

FACTORS THAT INFLUENCE THE BELIEVING OF
CHILD SEXUAL ABUSE DISCLOSURES

by

LISA MARIE CROMER

A DISSERTATION

Presented to the Department of Psychology
and the Graduate School of the University of Oregon
in partial fulfillment of the requirements
for the degree of
Doctor of Philosophy

June 2006

“Factors that Influence the Believing of Child Sexual Abuse Disclosures,” a dissertation prepared by Lisa Marie Cromer in partial fulfillment of the requirements for the Doctor of Philosophy degree in the Department of Psychology. This dissertation has been approved and accepted by:

Dr. Jennifer J. Freyd, Chair of the Examining Committee

Date

Committee in Charge: Dr. Jennifer J. Freyd, Chair
 Dr. Gordon C. N. Hall
 Dr. Sanjay Srivastava
 Dr. Kathleen Rowe-Karlyn

Accepted by:

Dean of the Graduate School

© 2006 Lisa Marie Cromer

This study, conducted with a sample of college students in a university Human Subjects Pool, varied types of trauma disclosed and studied different factors about the perceiver in order to investigate influences on believing. It also experimentally manipulated exposure to educational material and information about CSA in order to determine the malleability of participants' beliefs about CSA. It was found that males without a history of high betrayal trauma were more skeptical of CSA disclosures than other participants, and that they believed other types of trauma as much as did other participants. Males endorsed more beliefs in CSA myths and were also more sexist on both Old Fashioned and Modern Sexism measures. There was a significant interaction for experimental condition and gender. Males in the ideal experimental condition of two educational sources of unbiased information about CSA had a reduction in CSA myths and increased beliefs in CSA disclosures. Finally, there was an experimental investigation into the effectiveness of debriefing, which found a strong main effect for debriefing and an interaction with gender. Males who read about rape in one of the experimental conditions and who were not debriefed demonstrated a backlash reaction to CSA myths in that they more strongly believed the myths than did the rest of the sample. Males who read about rape and who were debriefed experienced the opposite effect.

CURRICULUM VITAE

NAME OF AUTHOR: Lisa DeMarni Cromer

GRADUATE AND UNDERGRADUATE SCHOOLS ATTENDED:

University of Oregon
University of British Columbia
University College of the Cariboo (formerly Cariboo College)

DEGREES AWARDED:

Doctor of Philosophy in Clinical Psychology, 2006, University of Oregon
Masters of Science in Psychology, 2001, University of Oregon
Bachelor of Arts in Sociology/Anthropology, 1989, University of British Columbia

AREAS OF SPECIAL INTEREST:

Trauma
Dissociation in Children
Executive Functioning and Attention
Research Methodology in Human Subjects Pools and Research Ethics
Treasured Possessions and Attachment Objects

PROFESSIONAL EXPERIENCE:

Human Subjects Pool Coordinator, Departments of Psychology and Linguistics,
University of Oregon, 2001-2006.

Instructor, Department of Psychology, University of Oregon, 2000-2002 and
2005-2006.

Therapist, Department of Psychology, University of Oregon, 2001-2005.

Therapist, Center for Community Counseling, Eugene, 2003-2006.

Intake Counselor, Center for Community Counseling, Eugene, 2005-2006.
Owner/President, The Zoo Wildlife Boutique (1993) Inc. Stores, Vancouver,
British Columbia, 1991-2000.

GRANTS, AWARDS AND HONORS:

Graduate Student Research Support Grant, Center for the Study of Women in
Society, University of Oregon, 2005

Graduate Student Travel Grant, Center for the Study of Women in Society,
University of Oregon, 2005

Graduate Student Travel Grant, Center for the Study of Women in Society,
University of Oregon, 2002

PUBLICATIONS:

Cromer, L. D., & Freyd, J. J. (accepted for publication pending revision). What
influences believing abuse reports? The role of depicted memory persistence,
participant gender, and trauma history. *Psychology of Women Quarterly*.

Cromer, L. D., Stevens, C. D., DePrince, A. P., & Pears, K. (in press). The
relationship between executive attention and dissociation in children. *Journal
of Trauma and Dissociation*, 7(4).

DePrince, A. P., & Cromer, L. D. (in press). Exploring dissociation: Setting the
course. *Journal of Trauma and Dissociation*, 7(4).

DePrince, A. P., & Cromer, L. D. (Eds.) (in press). *Exploring dissociation: New
directions in theory and research*. Binghamton, NY: Haworth Press.

Cromer, L. D. (in press). Rebuilding attachments with traumatized children: Book
review. *Journal of Trauma Practice*, 5(2).

