

# “Everything That Is Here, I Have Lived”: A Triangulated Analysis of an Intimate Partner Violence Assessment Tool in Curitiba, Brazil

Violence Against Women  
1–25

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## Abstract

Using a mixed-methods triangulation approach we piloted the Composite Abuse Scale—Brazilian version (CAS-Brazil) at the House of the Brazilian Woman of Curitiba among 62 survivors of intimate partner violence and four professionals serving survivors to assess its feasibility for use. Quantitative data were tabulated using descriptive statistics while qualitative data were recorded, coded, and thematically analyzed. Four qualitative domains emerged: (a) conceptual understanding; (b) item definitions; (c) women’s experiences; and (d) professionals’ perspectives. Comprehension of the CAS-Brazil appeared high across participants from diverse backgrounds. Professionals viewed it as highly feasible for use in Brazilian cross-sectoral services to support survivor decision-making.

## Keywords

intimate partner violence, violence against women, Brazil, surveys and questionnaires, cross-cultural comparison

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## **Background**

Brazil is ranked sixth in the world for its femicide rate with one female murder every 2.5 hr (Waiselfisz, 2015). Femicide is commonly preceded by intimate partner violence (IPV); one in three Brazilian women experience physical and/or sexual violence and one in two Brazilian women experience psychological violence during their lifetime (Garcia-Moreno et al., 2006; Schraiber et al., 2007). Recent studies reveal a past 12-months prevalence of IPV of 7.6% in Brazil (Signorelli et al., 2023a), with lifetime prevalence between 29% and 56% with psychological violence being more prevalent than other types of violence (Bott et al., 2021; Instituto DataSenado Brasil, 2017; Kwaramba et al., 2019).

The nation's history includes violence at its core, including the genocide of Indigenous peoples, the enslavement of Africans by European colonists, and a strong "machismo" culture that positions women as inferior to men (Olegário, 2019; Raftopoulos & Morley, 2020; Vargas, 2005; Vergne et al., 2015; Werneck, 2016). In the case of violence against women, the Brazilian government has responded through the enactment and implementation of national laws on domestic violence (Law No 11.340/2006; Brasil, 2006), femicide (Law No 13.104/2015; Brasil, 2015), and psychological violence (Law No 14.188/2021; Brasil, 2021), which criminalize these acts and provide policy guidance for violence prevention and response.

Despite this legislative progress, major gaps persist. These gaps include a lack of rigorous and scientifically assessed measures to identify and quantify IPV specifically in Brazilian Portuguese. There are few standardized instruments in Brazil and the scales that do exist have not been brought to scale across the country to accurately identify and support women's needs (Evans et al., 2021; Manders et al., 2021). Brazilian public services (health, education, and social services) currently utilize the National Violence Notification Form from the "Notifiable Harms Information System" ("Sistema de Informação de Agravos de Notificação"—SINAN), Ministry of Health (Garbin et al., 2015; Veloso et al., 2013). However, this current approach has several notable limitations, such as this tool is for surveillance of all types of violence and does not consider the specificities of IPV; it is completed by professionals, therefore victims cannot read the questions and self-reflect; finally, it does not score violence severity.

Multiple comprehensive, reliable, and valid self-report measures of IPV are available in English (Thompson et al., 2006), though some are considered too burdensome for respondents (Ford-Gilboe et al., 2016) and IPV is nearly always underreported (Gattegno et al., 2016). However, reliable instruments that accurately determine estimates of IPV, its frequency and severity over time, and capture different types of IPV experiences are not available in Brazilian Portuguese nor disseminated in Brazil.

To this end, our research team recently proposed the translation and cross-cultural adaptation into Brazilian Portuguese of the Composite Abuse Scale (CAS; Rocha et al., 2021, 2022), a validated and internationally recognized instrument assessing women's self-reported experiences of IPV (Ford-Gilboe et al., 2016). The 30-item CAS was originally developed in English (Hegarty et al., 1999, 2005), and asks women to

record the frequency of experiencing each of 30 abusive acts in the previous 12 months, on a 6-point Likert scale ranging from *never* (0) to *daily* (5), producing a score between 0 and 150 points. The CAS has a cut-off score of 7 points, at which stage responses are considered “positive” for exposure to IPV (Hegarty & Valpied, 2013). Women with scores of 3 or more are categorized as having probable experiences of IPV (Hegarty et al., 2005). The CAS has been shown to have content, construct, criterion, and factorial validity (Hegarty et al., 2005). The 30 items cover a broad range of abusive acts consistent with the World Health Organization’s (WHO, 2010) definition of intimate partner abuse (Ford-Gilboe et al., 2016).

The CAS has been refined, revised (Evans et al., 2015; Ford-Gilboe et al., 2016), and constantly adapted for specific contexts (MacMillan et al., 2006), such as community settings (Loxton et al., 2013). It has been translated into various languages, but only very recently translated into Brazilian Portuguese (CAS-Brazil; Rocha et al., 2022). Despite its rigorous translation and cross-cultural adaptation into Brazilian Portuguese, which included a 10-step process (Rocha et al., 2021), it has to date never been tested among a sample of Brazilian women. The purpose of this study was to pilot the CAS-Brazil among women seeking support in a one-stop center (OSC) for women experiencing IPV in Brazil. Our secondary aim was to assess psychosocial professionals’ perceptions of the feasibility of using the CAS-Brazil as a support during their intake and referral process at an OSC.

