



# ESTONIAN PROFESSIONALS' ATTITUDES, BELIEFS, AND KNOWLEDGE ABOUT ISSUES REGARDING CHILD SEXUAL ABUSE

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## ABSTRACT

Familiarity with research on children's memory and suggestibility, and the ability to predict children's memory and interview performance could be considered necessary components of expert knowledge about children as witnesses. The aim of the present study was to investigate professionals' attitudes and beliefs about child sexual abuse as well as their knowledge about children's memory and suggestibility. The sample of 40 participants filled in the Child Sexual Abuse Attitude and Belief Scale (CSAABS; Finnilä-Tuohimaa, Santtila, Björnberg, Hakala, Niemi & Sandnabba, 2008) and tried to predict children's memory and suggestibility performance in specific situations (Santtila, Slama, Korkman, & Finnilä, 2014). Self-assessment ratings were associated with previous CSA and forensic interviewing training experience. However, professional experience was not associated with the knowledge of CSA nor with the ability to predict children's memory and suggestibility performance in specific situations. The findings suggest that professional experience does not necessarily indicate a good knowledge in CSA issues among professionals.

## INTRODUCTION

In a globalising world, the ways crimes are committed are also changing. For example, in crimes against children, online child sexual exploitation is on the rise (United Nations Children's Fund, 2021). In addition, in suspected child sexual abuse (CSA) investigations, besides the police investigators, different professionals may be involved, such as psychologists, social workers or child protection workers. In CSA cases there may not be any other evidence besides the child's narrative. However, previous studies indicate that interviews and decision-making processes in these cases can be negatively influenced by incorrect beliefs and also attitudes about CSA (Finnilä-Tuohimaa, Santtila, Sainio, Niemi & Sandnabba, 2009), therefore, it is important to study these effects in more depth in different cultural contexts.

Attitudes and pre-existing beliefs may be strong in alleged CSA cases as this type of crime can be emotionally charged (Finnilä-Tuohimaa, Santtila, Björnberg, Hakala, Niemi & Sandnabba, 2008). Several studies have been conducted to investigate the relationship between knowledge and beliefs about children as witnesses. There is research emphasizing knowledge or attitudes among laypersons, such as students or potential jurors (Magnussen et al., 2006; Quas, Thompson & Clarke-Stewart, 2005; Wright et al., 2010), also knowledge and attitudes among experts (Kassin, Tubb, Hosch & Memon, 2001). Other studies have compared experts with laypersons (McAuliff & Kovera, 2007; Kask, 2011) as well as attitudes and beliefs between different groups of professionals (Everson et al., 1996; Finnilä-Tuohimaa et al., 2005; Melinder et al., 2004; Everson & Sandoval, 2011). For example, Kask (2011), which found very small differences in knowledge of eyewitness identification issues between judicial professionals and laypersons.

Santtila, Slama, Korkman and Finnilä (2014) point out that the focus in these studies has mostly been on the attitudes of the professionals, and the results are rarely compared (but see Melinder & Magnussen, 2014; Kostopoulos, Iversen, Magnussen & Melinder, 2019) to any absolute standard of correctness, that is, factual statements where based on previous research, it can be said whether a statement is correct or not. To overcome this shortcoming, Finnilä-Tuohimaa et al. (2008) constructed a scale to measure attitudes and beliefs related to CSA and found that

several psychologists held strong attitudes and erroneous beliefs related to CSA. On average, the participants in their study agreed with incorrect answers or disagreed with correct answers in about 20% of the questions. This finding is in line with previous research suggesting that clinicians' scientifically based knowledge about CSA might be inadequate (Finnilä-Tuohimaa, Santtila, Sainio, Niemi & Sandnabba, 2005; Santtila, Slama, Korkman & Finnilä, 2014), and those clinicians sometimes use highly suggestive interviewing techniques when investigating CSA (Korkman, Santtila & Sandnabba, 2006). However, the objective classification of beliefs as correct or incorrect may be difficult when such claims are not sufficiently contextualised.

