27*	.06	.26*	.24*	.24*	.25*	.21*	.24*	.26*	.32*	.70*	.87*	.66*	.75*	
26	.08	.18*	.14	.13	.06	−.02	.15*	−.00	−.02	.28*	.23*	.08	.28*	.25*	.26*	.25*	.16*	.21*	.29*	.28*	.55*	.70*	.79*	.54*	.74*

Note: *I* = *Items*, * = $p < .05$.

Based on the results of parallel analysis, theoretical assumptions and the item correlation matrix, two models for the CFAS structure were tested. Model 1 evaluated the structure of four first-order oblique factors, investigating the dimensions "Common Missed Cases" (CMC), "Erring on Child's Side" (ECS), "Fear of Overcalling Abuse" (F-Over) and "Skepticism" (Skep; Everson & Sandoval, 2011). The second model investigated the fit indices of the solution of three first-order oblique factors, which are "Fear of Undercalling Abuse" (F-Under), "Fear of Overcalling Abuse" (F-Over) and "Skepticism" (Skep). The three-dimensional structure was suggested for the CFAS by Everson and Sandoval (2011), but this was not confirmed in the North American sample.

The first-order four-oblique-factor model showed adequate fit indices. The items had a satisfactory factor load in their relevant dimensions, with the exception of item 6 ("Lack of grounds for a true case of child sexual abuse happens more often than the wrong grounds for a false case"), which presented low factor loading and was not statistically significant (Table 2). Although this model has adequate fit rates, the solution was not considered to be adequate, because the dimension "Erring on Child's Side" did not present significant associations with "Skepticism" and "Fear of Overcalling Abuse." In addition, the relationship between "Erring on Child's Side" and "Skepticism" was negative.

The absence of statistically significant relationships and the low magnitude of the relationships between the dimensions "Erring on Child's Side" and "Fear of Overcalling Abuse" with "Skepticism" may be due to suppression effects. Suppression effects can be understood as the presence of indirect effects that are strong enough to impact the direct effects investigated in the correlation analysis (Watson et al., 2013).

In view of the results of the Confirmatory Factor Analysis that investigated Model 1 and the results of the Parallel Analysis, Model 2 evaluated the structure of three first-order oblique factors for the CFAS, with the items loading in the dimensions "Fear of Undercalling Abuse," "Fear of Overcalling Abuse" and "Skepticism." Model 2 presented satisfactory fit indices, and the three analyzed dimensions showed positive relationships (Table 2).

In Model 2, it was found that items 5 ("It is, by far, more harmful not to identify a true case of child sexual abuse than to base wrongly a false case"), 9 ("It is better to err in favor of the child in an investigation of child sexual abuse, even if in some cases there are no grounds for it") and 10 ("I worry a lot about the false claims of CSA that are admitted as true and grounded when they shouldn't be") of the "Fear of Undercalling Abuse" dimension had low factor loadings. In addition, the factor loadings of indices 5, 9 and 10 were not statistically significant (Table 2).

As a result, a third model was tested, investigating the adequacy of the version of the CFAS with 23 items in a first order three-oblique-factor structure. It was found that CFAS-23 presented adequate fit indices for the

Table 2. Confirmatory Factor Analysis of CFAS-26 (First-Order Four-Oblique-Factor and First-Order Three-Oblique-Factor) and CFAS-23 (First-Order Three-Oblique-Factor)

			Model 1 – CFAS-26				Model 2 – CFAS-26			Model 3 – CFAS-23		
			F. L. /F.				F. L /F.			F. L /F.		
Items	S	K	CMC	ECS	F-O	Sk	F-U	F-O	Sk	F-U	F-O	Sk
1) Child sexual abuse claims are likely to be true except for some cases of divorce and custody dispute. [As alegações de ASI provavelmente são verdadeiras com exceção de alguns casos de divórcio e disputa de guarda.]												
2) It is likely that more than 50% of true cases of child sexual abuse are not identified or substantiated because children are too traumatized to reveal the abuse. [É provável que mais de 50% dos casos verdadeiros de ASI não são identificados ou fundamentados porque as crianças estão muito traumatizadas para revelar o abuso.]	.6	-.5	.57*				.60*			.55*		
3) Failing to believe or substantiate real cases of child sexual abuse is a common mistake in our area. [Deixar de acreditar ou de fundamentar casos verdadeiros de ASI é um erro comum em nossa área.]	.9	-1	.55*				.59*			.54*		
4) Even when interviewed, most sexually abused children will not reveal the abuse they suffered. [Mesmo quando entrevistadas, a maioria das crianças abusadas sexualmente nunca revela o abuso sofrido.]	.8	-.5	.51*				.53*			.51*		
5) It is far more damaging not to identify a true case of child sexual abuse than, mistakenly, to base a false case. [É, de longe, mais prejudicial não identificar um caso verdadeiro de ASI do que, erroneamente, fundamentar um caso falso.]	-.1	-.9	.09				.11			-		

