ABSTRACT

A child witness’s credibility has been defined along two dimensions, honesty and cognitive competence (Ross, Jurden, Lindsay, & Keeney, 2003). In cases where cognitive competence (e.g., memory strength) is more salient to an allegation, then older children are typically viewed as more believable than younger children, whereas in cases where honesty is more salient, then younger children are viewed as more believable than older children.

The present research examined whether these perceptions of the child witness held true for repeated allegations of abuse and across types of repeated abuse reported. Two hundred seventy participants were recruited from undergraduate psychology courses. Participants read a scenario of a child sexual abuse allegation made by a 5-, 10-, or 15-year-old child.

Overall participants rated a child reporting a single allegation of abuse and a repeated allegation of a different type of abuse as significantly more believable and more likely to be accurately telling the truth than a child reporting a second allegation of the same type of abuse. Results also indicated that the 5- and 10-year-old children were rated significantly more believable than the 15- year-old child despite the frequency or type of abuse reported.
DEDICATION

I dedicate this thesis to the memory of my grandmother, Helen Henley, who was a woman of great faith and lived her life with great strength, courage, and honor.
ACKNOWLEDGEMENTS

This thesis could not have been accomplished without the support of key individuals. I would like to first acknowledge my thesis advisor, Dr. Amye R. Warren whose input helped shape and form the ideas presented in this thesis and who also served as a catalyst that moved me through this process to completion. To my other committee members, Dr. Bart Weathington and Dr. Nicky Ozbek, thanks for providing me with your support and feedback during this process.

Special thanks to my incredible family and friends for their support and encouragement throughout this process.
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CHAPTER I
INTRODUCTION AND LITERATURE REVIEW

In 2006, more than 900,000 children in the United States were the subject of a child abuse investigation (U.S. Department of Health and Human Services, 2008). Children who report sexual abuse may report more than one incident of abuse (U.S. Department of Health and Human Services, 2008); therefore, understanding perceptions of children’s allegations of single and repeated abuse events is legally and theoretically important. Evaluations of a child’s credibility are often determined solely from his/her testimony because cases typically lack corroborating evidence (Pezdek et al., 2004). The absence of verifiable evidence in child sexual abuse (CSA) cases means that the determination of credibility relies solely on juror perceptions of the child’s testimony. Thus, it is pertinent to examine both characteristics related to the juror and the child that may yield insight to variables that might raise or mask the presence of reasonable doubt.

Victim Age

Studies of child witnesses have found that several factors (e.g., suggestibility, cognitive ability, interview techniques, age and gender of the child witness, and gender of the participant) can affect jurors’ perceptions of child credibility. The age of a child witnesses is the most reliable factor affecting their memory, their ability to describe events they may have experienced or witnessed, and suggestibility. Younger children typically report less information about
events, and make more errors in response to leading or suggestive questions than do older children (Castelli, Goodman, & Ghetti, 2005). When they are interviewed after a lengthy delay, younger children tend to report less information, and if they are interviewed more than once, they tend to report different details on different occasions, making their reports seem inconsistent, even if the details reported each time are accurate (Klemfuss & Ceci, 2009). Even though young children’s reports can be highly accurate, under some conditions jurors and judges tend to doubt their veracity. Thus, age differences are often found when examining adults’ ratings of younger versus older children’s believability, suggesting jurors might benefit from expert testimony on children’s abilities.

**Perceptions of Credibility**

Researchers often conceptualize credibility along two dimensions: honesty and cognitive ability (Connolly, Price, & Gordon, 2010; Nunez, Kehn, & Wright, 2011; Ross, Jurden, Lindsay, & Keeney, 2003; Wright, Hanoteau, Parkinson, & Tatham, 2009). Credible witnesses are perceived as honest and cognitively able to remember events, people, etc. In cases that involve child witnesses, the relative salience of these dimensions tends to vary on a case by case basis, thus, determining credibility is related to which dimension is considered most pertinent to the case in question.

For instance, in cases highlighting witness competence as opposed to honesty, such as occurs when a child is a bystander witness to a crime (e.g., domestic assault) and is asked to accurately recall details of what occurred, judgments of their perceived cognitive abilities would be a more salient determinant of their perceived credibility. In these cases, older children are often perceived as more credible because they are more developmentally advanced in their
abilities to encode, store, and recall information than younger children (Bottoms, 1993; Bottoms, Golding, Stevenson, Wiley, & Yozwiak, 2007; Nunez et al., 2011; Wright et al., 2009). Studies examining perceptions of child witnesses have found that mock jurors tend to report that they are more confident in a child’s abilities as they increase with age (Bottoms et al., 2007; Ross et al., 2003). Additionally, older children are rated as less suggestible than younger children (Buck & Warren, 2009; Myers, Redlich, Goodman, Prizmich, & Imwinkelried, 1999).

In cases that highlight trustworthiness and honesty as opposed to cognitive ability (e.g., CSA cases), judgments of a child witnesses honesty would be a more salient determinant of their credibility. In these cases, younger children may be perceived as more credible because they are viewed as more honest and trustworthy than older children, developmentally lacking the capacity needed to tell a lie (Bottoms & Goodman, 1994; Connolly et al., 2010; Nightingale 1993). Some studies have found that mock jurors not only view younger children as more honest than older children, but also as more sexually naïve and as lacking the knowledge and cognitive ability to fabricate such experiences (Bottoms, 1993; Bottoms et al., 2007; Nightingale, 1993; Ross et al., 2003). Thus, as the age of the child increases it seems that the result is decreased ratings of their sexual innocence and honesty, with a corresponding increase in ratings of their cognitive abilities. Combined these changes result in an increase in mock jurors’ suspicions regarding a child’s capacity and propensity to lie about sexual experiences affecting the child’s perceived credibility.

**Repeated Instance of Abuse**

Even though victims of CSA frequently suffer repeated abuse most research on the credibility of CSA allegations has focused on reports of a unique occurrence of abuse (U.S.
Department of Health and Human Services, 2007). In forensic contexts, what happened on one specific occasion is often critically important. It is not uncommon for children to be questioned about contextual factors related to a specific incidence of abuse, such as where and when the incident occurred, clothing, what the perpetrator said, and where the other family members were (Connolly, Gagnon, & Lavoie, 2008; Connolly et al., 2010). For this reason, it is important to know how children report instances of repeated events and how credible their reports are judged to be.

When children experience similar events, they tend to form general event representations (or scripts) of what typically occurred (Hudson, Fivush, & Kuebli, 1992). These general event representations can help the child predict what is going to occur, understand what is happening during the event, and guide the recall and retrieval of familiar events (Connolly, Gagnon, & Lavoie, 2008; Hudson et al., 1992). Repeated experience may strengthen event memories for details that recur across experiences, increasing the accuracies of their reports (Connolly & Lindsay, 2001; Connolly, Price, Lavoie, & Gordon, 2008). However, prior experiences can also have an adverse effect on children’s event recall as aspects of the experience that change across reoccurrences tend to be omitted from children’s event reports. As a result, children’s accounts may reflect the common features and basic structure of repeated events while ignoring the details that vary across the events. Powell and Thomson (1997) examined the effects of a repeated event on memory recall in children 4 to 8 years of age, especially when asked to recall details from a specific instance. Their results indicated that repetition increased the number of items common to all instances of the repeated event that children recalled, but that the children provided less accurate accounts when asked about a specific instance. Other studies have found that younger children are generally not as accurate when identifying details associated with one
particular incident of a repeated experience and are more likely to confuse details across episodes than are older children (Connolly, Price, Lavoie, & Gordon, 2008; Connolly et al. 2010).