## Method

### *Design and Study Site*

This study is part of a broader community-based participatory-action research project (Liamputtong, 2013; Signorelli et al., 2023b; Thiollent & de Toledo, 2012), ongoing since January 2018. The community study site is the House of the Brazilian Woman of Curitiba (HBW-Curitiba), located in Paraná State, Southern Brazil. The HBW-Curitiba is part of a national network of HBWs in Brazilian State capitals and is considered one of the most promising interventions implemented in Brazil to tackle violence against women. It is a free and public OSC integrating a cross-sectoral network of support services for women experiencing violence and operating 24/7. The HBW-Curitiba includes more than 100 staff, qualified to support abused women; services include health, economic, housing, psychosocial support, specialized police (“Maria da Penha Patrol”), public lawyers, and court service (Signorelli et al., 2023b). Since opening in 2016, the HBW-Curitiba has supported an average of 12,000 women per year (Almeida et al., 2020).

For this study, we adopted a triangulation approach (Minayo et al., 2005; Santos et al., 2020) including qualitative and quantitative data; two key stakeholder groups; and a diverse research team. Data were derived from CAS-Brazil pilot scores, cognitive interviews, and field notes. Our participants, including survivors and professionals who work at the HBW-Curitiba and our global research team from across disciplines (human rights, public health, and social sciences).

### *Instrument*

The CAS is a 30-item validated assessment tool developed in Australia, which aims to identify IPV, measuring its frequency and severity. Each of the 30 items is classified into one of four IPV subtypes: physical abuse (PA), emotional abuse (EA), harassment, and severe combined abuse (SCA); with cut-off scores for each subtype (Hegarty & Valpied, 2013). Each subscale has an internal reliability of 0.90 or more, and an all-item-total score correlation of 0.6 or above (Hegarty et al., 2005). The scale is typically self-administered; during the validation process in English, women took between 5 and 15 min to fill it. The CAS was designed to be used by women sixteen years or older.

The CAS items are preceded by three questions about fear of an intimate partner, which demonstrate high sensitivity and specificity to IPV, particularly in the period of the last 12 months (Signorelli et al., 2022). It has been translated into ten languages: German, Arabic, Spanish, Bengali, Dutch, Vietnamese, Japanese, Malay, and Russian (Hegarty & Valpied, 2013; Rocha et al., 2021). The translation into Brazilian Portuguese (CAS-Brazil) was completed recently by our research team (Rocha et al., 2022); in this study, we piloted this translated version with Brazilian women seeking care in an OSC.

### *Participants*

Eighty-three women attending the HBW-Curitiba were initially assessed by one of the HBW psychosocial professionals to determine their immediate needs. If women were not considered in acute crisis (defined as at high risk or emotionally unstable) by these professionals and were over the age of 18 years old, they were eligible for participation and invited for the study. First, each woman completed the CAS-Brazil and participated in a cognitive interview about their experience with the instrument. We also interviewed four professionals from the HBW-Curitiba psychosocial support department, who provide the first line of support to women. They reviewed the CAS-Brazil and participated in in-depth interviews on their impressions of the instrument.

### *Data Collection*

Data collection took place in a private room at the HBW-Curitiba. Cognitive interviews (Rocha et al., 2021) and in-depth interviews (Liamputtong, 2013) were conducted by a female researcher, with a Master of Public Health, and previous experience in researching women survivors of violence. After an explanation of the study aims, participants were invited to sign the informed consent. Demographic data were collected, including age, race/ethnicity, education level, family income, neighborhood, number of people they lived with, occupation/profession, marital status, sexual orientation and gender identity, disabilities and if they were the head of household.

After receiving a printed version of the CAS-Brazil, participants self-administered the instrument and participated in a cognitive interview (Appendix 1) to assess comprehension and perceptions of the instrument. Major queries regarding terms and concepts were discussed between each participant and the researcher. In the interviews with HBW-Curitiba staff, the researcher also asked questions about the feasibility and challenges of using CAS-Brazil in community settings. All cognitive and in-depth interviews were audio recorded; the interviewer also took written field notes (Phillippi & Lauderdale, 2018).

All data were collected between May and August 2020, during the COVID-19 pandemic. The study strictly followed the HBW-Curitiba COVID-19 safety protocol which included halting data collection during periods when COVID case counts were high, masking all participants, including HBW staff and the researcher and maintaining social distance from one another in a well-ventilated room; alcohol was utilized for cleaning hands and objects; and the research team conducted periodic diagnostic tests as a COVID-19 mitigation strategy.

### *Data Analysis*

Demographic data were tabulated and analyzed in SAS 9.4 through descriptive statistics, including frequencies and percentages for categorical data and means and standard deviations for continuous data. CAS scores were calculated for each woman, considered positive for IPV if the CAS score was equal to or greater than seven. CAS subscale scores were also tabulated, and women were considered positive for PA if scoring equal to or greater than one on PA items; EA if equal to or greater than three on EA items; harassment (H) if equal to or greater than two on H items; and SCA if equal to or greater than one on SCA items (Hegarty & Valpied, 2013).