(*Continued*)

Table 2. (Continued).

Items	S	K	Model 1 – CFAS-26 F. L. /F. CMC	ECS	F-O	Sk	Model 2 – CFAS-26 F. L /F. F-U	F-O	Sk	Model 3 – CFAS-23 F. L /F. F-U	F-O	Sk
6) The lack of justification for a true case of child sexual abuse happens more often than the wrong reasoning for a false case. [A falta de fundamentação de um caso verdadeiro de ASI acontece com mais frequência do que a fundamentação errônea de um caso falso.]	.3	-.7	.54*				.57*			.51*		
7) Many cases of child sexual abuse are not identified because children's interviewers are very concerned about the possibility of making mistakes, such as asking inappropriate questions. [Muitos casos de ASI não são identificados porque os entrevistadores da criança estão muito preocupados com a possibilidade de cometer erros, como fazer perguntas inapropriadas.]	.7	-2	.58				.63*			.66*		
8) Failing to believe the disclosure of the sexual abuse of a truly victimized child is the most damaging mistake that an interviewer can make. [Deixar de acreditar na revelação do abuso sexual de uma criança realmente vítima é o erro mais prejudicial que um entrevistador pode cometer.]	.1	-.9		.78*			.32*			.25*		
9) It is better to err in favor of the child in an investigation of child sexual abuse. even if in some cases there is no basis for it. [É melhor errar a favor da criança em uma investigação de ASI, mesmo que em alguns casos não haja fundamentação para isso.]	1.9	.9		.38*			.13			-		
10) I worry a lot about the false claims of CSA that are admitted as true and substantiated when they should not be. [Eu me preocupo muito quando alegações verdadeiras de ASI estão sendo colocadas em dúvida e não estão sendo fundamentadas quando deveriam.]	.1	-.7		.46*			.16			-		

(*Continued*)

Table 2. (Continued).

Items	S	K	Model 1 – CFAS-26 F. L. /F. CMC	ECS	F-O	Sk	Model 2 – CFAS-26 F. L /F. F-U	F-O	Sk	Model 3 – CFAS-23 F. L /F. F-U	F-O	Sk
11) At least one-third to half of all child sexual abuse claims are likely to be false, they are not true. [Pelo menos um terço a metade de todas as alegações de ASI provavelmente são falsas, não são verdadeiras.]	.6	-.3			.62*			.62*			.62*	
12) Many professionals in our field quickly believe in children when they make statements alleging sexual abuse. [Muitos profissionais na nossa área acreditam rapidamente nas crianças quando elas fazem afirmações alegando abuso sexual.]	.8	-.3			.21*			.21*			.21*	
13) A common problem faced by interviewers is children reporting abuse that did not happen. [Um problema comum enfrentado pelos entrevistadores são as crianças que relatam um abuso que não aconteceu.]	-.9	-.1			.70*			.70*			.70*	
14) Many people are likely to be wrongly accused of child sexual abuse every year. [É provável que muitas pessoas sejam condenadas injustamente por ASI todo ano.]	.5	-.6			.60*			.60*			.60*	
15) Accusing an innocent person of child sexual abuse is potentially so harmful that it is better to erring in favor of the alleged perpetrator (aggressor), unless the evidence of guilt is quite clear. [Acusar uma pessoa inocente de ASI é potencialmente tão prejudicial que é melhor errar em prol do suposto perpetrador (agressor), a menos que a evidência de culpa seja bastante clara.]	-.5	-.7			.49*			.49*			.49*	
16) Substantiating false allegations of child sexual abuse is a common mistake in our area. [Fundamentar alegações falsas de ASI é um erro comum em nossa área.]	-.3	-.8			.77*			.77*			.77*	

(*Continued*)

Table 2. (Continued).

