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To cite this article: Katherine McGuire & Kamala London (2017) Common Beliefs About Child Sexual Abuse and Disclosure: A College Sample, Journal of Child Sexual Abuse, 26:2, 175-194, DOI: [10.1080/10538712.2017.1281368](https://doi.org/10.1080/10538712.2017.1281368)

To link to this article: <http://dx.doi.org/10.1080/10538712.2017.1281368>



Published online: 28 Mar 2017.



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## Common Beliefs About Child Sexual Abuse and Disclosure: A College Sample

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### ABSTRACT

Adults' common beliefs about child sexual abuse and disclosure were explored. Participants ( $N = 670$ ) were questioned about key areas of child sexual abuse that could affect decision-making processes of jurors evaluating child sexual abuse cases. These areas included victim and perpetrator characteristics, medical and behavioral indicators of child sexual abuse, memories for the event, and disclosure of the event. The scientific literature pertaining to these same areas are reviewed. While individual beliefs were consistent with some areas of the scientific literature (e.g., victim and perpetrator characteristics), they strongly contrasted the literature in other important areas (e.g., memories for the event, indicators of child sexual abuse, and the likelihood of denial and recantation). Implications, including the option of providing expert testimony to reduce discrepancies, are discussed.

### ARTICLE HISTORY

Received 7 May 2016  
Revised 20 November 2016  
Accepted 4 January 2017

### KEYWORDS

delay; expert testimony; jury decision making; lay beliefs; memory; recantation

In courts, admissibility rules require that judges weigh expert testimony for probative (useful and demonstrative) versus prejudicial (harmful or biasing) effects (Buck, London, & Wright, 2011). If testimony is deemed more prejudicial than probative, then it may be prohibited (Buck et al., 2011). One factor used to weigh whether testimony is probative is to determine whether it is “useful” or outside the knowledge already possessed by jurors. In fact, presiding judges exclude expert testimony most often based on the assumption that experts cannot provide useful information that jurors do not already possess (Schmechel, O’Toole, Easterly, & Loftus, 2006). The decision of excluding or permitting expert testimony based on this assumption can be appealed on the grounds that there was “an abuse of discretion” (Welch, 2006, p. 1086).

Appellate cases that argue an abuse of discretion has occurred suggest that judges' decisions regarding the admissibility of expert testimony is not always a methodical decision. Determining whether jurors hold incorrect beliefs or possess adequate knowledge in a given field are difficult decisions, and often made subjectively. However, understanding whether

jurors can benefit from expert testimony is an empirical question. In cases of child sexual abuse (CSA), this question is difficult to answer because there are very few facts that are agreed upon, even among experts (Klettke, Graesser, & Powell, 2010). For example, Pelisoli, Herman, and Dell'Aglio (2015) surveyed experts and found that some believe that children will deny abuse when asked directly, while other experts do not share this belief. Although, a majority of the experts they surveyed (90%) agreed that most children will not immediately and spontaneously disclose abuse. The goal of this study was to determine what people believe about CSA to determine if experts could provide "useful" information in these cases. Several domains of scientific literature where agreement among experts is high are reviewed, in order to provide evidence for what is generally accepted.

Data were collected to assess various domains of individuals' knowledge on topics of CSA. Data are presented on what individuals believe about abuse and these beliefs are compared to what is generally accepted in the scientific literature. If individuals' beliefs are contrary to scientific evidence, or if individuals are unaware of scientific evidence regarding CSA, then expert testimony on such topics would have probative value. However, if individuals' beliefs are consistent with scientific evidence or if scientific evidence is inconclusive and provides no additional information that could be used by jurors, then the risk of expert testimony being prejudicial would be higher than any probative value (Weiss & Alexander, 2013).