Being familiar with research on children's memory and suggestibility is an important factor in the formation of knowledge about children as witnesses (Santtila et al., 2014). Experience is a vital part of expertise and is often used to measure the expertise of professionals, especially in clinical work (Santtila et al., 2014). In order to learn from experience, people have to get feedback whether their decisions were accurate or not (Dawes, 1994). However, in practice, this could rarely be the case. Participating in courses without practical exercises and feedback may increase knowledge and confidence but not necessarily actual competence. This is what Finnilä-Tuohimaa et al. (2008) found, namely, that the more training in interviewing children the participants had, the more erroneous beliefs and stronger attitudes they possessed, and that experience did not affect attitudes and beliefs.

As studies in this field have mainly focused on the question of knowledge about issues concerning CSA, only a small proportion of research has focused on linking it with children's memory and suggestibility (Kassin et al., 2001; Kovera & Borgida, 1997; Quas, Thompson & Clarke-Stewart, 2005). If the general knowledge is assessed using attitudinal questions, then it may not guarantee accurate understanding of issues arising in a specific situation. In fact, we suggest that for an expert to claim to have specialised knowledge about children's memory and suggestibility, they should be able to predict the likelihood of children giving correct and incorrect answers in specific interview and memory testing situations. In the first study using this methodology, Quas, Thompson and Clarke-Stewart (2005) took four widely cited studies on children's suggestibility, created short overviews of the studies and asked the participants to

evaluate the results, namely, to predict the percentage of children of a certain age and context that either answered questions correctly or conformed to suggestive utterances. The overview gave the participants contextual information, and the answers were quite specific. Also, since the participants' answers could be compared with actual results from the corresponding studies, the answers could be compared to a definite and exact standard of correctness. The results demonstrated that the participants' ability to predict the behaviour of children in these situations was low.

Santtila et al. (2014) conducted a study where they let both psychology students as well as psychologists and lawyers to predict the behaviour of children in studies regarding children's memory and suggestibility. Participants first read a short overview of a study, after which they answered questions about the study. This was repeated ten times. They found that the ability to predict the children's behaviour was low and not related to professional experience.

In summary, there is evidence that child interviews performed by clinicians in legal contexts may be of questionable quality (for example, see Korkman, Santtila & Sandnabba, 2006; Korkman, Santtila, Westeraker & Sandnabba, 2008) and those clinicians have rather limited knowledge of research related to issues of child sexual abuse (Finnilä-Tuohimaa et al., 2008).

## AIMS OF THE PRESENT STUDY

There is an increased need to know more about CSA related attitudes, beliefs and knowledge among professionals working with children. In Estonia, only the quality of investigative interviews has been studied so far (Kask, 2012a, 2012b) along with the knowledge of factors regarding eyewitness testimony by judicial personnel and laypersons (Kask, 2011). However, there is a gap in research attitudes, and beliefs on the one hand, and knowledge about CSA of different professionals along with the factors that could be associated with these constructs (i.e., professional experience) among different professionals on the other. The aim of the study was to investigate professionals' attitudes and beliefs as well

as their knowledge about CSA. In addition, we were interested in how professional experience would predict attitudes, beliefs and knowledge about CSA, and self-rated expertise.

## 1. METHOD

### 1.1 SAMPLE

The convenience sample consisted of 40 participants (7 men and 33 women) with a mean age of 41.9 years ( $SD = 11.9$ , range 23-70). In terms of education, 21 had graduated in psychology, 10 in law, five in medicine, two in education, one in social work and one had an unspecified university degree. Of the participants, 34 were working, 4 were working and studying, and two selected another option (i.e., parental leave). In terms of profession, there were 20 psychologists, five medical doctors and judges, four prosecutors, two social pedagogics teachers and investigators, one social worker, and one did not specify his/her job title. The mean work experience was 15.4 years ( $SD = 11.0$ , range 1-46). Sixteen (40%) participants worked with under 10-year-old children (mean duration  $M = 9.84$ ,  $SD = 9.85$ ; range 1-34). Twenty (50%) participants had participated in further education related to child sexual abuse and 22 (55%) in further education in forensic interviewing.