			Model 1 – CFAS-26				Model 2 – CFAS-26			Model 3 – CFAS-23		
			F. L. /F.				F. L /F.			F. L /F.		
Items	S	K	CMC	ECS	F-O	Sk	F-U	F-O	Sk	F-U	F-O	Sk
17) A little more skepticism among child interviewers would considerably reduce the number of false allegations of child sexual abuse that are substantiated. [Um pouco mais de ceticismo entre os entrevistadores de crianças reduziria consideravelmente o número de alegações falsas de ASI que são fundamentadas.]	-.6	-.6			.57*			.57*			.57*	
18) Many false cases of child sexual abuse are justified because of the interviewer's mistakes, such as inappropriate questioning, or over-interviewing the alleged victim. [Muitos casos falsos de ASI são fundamentados por causa de erros do entrevistador, como questionamentos inapropriados, ou entrevistar excessivamente a suposta vítima.]	-.5	-.3			.56*			.55*			.55*	
19) Wrongly substantiating a false case of child sexual abuse happens more often than failing to substantiate a true case. [Fundamentar equivocadamente um caso falso de ASI acontece mais frequentemente do que falhar em fundamentar um caso verdadeiro.]	-.3	-.8			.62*			.62*			.62*	
20) I worry a lot about child sexual abuse allegations getting credibility and even being substantiated as true when they should not be. [Eu me preocupo muito com alegações falsas de ASI recebendo credibilidade e até sendo fundamentadas como verdadeiras quando não deveriam ser.]	.3	-.9			.65*			.65*			.65*	

(*Continued*)

Table 2. (Continued).

Items	S	K	Model 1 – CFAS-26				Model 2 – CFAS-26			Model 3 – CFAS-23		
			F. L. /F.				F. L /F.			F. L /F.		
			CMC	ECS	F-O	Sk	F-U	F-O	Sk	F-U	F-O	Sk
21) Of every 100 girls between the ages of 3 and 5 who report being sexually abused, how many are likely to be real victims of sexual abuse? [De 100 meninas com idades entre 3 a 5 anos que revelam ser abusadas sexualmente, quantas seriam provavelmente verdadeiras vítimas de abuso sexual?]	-.3	-.7				.80*			.80*			.80*
22) Of every 100 girls between the ages of 6 and 12 who report being sexually abused, how many are likely to be real victims of sexual abuse? [De 100 meninas com idades entre 6 a 12 anos que revelam ser abusadas sexualmente, quantas provavelmente seriam verdadeiras vítimas de abuso sexual?]	-.1	-.9				.94*			.94*			.94*
23) Of every 100 girls between the ages of 13 and 17 who report being sexually abused, how many are likely to be victims of sexual abuse? [De 100 meninas com idades entre 13 a 17 anos que revelam ser abusadas sexualmente, quantas provavelmente seriam verdadeiras vítimas de abuso sexual?]	-.9	.77				.86*			.86*			.86*
24) Of every 100 boys between the ages of 3 and 5 who report being sexually abused, how many are likely to be real victims of sexual abuse? [De 100 meninos com idades entre 3 a 5 anos que revelam ser abusados?]	-.9	.7				.80*			.80*			.80*
25) Of every 100 boys aged 6 to 12 who report being sexually abused, how many are likely to be real victims of sexual abuse? [De 100 meninos com idades entre 6 a 12 anos que revelam ser abusados sexualmente, quantos provavelmente seriam verdadeiras vítimas de abuso sexual?]	-.6	-.1				.98*			.98*			.98*

(*Continued*)

Table 2. (Continued).