Recent research provides conflicting results on the possible credibility of children’s reports of repeated events. Using Criterion Based Content Analysis (CBCA), a method of analyzing children’s statements for the presence of features associated with truthful accounts, Pezdek et al. (2004) rated 3 to 13-year-old children’s reports of an invasive medical procedure that had occurred once (unfamiliar) or more than once (familiar). CBCA scores were higher for reports of familiar than unfamiliar events, suggesting that repeated events may be more believable. Stromwall, Bengtsson, Leander, and Granhag (2004) found that 10 to 13 year olds who participated in a repeated mock medical examination had higher scores on the CBCA and reality monitoring (RM) criteria. In both studies, children who experienced an event repeatedly were more likely to recall “script” memories, omitting details and reporting only common features that did not change across instances (Pezdek et al., 2004).

Connolly, Price, Lavoie, & Gordon (2008) examined college students’ and community members’ perceptions of children’s credibility for a memory of a single event or a repeated event. Participants watched a video tape of a younger (4- to 5-year-old) or older (6- to 7-year-old) child report details of a play session that had been experienced once (i.e., single event) or four times (i.e., repeated event). Participants then classified the accuracy of the child’s report as either high or low. Connolly et al. found that participants judged children reporting repeat events as less credible than children reporting single events, regardless of the children's actual accuracy, and were unable to discriminate accurate from inaccurate reports. They also rated older children as more believable than the younger children when reporting repeat events, basing the perceived credibility of the children's reports on their level of consistency. More specifically, children
reporting single events were more consistent and provided more contextual information than the children reporting repeated events. These findings suggest that children who have repeatedly experienced an event may be at a disadvantage when asked to testify in court and perceived as less believable because their reports are more likely to be inconsistent and less specific.

Rationale for the Present Study

Although Connolly, Price, Lavoie, & Gordon (2008) identified interesting distinctions between younger and older children’s perceived credibility when reporting repeated events, it is unclear whether these results generalize to a forensic setting because the nature of the event differs dramatically from an emotionally arousing event. Even if their findings were to translate to the legal system, it is likely they would only be relevant in cases where a child is asked to testify about being abused on several occasions by one perpetrator. The current body of literature uses the terms repeated event and a repeated instance of an event to describe the same construct: one event that has been experienced over multiple instances. As previously discussed, this type of design is usually presented using a neutral event that is experienced either once or four times by an individual child or a group of children (Connolly et al., 2006; Connolly et al., 2008; Connolly et al., 2010; Powell & Thompson, 1997). This type of design manipulates the repeated event using critical details that change across instances. Though this experimental design is important for understanding children’s abilities to accurately recall specific details from one instance of a repeated event, it unknown if similar patterns will emerge under similar emotionally traumatic conditions with the main distinction being that the child was abused by a different offender. Furthermore, it is important to understand how a prior history of abuse may affect perceptions of a child who has been re-victimized by a different offender. The U.S.
Department of Health and Human Services (2008) report that children who have alleged sexual abuse may report more than one incident of abuse and children who have suffered CSA are also 96% more likely to be at risk of being re-victimized by different individuals. It was also reported that the majority of children were most likely abused by either a close relative or acquaintance. Thus, the goal of the present study is to examine how having a prior abuse history may add to the complexity of a child’s perceived credibility and how the type of prior abuse may influence a child’s believability.

The Present Study

The present study was designed to determine how perceptions of children’s credibility will vary as a function of their age and prior abuse history. Thus, college students read a scenario of a child with no prior history of abuse, a child with a prior history of sexual abuse, or a child with a prior history of physical abuse who is reporting a current allegation of abuse to determine how perceptions of children may vary as a function of abuse history. College students are used as a proxy for community samples or actual jurors, not only for practical reasons, but because prior research indicates few differences between these populations in their views of child witnesses (Quas, Thompson, & Clarke-Stewart, 2005). To examine perceptions based on past experiences and stereotypes rather than exposure to college-level material on child abuse or child witness abilities, only students in lower-level courses were asked to participate.

Building on the findings of Connolly, Price, Lavoie, & Gordon (2008), it is expected that children with no history of prior abuse will be viewed as more believable than children with a history of prior abuse. Therefore:
H1A: A child with no prior history of abuse will be viewed as more honest and more competent than a child with a prior history of sexual abuse.

H1B: A child with no prior history of abuse will be viewed as more honest, but equally competent than a child with a prior history of physical abuse.

Studies of child witnesses CSA cases have found that jurors’ perceptions of credibility decreases with age (Bottoms, 1993; Ross et al., 2003) given that honesty is considered to be more salient than cognitive competence. Thus, a younger child is usually believed to be more honest in their testimony, lacking the perceived level of cognitive competence to lie about being abused. Building on previous literature, it is expected that an allegation made by a younger child will be viewed as overall more believable than an older child or teenager. It is also expected that participants will be more critical of the child when there is a history of prior abuse than when there is not. Specifically, it is expected a pronounced decrease in credibility ratings for the young child and the teenager in the prior sexual abuse condition than the no prior abuse condition. It is also expected that there will be differences in credibility ratings for the young child and the teenager in the prior physical abuse condition than the no prior abuse condition, but they are not expected to be as pronounced. Therefore:

H2: A younger child and teenager with a prior history of sexual abuse will be rated as less honest and less competent than a young child and teenager with no prior history of abuse.

H3: A younger child and teenager with a prior history of physical abuse will be rated as more honest, but equally competent as the young child and teenager with no prior history of abuse.
I also expect to replicate the consistent finding in the literature that women are more positive in their perceptions of CSA victims than men (Bottoms et al., 2007), therefore:

H4: Female participants will rate children reporting an allegation of a repeated event of abuse as more credible than male participants.
CHAPTER II

METHOD

Participants

Two hundred ninety-three undergraduate college students attending a midsized university in the southeastern United States participated in this study. Of the 293 participants, 23 failed the manipulation checks leaving only 270 participants (minimum of 27 per cell) in the final sample. Women comprised 70.8% (N = 192) of the sample, and participants’ ages ranged from 18 to 59 years with a mean age of 20.7 years (SD = 4.12). Seventy percent (N = 189) of the participants were Caucasian, 19% (N = 51) were African American, 4% (N = 11) were Bi-Racial, 3% (N = 8) were Hispanic, 2% (N = 5) were Asian, and 1% (N = 2) specified another race or ethnicity. Of the participants, 3% (N = 8) reported having children and 28.4% (N = 77) indicated that they had any personal experience (i.e., self, family member, close friend) with child sexual abuse.

Measures & Procedure

A 3 (type of allegation: no prior allegation, a prior allegation of CSA, & a prior allegation of physical abuse) by 3 (age of child: 5-, 10-, & 15-years-old) factorial design was employed. Participants were randomly assigned to read a scenario in one of 9 conditions. All three scenarios (see Appendix A) briefly state that a girl (described as being 5, 10, or 15 years of age), named Katie, has been exhibiting emotional and behavioral problems at school. After picking a fight in the cafeteria, Katie is sent to the principal’s office where she becomes very upset and
makes an allegation of sexual abuse. Child Protective Services (CPS) is notified and Katie is interviewed by a CPS worker. During the interview, Katie states for a second time she has been sexually abused. She identifies her neighbor as the alleged perpetrator. One third of the participants were assigned to this “single allegation” condition, in which Katie reports no abuse other than that by her neighbor.

