



Translation and adaptation of software for the identification of maltreatment in children and adolescents

Tiago Zanatta Calza (*), Jorge Castellá Sarriera

Federal University of Rio Grande do Sul, Brasil.

(*)gppc@ufrgs.br

RESUMEN

The aim of this work was to translate and adapt to the Brazilian context the content of the software Supporting Tool for Social Risk Management in Childhood and Adolescence. This software aims to help professionals to identify and proceed when facing cases that involve suspicion of child and adolescent abuse. The first study concerns the translation and adaptation of the software's items. Judges were invited to evaluate the items individually, and the ones that did not reach 80% or more of agreement were discussed in a discussion group. 40 of the 290 items were discussed in the discussion group, which also suggested conceptual changes in accord to the Brazilian legislation. The group also suggested activating several protection services for each level of severity detected. The second study was the pilot application of the software with sixteen participants. Difficulties to understand certain words were pointed, as the ambiguity of some items. We discuss the importance of the software for notifying suspicion, as well as the development of tools for protecting children and adolescents.

PALABRAS CLAVE

maltreatment; software; childhood; adolescence

Traducción y adaptación del software para la identificación de abuso en niños y adolescentes

ABSTRACT

El objetivo de este trabajo fue traducir y adaptar al contexto brasileño el contenido del software Módulo de Apoyo a la Gestión del Riesgo Social en la Infancia y la Adolescencia. El objetivo del software es ayudar a los profesionales a identificar y cómo proceder en casos de sospecha de abuso contra niños y adolescentes. El primero estudio se refiere a la traducción y la adaptación del software. Jueces evaluaron los ítems de forma individual, y los que no alcanzaron 80 % o más de acuerdo fueron discutidas en un grupo de discusión. 40 de los 290 artículos fueron discutidos en el grupo, que también sugirió cambios conceptuales en acuerdo a la legislación brasileña. El grupo también sugirió la activación de varios servicios de protección para cada nivel de gravedad detectada. El segundo estudio fue la aplicación piloto del software con dieciséis participantes. Dificultades para comprender ciertas palabras fueron destacadas, así como la ambigüedad de algunos ítems. Se discute la importancia del software para notificar las sospechas, y el desarrollo de herramientas para la protección de niños y adolescentes.

KEYWORDS

maltrato; software; infancia; adolescencia

Recibido: 20 de mayo
2014

Aceptado: 8 enero 2015

Cómo citar este artículo: Calza, T Z. & Sarriera, J. C. (2015). Translation and adaptation of software for the identification of maltreatment in children and adolescents. *Psicoperspectivas*, 14(1), 42-54. Recuperado desde <http://www.psicoperspectivas.cl>
doi:10.5027/PSICOPERSPECTIVAS-VOL14-ISSUE1-FULLTEXT-513

ISSNe 0718-6924

Introduction

Studies investigating maltreatment against children and adolescents had a large increase in the last decades throughout the scientific community. More and more studies aim to identify epidemiologic data (Pfeiffer, Rosário & Cat, 2011; Gava, Silva & Dell'Aglio, 2013), risk factors (Antoni, Barone & Koller, 2007), protection factors (Habigzang, Azevedo, Koller & Machado, 2006), as well as the impacts of this kind of violence in the development of its victims (Asgeirsdottir, Sigfusdottir, Gudjonsson & Sigurdsson, 2011; Cong et al., 2012).

Ystgaard, Hestetun, Loeb and Mehlum (2004) investigated Norwegian adults hospitalized for suicide attempted. They found significant and independent relations between physical and sexual abuse in the childhood and repeated suicidal behaviors. In addition to psychological disorders, other study also indicated worst results in cognitive function tasks in Australian adolescents victims of violence (physical, emotional or sexual abuse), when compared to the control group (Mills et al., 2011).

Asgeirsdottir et al. (2011), in a research with 9085 students between 16 and 19 years, found associations between having suffered sexual abuse and having witnessed familiar violence, and substance abuse and self-injurious behavior for both genders. In other study, with Chinese women, Cong et al. (2012) found significant associations between having suffered sexual abuse in childhood and Major Depressive Disorder. When compared with other depressed women, but without historical of sexual abuse, the abused ones tended to present more extensive episodes of depression, in addition to major risks of Generalized Anxiety Disorder and Dysthymia.

Other studies connect violence in childhood with future symptomatology, in childhood or in adult age. Concerning this perspective, associations between having experienced violence in childhood and perpetuation of interpersonal violence in adolescence were found (Duke, Pettingell, McMorris, & Borowsky, 2009), as well as between exposition to domestic violence in childhood and lower level of attachment with parents when adolescents (Sousa et al., 2011). In another study, Leeners, Stiller, Block, Görres and Rath (2010) identified relations between sexual abuse in childhood and major complications in pregnancy as adults, such as increased frequency of hospitalizations and premature births.

In the Brazilian context, we have as reference of protection policy, the Statute of Children and Adolescents (ECA) (Estatuto da Criança e do Adolescente [ECA], 1990). This statute was approved in order to ensure the full protection of Brazilian children

and adolescents. Since it was created, the academia also began to place greater emphasis on research involving children's rights, with a growing number of studies on the subject in various related fields.

Although there has been an increase in the number of researches in Brazil, the records about these situations of violence are still not enough to talk on epidemiological data (Pfeiffer et al., 2011). There are only registers of isolated services or researchers, which cannot translate the current reality (Weber, Viezzer, Brandenburg & Zocche, 2002).

In an investigation with 674 psychological and psychiatric reports of sexually abused children and adolescents, intrafamily abuse was the prevalent way of maltreatment (66.9% of the cases). Comparing the victims by gender, 82.8% were female. When comparing ages, 43.7% were between 11 and 14 years old, followed by 38.3% between 7 and 10 years old, and 17.9% between 15 and 19 years old (Gava et al., 2013). Among the cases reported in another study, most children were aged between 5 and 9 years old. The most frequent violence's nature was neglect, followed by physical and psychological abuse (Apostólico, Nobrega, Guedes, Fonseca & Egry, 2012).

