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CUSTODY AND EXPERT OPINION AS
FACTORS IN SEXUAL ABUSE CASES

DISSERTATION

Presented in Partial Fulfillment of the Requirements for
the Degree Doctor of Philosophy in the Graduate
School of The Ohio State University

By
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* * * * *

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ABSTRACT

Child sexual abuse is a serious social problem impacting our children, their families, and numerous social systems including schools and the courts. Research regarding adequate assessment techniques and treatment protocols for children identified as abused are ongoing and published findings are used more and more often as the basis for expert testimony in judicial procedures regarding sexual abuse. High publicity cases (such as the McMartin Preschool Trial) in which children's accounts are inadequate to convince jurors of defendant guilt have resulted in an overall decline of pro-child attitudes in sexual abuse cases. Many social scientists have predicted a specific backlash against believing children's allegations in custody cases. The backlash was predicted due to the perception that parents accuse one another of abuse during divorce proceedings to assure a more favorable custody decision. In the current study, the impact of a
custody dispute and expert opinion on mock juror’s judgements regarding sexual abuse allegations was investigated. Three independent variables [length of custody dispute, abuse probability (level of sexual/aggressive play with anatomically correct dolls) and strength of expert statement] were manipulated to determine their effect on subject jurors’ ratings of truthfulness of the allegations, defendant guilt, child safety issues and expert witness credibility. A 3-way ANOVA indicated significant main effects for abuse probability, strength of expert statement and subject gender. Subjects in the “high probability” condition rated the allegations as more believable and the defendant as more guilty than did subjects in the “low probability” condition. Subjects who experienced the strong expert statement rated the expert as more credible than subjects in the neutral expert statement condition. Female subjects judged the allegations to be more truthful, the defendant more guilty, the child more in need of protection and the expert to be more credible than did male subjects. The gender differences revealed in this study are consistent with a large body of questionnaire, interview, and experimental research findings reporting that women tend to be more “pro-child” in their ratings than their male peers. Despite the statistically significant differences, group means were similar enough to be clinically unnoticeable. Overall, mock jurors endorsed
items indicating a strong belief that the children’s accusations were truthful and a high degree of confidence in their ratings. Not only did subjects believe the child’s disclosure about sexual abuse, they also believed the child’s identification of the perpetrator. Subjects also indicated high levels of confidence in their opinions about defendant guilt. These results refute the widely predicted backlash against believing sexual abuse allegations in cases involving a custody dispute.
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CHAPTER I

INTRODUCTION

Child sexual abuse is not a new problem, yet professionals continue to struggle regarding the best means of reducing adverse effects upon children already identified as abused. Such struggles are due, in part, to the large number of systems mandated to facilitate the protection of children, including mental health, legal, social service, religious, medical and educational systems. The coordinated effort of all these systems would result in the most comprehensive program for prevention and protection, yet most systems continue to work in isolation from one another to the detriment of the children they are attempting to serve.

One example of this occurs when children become involved in the legal system, a system designed by and for adults with little attention to the specialized needs of children. In sexual abuse cases, children are generally part of the legal process in one of two ways. First, in the criminal prosecution of child sexual assault or incest
cases where the child testifies as a victim or witness of sexual acts with an adult. Second, in civil cases involving custody decisions when allegations of sexual abuse against one parent have been made. The legal system is poorly equipped to include children in either type of case, despite the increasing numbers of cases involving children's allegations or testimony.

In criminal cases, however, there are relatively clear standards of evidence and rules that guide the decision making body (judge or jury) in determining the verdict in a relatively consistent manner. Psychologists have facilitated the interaction between children and the criminal justice system through research addressing children's memory (e.g., Ceci, 1991; Ceci, Ross & Toglia, 1987a, 1987b; Cole & Loftus, 1987; Goodman, Hirschman & Rudy, 1987; Johnson & Foley, 1984; Rudy & Goodman, 1991; Saywitz, Goodman, Nicholas & Moan, 1992), suggestibility (e.g., Ceci, Ross & Toglia, 1987a, 1987b; Goodman & Reed, 1986; Marin, Homes, Guth & Kovac, 1979; Loftus & Davies, 1984), competency to provide testimony (e.g., Bussey, 1990; Haugaard, et. al., 1991; Pipe & Wilson, 1990; Strichartz & Burton, 1990) and through amicus briefs (Goodman, Levine, Melton & Ogden, 1991) advising the court regarding special issues when children serve as primary witnesses. Although far from complete, a relatively
successful relationship has been developing between the behavioral sciences and the criminal justice system.

The issue of sexual abuse allegations in custody cases presents much more of a dilemma for the judicial system. In most states, custody statutes are written such that the decision-making body has extensive discretion regarding what type of evidence to admit and how to use that evidence in making a custody decision (Emery, 1987; Klein, 1994). The most common (and often the only) guideline in these cases is the murky concept of "the best interests of the child." Since there is no legal criteria in most states as to what constitutes the child's best interests, the judge or jury are free to make the decision based on whatever criteria they deem to be appropriate. The behavioral sciences are just beginning to offer strategies to provide for the best interests of the child within the legal boundaries of the judicial system (Horner, Guyer & Kalter, 1993; Myers, 1993). One way mental health professionals impact children's fate in custody cases is by offering an "expert opinion" about typical behavioral patterns of abused children and about which parent would be most likely to provide for the best interest of that particular child (Gembala & Serritella, 1992; Myers, 1993; Sagatun, 1991). The expert opinion of psychologists has become increasingly important in custody
cases where the question of sexual abuse has been raised (Brooks & Milchman, 1991; Sorensen, Goldman, Ward, Albanese, Graves & Chamberlain, 1995). The purpose of expert testimony is to educate jurors (or the judge, in the case of a bench trial) and provide them with information to be used in their decision making process (Bull, et. al., in press). Expert testimony usually addresses the "diagnosis" of sexual abuse, credibility of a particular victim, or the long-term effects of experiencing sexual abuse.

Clinical psychologists typically base their expert opinion on an evaluation of the child as well as general findings published in the professional literature. Most sexual abuse evaluations will include an interview with anatomically correct dolls (APA panel, 1993) which is used to elicit and observe any sexualized behavior which might be congruent with the child's allegations. Experts are often asked to describe or present a videotape of the child's interactions with the dolls as evidence in support of their opinion regarding the probability that the child has been sexually victimized (Boat & Everson, 1994).

Understanding how jurors perceive child victims in custody cases and how expert opinion influences that perception would facilitate mental health and legal professionals' attempts at protecting children from
ongoing sexual abuse. If, for example, it were found that jurors tend to have higher doubts about sexual abuse allegations when custody is at stake, specialized instructions from the judge could be developed to address that bias. Unfortunately, no research to date has investigated the impact of these variable on juror's decision making process. The purpose of the proposed study is to investigate these questions. Specifically, this investigation will focus on the impact of a custody dispute on juror's judgments regarding sexual abuse allegations after observing children's behavior with anatomically correct dolls and expert opinion regarding that behavior. Three independent variables (length of custody dispute, level of sexual/aggressive play with anatomically correct dolls and strength of expert statement) will be manipulated to determine their effect on the subjects' ratings of truthfulness of the allegations, defendant guilt, child safety issues and expert witness credibility (see Appendix A). Data will be analyzed using a three-way ANOVA to determine the main effects and interactions of the three independent variables on the four dependent variables.

There are several areas of research that are relevant to this topic and will be reviewed in the subsequent section. First, literature related to the three
independent variables will be presented and critiqued. The use of anatomically correct dolls as an assessment tool will be reviewed first. Published studies of expert opinions in sexual abuse cases will be discussed next, followed by an overview of jury studies that have focused on perceptions of child witnesses. Research design issues and published findings will be presented for each of these topics. Finally, a summary of legal issues in custody cases will be presented to provide the reader with the judicial context within which custody disputes are resolved. After the relevant research has been reviewed, the research design, analyses and results will be presented. In the final section of this document, research results, including study limitations and directions for future research, will be discussed.
CHAPTER II
REVIEW OF ANATOMICAL DOLL LITERATURE

Research Results

One of the tools that has been used in sexual abuse evaluations for over ten years is anatomically correct dolls (ACDs) (Friedemann & Morgan, 1985). Published articles concerning the use of ACDs focus on issues as diverse as professionals' use of ACDs and their training (Boat & Everson, 1988); variations in child-doll interactions based upon different ACD characteristics (Boat & Everson, 1986; Friedemann & Morgan, 1985; MacFarlane & Krebs, 1986; White, Strom, Santilli & Quinn, 1987); children's accuracy in reporting neutral events with the aid of ACDs (Goodman & Aman, 1987) and guidelines for interviewing children with ACDs (Boat and Everson, 1986; Shamroy, 1987; White, Strom, Santilli & Halpin, 1986; White, Santilli & Quinn, 1987).

The legal system requires that an assessment tool be generally accepted by the professional community before it
can be admitted as evidence. Survey data (Boat & Everson, 1988) indicates that 95% of children's services agencies and 40% of law enforcement agencies regularly use ACDs in sexual abuse evaluations. While this would seem to support the use of the ACDs as accepted by the majority of the scientific community, existing studies fail to address the fundamental issue of whether children's behavior with ACDs is a valid means of making decisions for use in a clinical and legal framework (Everson & Boat, 1994). In fact, it is this lack of scientific support which has fueled the criticisms leveled in recent court decisions (White, 1988).

In order to assess the validity of ACDs as an assessment tool, two types of studies have been conducted. First, data concerning the play of nonabused children with ACDs has been collected to form a normative baseline against which to judge the age-appropriateness of any individual child's doll interactions. Second, several studies comparing the play patterns of abused and nonabused children have been completed in an effort to determine if a history of sexual victimization is associated with a significantly different pattern of ACD related behaviors than when there is no history of sexual contact.
Normative Studies of ACDs

Five published articles have begun the process of establishing a normative baseline regarding the play of nonabused children with ACDs. Gabriel (1985) interviewed 16 children between 2 and 5 years of age with ACDs. The interview questions, however, were not included in the article, and appeared to vary widely from child to child. The interviewer made "careful notes" about the children's behavior during the sessions (p. 42) instead of using a more objective tool such as video- or audio-taping. Later scrutiny of these notes resulted in the identification of a list of behaviors (e.g., "actively handled dolls" and "overt interest in genitals"), which were defined by single examples rather than operational definitions. Frequency counts of these behaviors were scored from the notes and reported for each child. Gabriel (1985) concluded that "most of the children showed most behaviours... including activities... similar to those described by examiners in sexual abuse investigations" (p.45). Although this type of descriptive data is potentially useful, methodological flaws such as the lack of a prespecified coding scheme and a single observer/coder who was not blind to the hypotheses of the project leaves this study open to criticisms regarding the reliability of the observations and possible bias due to
Sivan, Schor, Koeppl and Noble (1988) also focused exclusively on the interaction of nonabused children with ACDs and corrected some of the methodological flaws that limited the usefulness of Gabriel's (1985) study. One hundred forty four children between 3 and 8 years of age were observed and rated during three conditions of play (i.e., [1] adult present, [2] adult absent & doll dressed, and [3] adult absent & doll undressed). Gender of the child and the adult were controlled for in an effort to ascertain whether ACD interaction was systematically related to the child's gender or to that of the adult interviewer. Data analyses revealed that the girls spent more time with the ACDs than did the boys, although in general all the children interacted with other toys more than with the ACDs. The most significant finding of this study was that sexually explicit behaviors were not exhibited by any of the children in their interactions with the dolls. Further, little doll directed aggression was exhibited, and significantly, not one aggressive act was observed when the dolls were undressed. The authors report that clinical anecdotes indicate that abused children show more aggression toward naked ACDs than dressed ACDs. These findings suggest that there may be differences in the level of aggression as well as the
presence of sexualized behavior between abused and nonabused children engaging in free play behavior with ACDs. This study offers important information about the reactions of nonabused children to ACDs, and contributes significantly to the normative database. Unfortunately, the procedures used in this study do not adequately reflect those used in actual child abuse cases. The children were not asked any specific question about the dolls, nor were there any structured interactions between the interviewer and the child. All of the behaviors described resulted from an unstructured, free play situation. Therefore it cannot be said with any certainty that these are the behaviors one would actually observe in a nonabused child interviewed as part of an abuse investigation. It can be concluded, however, that nonabused children do not respond to ACDs as an irresistible cue for sexual behavior in a free play situation. This directly counters the argument of many defense attorneys who claim that ACDs act as a suggestive stimulus for sexualized play in and of themselves.

Similar results were obtained in another study investigating the behaviors of nonabused children with ACDs (Glaser & Collins, 1989). Ninety-one children between 2 and 6 years of age participated in this study, in which their behavior with ACDs was recorded in a number of
situations including naming body parts and free play. Only five children demonstrated any sexually explicit behavior during the sessions, and three children acted in an aggressive manner toward the dolls. Unfortunately, the researchers never directly asked whether or not the child participants had experienced sexual abuse, despite the fact that parents were interviewed as part of the study. The researchers note that they assumed parents would not give informed consent for a child who had experienced sexual abuse to participate in the study. Since they did not ask directly, however, it is possible that some of the participants had a history of sexual contact unknown to the researchers. In fact, it was later discovered that one of the children who demonstrated sexual acts had been sexually abused by her stepfather. Although it is assumed that this sample provides normative data, there is reason to question whether or not all of the children were free from a history of sexual victimization.