			Model 1 – CFAS-26				Model 2 – CFAS-26			Model 3 – CFAS-23		
			F. L. /F.				F. L /F.			F. L /F.		
Items	S	K	CMC	ECS	F-O	Sk	F-U	F-O	Sk	F-U	F-O	Sk
26) Of every 100 boys aged 13 to 17 who report being sexually abused, how many are likely to be real victims of sexual abuse? [De 100 meninos com idades entre 13 a 17 anos que revelam ser abusados sexualmente, quantos provavelmente seriam verdadeiras vítimas de abuso sexual?]	1.4	.7				.90*			.90*			.90*
Model 1 – CFAS-26 –First-Order Four-Oblique-Factor	CMC x ECS		CMC x F-O	*CMC x C*	*ECS x F-O*		*ECS x C*	*F-O x C*	$\chi^2(gl)$	CFI	TLI	RMSEA (90% CI)
	0.62*		0.65*	0.37*	0.05		- 0.07	0.50*	506.2* (293)	0.96	0.96	0.06 (0.05 – 0.07)
Model 2 – CFAS-26 –First-Order Three-Oblique-Factor	*F-U x F-O*				*F-U x S*		*F-O x S*		$\chi^2(gl)$	CFI	TLI	RMSEA (90% CI)
	0.58*				0.31*		0.50*		570.6* (296)	0.95	0.94	0.07 (0.06 – 0.08)
Model 3 – CFAS-23 – First-Order Three-Oblique-Factor	*F-U x F-O*				*F-U x S*		*F-O x S*		$\chi^2(gl)$	CFI	TLI	RMSEA (90% CI)
	0.64*				0.37*		0.50*		402.7* (227)	0.97	0.96	0.07 (0.05 – 0.08)

Note. [ ]= Brazilian Portuguese Version of Items, * $p < 0.05$, n = 177; S = Skewness, K = Kurtosis, F.L. = Item Factorial Load; F. = Factor; CMC = Common Missed Cases; ECS = Erring on Child's Side; F-O = Fear of Overcalling Abuse; Sk = Skepticism; F-U = Fear of Undercalling Abuse

solution of three first-order oblique factors and that the dimensions were positively related. The items presented satisfactory factor loadings in their relevant dimensions (Table 2). Based on the results of the analyses, in the Brazilian context, the CFAS consists of 23 items, distributed in the dimensions "Fear of Undercalling Abuse," "Fear of Overcalling Abuse" and "Skepticism." In addition, the reliability estimates, measured by the Ordinal Cronbach's alpha coefficient (α), in the three dimensions of the Brazilian version of the CFAS ("Fear of Undercalling Abuse," α = .66, "Fear of Overcalling Abuse," α = .80; "Skepticism," α = .92), were adequate.

The relationships between the dimensions were analyzed using Spearman's correlations, because there was no normality for the dimensions. The relationships had low and moderate magnitude and were positively related, and this result shows that the scale investigates professionals' beliefs that impact the process of evaluation of child abuse victims, and that the dimensions do not overlap (Table 3).

Owing to the lack of normality of the distribution of variables, the means comparison analysis was performed using the Mann-Whitney test. The skewness and kurtosis values of the dimensions ("Fear of Undercalling Abuse," S = .32, K = – .19, "Fear of Overcalling Abuse," S = – .21, K = – .29, and "Skepticism," S = – .99, K = .78) evidenced the lack of data normality. The results showed that there are no differences in the indices of "Fear of Undercalling Abuse," "Fear of Overcalling Abuse" and "Skepticism" according to education (maximum: Specialist degree and minimum: Master's degree) and professional training (psychologists and non-psychologists). Table 4 shows that the means between the different groups are similar, and there was no statistical significance and effect size had low magnitude.

Discussion

The Brazilian version of CFAS, composed of 23 items, has a first-order oblique three-dimensional structure (Model 1), which consists of the dimensions "Fear of Undercalling Abuse" (F-Under), "Fear of Overcalling Abuse" (F-Over) and

Table 3. Means, standard deviations, and correlations with confidence intervals.

Dimension	*M*	*SD*	1	2
1. Fear of Undercalling Abuse	2.48	0.69		
2. Fear of Overcalling Abuse	3.36	0.65	.37** [.23, .49]	
3. Skepticism	3.94	0.90	.22** [.07, .36]	.41** [.27, .53]

Note: *M* = Mean, *SD* = Standard deviation, [] = values in square brackets indicate the 95% confidence interval for each correlation, * = $p < .05$. ** = $p < .01$.

Table 4. Differences in the Average Means of "Fear of Undercalling Abuse," "Fear of Overcalling Abuse" and "Skepticism" for Education and Training.