When investigating different levels of severity, Pfeiffer et al. (2011) found results indicating that the mother was the perpetrator of the violence in 44.6% of the cases (for 2003) and in 59.5% (for 2004). The father was the second that most attacked, with 58.6% (2003) and 23.4% (2004). Regarding severity, the majority of cases were classified as mild or moderate, and the types of maltreatment most common were neglect, followed by physical, sexual and psychological violence.

Other results of studies in Brazil suggest the relation between sexual abuse and Post Traumatic Stress Disorder (PTSD) (Serafim, Saffi, Achá, & Barros, 2011; Borges & Dell'Aglio, 2008), and correlations between physical abuse in childhood and Attention Deficit and Disruptive Behavior Disorder (Abramovitch, Maia & Cheniaux, 2008). Also related to PTSD, the data found by Ximenes, Oliveira and Assis (2009) indicates that suffering verbal abuse by the mother increases by five times the risk of developing symptoms.

Regarding the notification of suspicion among the protection services, Moura, Moraes and Reichenheim (2008) point to the serious problem of underreporting in Brazilian context, in addition to the reporting of only some types of maltreatment in detriment of others. Other studies point to the lack of preparation of health professionals in identifying maltreatment and executing appropriate referrals, especially because of lack of scientific and technical information (Gomes, Junqueira, Silva & Junger, 2002; Pires & Miyazaki, 2005).

Translation and adaptation of software for the identification of maltreatment in children and adolescents

Deslandes, Mendes, Lima and Campos (2011) cite the poor physical infrastructure and lack of trained professionals in the Guardianship Councils, whose function is essential for the management and protection of these cases. The study of Habigzang et al. (2006) goes in this direction, verifying the lack of communication between different services of the protection network, as well as the difficulty of effective interventions in cases of suspicions.

Although there are a large number of studies emphasizing the consequences of different types of maltreatment on the development of children and adolescents, there is still a gap between what is produced in academia and what it is use in the practice of professionals who deal with this subject in Brazilian context. Thus, numerous professional categories –in addition to the general population– that could benefit from such knowledge often do not have access to such information.

This work, in turn, seeks to reduce this “gap between knowledge school and the knowledge produced in laboratories and research centers” (Camargo, Barbará & Bertoldo, 2008, p.180), aiming at developing and providing tools that can be used by many professionals, in order to make the knowledge produced in academia more accessible. Moreover, it is an attempt to better prepare professionals to evaluate and report several situations of intrafamily violence and neglect. By knowing the prevalence of the maltreatment practices, as well as the impacts of those in the development of children and adolescents, this study aims to perform the translation and adaptation to Brazilian context of the software “Supporting Tool for Social Risk Management in Childhood and Adolescence (MSGR)” (Montserrat, Casas & Bertran, 2010), which aims to help professionals identifying suspicions of maltreatment against children and adolescents.

The present work was divided in two studies: The first one consists on the translation (Step 1) and the adaption of the items of the software MSGR for the Brazilian context (Step 2). The second study refers to pilot applications of the software, in order to verify the understanding of the potential users of the software in relation to the semantic understanding of the items, and the management and utility of the adapted software in their respective professional practices.

Study 1: Translation and Adaptation of the Software

Method

Step 1: Translation of the items of the software MSGR

The items of the software were translated using the backtranslation technique. The following steps were followed: i) the items were translated from Spanish to Brazilian Portuguese by two independent translators, ii) the versions were compared and, from them, a single version was made and iii) this version was forwarded to another bilingual translator for a backtranslation. The original items were compared to the resulting version of the reverse translation, in order to preserve its original meaning.

Step 2: Adaptation of the items of the software MSGR

Once made the translation, the adaptation of the content of the software MSGR to the Brazilian context was made. The participants, instrument and procedures of collection, data analysis and ethics of this phase of the study are explained below.

Participants

For the validation by judges step, five experts who study and have experience with the topics of maltreatment and violence against children and adolescents were invited. We opted for different specialties, which we covered in five different areas of expertise: pediatrics, law, psychology, psychiatry and social work.

For the participation in the discussion group, four professionals who work directly attending children and adolescents victims of violence in the city of Porto Alegre were invited. For the groups, we opted for various specialties, which were covered in four different areas: pediatrics, psychology (two participants) and social service.

Instruments

Software MSGR

The software MSGR was developed in a partnership between the Secretariat for Children of Catalonia and the Institut de Recerca sobre Qualitat de Vida (IRQV) of the University of Girona (UdG), Spain (Montserrat et al., 2010). The authors of the software claim that “it aims to be a tool for the detection, the prevention and the communication of risk situations or of intrafamily abuse of boys, girls and adolescents” (p.6). Thus, this software intends to guide the user in observable situations (which

can be indicators of social risk or intrafamily abuse), helping to decide about the level of intervention required for the case. In the first part of the simulation, the professional must select one of the possible areas of expertise: education, health, social services, police services, or all scopes. Furthermore, must select the age and sex of the child or adolescent; the software has a filter of the indicators more usually observed in each professional context and in each age. The questions are arranged in five big blocks: (i) Physical aspect and personal situation of the boy or girl, (ii) Emotional and behavioral area of the boy or girl (iii) Development and learning of the boy or girl, (iv) Relation of the parents/caregivers with the boy or girl and (v) Social context, familiar and personal of the boy or girl.

In addition to responding the questions pointing the presence or not of the possible conditions, the professional must indicate the grade of severity for each set of observations. Finally, questions about the grad of concern of the parents about the observations marked by the professional are answered. After answering the questions, the software executes an algorithmic calculation, evaluating the case as Severe, Moderate, Mild or Without Risks. Besides the evaluation of the risk, the software presents a text for each severity, in which details the associate risk and a proposal of intervention for the case.

Procedures

For the process of Judge Validation (Vieytes, 2004), the participants were contacted by convenience. They were clarified about the research objectives and asked to sign the consent term. During the initial contact, a brief rapport explaining the research objectives and the functioning of the software was done. The judges were oriented to evaluate the items of the software in relation to the words comprehension, as well as their adequacy to the Brazilian context. Each judge analyzed the items individually as for the appropriateness of age and the understanding of written language, in addition to the necessity or not of the permanency of the item. They were also oriented to analyze the blocks of items about their severity (Mild, Moderate or Severe).