The remaining participants were assigned to read one of two “repeated allegation” scenarios in which Katie had made a previous allegation of abuse against her father one year earlier. For half these participants, the scenario described that her father had physically abused her. It states that her mother worked at night and her father would take care of her. Sometimes after going to bed, she would get back up because she had trouble sleeping. Her father would get angry and hit her for getting up after he had already put her to bed once. For the other participants, the scenario described that Katie’s father had sexually abused her. It states that her mother worked at night and her father would take care of her. Sometimes after she went to bed, she would get back up because she had trouble sleeping. Her father would tell her to go back to sleep and then he would come into her room. He pulled up her night gown and rubbed her private parts and stuck is finger in her pee pee (vagina is used in the scenario with the older child and teenager).

For all three abuse conditions (no prior abuse, prior physical abuse, and prior sexual abuse), the allegations are identical for the age of the witness except that Katie’s report is modified to match the developmentally appropriate language to her stated age.

After reading the scenario, participants were asked to answer a survey (see Appendix B). The first 3 questions were used as manipulation checks (i.e., how old is Katie, who does Katie live with, and who does Katie first tell about the abuse by her neighbor) to make sure participants
read the scenario and responded based on an accurate memory of the material. For example, twenty-two cases \((n = 3, \text{ how old is Katie}; \ n = 16, \text{ who does Katie live with}; \ \text{and } n = 1, \text{ who did Katie first tell about the abuse by her neighbor})\) were excluded from the final analyses. This was to ensure that participant’s responses were based on an accurate memory of the alleged victim and the allegation being reported. The final sample consisted of 271 participants.

After completing the manipulation check questions, participants were asked to rate the extent that they believed the testimony of the victim on a 7-point Likert scale \((1 = \text{ not at all}; \ 7 = \text{ very much})\). Participants also were asked to indicate, using a forced choice question, whether Katie was (a) \textit{telling the truth accurately}, (b) \textit{honestly mistaken}, or (c) \textit{deliberately lying} (Key, Warren, & Ross, 1996). In addition, participants were asked to rate Katie based on 10 characteristics \((\text{e.g., honesty, memory ability, language ability, innocence, sexual knowledge, etc.})\) on a 7-point Likert scale \((1 = \text{ low}; \ 4 = \text{ moderate}; \ 7 = \text{ high})\). The next section was composed of 14 questions specific to the details of the scenario \((\text{e.g. “How likely is it Katie honestly believes she was sexually abused when she really was not” and “How likely is it that Katie clearly and completely reported the information that she remembered”})\) using a 7-point Likert scale \((1 = \text{ very unlikely}; \ 4 = \text{ neither likely nor unlikely}; \ 7 = \text{ very likely})\). Similar questions have been asked in many prior studies of children’s CSA allegations \((\text{e.g., Buck et al., 2004; Warren et al., 2002})\). Additionally, participants’ confidence in their verdicts was assessed on a 7-point Likert scale \((1 = \text{ not at all confident}; \ 4 = \text{ neither}; \ 7 = \text{ completely confident})\).

Only 10 items of interest were designed to assess the child’s perceived level of honesty \((\text{e.g. honesty, innocence, sexual knowledge, knowledge of right and wrong, and How likely is it that Katie made up the allegation against her neighbor to keep from getting in trouble at school})\) and cognitive competence \((\text{e.g. memory ability, language ability, intelligence, ability to})\)
distinguish imagination from reality, and How likely is it that Katie clearly and completely reported the details of what happened with her neighbor) in the current study. The remaining items were filler items (e.g. emotional maturity, obedience/compliance with rules). Cronbach’s alphas for the honesty subscale (5 items) and the cognitive competence subscale (5 items) were .58 and .75.
CHAPTER III

RESULTS

Results are reported in three sections. First, analyses of overall believability are reported followed by analyses for the two dimensions of credibility, honesty and cognitive competence. Finally, analyses of specific allegation questions are reported that could be used to explain credibility ratings.

Participant gender was used as a covariate to control for individual differences for the majority of the analyses since significant participant gender effects have been found when evaluating the credibility of CSA allegations (Nunez et al., 2010; Ross et al., 2003; Wright et al., 2009). Preliminary checks were conducted to ensure that there was no violation of the assumptions of normality, linearity, homogeneity of variances, homogeneity of regression slopes, and reliable measurement of the covariate.

Analyses of Overall Believability

A 3 (abuse type: no prior history of abuse, prior history of sexual abuse, prior history of physical abuse) by 3 (child age: 5-, 10-, & 15-years-old) between-groups analysis of covariance, with Bonferroni post-hoc pair-wise comparisons, was conducted to assess the overall believability ratings of the alleged victim. The interaction was not significant, however, the analysis revealed significant main effects for abuse type, $F(2, 252) = 2.48$, MSE = 4.149, $p = .000$, partial eta squared = .157, and child age, $F(2, 252) = .3.346$, MSE = 5.398, $p = .037$, partial
eta squared = .026. The means for all effects are reported in Table 1. These results suggest that participants rated a child with no prior allegation of abuse and a child with a prior allegation of physical abuse as significantly more believable than a child reporting a second allegation of the same type of abuse. Results also indicated that the 5- and 10-year-old children were rated significantly more believable than the 15-year-old child.

<table>
<thead>
<tr>
<th>Overall Believability</th>
<th>Prior Abuse</th>
<th>Child Age</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>None</td>
<td>Sexual</td>
</tr>
<tr>
<td>How much do you believe Katie’s report of sexual abuse against her neighbor?</td>
<td>5.945 (.130)</td>
<td>4.660 (.142)</td>
</tr>
</tbody>
</table>

**Note.** Ratings were made on a 7-point scale (1 = not at all, 7 = very much)

A similar picture emerged when participants were asked if they believed the alleged victim was (a) *telling the truth accurately*, (b) *honestly mistaken*, or (c) *deliberately lying*. A frequency analysis of responses indicated that 77.5% believed the alleged victim was telling the truth accurately, 10% believed the alleged victim was honestly mistaken, and 12.2% believed that the alleged victim was deliberately lying. Rates of “*deliberately lying*” and “*honestly mistaken*” appear to be much higher in prior abuse conditions, particularly the prior sexual abuse condition. Moreover, rates for “*telling the truth accurately*” in the prior sexual abuse condition dropped nearly in half while rates of “*deliberately lying*” for the 5 year old increased. The response percentages for each condition are reported in Table 2.
Table 2 Proportional percentages of responses believing that Katie is telling the truth accurately, honestly mistaken, or deliberately lying as a function of prior abuse and child age

<table>
<thead>
<tr>
<th>Believe that Katie is:</th>
<th>No Prior Abuse</th>
<th>Prior Sexual Abuse</th>
<th>Prior Physical Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>5%</td>
<td>10%</td>
<td>15%</td>
</tr>
<tr>
<td>Telling the truth accurately</td>
<td>95.2%</td>
<td>91.5%</td>
<td>91.3%</td>
</tr>
<tr>
<td>Honestly mistaken</td>
<td>4.3%</td>
<td>4.2%</td>
<td>4.3%</td>
</tr>
<tr>
<td>Deliberately lying</td>
<td>1.4%</td>
<td>4.2%</td>
<td>4.3%</td>
</tr>
</tbody>
</table>

An ANOVA was conducted to assess the influence of participant gender on ratings of believability. There was a significant main effect of participant gender, $F(2, 244) = 9.644$, MSE = 15.319, $p = .002$, partial eta squared = .038, with females' rating the overall believability of the child significantly higher than males. There was not a significant interaction; it seems that both male and females were more likely to believe the allegation in the no prior abuse condition and least likely to believe the child in the prior sexual abuse condition.

