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Cross-cultural adaptation and validity evidence of the Sexual Assertiveness Scale for Women

Adaptação transcultural e evidências de validade da Sexual Assertiveness Scale for Women

Alexandra da Silva **Pereira**[1], Wanderson Fernandes de **Souza**[1]

[1] Universidade Federal Rural do Rio de Janeiro, Instituto de Educação, Programa de Pós-Graduação em Psicologia. Seropédica, RJ, Brasil. Correspondence to: A. S. PEREIRA. E-mail: <psicologaalexandrapereira@gmail.com>.

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Abstract

Sexual assertiveness is the ability to communicate sexual preferences, needs and opinions, as well as initiating, refusing and negotiating sexual activities. This study sought to present evidence of the validity of the Sexual Assertiveness Scale for Women in the Brazilian context. The translation, content validity evaluation, pre-final version test with 10 women, application of the final version in 935 women through online forms and exploratory factor analysis with varimax rotation of the obtained data were performed. The results indicated that the original three-factor model did not fit perfectly, but presented satisfactory results explaining 46% of the variance, with adequate factor loadings, total Cronbach's Alpha of 0.81 and alpha of each factor ranging from 0.69 to 0.81. It was concluded that the three-factor model remained stable and showed adequate internal consistency and factor structure for use.

Keywords: Assertiveness; Psychometrics; Sexuality; Validation studies.

Resumo

A assertividade sexual refere-se à capacidade de comunicar preferências, necessidades e opiniões sexuais, bem como iniciar, recusar e negociar atividades sexuais. Este estudo teve como objetivo apresentar evidências de validade da Sexual Assertiveness Scale for Women no contexto brasileiro. Realizou-se a tradução, avaliação da validade de conteúdo, teste da versão pré-final com 10 mulheres, a aplicação da versão final em 935 mulheres através de formulários online e análise fatorial exploratória com rotação varimax dos dados obtidos. Os resultados indicaram que o modelo original de três fatores não apresentou ajuste perfeito, mas demonstrou resultados satisfatórios explicando 46% da variância, com cargas fatoriais adequadas, e Alpha de Cronbach total de 0,81 variando de 0,69 a 0,81 entre os fatores. Concluiu-se que a estrutura trifatorial se manteve estável apresentando consistência interna e estrutura fatorial adequadas para utilização.

***Palavras-chave**: Assertividade; Psicometria; Sexualidade; Estudo de validação.*

Sexual assertiveness is an ability that help people communicate their sexual preferences, needs, and opinions to another person, assert their sexual rights, pursue their sexual goals, decide on behaviors and practices they wish to engage in or not, refuse to participate in unpleasant situations, and engage in healthier and safer sexual practices that constitute a key component of sexual health (Morokoff et al., 1997; Torres-Obregon et al., 2017). According to Darden et al. (2018) and Torres-Obregon et al. (2017), sexually assertive people have better sexual functioning, greater ability to communicate in the sexual sphere, and use contraceptive methods more consistently, in addition to an easier identification of intra-marital violence situations (Sierra et al., 2021).

Good sexual assertiveness is positively correlated with good general and mental health, greater perception of subjective well-being and greater sexual satisfaction (Eklund & Hjelm, 2018). The benefits of good sexual assertiveness include protection from risky sexual behaviors and a lower propensity to engage in situations of conjugal and sexual violence, greater perception of intimacy with the partner, and a greater sense of self-efficacy (Lammers & Stoker, 2019; Morokoff et al., 1997). Sexual benefits such as increased sexual frequency and desire, orgasm and marital satisfaction have also been reported (Sayyadi et al., 2019).

Low sexual assertiveness is more likely to be associated with experiencing non-physical abuse (such as psychological abuse and sexual coercion), sexual abuse, and sexual dysfunctions (Sierra et al., 2018; Sierra et al., 2021). Darden et al. (2018) found that 81% of women have felt ambivalent about sexual activity, and more than 10% of them reported having given in to sexual activity because they felt pressured or forced. Contrary to the social imaginary, Morokoff et al. (1997) and Abeya (2022) stated that approximately 42% and 46% of women who had been victims of sexual coercion, respectively, had their romantic partners as perpetrators.

Regarding sexual rights, Carvalho and Sardinha (2017) developed a list based on both existing literature and their clinical practice as cognitive-sexual therapists: 1) right to sexual freedom and autonomy, 2) right to sexual privacy, 3) right to sexual equality, 4) right to pleasure, 5) right to express emotions during sexual intercourse, 6) right to choose when to get pregnant, and 7) right to read more and be better informed (about sexual issues). Although sexual rights, like human rights, are universal, there are differences in how they are experienced by men and women due to deeply rooted stereotypes and social values (Carvalho & Sardinha, 2017).