The participants of the discussion group were contacted in an institution of public services that attend violence situations in the city of Porto Alegre, Brazil. They were clarified about the research objectives and asked to sign the consent term. The discussion groups were realized in two face meetings. The participants were oriented to

debate the items and blocks that had divergences in the process of evaluation by the judges (80% or less of concordance), in order to obtain consensus about them. It was also objective of this moment of the research to decide which the more adequate descriptions for each severity of abuse, as well as the types of orientations more adequate to the professionals that face the different levels of severity.

Data Analysis

For the analysis by judges, all the sheets containing the items and the suggestions of change were grouped in a single table. The items and blocks were analyzed individually, calculating percentages of agreement, represented by the formula (number of agreements / total number) * 100 (Alexandre & Coluci, 2011).

For the discussion groups, a descriptive analysis of their decisions (items that had less than 80% of agreement and evaluations for each level of severity) was done. We also did a thematic content technique (Bardin, 1977) of the discussions of the items evaluations and final gravities.

Ethic procedures

The ethic procedures were respected in all phases of the research, according to the Ethic Criteria of Research with Human Being, established in the 196/96 Resolution of the National Council of Health. The research project was approved by the Ethics Committee in Research of the Institute of Psychology, UFRGS, and is registered in Brazil Platform with the number 14696513.7.0000.5334.

Results

The judges' evaluations were group into a single table, and the items that did not have change request (100% of agreement), or had just change request by one of the five judges (80% of agreement), were considered immediately valid. The items that did not had agreement equal or superior than 80% by the judges were debated in the discussion group. Bellow we present the final version of the items proposed by the discussion groups (Table 1), as well as a summary of the final analysis of the proposals for decision-making according to the different severities.

In the first column of Table 1, there are the name of the item or block, severity, and range of age (only for items). In the second column, the changes proposed by the discussion group.

Translation and adaptation of software for the identification of maltreatment in children and adolescents

Table 1.

Original and Modified Items of the Software

| Original Item (Sexerity, Age Range) | Changes in the item |
|---|--|
| A – Physical aspect and personal situation of the boy or girl | |
| A2 - Feeding the boy or the girl is careless or insufficient (Mild) | Severity changed to “Moderate” |
| A3 - The boy or girl has unusual tiredness (Mild) | Item changed to “The child or adolescent has unusual tiredness or fatigue” (A criança ou adolescente apresenta fadiga ou cansaço habitual) |
| A4.2 - He or she is constantly sick (Moderate, 1-17) | Age range changed to “0-17” |
| A5 - The boy or girl is physical violence receiver (Severe) | Item changed to “The child or adolescent is victim of physical violence” (A criança ou adolescente é vítima de violência física) |
| A5.1 - Presents sores or chafing (Severe, 0-17) | Item changed to “Presents injuries or bruises” (Apresenta lesões ou machucados) |
| A5.15 - Expresses or indicates with gestures that parents are the cause of the lesions (Severe, 1-17) | Item changed to “Cries or resists in the presence of the parents” (Chora, resiste ou agita-se na presença dos cuidadores) |
| A6.4 - It is a pregnant girl or teenager, especially if refuses to identify the father (Severe, 12-17) | Item changed to “It is a pregnant girl or teenager, especially if refuses to identify the paternity” (É uma menina ou adolescente gravid, especialmente se nega identificar a paternidade) |
| A7 - The boy or girl suffered maltreatment in the past (Mild) | Item changed to “It is known that the child or adolescent suffered maltreatment in the past” (Moderate) (É sabido que a criança sofreu, no passado, maus tratos) |
| A7.1 - Suffered some form of sexual abuse (Mild, 1-17) | Severity changed to “Moderate” and Age range changed to “0-17” |
| A7.2 - Suffered physical abuse in the past (Mild, 1-17) | Severity changed to “Moderate” and Age range changed to “0-17” |
| A7.3 - Suffered bad prenatal treatment in the past (Mild, 1-17) | Severity changed to “Moderate” and Age range changed to “0-17” |
| A8 - The boy or girl presents symptoms consistent with having suffered female genital mutilation (Severe) | The entire block has been deleted |
| A9.4 - The parents neglect the boy or girl (Moderate, 0-3) | Item changed to “The parents do not provide the care / basic needs” (0-10) (Deixam de prover os cuidados / necessidades básicas) |
| B – Emotional and behavioral aspect of the boy or girl | |
| B1.2 - Manifests aggressive behavior in the presence of police (Mild, 6-17) | Item changed to “Manifests aggressive behavior in the presence of police / Guardian Council” (Mild to children and Moderate to adolescents) (Manifesta uma conduta agressiva ante a presença da polícia e/ou Conselho Tutelar) |
| B1.3 - Manifests an aggressive conduct against the others (Mild, 6-17) | Severity changed to “Mild to children and Moderate to adolescents” |
| B1.4 - Expresses an aggressive verbal conduct against the others (Mild, 6-17) | Severity changed to “Mild to children and Moderate to adolescents” |
| B1-5 - Has an aggressive behavior with objects (Mild, 6-17) | Severity changed to “Mild to children and Moderate to adolescents” |