Table 3 Means (with standard deviations in parentheses) of overall believability as a function of participant gender

<table>
<thead>
<tr>
<th>Overall Believability</th>
<th>Participant Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Female</td>
</tr>
<tr>
<td>How much do you believe Katie’s report of sexual abuse against her neighbor?</td>
<td>5.556 (.100)</td>
</tr>
</tbody>
</table>

*Note.* Ratings were made on a 7-point scale (1 = not at all, 7 = very much)

Analyses of Credibility Dimensions

Table 4 Means (with standard deviations in parentheses) of perceived credibility as a function of prior abuse and child age

<table>
<thead>
<tr>
<th>Credibility Dimensions</th>
<th>Prior Abuse</th>
<th>Child Age</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>None</td>
<td>Sexual</td>
</tr>
<tr>
<td>Honesty</td>
<td>5.077 (.098)</td>
<td>4.278 (.106)</td>
</tr>
<tr>
<td>Cognitive competence</td>
<td>5.586 (.092)</td>
<td>5.195 (.100)</td>
</tr>
</tbody>
</table>

*Note.* Ratings were made on a 7-point scale (1 = low, 7 = high)
**Analysis of honesty.** A 3 by 3 ANCOVA with Bonferroni post-hoc pair-wise comparisons was conducted and the means are reported above in Table 3. The analysis revealed a significant main effect of prior abuse, $F(2, 252) = 15.321$, $MSE = 13.893$, $p = .000$, partial eta squared = .108. As hypothesized, participants in the no prior abuse condition ($M = 5.077$) rated the alleged victim as significantly more honest than participants in both of the prior abuse conditions (prior sexual abuse: $M = 4.29$; prior physical abuse: $M = 4.72$). Moreover, participants in the prior sexual abuse condition rated the alleged victim significantly less honest than participants in the prior physical abuse condition. Analysis also revealed a main effect of child age, $F(2, 252) = 8.877$, $MSE = 8.050$, $p = .000$, partial eta squared = .066. It was predicted that younger children would be viewed as more honest than older children and teenagers. This hypothesis was only partially supported with participants rating the alleged victim in the 15-year-old condition ($M = 4.369$) as significantly less honest than the 5 year old ($M = 4.973$) and 10 year old ($M = 4.736$). However, there were no significant differences between the 5 and the 10 year old honesty ratings. There was a trend for the interaction of age and prior abuse, $F(4,252) = 1.944$, $MSE = 1.763$, $p = .09$, partial eta squared = .03, with the no prior abuse condition not yielding as much of a difference in honesty ratings between the 10- and 15-year olds as either of the prior abuse conditions (see Figure 1). The interaction would likely have been significant if there had been more power (58.2%).
Analysis of cognitive competence: A 3 by 3 ANCOVA with Bonferroni post-hoc pair-wise comparisons was conducted and the means are reported in Table 3. The analysis revealed a significant main effect of prior abuse, $F(2, 252) = 4.442$, MSE $= 3.558$, $p = .013$, partial eta squared $= .034$. No other significant main effects or interactions were present. As hypothesized, participants in the prior sexual abuse condition ($M = 5.195$) rated the alleged victim as significantly less cognitively competent than participants in the no prior abuse condition ($M = 5.586$). It was also predicted that participants would rate the alleged victim in the prior sexual abuse condition ($M = 5.195$) as less cognitively competent than the alleged victim in the prior physical abuse condition ($M = 5.497$). Although not supported, there was a general trend in the predicted direction (see Figure 2). As expected there would be no significant differences between participants’ competency ratings in the no prior abuse condition ($M = 5.586$) and the prior physical abuse condition.
Figure 2 Estimated marginal means of cognitive competence as a function of prior abuse type and child age

Analyses of Specific Allegation Questions

A 3 by 3 ANCOVA with Bonferroni post-hoc pair-wise comparisons was conducted to assess, “How likely it is that Katie clearly and completely reported the information that she remembered”. The analysis revealed a significant main effect of abuse type, $F(2, 253) = 13.941$, MSE = 26.286, $p = .000$, partial eta squared =.099. No other significant main effects or interactions were present.

A 3 by 3 ANCOVA with Bonferroni post-hoc pair-wise comparisons was conducted to assess was conducted to assess, “How likely is it that Katie misinterpreted her neighbor’s touch as being sexual & inappropriate when it was innocent”. The analysis revealed a significant main effect of abuse type, $F(2, 253) = 13.975$, MSE = 38.246, $p = .000$, partial eta squared =.099. No other significant main effects or interactions were present.
A 3 by 3 ANCOVA with Bonferroni post-hoc pair-wise comparisons was conducted to assess, “How likely is it that Katie was led or coached by an adult into reporting that she had been sexually abused when she had not”. The analysis revealed a significant main effect of abuse type, $F(2, 253) = 8.402$, $MSE = 20.682$, $p =.000$, partial eta squared $=.062$. No other significant main effects or interactions were present.

A 3 by 3 ANCOVA with Bonferroni post-hoc pair-wise comparisons was conducted to assess, “How likely is it that Katie honestly believes she was sexually abused by her neighbor when she really was not”. The analysis revealed a significant main effect of abuse type, $F(2, 252) = 15.789$, $MSE = 49.842$, $p =.000$, partial eta squared $=.111$. No other significant main effects or interactions were present.

A 3 by 3 ANCOVA with Bonferroni post-hoc pair-wise comparisons was conducted to assess, “How likely is it that Katie will report another instance of abuse in the future”. The analysis revealed a significant main effect of abuse type, $F(2, 253) = 10.351$, $MSE = 18.176$, $p =.000$, partial eta squared $=.076$. No other significant main effects or interactions were present.

A 3 by 3 ANCOVA with Bonferroni post-hoc pair-wise comparisons was conducted to assess, “How likely is it that Katie will take back (retract or recant) her allegation of abuse later”. The analysis revealed a significant main effect of abuse type, $F(2, 253) = 5.819$, $MSE = 12.014$, $p =.003$, partial eta squared $=.044$. No other significant main effects or interactions were present.