Female assertiveness, in particular, is challenged by a number of social institutions, especially the family, religious organizations, and political situations, as well as by a power dynamic that favors men (Alberti & Emmons, 1970/1978). Carvalho and Sardinha (2017) emphasize that women are still assigned roles focused on reproduction, monogamy, and the absence of rights to pleasure. Alberti and Emmons (1970/1978) highlighted that while society expects innocence, gentleness, and passivity from women, it also encourages them to be sensual and seductive, causing a distressing dichotomy that constitutes the basis for many sexual dysfunctions and difficulties.

Considering gender-based discrepancies, there are specific issues in the construction of female sexual assertiveness, such as sexual passivity, difficulty in discovering and exploring one's own sexual interests, and dysfunctional beliefs about initiating sexual behavior (Morokoff et al., 1997). Studies show that even women who are reasonably assertive in refusing sexual experiences and using contraceptive methods face difficulties in taking the initiative towards sexual activity with their partners (Morokoff et al., 1997; Zhang et al., 2021).

Although the importance of this topic is clear, and has already been explored in other countries, there are no valid and reliable instruments for assessing the sexual assertiveness of Brazilian women. This article aims to present the translation and cultural, contextual and linguistic

adaptation of the Sexual Assertiveness Scale (SAS) for Women. The validity evidence found for the application of the translated scale to Brazilian women is also presented.

Method

Participants

To participate in the survey, women signed an online informed consent form. They also stated that they were 18 years of age or older, had an active sex life (having engaged in at least one sexual activity in the last four weeks) and were Brazilian nationals. Responses were obtained through online forms.

The database consisted of 935 Brazilian women who responded to the instruments described below. Most respondents (41%) were between 18 and 25 years old and 34% were between 26 and 35 years old; they all lived mostly in the southeast region of Brazil (84%). The majority of the survey's participants had completed higher education (53%) or was currently studying for higher education (32%), worked outside home (59%) and had no children (73%).

Regarding the respondents' sexuality, most of the sample was interested only in men (64%) or both men and women (21%). Most women (87%) were in a relationship at the time of the survey. Regarding sexual frequency, most of the respondents informed that they engaged in sexual activities 1 or 2 times a week (43%), followed by those who engaged 2 or 3 times a month (25%) and were, for the most part, satisfied with the reported frequency (60%). At the time of the survey, most of the women used some contraceptive method, the most common being condoms (30%) and hormonal contraceptives (32%). Only 26% of the women claimed not to use any contraceptive method.

Instruments

Study respondents completed a sociodemographic questionnaire and an adapted version of the Sexual Assertiveness Scale (SAS) for Women. The questions in the sociodemographic questionnaire aimed to collect data such as age, education, region of residence, sexual orientation and sexual frequency.

The SAS for Women was developed by Morokoff and collaborators and published in 1997 based on the human right to autonomy in sexual experience. It has 18 items divided into 3 subscales. Items 1, 2, 5, 9, 11, 12, 15, 17 and 18 are scored directly and items 3, 4, 6, 7, 8, 10, 13, 14 and 16 are scored reversely.

Each subscale has 6 items. Items 1 to 6 refer to the woman's ability to initiate sexual activity voluntarily; items 7 to 12 assess whether the woman is able to refuse and/or avoid unwanted sexual practices; and the final items, 13 to 18, correspond to the use of condoms as a method of preventing sexually transmitted diseases and pregnancy.

The instructions given to the respondents when beginning the scale survey were as follows: "Think about the person you usually have sex with or someone you used to have sex with regularly. Answer the following questions with that person in mind. Think about what you would do even if you had not done some of these things." The responses were distributed on a 5-point Likert-type scale and ranged from never (score 0) to always (score 4).

In its original English version, the scale has been used in several samples, with good overall reliability reported (alpha = 0.82) for the scale and its subscales. The subscales correspond precisely

to the three factors named: initiation, refusal and prevention. The initiation of sexual activity subscale had an internal consistency (alpha) of 0.77; the refusal subscale alpha was 0.74 and the prevention of pregnancy and sexually transmitted diseases subscale had an alpha of 0.82 (Morokoff et al., 1997).