Most likely, both consistencies and discrepancies exist between individuals' beliefs about CSA and the scientific evidence. Findings from McAuliff and Kovera (2007) support this assumption. They examined the beliefs of experts, jurors, and college students regarding factors that would lead to memory impairments. They found that the three groups differed in expected effects on memory when it came to the factors of age, whether there was an authority source providing the misinformation, and whether events in question were central versus peripheral. Specifically, experts, unlike students and jurors, recognized all of these would decrease memory performance. While students and jurors did recognize that age would decrease memory performance, it was to a far lesser degree than what experts believed. In the following section, the literature regarding various aspects of CSA and related disclosure are reviewed. Key areas of focus include demographic information of typical CSA victims and perpetrators, medical and behavioral indicators of CSA, memory for the event, and disclosure, delay, and denial of CSA. These factors were chosen based on (a) available research that is generally accepted by scientists for comparison and (b) the potential for beliefs regarding these key areas to have profound effects on a CSA investigation.

## **CSA and disclosure literature**

### ***Victim and perpetrator characteristics of CSA***

The National Center for Victims of Crimes (NCVC, 2012) presents findings from CSA research suggesting that children between the ages of 9- to 13-years-old are the most frequently targeted age group and that females are four times more likely to be targeted than are males. However, it has been suggested that males may underreport sexual abuse more than do females (London, Bruck, Ceci, & Shuman, 2005). Thus, the prevalence and incidence rate of CSA in males may be higher than current estimates presented.

Research also suggests that somewhere between 86–94% of CSA perpetrators are male (NCVC, 2012). Perpetrators are also likely to be known by the victims and/or the victim's family. For example, Bottoms, Rudnicki, and Epstein (2007) surveyed CSA victims ( $N = 319$ ) and found that 83% of perpetrators were acquaintances, friends of the family, or extended family members. Only 7% of respondents reported that the perpetrator was a member of the victim's immediate family. The remaining 10% constituted strangers.

Estimating the incidence and prevalence of CSA is difficult for a number of reasons, primarily due to underreporting (for a review see Goldman & Padayachi, 2000). However, it is agreed on by most experts that a majority of CSA cases (85–90%) are not reported to authorities (for a review see London et al., 2005).

### ***Medical evidence of CSA***

When CSA is alleged, medical findings influence whether charges will be filed (Adams, Harper, Knudson, & Revilla, 1994; Patterson & Campbell, 2009). Studies examining beliefs of jury members and potential jurors confirm the profound weight of physician testimony of CSA (Quas, Thompson, & Clarke-Stewart, 2005; Shackel, 2008). For example, Quas and colleagues (2005) found that 57% of participants believed (incorrectly) that a physician could medically detect CSA. Many studies have found that individuals believe that medical exams by physicians can confirm or negate most cases of abuse (for a review, see Shackel, 2008).

Contrary to these beliefs, medical evidence is present in less than 1% of CSA cases (Kellogg, Parra, & Menard, 1998). Heger, Ticson, Velasquez, and Bernier (2002) reviewed the medical findings of 2,384 children referred for possible CSA. They found that only .6% of the sample had medical findings diagnostic of abuse. Even when reviewing more severe cases where alleged penetration took place, only 6% of females and 1% of males exhibited abnormal but nondiagnostic medical findings. Despite this evidence, physicians' testimony that CSA has occurred based on medical evaluation provides compelling evidence with

serious legal consequences. Physicians are held in high esteem, and their judgment is unlikely to be questioned. For example, Goldman and Padayachi (2000) reported that, in one case, 121 children were removed from their homes as they were suspected of being sexually abused based on physician reported medical evidence. After further investigation, 98 children were returned as it was found they were most likely not abused after all. During CSA investigations, cases with medical findings are 2.5 times more likely to result in criminal prosecution than cases without medical evidence, and these medical findings are the single most important factor in prosecution (Palusci et al., 1999).

In addition to scant evidence, there are problems with reliability in diagnoses of physicians. Studies have found that individual physicians can be inconsistent in their diagnoses when shown the same case presentation over short delays (e.g., Paradise, Winter, Finkel, Berenson, & Beiser, 1999). Paradise and colleagues (1999) examined physicians' interpretations of medical findings using a within-subjects design and found considerable differences. Physicians were presented with medical findings via a photograph and a case history that was either suggestive or nonsuggestive of abuse. They were then asked to offer an opinion on whether the case indicated a likelihood of abuse. After a few weeks, physicians were presented with the same case; only the case history may or may not have changed. Findings indicated that diagnoses changed more often in the direction suggested by the case history, and physicians who were inexperienced or obtained only a moderate amount of experience were more susceptible to changing their diagnoses based on case histories. This suggests that physicians are using information other than strict medical findings (e.g., social and behavioral indicators) to make an assessment and that less experienced physicians are more likely to use this outside information.