Qualitative data, including interview content, commentaries, queries, and a general evaluation of the CAS from participants were transcribed verbatim in Portuguese and entered into an Excel spreadsheet (by coauthor RWGR). Field notes were also added to the spreadsheet. These inputs were collated by highlighting individualized concerns for CAS items and additional insights. Following principles of qualitative thematic analysis (Liamputtong, 2013), our team (MCS, RWGR, CXH, and DPE) read all transcripts in Portuguese. One coauthor (MCS) translated these comments from Portuguese into English; and the other two coauthors (CXH and DPE), also fluent in English and Brazilian Portuguese, double-checked the translation. The research team conducted periodic online meetings to collectively analyze and discuss the results.

Considering the triangulation methodology (Minayo et al., 2005; Santos et al., 2020) and prior experience with this approach in another study conducted by our research team (Evans et al., 2021), these different inputs (combining qualitative and quantitative data) from different participant groups (survivors and staff) were discussed and analyzed by the interdisciplinary research team for the final triangulated analysis. To present the results, we triangulated the analysis into four main thematic categories that summarize our data: (a) conceptual understanding and comprehension; (b) CAS items definitions; (c) women's experiences after using CAS-Brazil; and (d) professionals' perspectives about CAS-Brazil.

## Ethics

The study was approved by the Research Ethics Committees of the Federal University of Paraná and the City of Curitiba, under the number CAAE 89411818.4.000.0102. All participants signed the consent form which was deidentified using codes to preserve anonymity, using the designation “W” for abused women and “P” for professionals, followed by a unique numeric identifier (e.g., P1, P2, etc.). The study followed the WHO guidelines (Ellsberg & Heise, 2005; WHO, 2001, 2016) for research with women experiencing violence. Only women considered not in crisis, previously evaluated and selected by the psychosocial support department, participated in the study in order to avoid retraumatization. Among potential participants, 21 ( $n=21$ ) were excluded by the HBW-Curitiba psychosocial staff because they were considered to be in crisis.

## Results

### *Piloting the CAS-Brazil*

Sixty-two ( $n=62$ ) abused women participated in our study (Table 1). The average age among participants was 39. The majority of participants were heterosexual ( $n=59$ , 95.2%) and identified as cisgender women ( $n=61$ , 98.4%); three identified as sexual minorities (bisexual, pansexual, and lesbian) as well as one transgender woman. Most participants did not report a disability status ( $n=59$ , 95.2%). Most participants were White ( $n=47$ , 75.8%), followed by multiracial ( $n=11$ , 17.7%), Black/Afro-Brazilian ( $n=2$ , 3.2%), and Asian ( $n=1$ , 1.6%). A range of socio-economic backgrounds were represented in the sample; however, most participants had high school degrees or less ( $n=44$ , 71.0%) and/or had an average family income of R \$4159,00 or less ( $n=49$ , 79.0%). Nearly a quarter of participants were unemployed ( $n=15$ , 24.2%). Most women lived in the city of Curitiba (90.3%) while others resided in the city outskirts.

All participants except one tested positive for at least one subtype of violence; thus, CAS scores were above the threshold indicating being positive for IPV ( $\geq 7$ ) for 98.4% of the sample ( $n=61$ ). The average score was 42.9 points, but the maximum score reached by a participant was 130 points, demonstrating the severity of violence suffered by some women. IPV subtypes scores were: EA ( $n=58$ , 93.6%), PA ( $n=54$ , 87.1%), harassment ( $n=49$ , 79.0%), and SCA ( $n=45$ , 72.6%). Fear of an intimate partner was also present in the majority of our participants: 70.1% of them ( $n=44$ ) were currently afraid; while 85.5% ( $n=53$ ) were afraid in the past 12 months; and 85.5% ( $n=53$ ) had ever felt afraid of their partners.

### *Perceptions and Face Validity of the CAS-Brazil*

We focused our analysis on comprehension and face validity of the CAS-Brazil, prioritizing women's perceptions, as they will be the end users of this assessment tool

**Table 1.** Demographic Characteristics and Scores of Women Testing the Composite Abuse Scale-Brazil ( $n = 62$ ).

Variable	Response options	N (%)	M (SD)
Age			38.6 (11.8)
Race	White	47 (75.8)	
	<i>Parda</i> (multiracial)	11 (17.7)	
	Black	2 (3.2)	
	Asian	1 (1.6)	
Gender identity	Cisgender	61 (98.4)	
	Transgender	1 (1.6)	
Sexual orientation	Heterosexual	59 (95.2)	
	Bisexual	1 (1.6)	
	Pansexual	1 (1.6)	
	Lesbian	1 (1.6)	
Disability status	None reported	59 (95.2)	
	Visual	1 (1.6)	
	Physical	1 (1.6)	
	Auditory	1 (1.6)	
Relationship status	Single	19 (30.6)	
	Married	19 (30.6)	
	Partnered/civil union	9 (14.5)	
	Divorced or separated	14 (22.6)	
	Widowed	1 (1.6)	
Head of household	Yes	31 (50.0)	
	No	31 (50.0)	
Number of cohabitating family members			3.4 (1.4)
Income (in Brazilian Real R\$)	0 to 1,039.00 (Low)	15 (24.2)	
	1,040.00 to 4,159.00 (Lower-middle)	34 (54.8)	
	4,160.00 to 10,400.00 (Upper-middle)	10 (16.1)	
	More than 10,400.00 (High)	3 (4.8)	
Occupation	Unemployed	15 (24.2)	
	Employed under the Consolidation of labor law	20 (33.3)	
	Self-employed	18 (29.0)	
	Retired	3 (4.8)	
	Domestic worker/maid	4 (6.4)	
	Pension	1 (1.6)	
Education	Middle school or less	14 (22.6)	
	Some high school	4 (6.4)	
	High school	26 (41.9)	
	Some college	9 (14.5)	
	College degree	5 (8.1)	
	Graduate school	4 (6.4)	