Procedures

The study was performed in four stages: 1) translation, synthesis and retranslation of the scale; 2) content validity; 3) testing of the pre-final version and 4) statistical analysis. The stages were based on the guidelines proposed by Beaton et al. (2000) and by Reichenheim et al. (2000). The investigation to be carried out with humans and meeting all ethical guidelines, received a favorable opinion through the *Plataforma Brasil*, protocol nº 4.431.551, CAAE: 40209520.2.0000.8044.

Step 1 – Translation, Synthesis and Retranslation

To verify the semantic equivalence of the scale translated into Portuguese, the model proposed by Reichenheim et al. (2000) was used as a basis. Four stages were set: translation, retranslation, formal assessment of equivalence and dialogue with the target population. The translation process was carried out from the original English version by two separate psychologists, fluent in English, who were pursuing a master's degree in psychology.

It was decided to unify the independent translations in a new stage, conducted by a third translator, a doctor in public health and fluent in English. The unified version was forwarded to an English language teacher (not related to the areas of psychology or sexuality) for independent retranslation into English. After being considered suitable, the unified version of the scale was delivered to three experts in the area of psychology and sexuality for further evaluation.

Step 2 – Content Validity

To carry out this stage, the content analysis procedure postulated by Hernandez-Nieto (2002) was used as a basis. According to his recommendations, three or five experts with recognized knowledge in the area to be evaluated were invited to give their opinions (Hernandez-Nieto, 2002). The criteria used to select the evaluators were: theoretical and technical knowledge in the field of sexuality, minimum 10 years of professional experience and fluency in the SAS original language (English). Three experts were selected, two female evaluators and one male.

The experts were contacted and agreed to participate in the research voluntarily. They received the instrument in its original and translated versions, as well as a summary of the research, with emphasis on the objectives and target population, in addition to a set of instructions to guide the assessments. Each item was evaluated by comparing the original version and the translated version, based on two criteria: clarity and relevance.

Regarding clarity, the experts used the following question as a basis for reflection: "Do you believe that this item/question is clear enough for the target population to understand?", scoring on a Likert-type scale ranging from 1 to 5 (where 1 represented very low clarity and 5 meant very high clarity). Regarding relevance, the same criterion was followed, answering the question: "Do you believe that this item/question is relevant to the study and the target population?", also scoring on a Likert-type scale ranging from 1 to 5 (where 1 indicated very little relevance and 5 indicated very much relevance).

In addition to the two proposed criteria, each item also had a space for qualitative evaluation, in which experts could present opinions and contributions to improve the translation and its applicability. An item was considered subject to modification when one or more judges scored 4 or less on the Likert-type scale of clarity and/or relevance. The suggestions given by the experts were used to replace sentences or words.

The pre-final product resulting from this stage was distributed to female subjects in the general population for semantic comprehension testing.

Step 3 – Pre-final Version Testing

The pre-final version was presented to 10 women, aged between 20 and 56, to verify their understanding of the scale. To this end, a psychologist with knowledge of the scale conducted individual interviews asking about the women's understanding of each statement.

Step 4 – Statistical Analysis

The IBM®SPSS® 20 was used to analyze the internal consistency of the final version based on Cronbach's Alpha and item-scale correlation. The sample adequacy index and Bartlett's sphericity test were performed to assess the quality of the data for conducting the Exploratory Factor Analysis (EFA). The principal components extraction method with varimax rotation was used in the EFA.

Results

Stage 1 – Translation, Synthesis and Retranslation

During the process of unifying the scale, it was noticed that slightly different words were used, representing synonyms in the Portuguese language. The third translator selected the words and expressions that seemed to best reflect Brazilian Portuguese language, resulting in a unified version of the scale in Portuguese. After reviewing the retranslation made by the English teacher, it was determined that there was no need for any further change.

Stage 2 – Content Validity

Based on the evaluations received from the experts, some changes were made, such as removing the expression "*meu/minha parceiro(a)*" for a non-gendered substitute: "*minha parceira*". Another relevant substitution was changing "*partes particulares*" to "*genitais*". The experts also made suggestions for expressions that they considered more linguistically appropriate, sometimes favoring better understanding than a literal translation from English. Two examples are changing the expression "*deixa-lo(a) saber*" to "*comunicar*" and "*comecem coisas*" to "*tomar a iniciativa*".

Stage 3 – Pre-final Version Testing

Most of the statements were adequately understood by the women interviewed. For example, statement 1: "I initiate sex with my partner if I want to", answered interviewee 6: "It is up to the person to decide whether to initiate sex".

