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Abstract

Child sexual abuse myths legitimize abusive behaviors, involving high levels of victim blame and low levels of offender blame. The present study aims to: (i) adapt a measure of endorsement of child sexual abuse myths to the Portuguese context (i.e., Child Sexual Abuse Myth Scale - CSAMS); and (ii) provide validity and reliability evidence for this measure. A total of 423 adults (66.2% female) filled out a sociodemographic questionnaire, the Ambivalent Sexism Inventory, and the CSAMS. The CSAMS validity and reliability results supported the original structure, which comprises three dimensions: Blame Diffusion (e.g., ‘Adolescent girls who wear very revealing clothing are asking to be sexually abused’), Restrictive Stereotypes (e.g., ‘Most children are sexually abused by strangers or by men who are not well known to the child’), and Denial of Abusiveness (e.g., ‘Older children, who have a better understanding of sexual matters, have a responsibility to actively resist sexual advances by adults’). Configural and metric invariance by sex were held, and criterion validity was observed through significant associations between myths, sexism and sex. This study provided evidence in support of the validity and reliability of the Portuguese version of the Child Sexual Abuse Myth Scale.

Keywords: child sexual abuse, myths, measurement, psychometrics
Introduction

Previous research has consistently shown that sexual abuse myth acceptance legitimizes sexual violence (Yapp & Quayle, 2018), which may negatively affect both the judicial decision-making process (Dinos, Burrowes, Hammond, & Cunliffe, 2014; Grubb & Turner, 2012) and the victim's well-being (Greeson, Campbell & Fehler-Cabral, 2016). For instance, rape survivors have reported that when disclosing the sexual abuse to formal support agencies and professionals (e.g., police officers, medical staff or counselors), they often receive inappropriate responses, such as being blamed for the assault (Ahrens, 2006). In addition, rape myth acceptance tends to be associated with lower perceived defendant liability and higher victim blame, especially when the relationship between the victim and the defendant is closer (i.e., stranger vs. acquaintance without a sexual relationship vs. ex-sexual partners) (Krahé et al., 2008).

With regard to Child Sexual Abuse (CSA), negative effects have been reported on social, psychological, and sexual individual functioning (Sanjeevi, Houlihan, Bergstrom, Langley & Judkins, 2018), and there is a need to prevent secondary victimization that might occur through the endorsement and dissemination of myths. Korkman and colleagues (2014) found that even experienced judges often assessed information incorrectly and held false beliefs about CSA, which could arguably compromise how they handled the processes in court. Similarly, professionals who are important for children's development (e.g., teachers) seem to lack specific knowledge about CSA (Márquez-Flores, Márquez-Hernández & Granados-Gámez, 2016). Teachers often consider that CSA necessarily involves violent behaviors and hold stereotypes about offenders (e.g., people who have mental disorders; Márquez-Flores et al., 2016). Erroneous beliefs about CSA can also include the assumption that CSA necessarily leaves medical and/or physical evidence (McGuire & London, 2017).
Evidence collected systematically in the Portuguese context is scarce, but relevant professionals (e.g., psychologists, health workers) do appear to endorse myths and erroneous beliefs about CSA to a certain extent (Fazenda, 2010; Monteiro, 2018). Teachers in particular seem to present high levels of myths and beliefs about CSA (Sanchez, 2001), particularly with regard to minimizing the consequences of these abusive experiences (Jorge, 2010). These results are troubling given the critical role of teachers as primary educators and agents of child protection (i.e., teachers are key actors for enabling CSA disclosure and prevention; Márquez-Flores et al., 2016). Furthermore, young people who were victims of CSA seem to acknowledge that deprecative social and cultural discourses (e.g., blaming the victim, denying and minimizing abuse, excusing the offender) tend to worsen the negative effects of these abusive experiences for their own psychological functioning (Antunes & Magalhães, 2019).

Overall, this backdrop illustrates the need for systematically assessing determinants and consequences of social beliefs and representations of CSA, which firstly requires developing measures that are reliable, valid, and adapted to specific cultural contexts. Assessing CSA myths is important given that dissemination of these myths undermines proper efforts of identification and prevention of CSA. In fact, whereas CSA prevention programs tend to focus mostly on children (i.e., promoting their ability to protect themselves from abusive experiences), other relevant actors (e.g., parents, teachers, psychologists, general public) should also be included in efforts to prevent CSA (Márquez-Flores et al., 2016; Sanchez, 2001). Presently, even professionals often reveal misconceptions about scientific evidence on CSA, which undermines adequate judgments about the credibility of CSA allegations (Pelisoli, Herman & Dell’Aglio, 2015). As such, to address the need for reliable and valid measures in this focal topic, the present study aims to provide psychometric evidence of
the Child Sexual Abuse Myth Scale (Collings, 1997), specifically on construct and
criterion-related validity and reliability in the Portuguese context. This will be useful for
cross-cultural studies assessing social beliefs and representations of CSA, as well as to
identify how to prevent the endorsement and dissemination of myths about this type of
abuse in different contexts.