(continued)

**Table 1.** (continued)

Variable	Response options	N (%)	M (SD)
City	Curitiba	56 (90.3)	42.9 (25.9)
	Other (metropolitan area)	6 (9.7)	
CAS score			
CAS score $\geq 7$ (indicating positive for IPV)		61 (98.4)	
Abuse types	Emotional abuse ( $\geq 3$ )	58 (93.6)	
	Physical abuse ( $\geq 1$ )	54 (87.1)	
	Harassment ( $\geq 2$ )	49 (79.0)	
	Severe combined abuse ( $\geq 1$ )	45 (72.6)	
	At least one type	61 (98.4)	
	All four types	37 (59.7)	
Fear of partner	Currently	44 (70.1)	
	In the past 12 months	53 (85.5)	
	Ever	53 (85.5)	

Note. CAS = composite abuse scale; IPV = intimate partner violence.

(Table 2). Qualitative results were grouped into four emerging categories that are discussed below: (a) conceptual understanding and comprehension of the instrument; (b) CAS items definitions; (c) women's experiences after using CAS-Brazil; and (d) professionals' perspectives about CAS-Brazil.

**Conceptual Understanding and Comprehension.** Table 2 exemplifies complex issues perceived by women, for example, how they conceptualize relationships, but also more practical aspects, like lack of clarity and definition of some terms. The CAS includes some preliminary questions about time in an intimate relationship and fear of an intimate partner. The term "intimate relationship" was previously adapted during the translation and cross-cultural adaptation, as Brazilian women consider this term equivalent to "sexual relations" (Rocha et al., 2022). It was changed in Portuguese to "conjugal or affective relationship" ("relações afetivas ou conjugais") instead.

However, during this pilot study, we noticed that these same questions still caused uncertainty for respondents (Table 2). Almost one-fourth of participants (24.2%,  $n = 15$ ) did not understand the question "Have you ever been in an adult intimate relationship? (Since you were 16 years of age)" ("Você já teve um relacionamento afetivo ou conjugal? (Desde os seus 16 anos de idade)"). Two types of queries emerged in response to this question: one related to what is considered an intimate relationship; and the other was with regard to the clause "since you were 16 years of age." Despite the CAS preamble explaining what can be considered an adult relationship ("By adult intimate relationship we mean husband/wife, partner or boy/girlfriend for longer than 1 month"; "Por relações afetivas ou conjugais, nos referimos a esposo/esposa, parceiro/parceira ou namorado/namorada por um período maior que um mês."), almost one-fourth of women did not understand it. There was a lack of



**Table 2.** Composite Abuse Scale (CAS): Items, Questions, and Comments About the Instrument From Brazilian Women ( $n = 62$ ).

Items	Had questions/comments		Summary of questions/comments	Exemplary quotes
	Yes, <i>n</i> (%)	No, <i>n</i> (%)		
Conceptual understanding and definitions				
1. Have you ever been in an adult intimate relationship? (Since you were 16 years of age) <i>1. Você já teve um relacionamento afetivo ou conjugal? (Desde os seus 16 anos de idade)</i>	15 (24.2)	47 (75.8)	Lack of clarity on whether dating could be considered an intimate relationship; Confusion about the reference to age 16.	Intimate relationship ... is it dating someone, isn't it? (W11) Intimate relationships include dating, right? (W16) Is this part here (intimate relationship) related to marriage or something like this? (W102) I haven't understood this question since you were 16 years old. I met him at 18 years old. (W44) If it started (the relationship) after 16 years old, can I also answer? (W99) I only started dating when I was 19 years old. What do I answer here? (W11) This question if you are in an intimate relationship is to know if I am with a person, right? (W114)
3. Are you currently in an intimate relationship? <i>3. Você está em um relacionamento afetivo ou conjugal no momento?</i>	4 (6.5)	58 (93.5)	Participants were unclear on what constituted an intimate relationship	
CAS score items				
3. Followed me	5 (8.1)	57 (91.9)	Unsure if limited to physical stalking	This one "followed me," in this case, he chases me through verbal aggressions ... I don't think he ever followed me.
3. Me perseguiu				

(continued)

Table 2. (continued)

Items	Had questions/comments		Summary of questions/comments	Exemplary quotes
	Yes, <i>n</i> (%)	No, <i>n</i> (%)		
5. Locked me in the bedroom 5. <i>Me trancou no quarto</i>	1 (1.6)	61 (98.4)	Self-defense	Just chased me over the phone ... What do I mark? (W48) In this case, does he pursue me in a physical or psychological sense? Because in my case it was psychological. (W113) This one "locked me in the room," actually I was the one who locked myself to hide, so I wouldn't be hit by him. Can I mark the quantity here? (W107)
6. Slapped me 6. <i>Me deu um tapa</i>	2 (3.2)	60 (96.8)	Unsure if other physical abuses could be included	Pinch and shove don't count as slaps, right? (W69)
13. Harassed me over the telephone or social media 13. <i>Me assediou pelo telefone, email ou redes sociais.</i>	6 (9.7)	56 (90.3)	Lack of clarity about what harassed meant	What kind of harassment are you talking about? (W43) W55: Harassed me over the phone or social media? This harassed me, what would it be? Interviewer: To be pestering, offending you... W55: Oh, like when he calls me to say I am a bitch and keeps cursing me. W97: I was not sure about these ones ... harassed me over the telephone, social media and harassed me at work.