### 1.2 PROCEDURE

The questionnaire was distributed to potential participants through relevant professional organisations' mailing lists and was open from January 7<sup>th</sup> to March 2<sup>nd</sup>, 2020. Approval for conducting the research was granted by Tallinn Ethics Committee of Medical Research. The questionnaire consisted of information about the study, demographic questions, the Child Sexual Abuse Attitude and Belief Scale (CSAABS; Finnilä-Tuohimaa et al., 2008), knowledge of children's memory and suggestibility survey which consisted of eight overviews with associated questions, and a set of questions about the participants' professional experience (based on Santtila et al., 2014). It took approximately 30-45 minutes to complete the questionnaire.

## 1.3 QUESTIONNAIRE

### **1.3.1. CSAABS**

The CSAABS consists of 36 items, 15 subjective and 19 factual (beliefs). The subjective items consisted of four subscales: Disclosure, Pro-Child, Intuition, and Anti Criminal Justice System (Cronbach alphas ranged between .70-.81 in the student sample and .65-.79 in the psychologist sample) that the participants had to rate on a 6-point Likert scale ranging from 'I do not agree' to 'I completely agree' (Finnilä-Tuohimaa et al., 2008).

### **1.3.2. Knowledge of children's memory and suggestibility**

In this task, the participants read overviews of studies about children's memory and suggestibility using a subset of the scenarios described in Santtila et al. (2014). A summary of the studies is presented in Table 1 (read about the selection process of the studies more closely from Santtila et al., 2014). In Santtila et al. (2014) there were 15 studies of which ten were randomly presented to the participants. Each overview was associated with between two and five questions and the questions had a maximum of five response options. As the authors acknowledge that the questionnaire was long and with so many response options potentially assessing distinctions without practical relevance, we decided to decrease the number of studies presented to the participants to eight and the response options were limited to two to four (on average 2.6). The total number of questions was 30. The response options and the sequence of the studies was randomised.

First, participants were given information that the purpose of this task was to examine knowledge of children's memory and suggestibility. The participants first read an overview of a study. Then they answered several questions about this study. This process was repeated eight times. The option of leaving some questions blank or giving a "do not know" answer did not exist. The questions had a maximum of four response options, choosing either a correct or an incorrect percentage (see Table 2 for an example of the study description and questions).



*Professional experience.* Participants were also asked a set of questions regarding their professional experience with children. The participants were asked to answer whether they had participated in any sort of further education about child sexual abuse and forensic interviewing of children. The participants were also asked to rate their own knowledge (self-rated expertise) regarding children's memory and suggestibility on a 7-point Likert scale from 'very small' to 'very large.'

**TABLE 1. List of the Studies Included in the Questionnaire of the Present Study**

<b>Study Title</b>	<b>Main authors</b>	<b>Year of Publication</b>	<b>Main Topic</b>	<b>Children's Age</b>	<b>No. of Questions</b>
1a Effects of questions repetition on the eyewitness testimony of children and adults	Poole & White	1991	memory, suggestibility	4-8	7
1b Two years later: Effects of question repetition and retention interval on the eyewitness testimony of children and adults	Poole & White	1993	memory, suggestibility	6-10	(7)
2 Children's memory of a physical examination involving genital touch: Implications for reports of child sexual abuse	Saywitz et al.	1991	memory, suggestibility	5-7	5
3 The effects of stereotypes and suggestions on preschoolers' reports	Leichtman & Ceci	1995	suggestibility	3-6	6
4a Interviewing preschoolers: Effects of nonsuggestive techniques, parental coaching, and leading questions on reports of nonexperienced events	Poole & Lindsay	1995	memory, suggestibility	3-7	3
4b Children's eyewitness reports after exposure to misinformation from parents	Poole & Lindsay	2001	memory, suggestibility	3-8	(3)
5 Planting false childhood memories in children: the role of event plausibility	Pezdek & Hodge	1999	suggestibility	5-12	4
6 Emotion and memory: children's long-term remembering, forgetting, and suggestibility	Quas et al.	1999	memory, suggestibility	3-13	4
7 Maltreated children's memory: accuracy, suggestibility, and psychopathology	Eisen et al.	2007	memory, suggestibility	3-16	7
8 Children remember early childhood: Long-term recall across the offset of childhood amnesia	Sutcliffe et al.	2008	memory	1-5	8