| | |
|---|--|
| B1-6 - Is related to a group of conflictive friends (Mild, 6-17) | Severity changed to "Mild to children and Moderate to adolescents" |
| B1-8 - Commits acts of vandalism, racism or xenophobia (Mild, 6-17) | Item changed to "Commits acts of vandalism, racism, homophobia or bullying" (Mild to children and Moderate to adolescents) (Comete atos de vandalismo, racismo, bullying ou homofobia) |
| B2 - Risk behaviors against himself (Moderate) | Severity changed to "Severe" |
| B3.1 - Consumes alcohol (Moderate, 6-17) | Severity changed to "Severe to children and Moderate to adolescents" |
| B3.2 - Consumes other drugs (Moderate, 6-17) | Item changed to "Consumes other illicit drugs" (Severe) (Consome outras drogas ilícitas) |
| B3.3 - Consumes other narcotic substances (Moderate, 6-17) | Item changed to "Consumes controlled medication without a prescription" (Consome medicação controlada sem prescrição médica) |
| B3.4 - Consumes tobacco (Moderate, 6-17) | Severity changed to "Moderate to children and Mild to adolescents" |
| B3.5 - Signals are observed suggesting that has consumed (bloodshot eyes, odor of alcohol, euphoria) (Moderate, 6-17) | Severity changed to "Severe to children and Moderate to adolescents" |
| B4.8 - Shows feelings of guilt to the experienced situation (Mild, 4-17) | The item has been deleted |
| B4.9 - Said that the parents do not let him/her come home or was expelled from home (Mild, 0-17) | Severity changed to "Severe" |
| B8.3 – "Expresses recursively fear of pregnancy or AIDS" (Moderate, 6-17) | Item changed to " Expresses recursively fear of pregnancy or STD/AIDS " (9-17) (Manifesta, de forma recorrente, ter medo de uma gravidez ou de DST/AIDS) |
| C – Development and learning of the boy or girl | |
| C1.5 - Shows sudden changes in academic performance (Mild, 3-17) | Severity changed to "Moderate" |
| D – Relation of the parents/caregivers with the boy or girl | |
| D1.9 - They are knowledgeable of the situation of maltreatment and do not protect him or her (Moderate, 0-17) | Severity changed to "Severe" |
| D1.10 - They are knowledgeable of the situation of sexual abuse and do not protect him or her (Moderate, 0-17) | Severity changed to "Severe" |
| D10.8 - Induce the boy or girl to consumption of toxic (marijuana, alcohol) (Moderate, 7-17) | Severity changed to "Severe" |
| E – Social context, familiar and personal of the boy or girl | |
| E10.3 – Are living in a local concentration of population in social difficulty (Mild, 0-17) | Item changed to "Are living in a local concentration of population in social vulnerability" (Habitam uma zona com concentração de população em situação devulnerabilidade social) |
| New Items | |
| Has no energy to play | |
| It is known that the child or adolescent suffered neglect or abandonment in the past | |
| The parents limit his/her contact with recreational resources | |

Translation and adaptation of software for the identification of maltreatment in children and adolescents

Nomenclature changes

In addition to the blocks and items analyzed, the group suggested changing the nomenclatures boy or girl for child or adolescent, since they would encompass both sexes and better contemplate this population also supported the legal framework of the ECA. It was also suggested changing the terminology derived from the direct translation from Spanish to Brazilian Portuguese of reception centers and centers for shelters.

'Thinking about a six-year-old child is totally different than thinking about an adolescent of 12, 15, 16 years old' (Psychologist).

Decision-Making According to Gravity

Mild risk

For the cases considered with mild risk, the discussion group suggested the complaint through two possible services: directly to the Guardian Council, or through the service Dial 100. In addition to the complaint, the group emphasized the importance of the beginning of a network with the Reference Center for Social Assistance (CRAS) and the Family Health Strategy (ESF), enabling them to monitor the case.

The discussion group considered important to add the Article 13 of the ECA in its entirety, which emphasizes the obligation of the complaint: "The suspects or confirmations of abuse against children and adolescents must be communicated to the respective locality Guardian Council, without prejudice to other legal action" (pp.10-11). Moreover, they emphasized the importance of adding the addendum as a federal law, the Statute of Children and Adolescents overrules the Codes of Ethic of Professional Councils, legitimizing the breaking of professional secrecy.

'CRAS, of course, and Guardian Council too. Family Health Strategy is important too' (Social worker).

Moderate risk

As well as for the mild cases, for moderate risk the option of complaint was given in two different ways: Guardian Council or Dial 100. In addition to the complaint, the group stressed the important of the beginning of a network with the CRAS, with the possibility of referrals to the Specialized Reference Center for Social Assistance (CREAS). Also for this risk they chose to add of the Article 13 and the addendum.

'Guardian Council and CRAS and they referral to CREAS' (Pediatrician).

Severe risk

For the cases considered of severe risk, the discussion group suggested the firing of the Guardian Council. In addition to that, they stressed the importance of the contact with the Prosecutor Justice to help in the investigation of the case. For severe risks, the group opted for removal the complaint by Dial 100. As well as the other risks, they chose to add of the Article 13 and the addendum.

'For severe risk, for sure the Guardian Council, but it's important to contact the Prosecutor Justice' (Social worker).

Study 2 - Pilot application of the software

Supporting Tool for Social Risk Management in Childhood and Adolescence

Method

Participants

16 adults (8 men and 8 women) participated in the pilot applications of the software MSGR they were selected by convenience. All the participants were literate, with at least secondary education complete. Six participants also had completed higher education. Three of them were working in the educational area and three in health area. The ages of the participants ranged between 20 and 55 years old.

Instruments

For this step of the research, we used the translated and adapted version of the software MSGR, described in Study 1. The adapted version was developed with the help of a professional in the field of Computer Science, and has 285 items in total, five fewer than the original version.

Procedures

Before each pilot application, a brief instruction about the study was made, as well as the operation and goals of the software. Afterwards, participants were asked to use the software using three different fictional cases suspicious of maltreatment.

The participants were instructed to report to the researcher the doubts that they had during the application, about the meaning of words or phrases, and about the operation of the software. The participants were informed that they could quit responding the instrument at any time, if they felt mobilized because of the theme.

Translation and adaptation of software for the identification of maltreatment in children and adolescents

Data analysis

For this stage of the research, a thematic content technique (Bardin, 1977) of the doubts and comments made by the participants during the pilot applications of the software was performed.

Ethic procedures

As well as the Study 1, all the ethic procedures were respected, according to the Criteria of Ethic in Research with Human Beings.

Results

Comprehension of the items

The participants had no difficulty in understanding the questions. When there were doubts, these tended to be appropriate, in relation to some specific words.

Among the questions raised about the meaning of words, one of the participants reported having doubts about the meaning of the word cutaneous (Displays cutaneous lesions with redness of the skin in the diaper area). Furthermore, another participant asked if tobacco had the same meaning as cigarette (Uses tobacco).

Six participants reported they did not know the meaning of the word sphincter (The child or adolescent often has difficulties in controlling sphincters). Other two participants said they did not know the word tactile (Do not allow the boy for tactile contact with them (petting, treats, tenderness [...])). Ignorance of the meaning of the word leisure "was reported by two other respondents in the fictional cases (Parents or caregivers are unconcerned with school and leisure activities of the child or adolescent).