(continued)

Table 2. (continued)

Items	Had questions/comments		Summary of questions/comments	Exemplary quotes
	Yes, n (%)	No, n (%)		
16. Harassed me at work <i>16. Me assediou no trabalho</i>	5 (8.1)	57 (91.9)	Lack of clarity about what harassed meant	Interviewer: Harassing means disturbing or stalking you on your social media, phone, email or in your workplace. W97: Oh yes! So I answered it wrong, because he's done that to me a lot. W116: This one harassed me at work. Is it like he went to my job to threaten me?
20. Told me that I was crazy <i>20. Me disse que era louca</i>	3 (4.8)	59 (95.2)	Positive feedback as a common lived experience	Interviewer: Yes W116: So it was several times. About saying I'm crazy, there was an episode where he hid my cell phone and started saying I was crazy. Then I realized that he kept forging situations to make me think I was crazy. Because, really girl ... it has been 6 years of psychological torture that I go through. And he did terrible things with me indoors. My mom told me to open my eyes because he was trying to drive me crazy. (W101)
30. Beat me up <i>30. Bateu em mim</i>	5 (8.1)	57 (91.9)	Lack of clarity if this item was limited to the use of fists or if it also included kicking, grabbing the neck, pushing, or other violent acts.	Pushing is not beating me up, right? (W21) This part of punching me, squeezing my neck, is it included in the beat me up? Because he says he never beats me. (W101)

(continued)

Table 2. (continued)

Items	Had questions/comments		Summary of questions/comments	Exemplary quotes
	Yes, n (%)	No, n (%)		
	57 (91.9)	5 (8.1)	Easy to respond	It was easy and there are things that we don't talk about and this instrument raises these questions. (W5)
	7 (11.3)	-	Provided positive feedback about the CAS	It looks like a primer on their behavior. Looks like they all came out from the same factory. Wow, he robbed me too. This one about saying I'm crazy, stupid ... it is usual, he always did. (M107) He calls me crazy, incompetent, unsuccessful, slut. He calls me, my family, people in my congregation (church). I identified myself with what is written here. (W113) My current boyfriend is a blessing, but if I would answer based on my ex-husband, I would mark everything that is here. Because <b>everything that is here, I have lived.</b> (W115)
Limitations on the application process				
	2 (3.2)	-	Asked the interviewer to read for them	I think it is only complicated if we are in a moment of anxiety, because it is hard to concentrate on reading. (W93)
	1 (1.6)	-	Limitation in the scoring	I thought so ... There were questions that lacked options, you know? So as

(continued)

Table 2. (continued)

Items	Had questions/comments		Summary of questions/comments	Exemplary quotes
	Yes, n (%)	No, n (%)		
	1 (1.6)	-	Burden to answer all the questions	not to lie and as I didn't have exactness of the times, I put it many times. For example, he caught my neck 3 times, it was more than once ... so it's many times right? He threw knives at me right away, once he took an iron bar he used in the car to hit me, his father saw it and stopped it. (W101)
<b>Limitations of items (lack of abuse types items)</b>	1 (1.6)	-	Does not include verbal or economic abuse	My God, do I have all that to answer? (W21)
				He doesn't touch me, but he curses me, breaks my things ... (W116)

Note. CAS = composite abuse scale.

clarity as to whether dating someone could be considered an intimate relationship. Concerning the reference to age, women thought the question was asking if they were in the same relationship since they were 16 years old, as pointed out by W44: "I haven't understood this question 'since you were 16 years old'. I met him at 18 years old" (W44). They were unsure how to answer this question if their current relationship started after age 16 as revealed by W111: "I only started dating when I was 19 years old. What do I answer here?."

To address this, we recommend a small change in the CAS-Brazil using "After age 16, have you ever been in an adult intimate relationship?" ("Após os seus 16 anos de idade") instead of "since you were 16 years of age" ("Desde os seus 16 anos de idade"). We believe this structure will facilitate Brazilian women's understanding, clarifying that the relationship could start anytime after that age (and not since that age).

Another question ("Are you currently in an intimate relationship?"; "Você está em um relacionamento afetivo ou conjugal no momento?") also raised concern for 6.5% ( $n = 4$ ) participants, regarding the same issue. For these women, the concept of a relationship could be described as fluid, and they were not sure if it could include dates or whether it required a commitment to a relationship (i.e., monogamy). In this case, our recommendation for CAS-Brazil is to bold the written explanation of intimate relationship and to include an asterisk at the end of both questions, linking them to the proper explanation. These changes are suggested in the Appendix 2 (Pilot CAS-Brazil).