Barlow, M. R., & Cromer, L. D. (2006). Trauma-relevant characteristics in a
university human subjects pool population: Gender, major betrayal, and
latency of participation. *Journal of Trauma and Dissociation*, 7(2), 59-75.

Middleton, W., Cromer, L. D., & Freyd, J. J. (2005) Remembering the past:
Anticipating a future. *Australasian Psychiatry*, 13(3), 223-233.

MANUSCRIPT UNDER REVIEW:

Cromer, L. D., Freyd, J. J., Binder, A., DePrince, A. P., & Becker-Blease, K. A. (2006). What's the risk in asking? Ethics of asking about trauma compared to other personal life experiences. Under review at *Ethics and Behavior*, first review.

MANUSCRIPTS IN PREPARATION:

Barlow, M. R., Cromer, L. D., Caron, H., & Freyd, J. J. *Animal attachment, dissociation, and DID*. Manuscript in preparation.

Cromer, L. D., Barlow, M. R., & Freyd, J. J. *Financial dependence affects trauma reporting: A caution for researchers*. Manuscript in preparation.

Cromer, L. D., Becker-Blease, K. A., Putnam, F., Measelle, J. R., & Freyd, J. J. *Facets of childhood dissociation: Factor analysis of the Child Dissociative Checklist*. Manuscript in preparation.

Cromer, L. D., Gray, M., & Freyd, J. J. *Betrayal trauma, acculturation & historical loss in Native Americans*. Manuscript in preparation.

PRESENTATIONS:

Baldwin, M., Cromer, L. D., & Freyd, J. J. (2006, May). *Positive bias in perceptions of physical discipline*. Paper presented at the Stanford Undergraduate Psychology Conference. Stanford, CA..

Cromer, L. D. (2006, May). *Factors that influence believing memories for abuse: Gender, trauma history, and media exposure*. Paper presented at the Center for the Study of Women in Society, University of Oregon, Eugene, OR.

Gray, M., Cromer, L. D., & Freyd, J. J. (2005, November). *Betrayal trauma, acculturation & historical grief in Native Americans*. Poster presented at the 21st Annual Meeting of the International Society for Traumatic Stress Studies, Toronto, Ontario, Canada.

Martin, C. G., Cromer, L. D., Filgas-Heck, R., & Freyd, J. J. (2005, November). *ADHD symptomatology and teachers' perceptions of maltreatment effects*. Poster presented at the 21st Annual Meeting of the International Society for Traumatic Stress Studies, Toronto, Ontario, Canada.

- Gray, M., & Cromer, L. D. (2005, October). *Betrayal trauma, acculturation, & historical grief in Native Americans*. Poster presented at the Sundberg Conference on Cultural and Community Psychology, Eugene, OR.
- Gamache Martin, C., Cromer, L. D., Filgas-Heck, R., & Freyd, J. J. (2005, May). *ADHD symptomatology and teachers' perceptions of maltreatment effects*. Poster presented at the Stanford Undergraduate Psychology Conference, Stanford, CA.
- Cromer, L. D., & Freyd, J. J. (2004, November). *Believability of abuse reports*. Poster presented at the International Society for Traumatic Stress Studies, Annual Conference, New Orleans, LA.
- Binder, A. K., Cromer, L. D., & Freyd, J. J. (2004, November). *Costs and benefits of asking about trauma*. Poster presented at the International Society for Traumatic Stress Studies, Annual Conference, New Orleans, LA.
- DeMarni Cromer, L., & Freyd, J. J. (2004, February). *Stuffed animals, pets, and dissociation revisited*. Poster presented at the American Association for the Advancement of Science, Annual Conference, Seattle, WA.
- DeMarni Cromer, L., Freyd, J. J., & Arakaki, H. (2003, October). *Stuffed animals, pets, and dissociation*. Poster presented at the International Society for Traumatic Stress Studies, Annual Conference, Chicago, IL.
- DeMarni Cromer, L. (2002, November). *Dissociation in popular television*. Paper symposium presented at the International Society for the Study of Dissociation, Baltimore, MD.
- DeMarni Cromer, L., Becker, K., Putnam, F., Freyd, J. J., & Measelle, J. (2002, April). *Factor analysis of the Child Dissociative Checklist*. Poster presented at the Western Psychological Association, Irvine, CA.
- DeMarni-Cromer, L. (2001, December). *Factor analysis of the Child Dissociative Checklist: A developmental perspective*. Paper symposium presented at the International Society for the Study of Dissociation, New Orleans, LA.
- DeMarni-Cromer, L. (2001, October). *Factor analysis of the Child Dissociative Checklist*. Paper symposium presented at the University of Oregon, Psychology Department, Eugene, OR.