**Child Sexual Abuse Myths (CSAM): Theory and Measurement Framework**

Sexual victimization myths can be conceptualized as prejudicial and stereotyped
beliefs about abusive experiences, victims and perpetrators (Burt, 1980), which are
widely accepted in society (Jenkins, 2017; McGee, O’Higgins, Garavan, & Conroy,
2011), and deny or dismiss CSA (Cromer & Goldsmith, 2010). Collings (1997), based
on the literature in this field, has developed a measurement scale to allow the reliable
and valid assessment of myths about CSA (*Child Sexual Abuse Myth Scale - CSAMS*).

The CSAMS originally includes three dimensions, referring to: (1) Blame
Diffusion, which involves beliefs related to the idea that other people besides the
offender (e.g., the child; a non-abusive parent) are guilty or partly guilty for the abusive
experience (e.g., “Children who do not report ongoing sexual abuse must want the
sexual contact to continue”); (2) Denial of Abusiveness, which includes beliefs that seek
to minimize the abusive dimension of CSA, highlighting the consent from the child
(e.g., “Sexual contact between an adult and a child, which is wanted by the child and
which is physically pleasurable for the child cannot really be described as being
‘abusive’”); and (3) Restrictive Stereotypes, which includes beliefs that deny the reality
of most abusive cases and minimize the negative consequences (e.g., “Child sexual
abuse takes place mainly in poor, disorganized, unstable families”) (Collings, 1997).

Regarding the scale reliability, the full scale scored a .764 *Cronbach* Alpha, which
shows an acceptable internal consistency (Collings, 1997). Convergent and discriminant
validity were also established, as results showed positive and significant correlations between CSAM scales and rape myth acceptance, as well as with the scores from the Jackson Incest Blame Scale (Collings, 1997).

To assess the cross-cultural validity of the CSAMS, Collings and colleagues (2009) focused on examining social attitudes towards sexual abuse using a sample of adolescents and young adults in three countries: South Africa, South Korea and Sweden. The results showed that the CSAMS kept its acceptable values of internal consistency in all cultural groups, and the multidimensional nature of the construct was reinforced, although different factors emerged in the different cultural contexts (Collings et al., 2009). Gender differences were also consistently observed across samples (i.e., male participants scored higher levels in all subscales and in the overall scale compared to female participants) (Collings et al., 2009). South Koreans had the highest scores of CSA myth acceptance, and the authors highlighted important cultural specificities, (Collings et al., 2009) which reinforces the need for valid, reliable and culturally sensitive measures for developing cross-cultural studies on this topic.

Child Sexual Abuse Myths: The Role of Sex and Sexism

Research shows that acceptance and dissemination of sexual abuse myths seem to vary according to respondents’ sex. That is, men tend to outscore women on myth acceptance and, consequently, show higher levels of victim blame and tolerance towards sexual harassment (Aosved & Long, 2006; Canan et al., 2016; Davies et al., 2012; Russell & Hand, 2017), further devaluing the experience of sexual victimization (Suarez & Gadalla, 2010; van der Bruggen & Grubb, 2014). Lonsway and Fitzgerald (1995) propose that differences in rape myth acceptance may be explained theoretically by hostility toward women, especially by men. Internalized cultural beliefs about masculinity (e.g., being heterosexual and strong, being a part of the majority group)
may also have a role in these sex differences (Aosved & Long, 2006). Arguably, this means that individuals who internalize these beliefs may also show a higher endorsement of sexual violence myths.