A 3 by 3 ANCOVA with Bonferroni post-hoc pair-wise comparisons was conducted to assess participants’ confidence in their judgments of the child’s allegation. The analysis revealed a significant main effect of abuse type, $F(2, 252) = 11.241$,
MSE = 15.444, p =.000, partial eta squared =.082, with participants indicating that they were significantly more confident in their judgments of the child’s allegation when there was no prior history of abuse (M = 5.520) and were least confident in their judgments when there was a prior history of sexual abuse (M = 4.726). Analysis also revealed a significant main effect of child age, $F(2, 252) = 3.671, \text{MSE} = 5.044, p =.027$, partial eta squared =.028, indicating that participants were significantly more confident in their judgments when rating a young child (M = 5.415) versus a teenager (M = 4.948). There were no significant interactions present.
Table 5 Means (with standard deviations in parentheses) of specific allegation questions by prior abuse and child age

<table>
<thead>
<tr>
<th>Specific Allegation Questions</th>
<th>None</th>
<th>Prior Abuse</th>
<th>Physical</th>
<th>5</th>
<th>Child Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>How likely is it that Katie clearly &amp; completely reported the information that she remembered?</td>
<td>5.506 (.140)</td>
<td>4.414 (.153)</td>
<td>5.090 (.148)</td>
<td>5.098 (.149)</td>
<td>5.146 (.148)</td>
</tr>
<tr>
<td>How likely is it that Katie misinterpreted her neighbor’s touch as being sexual &amp; inappropriate when it was innocent?</td>
<td>2.255 (.169)</td>
<td>3.520 (.184)</td>
<td>2.496 (.179)</td>
<td>2.804 (.180)</td>
<td>2.843 (.179)</td>
</tr>
<tr>
<td>How likely is it that Katie was led or coached by an adult into reporting that she had been sexually abused when she had not?</td>
<td>2.703 (.160)</td>
<td>3.547 (.175)</td>
<td>2.669 (.169)</td>
<td>2.885 (.170)</td>
<td>3.025 (.169)</td>
</tr>
<tr>
<td>How likely is it that Katie honestly believes she was sexually abused by her neighbor when she really was not?</td>
<td>3.186 (.182)</td>
<td>4.436 (.198)</td>
<td>3.018 (.192)</td>
<td>3.439 (.194)</td>
<td>3.640 (.192)</td>
</tr>
<tr>
<td>How likely is it that Katie will report another instance of abuse in the future?</td>
<td>4.273 (.135)</td>
<td>5.185 (.148)</td>
<td>4.701 (.143)</td>
<td>4.582 (.144)</td>
<td>4.959 (.143)</td>
</tr>
<tr>
<td>How likely is it that Katie will take back (retract or recant) her allegation of abuse later?</td>
<td>3.377 (.147)</td>
<td>4.095 (.160)</td>
<td>3.544 (.155)</td>
<td>3.644 (.156)</td>
<td>3.607 (.155)</td>
</tr>
<tr>
<td>How confident are you about your judgments about Katie’s allegation?</td>
<td>5.520 (.120)</td>
<td>4.726 (.131)</td>
<td>5.398 (.127)</td>
<td>5.415 (.127)</td>
<td>5.281 (.127)</td>
</tr>
</tbody>
</table>

*Note. Ratings were made on a 7-point scale (1 = very likely, 4 = neither likely nor unlikely, 7 = high*)
CHAPTER IV
DISCUSSION

The current study was designed to determine how perceptions of children’s credibility (honesty and cognitive competence) will vary as a function of their age and prior abuse history.

Perceptions of Credibility and Prior Abuse History

There was main effect of prior history of abuse on ratings of overall believability and honesty. In general, participants rated an allegation of sexual abuse as being overall more believable and specifically more honest, when the child did not have a history of prior abuse than when they did. Participants were least likely to believe the allegation when the child had made a similar allegation of sexual abuse against her father the year before and were more likely to view them as less honest than the child who had reported physical abuse previously. Since the scenarios utilized a very high level of control (i.e., the child in the prior sexual abuse condition reports the same abuse details with the neighbor as happened with the dad) it is likely that it may not generalize to children with a prior history of sexual abuse. However, it does shed a light on the thought processes used by some of the participants. Furthermore, they were also significantly more likely to think that the child honestly believes that she was sexually abused by her neighbor when she was not. Participants also indicated that they were significantly more confident in their judgments of the child’s sexual abuse allegation when the child did not have a prior history of abuse and were least likely to be confident about their judgments when the child
had a prior history of sexual abuse. To the extent that ratings of credibility were based on judgments of honesty rather than judgments of cognitive competence, this finding is entirely consistent with previous literature (Bottoms, 1993).

There was main effect of prior history of abuse on ratings of cognitive competence, as expected, affected every rating in the predicted direction. A child with no prior history of abuse was rated more competent than a child with a prior history of sexual abuse. However, when compared to a child with a prior history of physical abuse, the child with no prior history of abuse was viewed as equally competent. Moreover, participants were more likely to rate a child with no prior history of abuse and a child with a prior history of physical abuse as clearly and completely reporting the information she remembered. When the child had a prior history of sexual abuse, participants were significantly more likely to think that she had misinterpreted her neighbor’s touch as being sexual and inappropriate when it was innocent or that she had been led or coached by an adult into reporting that she had been sexually abused when she had not. Responses in this condition also indicate that they believed the child would likely take back (recant or retract) her allegation of abuse at a later time and would be significantly more likely to report another instance of abuse in the future than participants in the other conditions.

Perceptions of Credibility and Child Age

There was a main effect of child age for ratings of believability, with the older child being rated significantly more believable than the teenager. Studies of child witnesses CSA cases have found that jurors’ perceptions of credibility decreases with age (Bottoms, 1993; Ross et al., 2003) given that honesty is considered to be more salient than cognitive competence. Thus, a younger child is believed to be more honest in their testimony because they lack the
cognitive but less cognitively competent than an older child. Building on prior literature, it was expected that a younger children would be viewed as more believable than older children or teenagers, however, there were no significant differences in ratings between the young child and the older child. Although, ratings indicate that the older child was viewed as significantly more believable than the young child. There was also a main effect of child age for ratings of honest, but surprisingly not for ratings of cognitive competence. Similar to ratings of overall believability, there were no significant differences between the honesty ratings for a younger child and the honesty ratings of an older child. Participants rated both the younger child and the older child as significantly more honest than the teenager and were significantly more confident in their judgments for the younger child than they were for the teenager. I suspect that participants were significantly less confident in their ratings of the teenager because they were believed to have the highest level of sexual knowledge of all three ages. I also suspect that participants may have thought that the teenager would have known that what happened with her neighbor was wrong, in turn assuming that she may have played a willing part in what happened with her neighbor. These findings are consistent with prior literature that supports the notion victims of CSA (i.e., below 12 years of age) are viewed more favorably by mock jurors than older CSA victims (Nightingale, 1993; Nunez et al., 2011; Wright et al., 2009) and that younger children are believed to be more honest than older children (Bottoms, 1993).

**Influence of Participant Gender on Believability Ratings**

Consistent with prior literature (Bottoms et al., 2007), women’s ratings of overall believability ratings were significantly higher than those of their male counterparts. There was not a significant interaction between participant gender and the child’s prior history of abuse;
both male and females were more likely to believe the allegation of sexual abuse when the child had no prior history of abuse and least likely to believe the allegation of sexual abuse when the child had a prior history of sexual abuse.