Murray, C., Johnston, C., DeMarni, L., Valente, M., Gilchrist, K., Pelham, W., & Hinshaw, S. (2001, July). *The relationship between child non-compliance and symptoms of ADHD: Implications for assessment and treatment*. Poster presented at the World Congress of Behavioural and Cognitive Therapies, Vancouver, British Columbia, Canada.

Murray, C., Johnston, C., Kim, I., & DeMarni, L. (1999, November). *Mother-son interactions in boys having ADHD with varying degrees of conduct disordered behaviour*. Poster presented at the Association for the Advancement of Behaviour Therapy, Toronto, Ontario, Canada.

ACKNOWLEDGMENTS

First, I thank the One who made straight my paths (Pv 3:5-6).

I am deeply grateful to my advisor Dr. Jennifer J. Freyd, for her guidance, encouragement, wisdom, and for her seemingly unwavering confidence in me and in this project. Thank you to my committee members. I am grateful to Dr. Gordon Nagayama Hall for his encouragement of the public health piece of this dissertation, which helped me to connect challenging issues, such as child sexual abuse, to a future with hope. Thanks to Dr. Kathleen Rowe Karlyn for providing valuable feedback and for encouraging me when I felt overwhelmed. Thank you to Dr. Sanjay Srivastava for consultation with research design and statistical analyses when I started second-guessing myself. Thank you to all my committee members for encouragement and belief in this project. I am also grateful to my friends and colleagues who provided feedback and helpful suggestions, particularly Drs. M. Rose Barlow and Linda Ivy and members of the Dynamics Lab. Thank you to research assistants who worked hard to make this project possible and who patiently listened while I thought out-loud: Nicole Chiapella, Kristen DeHarrport, Charles Dickerman, Regan Filgas-Heck, Shannon Gilman, Amy Icenogle, Camilla Nermoen, Priscilla Quackenbush, and Jamie Young. Thank you to friends and colleagues who supported me and kept me sane in other areas of responsibility so I could focus on this dissertation: Daniel Friend, Sopagna Eap, Jessica Murakami, Courtney Stevens, Shin Shin Tang, and Miwa Yasui. And thank you to those friends who provided emotional support and verses at the right times: Linda, Miwa, Courtney, and Cindy Liu.

My parents provided a computer that could handle the demands of this dissertation as well as endless prayers and support; thanks Mom and Dad. Thank you to my other parents, Mom and Dad C., for endless enthusiasm and encouragement. I am profoundly grateful to my husband, Jamie Cromer, for his belief in me, and for his love, laughter, patience, and loyalty. And finally, to my beautiful child, Eliya Marie Claire Cromer, thank you for teaching me that story time, cuddles, and kisses are far more important than anything else on this earth.

This research was supported in part by the Center for the Study of Women in Society Research Support Grant, 2005.

DEDICATION

In memory of my dearly missed brother, Michael John Cromer. Michael, you were with me every day of writing this dissertation and provided a constant reminder that this process is a privilege, a joy, and a celebration. I hope that I did you proud.

TABLE OF CONTENTS

Chapter	Page
I. INTRODUCTION	1
Child Sexual Abuse as a Major Public Health Issue	1
Costs	2
Prevalence	2
Effects of Child Sexual Abuse	3
Etiology of Child Sexual Abuse	7
CSA Disclosure and Social Support	10
Why the Silence?	10
Believing Disclosures	11
Three Sources of Bias	11
Gender and Sexism	11
Media Bias	13
Myths about Chile Sexual Abuse	14
Assumptions about the World	17
Recovered Memory and CSA Backlash	18
Summary and Objectives	19
Specific Aims of the Present Project	20
Aim 1	20
Aim 2	20
Aim 3	21
Aim 4	22
II. METHOD	23
Participants	23
Measures	23
Old-Fashioned and Modern Sexism	23
Brief Betrayal Trauma Survey	24
Child Sexual Abuse Myth Scale	25
World Assumptions Scale	25
Vignettes	26
Procedures	27
Part One — The Online Pretest	28
Part Two — In Lab	29
Order of Stimuli and Debriefing	31

III. RESULTS	33
Hypothesis 1.1	33
Description Statistics.....	33
Hypothesis 1.2	34
Hypothesis 2.1	35
Hypothesis 3.1 and Other Factors Imparting Believing	37
Gender Differences	38
Hypothesis 3.2: Predicting Vignette Ratings.....	46
Experimental Manipulation	48
Experimental Conditions.....	48
Hypotheses 4.1 and 4.2: Differences Due to Experimental Condition.....	48
Hypothesis 4.3: Educational Debriefing.....	50
IV. DISCUSSION	53
Participant Trauma History	53
Gender, Trauma History, and Believing	54
Gender, Trauma History, Attitudes, and Beliefs	55
Predicting Believing of Disclosures: The Influence of	
Attitudes and Beliefs	61
Malleability of Believing: The Impact of Educational Materials	61
Differences in Vignette Characteristics and Disclosure Believability ..	62
Educational Debriefing and Beliefs in CSA Myths	63
Applying the Findings to Educational Programs: Finding	
Leverage Points	65
Limitations and Future Directions	67
Summary and Conclusions	68
REFERENCES	71