	F-U (*M*(*DP*))	*Z*	*r*	F-O (*M*(*DP*))	*Z*	*r*	C (*M*(*DP*))	*Z*	*r*
Education									
Maximum Educ. Level Specialist	2.4 (0.7)	− 1.2	0.09	3.3 (0.7)	− 1.7	0.13	3.9 (0.9)	− 0.1	0.01
Minimum Educ. Level Master's Degree	2.5 (0.6)			3.4 (0.6)			4.0 (0.8)		
Specialty									
Psychologists	2.5 (0.6)	− 0.5	0.04	3.3 (0.7)	− 0.1	0.01	3.9 (0.9)	− 1.3	0.11
Non-Psychologists	2.4 (0.8)			3.3 (0.7)			4.0 (0.9)		

Note. *<0.05; F-U = Fear of Undercalling Abuse; F-O = Fear of Overcalling Abuse; S = Skepticism; n = 177.

"Skepticism." It was found that the items of the three dimensions had an adequate factor loading. The internal consistency rates of the dimensions (F-Under, α = .66; F-Over, α = .80; and "Skepticism," α = .92) are similar to those of the American model, namely F-Under α = .69; F-Over α = .84, and "Skepticism" α = .90 (Everson & Sandoval, 2011).

The dimensions "Erring on Child's Side" and "Fear of Overcalling Abuse" do not differ in the Brazilian context. The associations found between the dimensions suggest that, unlike the findings in the North American sample, the dimension "Erring on Child's Side" does not contribute as a construct that differs significantly from the dimension "Fear of Undercalling Abuse" (Everson & Sandoval, 2011). Thus, it is suggested that, in the Brazilian context, there is no empirical evidence for the "Fear of Undercalling Abuse" construct to be divided into the dimensions "Common Missed Cases" and "Erring on Child's Side."

It was found that the dimensions "Fear of Undercalling Abuse" (F-Under), "Fear of Overcalling Abuse" (F-Over) and "Skepticism" were positively associated and presented moderate to high magnitude relationships. These findings are in line with the results of the original version of the CFAS, and they show the relationship between these attitudes in the process of assessing victims of SV (Everson & Sandoval, 2011).

It was found that the professionals had above-average scores in the dimensions "Skepticism" and "Fear of Overcalling Abuse." High scores in these dimensions show that the work practices of many professionals are based on their work experiences and personal beliefs. Among the dimensions, "Skepticism" had the highest scores, suggesting that the professionals' assessments are heavily based on physical proof of CSA (Everson & Sandoval, 2011), which cannot always be obtained. The dimension "Fear of Undercalling Abuse" had the lowest scores among the three dimensions. The low score found in this dimension indicates that the interviewed professionals may have difficulty in supporting the claim of CSA using the victim's account as their main argument (Everson & Sandoval, 2011).

The analysis of the participants' responses showed that items 9 and 10 were considered not to represent the construct "Fear of Undercalling Abuse." On the other hand, items 22, 25 and 26 of the "Skepticism" dimensions were found to be the most representative of attitudes toward CSA. These results indicate that professionals may have more difficulty in understanding the complaint made by the victim and are more likely to evaluate cases of CSA skeptically. Also, these results show the relevance of carrying out interventions that can qualify the performance of the professionals, enabling them to understand CSA and develop skills to properly assess and treat victims of CSA (Aznar-Blefari et al., 2020; Hohendorff & Patias, 2017), as the attitudes of professionals about the CSA impact the evaluations and referrals carried out for the cases.

There were no significant differences between psychologist and non-psychologist groups. The absence of differences between psychology professionals and non-psychologist groups regarding attitudes toward CSA may be associated with the fact that only 32% of the participants have been particularly trained to work with CAS victims. Owing to the lack of specific training, professionals are likely to be basing their professional practice on their experience and personal beliefs, which makes it difficult to differentiate the levels of attitudes toward CSA between the professional groups being analyzed. These results differ from those in the study by Everson and Sandoval (2011), pp. – professionals in the legal field obtained high scores in the F-Over dimension – and in the study by Al-Saif et al. (2017), pp. – it was the forensic pathologists who scored the highest in the F-Over dimension. In both studies (Al-Saif et al., 2017; Everson & Sandoval, 2011), healthcare workers (e.g., psychologists, psychiatrists, nurses, and pediatricians) scored higher in F-Under.

Despite the contributions of the present study, there are limitations owing to the use of a convenience sample, which focused on the North and Southeast regions. The characteristics of the sample may have reduced the variability of the findings of the present study, limiting the generalization of the results. In addition, some participants did not complete the questionnaire of the online survey, thus causing loss of the sample data.