Gender roles may also be considered in this context. Some studies suggest that men tend to self-identify more with the offender than with the victim, given that the offender occupies the dominant and power-holding position in the dyad, regardless the offender’ sex (Gerber, Cronin & Steigman, 2004). Thus, men have been shown to be more likely to assign higher levels of blame to the victim, whereas women can self-identify more with the victim and assign lower levels blame to the victim, arguably to protect their own role as potential victims (Gerber et al., 2004). Despite these findings and propositions, there is contradictory evidence in this regard. Abeid and colleagues (2015) found that, in a rural community in Tanzania, men showed lower endorsement of myths about sexual violence, compared to women. These results are consistent with other studies on domestic violence conducted in Uganda and in Sub-Saharan Africa, where women showed higher levels of validation and acceptance of wife beating than men (Koenig et al., 2003; Rani, Bonu, & Diop-Sidibe, 2004). These differences may be related with contextual factors such women’s occupation status, lower levels of education, increased poverty, and rural residency (Abeid et al., 2015).

Similarly, with regard to CSA, female perpetrators tend to be held less accountable (Almeida, 2003), especially when the victim is male (Broussard, Wagner, & Kazelskis, 1991). Furthermore, females tend to describe adult-child sexual interactions as more abusive and as having a more negative impact on the child (Broussard et al., 1991). They also attribute more guilt to the perpetrator and therefore tend to give more credibility to children’s abuse disclosures (Alcantara, Shortway & Prempeh, 2019; Cromer & Freyd, 2007; Davies & Rogers, 2009). On the other hand,
male participants tend to score higher on CSA myths (Collings, 2003; Collings et al., 2009) and assign greater responsibility/blame to the victim (Back & Lips, 1998). In sum, the literature has mainly shown sex differences regarding myth acceptance for both rape (e.g., Aosved & Long, 2006; Canan et al., 2016; Davies et al., 2012) and sexual abuse (Collings, 2003; Collings et al., 2009), with men outscoring women. However, individual variables, such as respondents’ sex, are not the only variables who have an impact in myth acceptance. The dissemination of myths and victim blame attribution processes are described in the literature as potentially explained by sexist attitudes and behaviors (Glick & Fiske, 1996). Attitudes and behaviors that discriminate individuals based on their biological sex are theoretically referred to as sexism (Matlin, 2012). Glick and Fiske (1996) distinguish two types of sexism: Hostile and Benevolent. Hostile Sexism is described as involving “beliefs and practices of people who consider women inferior to men, reflecting antipathy and intolerance in relation to their role as a figure of power and decision” (Formiga et al., 2002, p. 106). On the other hand, Benevolent Sexism is more complex and subtle (Magalhães et al., 2007), being an apparently non-prejudiced attitude, but showing the paternalistic perspective (Formiga et al., 2002). Previous research has identified Hostile and/or Benevolent Sexism as predictors of rape and sexual abuse myth acceptance, tolerance towards sexual harassment (Chapleau et al., 2007; Glick & Fiske, 1996).

Against this backdrop, the present study aims to provide evidence on the psychometric properties of the Child Sexual Abuse Myth Scale (CSAMS) in the Portuguese context and will assess convergent validity by testing associations between endorsement of myths about CSA and endorsement of sexist beliefs (i.e., Hostile and Benevolent Sexism).
Method

Participants

The sample includes 423 participants, mostly female (66.2%) aged from 18 to 77 years old ($M_{age}= 29.30; SD= 12.258$). Most participants were single (80.9%), 13.2% were married and 5.9% were divorced. In terms of education levels, 53.7% completed higher education courses, 42.1% completed the high school and 3% concluded the middle school. Finally, 49.9% of the participants were employed, 43.7% were students and 5% were unemployed.

Instruments

Sociodemographic questionnaire. Participants’ demographic attributes were assessed with a sociodemographic questionnaire, namely, assessing sex, age, nationality, marital status, together with academic and professional experience (e.g. the last academic degree completed and current professional status).

The Ambivalent Sexism Inventory (Glick & Fiske, 1996). The Portuguese version of this scale was used in this study (Magalhães et al., 2007). This scale consists of 22 items organized in two factors: Hostile Sexism and Benevolent Sexism. Participants were asked to score their level of agreement with different statements using a 5-point Likert scale (1= Strongly Disagree to 5= Strongly Agree). Adequate internal consistency has been provided in both subscales in the Portuguese context: Hostile Sexism ($Cronbach$ alpha = .82) (e.g., “Women are too easily offended”) and Benevolent Sexism ($Cronbach$ alpha = .80) (e.g., “Many women have a quality of purity that few men possess”) (Glick & Fiske, 1996; Magalhães et al., 2007). Acceptable internal consistency was also found in this study: Hostile Sexism ($Cronbach$ alpha = .79) and Benevolent Sexism ($Cronbach$ alpha = .77).
Child Sexual Abuse Myth Scale (CSAMS; Collings, 1997). This scale allows to assess attitudes towards CSA. It is a 15-item self-report scale, organized in three different factors: (1) Blame Diffusion (e.g., “Adolescent girls who wear very revealing clothing are asking to be sexually abused”); (2) Denial of Abusiveness (e.g., “Older children, who have a better understanding of sexual matters, have a responsibility to actively resist sexual advances by adults”); and (3) Restrictive Stereotypes (e.g., “Most children are sexually abused by strangers or by men who are not well known to the child”). It is answered using a 5-point scale (1= Strongly Disagree to 5= Strongly Agree) (Collings, 1997; Collings et al., 2009). In terms of internal consistency, the full scale in the original study scored a .764 Cronbach Alpha, which means it has an acceptable internal consistency (Collings, 1997).