LIST OF TABLES

Table	Page
1. Self-reported Adolescent Lifetime Mental Health and Delinquent Behavior Problems (by Gender and CSA History)	4
2. CSA Occurrences with Other Adverse Childhood Experiences (ACEs).....	5
3. Number and Type of Reported Traumas (by Gender).....	33
4. Amount of Trauma Reported within Categories of Betrayal.....	34
5. Descriptive Statistics for Study Measures	38
6. Correlations among Study Measures	40
7. MANOVA for Gender x High-Betrayal Trauma Independent Variable	41
8. Child Sexual Abuse Myth Scale Regression Model.....	47
9. Correlations between Study Measures and Vignette Types	47
10. Educational Briefing Effects.....	51

LIST OF FIGURES

Figure	Page
1. CSA Vignette Believability Ratings by Participant Gender and Trauma History	35
2. Deviations from Mean for High-Betrayal Trauma Vignettes Shown by Participant Gender and Trauma History	36
3. Deviations from Mean for Low-Betrayal Trauma Vignettes Shown by Participant Gender and Trauma History	37
4. CSAMS Means Indicating Strength of Disagreement with CSA Myths with Standard Error Bars	42
5. World Assumptions Scale: Benevolence Means and Standard Error Bars	43
6. World Assumptions Scale: Meaningfulness of the World Means and Standard Error Bars	44
7. World Assumptions Scale: Self-Worth Means and Standard Error Bars	45
8. The Old-Fashioned and Modern Sexism Scales Means and Standard Errors	46
9. Means of All Time-Two Vignettes for Predicted “Ideal” Condition versus Combined Scores for the Other Conditions	49
10. Means and Standard Errors of Low-Recovered, High-Recovered, Continuous Memory, and Control Vignettes	50
11. Interaction between Debriefing and Gender	52
12. Three-Way Interaction between Debriefing, Gender, and News Story	52

CHAPTER I

INTRODUCTION

The purpose of the current study was to examine factors that may influence peoples' believing of child sexual abuse disclosure. Child sexual abuse is a major public health issue (World Health Organization [WHO], 2002). Intervention, whether it is social support, social services, therapy, or providing material needs can have lasting positive outcomes for victims' well-being; however, access to these resources usually requires disclosure. Societal factors may thwart victim disclosure and may therefore significantly exacerbate this public health concern. Sexist attitudes, believing in child sexual abuse myths, personal trauma history, and attitudes and beliefs about the world are discussed in the following literature review as possible societal forces that influence whether a disclosure-friendly environment exists for victims. Most women do not report or disclose their child sexual abuse (CSA) experiences because they are afraid of not being believed (Lundqvist, Hansson, & Svedin, 2004). In a recent review of 11 studies, the modal rate of disclosure was only 33% (London, Bruck, Ceci, & Shuman, 2005). A substantial influence behind not disclosing is fear, both fear of not being believed (Kellogg & Huston, 1995) and fear of social rejection (Somer & Szwarcberg, 2001). It is plausible that these fears may be well-founded if there are social biases against acknowledging CSA and against believing CSA disclosures.

Child Sexual Abuse as a Major Public Health Issue

In the last decade, as child sexual abuse has been recognized as a public health issue (WHO, 2002), there has been increased public cognizance of the high prevalence rates for CSA and the long- and short-term costs to victims and society. Prospective, longitudinal, and retrospective studies have documented that CSA victims experience

lasting psychological and physical health effects. Several critical studies are highlighted below, evidencing costs, prevalence rates, and the expansive range of damages incurred as CSA consequences.

Costs

A 2001 report published by Prevent Child Abuse America (Fromm, 2001) determined that in the United States, direct costs incurred from child abuse and neglect are over \$24 billion annually. Hospitalization accounted for over \$6 billion of the estimate, chronic health problems for about \$3 billion, and the child welfare system accounted for \$14 billion. The United States Department of Justice (Miller, Cohen, & Wiersema, 1993) has estimated annual costs to the United States of adult rape and child sexual abuse at \$1.5 billion in medical expenses, and a total of \$23 billion annually.