In relation to the block titled Parents/caregivers may be physically abusing the child or adolescent, or abusing him/her sexually, one of the participants considered the language ambiguous. According to him, the use of the word may legitimize the marking of the item, since this word brings to the phrase a meaning of possibility, and not a concrete observation.

Operation of the software

About the operation of the software, there were some difficulties in its use, especially when answering the first fictional case. When using the software for the first time, some participants had more difficulties to understand how the software works, and to find the matching items to the descriptions proposed in fictitious cases. In addition, they tended to take longer than in the following cases. In the first page of the software, in which is required to complete data such as age and gender, four participants field that space with their own data, instead

of entering the data of the child or adolescent correspondent with the fictitious case.

Even if it was initially explained that they should select only the items referring to the fictitious case, some participants asked if it was necessary to select items of all blocks. Following the same logic, one participant asked if it was possible to leave an entire block without selected items. Another one, meanwhile, believed he/she had used the software wrongly, since there were only a few selected items, among many present.

Some items were identified by participants as ambiguous. They reported not knowing what would be the most suitable option for the corresponding observation, or if they should check both options. One of the participants marked the option Complains frequently of pain (stomach ache, headache...), but also considered appropriate the item Has pain in certain parts of the body, when reported about a frequent headache.

Following the same logic, on some occasions, the participant scored more than one option for the same observation, once considered that the items were redundant. In one of the fictitious cases, for which it was reported that, although it had been recommended to the child to wear glasses, these had not been yet provided by the parents, one of the participants considered coherent both the item Do not take care with visual impairments, hearing... and the item Do not follow indicated medical and/or hygienic treatments.

Moreover, the participants had some particular difficulty when answering the software for the first time. Many times they had doubts if they should mark one similar item corresponding to the observation of the fictitious case, because they didn't know that, afterwards, there would be another item that best fit the description. For example, a participant selected the item about the parents Do not follow indicated medical and/or hygienic treatments. However, after reading the item Often take medicine to school without medical justification, the participant considered that the last item was most adequate according to the description of the case.

Another aspect perceived was the use of inferences on some items. For example, one of the participants reported: I believe that there is also lack of supervision, marking the corresponding item. However, there was no such description in the corresponding fictitious case. Also another inference was made: the participant said "If parents leave the child in this state, it is quite possible that they use drugs".

Utility of the software

When asked about the usefulness of the software in their professional or personal lives, three of the participants reported that they considered it an important tool, because the software encourages the professional to make the complaint. Another participant, in addition to the previous argument, emphasized its importance because, according to him, the tendency of the services of remaining silent against suspect maltreatment. Another participant also related an experience of a maltreatment suspicion against a neighbor child,

reporting that the software could have helped in that situation.

Other three participants also reported that they learned when answering the questions, since the software show them signs that they did not considered as a risk. Two of the participants reported that they consider the software an important tool, since it could be used by anyone.

About the services to be contacted, two respondents reported not knowing Dial 100 service. They thought that the complaint could be made only to the Guardian Council. Other three participants believed that the complaint to the Guardian Council should only be made when they were sure that the maltreatment situation had occurred. It was also mentioned the ignorance of the 13 Article of the ECA. The participant considered important the addition of this information, because it legally holds the complaints to the Guardian Council.

Discussion

The results of the first study raise some questions. The considerations done by the judges were considered adequate and important for the adaptation process. This note is important because, during the evaluation task, each judge had to analyze individually 290 items, allocated in 50 thematic blocks, totalizing in 340 questions. Although quite extensive, we believe that the suggestions pointed during this task, allied to the further discussion by the group, were very relevant in terms of enabling a real adaptation of the content of the software to Brazilian context.

However, it seems important the questioning about the possibility of fatigue of participants, because of the large number of items to be analyzed by the judges. This questioning meets the literature, which suggests that the task of responding diverse similar questions repeatedly would be related to this phenomenon (Robins, Hendin & Trzesniewski, 2001; Marconi & Lakatos, 1999). We believe in the occurrence of this phenomenon due to the decrease in the number of disagreements and comments over the list of items. Thus, it opens the possibility that some blocks of questions and their respective items –especially those that are part of the

Blocks D (Relation of the parents/caregivers with the boy or girl) and E (Social context, familiar and personal of the boy or girl)– may have been undervalued.

From the results of the discussion group, it's important to note some aspects about the speeches of the participants. Among the suggestion proposed, we highlight the allocation of different severities between the ages related to children (under 12 years) and adolescents (age between 12 and 17 years) for certain items. It was suggested that such items should not present equivalent severity in different age groups. For the use of tobacco and alcohol, for example, the participants of the discussion group considered more appropriate a greater appreciation of severity for child (under 12 years) than for adolescent population (12-17 years). In turn, aspects related to aggressive and/or antisocial behaviors were also distinct between age groups, although in this case, the assessment of severity has been considered to be higher for adolescents than for children.

Such possibility of different evaluations for the ages related to the childhood and adolescence did not exist in the original version of the software. This change may help providing a more accurate risk assessment regarding different ages. It's also important to note the replace of the terminologies Boy or Girl (translated from Spanish) for Child or Adolescent, considered more appropriate to the Brazilian context, and that would be in line with Brazilian law. For the Article 2 of the ECA, "it's considered a child, for the purpose of this Law, the person up to twelve years of incomplete age, and adolescent the one between twelve and eighteen years of age" (ECA, 1990, p. 7).

For the cases considered mild, the discussion group suggested the complaints directly through Guardianship Council or the Dial 100 service, in addition to start working together with the Reference Center for Social Assistance (CRAS) and the Family Health Strategy (ESF). The first one is a service linked to the National Program to Combat Sexual Violence against Children and Adolescents, which operates 24 hours a day, including sundays and holidays. The call is free and can be anonymous, and the complaints received are analyzed and forwarded to protection agencies, especially the Guardianship Council (Secretaria de Direitos Humanos, n. d.). The CRAS, in turn, is the main entrance in the Unified Social Assistance System (SUAS), being responsible for the organization of basic social protection services in areas of vulnerability and social risk (Ministério da Saúde, n.d. a). The ESF –linked to the Unified Health System (SUS)– "is formed by multidisciplinary teams, aiming to reorganize primary care in the country" (Ministério da Saúde, 2012, p.54).