Procedures

Translation and adaptation of CSAMS. Firstly, permission to translate and adapt the scale was requested to the author of the original version. Afterward, the process of validation and adaptation of the scale included translation, back-translation and expert review of the items (following the guidelines proposed by Beaton, Bombardier, Guillemin & Ferraz, 2000). A first translation was made by a researcher and subsequently reviewed by three other independent researchers. Three researchers were included in order to make the process of solving translation differences more effective. The translated version was then back translated by a bilingual speaker, the back translated version was compared to the original version, and a Portuguese version was achieved, which was carefully reviewed by the research team.

Data collection and analysis. This study is part of a broader project, which was approved by the Ethical Committee of the [blinded to ensure anonymity in the review process]. The data was collected online, through the Qualtrics.com platform ensuring
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data protection policy consistent with regulation (EU, 2016/679) and disseminated on
social media. In order to guarantee participants’ anonymity, we ensured it would not be
possible under any circumstances to associate individual responses to the respondent
identity. Privacy was protected by not collecting identifiable information and removing
IP addresses from the database (Roberts & Allen, 2015). Furthermore, to ensure privacy
and data confidentiality, the database was stored on password-protected hardware, and
access was limited to the research team. The study included a convenience sample (not
probabilistic) with two inclusion criteria: (1) all participants were required to understand
the Portuguese language; and (2) all participants had to be at least 18 years old.
Participation was voluntary and without financial or any other type of reward. An
informed consent was provided to participants, which included: a) contact details of the
research team, in case participants had any questions or required clarifications; b) a
brief description of the study; c) detailed instructions that the participants could stop
answering at any point and choose not to answer without having to provide any kind of
justification; d) a statement that all data collected was anonymous.

After data collection, IBM SPSS® for Windows (Version 22.0) was used to
analyze participants’ descriptive statistics, mean differences, correlational analyses and
reliability. Only four missing values were found, and missing imputation by mean was
performed. Confirmatory factorial analysis and invariance analysis were performed with
IBM AMOS® for Windows (Version 25.0). Confirmatory factor analysis was performed,
given that the authors of the original version provided evidence for a three-dimensional
structure (Collings, 1997; Collings et al., 2009). Also, we adopted the rule thumb for a
CFA sample of at least 300 participants, to ensure adequate statistical power (see
Kyriazos, 2018). First, multidimensional models, consistent with the results provided by
Collings (1997), were tested. Moreover, given that Collings (1997) describes a global
value of reliability, suggesting that a global dimension might be considered, one-dimensional models were also tested. The goodness of fit of the models was assessed through the following criteria: a $\chi^2$/df below 3, the CFI approaching 1 (Bentler, 1990), and the RMSEA below .10 (Maroco, 2010). Lower values of AIC and ECVI and higher values of PGFI and PNFI suggest the better model (Hu & Bentler, 1999; Schermelleh-Engel, Moosbrugger, & Muller, 2003). As proposed in the literature (Hong, Malik & Lee, 2003; Van de Schoot, Lugtig, & Hox 2012), the measurement invariance was tested considering three sequential steps: configural (i.e., the model fit for women and men separately), metric (i.e., the items are perceived by women and men equally as representing the same latent factor) and scalar invariance (i.e., the same value might be obtained on the latent variables regardless the individual’s sex). Based on the literature, we expect to hold configural and metric invariance, but not scalar, as women and men might show different values on the latent variables (Canan et al., 2016; Collings, 2003; Collings et al., 2009; Davies et al., 2012).