### ***Behavioral indicators of CSA***

While behavioral indicators are used frequently as evidence of CSA by legal decision makers and medical evaluators, sociodemographic risk factors that have previously been associated with abuse are now found not to be useful predictors of CSA. For example, Bergner, Delgado, and Graybill (1994) evaluated eight risk factors identified in the literature to be associated with sexual abuse. These factors included parent-child relationship styles, the presence of a stepfather, characteristics of parents, and other sociodemographic variables. Women who were classified as having experienced CSA were then evaluated alongside these eight risk factors to determine if these factors contained any predictive power of abuse. Only one of the eight factors (low income during the time of abuse) was associated with abuse. However, Roesler (2000) alerted fellow professionals of these same eight sociobehavioral risk factors (among other scientifically invalid predictors) in detecting CSA among their adult patients.

Over the years, different professionals have expressed beliefs that many demographic and behavioral variables are associated with CSA. For example, Lentsch and Johnson (2000) reported that more than 70% of physicians believed that behaviors such as decreased school performance would be associated with CSA. Dubow, Giardino, Christian, and Johnson (2005) reported similar estimates. According to Bruck, Ceci, and Principe (2006), most children who are sexually abused actually are behaviorally asymptomatic. In addition, behavioral characteristics lack specificity in diagnosing sexual abuse in that many nonabused children show similar characteristics (Kellogg & the Committee on Child Abuse and Neglect, 2005).

One of the most widely accepted (and intuitively associated) behavioral indicators of CSA is sexual behavior (Brilleslijper-Kater, Friedrich, & Corwin, 2004). However, research has demonstrated that sexual behavior is frequently observed in typically developing children with no history of abuse. Furthermore, sexual abuse is neither the only nor even the primary cause for sexual behavior in children (Friedrich, 2005). Sexual behaviors (e.g., touching others' breasts and trying to witness adults undressed) have been found in many typically developing children with no history of abuse (see Friedrich, 2005 for a review sexual behavior in young children). Friedrich and colleagues (2001) found that sexual behavior is related to many factors other than abuse. For example, children with more exposure to adult sexuality (e.g., video, television, nudity) exhibited more sexual behavior. Friedrich (2005) reported that there is significant overlap in correlates of sexual and aggressive behavior and that children with other behavior problems have greater sexual knowledge and interests. Friedrich (2005) proposed that life stressors, including but not limited to sexual abuse, reduces children's ability to control and inhibit all kinds of behavior (including but not limited to sexual behavior). Thus, even when sexual behaviors occur that are not demonstrated by typically developing children and indicate sexual behavior problems (SBPs), this behavior is not conclusive of sexual abuse. Furthermore, over half of sexually abused children do not show SBPs (Friedrich, 2005). Chaffin and colleagues (2008), a task force appointed to review research on children with SBPs, compiled a report to aid professionals' understanding of children with SBPs. In this report, professionals are cautioned that while abused children do have higher incidences of SBPs, even children with severe SBPs should never be determined abused based on this behavior because SBPs can co-occur with a variety of other disorders and life circumstances.

### ***Repressed memory of CSA***

There is considerable agreement among researchers that CSA disclosure is substantially delayed (London, Bruck, Wright, & Ceci, 2008; Lyon, 2007). Therefore, many CSA cases are not brought forward until weeks, months, or

even years after the abuse has occurred. Some have argued that this delay in disclosure is due to repression (Alaggia, 2004). That is, the abuse was so psychologically traumatizing that individuals had failed to remember that it occurred. The reappearance of these memories would sometimes surface during therapy sessions that were aimed at discovering the cause of negative feelings or behaviors. Unfortunately, the mechanisms used to surface these memories included suggestive memory techniques known to produce memories for events that never occurred (Loftus & Davis, 2006).