Translation and adaptation of software for the identification of maltreatment in children and adolescents

For moderate cases, the discussion groups also opted for the service Dial 100 –in addition to the Guardian Council-, with the possibility of referral to the Specialized Reference Center for Social Assistance (CREAS). This offers specialized services to families in situations of threat or violation of their rights. It seeks to be a place of welcome, strengthening family ties and resources to overcome the experienced situation (Ministério da Saúde, n.d.b). The SUAS, in turn, is a decentralized public system, which organizes social assistance services in Brazil, through a participative management model (Ministério da Saúde, n.d.c).

For the severe cases, the discussion group opted only for the complaint in the Guardian Council. According to them, Dial 100 is a slower service to initiate the investigation process. In turn, they suggest also the activation of the Prosecutor Justice responsible for the childhood and adolescence. This prosecutor has the function of acting in judicial and extrajudicial protection of fundamental rights (life, health, food, education, leisure, culture, freedom, dignity ...) of Brazilian children and adolescents (Ministério Público do Estado de São Paulo, n.d.).

Finally, the Guardian Council is an organ permanent and autonomous in charge of ensuring the protection of the children and adolescent rights. Each city must have at least one Guardian Council, composed of five members chosen by the people for a period of four years (ECA, 1990).

Such information of possible referrals is understood as important because, although the Brazilian legislation is explicit regarding the mandatory reporting, it offers little orientation to the involved professionals (Gonçalves & Ferreira, 2002). It is envisioned, therefore, the stimulation of a network, informing the professionals the responsibility to the several services involved in the care and protection of this population.

Some points must be highlighted after the pilot application. Although only a few doubts about the understanding of the words and phrases have been identified, we consider very important the clarity and understanding of the items, due to the variety of the public who may have access to the software when it is available on the internet.

We believe that the elaboration of a written report explaining minutely the instructions, the functioning and the utility of the software may be important, in order to reduce the most frequent doubts. This is especially important for the marking of the items by the participants of the study, which were guided many times by inferences, and not from the observations themselves.

Once that the software aims to identify risk situations from observable indicators (Montserrat et al., 2010), the

use of inferences may affect the final evaluation, attributing to the case a risk that does not correspond to the real situation of the child or adolescent in question. Besides that, the re-evaluation of the items that have words difficult to understand for lay public, ambiguous meanings or items that provide false-positives may decrease inference processes by users. We know that it's not possible to be sure that different people will answer the same questions similarly (Cornejo, 1988).

At last, the importance of the development of this software is emphasized especially on four principal aspects: the first one refers to the protection of the child or adolescent, since it possibilities to the professional a bigger clarity and agility about the evaluation of a situation of potential violence or neglect against a child or an adolescent. It is important because the few number of notifications in the Brazilian context, since many times the decision of the professional is linked more to the speech of the family than the speech of the child (Silva, Lunardi, Silva & Filho, 2009).

The second point concerns the tool's pedagogical aspect: it is believed that, while the professional uses the instrument, he is also instrumentalized on risk indicators related to maltreatment situations within the family. The importance of this pedagogical aspect is highlighted also by the work of Silva et al. (2009), which affirm that all the professionals that lead with children and adolescents must be capacitated to identify possible signs of alert.

The third aspect is related the range of the software. Since the access to the internet is getting greater in Brazil with almost 105 million of users for the year of 2013 (Instituto Brasileiro de Opinião Pública e Estatística, 2013), we believe that the divulgation and availability of the software online will permit access and use for many professionals of different cities and regions. Thus, we understand the internet as a space of interaction and convergence, promoting the insertion of new actors and a greater use of the results of scientific research (Castro, 2006).

Finally, the fourth point refers to the encouragement of the professional involved with the potential complaint to the responsible services. The software provides one more evidence that the child or adolescent may be at risk, and we believe that the assessment generated by this tool can encourage the professional to make the notification. Such importance is understood because of the Brazilian culture that emphasizes the privacy of the family life and understands that interventions against the parents' speech are intrusive and offensive (Gonçalves & Ferreira, 2002). Beyond the cultural question, the present lack of confidence in the state apparatus, in addition to the lack of capacity of the professionals involved, makes that the notification many times is not performed (Silva et al., 2009).

It is also important to highlight the limitations of this study. Since the software was adapted to Brazilian context by professionals that work in the state of Rio Grande do Sul. Although the legislation is the same, we understand that Brazil, because of its big extension, allied to the economic and cultural differences, presents great cultural and social diversity. Such reservation must be detached especially referring to the situations of neglect, that is the kind of maltreatment more commonly underreported (Marshall, 2012).

It is important continue this work, through a process of validation evolving all the public that the software aims contemplate. Such process is also important for analyze the accurate rate of the software as the different risks of maltreatment. Therefore, the comparison of the evaluations made by specialized professionals and for other people using the software will determine with more

precision the effectiveness of this tool. By comparing different evaluations, we will have a better estimative of how valid is the evaluations of the software for suspicions of intrafamily maltreatment against children and adolescents.

Final considerations

Although the importance of this thematic is increasingly consolidated in the national scenario of research, the divulgation of the knowledge produced in the universities ends restricted to the academia.

We emphasize the importance of elaboration and divulgation of new instruments that makes the knowledge constructed in the scientific field more accessible. About the specific thematic of maltreatment, we emphasize the importance, not only of the scientific literature, but also the divulgation of the laws and the legislation that support legally the rights of this population. We believe that this is also a way to improve the application of the directives of the ECA, which blame the whole society in protecting Brazilian children and adolescents. The propose of the adaptation of this software goes in this direction, aiming leads to population part of the knowledge built about the evaluation of the diverse types of maltreatment in the childhood and adolescence.

We hope that this adaptation may represent an advance as regards the development of knowledge in Brazilian psychology, stimulating the development and improving of new technologies to evaluate violence situations, guided by objective indicators that may guarantee better precision and reliability in their evaluations.