Results

Descriptive Statistics

Preceding the analysis of construct validity, a descriptive analysis of the 15 items was performed in order to analyze the symmetry of the items’ distribution. The analysis of the absolute values of Skewness allowed the identification of one item (Item 6. “A woman who does not satisfy her partner sexually must bear some of the responsibility if her partner feels frustrated and turns to her children for sexual satisfaction”) showing a value greater than 3, which was removed from further analyses (Table 1).
The factorial structure of the Portuguese version of the CSAMS was tested using confirmatory factor analysis (CFA). The first three-factor model was tested, and all latent factors were allowed to correlate. The overall fit of model 1 revealed adequate but not good fit indices. As such, based on modifications indices, the errors of the items 10-11 and 7-13 were allowed to correlate. The overall fit of this second model was generally within the range of a good fit. One-dimensional models were also performed, Model 3 without allowing errors correlations, and Model 4 with errors correlated (Table 2). Based on the fit indices, the second model (multidimensional) should be selected as showing the best fit (unstandardized estimates are presented in the Figure 1).

In order to explore if the factor structure would be invariant across women and men, multiple group analyses were performed. Both women and men samples fulfil the sample/variable ratio of 10:1. First, configural invariance was supported by acceptable model fit indexes that were obtained for each group separately – male ($\chi^2 = 147.375$, $p < .001$; CFI = .90; RMSEA = 0.086; CI90% [.066; .106]) and female ($\chi^2 = 163.806$, $p < .001$; CFI = .91; RMSEA = .068; CI90% [.054; .081]). Next, metric invariance was tested by constraining factor loadings to be equal across two groups ($\chi^2 = 347.454$, $p < .001$; CFI = .89; RMSEA =.054; CI90% [.047; .062]). This model also had good fit indexes and the AIC value decreased, but the fit for this model was not as good as for the baseline model ($\Delta \chi^2 = 36.127$, $p < .001$), indicating that metric invariance did not hold. As such, a Z test to the equality of the factor loadings was performed, and we found that the items 9, 11 and 14 (Blame diffusion factor) were significantly different.
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between women and men (respectively, $Z = -2.91, p = .004$; $Z = -2.45, p = .014$; $Z = 2.41, p = .016$). These items were released, and partial metric invariance obtained ($\Delta \chi^2 = 6.032, p = .644$). Finally, scalar invariance was tested and the $\chi^2$ difference test was significant ($\Delta \chi^2 = 75.409, p < .001$), indicating that scalar invariance was not supported.

**CSA Myths, Sex and Sexism**

Correlations among myths of sexual abuse and sexism reveals that all subscales were positively and significantly correlated: greater sexist attitudes are associated with greater sexual abuse myths (Table 3). Furthermore, the analyses of sex differences among the myth subscales revealed that men significantly outscored women in all subscales (Table 4).

**TABLE 3 AND 4**

**Reliability**

Reliability was checked calculating Cronbach’s Alpha. Results of this analysis indicated adequate reliability evidence for all factors: Blame Diffusion ($\alpha = .81$), Denial of Abusiveness ($\alpha = .64$) and Restrictive Stereotypes ($\alpha = .73$), including the general factor of CSA myths ($\alpha = .86$). Floor and ceiling effects were also described for each subscale and the general factor. Results suggested non-significant ceiling effects (0% for all factors), but floor effects were found for Blame Diffusion and Denial of Abusiveness factors given that more than 15% of our participants reached the lowest possible score (see Terwee et al., 2007) (Table 5).

**TABLE 5**

**Discussion**

This study aimed to provided evidence on psychometric properties of the Child Sexual Abuse Myth Scale (CSAMS) in the Portuguese context. Sexual violence myths legitimize sexual aggression and violence (Yapp & Quayle, 2018), and there is a need
for adapting and validating relevant measures in diverse contexts, to develop cross-cultural studies on the predictors and consequences of endorsing these myths.