The only statement that caused confusion among some interviewees was item 15, which was formulated as: "I make sure that my partner and I use condoms (protection) when we have

sex". The expression "I make sure" was the focus of strangeness: "I think that making sure maybe means feeling safer when I use it" – stated interviewee 3. It was then decided to replace the expression with "I guarantee" in the final version of the scale, a suggestion that the interviewees themselves made.

Stage 4 – Statistical Analysis

Reliability refers to the consistency or stability of an instrument, with the alpha coefficient being one of the most widely used measures in social sciences to estimate reliability (Galván, 2017; Quero Virla, 2010). The Cronbach's Alpha of the scale was 0.81, considered high (Gottems et al., 2018). The item-scale correlation showed good correlation of the items with the total, where only items 5 and 6 presented item-total correlation lower than 0.3. It was identified that the exclusion of any of the items would result in a decrease in the total alpha, affirming the contribution of each item to the overall consistency of the scale.

The sampling adequacy index Kaiser-Meyer-Olkin (KMO = 0.77) and Bartlett's sphericity test ($\chi^2 = 5633.9$; $p = 0.000$) indicated adequate data for conducting the exploratory factor analysis. The extraction method used in the analysis was principal components with varimax rotation, obtaining six factors that explained 67% of the observed variance. The original scale presented only three factors related to the three subscales.

Despite the six factors initially identified, Table 1 shows that the items that are part of each subscale were divided into two separate factors. The initiation subscale had its factor loading distributed across factors 1 and 2, the refusal subscale across factors 3 and 4, and the prevention of sexually transmitted diseases and pregnancy across factors 5 and 6. Throughout the analysis, the direct questions differed from the questions that had their scores reversed, thus dividing each subscale into two factors. The sexual initiation subscale, for example, presented high factor loadings for items 1, 2, and 5 (direct items) on factor 2, while items 3, 4, and 6 (reversed-score items) loaded on factor 1.

Table 1
Exploratory Factor Analysis with varimax rotation of Sexual Assertiveness Scale for Women items

Items	Factor 1	Factor 2	Factor 3	Factor 4	Factor 5	Factor 6
Item 1		0.771				
Item 2		0.768				
Item 3 ®	0.860					
Item 4 ®	0.863					
Item 5		0.595				
Item 6 ®	0.498					
Item 7 ®				0.765		
Item 8 ®				0.789		
Item 9			0.696			
Item 10 ®				0.806		
Item 11			0.850			
Item 12			0.809			
Item 13 ®						0.895
Item 14 ®						0.891
Item 15					0.818	
Item 16 ®					0.557	0.430
Item 17					0.794	
Item 18					0.845	

Note: ® Reverse items.

Given the configuration found, a new EFA was performed. The criterion for extraction based on eigenvalues above one was removed and the number of factors to be extracted was set at three. The new model obtained, now with three factors, explained 46% of the observed variance. The result of the second Factor Analysis is presented in Table 2.

Table 2
Exploratory Factor Analysis with varimax rotation and fixed number of three factors

Items	Factor 1	Factor 2	Factor 3
1. Eu inicio o sexo com a minha parceria se eu quiser.	0.370		
2. Eu deixo minha parceria saber se eu quiser que ele(a) toque meus genitais.	0.555		
3. Eu espero minha parceria tocar meus genitais ao invés de comunicar que é isso que eu quero. ®	0.795		
4. Eu espero minha parceria tocar meus seios ao invés de comunicar que é isso que eu quero. ®	0.757		
5. Eu comunico minha parceria se eu quiser que ele(a) beije meus genitais (prática de sexo oral).	0.432		
6. Mulheres devem esperar que os homens tomem a iniciativa em coisas como tocar nos seios. ®	0.500		
7. Eu cedo e beijo minha parceria se ele(a) me pressionar, mesmo que eu já tenha dito não. ®	0.388	0.504	
8. Eu coloco minha boca nos genitais da minha parceria se ele(a) quiser, mesmo que eu não queira. ®	0.399	0.382	
9. Eu me recuso a deixar minha parceria tocar meus seios se eu não quiser, mesmo que ele(a) insista.		0.628	
10. Eu faço sexo com minha parceria se ele(a) quiser, mesmo que eu não queira. ®	0.389	0.449	
11. Se eu disse não, não permito que minha parceria toque meus genitais, mesmo se ele(a) me pressionar.		0.799	
12. Eu me recuso a fazer sexo caso eu não queira, mesmo se minha parceria insistir.		0.813	
13. Eu faço sexo sem camisinha (sem proteção) se minha parceria não gostar de usá-las, mesmo que eu queira usar. ®			0.659
14. Eu faço sexo sem camisinha (sem proteção) se minha parceria insistir, mesmo que eu não queira. ®			0.681
15. Eu garanto que minha parceria e eu usemos camisinha (proteção) quando fazemos sexo.			0.700
16. Eu faço sexo sem camisinha (sem proteção) se minha parceria quiser. ®			0.706
17. Eu insisto no uso da camisinha (proteção) se eu quiser usá-la, mesmo que minha parceria não goste dela.			0.729
18. Eu me recuso a fazer sexo com minha parceria se ele(a) se recusar a usar camisinha (proteção).			0.748