In a large, well-designed normative study (Everson and Boat, 1990), only 12% of the 209 participants demonstrated sexually explicit behavior with the ACDs during a 30-minute doll interview. This led the authors to conclude that there is a low incidence of "normal" sexually explicit play in nonabused children when interacting with anatomically correct dolls. None of the
children under 4 years of age demonstrated any sexual behaviors with the dolls, suggesting that such behaviors in very young children should not be interpreted as "normal" sexual play. This study provided additional evidence against the claim that ACD interviews cause false reports of sexual abuse by nonabused children due to the sexually suggestive nature of the dolls.

Finally, important information about the effects of age, race and SES on child-doll interaction patterns was reported by Boat and Everson (1994). Results from this study of 223 "presumably nonabused" children support previous conclusions that sexualized behaviors with the dolls are rarely observed with a nonabused population. More interestingly, though, was the finding that young black children were significantly more likely to demonstrate sexual behaviors between the dolls than were white children. Four- and 5-year-old black males from a low SES family were the only children in the study who positioned the dolls in a manner suggesting intercourse when the interviewer was present in the room. The authors suggested that these behaviors might be due to more crowded living conditions and a greater opportunity for exposure to sexual situations. They also hypothesized that these children may have had less socialization inhibiting expressions of sexuality. Although they
acknowledged that the rate of these behaviors (6%) was approximately the expected number of unidentified abused children in a sample of this size, the authors reported "no compelling reason to suspect these children had been abused" (Boat & Everson, 1994, p.151). They also reported that no sexualized behavior was demonstrated by any 2-year-old and that clinicians observing such play in very young children should explore potential sources of this knowledge. Results from this study revealed different normative base rates of sexualized behaviors based on age, race and SES, which suggests that evaluators working with 4- and 5-year old African American and low SES children are likely to see more sexualized play than those working with younger children or those from higher SES families.

**Comparative Studies of ACDs**

Seven studies have compared abused children's interactions with ACDs to those of nonabused children in a structured interview format. Four of these studies used the behavior of the children as the dependent measure. The remaining three studies used a probability rating of the coder's certainty that the child had experienced sexual abuse as the dependent variable. These studies provided information regarding the ability of a rater to differentiate abused from nonabused children rather than a
description of any behavioral differences between the groups.

August and Forman (1989) rated 32 children (16 sexually abused and 16 nonabused) on types of ACD play in two situations, 1) when asked to change the doll's clothes with no adult present, and 2) when asked to tell a story with the dolls after the adult returned to the room. Four categories of play (aggression, avoidance, private parts reference, and free play) were coded for each subject in each situation. Subjects were girls between 5 and 8 years old, and were age- and race-matched. The results of this study indicated that although the nonabused children played with ACDs significantly more than their sexually abused peers, they demonstrated significantly less aggression toward the dolls. In addition, the abused children displayed significantly more behaviors coded as private parts reference in the unsupervised situation in this study.

A study conducted by Jampole and Weber (1987) also examined differences between sexually abused and nonabused children's interactions with ACDs. Twenty 3 to 8 year olds, half of whom had histories of sexual abuse, participated in this study. The children were observed individually for one hour in a free play situation in a room containing ACDs as well as other age appropriate
toys. If the child did not play with the ACDs after a specified period of time, the adult in the room presented the dolls to the child. The child's play with the ACDs was globally rated as sexual or nonsexual by a rater blind to the child's abuse status. Results of the study indicate that the abused children were significantly more sexualized (e.g., more demonstrations of intercourse between dolls and more penetration of the dolls' genitals) in their interactions with ACDs than were the nonabused children.

The third study (Cohn, 1991) investigated the behavioral differences between 35 referred and 35 nonreferred 2 to 6 year old children. The investigator observed children in four conditions with dolls and concluded that doll play alone was inadequate to differentiate allegedly abused children from those who had made no allegations. Children from both groups demonstrated sexual interactions with the dolls (inserted fingers in openings), and neither group showed anxiety when presented with the dolls.

The final published study (Kenyon-Jump, Burnette & Robertson, 1991) comparing doll play patterns utilized a similar design in which the child was exposed to the dolls in a free play period, experienced a body parts inventory, and was left alone in the room. Results indicated that
there was no difference between the two groups in the amount of sexualized behavior with the dolls, although the abused children showed significantly more "suggestive" behaviors (e.g., touching their genitals, masturbation, kissing breasts or genitals of dolls) than did their nonabused peers.

ACD play patterns of children referred for suspected sexual abuse versus nonreferred children resulted in different levels of suspicion about the possibility of sexual abuse by the interviewer in a study conducted by White and colleagues (1986b). This investigation utilized a structured interview format with 50 children between the ages of 2 and 6, half of whom were referred for suspected sexual abuse. Based upon the results of the interview, an assessment of the level of suspicion that sexual abuse occurred was coded by two independent raters. Results of this study suggested that ratings of suspected abuse history differ as a result of referral status, and that observers can make reliable judgments about the sexual abuse status of a child based upon the child's responses during the interview. Unfortunately, there were significant differences in SES between the two groups, and verbal ability was uncontrolled. It is also unclear whether or not the coders were blind to the status (referred or nonreferred) of the child when the ratings
were made.

The second study comparing abused to nonabused children also utilized a structured interview with the ACDs and an abuse-nonabuse rating as the dependent measure (Realmuto, Jensen & Wescoe, 1990). Six sexually abused children, five nonclinic controls and four psychiatric controls were interviewed by child psychiatry resident blind to their abuse status. The interviewer completed a 20-minute structured interview with each child and estimated the level of suspicion (0 through 4, with 0 indicating no suspicion) that the child had experienced sexual abuse. Sixty-seven percent of the abused children were not correctly identified through the structured interview, indicating a substantial Type I error rate. The Type II error rate (33%) indicates that approximately one-third of the nonabused children were classified as abused based upon their responses to the interview. In total, only 53% of the children were correctly diagnosed as abused or nonabused. Unfortunately, with such a small sample, unusual behavior on the part of even one child could have biased the results of this study. In addition, the interviewer in this study used only the information gathered in the interview to form a judgement, and did not include any other data (such as corroborating medical findings, etc.) in the decision making process which would
typically be followed in an abuse investigation.

The final study focusing on observers' "diagnosis" based on observations of child doll interactions was conducted by Realmuto and Wescoe (1992). The authors found poor diagnostic agreement among multi-disciplinary professionals (mental health, legal and social services) as to the status of children who were observed via videotape interacting with the dolls. In addition, they also reported low rates of correct identification of sexually abused children. The professionals in this study tended to make more "misses" (failing to identify an abused child) than false positives. The authors encouraged a multi-modal investigation, including but not limited to a doll interview, to increase the validity and reliability of clinical judgments in sexual abuse allegations.

Legal Considerations

Since the legal system is not designed to accommodate the special needs of child witnesses, many mental health and legal professionals are concerned that testifying has a negative impact on the child witness. Only two research teams (Goodman et al., 1988; 1989; Runyan et al., 1987; 1988) have conducted prospective studies investigating the emotional impact of legal involvement on child sexual
abuse victims. Gail Goodman and colleagues investigated the behavioral adjustment of abused children who testified in criminal court to that of abused children who did not testify. There were no differences between testifiers and non-testifiers at the 3-month follow-up, both groups showed behavioral improvement compared to the baseline scores. At the seven-month follow-up, however, non-testifiers had continued to improve, while children who testified were showing levels of behavioral distress similar to those at the three-month follow-up. At the seven month follow-up, children who testified multiple times, who lacked maternal support at time of disclosure and whose cases lacked corroborating evidence were most likely to show continued disturbance.

According to pre- and post-testimony interview data, children reported the most frightening aspect of testifying was having to face the defendant again. Many of them believed that he/she would hurt them in court, or would find a way to get revenge after the child testified. Children who expressed high levels of fear about the defendant were most likely to rate their legal involvement as harmful, whether or not they actually testified. Most families did not regret their participation in the judicial system, but did wish that more innovative procedures be used regularly (eg., closed courtroom,
screen between victim and defendant).

Desmond Runyan and colleagues (1987, 1988) conducted a study in North Carolina that focused on the overall impact of judicial system involvement rather than the child's testimony. All of the subjects in this study were victims of intrafamilial abuse, and had cases pending in either juvenile or criminal court. After families consented to participate, parents and children completed several standardized measures. Each family participated in a second data gathering session 5 months later which also included a structured interview regarding their perceptions of the children's services and legal systems. If the child testified during the interim, a researcher observed the juvenile or criminal court proceedings. Results indicate that all of the children were experiencing high levels of psychological distress at the initial interview, and that significant reduction in distress was measured at the 5 month interview. Although the authors predicted that testimony would be associated with the greatest amount of harm to child victims, this finding was not supported. The variable that best predicted distress was the length of judicial involvement, with longer delays predicting worse emotional outcome. Since juvenile dockets are more open than criminal dockets, children who were involved with criminal court
cases tended to show worse adjustment than children involved with the juvenile system. Of those children with cases in juvenile court, testifying was associated with decreased levels of distress. For children in the criminal system, cases that were resolved more quickly, whether or not the child testified, were associated with the best psychological outcomes for the child victims.

The results of these studies suggest that testifying will not necessarily have a negative impact on child victims of sexual abuse. Factors such as lack of maternal support, severity of abuse, and judicial delays are associated with increased distress levels, as is testifying in criminal court cases multiple times. Given the heavy dockets and increasing numbers of sexual abuse cases that go to trial, it is unlikely that the judicial system will be able to address the needs of child witnesses through speedier trials or fewer appearances.

Multiple groups have identified strategies aimed at reducing the risk of negative psychological consequences for the child (Attorney General's Task Force, 1984; Bulkley, 1982). Many of these suggestions, such as the use of video-taped testimony and hear-say exceptions, have been ruled to be in violation of defendant's rights (eg., face to face confrontation, complete cross-examination of
all witnesses). It is possible, however, for expert witnesses to testify in place of the child about his or her opinion regarding the child's behavior and abuse allegations. This testimony could be strengthened by showing a videotape of the child behaving in the manner described by the expert. For those children most likely to be distressed by courtroom testimony, this would facilitate the child's ability to recover from the trauma of the abuse and return to more appropriate developmental tasks.

Research Critique

All of the doll studies utilized a similar design in which the children were observed interacting with the dolls in a number of different conditions. Since a major question of interest is the status of the dolls as a tool for discriminant validity, this paradigm is an appropriate method for investigation. Unfortunately, almost every study focused on somewhat different behaviors as dependent variables and often used similar category labels to describe very different behaviors. In addition, disparate subject selection and matching criteria further limit our ability to compare results across studies.

Both the normative and comparative studies suffer from a lack of continuity in scoring systems across studies. For example, categories entitled private parts
reference (August & Forman, 1987) included giggling at the private parts and looking at or touching the underwear of the dolls as well as simulating intercourse in one study, while Cohn (1991) recorded only direct contact with the dolls' genitals in a similar category.

Findings from the comparative studies are limited by the choice of matching variables which often left several important variables uncontrolled. For example, intellectual functioning was uncontrolled in most studies (August & Forman, 1989; Cohn, 1991; Jampole & Weber, 1987; Kenyon-Jump et al., 1991) despite findings which indicate significant differences between abused and nonabused children's IQ scores (Kempe & Kempe, 1978). The children's socio-economic status was uncontrolled in some studies (August & Forman, 1987; Cohn, 1991; Jampole & Weber, 1987) leaving serious doubts about the similarities between the two groups on variables other than their abuse status. Results from studies that did not control for age, race and SES are even less compelling now that normative research has demonstrated significant behavioral differences among these groups (Boat & Everson, 1994).

A joint criticism of the research conducted by White and colleagues (1986) and Realmuto's research team (1990, 1992) relates to the use of a rating scale as the dependent measure. Presumably, the raters in these
studies were relying on behavioral differences between abused and nonabused children to make their judgments. Since data on the differential behaviors of abused and nonabused children with ACDs is scant and limited by methodological flaws, these classifications were made by looking for behavioral differences which have yet to be empirically validated. It would have been interesting to re-score the data from these studies using the behaviors of the children with the dolls as the dependent measure. It may be that there were subtle behavioral differences between the groups which were masked by the relatively broad and vague score on the suspicion scale.