Finally, the development of this work progresses in order to better instrumentalized professionals about the indicators that may be important in the identification of maltreatment situations against Brazilian children and

adolescents. We believe that this software –validated and available in the internet– may be a useful instrument for the population, contributing to suspicions of maltreatment may be better evaluated, besides more quickly notified and accompanied by the corresponding protection services.

References

- Abramovitch, S., Maia, M. C. & Cheniaux, E. (2008). Transtornos de déficit de atenção e do comportamento disruptivo: Associação com abuso físico na infância. *Revista Psiquiatria Clínica*, 35(4), 159-164.
- Alexandre, N. M. C. & Coluci, M. Z. O. (2011). Validade de conteúdo nos processos de construção e adaptação de instrumentos de medidas. *Ciência & Saúde Coletiva*, 16(7), 3061-3068.
- Antoni, C., Barone, L. R. & Koller, S. H. (2007). Indicadores de risco e de proteção em famílias fisicamente abusivas. *Psicologia: Teoria e Pesquisa*, 23(2), 125-132. doi: [10.1590/S0102-37722007000200002](https://doi.org/10.1590/S0102-37722007000200002)
- Apostólico, M. R., Nóbrega, C. R., Guedes, R. N., Fonseca, R. M. G. S. & Egry, E. Y. (2012). Characteristics of violence against children in a Brazilian Capital. *Revista Latino-Americana de Enfermagem*, 20(2), 266-273.
- Asgeirsdottir, B. B., Sigfusdottir, I. D., Gudjonsson, G. H. & Sigurdsson, J. F. (2011). Associations between sexual abuse and family conflict/violence, self-injurious behavior, and substance use: The mediating role of depressed mood and anger. *Child Abuse & Neglect*, 35(3), 210-219. doi: [10.1016/j.chiabu.2010.12.003](https://doi.org/10.1016/j.chiabu.2010.12.003)
- Bardin, L. (1977). *Análise de conteúdo*. Lisboa: Edições 70.
- Borges, J. L., & Dell'Aglío, D. D. (2008). Abuso sexual infantil: Indicadores de risco e consequências no desenvolvimento de crianças. *Revista Interamericana de Psicologia*, 42(3), 528-536.
- Camargo, B. V., Barbará, A., & Bertoldo, R. B. (2008). A influência de vídeos documentários na divulgação científica de conhecimento sobre a Aids. *Psicologia: Reflexão e Crítica*, 21(2), 179-185. doi: [10.1590/S0102-79722008000200003](https://doi.org/10.1590/S0102-79722008000200003)
- Castro, R. C. F. (2006). Impacto da Internet no fluxo de comunicação científica em saúde. *Revista de Saúde Pública*, 40(Esp.), 57-63.
- Cong, E., Li, Y., Shao, C., Chen, J., Wu, W., Shang, X., Wang, Z., Liu, Y., Liu, L., Gao, C., Li, Y., Wu, J., Deng, H., Liu, J., Sang, W., Liu, G., Rong, H., Gan, Z., Li, L., Li, K., Pan, J., Li, Y., Cui, Y., Sun, L., Liu, L., Liu, H., Zhao, X., Zhang, Y., Zhang, R., Chen, Y., Wang, X., Li, H., Chen, Y., Lin, Y., Kendler, K. S., Flint, J. & Shi, S. (2012). Childhood sexual abuse and the risk for recurrent major depression in Chinese women.

Translation and adaptation of software for the identification of maltreatment in children and adolescents