Note: ® Reverse items.

The new EFA fixed in three factors showed that most of the items have good factor loadings in their relevant factors, with the exception of items 7, 8 and 10. The three items were initially postulated as belonging to the second factor, which makes up the refusal subscale, but they presented cross-loadings between factors 1 and 2. The internal consistency of each subscale as proposed by the instrument's authors was analyzed and alphas of 0.69 were found for the initiation subscale, 0.74 for the refusal subscale and 0.80 for the protection against sexually transmitted diseases and pregnancy subscale.

Although cross-loadings were found on all inverted items of the refusal scale (items 7, 8 and 10), only item 8 presented a higher loading on the initiation scale and not on the refusal scale, as originally proposed. Despite the cross-loadings, all items had an item-total correlation greater than 0.3 on the refusal subscale and the removal of any of them would result in a decrease in the alpha of the subscale and the total alpha, affirming the contribution of each item to the internal consistency of the instrument. Therefore, it was decided to maintain the scale in its original configuration.

Discussion

The results found in the Brazilian Portuguese translation are both different and similar to other published models. The translation of the SAS into Spanish was carried out by Sierra et al. in 2011. In their EFA, four factors were initially identified: the three proposed by the original instrument, plus a factor that combined questions from the subscales of refusal and prevention of pregnancy

and sexually transmitted diseases, composed mostly of reverse-scored items (only 1 of the 6 items was directly scored).

The authors attributed the fact to the occurrence of a statistical artifact and hence resorted to a new EFA, this time directing the analysis to a three-factor model. The three factors found corresponded to the subscales proposed in the original instrument, explaining 48% of the accumulated variance, similar to the 46% found in the Brazilian Portuguese version (Sierra et al., 2011). The subscale with the highest reliability index was the prevention of pregnancy and sexually transmitted diseases in both translations.

The EFA of the Spanish version found items 3 and 5, which are part of the initiation scale, with item-total correlations below 0.30 (Sierra et al., 2011). The authors chose to keep them, given that they reinforce the psychometric properties of the initiation subscale, also resulting in a decrease in the total Cronbach's alpha if removed. The Brazilian Portuguese three-factor analysis also found item 5, added to item 6, with item-total correlations below 0.30, both from the initiation scale, also kept because they enhance the total internal consistency and the subscale to which they belong.

Sierra et al. (2011) concluded that the Spanish version of the scale represented sexual assertiveness as defined by Morokoff et al. (1977), presenting adequate internal consistency and concurrent validity. Although originally designed for women, the Spanish version of the scale was organized to include both female and male respondents, achieving good psychometric adequacy in both sexes. Sierra et al. (2011) highlighted the need for further studies and the judicious use of the data obtained.

In a later study that aimed to determine the factorial and metric equivalence of the SAS in Spanish by gender, Sierra et al. (2012) assessed that there was a poor fit of the reverse-worded items, compromising the factorial invariance necessary for the adequacy of the proposed model. As a solution, it was decided to covary the errors of the reverse items among themselves and within the factors to which they belonged. The problem found by Sierra et al. (2012) is similar to that of this study, given that the items that presented cross-loadings are reverse items and the six factors found in the first EFA referred precisely to the division between direct items and reverse items.

After correcting the errors arising from the reversed items, Sierra et al. (2012) confirmed the three-factor model, as well as the factorial equivalence of the scale between genders. The authors found that only item 1 had a slight variation between genders ("*Inicio las relaciones sexuales con mi pareja cuando lo deseo*"), with men being more assertive than women, pointing to possible interference from traditional gender roles, although gradual progress towards expanding behaviors linked to female sexual assertiveness is recognized (Zhang et al., 2021).