Much scientific evidence has been gathered on the general nature of memory and how it works. The consensus is that it is very unlikely that individuals could successfully recover early childhood memories of any kind before age three (Bauer & Larkina, 2014). Loftus and Davis (2006) reviewed repression literature that explored common prospective and retrospective approaches to examining memory for trauma and abuse. They concluded that there is little support for repression of traumatic memories such as CSA. Contrary to repression theories, Goodman and colleagues (2003) retrospectively explored memories for CSA and found that more severe instances of abuse were positively correlated with more detailed memories and more accurate memories for the original event. Despite these findings, Magnussen and colleagues (2006) found that a majority of their participants ( $N = 1000$ ) believed that repression commonly occurs. Other studies have found substantial agreement with repressed memory among laypeople as well as among judges and legal professionals (See Lane & Karam-Zanders, 2013, for a review). Given the empirical evidence casting doubt on the veracity of many “repressed memories” (e.g., Hayne, Garry, & Loftus, 2006) and evidence suggesting that common beliefs contradict these empirical findings, understanding current common beliefs about the probability of repressing memories of CSA was an important undertaking.

### **CSA disclosure**

One of the most important questions regarding CSA investigations is whether children will disclose when formally questioned as well as how much prompting is necessary from the interviewer to elicit the disclosure. This question is also among the most controversial. A majority of the retrospective studies exploring disclosure of CSA in childhood indicates that delay and nondisclosure of CSA is a common occurrence (for reviews see London et al., 2005, 2008; Lyon, 2009). Some CSA literature reports that, along with delay, denial and recantation are common as well (for a review see Lyon, 2007; Malloy, Lyon, & Quas, 2007). However, large scale reviews conducted by London and colleagues (2005, 2008) and London, Bruck, Ceci, and Shuman (2007), using studies composed in 1990 or after of clinical and forensic samples of children



assessed for CSA, concluded that while many children do not spontaneously disclose abuse, the majority of abused children who come before authorities will disclose when questioned directly ( $M = 85\%$  with a range of 44–96%) and are not likely to recant (roughly less than 3% of disclosers). Nonetheless, Malloy and colleagues (2007) caution that denial and recantation in formal CSA interviews increase when cases of parental abuse or nonoffending unsupportive caregivers are involved.

### **Beliefs about CSA testimony**

Once CSA cases are brought to the attention of authorities, there is considerable concern regarding how child witnesses will be perceived by fact finders involved in the case. Ernberg, Tidefors, and Landstrom (2016) surveyed prosecutors who reported that CSA convictions often require an emotional and verbally detailed child witness. As a result, the decision to prosecute often hinged not on whether the prosecutor believed the child but on whether they believed that a judge and/or jury would find the child credible. Police who conduct CSA interviews are also more likely to view emotional child witnesses as credible (Bollingmo, Wessel, Eilersten, & Magnussen, 2008). However, not all emotions are viewed favorably. According to Wessel, Eilertsen, Langnes, Magnussen, and Melinder (2016), when CSA victims display sadness or fear this tends to increase professionals' and laypersons' perceptions of the child's credibility. However, if positive emotions or anger are displayed, this tends to decrease perceptions of the child's credibility.

The emotion displayed by a CSA victim seems to be of great importance in deciding child credibility. However, Katz, Paddon, and Barnett (2016) conducted a review of studies that explored CSA interviews across 97 3- to 14-year-olds and found that the most common form of CSA disclosure is neutral and non-emotional. They also found that children were nearly 8 years old before they began using negative emotion words. Furthermore, they note that maltreated children have significantly more difficulty than their peers with identifying and correctly displaying negative emotions.

## **The present study**

### **Participants**

Participants included 670 undergraduate students (females = 56.7%) from Midwest universities. One participant was excluded from all analyses because the participant failed to answer at least 40% of questions in the survey. All participants were offered partial course credit for participation. Participants were prescreened from a larger study ( $N = 907$ ), and only those reporting that they were neither sexually nor physically abused were included.



Participants' age ranged from 18 to 49 years old with many participants (82.7%) under the age of 21 ( $M = 19.46$  years,  $SD = 2.39$  years). A majority of participants were White (73.6%). The remaining participants were African American (19.1%), bi- or multiracial (2.7%), Asian (1.8%), or Hispanic (1.7%). A small minority of participants (1.7%) did not report information regarding race or ethnicity.