- Psychological Medicine*, 42(2), 409-417. doi: [10.1017/S0033291711001462](https://doi.org/10.1017/S0033291711001462)
- Cornejo, J. M. (1988). *Técnicas de investigación social: El análisis de correspondencias* (Teoría y Práctica). Barcelona: PPU.
- Deslandes, S., Mendes, C. H. F., Lima, J. S. & Campos, D. S. (2011). Indicadores das ações municipais para a notificação e o registro de casos de violência intrafamiliar e exploração sexual de crianças e adolescentes. *Cadernos de Saúde Pública*, 27(8), 1633-1645. doi: [10.1590/S0102-311X2011000800018](https://doi.org/10.1590/S0102-311X2011000800018)
- Duke, N. N., Pettingell, S. L., McMorris, B. J. & Borowsky, I. W. (2009). Adolescent violence perpetration: Associations with multiple types of adverse childhood experiences. *Pediatrics*, 125(4), 778-786. doi: [10.1542/peds.2009-0597](https://doi.org/10.1542/peds.2009-0597)
- Estatuto da Criança e do Adolescente (1990). Diário Oficial da União. Lei nº 8069, de 13 de julho de 1990. Brasília, DF: Palácio do Planalto.
- Gava, L. L., Silva, D. G. & Dell'Aglío, D. D. (2013). Sintomas e quadros psicopatológicos identificados nas perícias em situações de abuso sexual infanto-juvenil. *Psico*, 44(2), 235-244.
- Gomes, R., Junqueira, M. F. P. S., Silva, C. O. & Junger, W. L. (2002). A abordagem dos maus-tratos contra a criança e o adolescente em uma unidade pública de saúde. *Ciência & Saúde Coletiva*, 7(2), 275-283. doi: [10.1590/S1413-81232002000200008](https://doi.org/10.1590/S1413-81232002000200008)
- Gonçalves, H. S. & Ferreira, A. L. (2002). A notificação da violência intrafamiliar contra crianças e adolescentes por profissionais de saúde. *Cadernos de Saúde Pública*, 18(1), 315-319. doi: [10.1590/S0102-311X2002000100032](https://doi.org/10.1590/S0102-311X2002000100032)
- Habigzang, L. F., Azevedo, G. A., Koller, S. H. & Machado, P. X. (2006). Fatores de risco e de proteção na rede de atendimento a crianças e adolescentes vítimas de violência sexual. *Psicologia: Reflexão e Crítica*, 19(3), 379-386. doi: [10.1590/S0102-79722006000300006](https://doi.org/10.1590/S0102-79722006000300006)
- Instituto Brasileiro de Opinião Pública e Estatística (2013). *Número de pessoas com acesso à internet no Brasil chega a 105 milhões*. Retrieved from <http://www.ibope.com/pt-br/noticias/paginas/numero-de-pessoas-com-acesso-a-internet-no-brasil-chega-a-105-milhoes.aspx>
- Leeners, B., Stiller, R., Block, E., Görres, G. & Rath, W. (2010). Pregnancy complications in women in childhood sexual abuse experiences. *Journal of Psychosomatic Research*, 69(5), 503-510. doi: [10.1016/j.jpsychores.2010.04.017](https://doi.org/10.1016/j.jpsychores.2010.04.017)
- Marconi, M. A. & Lakatos, E. M. (1999). *Técnicas de Pesquisa*. São Paulo: Atlas.
- Marshal, N. A. (2012). A clinician's guide to recognizing and reporting parental psychological maltreatment of children. *Professional Psychology: Research and Practice*, 43(2), 73-79. doi: [10.1037/a0026677](https://doi.org/10.1037/a0026677)
- Mills, R., Alati, R., O'Callaghan, M., Najman, J. M., Williams, G. M., Bor, W. & Strathearn, L. (2011). Child abuse and neglect and cognitive function at 14 years of age: Findings from a birth cohort. *Pediatrics*, 127(1), 4-10. doi: [10.1542/peds.2009-3479](https://doi.org/10.1542/peds.2009-3479)
- Ministério da Saúde (2012). *Política Nacional de Atenção Básica*. Brasília: Ministério da Saúde.
- Ministério da Saúde (n.d. a). *Centro de Referência de Assistência Social*. Retrieved from <http://www.mds.gov.br/assistenciasocial/protECAobasica/cras>
- Ministério da Saúde (n.d. b). *Centro de Referência Especializado de Assistência Social*. Retrieved from <http://www.mds.gov.br/assistenciasocial/protECAoespecial/creas>
- Ministério da Saúde (n.d. c). *Sistema Único de Assistência Social (SUAS)*. Retrieved from <http://www.mds.gov.br/assistenciasocial/suas>
- Ministério Público do Estado de São Paulo (n.d.). *Infância e Juventude*. Retrieved from http://www.mpsp.mp.br/portal/page/portal/infancia_home_c
- Montserrat, C., Casas, F. & Bertran, I. (2010). *Criterios para la valoración de las situaciones de riesgo o desprotección de los/las niño/as y adolescentes. Una propuesta a partir de la LDOIA*. Institut de Recerca sobre Qualitat de Vida (UdG). Retrieved from <http://www.udg.edu/tabid/7342/Default.aspx>
- Moura, A. T. M. S., Moraes, C. L. & Reichenheim, M. E. (2008). Detecção de maus-tratos contra a criança: Oportunidades perdidas em serviços de emergência na cidade do Rio de Janeiro, Brasil. *Cadernos de Saúde Pública*, 24(12), 2926-2936.
- Pfeiffer, L., Rosário, N. A. & Cat, M. N. L. (2011). Violência contra crianças e adolescentes – proposta de classificação dos níveis de gravidade. *Revista Paulista de Pediatria*, 29(4), 477-482. doi: [10.1590/S0103-05822011000400002](https://doi.org/10.1590/S0103-05822011000400002)
- Pires, A. L. D. & Miyazaki, M. C. O. S. (2005). Maus-tratos contra crianças e adolescentes: Revisão da literatura para profissionais da saúde. *Arquivos de Ciências da Saúde*, 12(1), 42-49.
- Robins, R. W., Hendin, H. M. & Trzesniewski, K. H. (2001). Measuring global self-esteem: Construct validation of a Single-Item Measure and the Rosenberg Self-Esteem Scale. *Personality and Social Psychology Bulletin*, 27(2), 151-161. doi: [10.1177/0146167201272002](https://doi.org/10.1177/0146167201272002)
- Secretaria de Direitos Humanos (n.d.). *Ouvidoria - Disque 100*. Retrieved from <http://www.sdh.gov.br/disque-direitos-humanos/disque-direitos-humanos>

- Serafim, A. P., Saffi, F., Achá, M. F. F. & Barros, D. M. (2011). Dados demográficos, psicológicos e comportamentais de crianças e adolescentes vítimas de abuso sexual. *Psiquiatria Clínica*, 38(4), 143-147. doi: [10.1590/S0101-60832011000400006](https://doi.org/10.1590/S0101-60832011000400006)
- Silva, P. A., Lunardi, V. L., Silva, M. R. S. & Filho, W. D. L. (2009). A notificação da violência intrafamiliar contra crianças e adolescentes na percepção dos profissionais de saúde. *Ciência, Cuidado e Saúde*, 8(1), 56-62.
- Sousa, C., Herrenkohl, T. I., Moylan, C. A., Tajima, E. A., Klika, J. B., Herrenkohl, R. C. & Russo, M. J. (2011). Longitudinal study on the effects of child abuse and children's exposure to domestic violence, parent-child attachments, and antisocial behavior in adolescence. *Journal of Interpersonal Violence*, 26(1), 111-136. doi: [10.1177/0886260510362883](https://doi.org/10.1177/0886260510362883)
- Vieytes, R. (2004). *Metodología de la investigación en organizaciones, mercado y sociedad: Epistemología y técnicas*. Buenos Aires: Editorial de las Ciencias.
- Weber, L. N. D., Viezzer, A. P., Brandenburg, O. J., & Zocche, C.R.E. (2002). Famílias que maltratam: Uma tentativa de socialização pela violência. *Psico-USF*, 7(2), 163-173.
- Ximenes, L. F., Oliveira, R. V. C. & Assis, S. G. (2009). Violência e transtorno de estresse pós-traumático na infância. *Ciência & Saúde Coletiva*, 14(2), 417-433. doi: [10.1590/S1413-81232009000200011](https://doi.org/10.1590/S1413-81232009000200011)
- Ystgaard, M., Hestetun, I., Loeb, M. & Mehlum, L. (2004). Is there a specific relationship between childhood sexual and physical abuse and repeated suicidal behavior? *Child Abuse & Neglect*, 28(8), 863-875. doi: [10.1016/j.chiabu.2004.01.009](https://doi.org/10.1016/j.chiabu.2004.01.009)