Limitations

Though there are several limitations to this study it is an important initial step in examining laypersons’ perceived credibility of a child witness who has a prior history of abuse. It is important that future studies continue to explore this issue and that the results of this study be applied with caution. One of the biggest limitations to this study was lack of sufficient power to detect possible interactions. An initial power analysis indicated that an approximate sample size of 954 (106 per cell) would be required to achieve power of .80 for a small effect size, to afford the greatest possibility of detecting significant differences between conditions, if present. Another limitation may have been the subscales. Although, attempts were made to assess perceptions of credibility, it is possible that the items on each of the subscales may not have adequately assessed the constructs of honesty and cognitive competence, which may limit their possible applicability. Furthermore, a written scenario was used, and in an actual case involving allegations of abuse, more information would be provided. Another limitation of this study is the use of undergraduate students as participants in the place of jury eligible community members. However, past research has rarely found that these two group significantly differ in their ratings of child credibility (Bornstein, 1999; Connolly et al., 2008; Quas et al., 2005)

Future Directions

Despite the several limitations of this study, the theoretical implications for future research are not only important to understanding perceptions of a child with a prior history of
abuse, but reach far beyond perceived credibility. The present study examined how a history of prior abuse added to the complexity of a child’s perceived credibility and how the type of prior abuse influenced a child’s believability. Overall it was found that a child who had a prior history of abuse was perceived as less credible than a child who did not have a prior history of abuse. As mentioned before, the U.S. Department of Health and Human Services (2007) reported that children who have been victims of CSA are 96% more likely to be re-victimized and are likely to be related to or know their offender. Together this information highlights an alarming rate of children at risk of being re-victimized. Thus, it is important for future research to explore in greater detail perceptions regarding an allegation made by a child witness with a prior abuse experience, the child’s relationship to their offender, as well as individual characteristics of the child that may have increased the likelihood of being re-victimized. Specifically, a focus should be on understanding if a child is able to isolate and recall details of a current abuse experience from a prior abuse experience, how a prior abuse experience may influence rates of disclosure, and what aspects of the legal system need to be changed to enable abused children to get the help and protection they need.
REFERENCES


APPENDIX A

SCENARIOS GIVEN TO PARTICIPANTS
Part I

Please read the entire scenario below carefully. When you have completely finished reading the scenario, you may turn the page and begin answering the questions.

Single Allegation – 5-year-old

A referral was made to Child Protective Services (CPS) regarding 5 year old Katie, who is in Kindergarten. Katie’s teacher reports that she did well at the beginning of the school year. However, in the past month she has been arguing with the teacher and not participating in class activities. During a parent/teacher conference, her mother reported that she was exhibiting the same behaviors at home. Katie frequently lies, does not take responsibility for her behaviors and becomes angry with authority.

After picking a fight in the cafeteria at school this week, Katie was sent to the principal's office. In the office, Katie became very upset and cried uncontrollably. She told the principal that her neighbor rubbed the outside of her private parts and stuck his finger in her pee pee. The principal called CPS.

When the CPS worker came to the school and interviewed Katie, she said that she spends a lot of time at her neighbor’s house after school because her mother works until dinnertime. Katie said that her neighbor always wants to sit on the couch with her and watch TV. Lately he started sitting close to her and touching her. At first he touched her on top of her clothes, rubbing her private parts. Then he started reaching down inside her clothes and rubbed her and also put his finger inside her pee pee.
Repeat Sexual Abuse Allegation – 5-year-old

A referral was made to Child Protective Services (CPS) regarding 5 year old Katie, who is in Kindergarten. Katie’s teacher reports that she did well at the beginning of the school year. However, last year she had to testify against her father who had sexually abused her. Katie said that her mother and father fought a lot. Her mother worked at night and her father took care of her. Sometimes after she went to bed, she would get back up because she had trouble sleeping. Her father would tell her to go back to sleep and then he would come into her room. He pulled up her nightgown and rubbed her private parts and stuck his finger in her pee pee. During that time, Katie became aggressive and would often pick fights with other children. Afterwards, her parents divorced and both Katie and her mother received counseling. Her mother found a job allowing her to be home at night and by the end of the year her teacher reported that Katie had no major problems either academically or socially.

In the past month, Katie has been arguing with the teacher and not participating in class activities. During a parent/teacher conference, her mother reported that she was exhibiting the same behaviors at home. Katie frequently lies, does not take responsibility for her behaviors and becomes angry with authority. After picking a fight in the cafeteria at school this week, Katie was sent to the principal’s office. In the office, Katie became very upset and cried uncontrollably. She told the principal that her neighbor rubbed the outside of her private parts and stuck his finger in her pee pee. The principal called CPS.

When the CPS worker came to the school and interviewed Katie, she said that she spends a lot of time at her neighbor’s house after school because her mother works until dinnertime. Katie said that her neighbor always wants to sit on the couch with her and watch TV. Lately he started sitting close to her and touching her. At first he touched her on top of her clothes, rubbing her private parts. Then he started reaching down inside her clothes and rubbed her and also put his finger inside her pee pee.
Part I

Please read the entire scenario below carefully. When you have completely finished reading the scenario, you may turn the page and begin answering the questions.

Repeat Physical/Sexual Abuse Allegation – 5-year-old

A referral was made to Child Protective Services (CPS) regarding 5 year old Katie, who is in Kindergarten. Katie’s teacher reports that she did well at the beginning of the school year. However, last year she had to testify against her father who had physically abused her. Katie said that her mother and father fought a lot. Her mother worked at night and her father took care of her. Sometimes after she went to bed, she would get back up because she had trouble sleeping. Her father would get angry and hit her for getting up after he had already put her to bed once. Then he would tell her to go back to bed. During that time, Katie became aggressive and would often pick fights with other children. Afterwards, her parents divorced and both Katie and her mother received counseling. Her mother found a job allowing her to be home at night and by the end of the year her teacher reported that Katie had no major problems either academically or socially.

In the past month, Katie has been arguing with the teacher and not participating in class activities. During a parent/teacher conference, her mother reported that she was exhibiting the same behaviors at home. Katie frequently lies, does not take responsibility for her behaviors and becomes angry with authority. After picking a fight in the cafeteria at school this week, Katie was sent to the principal’s office. In the office, Katie became very upset and cried uncontrollably. She told the principal that her neighbor rubbed the outside of her private parts and stuck his finger in her pee pee. The principal called CPS.

When the CPS worker came to the school and interviewed Katie, she said that she spends a lot of time at her neighbor’s house after school because her mother works until dinnertime. Katie said that her neighbor always wants to sit on the couch with her and watch TV. Lately he started sitting close to her and touching her. At first he touched her on top of her clothes, rubbing her private parts. Then he started reaching down inside her clothes and rubbed her and also put his finger inside her pee pee.
Part I

Please read the entire scenario below carefully. When you have completely finished reading the scenario, you may turn the page and begin answering the questions.

Single Allegation 10-years-old

A referral was made to Child Protective Services (CPS) regarding 10 year old Katie, who is in 5th grade. Katie’s teacher reports that she did well at the beginning of the school year. However, in the past month she has been arguing with the teacher and not participating in class activities. During a parent/teacher conference, her mother reported that she was exhibiting the same behaviors at home. Katie frequently lies, does not take responsibility for her behaviors and becomes angry with authority.

After picking a fight in the cafeteria at school this week, Katie was sent to the principal's office. In the office, Katie became very upset and cried uncontrollably. She told the principal that her neighbor rubbed the outside of her private parts and stuck his finger in her vagina. The principal called CPS.

When the CPS worker came to the school and interviewed Katie, she said that she spends a lot of time at her neighbor’s house after school because her mother works until dinnertime. Katie said that her neighbor always wants to sit on the couch with her and watch TV. Lately he started sitting close to her and touching her. At first he touched her on top of her clothes, rubbing her private parts. Then he started reaching down inside her clothes and rubbed her and also put his finger inside her vagina.
Part I

Please read the entire scenario below carefully. When you have completely finished reading the scenario, you may turn the page and begin answering the questions.