**CAS Items Definitions.** Among the CAS 30 items, only seven items raised concerns about comprehension among women (Table 2), and even so, only from a minority of them. The most problematic items were related to harassment, such as "13. Harassed me over the telephone or social media" ("13. Me assediou pelo telefone, internet ou redes sociais") for 9.7% ( $n = 6$ ) participants; and "16. Harassed me at work" ("16. Me assediou no trabalho") for 8.1% ( $n = 6$ ). These issues can be summarized in the following quote, from W97:

- I was not sure about these ones ... harassed me over the telephone, social media and harassed me at work. (W97)
- Harassing means disturbing or stalking you on your social media, phone, email or in your workplace. (Interviewer)
- Oh yes! So, I answered it wrong, because he's done that to me a lot. (W97)

The term harassment ("assédio") in Brazilian Portuguese is more commonly used to refer to sexual harassment, particularly workplace harassment as in the case of sexual harassment by a manager/supervisor. The term harassment is otherwise not colloquially used in Brazil. For these participants, they did not perceive their partner as a harasser, and thus, did not identify their experience with this term. When the interviewer explained the term, associating it with disturbing, chasing, or stalking, then participants understood. A suggestion for improvement of CAS-Brazil would be including "Harassed/stalked me" ("Me assediou/perseguiu") in both items.

Other items were also occasionally unclear during the pilot, especially “3. Followed me” (“3. Me perseguiu”) and “30. Beat me up” (“30. Bateu em mim”), both for 8.1% of participants ( $n = 5$ ). One participant shared,

This one ‘followed me’, in this case, he chases me through verbal aggressions ... I don’t think he ever followed me. Just chased me over the phone ... What do I mark? (W48)

The participant was unclear whether the question was asking whether she was literally followed or if it included stalking. In this case, the interviewer explained that the item was intended to ask about physically following the woman. Some participants also asked if the item included online stalking (e.g., Facebook), thus the interviewer clarified that it was not about that form of stalking.

For the item “Beat me up” some women showed a lack of clarity about the definition of beating and were unclear whether the term referred exclusively to beating with fists or if it also included kicking, grabbing the neck, pushing, or other violent physical acts. One participant illustrated this confusion: “...punching me, squeezing my neck, is it included in the beat me up? Because he says he never beats me” (W101). This question is intended to include the broadest notion of beating.

A minority of women (less than 5%) found three other items unclear. By contrast, one item spontaneously received positive feedback from 4.8% ( $n = 3$ ) participants. This was item number “20. Told me that I was crazy,” (“20. Me disse que era louca”) revealing this was exactly what happened to them, as was noted by one participant:

About saying I’m crazy, there was an episode where he hid my cell phone and started saying I was crazy. Then I realized that he kept forging situations to make me think I was crazy. Because, really girl ... it has been 6 years of psychological torture that I go through. And he did terrible things with me indoors. My mom told me to open my eyes because he was trying to drive me crazy. (W101)

This positive feedback was important for our study, showing that the CAS-Brazil is relevant to Brazilian women’s experiences of violence. To perceive situations of IPV that are normalized or may be unnoticed is an important aim of this assessment tool.

*Women’s Experiences After Using CAS-Brazil.* Over 90% of participants (91.9%;  $n = 57$ ) found it easy to respond to the CAS-Brazil, notable given that many participants came from low educational backgrounds. Many women also identified with items included in the instrument. One participant shared:

My current boyfriend is a blessing, but if I would answer based on my ex-husband, I would mark everything that is here. Because **everything that is here, I have lived.** (W115)

Another 11.3% ( $n = 7$ ) spontaneously provided positive feedback about the overall scale. Nevertheless, a minority had difficulties completing it. Two participants (3.2%) asked the interviewer to read for them, because they were nervous. One

participant (1.6%) complained about the burden of answering so many questions. Only one participant mentioned the Likert scoring system as a limitation. Her insight was thoughtful:

There were questions that lacked options, you know? So as not to lie and as I didn't have exactness of the times, I put it several times. For example, he caught my neck three times, it was more than once ... so it is many times right? He threw knives at me right away, once he took an iron bar he used in the car to hit me, his father saw it and stopped it. (W101)

Finally, one woman mentioned the absence of items related to verbal and economic abuse. She explained that her partner did not physically beat her, but he cursed at her and broke her belongings and that these abusive acts were not covered by the tool.

*Professionals' Perspectives About CAS-Brazil.* Four psychosocial professionals provided in-depth interviews regarding the potential use of CAS-Brazil during the provision of support services. These professionals provide the first-line response to abused women at the HBW-Curitiba. The number of professionals was limited in our study due to COVID-19 restrictions on staff, so we interviewed all who were working at that time. Despite the small number of participants, their insights were very important (Table 3).

Professionals were unanimous that CAS-Brazil helps women to remember abusive acts, even those that they did not previously consider violence, like EA and harassment. They considered the language accessible to the population of women they care for. All of them considered CAS-Brazil feasible for inclusion in the cross-sectoral network services, including general health services and specialized psychosocial support. Three of four professionals believed the instrument could be delivered before the consultation, to help women reflect and organize their thoughts, as stated by one participant:

I think they could respond quietly on their own. I think it would be good to be applied before our appointment, it would be like a warm-up. Because if they respond, they look at their responses and realize what they are experiencing. See that the last woman we attended came to denounce her mother-in-law, but when she answered the instrument, we realized that she is in a troubled, violent relationship (with her partner). (P3)

One professional pointed out that it would be better for women to complete the psychosocial consultation before the instrument as they arrive very nervous and apprehensive. This was corroborated by two participants who asked the researcher to read the CAS for them. However, the majority of participants felt the CAS should be administered at the outset.