It is important that the attitudes of health professionals in SV situations be assessed with instruments, because there are different subjective aspects that can interfere in the referral of the case for better interventions. Therefore, the major contribution of this study is to adapt and present validity evidence of a scale capable of measuring the attitudes of professionals when dealing with CSA situations. This study, along with the one by Al-Saif et al. (2017), offers important validation of the CFAS on a non-North American sample.

The assessments of CSA situations are complex, and in order to make a decision about the truthfulness of allegations, professionals must use reliable, highly accurate and precise instruments. However, despite recommendations

for training on the use of procedures that are based on scientific evidence with a view to minimizing the harmful effects of erroneous reasons, health professionals are susceptible to inappropriate subjective biases that can negatively affect the evaluation of an allegation.

Limitations

Among the strengths of the present study, it is noteworthy that the process of data translation and adaptation was based on international guidelines (Beaton et al., 2000). Despite the relevance of the process of translation and adaptation of instruments, these practices are sometimes disregarded, which can hinder the assessment of the construct and the development of scientific knowledge. Thus, the present study makes an important contribution by providing a scale to assess health professionals' beliefs that can impact the assessment of child abuse victims. Moreover, it reinforces the importance of the process of translation and cross-cultural adaptation of survey instruments.

Another strong point of the present study is the use of robust data analysis. A confirmatory factor analysis was performed, and it was demonstrated that the best structure for the Brazilian scale version was the three-dimensional first order. The use of robust data analysis allows in-depth data investigation and reduces the impact of external variables on the understanding of the construct. Future studies should evaluate validity evidence with other groups of professionals as well as the relations between the CFAS and other attitude scales to review discriminant validity, in order to shed light on the relationships between health professionals' attitudes and their beliefs about CSA when evaluating CSA cases.

Implications

The daily activities of the Brazilian Care and Protection Network for CSA cases are marked by an overload of demand and by the lack of adequate training of the health professionals that work in cases of CSA. The work of these professionals is still based on acquired experience and personal beliefs about violence. Evidence-based practices are encouraged by the current legislation (Brasil, 2017), which determines the adoption of scientifically evaluated protocols and recommends that training be provided to professional teams in order to qualify the provision of care. The Brazilian version of the CFAS will possibly contribute to the assessment of health professionals' attitudes, identifying demands for training that is to be provided for in public policies. By identifying attitudes that can generate errors in the evaluation of cases, theoretical and technical qualification can be provided to health professionals for accurate identification of cases and procedures that guarantee children's protection and rights.

Thus, the adaptation of the CFAS to the Brazilian context offers, in terms of practical implications, a test-retest instrument to be applied before, during and after the training of those professionals that work in protection and care networks, for the purpose of identifying and understanding attitudes or attitudinal combinations. This diagnosis will allow the use of different methodological resources to avoid decisions based on the wrong reasons and increase the effectiveness of professionals working in CSA assessment situations.

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Notes on contributors

Marck de Souza Torres PhD in Clinical Psychology at the Pontifical Catholic University of Rio Grande do Sul (PUC-RS). Master's Degree in Clinical Psychology and Culture from the University of Brasília (UnB). Graduation in Psychologist Training from the Federal University of Amazonas (UFAM). Adjunct Professor at Faculty of Psychology. Permanent Professor of the Postgraduate Program in Psychology at the Federal University of Amazonas.

Clarissa P. Pizarro de Freitas PhD in Psychology from the Federal University of Rio Grande do Sul (UFRGS). Professor of the Postgraduate Program in Psychology at the Pontifical Catholic University of Rio de Janeiro (PUC-Rio).

Mark D. Everson PhD Child Development, Stanford University. Director, Program on Childhood Trauma and Maltreatment at University of North Carolina at Chapel Hill.

Luísa Fernanda Habigzang PhD in Psychology at the Federal University of Rio Grande do Sul (UFRGS). Adjunct `Professor in the Graduate and Postgraduate Program in Psychology at the Pontifical Catholic University of Rio Grande do Sul (PUCRS).

ORCID

Marck de Souza Torres http://orcid.org/0000-0002-0717-982X
Luísa Fernanda Habigzang http://orcid.org/0000-0002-0262-0356

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