### **Procedure**

Participants completed an online questionnaire regarding their beliefs about CSA. The survey data company PsychData ([www.PsychData.com](http://www.PsychData.com)) was used to create, collect, store, and maintain data. A link to the survey was presented through the university subject pool study systems. Participants were told they would be asked questions related to CSA to ensure they would be agreeable to answering questions on this topic before the survey began. None of the participants withdrew participation after learning the topic of the study.

Questions were related to various domains of CSA and disclosure. Some questions focused on information for which there is a well-established scientific literature for comparison (e.g., demographic information of victims and perpetrators, disclosure patterns of victims, the likelihood of detectable medical or behavioral evidence of CSA, and repressed memories of a CSA event). Other questions were asked for more exploratory purposes to determine what individuals generally believe about topics, such as why children delay disclosure. Questions were counterbalanced when appropriate. See Appendix A for the full CSA questionnaire.

While participants could choose not to answer questions, all questions (if answered), contained forced choice responses. These responses were in the form of category choices, true/false options, and rank ordering according to the type of question being asked. The sample size for each question, if different than reported previously due to participants opting not to answer the question, are reported by question.

### **Results**

#### **General beliefs about CSA**

The average prevalence rate of CSA estimated by a majority of participants (70.8%) was between 1–25% of children. Many respondents (51.9%) also believed that females are more likely to be a victim of CSA. However, a substantial minority (39.6%) believed that both males and females are equally likely to be victims of CSA. In terms of sexually abused children's first sexual abuse experience, a majority of participants (58.0%) believed the most common age targeted is between 0 to 6 years old (See [Table 1](#)).

**Table 1.** Percentage of Participants Reporting Estimated Prevalence Rate of CSA and Likelihood of CSA by Victim Gender and Victim Age.

|                                 |       |
|---------------------------------|-------|
| Prevalence ( <i>n</i> = 669)    |       |
| Less than 1%                    | 1.9%  |
| 1–10%                           | 24.9% |
| 11–25%                          | 44.0% |
| 26–50%                          | 22.6% |
| More than 50%                   | 6.6%  |
| Victim gender ( <i>n</i> = 669) |       |
| Male                            | 8.5%  |
| Female                          | 51.9% |
| Equal likelihood                | 39.6% |
| Victim age ( <i>n</i> = 668)    |       |
| Before the age of 1             | 0.3%  |
| 1–3 years                       | 11.1% |
| 4–6 years                       | 46.6% |
| 7–10 years                      | 34.9% |
| 11–12 years                     | 5.6%  |
| After the age of 12             | 1.5%  |

Regarding the victim and perpetrator relationship, most participants (95.8%) believed the victim knew the perpetrator. A majority (61.1%) also believed that perpetrators of CSA were usually male, though a substantial minority (31.3%) believed males and females were equally likely to commit sexual abuse against children (see [Table 2](#)).

### ***Beliefs about medical or behavioral indicators of CSA***

Most participants (66.9%) believed that less than 15% of CSA cases are reported to authorities, and an overwhelming majority (90.6%) believed that less than 25% of CSA cases are reported. Participants were also questioned about their beliefs regarding whether there is usually evidence (physical or behavioral) that CSA occurred. When asked to evaluate the statement “When children are sexually abused, there is usually physical evidence that can be found through a medical examination,” 71.7% of participants indicated they believed that this was a true statement. When asked to evaluate the statement “Most sexually abused children show behavior characteristics (e.g.,

**Table 2.** Percentage of Participants Reporting Likelihood of CSA by Perpetrator Relationship and Gender (*n* = 668).

|                                     |       |
|-------------------------------------|-------|
| Relationship to victim              |       |
| Strangers                           | 4.2%  |
| Family members                      | 63.9% |
| Friends of family                   | 28.6% |
| Teachers, clergy or other officials | 3.3%  |
| Perpetrator Gender                  |       |
| Male                                | 61.1% |
| Female                              | 7.6%  |
| Equal likelihood                    | 31.3% |

bedwetting) that would be noticeable by others,” 61.5% of participants indicated they believed that this was a true statement.