Confirmatory factor analysis revealed good fit statistics for the three-factor structure, consistent with the original proposal (Collings, 1997). Moreover, considering that the authors of the original version provided a global Cronbach’s alpha, suggesting the possibility of considering CSA myths as a one-dimensional construct, we tested a one-dimensional model. However, in the present sample the multidimensional model revealed a better fit, which reinforces the theoretical model including three dimensions: Blame Diffusion, Denial of Abusiveness and Restrictive Stereotypes. In line with the original conceptualization (Collings, 1997), Blame Diffusion refers to the idea that other people besides the offender are guilty or partly guilty for the abuse (e.g., “Children who act in a seductive manner must be seen as being at least partly to blame if an adult responds to them in a sexual way”). Denial of Abusiveness includes beliefs that seek to minimize the abusive dimension of CSA, highlighting some degree of consent from the child (e.g., “Sexual contact between an adult and a child that does not involve force or coercion and that does not involve actual or attempted sexual intercourse is unlike to have serious phycological consequences for the child”). Finally, Restrictive Stereotypes involves beliefs that deny the reality of most abusive cases, seeking to minimize its negative consequences (e.g., “Most children are sexually abused by strangers or by men who are not well known to the child”). Overall, the current findings supported a three-factor solution that reinforces the original conceptualization proposed by Collings (1997). Furthermore, our results supported configural invariance by sex as well as partial metric invariance, which means that this model fits adequately for women and men separately, and these items are perceived by women and men equally as representing the same latent factor. Scalar invariance was not achieved, which is
consistent with previous evidence that show men outscoring women in all myths scales (Collings, 2003; Collings et al., 2009) and also with our results.

Convergent validity and reliability of the Portuguese version of this scale were also assessed. Convergent validity highlights the trustworthiness of this scale to be applied in the Portuguese context given that all dimensions of the scale (i.e., Blame Diffusion, Denial of Abusiveness and Restrictive Stereotypes) correlated positively with both Ambivalent Sexism Inventory subscales (i.e., Benevolent Sexism and Hostile Sexism). Furthermore, the results showed that male participants outscored female in all subscales, showing higher levels of CSA myth acceptance. Sex differences have been reported in previous studies, with men endorsing more myths (Canan et al., 2016) and more negativity towards those myths when compared to women (Davies et al., 2012). Additionally, regarding sexual abuse, men not only tend to score higher on myth acceptance (Collings, 2003), but those differences are also consistent across cultures (i.e., Sweden, South Africa, South Korea) (Collings et al., 2009). This pattern was consistent in the present study as well. Lastly, reliability evidence was observed with adequate Cronbach Alpha coefficients (ranging from .64 to .81). Denial of Abusiveness revealed a coefficient lower than .70, but this dimension is comprised by fewer items. Consistent with the original full scale, which scored .764 (Collings, 1997) and with the Swedish (α=.86) and South Korean (α=.71) versions (Collings et al., 2009), the Portuguese version also showed good reliability (α=.86).

A set of limitations of this study should also be noted, such as the use of an online convenience sample. Although online data collection has benefits in terms of costs, time and accessibility (Lages, Magalhães, Antunes, & Ferreira, 2018), future studies should also include participants who do not have access to online platforms, in order to have a more diverse sample. In addition, the present findings should be
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interpreted with caution given the different numbers of male (N= 143) and female (N= 280) participants, with female participants representing more than half of the sample (66.2%). In the future, additional validity and reliability evidence should be provided, namely using longitudinal designs to assess predictive validity as well as reliability based on test-retest approaches.

Notwithstanding these limitations, the process of validation and adaptation of this scale followed the international guidelines (i.e., translation, back-translation and expert review; Beaton, Bombardier, Guillemin & Ferraz, 2000) and the current findings highlighted the construct validity and reliability evidence of CSAMS in the Portuguese context. The present study offers a contribution for forthcoming cross-cultural research on the predictors and consequences of CSA myths, which is a necessary first step to identify how to prevent the endorsement and dissemination of these myths across diverse cultural contexts.

**Declaration of interest statement**

The authors declare no competing interests.

**References**


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Matlin, M. W. (2012). The psychology of women (7ª ed.). Australia: Wadsworth


relação entre as representações sociais do abuso sexual de crianças e jovens e as representações sociais de gênero numa amostra de estudantes profissionais.
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### Table 1