Other concerns raised by professionals related to the administration of completing the CAS-Brazil as they already have to fill out many forms, including the SINAN form. However, the researcher explained that the CAS is self-administered and would therefore not increase their burden of work. Another issue was regarding the preamble. One professional mentioned that the reference to relationships after age 16 could be limiting in the Brazilian context since some women start their relationships younger and commonly report abuses before this age.



**Table 3.** Perceived Benefits and Challenges of Using the CAS-Brazil Among Professionals.

Benefits	<p>So what I think is cool is that with this instrument, women would be able to answer on their own. They can get organized and remember situations that sometimes they don't realize it's violence or don't remember. I think it's interesting that they fill in before our service here in the sector, because we can read their file before answering and understand the case a little better. (P1)</p> <p>I think this instrument is interesting to be applied here, because it can help us understand more elements about the cases. (...) The language is accessible, in general. Eventually, if they have any questions, they can ask us. (P2)</p> <p>I found this question about fear interesting. Because all women are afraid at some point of who they are dating. (...) I found the instrument very understandable. I think they could respond quietly on their own. I think it would be good to be applied before our appointment, it would be like a warm-up. Because if they respond, they look at their responses and realize what they are experiencing. See that the last woman we attended came to denounce her mother-in-law, but when she answered the instrument, we realized that she is in a troubled, violent relationship (with her partner). (...) I really like things like that (CAS), it can give them the opportunity to materialize what they are experiencing. (P3)</p> <p>I think the language is clear and it doesn't matter whether it is applied before or after (the psychosocial care). Maybe it helps them to understand that some things are violence, things like slapping, shoving, etc. ... I think it helps them to think. There are some that deep down they know it's violence, but they want to delude themselves. But it's good for them to read to situate themselves. (P4)</p>
Concerns	<p>So the point is, we've already filled out a lot of forms. We have a risky form that we do not use. We have to fill in the SINAN form (Notifiable Diseases Information System), which we are not handling. Our team is reduced. But this one (CAS) can be delivered straight to a woman. (P1)</p> <p>About this age of 16, she doesn't contemplate younger girls, right? Here there are girls who start much earlier ... 12 years old. They come here saying they got married at that age and today they are 18 or much younger. Nowadays everything is very sexualized .... It's very sad. (P3)</p> <p>I think the instrument needs to be delivered only after our consultation at the psychosocial department. Because they come with a certain expectation here, then we give guidance as to whether or not it fits the Maria da Penha law. They arrive apprehensive. After our consultation, they are better positioned and would be able to answer the instrument with more peace of mind. Also, because it takes a long time between our service and the one at the police station. So in the meantime they can answer the instrument. (P2)</p>

Note. CAS = composite abuse scale.

## Discussion

This pilot study provided a triangulated analysis of the CAS-Brazil including the insights of Brazilian survivors and professionals who care for them in an OSC in Curitiba, Brazil. We found that all participants except one tested positive for violence using the CAS-Brazil with almost 60% testing positive for all four subtypes of IPV; this is to be expected given the nature of the HBW as a resource designed to

support people experiencing abuse. We also found that the CAS-Brazil appears to be culturally and linguistically appropriate for a diverse range of Brazilian women. In general, survivors easily understood all the translated content; participants provided their suggestions for minor adaptations for some specific items and terms. Among both survivors and professionals, CAS-Brazil was viewed as a useful tool to remember violent acts and assess abusive situations; for professionals, the adoption of CAS-Brazil was feasible given its self-administration, helping both women and professionals to assess survivor needs. Concerns were raised by staff about when it would be most appropriate to administer the CAS-Brazil, before or after professional psychosocial consultation.

Although less common, we also observed some contradictory information regarding the ease of administration and comprehension. On one hand, when some women filled out the CAS-Brazil, they asked clarifying questions to the researcher; but on the other hand, at the end of the cognitive interviews, their overall assessment was that it was understandable and the instrument was easy to answer. That said, we recommend that a possible step toward validation of the CAS-Brazil take this issue into consideration.

Survivor women revealed that many of the CAS items happened to them, shaping a pattern of repetitive abusive acts. Many participants also revealed that the CAS helped them to clarify their perceptions about EA that otherwise would go unrecognized as abuse. Our interpretation is that physical and/or sexual violence was commonly recognized by participants, but other forms of abuse, such as EA and harassment, were only perceived as violence after answering the instrument. Our Brazilian participants also found some limitations of the instrument for the local context, which does not include specific abusive acts (i.e., cyberstalking) as well as items on verbal and economic abuse. These limitations also exist on the original instrument in English, suggesting that an update to CAS may be necessary in the near future on considerations of new and/or evolving forms of abuse, particularly those related to technology.

Other IPV instruments available in Brazilian Portuguese (Hasselman & Reichenheim, 2003; Manders et al., 2021; Reichenheim et al., 2000; Schraiber et al., 2010) do not include the subtypes of abuse found in CAS (PA, EA, SCA, and harassment); likewise, none generate scores to scale the frequency and severity of the problem. It is very worrying that participants scored up to 130 points on a violence scale that ranges from 0 to 150 points. Such participants are in extreme danger and if they also test positive for the SCA items, they need urgent intervention to prevent further trauma and femicide; such a tool could be used to direct service agencies to objectively quantify risk and allocate resources and support. At the same time, it highlights the sensitivity of the scale to capture abusive situations.