### *Repressed memory for CSA*

Participants were questioned about the likelihood of repressing the CSA event and the likelihood of recovering the event with help from a therapist. To assess for beliefs regarding repression, participants were asked, “What percentage of people experiencing child sexual abuse do not remember their sexual abuse because it was so traumatic?” More than a quarter of the sample (28.5%) believed this happens in more than 15% of cases (see [Table 3](#)). Participants ( $n = 668$ ) were then asked, “Do you think most young children (age 3 or younger) who are sexually abused can remember this abuse as adults if they are helped by therapists/psychologists?” A majority of respondents (64.7%) indicated agreement with this statement.

### *Disclosure patterns*

Participants were asked to indicate when (or if) they believed children disclosed their abuse. Many participants (42.9%) believed victims never tell. For those believing victims do disclose, 31.8% believed disclosure would not take place until the victim reached adulthood (See [Table 4](#)).

When participants were asked to indicate their beliefs regarding denial of CSA, 86.1% reported they believed that most sexually abused children would deny abuse occurred if someone asked them about it directly. Participants were also asked about the possibility of recanting allegations of CSA. The majority of participants (64.6%) believed that most sexually abused children will recant their allegations of abuse later. Similarly, 65.9% of participants believed that most victims will recant their allegations of abuse if asked directly by a formal authority.

Participants were also asked about their beliefs regarding why some children don't tell. Participants rank ordered the following reasons for why a victim would not disclose: “They think they will not be believed,” “They do not realize they were abused,” “They are embarrassed,” “They are afraid of being physically harmed by the abuser,” and “They do not want to get the

**Table 3.** Percentage of Participants Estimating the Number of CSA Cases Where Forgetting Due to Trauma Occurs ( $n = 668$ ).

|               |       |
|---------------|-------|
| None          | 4.3%  |
| Less than 1%  | 13.6% |
| 1–5%          | 26.2% |
| 6–15%         | 27.4% |
| 16–25%        | 15.9% |
| 26–50%        | 8.1%  |
| More than 50% | 4.5%  |

**Table 4.** Percentage of Participants Reporting Beliefs About Disclosure and Delay and Reasons for Nondisclosure ( $n = 669$ ).

| Disclosure and delay              |       |
|-----------------------------------|-------|
| Never tell                        | 42.9% |
| Tell right away                   | 1.6%  |
| Within 1 year                     | 10.2% |
| Over a year but before adulthood  | 13.5% |
| After adulthood                   | 31.8% |
| Reasons for nondisclosure         |       |
| Threat of harm                    | 36.2% |
| Embarrassment                     | 25.0% |
| Fear of disbelief                 | 16.6% |
| Unaware of abuse                  | 13.5% |
| Fear of getting abuser in trouble | 8.7%  |

**Table 5.** Percentage of Participants Reporting Beliefs About Emotional Display During CSA Testimony ( $n = 668$ ).

|             |       |
|-------------|-------|
| Fear        | 90.5% |
| Nervousness | 88.5% |
| Sadness     | 70.0% |
| Instability | 64.9% |
| Anger       | 44.0% |
| Other       | 3.6%  |

Note. Percentages do not equal 100% as participants could indicate more than one emotion.

abuser in trouble.” The primary reasons for nondisclosure reported by participants were threat of harm and embarrassment (See Table 4).

### *Emotions displayed when testifying*

When asked whether children testifying in court about CSA would behave emotionally, 82.3% ( $n = 668$ ) indicated they believed participants would display emotion. Participants reporting the belief that children would display emotion during testimony were asked what types of emotions they believed would be displayed. An overwhelming majority of participants (90.5%) indicated fear would be shown by children who are providing CSA testimony (See Table 5).

## **Discussion**

The purpose of this study was to explore whether common beliefs are consistent with the current knowledge accumulated through scientific investigation. Specifically, in whether expert opinion is warranted in topics relevant to CSA. Individual beliefs about relevant CSA questions (e.g., Do sexually abused children tell someone about their experience right away? Is physical or behavioral evidence of abuse common in cases of CSA? Do very young children remember CSA experiences later in life?) influences juror

decision-making processes. An expert, ideally, would help jurors to update any incorrect beliefs they have to improve the decision-making process. The scientific literature on key areas relevant to CSA investigations was reviewed. Individuals were also questioned about their beliefs regarding these same key areas.