Repeat Sexual Abuse Allegation 10-years-old

A referral was made to Child Protective Services (CPS) regarding 10 year old Katie, who is in 5th grade. Katie’s teacher reports that she did well at the beginning of the school year. However, last year she had to testify against her father who had sexually abused her. Katie said that her mother and father fought a lot. Her mother worked at night and her father took care of her. Sometimes after she went to bed, she would get back up because she had trouble sleeping. Her father would tell her to go back to sleep and then he would come into her room. He pulled up her nightgown and rubbed her private parts and stuck his finger in her vagina. During that time, Katie became aggressive and would often pick fights with other children. Afterwards, her parents divorced and both Katie and her mother received counseling. Her mother found a job allowing her to be home at night and by the end of the year her teacher reported that Katie had no major problems either academically or socially.

In the past month, Katie has been arguing with the teacher and not participating in class activities. During a parent/teacher conference, her mother reported that she was exhibiting the same behaviors at home. Katie frequently lies, does not take responsibility for her behaviors and becomes angry with authority. After picking a fight in the cafeteria at school this week, Katie was sent to the principal’s office. In the office, Katie became very upset and cried uncontrollably. She told the principal that her neighbor rubbed the outside of her private parts and stuck his finger in her vagina. The principal called CPS.

When the CPS worker came to the school and interviewed Katie, she said that she spends a lot of time at her neighbor’s house after school because her mother works until dinnertime. Katie said that her neighbor always wants to sit on the couch with her and watch TV. Lately he started sitting close to her and touching her. At first he touched her on top of her clothes, rubbing her private parts. Then he started reaching down inside her clothes and rubbed her and also put his finger inside her vagina.
Part I

Please read the entire scenario below carefully. When you have completely finished reading the scenario, you may turn the page and begin answering the questions.

Repeat Physical/Sexual Abuse Allegation – 10-year-old

A referral was made to Child Protective Services (CPS) regarding 10 year old Katie, who is in 5th grade. Katie’s teacher reports that she did well at the beginning of the school year. However, last year she had to testify against her father who had physically abused her. Katie said that her mother and father fought a lot. Her mother worked at night and her father took care of her. Sometimes after she went to bed, she would get back up because she had trouble sleeping. Her father would get angry and hit her for getting up after he had already put her to bed once. Then he would tell her to go back to bed. During that time, Katie became aggressive and would often pick fights with other children. Afterwards, her parents divorced and both Katie and her mother received counseling. Her mother found a job allowing her to be home at night and by the end of the year her teacher reported that Katie had no major problems either academically or socially.

In the past month, Katie has been arguing with the teacher and not participating in class activities. During a parent/teacher conference, her mother reported that she was exhibiting the same behaviors at home. Katie frequently lies, does not take responsibility for her behaviors and becomes angry with authority. After picking a fight in the cafeteria at school this week, Katie was sent to the principal’s office. In the office, Katie became very upset and cried uncontrollably. She told the principal that her neighbor rubbed the outside of her private parts and stuck his finger in her vagina. The principal called CPS.

When the CPS worker came to the school and interviewed Katie, she said that she spends a lot of time at her neighbor’s house after school because her mother works until dinnertime. Katie said that her neighbor always wants to sit on the couch with her and watch TV. Lately he started sitting close to her and touching her. At first he touched her on top of her clothes, rubbing her private parts. Then he started reaching down inside her clothes and rubbed her and also put his finger inside her vagina.
Part I

Please read the entire scenario below carefully. When you have completely finished reading the scenario, you may turn the page and begin answering the questions.

Single Allegation 15-years-old

A referral was made to Child Protective Services (CPS) regarding 15 year old Katie, who is in 9th grade. Katie’s teacher reports that she did well at the beginning of the school year. However, in the past month she has been arguing with the teacher and not participating in class activities. During a parent/teacher conference, her mother reported that she was exhibiting the same behaviors at home. Katie frequently lies, does not take responsibility for her behaviors and becomes angry with authority.

After picking a fight in the cafeteria at school this week, Katie was sent to the principal’s office. In the office, Katie became very upset and cried uncontrollably. She told the principal that her neighbor rubbed the outside of her private parts and stuck his finger in her vagina. The principal called CPS.

When the CPS worker came to the school and interviewed Katie, she said that she spends a lot of time at her neighbor’s house after school because her mother works until dinnertime. Katie said that her neighbor always wants to sit on the couch with her and watch TV. Lately he started sitting close to her and touching her. At first he touched her on top of her clothes, rubbing her private parts. Then he started reaching down inside her clothes and rubbed her and also put his finger inside her vagina.
Part I

Please read the entire scenario below carefully. When you have completely finished reading the scenario, you may turn the page and begin answering the questions.

Repeat Sexual Abuse Allegation 15-years-old

A referral was made to Child Protective Services (CPS) regarding 15 year old Katie, who is in 9th grade. Katie’s teacher reports that she did well at the beginning of the school year. However, last year she had to testify against her father who had sexually abused her. Katie said that her mother and father fought a lot. Her mother worked at night and her father took care of her. Sometimes after she went to bed, she would get back up because she had trouble sleeping. Her father would tell her to go back to sleep and then he would come into her room. He pulled up her nightgown and rubbed her private parts and stuck his finger in her vagina. During that time, Katie became aggressive and would often pick fights with other children. Afterwards, her parents divorced and both Katie and her mother received counseling. Her mother found a job allowing her to be home at night and by the end of the year her teacher reported that Katie had no major problems either academically or socially.

In the past month, Katie has been arguing with the teacher and not participating in class activities. During a parent/teacher conference, her mother reported that she was exhibiting the same behaviors at home. Katie frequently lies, does not take responsibility for her behaviors and becomes angry with authority. After picking a fight in the cafeteria at school this week, Katie was sent to the principal’s office. In the office, Katie became very upset and cried uncontrollably. She told the principal that her neighbor rubbed the outside of her private parts and stuck his finger in her vagina. The principal called CPS.

When the CPS worker came to the school and interviewed Katie, she said that she spends a lot of time at her neighbor’s house after school because her mother works until dinnertime. Katie said that her neighbor always wants to sit on the couch with her and watch TV. Lately he started sitting close to her and touching her. At first he touched her on top of her clothes, rubbing her private parts. Then he started reaching down inside her clothes and rubbed her and also put his finger inside her vagina.
Part I

Please read the entire scenario below carefully. When you have completely finished reading the scenario, you may turn the page and begin answering the questions.

Repeat Physical/Sexual Abuse Allegation – 15-year-old

A referral was made to Child Protective Services (CPS) regarding 15 year old Katie, who is in 9th grade. Katie’s teacher reports that she did well at the beginning of the school year. However, last year she had to testify against her father who had physically abused her. Katie said that her mother and father fought a lot. Her mother worked at night and her father took care of her. Sometimes after she went to bed, she would get back up because she had trouble sleeping. Her father would get angry and hit her for getting up after he had already put her to bed once. Then he would tell her to go back to bed. During that time, Katie became aggressive and would often pick fights with other children. Afterwards, her parents divorced and both Katie and her mother received counseling. Her mother found a job allowing her to be home at night and by the end of the year her teacher reported that Katie had no major problems either academically or socially.