TABLE 2. Example Description and Questions

Study	Overview of the study	Question	Correct response
<p>Study 2: Children's memory of a physical examination involving genital touch: Implications for reports of child sexual abuse (Saywitz et al., 1991)</p>	<p>Five- and seven-year-old girls experienced a standardized medical check-up. For half of the girls, a vaginal and anal examination was included. For the other half, a scolis examination was included. One week later, the children were interviewed. The girls were asked to freely recall everything they could remember, after which they were asked to demonstrate what happened using an anatomically correct doll. Finally, they were asked more specific questions, some of which were misleading (e.g. "The doctor had really long hair, didn't she?")</p>	<p>Question 1: When asked to freely recall everything they remembered about the visit to the doctor, which group of children remembered the most information?</p>	<p>The 7-year-olds who had not experienced the vaginal and anal examination (4 options)</p>
		<p>Question 2: When asked to freely recall everything they could remember, what percentage of the girls who had experienced the vaginal and anal exam mentioned this?</p>	<p>Below 50% of the girls (2 options)</p>

## 2. RESULTS

### 2.1 GROUP DIFFERENCES IN BACKGROUND FACTORS

There was no significant gender difference in education  $\chi^2(3) = 2.1, p > .05$  nor education difference in age, work experience, working with young children, and participating CSA or forensic interview trainings ( $F$ -s  $> .52, p$ -s  $> .089$ ).

### 2.2 CSAABS

Although our sample size was small ( $n = 40$ ), we conducted principal component analysis extraction with varimax rotation as previous research suggests that this type of analysis can be done with such a sample size (MacCallum, Widaman, Zhang, & Hong, 1999; de Winter, Dodou, & Wieringa, 2009). The Kaiser-Meyer-Olkin measure of sampling adequacy was .267 and Bartlett's test of sphericity was significant,  $\chi^2(630) = 1031.22, p < .001$ . Eleven eigen values were larger than one. The three-factor solution (see Table 3), which explained 44% of the variance (27%, 9% and 8%, respectively), was preferred because of its previous theoretical support and the difficulty of interpreting subsequent factors. No items were removed as they loaded to the factors at least .2 or above.

To the first factor, 16 items loaded that were related to believing in children's reports and attitudes favouring an intuitive approach to CSA investigations. We labelled this factor the Pro-Child and Intuition subscale. The 11 items loaded on the second factor concerned problems (e.g., by any means necessary) with disclosure of CSA, named the Disclosure subscale. The 9 items loaded on the third factor focused on negative attitudes towards the functioning of the criminal justice system in CSA cases, labelled the Anti Criminal Justice System subscale.

Mean composite variables were calculated by summing the items belonging to each scale and dividing by the number of items. Correlations were computed between the three subscales (see correlations between constructs in Table 4). Significant correlations were found between the subscales, range  $r = .41 - r = .51$ .