In summary, although further research is necessary to replicate these preliminary results and to better control the methodological flaws that limit the generalizability of previous findings, there is published literature that offers preliminary support for the validity of ACDs as a diagnostic tool. It will be recalled that anatomical doll play patterns is one of the independent variables to be manipulated in the study described below. Studies support using data from doll interviews by clinicians as part of a comprehensive sexual abuse assessment to provide information to be used as part of expert testimony. Research regarding expert statements in judicial disputes will be reviewed in the subsequent section.
CHAPTER III
REVIEW OF EXPERT WITNESS LITERATURE

Research Results

Child sexual abuse is difficult to prove from a legal standpoint. Typically there are no adult witnesses to the allegations, and if physical evidence is not available, the case is often dependent upon the testimony of very young children who may not perform well on the stand for a variety of reasons. One way to present the child's position in a manner that is both more convincing to jurors and avoids possible trauma to the child is through the use of expert testimony. The effectiveness of expert testimony in custody decisions is one of the independent variables in the study described below. The following research review will assist the reader in understanding empirical issues associated with the inclusion of expert statement strength as an independent variable.

There is increasing controversy, both within and between the mental health and legal professions, regarding expert testimony in custody cases (Borgida et al., 1989).
The courts are currently divided on what type of testimony to admit under what circumstances (McCord, 1986). One of the questions raised in this controversy involves the accuracy and reliability of clinical judgments related to sexual abuse (Bull et al., 1989; Sagatun, 1991). If the diagnosis of sexual abuse is invalid or unreliable, it should not be the topic of expert testimony. Relatedly, there is concern that some mental health professionals are acting as partisan advocates (either pro-child or pro-defendant) which undermines their ability to arrive at objective conclusions (Faust & Ziskin, 1988; Levy, 1989).

Four criteria are used to determine the admissibility of expert testimony (Federal Rules of Evidence, 1990). The first is expert status of the person offering testimony. The person must have "special knowledge, skill, experience, training or education" on the topic to be addressed in the testimony (Federal Rules of Evidence, 1990, p. 720). The second criterion is that the evidence be relevant to the case, meaning that there must be a logical connection between the facts to be offered and the question before the court. Another requirement is that the evidence to be offered is generally accepted by the scientific community as valid and reliable. This criterion is tested by the Frye rule (Frye v. United States, 1923), which is a vaguely written set of dictates
to determine when evidence is accepted by the scientific community. Finally, the expert's testimony must offer information which will increase the court's understanding of the facts in the case. Whether or not expert testimony regularly satisfies these criteria in sexual abuse cases is a legal question which continues to be argued before the court.

A related question to be explored involves the relative efficacy of expert testimony. How much does this testimony impact juror decisions in sexual abuse cases? How are mental health professionals and their testimony perceived by jurors who serve in these cases? To the extent that mental health professionals will continue to testify in child abuse cases, it is important to determine whether or not this testimony is effective in facilitating a just decision by the court.

One question to be asked, therefore, is how successful expert witnesses are in persuading the judge and jury of the facts in their testimony. The vast majority of research concerning the persuasiveness of a communicator have focused on the impact of credibility and attractiveness. Credibility has received unequivocal support in the literature, with all other factors held constant, a more credible source will be more persuasive than a less credible source (McGarry & Hendrick, 1974;
McGinnies & Ward, 1980; Maddux & Rogers, 1980; Swenson, Nash & Roos, 1984). Credibility has historically been defined as the combination of trustworthiness and expertness (Hovland, Janis & Kelly, 1953), although empirical investigation has also focused on aspects such as the communicator's vested interest in persuasion (Walster, Aronson & Abrahams, 1966), the communicator's sincerity (Mills & Jellison, 1967), and the similarity between the communicator and the recipient (McGarry & Hendrick, 1974).

Theoretically, the persuasiveness of experts follows the same guidelines as the persuasiveness of other adults. The most crucial factor, therefore, is the expert's credibility (Swenson, Nash & Roos, 1984). What is not clear from the general research is what factors are associated with the perceived credibility of an expert witness. Unfortunately, scientific investigation of this topic has been minimal. One study (Swenson, Nash & Roos, 1984) investigated the effect of professional affiliation, level of experience and gender on the perceived credibility of expert witnesses. The results of this study indicate that clinical psychologists are perceived as significantly more credible than psychiatrists or witnesses who are not mental health professionals. Despite professional affiliation, however, more
experienced witnesses were judged to be more credible than less experienced witnesses. This study indicated a trend for female experts to be perceived as more credible than male witnesses. Since this study did not ask the subjects to actually render a verdict in the case, the relationship between expert credibility and persuasiveness was not addressed.

The trustworthiness component of credibility is currently being addressed in studies investigating the partisan orientation of experts in child abuse cases. There has been some discussion (eg., Swenson, Nash & Roos, 1984) that the trustworthiness of psychological experts has been decreased by media attention to the opposite testimony often given by two "experts". This attention has suggested that there is no objectivity in social science research, but that professionals simply testify as an advocate for the person who hired the expert. Current research is attempting to identify the extent to which a partisan orientation is present in mental health professionals and what factors predict partisanship. Eugene Borgida and colleagues (1989) have found that type of training and professional experience are not linked to a partisan orientation. Research conducted with members of the Society for Traumatic Stress Studies (Bull et al., 1989) indicate that professionals who work with victims of
child abuse have a greater tendency toward partisanship than professionals who work with people who have experienced other types of trauma. This may reflect greater familiarity with the population, or it may reflect a partisan bias.

No experimental research to date has directly tested the impact of expert testimony on a juror's perceptions of the validity of sexual abuse allegations. Findings suggest that jurors find experienced, female clinical psychologists to be credible, yet it remains unclear whether that would influence their perceptions of the child victim and the truthfulness of the allegations.

**Research Critique**

Clearly, many questions about expert testimony in child abuse cases remain to be addressed by research. The only published study (Swenson, Nash & Roos, 1984) which directly tested juror's perceptions of expert testimony involved a custody case in which sexual abuse was not a factor. Subjects were asked to rate the believability of the witness but did not make a decision about custody based on that testimony. It remains unclear, therefore, whether even a credible witness would be a persuasive element in the juror's decision-making.

Another problem with this research was the method of
presentation. The expert testimony was presented via audio-tape or in writing, which limits its ecological validity. Although this study provided helpful information, more research is needed to address these issues.

The survey studies (Borgida et. al., 1989; Bull et. al., 1989) asked professionals about their opinions typically raised in sexual abuse cases. The purpose of these studies was to directly investigate media claims that professionals in the behavioral sciences work from a position of advocacy which prevents them from reaching objective decisions in cases of sexual abuse. Although this research has clear implications for the interaction of psychology and the law, it does not address jurors' perceptions of the partisanship of experts. Ultimately, juror's beliefs about professionals will influence the outcome of sexual abuse cases more than the professionals beliefs about themselves.

In summary, expert testimony is being solicited more often by attorneys (Sagatun, 1991; Sorensen et.al., 1995), despite considerable amounts of controversy surrounding this type of participation in the judicial system. Legal scholars have written arguments regarding the inherent difficulties of incorporating psychologists into the adversarial climate of the justice system, and questioning
whether testimony offered by mental health professionals actually meets the legal criteria for expert testimony. Although the benefits of an expert's testimony include protecting the child from possible systemic trauma, very little empirical evidence has addressed the actual impact of a professional's statements in child sexual abuse or custody cases.
CHAPTER IV
LEGAL ISSUES IN CUSTODY CASES

Introduction

In addition to the criteria in the Federal Rules of Evidence (1990) regarding expert testimony described above, recent case law has placed further restrictions on the types of evidence that may be presented by experts. Based upon principles 2 and 4 (relevant and aids understanding) in the Rules of Evidence, experts generally offer testimony in one of three areas: diagnostic issues, witness credibility and questions of fact. Length of custody dispute is the third and final independent variable included in the research described below. The following review of legal issues concerning child custody was included to familiarize the reader with concepts and issues relevant to the following study.

Diagnostic Issues

In a case involving child sexual abuse, diagnostic issues include differentiating abusive from nonabusive
behavior, identifying behaviors typically seen in abused children, describing the extent to which this particular child exhibits those behaviors and providing any information about the defendant which is relevant to the probability of him/her perpetrating this act. In custody cases, the expert may also testify regarding the ability of each parent to provide an environment that is sensitive to the child's developmental needs, or which parent has a "stronger" attachment relationship with the child or about the child's preference for custodial parent. When sexual abuse and custody decisions overlap, the emphasis tends to be on the issues of sexual abuse, since it is generally undisputed that it is not in the best interests of the child to live with a sexually abusive parent.

Mental health professionals are allowed to give testimony about the general characteristics of child sexual abuse victims and the extent to which the victim in question exhibits characteristics consistent with that pattern (Broderick v. King's Way Assembly of God Church, 1991; People v. Dunnahoo, 1984; State v. Myers, 1984). This must be done with care, however, because mental health experts are rarely permitted to make a statement about whether any particular victim actually experienced sexual abuse (State v. Batangan, 1990; State v. Hudnall,
1987; State v. Moran, 1986), although some states do allow mental health professionals to offer their opinion about whether or not the alleged victim actually experienced abuse (Broderick v. Kings Way Assembly of God Church, 1991; People v. James, 1990; State v. Jester, 1988).

Since mental health professionals have no "physical" evidence to offer, they typically base their testimony on observed behaviors. Most frequently, the "profile" of sexually abused children has utilized the "Sexual Abuse Accommodation Syndrome" first described by Summit (1984). According to this conceptualization, abused children are typified by a pattern of secrecy, helplessness, entrapment/accommodation, delayed disclosure and retraction. The admissability of this syndrome to explain a child's behavior is highly controversial. It has been admitted as evidence in some cases (Keri v. State, 1986; People v. Gray, 1986; People v. Luna, 1988; People v. Payan, 1985) and disallowed in as many others (Johnson v. State, 1987; Lantrip v. Commonwealth, 1986; People v. Bowker, 1988; People v. Roscoe, 1985). Virtually every time testimony on the Sexual Abuse Accommodation Syndrome has been admitted, it has resulted in an appeal. The admission has been upheld by some courts (People v. Gray, 1986; People v. Panyan, 1986) and overturned by others (People v. Roscoe, 1985). Although some legal scholars
argue that the Sexual Abuse Accommodation Syndrome meets all requirements of the Frye Test (Hensley, 1986) and should be admissible in all cases, others (Levy, 1989) believe it should never be admitted given the broad range of behaviors that can be associated with sexual abuse.

Psychologists also utilize information from interviews with anatomically correct dolls as a basis for expert testimony (Sagatun, 1991). Initially, behavior with the dolls was offered as evidence directly related to whether or not the abuse occurred (comparing it to physical evidence from medical examinations). This practice resulted in two immediate appellate cases (In re Amber B., 1987; In re Christine, C., 1987), both of which overturned the decision to admit testimony since ACDs did not meet criteria to pass the Frye test. More recently, children's behaviors with the dolls have been admitted, and affirmed upon appeal, as evidence about the consistency between the alleging child and sexually abused children in general (Brady v. State, 1989; Commonwealth v. Dockham, 1989; Myers, 1993). As long as it is not offered as a definitive tool for diagnosing sexual abuse, interactions with ACDs are considered to be relevant and aid the understanding of the court in cases of sexual abuse (Everson & Boat, 1994).
Witness Credibility

In deciding any case, the judge and jury must determine the credibility of witnesses and the extent to which their testimony is persuasive. Given the special circumstances with child witnesses, case law allows expert testimony regarding the general memory capacity and credibility of children (Sagatun, 1991) since it may be outside the usual experience of the jury and therefore satisfies condition 4 of the Rules of Evidence (1990). Experts are not, however, allowed to offer an opinion about the truthfulness of any particular witness, since the judge and jury presumably have the ability to determine truthfulness as accurately as professionals in the behavioral sciences (State v. Kim, 1982).

Questions of Fact

Ultimately, the court must decide if the child was abused by the defendant. This is seen as a legal question which is only answerable by the judge and/or jury (Johnson v. State, 1987; State v. Batangan, 1990). Experts have been allowed to offer an opinion based on scientific findings and characteristics of the case and to answer hypothetical questions posed by an attorney (Sagatun, 1991), although many of these cases are currently under appeal.
There are some issues on which an expert can testify in a sexual abuse or custody case; the general characteristics of abused children, victims as a class, the behavior if the child in question, and witness credibility in general. Physicians are routinely allowed to draw diagnostic conclusions about the veracity of sexual abuse allegations, but mental health professionals have been prohibited from presenting this type of evidence in several trials (Commonwealth v. Dunkle, 1992; Johnson v. State, 1987; State v. Schimpf, 1990). No expert may comment on the truthfulness of any specific witness or on the probability that the defendant is guilty (in re Cheryl H., 1984; Seering v. Department of Social Services, 1987; Townsend v. State, 1987). The legal purpose of expert testimony is to aid the judge/jury by providing information outside the scope of ordinary knowledge. The clinical purpose for providing expert testimony is to facilitate the child's mental health through a speedy resolution of legal issues and protection against future victimization by the accused. It remains unclear how effective expert testimony is in meeting either of these purposes.