Prevalence

Estimates of the prevalence rates of CSA vary in studies due to differences in CSA definitions, sampling procedures (e.g., clinical vs. community samples), sample size, method of obtaining information (e.g., telephone survey vs. clinical interview), and age of respondent. Interestingly, in a large scale meta-analysis of CSA studies ($N = 25,367$) Paolucci and colleagues (Paolucci, Genuis, & Violato, 2001) found that definition of CSA (e.g., fondling versus penetration) did not statistically mediate the relationship between CSA and negative health and psychological outcomes. Therefore, it would seem appropriate to include a broader definition in outcome studies.

According to the World Health Organization, (WHO, 2002), fewer than 1% of parents admit having sexually abused their children, while international prevalence rates of sexually abused children range from 1% (“rape” as definition of CSA) to 45% (broader definition). In expansively reviewing the international literature, the WHO determined a mean rate of 20% for females and 5-10% for males having reported child sexual abuse (WHO, 2002). Large studies in the United States have consistently found comparable prevalence rates of CSA. For instance, in a large mail survey ($N = 9,508$) Felitti and

colleagues (Felitti et al., 1998) found a rate of 24% for adults retrospectively reporting CSA. In a meta-analysis, Bolen and Scannapieco (1999) found CSA rates of 30-40% for females and 13% for males. In a nationally representative sample telephone survey ($N = 2020$), Finkelhor and colleagues (Finkelhor, Ormrod, Turner, & Hamby, 2005) found that 8.33% of 2- to 17-year-olds living at home (sample excluded youth in detention, jail, or those receiving inpatient treatment), reported rates of sexual abuse in the past year. These findings may be underreporting actual abuse rates as there was no way to control whether a current abuser was present during the telephone interview, or in the case of young children, if the parent failed to disclose abuse on behalf of the child, as parents are apt to do (WHO, 2002). These national studies do not include youth in detention, runaways, or homeless children; therefore, it is important to note that up to 50% of incarcerated girls have been sexually abused (Fletcher, 2005), and 60% report being raped or being in danger of being raped (Cauffman, Feldman, Waterman, & Steiner, 1998). Further, national phone surveys do not include children living in the streets (i.e., prostitutes), and there is strong evidence that most prostitutes are victims of CSA (Widom & Kuhns, 1996). Thus, 8.33% is a conservative estimate of the rate of sexual victimization of children in a one-year period in the U.S.

Effects of Child Sexual Abuse

Numerous studies document the long-term health effects on women who have been victims of CSA (e.g., Dube et al., 2005; Greenwald, Leitenberg, Cado, & Tarran, 1990; Molnar, Buka, & Kessler, 2001; Paolucci et al., 2001; Ullman & Brecklin, 2003). As awareness about CSA of boys comes to light, researchers are finding that males also experience many of the same negative outcomes as do females (e.g., Dube et al., 2005; Felitti et al., 1998), although a preponderance of studies have focused on women because of the higher rates of CSA among women. Much of this literature documents the psychological impact of abuse. Following are highlighted the impacts of CSA that are seen in the short term in childhood and in the long term in adulthood.

Effects on Child Victims

Table 1 provides data from the Kilpatrick and colleagues (Kilpatrick, Saunders, & Smith, 2003) report produced for the U.S. Department of Justice. This large national study found that children aged 12 to 17 years who reported experiencing CSA, and who were still living at home (although not necessarily the home of an offender), were at increased risk for experiencing posttraumatic stress disorder (PTSD), for abusing substances, and for engaging in delinquent behavior compared to children who were not sexually abused.

Table 1
Self-reported Adolescent Lifetime Mental Health and Delinquent Behavior Problems (by Gender and CSA History)

	Percentage by Group			
	Males		Females	
Risk	CSA Victims	No Reported CSA	CSA Victims	No Reported CSA
PTSD	28.2	5.4	29.8	7.1
Substance Abuse/Dependence	34.4	9.0	27.5	5.4
Delinquent Behavior	47.2	16.6	19.7	4.8

National Institute of Justice report (Kilpatrick et al., 2003). Sample age 12-17 years at time of questioning. Sampling (N = 4,0230) was random digit dialing of U.S. English- and Spanish-speaking households.

In a review of nine, well-designed studies that controlled for family dysfunction, Dallam and colleagues (Dallam et al., 2001) found that CSA was associated with not only delinquency, PTSD, and substance abuse as noted (Table 1), but also related to increased school difficulties, depression, suicidal ideation, anxiety and conduct disorders, personality disorders, phobia, panic disorder, and antisocial personality disorder, as well as with feelings of anger and guilt. Paolucci et al. (2001) also found similar results in a large meta-analysis ($N > 25,000$). PTSD, depression, suicidality, sexual promiscuity, sexual perpetration, and poor academic performance were outcomes for child victims,

even when socio-economic status, gender, and age were statistically controlled.