**TABLE 3. Principal Component Loadings of the CSAABS Items**

<b>Component</b>	<b>1</b>	<b>2</b>	<b>3</b>
17. My first impressions whether the child is abused or not is usually correct.	.768	.241	
39. I can see when the child is telling the truth.		.756	
23. I trust my intuition.	.697		
8. You can tell if a child has been exposed to suggestion.		.674	.296
11. In cases of child sexual abuse symptom evidence should be enough for a conviction if experts claim that the symptoms have been caused by sexual abuse.	.558		.422
38. Child molesters do not usually have normal relationships with other adults.	.548		
5. I usually know before the interview whether the child has been sexually abused or not.	.548		
19. Reports of child sexual abuse are seldom unfounded.	.542	.225	-.453
25. It is not possible to make the child lie that abuse has happened.	.525		.281
21. Encouragement and praising help the child to tell what has happened.	.521	.296	
40. In my opinion, sexual abusers should be punished harsher than they are now.	.515		.394
14. 95% of the children brought to investigations have been victims of sexual abuse.	.509	.282	
3. It is important for the interviewer to express he/she is on the child's side.	.490		.437
37. Medical procedures would be a suitable punishment for child sexual abuse.	.437		.320
22. I can easily put myself in the position of the victim's parents.	.417		
1. No professionals use suggestive techniques when working with sexually abused children.	.264		
4. Children must be interviewed repeatedly because they are often afraid to admit abuse.		.820	
15. Several interviews are required for the child to reveal what has actually happened.	-.225	.733	
27. Sometimes suggestive techniques can be useful when trying to get a child to tell about real events.	.362	.663	
33. If the interviewer believes that abuse has taken place, he/she should interview the child again even if the child denies the incident.	.339	.657	

24. In the beginning of the investigations children usually deny that abuse has taken place.	.616
13. In cases of child sexual abuse the threshold to convict should be kept lower than in many other crimes.	.323
16. It is good for the interviewer to know as much as possible of the case in question before the beginning of the investigations.	.585
12. Clinical experience is the best guarantee to get to the truth.	.431
26. Suggestive interviewing methods only affect remembering of details and mundane things when children are concerned.	.528
29. I do not believe in the possibilities of the legal system to catch the perpetrators.	.483
31. In 95% of suspected cases of sexual abuse of children the suspected perpetrators are guilty.	.297
20. Children do not usually tell everything that has happened.	.716
28. Revealed cases of child sexual abuse are only the tip of the iceberg.	.714
10. The other parent in families with incest usually closes their eyes to the sexual abuse going on.	.664
30. In the interviewing situation it should be expressed that the child is safe from the perpetrator.	.648
36. In cases of child sexual abuse courts often hesitate to convict the suspect.	.538
7. Children are not usually ready to reveal what has happened to a stranger.	.449
35. Perpetrators often start abusing children already when they are young.	.429
6. Observation of free-play is a good investigation method, because while playing the child can express him/herself spontaneously.	.389
9. Children do not fabricate stories about sexual abuse, because they do not know anything about such things.	.257
Cronbach alpha	.875
Mean	3.17
Std. Deviation	1.38
Minimum	1.06
Maximum	5.63

Note. 1 = Pro-Child and intuition Attitudes; 2 = Disclosure Attitudes, 3 = Anti Criminal Justice System Attitudes.

TABLE 4. Correlations between Different Constructs

	D	PCI	ACJS	Belief	Knowledge	Education	Experience	CSA	FI
PCI	.513**								
ACJS	.414**	.429**							
Belief	-.207	-.067	-.184						
Knowledge	.249	.128	.005	-.061					
Education	-.078	-.052	-.158	-.130	-.222				
Experience	-.188	-.267	-.299	.083	-.165	.213			
CSA	-.054	-.100	-.013	-.101	-.114	-.149	.204		
FI	.035	-.075	.050	-.230	-.056	-.230	.226	.905**	
SA	-.046	.071	-.024	-.097	-.202	.101	.276	.402*	.363*

Note. D - Disclosure Attitudes; PCI - Pro-Child and Intuition Attitudes; ACJS - Anti Criminal Justice System Attitudes; Belief – belief (factual) item score; Knowledge – score in knowledge items; Experience – work experience with children younger than 10-years; CSA – participating CSA course; FI – participating forensic interviewing course, SA – knowledge self-assessment. \*\* p < .01, \* p < .05.