In the past month, Katie has been arguing with the teacher and not participating in class activities. During a parent/teacher conference, her mother reported that she was exhibiting the same behaviors at home. Katie frequently lies, does not take responsibility for her behaviors and becomes angry with authority. After picking a fight in the cafeteria at school this week, Katie was sent to the principal’s office. In the office, Katie became very upset and cried uncontrollably. She told the principal that her neighbor rubbed the outside of her private parts and stuck his finger in her vagina. The principal called CPS.

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APPENDIX B

SURVEY MEASURES GIVEN TO PARTICIPANTS
Part II

1. How old is Katie? ______

2. Who does Katie live with? __________________

3. Who did Katie tell first about the abuse by her neighbor? ________________________________

4. How much do you believe Katie’s report of sexual abuse against her neighbor (please circle only one)?

   
   1  2  3  4  5  6  7
   Not at all  Very much

5. Do you believe that Katie is (please circle only one):
   a. Telling the truth accurately
   b. Honestly mistaken
   c. Deliberately lying

6. Based on the information provided in the scenario, please rate Katie on the following characteristics, using the scale below.

   
   1  2  3  4  5  6  7
   Low Moderate High

   ___ a. Honesty
   ___ b. Memory ability
   ___ c. Language ability
   ___ d. Innocence
   ___ e. Sexual knowledge
   ___ f. Intelligence
   ___ g. Ability to distinguish imagination from reality
   ___ h. Emotional maturity
   ___ i. Knowledge of right and wrong
   ___ j. Obedience/compliance with rules
Part II

For each of the following questions, please write the number in the blank that corresponds to how you feel about each statement. Choose only one number for each answer and answer every question.

1
2
3
4
5
6
7

Very Unlikely
Neither Likely
Nor Unlikely
Very Likely

1. How likely is it that Katie clearly and completely remembers the details of what happened with her neighbor?
2. How likely is it that Katie clearly and completely reported the information that she remembered?
3. How likely is it that Katie’s mother believed her allegation of abuse against her neighbor?
4. How likely is it that Katie misinterpreted her neighbor’s touch as being sexual and inappropriate when it was innocent?
5. How likely is it that Katie’s report of the abuse by her neighbor is only partially accurate because she was too embarrassed to disclose everything that happened?
6. How likely is it that Katie was led or coached by an adult into reporting that she had been sexually abused when she had not?
7. How likely is it that Katie’s neighbor told her that what he was doing was not wrong?
8. How likely is it that Katie’s neighbor threatened that nobody would believe her if she told them about what they were doing?
9. How likely is it that Katie honestly believes she was sexually abused by her neighbor when she really was not?
10. How likely is it that Katie made up the allegation of abuse by the neighbor to keep from getting in trouble at school?
11. How likely is it that Katie will report another instance of abuse in the future?
12. How likely is it that Katie will take back (retract or recant) her allegation of abuse later?
13. How likely is it that Katie clearly and completely remembers the sexual abuse by her father last year? *** (this question is only asked in the repeat sexual abuse conditions)
14. How likely is it that Katie confused the sexual abuse by her father last year with what happened at her neighbor’s house? *** (this question is only asked in the repeat sexual abuse conditions)
15. How likely is it that Katie clearly and completely remembers the physical abuse by her father last year? *** (this question is only asked in the repeat physical abuse conditions)
16. How likely is it that Katie confused the physical abuse by her father last year with what happened at her neighbor’s house? *** (this question is only asked in the repeat physical abuse conditions)
17. Do you believe that Katie is (please circle only one):
   a. Telling the truth accurately
   b. Making a false allegation (mistaken or deliberate)
18. Give 3 specific reasons that led you to either believe or not believe Katie’s report of abuse against her neighbor.
   a. 
   b. 
   c. 
19. How confident are you about your judgments about Katie’s allegation (please circle one)?
   1 Not At All
   2 Confident
   3 Neither
   4 Not At All
   5 Completely
   6 Confident
   7 Completely
Part III

Your Age: ______

Your Gender:  ____Female  ____Male

Your Ethnicity (Race):  ____Asian  ____African American
  ____Bi-Racial  ____Caucasian
  ____Hispanic  ____Native American
  ____Other

Class Rank:  ____Freshman  ____Sophomore
  ____Junior  ____Senior

Do you have any children?
  ____Yes  ____No

Do you have any personal experience (self, family member, close friend) with child sexual abuse?
  ____Yes  ____No
APPENDIX C

IRB APPROVAL LETTER
November 15, 2011

Dear Participant,

We are conducting a survey to determine people’s beliefs and opinions regarding child witnesses. To participate, you must be 18 years of age or older. If you choose to participate in this project, you will be asked to complete a survey containing 23 questions. It should take you no more than 15 to 20 minutes. There are three parts to this survey. In the first part, you are asked about your background information. In the second part you are asked to read a vignette in which a child makes an explicit allegation of physical and/or sexual abuse. In the third part, you will answer questions about the vignette you read.

While this survey deals with fictional and hypothetical events, the allegation made in the scenario is explicit. Sometimes thinking about child sexual abuse or physical abuse can be deeply disturbing for some people. If the topic makes you uncomfortable, please do not participate. In addition, if you feel that you need to talk to anyone about any issues raised by this survey please contact the student counseling center at 423-425-4438, located in the University Student Center. The counseling center provides several services to deal with personal problems, anxiety, depression, and other issues that may be related to experiences of child abuse.

Participation in this study is voluntary. You may choose to withdraw from the study at any time. Your decision whether or not to participate will not affect your academic standing at the University of Tennessee at Chattanooga in any way. If your professor allows any extra credit for participation in research, it will be given according to your professor’s guidelines. If you do choose to participate in this study, your participation will be completely anonymous. Neither anyone reading the results of the survey nor I will be able to identify you. This form will not be connected with your survey answers, but will be collected separately.

If you have any questions about the project, you may contact Anna Henley at anna-henley@mocs.utc.edu or Dr. Amye Warren at amye-warren@utc.edu or 423-425-4293. This project has been approved by the University of Tennessee at Chattanooga’s Institutional Review Board for the Protection of Human Subjects. You may obtain a copy of the summary of the results of this study from Anna Henley after the study is completed this December.

Your help is greatly appreciated.

Sincerely,

Anna Henley
University of Tennessee at Chattanooga
Department of Psychology #2803
615 McCallie Ave
Chattanooga, TN 37403

__________________________  ______________________
Signature                     Date

__________________________  ______________________
Print Full Name                Course

__________________________  ______________________
UTC ID                        Professor

*The Institutional Review Board of the University of Tennessee at Chattanooga (FWA00004149) has approved this research project #11-130.*
VITA

Anna Henley is from Chattanooga, TN. She attended the University of Tennessee at Chattanooga, where she received a Bachelor of Arts in Psychology with a minor in Criminal Justice in May 2008. During that time, she engaged in several research opportunities with her professors, worked as research assistant for Cambridge Forensic Consultants in Boston, MA, and worked as research extern for Bellevue Hospital in New York City, NY. Anna began graduate studies in January 2009 at The University of Tennessee at Chattanooga. She has worked as a graduate assistant for United Way of Greater Chattanooga and taught several undergraduate Psychology courses. Anna graduated in May 2012 with a Master of Science in Research Psychology and is a volunteer life coach at Growing in Grace Ministries in Chattanooga, TN.