In summary, reports of child sexual abuse continue to rise, challenging professionals from many disciplines to cooperate in their efforts to protect child victims from
future trauma. Clinicians perform an initial assessment, often including a doll interview, for purposes of diagnosis and treatment planning. Research indicates that children who have experienced sexual abuse tend to be more sexual and aggressive in their doll play than their nonabused peers. In addition to its clinical usefulness, characteristics of the child's doll play behavior is admissible by expert statement in many courts, and can be used to support the child's allegations of abuse. Expert opinion can take the place of child testimony in some cases, which spares the child from experiencing the stress associated with public testimony. Although research has not supported the belief that all children will be traumatized by courtroom involvement, there are certain factors (e.g., length of delays and number of testimonial appearances) which are predictive of child distress. In these cases, clinicians who testify in place of the child are providing a therapeutic intervention which could greatly facilitate the child's mental health. Unfortunately, little is known about how jurors perceive children's doll play or expert testimony regarding that behavior. Jury studies have identified several variables (e.g., gender, attitudes about children and sexuality) that influence decision-making, but no study has addressed the impact of expert testimony on jurors' ratings of the
truthfulness of the abuse allegations or defendant guilt.

The issue of sexual abuse allegations in custody disputes has recently received significant amounts of media attention. Many media stories suggest that most sexual abuse allegations in custody disputes are vindictive fabrications by wives against husbands (Dullea, 1987; Zweig, 1987). Recent research has indicated that sexual abuse allegations arise in only a small percentage of all custody disputes (Thoennes & Tjaden, 1990) and that the allegations in such disputes are substantiated by physical findings and behavioral observations as often as allegations not related to a custody battle (Hlady & Gunter, 1990). Another recent study (Sorensen, et. al., 1995) examined judicial records of custody disputes and revealed that sexual and physical abuse allegations were not as common as other types of complaints (such as spouse abuse and drug addiction), but that they appeared to strongly influence judicial decision making. Although these findings would suggest that making a false accusation of sexual abuse to gain full custody is not a common problem, concerns about a backlash against victims remain prevalent among both professionals and lay people (Heckler, 1988; Sorensen, et. al., 1995). No experimental data to date has directly addressed the extent to which a custody dispute impacts judicial decisions about sexual
abuse allegations. The current study was designed to address these issues.
CHAPTER V
REVIEW OF JURY STUDIES

Research Results

The dependent variables in the research reported in this document were ratings made by college students who had been exposed to varying levels of the independent variables (anatomical doll interaction, length of custody dispute, strength of expert statement). The college student subjects acted as "jurors" in this simulated study regarding people's perceptions of allegation truthfulness, defendant guilt, child safety and expert credibility. Findings and empirical issues related to simulated jury studies are reviewed in the current section to provide the reader a context within which to understand the research described later in this document.

A considerable amount of empirical attention has been directed toward the question of children's ability to reliably recount events in their lives, resist suggestive questioning and perform as competent witnesses (see Rudy, 1992, for a comprehensive review). Unfortunately, recent
research (Goodman, Bottoms, Herscovici & Shaver, 1989; Leippe, Manion & Romanczyk, 1993; Leippe & Romanczyk, 1989) has suggested that judicial decisions are not always based on the accuracy of children's statements. Factors such as child age (Duggan et. al., 1989; Limber & Castrianno, 1990), child gender (Isquith, Levine & Scheiner, 1993), juror gender (Bottoms & Goodman, 1992; Scheiner, 1988) and juror experience with children (Duggan et. al., 1989) have all been found to account for significant amounts of variance in the perceived credibility of child witnesses.

It is therefore important to investigate juror's skill at identifying accurate versus inaccurate testimony. Six studies have addressed this issue with child witnesses (Bottoms & Goodman, 1994; Gabora, Spanos & Joab, 1993; Kovera, Levy, Borgida & Penrod, 1994; Leippe, Manion & Romanczyk, 1993; Leippe & Romanczyk, 1987; Wells, Turtle & Luus, 1989). All produced findings which indicate that adults typically underestimate the accuracy of child witnesses. To the extent that persuasiveness is related to credibility, these findings suggest that child witnesses are significantly less persuasive than their adult peers. The underestimation of children's abilities may be due in part to negative attitudes about children's cognitive abilities held by many adults. One study (Yarmey & Jones,
found that 69% of their sample (including non-student adults, psychologists, law students and undergraduates) believed that children do not provide accurate testimony. This finding would suggest that someone (the judge, the attorney or an expert witness) must convince jurors that children are credible before their testimony will be persuasive. Many of the procedures currently used with child witnesses (e.g., competency examinations) may subtly reinforce negative stereotypes about children's abilities (Weithorn, 1984). These findings provide an additional reason to use expert testimony in place of child testimony when possible.

When research regarding juror perceptions of child witnesses began in the 1980s, most studies involved children's testimony in cases of theft or automobile accidents (Goodman, Golding, Helgeson, Haith & Michelli, 1987; Leippe & Romanczk, 1987; 1989). While these studies generally found that children were perceived as less credible than adults, it is relatively unlikely that children's testimony would be pivotal in actual cases of this type (Bulkley, 1989).

Literature specifically addressing juror's reactions to children testifying about sexual abuse is still in its infancy, but preliminary results offer some interesting
information about what types of variables influence juror's perceptions and decisions. Two variables have received the vast majority of research attention: child age and juror gender.

In mock cases presented in written scenarios, jurors consistently find younger victims (5 to 11 years old) of sexual abuse more credible than older victims (13 to 15 years old) (Bottoms & Goodman, 1992; Bottoms & Goodman, 1994; Duggan et. al., 1989; Gabora, Spanos & Joab, 1991; Isquith, Levine & Scheiner, 1993; Scheiner, 1988; Waterman & Foss-Goodman, 1984). The testimony of older victims was associated with more pro-defense decisions (i.e., lower assessment of guilt and fewer "convictions") in the three studies that included a determination of defendant guilt as a variable (Bottoms & Goodman, 1992; Bottoms & Goodman, 1994; Goodman et. al., 1989). Subject's comments suggest that these findings were due to an assumption of sexual naivete and truthfulness in young children and a suspicion of dishonesty, secondary gain and responsibility for the sexual acts attributed to the older victims.

Another line of research has utilized a survey format, simply asking subjects about their opinions of children and sexual abuse allegations in general (Everson & Boat, 1989; Corder & Whiteside, 1988; Limber & Castrianno, 1990; Saunders, 1987). Other than the survey
mentioned above (Yarmey & Jones, 1983), most results from these studies indicate that jurors believe it is more likely for an older child to lie about sexual abuse, and that younger children deserve more sympathy and are more truthful in general. Taken in combination, these findings present us with an interesting dilemma, since studies have found that younger children are significantly less confident in their presentation than are older children. Confident presentation was associated with increased testimonial accuracy and accounted for a significant amount of variance in perceived credibility in one study (Leippe, Marion & Romanczyk, 1993), and resulted in lower levels of perceived competence for younger children. Since most juror perception of child sexual abuse research has utilized written scenarios rather than videotaped testimony, it is possible that the findings regarding child's age represent an inflated estimate of juror's true patterns of judging children's testimony.

In addition to the child's age, juror gender has also consistently been found to influence perceptions in child sexual abuse cases. Women are generally more favorable towards child witnesses, ascribing less guilt to children (Gabora et. al., 1991; Scheiner, 1988) and finding them more believable (Bottoms & Goodman, 1992; Duggan et. al., 1989; Goodman et. al., 1989; Limber & Castriano, 1990)
than do male jurors. Women were also more confident in their ratings of defendant guilt (Bottoms & Goodman, 1992; Goodman et. al., 1989). It is important to note that many individual men are as pro-victim as women, and many individual women are as pro-defense as men (Bottoms, 1993b), but the group findings remain surprisingly consistent.

Attempts to identify variables other than gender influencing juror perceptions in sexual abuse cases have recently been begun by Bette Bottoms (1993a, 1993b). Jurors' attitudes on four topics (general believability of children, adult-child sexual contact, feminism and sexual conservatism) significantly predicted the amount of empathy felt for the victim and the subsequent perceptions of child credibility and defendant guilt. Of these, attitudes about the general believability of children were most predictive (higher ratings of believability being associated with more pro-victim judgments and vice versa) and feminist attitudes were the least predictive. Although more women than men professed attitudes associated with a pro-victim decision, when all factors were entered into a regression analysis, gender was not a significant predictor of outcome. This suggests that it is necessary to investigate specific attitudes to most completely understand the perceptions and decisions of
mock jurors in this study.

Although the field has begun to investigate juror's impressions of child witnesses in sexual abuse cases, many questions remain. It is generally cited (Goodman & Bottoms, 1993) that juror decision making involves some combination of juror factors (such as the attitudes identified in Bottoms' 1993 research), witness factors (such as the child's age) and case factors (such as a custody dispute). Although the investigation of specific juror factors that are predictive of outcome has begun, attention has yet to be addressed to specific child and cases variables that influence juror's perceptions and judgments in sexual abuse cases.

Research Critique

The general paradigm used for investigating juror perceptions involves presenting subjects with information about a specific case (via written scenarios, audio-taped or videotaped testimony) and then asking them to rate their perceptions on a number of variables (such as witness credibility and defendant guilt) on a series of Likert scales. Studies vary considerably in their ecological validity, with written scenarios being most problematic.

As noted above, no published study has focused specifically on case variables and their impact on juror's
decisions. While the impact of a custody dispute is one important factor to investigate, there are other variables which also deserve empirical attention. For example, it is widely believed that people who have a history of leadership roles with children (e.g., boy scout leaders, big brother/big sister volunteers) are unlikely to abuse children although perpetrator research suggests that these activities are instrumental in providing access to potential victims (Kaufman, Harbeck-Weber & Rudy, 1994). It would also be interesting to study the potential influence of a defendant's history of sexual abuse, alcoholism and aggression in a juror's decision about the likelihood that he/she perpetrated child sexual abuse. These questions could be investigated in the general jury study paradigm described above.
CHAPTER VI
STATEMENT OF PURPOSE

Given that sexual abuse is a complicated problem that is likely to persist for some time, it is important for psychologists to explore the effectiveness of different interventions in the treatment of child victims. Facilitating the legal disposition of sexual abuse cases with minimal testimonial demands upon the child would appear to be one such intervention. It remains unclear, however, how issues such as doll play patterns, expert testimony and custody disputes effect decision-making in these cases.

The purpose of this study is to continue the process of identifying variables that influence juror's decisions regarding child abuse allegations. Specifically, this project will investigate the impact of three independent variables (length of custody dispute, abuse probability and strength of expert statement) on juror's judgments regarding four dependent variables (truthfulness of sexual abuse allegations, defendant guilt, child safety issues,
expert credibility).

**Hypotheses**

1. Subject jurors will be less likely to believe allegations of sexual abuse and attribute less guilt to the defendant in cases involving a custody dispute than in cases where custody is not an issue.

2. Subject jurors will make higher allegation truthfulness and defendant guilt ratings after hearing expert testimony strongly in support of the child's allegations than after hearing neutral testimony by the same expert.

3. Pro-victim ratings (e.g., higher means on truthfulness of allegations and defendant guilt) will be highest when jurors observe the high probability (i.e., high levels of sexual and aggressive behavior) child tape.

4. Ratings regarding the credibility of the expert will be highest when jurors observe the strong statement expert tape.

5. A three-way interaction among the independent variables (i.e., abuse probability, strength of expert statement and custody dispute) is predicted, although the exact pattern of this interaction is currently unknown. This is an exploratory hypotheses due to the historical lack of empirical attention to these factors.
CHAPTER VII

METHOD

Pilot Study

Subjects. The pilot sample consisted of 50 (25 males and 25 females) students from the Psychology 100 subject pool. All subjects met criteria for serving on a jury, including being an American citizen who was at least 18 years old and having no felony convictions. Subjects were recruited by posting information about the study and a sign-up sheet in the manner prescribed by the human subjects committee. Subjects received course credit for their participation in the project.

Materials. Videotapes of 4- to 6-year old girls interacting with anatomically correct dolls were collected for the author's masters thesis research. In that study, abused and nonabused children's play patterns with the dolls were analyzed for behavioral differences. Each child participated in three "phases" with anatomically correct dolls. The "introduction" phase focused on naming body parts on the dolls. During the "story-telling"
phase, the child was encouraged to use the dolls to demonstrate actions described in the child's story. Each child was left alone in the room with the dolls during the "unsupervised" phase. Parental permission was obtained to use the videotapes as stimuli in future research. The videotapes were reviewed and four children identified as sexually abused by Franklin County Children's Services were selected based on demonstration of a variety of behaviors. Two one-minute clips were selected from the "unsupervised" phase of each child's videotape. One clip contained aggressive or sexualized behavior, the other clip contained less suggestive behaviors.

In addition to the child videotapes, two "expert statements" were recorded for the purposes of this study. The videotapes were created at the recording studio at Children's Hospital in a set designed to look like an office. The "expert" made a strong statement in support of the allegations (see Appendix E) and a neutral statement regarding the allegations (see Appendix F). The two expert statements and the eight child videotape clips constituted the stimulus materials for the pilot study.
Procedure. Twenty pilot subjects viewed the eight one-minute videotape clips of 4- to 6-year old girls interacting with anatomically correct dolls. The subjects also viewed the two tapes of "expert testimony" regarding the child's behavior and the likelihood that the child experienced abuse.