Results suggested that individuals' beliefs are consistent with the literature in some key areas but sharply contrast the literature in other areas. Areas where differences between the literature and common beliefs were less pronounced include some factors involving victim and perpetrator demographics. Common beliefs expressing the opinion that most victims of CSA are female and most perpetrators are male and known by the victim and/or the victim's family clearly parallels what is generally accepted in the literature. Common beliefs regarding some aspects of delay and nondisclosure of CSA are consistent with the literature as well. However, even in these areas where beliefs most closely resemble the literature, discrepancies were still found. For example, though females have nearly 4 times the chance of being a victim of CSA, nearly 40% of participants believed males and females were equally likely to be victims. Most participants correctly indicated that perpetrators are usually known by the victim. However, they believed family members were twice as likely (approximately 80%) to perpetrate abuse than data produced by Bottoms and colleagues (2007) suggests (approximately 40%). Furthermore, while data collected about prevalence and incidence demonstrated that the most common age of first occurrence of CSA is between 9–13 years of age, less than 42% of participants believed this was the highest risk age group.

Larger discrepancies between common beliefs and the literature existed in key areas very likely to affect the trial outcome of a CSA investigation. A vast majority of participants believed that CSA leaves physical traces of evidence (either medical or behavioral) that could be detected by others. This may lead to a faulty decision-making process that either cases of CSA are not valid in the absence of this type of evidence or that they are authenticated in cases where this type of evidence is provided. These beliefs persist, even though less than 1% of CSA cases obtain medical evidence (Kellogg et al., 1998) and behavioral indicators appear to be poor predictors of abuse status (Bruck et al., 2006; Kellogg et al., 2005).

Other key discrepancies were also found. An extensive literature has accumulated indicating there is very little support for the notion of repression, slowly bringing an end to the memory and repression wars of the 1990s. This literature indicates that if repression of memories exists, then it is likely only in extremely rare circumstances (O'Donohue et al., 2013; see also Loftus & Davis, 2006, for a review). However, more than 50% of respondents believed that repression occurs in more than 6% of CSA cases. Surprisingly, even though insurmountable evidence has also accumulated to

dispel the notion that memories of CSA occurring at very young ages (age 3 or younger) could be recovered by therapists or trained psychological experts, almost 65% of participants still supported the concept of recovering repressed memories of CSA.

In relation to disclosure, participants seemed to overestimate the likelihood of both denial and recantation. Over 86% of participants believed victims would deny their abuse when questioned directly, and around 65% believed victims would recant their allegations when asked by someone else or when questioned by authorities. In fact, while there is some dispute in the literature about estimations of denial and recantation overall, there is evidence that for children entering the legal system denial and recantation is extremely rare (London et al., 2005, 2007, 2008). Malloy and colleagues (2007) reported some of the highest estimations of recantation (23.1%,  $n = 257$ ), which are well below the estimations provided by this sample. Clearly, ramifications of this belief may include assuming that a child's denial or recantation should be disregarded since denials and recantations are expected to occur so often.

The final area of beliefs that were explored were those pertaining to the expected behavior of a typical CSA victim who testifies in court as a child. Over 80% of respondents believed that CSA victims who testify as children would display negative emotions on the stand. These beliefs may lead to the assumption that the absence of negative emotions is indicative of a false allegation. The current research discussed previously contradicts this assumption. CSA victims, especially those that are very young, typically recount events in a neutral manner (for a review, see Katz et al., 2016). These beliefs may lead to an incorrect prediction that a non-emotional child witness is not credible.

### ***Limitations and future directions***

What laypeople know and how they make conclusions based on their knowledge is not well understood. That is, knowing whether laypeople possess or lack certain knowledge is not indicative of whether or how this may affect their decision-making processes (Lane & Karam-Zanders, 2013). Understanding what jurors know and how this is applied will be an important undertaking in future research. In addition, the way questions are worded may affect how laypeople and experts respond (Kassin, Tubb, Hosch, & Memon, 2001). One potential suggestion for future research is to examine how question wording affects respondents with differences in knowledge base and background.