**Descriptive statistics: Means, Standard deviation, Skewness and Kurtosis**

<table>
<thead>
<tr>
<th>Item</th>
<th>M</th>
<th>SD</th>
<th>Percent of agreement for each item</th>
<th>Skewness</th>
<th>Kurtosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Sexual contact between an adult and a child, which is wanted by the child and which is physically pleasurable for the child cannot really be described as being &quot;abusive&quot; [O contacto sexual entre um adulto e uma criança, que a criança deseja e no qual sente prazer, não pode ser verdadeiramente descrito como sendo 'abusivo']</td>
<td>1.44</td>
<td>0.83</td>
<td>71.6</td>
<td>18.2</td>
<td>6.1</td>
</tr>
<tr>
<td>2. Sexual contact with an adult can contribute favorably to a child's subsequent psycho-sexual development [O contacto sexual com um adulto pode contribuir favoravelmente para o subsequente desenvolvimento psicossexual da criança]</td>
<td>1.77</td>
<td>1.25</td>
<td>65.6</td>
<td>11.1</td>
<td>9.0</td>
</tr>
<tr>
<td>3. Most children are sexually abused by strangers or by men who are not well known to the child [A maior parte das crianças é abusada sexualmente por estranhos ou por homens que a criança não conhece bem]</td>
<td>2.17</td>
<td>0.93</td>
<td>25.5</td>
<td>41.6</td>
<td>24.8</td>
</tr>
<tr>
<td>4. Children who act in a seductive manner must be seen as being at least partly to blame if an adult responds to them in a sexual way [Crianças que se comportam de forma sedutora devem ser vistas como parcialmente culpadas se um adulto lhes responde de forma sexualizada]</td>
<td>1.36</td>
<td>0.71</td>
<td>74.9</td>
<td>16.1</td>
<td>6.9</td>
</tr>
<tr>
<td>5. Sexual contact between an adult and child that does not involve force or coercion and that does not involve actual or attempted sexual intercourse is unlikely to have serious psychological consequences for the child [O contacto sexual entre um adulto e uma criança que não envolve força ou coerção, e que não inclui relação sexual tentada ou consumada, tem pouca probabilidade de ter consequências psicológicas sérias para a criança]</td>
<td>1.48</td>
<td>0.80</td>
<td>68.3</td>
<td>20.1</td>
<td>7.3</td>
</tr>
<tr>
<td>6. A woman who does not satisfy her partner sexually must bear some of the responsibility if her partner feels frustrated and turns to her children for sexual satisfaction [Uma mulher que não satisfaz sexualmente o seu companheiro deve assumir alguma responsabilidade se o seu parceiro se sentir frustrado e recorrer aos filhos dela para obter satisfação sexual]</td>
<td>1.14</td>
<td>0.50</td>
<td>91.0</td>
<td>5.4</td>
<td>2.8</td>
</tr>
<tr>
<td>7. Child sexual abuse takes place mainly in poor, disorganized, unstable families [O abuso sexual de crianças ocorre principalmente em famílias pobres, desorganizadas e instáveis]</td>
<td>1.86</td>
<td>0.99</td>
<td>48.0</td>
<td>25.8</td>
<td>18.9</td>
</tr>
</tbody>
</table>
### CHILD SEXUAL ABUSE MYTH SCALE

8. It is not sexual contact with adults that is harmful for children. What is really damaging for the child is the social stigma that results once the "secret" gets out [Não é o contacto sexual com adultos que é prejudicial para a criança. O que realmente prejudica a criança é o estigma social que surge quando o "segredo" é revelado]

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>SE</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1.41</td>
<td>0.75</td>
<td>71.6</td>
<td>18.7</td>
<td>7.1</td>
<td>2.4</td>
<td>0.2</td>
</tr>
</tbody>
</table>

9. Many children have an unconscious wish to be sexually involved with an opposite sexed parent, which leads them to unconsciously behave in ways that make sexual abuse by that parent more likely [Muitas crianças têm um desejo inconsciente de se envolverem sexualmente com o/a progenitor/a do sexo oposto, o que as leva a inconscientemente comportarem-se de uma forma que torna o abuso sexual mais provável]

|   | 1.51 | 0.81 | 66.6 | 18.2 | 12.6 | 2.6 | 0 | 1.41 | 0.12 | 0.89 | 0.24 |

10. Adolescent girls who wear very revealing clothing are asking to be sexually abused [Raparigas adolescentes que usam roupas reveladoras estão a “pedir” para serem abusadas sexualmente]

|   | 1.31 | 0.66 | 78.0 | 15.1 | 5.2 | 1.4 | 0.2 | 2.40 | 0.12 | 6.02 | 0.24 |

11. Children raised by gay or lesbian couples face a greater risk of being sexually abused than children raised by heterosexual couples [Crianças que são educadas por casais homossexuais apresentam maior risco de serem abusadas sexualmente do que crianças educadas por casais heterossexuais]

|   | 1.35 | 0.74 | 77.3 | 13.0 | 7.8 | 1.2 | 0.7 | 2.33 | 0.12 | 5.51 | 0.24 |

12. Boys are more likely than girls to enjoy sexual contact with an adult and are therefore less likely to be emotionally traumatized by the experience [Os rapazes têm maior probabilidade do que as raparigas de desfrutar do contacto sexual com um adulto e por isso é menos provável que fiquem emocionalmente traumatisados pela experiência]

|   | 1.49 | 0.84 | 69.7 | 15.8 | 10.6 | 3.5 | 0.2 | 1.66 | 0.12 | 1.85 | 0.24 |

13. Child sexual abused is caused by social problems such as unemployment, poverty, and alcohol abuse [O abuso sexual na infância é causado por problemas sociais como o desemprego, a pobreza e o abuso de álcool]

|   | 2.08 | 1.05 | 40.2 | 22.9 | 26.2 | 10.2 | 0.5 | 0.47 | 0.12 | -0.99 | 0.24 |