The first 20 pilot subjects rated each child videotape on a 7-point Likert scale for the amount of sexualized and aggressive behavior demonstrated by the child. Each subject also rated the probability that the child experienced sexual abuse and their confidence of that rating. After rating the child tapes, the subjects viewed the expert tapes and rate the confidence and credibility with which the expert testified about the child's abuse status.

The stimulus materials for the study were chosen based upon the ratings of the initial pilot subjects. The videotape clip rated highest for sexual and aggressive behaviors became the stimulus for the "high probability" child condition. The clip of that same child containing less suggestive behaviors was used in the "low probability" child condition. The "abuse probability" condition was therefore created using two one-minute clips of the same child interacting with anatomically correct dolls.
The remaining pilot subjects provided a manipulation check to ensure that the stimulus materials provided clear information upon which to base ratings of the dependent variables. One of three brief written summaries of the allegations and the case was presented to each subject (See Appendices B, C, and D). The scenarios were identical except for the information about the custody dispute. One summary reported no custody disagreement, one stated that the mother filed for sole custody after allegations of sexual abuse, and the final summary indicated that the parents had been disputing custody consistently since the divorce. The defendant in all scenarios was the child's biological father, who was divorced from the child's mother. Each subject saw one child and one expert videotape and completed the rating sheet used in the dissertation study (See Appendix G). Subjects provided ratings on the four dependent variables: (1) truthfulness of the allegations, (2) guilt of the defendant, (3) custody issues to ensure the child's safety and (4) the credibility of the expert. Subjects also rated the influence of a variety of factors (e.g., history of child-focused volunteerism, chemical abuse habits, etc.) on their previous ratings. In addition, each pilot subject participated in an exit interview to assess the clarity of instructions and questions and their
impressions of the study. Results indicated that the instructions and stimulus items were sufficiently clear and that subjects were aware of crucial variables that differentiated experimental groups.

Dissertation Study

Subjects. Five hundred and four subjects (252 male and 252 female) participated in this study, which resulted in 42 subjects in each of the 12 experimental groups created by manipulating the three independent variables. Appendix A depicts the design created by these manipulations. The sample size was calculated and determined adequate to detect reliable differences between groups. All subjects were Psychology 100 students and met criteria described for pilot subjects to be potential jury members. Participation lasted approximately one hour and subjects received course credit for their time and efforts.

Subjects ranged in age from 19 to 46 years, with the average "juror" being 26.7 years old. Median age for subject jurors was 23 years. Seventy-eight percent of subjects reported being either "interested" or "very interested" in children's issues. Only 2 college raters (.3%) indicated that they were "not at all interested" in children's issues.
Materials. Each subject was presented with one of three written scenarios describing custody arrangements and allegations of sexual abuse (See Appendices B, C and D), and viewed one child and one expert videotape. After exposure to the experimental stimuli, the subjects completed the rating sheet (See Appendix G) finalized during the pilot stage of the investigation.

Scale Construction. The four dependent variables (perceived truthfulness of the allegations, defendant guilt, child safety issues and expert credibility) were created by averaging each subject's responses to individual questions in that scale. Several items in each scale were reverse scored to guard against response bias (Anastasi, 1988).

The "allegation truthfulness" variable was created by averaging responses to questions 1, 3, 5, 7 and 9 of the Truthfulness of the Allegations Scale. Questions 5, 7 and 9 were reverse scored. The internal consistency of this scale was adequate (alpha = .70), indicating that the items were related and satisfied assumptions for scale construction. Analyses revealed lower alphas when calculated without each item than when all items were combined into the scale.

The "defendant guilt" variable was the mean of questions 1, 3, 5 and 7 of the Guilt of the Defendant
Scale. Questions 3 and 7 were reverse scored. Analyses indicated acceptable internal consistency (alpha = .70). The internal consistency was marginally better if item 5 was deleted (alpha = .71), while inclusion of all other items improved the strength of the scale. Item 5 was included in the scale for all analyses reviewed below.

Data from questions 1, 3, 5, and 7 of the Child Safety Issues scale were averaged to create the third dependent variable. Questions 5 and 7 were reverse scored. The internal consistency of this scale was very poor (alpha = .10), indicating that the items are not highly related to one another. Removing any individual item did not significantly improve the alpha level, which suggested that these four items did not measure the same construct. Although the scale was used in the dissertation analyses, it was unlikely that this scale was a reliable measure of subjects' perceptions of child safety issues in the present study. This limitation will be explored more completely in the discussion section of this document.

Finally, questions 1, 3, 5, 7, 9 and 11 on the Credibility of the Expert Scale were averaged to create the "expert credibility" variable. No questions were reverse scored in this scale. The internal consistency of these items was acceptable (alpha = .67). The scale alpha
was stronger with all items than if any question was deleted from the analysis.

Procedure. Subjects were exposed to one of twelve conditions (see Appendix A) created by varying levels of the three independent variables (i.e., abuse probability, strength of expert statement, and custody dispute). Twenty-one males and twenty-one females were randomly assigned to each condition.

Subjects were run in groups of five to eight people to facilitate rapid data collection while maintaining sufficient access to the stimulus materials. They were greeted by an experimenter briefly described their task and gave instructions (See Appendix H). Subjects were asked not to discuss the study or their impressions of it with other students who may participate at a later time. The subjects were given a copy of the written scenario to follow while the experimenter read it aloud and to be used for reference while completing the ratings. The subjects then watched the videotapes and completed the rating forms. A written debriefing (see Appendix I) describing the purpose of the study was given to each subject upon completion of the study.
CHAPTER VIII

RESULTS

Investigation of Possible Response Set

It will be recalled the dependent variable scales contained reverse scored items to prevent spurious findings resulting from subjects responding in a certain "set" (i.e., endorsing the same answer regardless of question asked). The possibility of response set was examined after data collection by observing the inter-scale correlations (See Table 1). Correlations between the scales ranged from -.51 to .73. If response set influenced the data significantly, strong positive correlations would be expected between all scales. As an additional precaution against misinterpreting results due to response set, a MANOVA including all dependent variables was conducted to control for the potential effects of correlations among the dependent variables. Even when the correlation between the dependent variables was taken into account, the pattern of results was identical to those from the univariate analyses described
below. While it is not possible to completely rule out a response set, the data reveal the expected level of variability and are thus appropriate for subsequent analyses (Anastasi, 1988).

**Perceived Truthfulness of the Allegations**

For each subject, the average of all allegation truthfulness ratings was entered into a 2 (abuse probability) x 3 (length of custody dispute) x 2 (strength of expert statement) x 2 (gender) analysis of variance. The main effect of abuse probability was significant \[ F(1, 477) = 45.476, p < .001 \]. Subjects who viewed the low abuse probability videotape rated the allegations as less truthful \( (M = 2.89) \) than did subjects who viewed the high probability videotape \( (M = 2.33, p < .01) \). The main effect of gender was also significant \[ F(1, 477) = 10.562, p = .001 \], with females \( (M = 2.48) \) being more likely to rate the allegations as truthful than males \( (M = 2.74, p < .05) \). The main effects of custody dispute length and strength of expert statement were not significant. (See Table 2 for mean values). There were no significant interactions.

The average of all confidence ratings regarding the allegation truthfulness for each subject was entered into a 2 (abuse probability) x 3 (length of custody dispute) x 2 (strength of expert statement) x 2 (gender) analysis of
variance. The main effect of abuse probability was significant \(F (1, 477) = 10.548, p = .001\). Subjects who viewed the high abuse probability videotape were more confident in their ratings of allegation truthfulness (\(M = 5.84\)) than were the subjects who viewed the low probability tape (\(M = 5.54, p < .01\)). No other significant main effects or interactions were revealed.

There was little relationship between subjects' ratings regarding the truthfulness of the allegations and their confidence in their opinions (\(r = -.31\)). There was a tendency for those who rated the allegations as more truthful to be more confident, but the relationship was very weak. In general, subjects indicated a high degree of confidence (\(M = 5.69\)) about whatever response was endorsed.

**Defendant Guilt**

The average rating of all questions regarding the defendant's guilt was entered into a 2 (abuse probability) x 3 (length of custody dispute) x 2 (strength of expert statement) x 2 (gender) analysis of variance. Subjects who viewed the low abuse probability videotape made lower ratings of defendant guilt (\(M = 2.70\)) than did subjects who viewed the high abuse probability videotape (\(M = 2.29, p < .01\)). The main effect of abuse probability was significant \(F (1, 477) = 25.512, p < .001\). The main
effect of gender was also significant \([F (1, 477) = 27.45, p < .001]\). Females subjects (\(M = 2.28\)) made stronger ratings of defendant guilt than did male subjects (\(M = 2.71, p < .01\)). The main effects of custody dispute length and strength of expert statement were not significant. (See Table 3 for mean values).

Subjects' average confidence ratings regarding defendant guilt were entered into a 2 (abuse probability) x 3 (length of custody dispute) x 2 (strength of expert statement) x 2 (gender) analysis of variance. The main effects of gender \([F (1, 477) = 8.619, p < .01]\) and abuse probability \([F (1, 477) = 7.511, p < .01]\) were significant. Male subjects were less confident of their ratings regarding defendant guilt (\(M = 5.59\)) than were their female counterparts (\(M = 5.59, p < .05\)). Subjects who viewed the high probability videotape were more confident of their defendant guilt ratings (\(M = 5.88\)) than were subjects who viewed the low probability video (\(M = 5.58, p < .01\)).

There was a weak trend for subjects' who endorsed items agreeing with defendant guilt to be more confident in their ratings than those who attributed less guilt to the defendant (\(r = -.41\)). Recall that lower scores indicated agreement with statements regarding defendant guilt.
Child Safety Issues

The mean rating for all questions concerning the safety of the alleged victim were entered into a 2 (abuse probability) x 3 (custody dispute length) x 2 (strength of expert statement) analysis of variance. There were no significant main effects or interactions. Subject jurors tended to rate these questions in the neutral/undecided range ($M = 4.45$). (See Table 4 for mean values by dependent variables.

Each subject's average confidence rating for questions concerning the safety of the alleged victim were entered into a 2 (abuse probability) x 3 (length of custody dispute) x 2 (strength of expert statement) x 2 (gender) analysis of variance. Female subjects were again more confident of their ratings ($M = 6.23$) than were males ($M = 5.95$, $p < .01$); the main effect of gender was significant [$F (1, 477) = 9.721$, $p < .01$]. The main effect of abuse probability was also significant [$F (1, 477) = 6.696$, $p < .01$], with subjects in the high probability condition making higher confidence ratings ($M = 6.20$) than those in the low probability condition ($M = 5.96$, $p < .01$).

There was no relationship between subjects' ratings regarding child safety and their confidence in their endorsements ($r = .15$). Whether subjects favored stronger
protective measures or were satisfied that the child was safe, college raters were confident \( (M=6.09) \) in their judgments about child safety issues.

**Expert Witness Credibility**

The ratings for all questions concerning the credibility of the expert witness were averaged and entered into a 2 (abuse probability) x 3 (custody dispute length) x 2 (strength of expert statement) x 2 (gender) analysis of variance. The main effect of expert statement strength was significant \( F (1, 477) = 14.435, p < .001 \). Subjects who experienced a strong expert statement rated the statement as more credible \( (M = 5.87) \) than subjects in the neutral expert condition \( (M = 5.55, p < .01) \). Male subjects provided lower credibility ratings \( (M = 5.63) \) than did female subjects \( (M = 5.82, p < .05) \). The main effect of gender was also significant \( F (1, 477) = 5.523, p < .05 \). Subjects who viewed the low probability abuse videotape rated the expert's statement as less credible \( (M = 5.66) \) than did those who viewed the high probability abuse videotape \( (M = 5.77, p < .10) \), regardless of which expert statement experienced. The main effect of abuse probability was marginally significant \( F (1, 477) = 2.939, p < .10 \). The main effect of custody battle length was not significant. (See Table 5 for mean values).
The average confidence rating about expert credibility for each subject was entered into a 2 (abuse probability) x 3 (length of custody dispute) x 2 (strength of expert statement) x 2 (gender) analysis of variance. The main effect of gender was significant [F (1, 477) = 3.768, p < .05], with female subjects expressing more confidence in their ratings (M = 6.11) than male subjects (M = 5.94, p < .05). Subjects who viewed the high probability abuse videotape were also more confident (M = 6.12) than those who viewed the low probability tape (M = 5.93, p < .05). The main effect of abuse probability was significant [F (1, 477) = 5.152, p < .05].

There was a weak trend for subjects who viewed the expert was more credible to be more confident in their ratings than those who attributed less credibility to the expert (r=.49). As was the case with the other three dependent variables, subjects indicated high levels of confidence (M=6.02) about whatever ratings were made on the expert credibility scale.