Torres-Obregon et al. (2017) used the Spanish version of the scale to be applied to Mexican women. Despite opting for a confirmatory factor analysis, they also concluded that removing any item from the scale would reduce the overall alpha found (0.78). Their analysis confirmed the three-factor model previously indicated and considered the instrument reliable, with internal consistency, construct validity and concurrent validity adequate for use with Mexican women.

Galván (2017) translated the SAS into Spanish from the original English version, also performing the inverse translation to verify the conceptual similarity of the scales, just like in our investigation. The author also carried out a pilot study with a reduced sample (35 students) to test the understanding of the items, resulting in a final version of the scale that was answered by 832 students from two Peruvian universities.

The Galván scale (2017) obtained a sampling adequacy of KMO = 0.809, considered good by the author, as well as adequate results in Bartlett's sphericity test ($\chi^2 = 2290.1$; $p < 0.001$).

Cronbach's alpha was found to be 0.701, considered moderate (Gottems et al., 2018). EFA was used to generate three distinct factorial models and items 1, 2, 4, 6, 10, 14 and 16 were eliminated because they obtained correlations below 0.30 with the scale, values considered inadequate by the author (Galván, 2017).

Galván's (2017) model with only two factors prevailed among the generated factor models and the total Cronbach's alpha was 0.781, with 0.792 in the first subscale and 0.750 in the second. The author points out that the difference in the model found may be due to a different manifestation of sexual assertiveness in Peruvian students compared to the results already described for the original scale and the adaptations for Spanish and Mexican students.

Calixto Pinedo and Perez Chamorro (2019) used the Spanish adaptation of Montoya (2015) as a basis for the instrument application to 550 students from the city of Trujillo, Peru. Montoya (2015) found an internal consistency of 0.54 for the initiation subscale, 0.67 for the refusal subscale, and 0.75 for the prevention of pregnancy and sexually transmitted diseases. Through a confirmatory factor analysis, the authors concluded that items 4, 6, 9, 11, 12, 15, 17, and 18 had low (-0.14 to 0.41) and unsatisfactory factor loadings, opting to exclude these items. A new analysis with the remaining 10 items confirmed the three-factor model, with higher adequacy values than the model with 18 items.

The assessment of items culminating in the exclusion of almost half of the scale carried out by Calixto Pinedo and Perez Chamorro (2019) and Galván (2017) differs from the Spanish and Mexican adaptations, and from the Brazilian Portuguese translation. Although both authors obtained their sample among residents of Peru, there is disagreement between the items to be removed, signaling possible interference in cross-cultural adaptations within the same country.

The attitude of Brazilian respondents towards the scale revealed signs of confluence between the initiation and refusal subscales of the original instrument, represented by the cross-loadings. It is possible that Brazilian women do not feel such marked differences between initiating or refusing a behavior in the sexual sphere, considering both as parts of the same set pertinent to sexual assertiveness. Further investigations ought to be conducted to elucidate these signs.

Torres-Obregon et al. (2017) pointed out that careful cross-cultural and linguistic adaptation is necessary to adapt an instrument to its target population and Betancourt (2015) emphasized that there is currently a great cultural impact on health behaviors, as well as norms, roles and social values that can vary between countries and even within the same country.

Conclusion

This study aimed to provide a careful cross-cultural adaptation and to present adequate validity evidence for the use of the SAS for Women in the Brazilian female population. It is considered that the concept of assertiveness proposed in the original instrument was maintained in this translation, as well as the integrity of the three subscales present in the original instrument and in the adaptations for Spanish and Mexican women.

The proposed three-factor structure remained stable in this translation. It demonstrated substantial psychometric properties, with good internal consistency, adequate factor analysis and good item-scale correlation. Despite the nuances pointed out, the scale has the necessary adequacy for use in research and also in a qualitative way, encouraging the critical use of the data obtained.

It should be noted that this study did not exhaust the possibilities for research and exploration in the area of female sexual assertiveness and had limitations such as online data

collection, concentration of the sample in the southeast region of the country and high level of education of the respondents. We encourage research that focuses on the adequacy of items for different samples, expansion to the male audience and confirmatory factor analyses that aggregate relevant information.

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Contributors

Conceptualization: A. S. PEREIRA and W. F. SOUZA. Data curation: A. S. PEREIRA. Formal analysis: A. S. PEREIRA and W. F. SOUZA. Investigation: A. S. PEREIRA. Methodology: A. S. PEREIRA and W. F. SOUZA. Supervision: W. F. SOUZA. Writing – original draft: A. S. PEREIRA. Writing – review & editing: W. F. SOUZA.