*Participation in courses regarding child sexual abuse and forensic interviewing of children, self-rated expertise and length of professional experience.* Independent samples *t*-tests revealed that there were no significant differences between those who had and those who had not participated in courses regarding child sexual abuse or regarding forensic interviewing of children on the three CSAABS subscales (see Table 5). Also, neither self-rated expertise nor the length of professional experience correlated with any of the subscales ( $r_s < .07$ ,  $p_s > .05$ ). However, participating in CSA and forensic interviewing trainings were significantly correlated,  $r = .905$ ,  $p < .01$ .

*Belief items.* Next, we analysed the 19 items assessing factual beliefs about child abuse. We computed the frequency of clearly agreeing with a false statement or clearly disagreeing with a correct statement (Finnilä-Tuohimaa et al., 2008). The total number and percentage of participants choosing scores 5 or 6 for all factual items were computed, except for items 9 and 16 which were coded reversely. The proportion of correct responses was .75 ( $SD = .15$ , see Table 6). The range of correct responses were from .37 to 1.00, which indicates that the variance between the participants was large.

There were no significant correlations with education and professional experience (i.e., adult training in CSA or in forensic interviewing, or self-assessment of knowledge of children's memory, suggestibility, and interviewing skills).



**TABLE 5. Means and Standard Deviations for the Scores on CSAABS Subscales Concerning Participation in Courses of Child Sexual Abuse and Forensic Interviewing of Children**

	Participated		Not participated	
	n	M (SD)	n	M (SD)
CSA course				
Disclosure	20	2.97 (.66)	20	3.05 (.86)
Pro-Child Attitudes and Intuition	20	3.09 (.73)	20	3.25 (.92)
Anti Criminal Justice System	20	4.31 (.67)	20	4.33 (.65)
FI course				
Disclosure	22	3.04 (.67)	18	2.98 (.88)
Pro-Child Attitudes and Intuition	18	3.11 (.71)	22	3.24 (.96)
Anti Criminal Justice System	22	4.34 (.65)	18	4.28 (.68)

Note. CSA – child sexual abuse; FI – forensic interviewing; M – mean; SD – standard deviation.

**TABLE 6. The Frequencies of the Incorrect Answers to the Factual Items**

<b>Item</b>	<b>number of incorrect answers</b>	<b>% of incorrect answers</b>
30. In the interviewing situation it should be expressed that the child is safe from the perpetrator.	36	90
16. It is good for the interviewer to know as much as possible of the case in question before the beginning of the investigations.	35	88
9. Children do not fabricate stories about sexual abuse, because they do not know anything about such things.	26	65
6. Observation of free-play is a good investigation method, because while playing the child can express him/ herself spontaneously.	21	53
21. Encouragement and praising help the child to tell what has happened.	17	43
11. In cases of child sexual abuse symptom evidence should be enough for a conviction if experts claim that the symptoms have been caused by sexual abuse.	13	33
33. If the interviewer believes that abuse has taken place, he/she should interview the child again even if the child denies the incident.	11	28
8. You can tell if a child has been exposed to suggestion.	9	23
14. 95% of the children brought to investigations have been victims of sexual abused.	7	18
39. I can see when the child is telling the truth.	6	15
31. In 95% of suspected cases of sexual abuse of children the suspected perpetrators are guilty.	6	15
27. Sometimes suggestive techniques can be useful when trying to get a child to tell about real events.	6	15
17. My first impressions whether the child is abused or not is usually correct.	6	15
12. Clinical experience is the best guarantee to get to the truth.	5	13
25. It is not possible to make the child lie that abuse has happened.	4	10

1. No professionals use suggestive techniques when working with sexually abused children.	3	8
5. I usually know before the interview whether the child has been sexually abused or not.	1	3
26. Suggestive interviewing methods only affect remembering of details and mundane things when children are concerned.	1	3
19. Reports of child sexual abuse are seldom unfounded.	0	0