Dose-response: Increased risk for multiple trauma. Several researchers have found a dose-response relationship between sexual assault and aversive outcomes, where both a high number and high severity of assaults result in more harmful effects (see Ullman & Brecklin, 2003). Further, a meta-analysis found that depression did not account for chronic health problems in women who were sexually abused as children, and that poorer psychological and physical health outcomes were associated with CSA, but not adult sexual abuse (Ullman & Brecklin, 2003). Felitti et al. (1998) conducted a large-scale study and found that childhood abuse was related to many of the leading causes of death in adults and that these health outcomes were further related to the “dose” or number of types of adverse childhood experiences. Table 2 provides data (Felitti et al., 1998) which demonstrates that CSA often co-occurs with other types of trauma. The second column of Table 2 provides the percentage of individuals ($N = 9,508$) who had first experienced CSA and who later went on to experience other types of adverse childhood experiences (ACE). Sixty-five percent of those who had first experienced CSA

Table 2
CSA Occurrences with Other Adverse Childhood Experiences (ACEs)

	Percentage ($N = 1,770$)	
	CSA as first exposure to ACE; exposed to other ACEs	“Other” ACE as first experience; later sexually abused as children
Psychological Abuse	24	47 ($n = 422$)
Physical Abuse	22	44 ($n = 385$)
Substance Abuse	39	34 ($n = 702$)
Mental Illness	31	37 ($n = 559$)
Mother Treated Violently	23	41 ($n = 414$)
Imprisoned Family Member	6	40 ($n = 108$)
Any one category	65	n/a
Any two categories	41	n/a

(Felitti et al., 1998)

subsequently experienced at least one other type of ACE, and 41% experienced at least two other categories of ACE. Further, of 6,629 individuals who first experienced some other (non-sexual) form of ACE, 2,590 experienced a second or third form of ACE. The third column in Table 2 provides the subsample number for each category for those who later were also sexually abused as children.

Effects in Adulthood

The Felitti et al. (1998) large study documented that having ACE increased risky behaviors such as smoking, alcohol and drug abuse, overeating, and risky sexual behaviors compared to individuals with no ACE. The study documented that individuals with ACE had a greater incidence of depression, suicidality, heart disease, cancer, chronic lung disease, skeletal fractures, and liver disease. A follow-up to this study further reported that compared to adults without ACE, those with ACE had an increased risk (40%) of marrying an alcoholic, and increased risk of current problems in marriage (up to 50%) (Dube et al., 2005). Walker and colleagues (Walker et al., 1999) also conducted a large, randomized survey ($N = 1,225$ women) and found a dose-response relationship between child maltreatment and subsequent pathologies. Walker et al. (1999) found that the experience of multiple types of maltreatment was related to a wide range of physical, emotional, and psychological health problems as well as to health-risk behaviors. In a recent review of the last decade of CSA research Putnam (2003) noted that a large range of adult disorders that are a consequence of CSA are DSM diagnoses. In addition to those previously mentioned, he added Dissociative Identity Disorder, Bulimia Nervosa, Somatization Disorder, and Borderline Personality Disorder. Putnam also noted that research has shown neurobiological dysregulation and many dysfunctional behaviors are attributed to CSA. Additionally, CSA is a risk factor for adult rape, irrespective of family dysfunction (Messman-Moore & Brown, 2004), and research shows that the negative health, social, and psychological effects of CSA are similar for males and females (Dube et al., 2005; Kendall-Tackett, 2000; Putnam, 2003).

Etiology of Child Sexual Abuse

Social Phenomenon

In attempting to understand the etiology of CSA, one must examine social consciousness and whether there is a general acceptance of CSA in modern society. Malhotra and Biwas (2005) posited that current societal attitudes and practices toward children and societal tolerance can provide a fertile environment for CSA. At times, this tolerance is expressed through the denial of the existence or pervasiveness of CSA via “Ostrich Psychology” (Malhotra & Biwas, 2005, p. 1). Sometimes societal tolerance of CSA is expressed through the minimization or outright denial of the harmful effects of CSA.

In examining the history of CSA in North America, cultural anthropologist Scheper-Hughes (1998) outlined a long tradition of denial of the negative effects of CSA. For example, she quoted the popular 1953 *Kinsey Report* as stating that CSA is “not likely to do the child any appreciable harm if the child’s parents do not become disturbed” (Kinsey, as cited in Scheper-Hughes, 1998, p. 312). She further noted Gagnon and Simon as stating that “the evidence suggests that the long-term consequences of victimization [CSA] are quite mild” (Gagnon & Simon, as cited in Scheper-Hughes, p. 312). Other examples are provided by way of the Catholic church and other institutionalized tolerance of CSA in which the effects are minimized, for instance, being compared to other priest misdeeds including illegal fishing (Scheper-Hughes).