Additional Analyses

Each subject was asked to identify the factor that most influenced their ratings overall. The percentage of subjects endorsing each of the 3 independent variables (case summary, child videotape and expert statement) as
most influential are reported by experimental condition in Table 5. Analyses revealed reliable differences in the number of subjects identifying the variables as most influential [Chi Square (2) = 259.31, \( p < .001 \)]. Significantly more subjects (n=221) were most influenced by the child videotape than by the expert statement (n=76). The case summary was also rated as more influential (n=196) than the expert statement. There was no statistical difference between perceived influence of the child videotape and the case summary.

Subject jurors were also asked to rate the impact that 16 additional pieces of information would have had on their ratings had they been included in the case presentation. Mean values of these ratings are presented in Table 6.
CHAPTER IX
DISCUSSION AND CONCLUSIONS

Review of the Hypotheses

The primary question of interest in this research concerned the impact of a custody battle on subjects' perceptions of defendant guilt and the truthfulness of the allegation. It was predicted that a long custody battle would be associated with lower ratings of allegation truthfulness and higher ratings of defendant guilt. This hypothesis was not supported. The length of the custody dispute between the defendant and his ex-wife did not significantly impact subjects' ratings on either dependant variable. Since this question has previously been absent from published literature, it was not clear whether this result was due to the particular manipulations in this study or a valid representation of potential jurors' views about custody disputes. It is possible that since information about the custody dispute was presented in writing while the child's behavior and expert statement were presented via videotape, the custody information was
less salient to subject jurors than the other variables. Perhaps including a taped statement by either or both parents regarding details of the custody battle would have influenced college raters' perceptions on the critical variables. Although this interpretation is certainly one possibility, it is somewhat questionable given that 39% of subjects rated the written case summary (the source of information about the custody battle) as the most influential variable. Including disputed custody as a variable in future simulation studies regarding juror perceptions would provide data that could further clarify the interpretation of this finding.

It was predicted that subjects who observed an expert statement strongly supporting the veracity of the child's accusation would make higher ratings of both allegation truthfulness and defendant guilt as compared to those who heard a neutral expert statement. This hypothesis was also not supported by the current data. The strength of the expert statement did not significantly impact subjects' ratings of defendant guilt or allegation truthfulness. It is unlikely that this result was due to an inadequate manipulation of the variable since significant differences were identified between groups on the perceived credibility of the expert. It was more probable that strength of the expert statement did not
influence truthfulness and guilt ratings because subjects did not find the testimony to be sufficiently influential. Overall, only 16% of subjects rated the expert statement as the "most influential" variable, compared to 45% for the child videotape and 39% for the written case summary. This finding suggested that expert statements may need to be expanded to include testimony about issues jurors have identified as more influential, such as a child videotape.

Hypothesis three, which predicted that subject jurors who watched the high probability tape (showing the child interacting in a sexual and aggressive manner with the dolls) would rate the allegations as more believable and offer higher ratings of defendant guilt than those subjects who observed the low probability tape. This hypothesis was supported in the current study. This finding indicated that college raters were able to use their observations of a child's interactions with ACDs in considering their judgments about the veracity of the sexual abuse allegations and the defendant's guilt. Subjects were apparently influenced in a manner consistent with the professional literature (August & Forman, 1989; Jampole & Weber, 1987; Kenyon-Jump, Burnette & Robertson, 1991) which indicated that abused children show significantly higher levels of sexualized behavior and
aggression while interacting with ACDs. This finding has important clinical implications, since it suggests that a videotaped presentation of the child's behavior influenced potential jurors in a manner that the literature supports as valid and accurate. There has been no judicial challenge to date contesting that showing videotapes of an alleged victim's play behavior undermines the defendant's constitutional rights to immediate cross-examination. If the courts allow this practice to continue, clinical psychologists could provide information to be used in the judicial decision making process and thereby fulfill the purpose of an expert witness. More importantly, however, clinical psychologists could use this practice to protect child witnesses from the apparently harmful effects of multiple court appearances and long judicial delays (Goodman et. al., 1988; 1989; Runyan et. al., 1987; 1988).

As predicted, subjects who viewed the strong expert statement endorsed higher credibility ratings than those who viewed the neutral tape. Published literature (McGarry & Hendrick, 1974; McGinnies & Ward, 1980; Maddux & Rogers, 1980; Swenson, Nash & Roos, 1984) has defined credibility as a combination of trustworthiness and expertness and has found that more credible sources are more persuasive than their less credible peers. Perhaps
the subjects who viewed the neutral statement judged the witness to be less "expert" than those who observed the strong statement and therefore judged him to be less credible. It remains unclear, however, why a source rated as credible did not exert a consistently significant influence on jurors' ratings in this study. This question will be discussed further in the "Clinical Significance" section.

Hypothesis five posited a three way interaction between the main independent variables (abuse probability, strength of expert statement and length of custody dispute); data from the current study did not support this hypothesis. No significant interactions were revealed in this analysis. It was expected that these variables would influence ratings differentially because of their apparent interdependence. For example, it seemed reasonable to predict that the influential power of the expert statement would be greatest when other variables were more ambiguous (low probability videotape, long custody dispute). It is possible that an interaction effect would emerge in a study where the custody dispute and expert statement variables were made more salient and produced significant main effects. Future research is needed to examine this possibility.
Unpredicted Findings

The most consistent unpredicted finding in the current study was that female subjects were more "pro-victim" in their ratings than were their male counterparts. There was a significant main effect of gender for each of the dependent variables. Female subjects judged the allegations to be more truthful, the defendant more guilty, the child to be more in need of protection and the expert to be more credible than did male subjects. Females were also more confident about their ratings for every variable except theTruthfulness of the allegation. Since gender differences was not a variable of primary interest in the present study, no hypotheses were made about its effect on the variables in question. The current findings are consistent with those of previous research (Bottoms & Goodman, 1992; Duggan et al., 1989; Gabora et al., 1993; Schneiner, 1988; Swim, Borgida & McCoy, 1993), and provide additional support for the idea that, on average, women tend to be more sympathetic to child witnesses than men. One possible reason for this consistent finding relates to the relatively greater child care responsibility held by women in this culture. It has been postulated that since women spend more time caring for children, they are more sensitive to child issues and more prone to make "pro-
child" judgments (Duggan et. al., 1989). An alternative hypothesis is that women subjects are at statistically greater risk for having experienced sexual abuse/assault in their own lives. Research (Bottoms & Goodman, 1992) has indicated that abuse survivors tend to believe children's accusations more than subjects who have not experienced sexual victimization. Experimental and survey research has shown that women perceive child sexual abuse as more serious than men and react to it more negatively (Attias & Goodwin, 1985; Finlayson & Koocher, 1991; Kelly & Tarran, 1984). The gender differences identified in the current study are consistent with the robust findings discussed in published research.

Clinical Significance

It is important to note that despite the statistically significant findings discussed above, the difference between group means were small enough to be clinically unnoticeable. Ratings for every dependent variable were within one point on a 7 point scale. This indicated that looking at the overall results would provide more clinically relevant information than examining differences between groups.

The mean rating regarding the truthfulness of the allegations for the entire sample was 2.61. This indicated a generally strong belief that the child's
accusations were truthful, regardless of what type of additional evidence was presented. Even when presented with the "weakest" case (viewing a child who does not demonstrate sexual behavior with the dolls), male subjects (who tend to rate children as less truthful) still believe the child's allegations. This is an important clinical finding given the fear of a possible backlash against believing children due to recent media coverage of apparently false sexual abuse allegations (Cooke & Cooke, 1991; Elterman & Ehrenberg, 1991; Thoennes & Tjaden, 1990). The predicted backlash also failed to effect the subjects' overall confidence about their ratings regarding the allegations. The average confidence rating was 5.69 on a 7 point scale, which indicated a strong level of confidence.

Overall, the subjects also attributed a relatively strong degree of guilt to the defendant (mean = 2.50). College raters not only believed that the child had experienced sexual abuse, they also believed the identification of her father as the perpetrator. If subjects were informed that the child had been abused previously, however, they indicated that their ratings would have been somewhat changed in favor of the defendant (mean = 2.85). This was clinically important given the research on offender's modus operandi (Kaufman, et. al.,
1993) which indicated that offenders identify previously abused children as potential victims because of their enhanced vulnerability. This would suggest that expert testimony in sexual abuse cases include general information about perpetrators or that past victim status be excluded from evidence in sexual abuse cases in much the same way adult rape victim's sexual history is not admissible in criminal cases.

Subject jurors were generally undecided about the child's safety (mean = 4.45). This finding suggests that the legal issues involved with ordering supervised visitation and deciding on custody did not produce strong juror reactions in the current study. Since family court has jurisdiction over all custody decisions and provides only bench trials, juror indecision on this issue is not clinically or legally crucial. This data also revealed, however, that the presence or length of a custody dispute running concurrently with criminal proceedings did not influence the jurors' ratings on issues which criminal juries do decide: the truthfulness of the allegation and the guilt of the defendant. This result provided direct evidence against the predicted backlash discussed above.

All subjects in the present study agreed that the expert was credible (mean = 5.2). This suggested that jurors believed the expert statement, regardless of the
strength of that statement or the additional evidence presented to them. Interestingly, expert testimony did not appear to impact ratings of allegation truthfulness or defendant guilt. Despite the fact that subjects in this study found the expert credible, the "expert statement" was identified as the most influential variable by the smallest percentage of subjects (16%) across all conditions. One interpretation of this finding was that even when experts are perceived as credible, their testimony did not significantly affect raters' decisions about the veracity of the allegations against the defendant. It was also possible, however, that any undisputed expert statement was somewhat influential and benefited the party in whose interest the expert testified. Further research that included a "no expert statement" and a "contradicting experts" condition would provide additional clinical information about the usefulness of expert testimony.

In the present study, 45% of subjects rated the child videotape as being the piece of evidence that most influenced their ratings of allegation truthfulness, defendant guilt, child safety and expert credibility. Forty percent of the subjects relied most on the information presented in the case summary, while only 16% were most influenced by expert statement. This clearly
suggested that including a videotape of the alleged victim interacting with anatomically correct dolls was one way for clinicians to provide more useful information in judicial proceedings. There has been a recent trend toward allowing child videotapes to be entered in evidence to demonstrate consistency between the victims's behaviors and the behaviors of abused children in general (Bull et al., in press; Gembala & Serritella, 1992). Results from this study supported the efficacy of this practice for clinicians working to facilitate resolution of sexual abuse cases involving young female victims. Further research is needed to identify the differential impact, if any, when the victim is male or preadolescent. Previous studies (Bottoms & Goodman, 1992; Duggan et al., 1989; Gabora, Spanos & Joab, 1991; Waterman & Foss-Goodman, 1984) have found that jurors are less likely to believe older victims, although those studies did not include a videotape of the victim interacting with dolls or making a verbal statement about their experiences. No published research to date has investigated the impact of a male victim on subject juror's decisions overall or on the consistent finding that female subjects tend to be more pro-victim than their male counterparts in their ratings.

Conclusions

The current study represented the first experimental
attempt to include custody dispute and expert opinion in a simulated case of child sexual abuse. The custody dispute variable did not influence juror perceptions of defendant guilt and allegation truthfulness as predicted. One limitation of this study involved the presentation method of the dependent variables. Since the custody dispute was the only dependent variable presented in written form, it was possible that this issue was not as salient to subjects as the information presented via videotape. It was possible that the custody variable was not statistically significant due to the weakness of the manipulation. Future research including videotaped segments of "parental statements" could further clarify the importance of this variable.

The items on the Child Safety Scale were not statistically related to one another, which raised grave questions concerning the reliability of this scale. It was possible that the custody manipulation would have shown a significant impact on the child safety issue had the scale been adequate to detect differences. The child safety scale was composed of questions regarding precautions (such as supervised visitation) needed to protect the child. Future research including a revised and reliable version of the safety scale could reveal differences in the level of protection perceived as
necessary by mock jurors exposed to different custody scenarios.

As in all simulation studies, this study attempted to recreate and control key variables involved in a judicial dispute regarding child custody and child sexual abuse. Subjects in this study, as in most published simulation studies (e.g., Bottoms, 1993; Goodman, Bottoms, Herscovici & Shaver, 1989; Duggan, 1989; Gabora, Spanos & Joab, 1993; Swim, Borgida & McCoy, 1993), were college students enrolled in an Introductory Psychology course. Although all subjects in this study met criteria for serving on a U.S. jury, the subjects were not, in fact, jurors. It was probable that subject jurors were younger and more educated than members of a true jury would have been. The results of this study, like those of all simulation studies including student subjects, are limited by the possible bias introduced to the subject pool by including only college students enrolled in Psychology 100.