The translation and transcultural adaptation of the CAS-Brazil followed a reliable protocol (Rocha et al., 2021). Piloting the newly translated version among abused women is an important step toward validation prior to widespread use and dissemination, especially during the transcultural adaptation from one language into another. We searched the literature about the best practices to pilot abuse questionnaires (Rocha et al., 2021), and we found that there is no consensus about the ideal profile of participants, nor the number of participants to pilot a translated instrument. Other

IPV-translated questionnaires were also piloted, with a variable number of participants that ranged from nine (Cases et al., 2015) to one hundred and two participants (Burjalés-Martí et al., 2018). The profile of pilot participants was also diverse, including students (Burjalés-Martí et al., 2018); healthcare professionals (Cases et al., 2015; Sundborg et al., 2012); pregnant women (Antonioni et al., 2010; Escriba-Agüir et al., 2015); and male and female partnered research officers (Fisher et al., 2014). Our pilot study of the CAS-Brazil included 62 participants, but almost all of them were survivors of IPV, which brings credibility to the process, as the instrument is designed for them. Moreover, an additional four professionals who care for them also contributed to this pilot, triangulating different perspectives around the instrument. Overall, our findings suggest that the CAS-Brazil was easy to use and that many survivors identified their experiences with the items described in the CAS-Brazil. This suggests that the rigor we undertook in translating and cross-culturally adapting the instrument was successful (Rocha et al., 2022). Furthermore, this pilot step brings more confidence and refinement to the Brazilian version of the CAS.

Recently, the Danger Assessment, an international tool to assess the risk of femicide, was also translated and culturally adapted into Brazilian Portuguese, for use (DA-Brazil; Evans et al., 2021; Manders et al., 2021). Similarly to our study, it was also tested in the community through triangulated analysis with survivors and professionals who care for them. These initiatives highlight the need for reliable IPV assessment instruments in Brazil, as well as cross-cultural research, enabling comparative studies between different countries/cultures. Another similarity between the DA-Brazil and the CAS-Brazil is that they appear to sensitize participants to different types of abusive situations that may be normalized—physical, sexual, and emotional. Indeed, this was one of the secondary aims of the instrument (Campbell et al., 2009). Consequently, these instruments have the potential to not only promote reflection by women but also raise awareness of abuse that may be unnoticed (Evans et al., 2021) due to patriarchal gender norms ingrained in society. However, the DA-Brazil differs from the CAS-Brazil in that it measures femicide risk as opposed to IPV and its subtypes. Thus, both are useful tools for measuring different risks related to violence and may be used to allocate protections and resources.

The study had some limitations, such as the fact that the interviews were conducted in only one place, in a capital city in the Southern region of Brazil. Although there are no dialects in Brazilian Portuguese, it is possible that women from other regions of the country, from rural areas, and with less education may have some difficulty in completing the CAS-Brazil, considering slight regional idiomatic nuances. Therefore, we recommended that CAS-Brazil be tested among a larger sample number of women, across a broader geographic area within Brazil, with a more diversified spectrum of origin. To the greatest extent possible our sample included a diverse range of women from Curitiba and its Metropolitan Area, including from the outskirts of the city and poor neighborhoods, from different race/ethnicities backgrounds and with variable education levels.

Also, conducting research during the peak of the COVID-19 pandemic in Brazil was challenging and can be considered a limitation to this study as it was to other

studies (Evans et al., 2021). This included limited access to HBW professional staff. It is also possible that some women experiencing abuse may not have sought care at the HBW because of social isolation and movement restrictions and were thus absent from this study. Women considered in crisis were excluded from our study; we would expect these women to have high CAS scores and they may have been able to provide additional insights. However, their views are not represented in our sample in order to prioritize the mental health needs of those women. Despite these limits, this study highlights that the CAS-Brazil has the capacity to adequately identify and measure IPV.

## **Final Considerations**

Our triangulation approach in a Brazilian OSC that cares for IPV survivors allowed us to pilot the CAS-Brazil, providing multiple inputs about both women's understanding of the CAS-Brazil and professionals' perceptions on the feasibility of this assessment tool as a support during their care and referral process. Quantitative and qualitative inputs, from both survivors and specialized professionals who care for them, analyzed by an interdisciplinary global team of researchers and practitioners, enabled our study to minimize bias from a single analytical perspective.

Survivors' voices about the experience of self-administering the CAS-Brazil were paramount to provide additional specific adaptations to improve the final version of the instrument (Appendix 2). Their positive feedback about how the items matched their lived experiences, also sensitized them to normalized acts they had not previously understood to be abusive. The quote from a survivor about the instrument "Everything that is here, I have lived" and that gives title to this manuscript, summarizes our findings, providing evidence that CAS-Brazil is an appropriate IPV assessment tool for Brazilian women.

Professionals suggested a high level of feasibility for the usage of the CAS-Brazil in Brazilian cross-sectoral services. Moreover, they considered CAS-Brazil useful for survivors to remember abusive acts that may be normalized and saw the instrument as a useful tool supporting their work to assess women's needs. This study confirms that CAS-Brazil is a valuable IPV assessment tool for identifying Brazilian women at high risk of being abused by an intimate partner, with potential utilization of cross-sectoral service settings across the country.

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## Supplemental Material

Supplemental material for this article is available online.

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