Another limitation of the study involves sampling. A college population was sampled to reflect the common beliefs of the population. While college students are part of the whole population, they may not accurately reflect the beliefs of a broader community sample. Students were also offered partial

course credit for participation, which is a different incentive than what would be provided to a community sample. Therefore, it would be useful to sample from other populations to see if the beliefs of students differ from those of the general population.

## Conclusion

It is not entirely surprising that common beliefs were inconsistent with scientific evidence in several key areas of CSA, because many scientific findings are counterintuitive. In addition, scientific findings take years to disseminate even within the scientific community. They take even longer, therefore, to extend beyond the scientific community to the public. That is, if they ever extend to the public. Furthermore, the very nature of scientific investigation is to replicate and provide new and useful information to the existing literature, resulting in a dynamic and constantly evolving knowledge structure.

What is generally accepted by experts depends on a variety of factors (e.g., personal biases, methodological approaches, differences in definitional constructs, etc.). Kovera and Borgida (1997) surveyed experts on 26 differing constructs related to CSA and found only 9 constructs were agreed on among experts (agreement defined as 80% of surveyed experts expressing the same view). Only those factors that seemed to have substantial agreement among experts were included. According to the results of this survey, expert testimony may have probative value in several key areas of CSA investigations and trials.

## Notes on contributors

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## Appendix A

### Questions about demographics, case history and perpetrator characteristics:

What percentage of kids in the United States do you think are sexually abused?

- Less than 1%
- 1–10%
- 11–25%
- 26–50%
- more than 50%

Which gender do you believe is more likely to be a victim of child sexual abuse?

- Male
- Female
- They are equally likely

What percentage of sexual abuse cases do you believe comes to the attention of authorities?

- less than 1%
- 1–5%
- 6–15%
- 16–25%
- 26–50%
- More than 50%

Most of the time, individuals that sexually abuse children are

- Strangers
- Family members
- Friends of the family
- Teachers, clergy, or other officials

Most individuals who sexually abuse children are

- Males
- Females
- Both males and females equally commit sexual abuse against children

What age do you think most sexually abused children are when they first experience sexual abuse?

- Before age 1
- Age 1–3
- Age 4–6
- Age 7–10
- Age 11–12
- After age 12

### Questions about disclosure, denial and recantation:

Most children who are sexually abused

- Never tell anyone.
- Tell someone right away.

- Don't tell right away, but tell within a year.
- Take over a year to tell, but do tell before they become an adult.
- Don't tell until after they become an adult.

Most sexually abused children will deny the abuse if someone asked.

- True
- False

Most sexually abused children who tell someone about their abuse will change their story later and say they actually were not sexually abused.

- True
- False

Most sexually abused children who told someone about their abuse will change their story and say they were not abused if asked by a formal authority.

- True
- False

*For the following question, rank the choices from 1–5. 1 = the most likely explanation, 5 = the least likely explanation. Use all numbers from 1–5. That is, do not use the same number twice.*

When children do not tell someone about sexual abuse right away, what are the most likely explanations for this?

- They think they will not be believed.
- They do not realize they were abused.
- They are embarrassed.
- They are afraid of being physically harmed by the abuser.
- They do not want to get the abuser in trouble.

**Questions about repression and abuse memory:**

Do you think most young children (age 3 or younger) who are sexually abused can remember this abuse as adults if they are helped by therapists/psychologists?

- Yes
- No

What percentage of people experiencing child sexual abuse do not remember their sexual abuse because it was so traumatic?

- None
- Less than 1%
- 1–5%
- 6–15%
- 16–25%

- 26–50%
- more than 50%

**Questions about potential behavioral and medical indicators of abuse:**

Most sexually abused children show behavior characteristics (e.g., bedwetting) that would be noticeable by others.

- True
- False

When children are sexually abused, there is usually physical evidence that can be found through a medical examination.

- True
- False

**Questions about testimony behaviors:**

Most children who have to testify about their sexual abuse in court would behave emotionally?

- Yes
- No

What emotions do you think the typical child who has to testify in court about sexual abuse would display?

- Sadness
- Anger
- Fear
- Nervousness
- Instability

Other (please specify)