Some scholars have noted a cyclical fashion of CSA awareness (e.g., Conte, 1994). Similarly, others have observed an oscillating pattern of CSA “discovery” or awareness and later denial due to social backlashes (Conte, 1998). In his book, *The Assault on Truth*, Masson (1984) discusses the social forces behind Freud’s infamous retraction of child sexual abuse as the cause of neuroses. It has been suggested that backlash movements, denial, and minimization of CSA survive throughout history because of strong emotional reactions which result in a protective, reflexive denial of CSA awareness (see Conte, 1994, for review). Cognitive dissonance is an alternative explanation for this reflexive denial; society is uncomfortable with believing atrocities

exist such as the high prevalence rate of CSA (Lindblom & Carlsson, 2001).

Cognitive dissonance does not seem to explain all forms of backlash and denial of CSA. Society has witnessed (and continues to witness) active self-serving movements that seek to normalize CSA by redefining adult sex with children as *not* abusive (e.g., Bauserman & Rind, 1997; Kennedy, 2003; Nelson, 1989; Rind, Tromovitch, & Bauserman, 1998). These activists have posed arguments that “intergenerational sexual contact” can be positive for the child (e.g., Nelson, 1989), and they attempt to blur the lines in the psychological literature by suggesting that research finding harmful effects from CSA is biased (Bauserman & Rind, 1997). In attempting to further blur these lines between abuse and consensual sex, some scholars have argued that CSA can be positive for male children despite the harmful effects for females (e.g., Bauserman & Rind), while others do not make a gender distinction in stating that adult-child sex can be positive (Nelson, 1989). Nelson also argued that child “participants” are not powerless to decline sex with adults. The advocates argue that sex education is needed so that children will know about sex so they can make informed decisions about their participation and Nelson goes so far as to declare that the damage to children in adult-child sexual relations only comes from social disapproval and the consequential guilt or shame (Nelson).

Along these lines, others have attempted to “turn the tables” by blaming radical feminists for being on a “witch hunt” (Gaarder, 2000) in defining the term, Child Sexual Abuse, as harmful and that more neutral terminology should be used to describe man-boy love and other forms of apparent “consensual” adult-child sex (see Dallam et al., 2001, for review and critique). This controversial literature has focused largely on man-boy sex and man-girl sex. There is no comparable writing on woman-girl and woman-boy sex in the psychological literature. However, there are also advocacy groups for this type of pedophilia as well, although they have not been discussed in peer-reviewed journals. Interested readers could view a variety of pro-pedophilia articles on the World Wide Web (e.g., Butterfly Kisses, 2006).

Prevention, Etiology, and Public Health

Through examining the etiology of CSA, it is apparent that prevention efforts that are limited in scope have inadvertently contributed to an environment in which CSA can remain pervasive. Most prevention efforts are targeted at potential victims, placing the onus of responsibility on the child to avoid being sexually abused (Malhotra & Biwas, 2005; McMahon, 2000; Mercy, 1999). These prevention efforts are usually school-based programs and focus on knowledge for young children, for example helping them recognize abusive situations, learning to say “no,” and telling a trusted adult about the abuse (Davis & Gidycz, 2000). Unfortunately, outcomes are evaluated by testing children’s knowledge about abuse prevention rather than by reductions in actual incidents of abuse (Davis & Gidycz). Further, these programs find a decrease in success with increasing age of the children (Davis & Gidycz). Prevention programs are limited in scope and are unable to deal with the complexity of CSA situations, for example, what a child should do in cases where the offender is a parent who threatens the child with harm if she or he discloses.

Other prevention efforts focus on punishing offenders or on educating and treating offenders to prevent re-offending (McMahon, 2000; Mercy, 1999). Unfortunately, in these cases, efforts are focused only after CSA offenses have occurred. Given that only about 10% of children ever disclose their abuse experiences to authorities (Kilpatrick, Saunders, & Smith, 2003), these prevention efforts target only a small subset of offenders who are indicated for treatment and implement after-the-fact prevention efforts.

From a public health perspective prevention needs to change its focus from the individual victim or perpetrator to a broader societal perspective. Researchers have called for public reform, a change in social norms that have been complacent about CSA, and macro and exo-system prevention in order to materialize this change (Basile, 2003; Freyd et al., 2005; Mercy, 1999; McMahon, 2000). The need for social reform is also apparent in the CSA disclosure and social support literature.