### 2.3 KNOWLEDGE OF CHILDREN'S MEMORY AND SUGGESTIBILITY

The proportion of correct responses was .57 ( $SD = .09$ , range .40 to .77), which was higher than the .39 proportion of correct responses expected based on chance responding using a one-sample  $t$ -test,  $t(39) = 12.82$ ,  $p < .001$ . For example, the question concerning what percentage of the recent events where at least one thing was accurate that a 1 year 7-month-old child recalled was answered accurately by 38 (95%) of the participants whereas only 7 (18%) answered correctly to question related to age differences in the change of answers in response to repetitive questions.

There were no significant correlations with education and professional experience. There was also no correlation between the belief items score of CSAABS and the overall score of the knowledge questionnaire, and between CSAABS subscales and the overall score of the knowledge questionnaire.

*Self-assessment of knowledge of children's memory, suggestibility, and interviewing skills.* Finally, we were interested in the relation of self-assessment of knowledge of children's memory, suggestibility, and interviewing skills with different predictors ( $M = 3.48$ ,  $SD = 1.20$ ). We found significant correlations with previous CSA training,  $r = .402$ ,  $p < .01$ , and previous forensic interviewing training,  $r = .363$ ,  $p < .021$ . To examine this association in more depth, a linear regression backward method was conducted which resulted in a regression model that was statistically significant,  $F(1,38) = 7.31$ ,  $p < .01$ ,  $R^2 = .161$ . In this model, participating in CSA training was a statistically significant predictor of the self-assessment score,  $\beta = .95$ ,  $t = 2.70$ ,  $p < .01$ .

### 3. DISCUSSION

The findings suggest that education and professional experience does not necessarily indicate a good knowledge in CSA issues among professionals (see also Santtila et al., 2014; Quas, Thompson & Clarke-Stewart, 2005). Thus, we must place a strong emphasis on the importance of experience. Experience is often emphasized in clinical work and CSA investigations as enhancing expertise (Finnilä-Tuohimaa et al., 2008), but may not correct factual misconceptions. Experienced clinicians may lean more on their professional experience than on scientific, theoretical experience (Finnilä-Tuohimaa et al., 2005) resulting in a more intuitive approach to CSA. Horner et al. (1993) also note that clinicians with large experience may use different evidence to rationalise their intuitive perceptions.

Previous research indicates that training may not be effective for correcting erroneous beliefs and attitudes, and thus may not improve decision making in CSA cases (Finnilä-Tuohimaa et al., 2008), but only confirm pre-existing beliefs (Dawes, 1994). What could be critical here is to receive rapid and adequate feedback during the trainings (Dawes, 1994) as it is known that positive gains of trainings fade significantly over time (Lamb, Sternberg, Orbach, Esplin & Mitchell, 2002). Also, the professionals may possess attitudes and beliefs early in their career and participating in training leads to interpreting the training selectively according to these attitudes and beliefs.

The study has several limitations regarding the sample size and formation. Our sample size was small (possibly due to a lengthy questionnaire) and also we have to bear in mind that our sample was relatively diverse by education - roughly half of the participants were psychology graduates, 25% in law, 13% in medicine etc. therefore, we have to be very careful generalising the results to a larger professional population. Thus, this topic should be further investigated with a larger sample size.

To conclude, self-evaluated expertise may not be a guarantee of an actual good quality of expertise. Self-assessment ratings were associated with previous CSA and forensic interviewing trainings, however, professional experience was also not associated with the belief (factual) item scores

of knowledge of CSA nor with predictions regarding research on children's memory and suggestibility. Thus, it can be suggested that besides theoretical trainings, constant practical trainings are needed for the interviewers to implement newly acquired knowledge into practice and to repeat the practical training over time to maintain the good quality of investigative interviews with children.

## DISCLOSURE STATEMENT

No potential conflict of interest was reported by the author

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