Despite the limitations discussed above, the current study offered both statistically and clinically significant results which enhance both the professional literature and the practice of clinical psychology. Although three of the five hypotheses were not supported, the findings represented the first inclusion of custody dispute as an experimental variable in juror decision
making. It is hoped that additional research will be done to clarify the conditions under which parental dispute does influence jurors' perceptions regarding criminal court issues. This study also provided additional support for the well-documented finding that female subjects are consistently more pro-victim than males. Further, the results of this study contributed to the professional literature by suggesting directions for future research regarding decision making and evidence presentation in cases of child sexual abuse.

Clinically, results of the current study suggested that expert testimony could be more influential if it included a videotape of the child's behavior in addition to a discussion about the similarity between the alleged victim and abuse victims in general. The use of a child videotape may also protect the child client from the distress associated with some aspects of the judicial system. This study did not provide support for the commonly predicted public backlash against believing children as a result of media coverage of pro-defense decisions. This study did suggest that some jurors hold false beliefs about perpetrators (such as doubting a previously abused child's accusation) and that providing education about the modus operandi of intra- or extra-familial perpetrators could increase the efficacy of
expert testimony. Finally, data from this study recommended a professional demeanor which produces clear, strong opinions during expert testimony to maximize psychologists' credibility and thereby increase their ability to facilitate child mental health through involvement with the judicial system.
APPENDIX A

STUDY DESIGN
## STUDY DESIGN

### LEVEL OF INDEPENDENT VARIABLES

<table>
<thead>
<tr>
<th>EXPERIMENTAL GROUPS</th>
<th>CUSTODY DISPUTE</th>
<th>EXPERT STATEMENT</th>
<th>ABUSE PROBABILITY</th>
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Case Summary: Smith v. Smith

Sally is the five-year-old daughter of Mark and Mary Smith, who were divorced in 1991. The couple agreed to joint custody at that time. Sally has spent Mondays through Thursdays with her mother and Fridays through Sundays with her father for the past 2 years. This arrangement was very successful and both parents made statements about their satisfaction with joint custody. The Smiths were cooperative with each other and the joint custody has been very successful since the divorce.

In late August of 1993, Mary noticed that her daughter was crying more than usual and seemed withdrawn and unhappy. Mary asked Sally what was upsetting her, but Sally would not answer her mother's questions. Mary became increasingly concerned when she caught Sally "humping" her stuffed animals and noticed a dramatic increase in the amount of time Sally spent masturbating.

Mary took Sally to a psychologist, Dr. Green, who conducted an interview with Mary before evaluating Sally for the possibility of sexual abuse. Mary told Dr. Green about Sally's recent behavior changes and her concern that something traumatic had happened to her daughter.

Sally met with Dr. Green's social worker in a room with lots of toys, including a dollhouse, crayons, puppets and anatomically correct dolls. The dolls are tools used by mental health professionals to make it easier for kids to talk about their bodies and sexual activity. As you will see in the videotape, the dolls are cloth baby-dolls with anatomical (i.e., breasts, penis, vagina and anus) detailing. The social worker and Sally played together until Sally seemed comfortable, then the dolls were introduced. Sally was asked to name the body parts of each doll, undressing each doll during the interview. Then she and Sally put the clothes back on the dolls. You will see a videotape of some of Sally's interactions with the dolls while she was being interviewed by the social worker.
After the preliminary interview, Dr. Green entered the interview room and invited Sally to play with the dolls. Sally chose the adult male doll and put his face between the legs of the child female doll. Dr. Green asked what the dolls were doing, and Sally replied "playing." In response to Dr. Green's questions about the doll's names, Sally pointed to the child doll and said "This is Sally, and this is Daddy" (pointing to the adult male doll). Dr. Green asked Sally when the dolls played like this, and she said "at bathtime." At this point of the interview, Sally starting crying and asking for her mother, so the evaluation was concluded.

Based upon Sally's behaviors and statements, Mark Smith has been accused of child sexual abuse. You will watch two videotaped segments relating to this case and will then be asked to answer a series of questions about your opinions based upon the information you have read and observed.
APPENDIX C

CASE SUMMARY: BRIEF CUSTODY DISPUTE
Case Summary: Smith v. Smith

Sally is the five-year-old daughter of Mark and Mary Smith, who were divorced in 1991. The couple agreed to joint custody at that time. Sally has spent Mondays through Thursdays with her mother and Fridays through Sundays with her father for the past 2 years. This arrangement was very successful and both parents made statements about their satisfaction with joint custody. Although the Smiths were cooperative with each other and the joint custody was successful for 2 years, Mary Smith has recently filed for sole custody because she believes Mark has been sexually abusing Sally.

In late August of 1993, Mary noticed that her daughter was crying more than usual and seemed withdrawn and unhappy. Mary asked Sally what was upsetting her, but Sally would not answer her mother's questions. Mary became increasingly concerned when she caught Sally "humping" her stuffed animals and noticed a dramatic increase in the amount of time Sally spent masturbating.

Mary took Sally to a psychologist, Dr. Green, who conducted an interview with Mary before evaluating Sally for the possibility of sexual abuse. Mary told Dr. Green about Sally's recent behavior changes and her concern that something traumatic had happened to her daughter.

Sally met with Dr. Green's social worker in a room with lots of toys, including a dollhouse, crayons, puppets and anatomically correct dolls. The dolls are tools used by mental health professionals to make it easier for kids to talk about their bodies and sexual activity. As you will see in the videotape, the dolls are cloth baby-dolls with anatomical (i.e., breasts, penis, vagina and anus) detailing. The social worker and Sally played together until Sally seemed comfortable, then the dolls were introduced. Sally was asked to name the body parts of each doll, undressing each doll during the interview. Then she and Sally put the clothes back on the dolls. You will see a videotape of some of Sally's interactions with the dolls while she was being interviewed by the social worker.
After the preliminary interview, Dr. Green entered the interview room and invited Sally to play with the dolls. Sally chose the adult male doll and put his face between the legs of the child female doll. Dr. Green asked what the dolls were doing, and Sally replied "playing." In response to Dr. Green's questions about the doll's names, Sally pointed to the child doll and said "This is Sally, and this is Daddy" (pointing to the adult male doll). Dr. Green asked Sally when the dolls played like this, and she said "at bathtime." At this point of the interview, Sally starting crying and asking for her mother, so the evaluation was concluded.

Based upon Sally's behaviors and statements, Mark Smith has been accused of child sexual abuse and Mary Smith has filed a motion for sole custody of Sally Smith. You will watch two videotaped segments relating to this case and will then be asked to answer a series of questions about your opinions based upon the information you have read and observed.
APPENDIX D

CASE SUMMARY: LONG CUSTODY DISPUTE
Case Summary: Smith v. Smith

Sally is the five-year-old daughter of Mark and Mary Smith, who were divorced in 1991. The couple agreed to joint custody at that time. Sally has spent Mondays through Thursdays with her mother and Fridays through Sundays with her father for the past 2 years. This arrangement has not been successful and both parents have made statements about their dissatisfaction with joint custody. The Smiths had difficulty implementing joint custody and each attempted to gain sole custody twice since the divorce was complete. Mary Smith has recently filed for sole custody for the third time on the grounds that Mark has been sexually abusing Sally.

In late August of 1993, Mary noticed that her daughter was crying more than usual and seemed withdrawn and unhappy. Mary asked Sally what was upsetting her, but Sally would not answer her mother's questions. Mary became increasingly concerned when she caught Sally "humping" her stuffed animals and noticed a dramatic increase in the amount of time Sally spent masturbating.

Mary took Sally to a psychologist, Dr. Green, who conducted an interview with Mary before evaluating Sally for the possibility of sexual abuse. Mary told Dr. Green about Sally's recent behavior changes and her concern that something traumatic had happened to her daughter.

Sally met with Dr. Green's social worker in a room with lots of toys, including a dollhouse, crayons, puppets and anatomically correct dolls. The dolls are tools used by mental health professionals to make it easier for kids to talk about their bodies and sexual activity. As you will see in the videotape, the dolls are cloth baby-dolls with anatomical (i.e., breasts, penis, vagina and anus) detailing. The social worker and Sally played together until Sally seemed comfortable, then the dolls were introduced. Sally was asked to name the body parts of each doll, undressing each doll during the interview. Then she and Sally put the clothes back on the dolls. You will see a videotape of some of Sally's interactions with the dolls while she was being interviewed by the social worker.
After the preliminary interview, Dr. Green entered the interview room and invited Sally to play with the dolls. Sally chose the adult male doll and put his face between the legs of the child female doll. Dr. Green asked what the dolls were doing, and Sally replied "playing." In response to Dr. Green's questions about the doll's names, Sally
APPENDIX E

EXPERT WITNESS STATEMENT: STRONG
"STRONG" Expert Statement

I have been performing evaluations of sexual abuse allegations for more than 10 years and approximately 60 percent of my practice currently involves sexual abuse. I routinely use an interview with anatomically correct dolls as part of my evaluation. Scientific studies of the dolls have indicated that children who have experienced sexual abuse are more aggressive and sexual in their interactions with the dolls.

Mary Smith contacted me due to concerns regarding behavioral changes in her daughter Sally. She informed me that Sally was exhibiting sleep disturbances, an increase in masturbation and sexualized behaviors with her toys. After interviewing Mary Smith, I conducted an evaluation with Sally, including an anatomically correct doll interview.

Sally's interactions with the dolls during the interview were highly sexualized. She used the dolls to demonstrate oral sex, and was willing to name the dolls who were engaging in the activity. She continued to show suggestive behaviors with the dolls when she was left alone in the room. I understand a segment of that videotape will be shown to the jurors momentarily.

Sally's behaviors with the dolls are consistent with the allegations of sexual abuse which have been filed against Mark Smith. It is highly unlikely that Sally's behaviors are the result of normal sexual development or nonsexual trauma. Based upon my experience in the field and my interviews with Sally and her mother, I believe this little girl demonstrates behaviors that are highly suggestive of sexual abuse.
APPENDIX F

EXPERT WITNESS STATEMENT: NEUTRAL
"NEUTRAL" Expert Statement

I have been performing evaluations of sexual abuse allegations for more than 10 years and approximately 60 percent of my practice currently involves sexual abuse. I routinely use an interview with anatomically correct dolls as part of my evaluation. Scientific studies of the dolls have indicated that children who have experienced sexual abuse are more aggressive and sexual in their interactions with the dolls.

Mary Smith contacted me due to concerns regarding behavioral changes in her daughter Sally. She informed me that Sally was exhibiting sleep disturbances, an increase in masturbation and sexualized behaviors with her toys. After interviewing Mary Smith, I conducted an evaluation with Sally, including an anatomically correct doll interview.

Sally's interactions with the dolls during the interview were somewhat sexualized. She used the dolls to demonstrate an act that could have been oral sex, and gave names to the dolls who were engaging in the activity. She also showed some sexualized and aggressive behaviors with the dolls when she was left alone in the room. I understand a segment of that videotape will be shown to the jurors momentarily.

Sally's behaviors with the dolls are not inconsistent with the allegations of sexual abuse which have been filed against Mark Smith.
Please use the following scale to answer the following questions about the sexual abuse allegations against Mark Smith.

1  2  3  4  5  6  7
Strongly Disagree Undecided/ Neutral Strongly Agree

Truthfulness of the Allegations

1. I believe that Sally has experienced sexual abuse. 1 2 3 4 5 6 7
2. I am confident about this rating. 1 2 3 4 5 6 7
3. Sally has probably had some type of sexual experience (such as seeing pornography or witnessing adult sexual activity), but has not been sexually abused. 1 2 3 4 5 6 7
4. I am confident about this rating. 1 2 3 4 5 6 7
5. Sally was probably coached by her mother to make false accusations of sexual abuse. 1 2 3 4 5 6 7
6. I am confident about this rating. 1 2 3 4 5 6 7
7. I believe that Sally made up the abuse allegations because she was angry at her father. 1 2 3 4 5 6 7
8. I am confident about this rating. 1 2 3 4 5 6 7
9. Sally's statements and behavior are normal for children her age and do not suggest sexual abuse. 1 2 3 4 5 6 7
10. I am confident about this rating. 1 2 3 4 5 6 7

Guilt of the Defendant

1. I believe that Mark Smith sexually abused Sally. 1 2 3 4 5 6 7
2. I am confident about this rating. 1 2 3 4 5 6 7
3. Sally probably misinterpreted normal touching during bathtime as sexual; Mark did not behave inappropriately.