14. Children who do not report ongoing sexual abuse must want the sexual contact to continue [As crianças que não revelam o abuso sexual querem que o contacto sexual continue]

|   | 1.26 | 0.61 | 82.0 | 11.6 | 5.0 | 1.4 | 0 | 2.57 | 0.12 | 6.290 | 0.24 |

15. Older children, who have better understanding of sexual matters, have a responsibility to actively resist sexual advances made by adults [Crianças mais velhas, que têm uma maior compreensão sobre questões sexuais, têm a responsabilidade de resistir ativamente a avanços sexuais por parte dos adultos]

|   | 2.01 | 1.17 | 47.4 | 20.9 | 17.5 | 11.4 | 2.8 | 0.84 | 0.12 | -0.45 | 0.24 |

*Note. 1= Strongly Disagree; 2= Disagree; 3= Neither agree nor disagree; 4= Agree; 5= Strongly Agree; SE= Standard Error; N=423; Portuguese version in square brackets*
### Table 2

*Fit statistics from the Confirmatory Factor Analysis*

<table>
<thead>
<tr>
<th></th>
<th>$\chi^2$(df)</th>
<th>$\chi^2$/df</th>
<th>GFI</th>
<th>CFI</th>
<th>RMSEA [90% CI]</th>
<th>AIC</th>
<th>ECVI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Model 1 – 3 factors</td>
<td>270.993 (74)</td>
<td>3.66***</td>
<td>.91</td>
<td>.90</td>
<td>.079 [.069; .090]</td>
<td>332.993</td>
<td>.789</td>
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<tr>
<td>Model 2 – 3 factors, correlating errors</td>
<td>171.417 (72)</td>
<td>2.38***</td>
<td>.94</td>
<td>.95</td>
<td>.057 [.046; .068]</td>
<td>237.417</td>
<td>.563</td>
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<tr>
<td>Model 3 – 1 factor</td>
<td>345.208 (77)</td>
<td>4.48***</td>
<td>.89</td>
<td>.86</td>
<td>.091 [.081; .101]</td>
<td>345.208</td>
<td>.951</td>
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<tr>
<td>Model 4 – 1 factor, correlating errors</td>
<td>216.149 (75)</td>
<td>2.88***</td>
<td>.93</td>
<td>.93</td>
<td>.067 [.056; .077]</td>
<td>276.149</td>
<td>.654</td>
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</tbody>
</table>

*Note.***$p<.001$; GFI = Goodness of Fit Index; CFI = Comparative Fit Index; RMSEA = Root Mean Square Error of Approximation; AIC = Akaike information criterion; ECVI = The Expected Cross Validation Index*
### Table 3
Simple intercorrelations of study variables, mean and standard deviations

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<thead>
<tr>
<th>Dimension</th>
<th>2</th>
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<th>4</th>
<th>5</th>
<th>M</th>
<th>SD</th>
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<tbody>
<tr>
<td>1. Blame Diffusion</td>
<td>.59***</td>
<td>.61***</td>
<td>.36***</td>
<td>.32***</td>
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<td>3. Restrictive Stereotypes</td>
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Note. *** p<.001; M=Mean; SD= Standard Deviation
<table>
<thead>
<tr>
<th></th>
<th>Sex</th>
<th>M</th>
<th>SD</th>
<th>t</th>
<th>p</th>
<th>Cohen's d</th>
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Note. M=Mean; SD=Standard Deviation
### Table 5

**Item-total statistics for each factor and the global factor**

<table>
<thead>
<tr>
<th>Factors/Items</th>
<th>Corrected Item-TOTAL CORRELATION</th>
<th>Cronbach's Alpha if Item Deleted</th>
<th>Floor Effect (%)</th>
<th>Ceiling Effect (%)</th>
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Figure 1. Confirmatory factor analysis of Child Sexual Abuse Myth Scale – Final Model