4. I am confident about this rating.

5. Mark may have touched Sally in a sexual way, but she was probably curious about her body and asked him "to play."

6. I am confident about this rating.

7. I believe that Mary made up the abuse allegations because she was angry with her ex-husband.

8. I am confident about this rating.

Child Safety Issues

1. I believe that Sally is safe in her current living environment.

2. I am confident about this rating.

3. Sally should be removed from Mark’s home until the abuse allegations have been resolved.

4. I am confident about this rating.

5. Sally should be removed from Mary’s home until the abuse allegations have been resolved.

6. I am confident about this rating.

7. All contacts between Mark and Sally should be supervised until the abuse allegations have been resolved.

8. I am confident about this rating.
<table>
<thead>
<tr>
<th>Credibility of the Expert</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Dr. Green was convinced beyond a doubt that Sally experienced sexual abuse.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>2. I am confident about this rating.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>3. Dr. Green was reasonably sure that Sally was sexually abused.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>4. I am confident about this rating.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>5. Dr. Green did not believe that Sally was sexually abused.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>6. I am confident about this rating.</td>
<td>1</td>
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<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>7. Dr. Green made a convincing statement about the Sally's past sexual experiences.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>8. I am confident about this rating.</td>
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<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>9. I believe that Dr. Green was presenting truthful information in an objective and professional manner.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>10. I am confident about this rating.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>11. Dr. Green seems knowledgeable about child sexual abuse and I trust his opinion about Sally.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>12. I am confident about this rating.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
</tbody>
</table>

Which piece of evidence was MOST influential in the opinions you expressed above? Please circle only ONE.

- Case Summary
- Child Videotape
- Expert Statement
How would the following information have influenced your ratings on the previous two pages? Please consider each item independently using the following scale:

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
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<th>7</th>
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<tbody>
<tr>
<td>Change in favor of defendant</td>
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<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Change in favor of child</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Mark has been known to abuse alcohol and other drugs.  
   \[ \begin{array}{ccccccc}
   & 1 & 2 & 3 & 4 & 5 & 6 & 7 \\
   \end{array} \]
2. Mary has been known to abuse alcohol and other drugs.  
   \[ \begin{array}{ccccccc}
   & 1 & 2 & 3 & 4 & 5 & 6 & 7 \\
   \end{array} \]
3. Sally was sexually abused by her uncle last year.  
   \[ \begin{array}{ccccccc}
   & 1 & 2 & 3 & 4 & 5 & 6 & 7 \\
   \end{array} \]
4. Mark has been a boy scout leader and Sunday school teacher for the last 5 years.  
   \[ \begin{array}{ccccccc}
   & 1 & 2 & 3 & 4 & 5 & 6 & 7 \\
   \end{array} \]
5. Mary has a boyfriend who occasionally spends the night with her.  
   \[ \begin{array}{ccccccc}
   & 1 & 2 & 3 & 4 & 5 & 6 & 7 \\
   \end{array} \]
6. Mark was sexually abused as a child.  
   \[ \begin{array}{ccccccc}
   & 1 & 2 & 3 & 4 & 5 & 6 & 7 \\
   \end{array} \]
7. Mary was sexually abused as a child.  
   \[ \begin{array}{ccccccc}
   & 1 & 2 & 3 & 4 & 5 & 6 & 7 \\
   \end{array} \]
8. Mark was physically abused as a child.  
   \[ \begin{array}{ccccccc}
   & 1 & 2 & 3 & 4 & 5 & 6 & 7 \\
   \end{array} \]
9. Mary was physically abused as a child.  
   \[ \begin{array}{ccccccc}
   & 1 & 2 & 3 & 4 & 5 & 6 & 7 \\
   \end{array} \]
10. Mark physically abused Mary while they were married.  
    \[ \begin{array}{ccccccc}
    & 1 & 2 & 3 & 4 & 5 & 6 & 7 \\
    \end{array} \]
11. Mary physically abused Mark while they were married.  
    \[ \begin{array}{ccccccc}
    & 1 & 2 & 3 & 4 & 5 & 6 & 7 \\
    \end{array} \]
12. Mark physically abused Sally before he and Mary were divorced.  
    \[ \begin{array}{ccccccc}
    & 1 & 2 & 3 & 4 & 5 & 6 & 7 \\
    \end{array} \]
13. Mary physically abused Sally before he and Mary were divorced.  
    \[ \begin{array}{ccccccc}
    & 1 & 2 & 3 & 4 & 5 & 6 & 7 \\
    \end{array} \]
<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
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<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change in favor of defendant</td>
<td></td>
<td></td>
<td>No Influence</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Change in favor of child</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


15. Mary enjoys soft pornography and occasionally watches X-rated movies.  

16. Indicate the impact (if any) on your ratings if Sally had made accusations against her mother instead of her father.  

Verbal Instructions to Subjects

Good morning/afternoon. Thank you for agreeing to participate in this research project. This morning/afternoon each of you will act as a juror in a case of alleged child sexual abuse. You will be given a written summary of the case in a few minutes, please read it carefully and refer to it as needed during the rest of the session today. After everyone has read the summary, you will watch two short videotapes about the case. First you will see the testimony of a noted psychologist, Dr. Green, offering his opinion about the allegations in this case. Next you will see a videotape of the alleged victim interacting with anatomically correct dolls as part of the sexual abuse evaluation performed by Dr. Green. After you have seen the videotapes, you will be asked to give your opinion on a number of questions associated with this case.

There are no right or wrong answers to the questions you will be considering. We are interested in your honest opinion based on the information you have read and seen. Consider yourselves to be the jurors who are making a decision about this case and answer the questions as honestly and carefully as you can. We are interested in your individual opinions, so do not compare answers with those around you.

We know that child sexual abuse is a sensitive topic. If you become uncomfortable at any time during your participation in this study, you are free to withdraw without prejudice. If you decide to seek mental health services for your discomfort, I have a referral number where services for students are provided free of charge.

Please follow along as I read the case summary aloud. If you have any questions, I will be glad to answer them individually.

Introducing the expert tape: You will now watch the videotaped testimony of Dr. Green. Dr. Green is a clinical psychologist who has been practicing in Columbus for the past 11 years. He has published numerous articles on child sexual abuse and co-authored a book entitled "Evaluation and Treatment of Child Sexual Abuse." Dr. Green has been certified by the court to be an expert, and is therefore allowed to give opinions as part of his testimony. You will remember that Dr. Green is the psychologist who initially evaluated Sally after Mary's concerns increased. Please watch the tape carefully.
Introducing the child tape: You will now watch a segment of the evaluation performed by Dr. Green's social worker. You will be seeing Sally interacting with the dolls while the social worker observed her. Please watch the tape carefully.

(Hand out the rating sheets) Please complete these ratings as carefully and as honestly as you can. If you have questions, raise your hand and I will answer them individually.
APPENDIX I

WRITTEN DEBRIEFING FOR SUBJECTS
"An alleged case of child sexual abuse"

Thank you for participating in this research project. As you are no doubt aware, child sexual abuse is a national problem that affects children and families of all races and social status levels. Psychologists are very interested in this problem because of its profound and long-lasting effect on children and their families. One of the ways psychologists can help children who have experienced sexual abuse is through psychotherapy to facilitate their emotional healing. Another way psychologists can offer assistance is by completing research such as the project you helped us with today.

Now that your participation in this study is complete, we'd like to give you more information about the purpose and design of the study. We did not want this information to influence your opinions in any way, which is why you were not be aware of this before you completed the questionnaires. It is equally important that other students who might choose to participate in this study not know these details before they complete the questionnaires. Therefore we ask you NOT to share this debriefing letter with other students before their participation. We also ask that you not discuss specifics of your participation with anyone who has not participated. It is crucial for this study that we collect unbiased opinions, and we appreciate your cooperation in making the findings of this study valid and reliable.

This project was designed to investigate the effect of custody disputes and expert statements on jurors' perceptions of child sexual abuse allegations. You were assigned to one of three custody conditions; either no custody battle, a "short" custody battle, or a "long" custody battle. You were also assigned to hear either a neutral expert statement or a statement strongly in support of the allegations. We are interested in discovering whether these factors (custody & expert statement) had an impact on the opinions you expressed on the questionnaire. The information we gather in this study will help us understand how psychologists can offer the most effective type of intervention for children whose allegations of child sexual abuse are tried in the judicial system.
The information you provided will be analyzed in a group with the other subjects assigned to your condition. We will not report any individual opinions. You noticed that we did not ask for any identifying information on the questionnaires; this is to protect your anonymity.

Again, thank you very much for the time and cooperation you donated while participating in this research project. We hope that the results of this study will enable psychologists and other professionals to address the issue of child sexual abuse more successfully.
<table>
<thead>
<tr>
<th>SCALES</th>
<th>TRUTH</th>
<th>GUILT</th>
<th>SAFETY</th>
<th>CREDIBLE</th>
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<td>-.52</td>
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<tr>
<td>GUILT</td>
<td>---</td>
<td>---</td>
<td>.04</td>
<td>-.48</td>
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<td>SAFETY</td>
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</table>
### TABLE 2
MEAN VALUES OF ALLEGATION TRUTHFULNESS RATINGS

<table>
<thead>
<tr>
<th></th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Abuse Probability</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low</td>
<td>2.89</td>
<td>.90</td>
</tr>
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<td>High</td>
<td>2.33</td>
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<tr>
<td><strong>Length of Custody Battle</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>None</td>
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<td>.94</td>
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<td>Short</td>
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<td>.94</td>
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<td><strong>Entire Sample</strong></td>
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<td>.97</td>
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</tbody>
</table>

*Lower numbers indicate endorsement of agreement that the allegations are truthful.*
TABLE 3

MEAN VALUES OF DEFENDANT GUILT RATINGS

<table>
<thead>
<tr>
<th></th>
<th>Mean</th>
<th>SD</th>
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</thead>
<tbody>
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<td><strong>Abuse Probability</strong></td>
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<tr>
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<td><strong>Gender</strong></td>
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* Lower numbers indicate endorsement of agreement with statements of defendant guilt.
TABLE 4

MEAN VALUES OF CHILD SAFETY RATINGS

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<thead>
<tr>
<th>Category</th>
<th>Mean</th>
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* Higher numbers indicate endorsement of agreement that the alleged victim is safe in current living arrangement.
<table>
<thead>
<tr>
<th>Category</th>
<th>Mean</th>
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</tr>
</thead>
<tbody>
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<tr>
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<td></td>
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<tr>
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* Higher numbers indicate ratings of agreement that the expert is credible.*
TABLE 6
PERCENTAGE OF JURORS IDENTIFYING EACH VARIABLE AS MOST INFLUENTIAL

<table>
<thead>
<tr>
<th>Variable</th>
<th>Case Summary</th>
<th>Child Tape</th>
<th>Expert Statement</th>
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<td>Strength of Expert Statement</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Neutral</td>
<td>23</td>
<td>21</td>
<td>6</td>
</tr>
<tr>
<td>Strong</td>
<td>16</td>
<td>24</td>
<td>10</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>17</td>
<td>25</td>
<td>9</td>
</tr>
<tr>
<td>Female</td>
<td>23</td>
<td>20</td>
<td>6</td>
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</table>

n = 493

* p<.001
<table>
<thead>
<tr>
<th></th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Mark has been known to abuse alcohol and other drugs.</td>
<td>5.90</td>
<td>1.23</td>
</tr>
<tr>
<td>2. Mary has been known to abuse alcohol and other drugs.</td>
<td>3.05</td>
<td>1.67</td>
</tr>
<tr>
<td>3. Sally was sexually abused by her uncle last year.</td>
<td>2.85</td>
<td>1.84</td>
</tr>
<tr>
<td>4. Mark has been a boyscout leader and Sunday School teacher for the last 5 years.</td>
<td>3.61</td>
<td>1.08</td>
</tr>
<tr>
<td>5. Mary has a boyfriend who occasionally spends the night with her.</td>
<td>3.38</td>
<td>1.19</td>
</tr>
<tr>
<td>6. Mark was sexually abused as a child.</td>
<td>5.42</td>
<td>1.47</td>
</tr>
<tr>
<td>7. Mary was sexually abused as a child.</td>
<td>3.43</td>
<td>1.47</td>
</tr>
<tr>
<td>8. Mark was physically abused as a child.</td>
<td>5.13</td>
<td>1.34</td>
</tr>
<tr>
<td>9. Mary was physically abused as a child.</td>
<td>3.71</td>
<td>1.32</td>
</tr>
<tr>
<td>10. Mark physically abused Mary while they were married.</td>
<td>5.46</td>
<td>1.42</td>
</tr>
<tr>
<td>11. Mary physically abused Mark while they were married.</td>
<td>3.48</td>
<td>1.54</td>
</tr>
<tr>
<td>12. Mark physically abused Sally before he and Mary were divorced.</td>
<td>6.15</td>
<td>1.18</td>
</tr>
<tr>
<td>13. Mary physically abused Sally before she and Mark were divorced.</td>
<td>3.28</td>
<td>1.93</td>
</tr>
<tr>
<td>14. Mark enjoys soft pornography and occasionally watches X-rated movies.</td>
<td>5.20</td>
<td>1.30</td>
</tr>
<tr>
<td>15. Mary enjoys soft pornography and occasionally watches X-rated movies.</td>
<td>3.32</td>
<td>1.35</td>
</tr>
<tr>
<td>16. Indicate the impact (if any) on your ratings if Sally had made accusations against her mother instead of her father.</td>
<td>3.62</td>
<td>1.64</td>
</tr>
</tbody>
</table>
LIST OF REFERENCES


Lantrip v. Commonwealth, 713 S.W. 2d. 816 (Ky. 1986).


State v. Kim, 64 Haw. 598, 645 P.2d 1330 (1982).


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