CSA Disclosure and Social Support

The negative health impact of CSA is clearly documented through both large scale studies such as the National Comorbidity survey (e.g., Molnar et al., 2001) and the clinical literature (e.g., Kendall-Tackett et al., 1993). The health and psychological benefits of disclosing CSA to a supportive person have also been clearly documented (Hyman, Gold, & Cott, 2003). Social support is a critical factor in mitigating the negative health effects and potential long-term sequelae of CSA (Hyman et al., 2003; Tremblay, Hebert, & Piche, 1999; Ullman & Filipas, 2005). There is also empirical support for disclosure being therapeutic and reducing PTSD symptoms (Hyman et al., 2003; Ullman & Filipas) whereas tangible support (material aid) did not produce these positive effects (Ullman & Filipas, 2005).

It has been hypothesized that a benefit of social support after disclosure is that it counteracts the possible development of negative core beliefs about self-worth (Hyman et al., 2003). Similarly, research evidences that positive social support bolsters self-esteem (Hyman et al. 2003). In addition to self-esteem and positive cognitions about oneself, disclosure during childhood is of particular importance for stopping and preventing further abuse (Paine & Hansen, 2002). Of concern however, is that despite the research that shows positive effects of disclosure, up to 90% of victims have never told anyone about their CSA experience (Kilpatrick et al., 2003), and child victims frequently do not disclose until adulthood.

Why the Silence?

Most abuse victims who do not disclose abuse fear rejection or fear not being believed (California Attorney General [CAG], 2005; Goodman-Brown, Edelstein, Goodman, Jones, & Gordon, 2003; Kellogg & Huston, 1995; Lundqvist et al., 2004; Somer & Szwarcberg, 2001; Spencer & Tan, 1999). Disclosure rates are higher in the case of stranger rapes which are the least common type of rape (Smith et al., 2000). Even in CSA cases in which there is disclosure, there is often a delay of anywhere from one month (Smith et al., 2000) to decades (CAG, 2005), with a large majority of victims not

revealing the abuse until adulthood (London et al., 2005; Somer & Szwarcberg, 2001). Furthermore, disclosure is less likely in CSA that is perpetrated by a caregiver (Kogan, 2004; Paine & Hansen, 2002).

Believing Disclosures

Believing victims' disclosures is related to providing positive social support, which in turn, is strongly related to better health outcomes for victims (Ullman & Filipas, 2005). Equally important, adverse reactions such as disbelief and blame are strongly related to long term negative health and psychological outcomes for victims (Ullman & Filipas, 2005). Societal believing also influences victims' perceptions of whether it is safe to disclose abuse and will actually disclose (Goodman-Brown et al., 2003; Smith et al., 2000; Somer & Szwarcberg, 2001). Thus, the issue of why one would not believe abuse disclosures is an important empirical question to pursue experimentally.

The historical denial of the prevalence of CSA has been previously reviewed and other oppressive attitudes about the normalization and "benefits" of "intergenerational sex" have been highlighted. The effects of these social phenomena and other personal variables are now discussed in terms of social biases that have been purported to exist in North America. These biases are hypothesized to influence individuals' attitudes about the believability of abuse disclosures. Evidence to support the impact of these biases on believing disclosures will provide critical information about which attitudes and beliefs CSA prevention programs should target.

Three Sources of Bias

Gender and Sexism

In empirical studies that evaluate factors that influence the believing of an abuse disclosure, there are robust findings for perceiver gender. Males are far less likely to believe child abuse victims than are females, and males are less likely to convict perpetrators in mock jury studies of child abuse cases (Bottoms, Davis, & Epstein, 2004;

ForsterLee, Horowitz, Ho, ForsterLee, & McGovern, 1999; Golding, Segó, & Sanchez, 1999; Golding, Segó, Sanchez, & Hasmann, 1995; Griffith, Libkuman, Kazen, & Shafir, 1999; Griffith, Libkuman, & Poole, 1998; Key, Warren & Ross, 1996; McCauley & Parker, 2001; Quas, Bottoms, Haegerich, & Nysse-Carris, 2003; Rotzien, 2003; Sugarman, & Boney-McCoy, 1997). When responding to vignettes about the credibility of CSA reports, male college students do not believe reports as much as do females (O'Donohue, Elliot, Nickerson, & Valentine, 1992).

Some studies have explored possible third variables that could influence the impact of gender on decision-making judgments about blame and culpability of male and female perpetrators with child victims. Gender role attitudes (Maynard & Widerman, 1997) and having children oneself (Jackson & Nuttall, 1994) have been ruled out as possible extraneous influences. However, Abrams and colleagues (Abrams, Viki, Masser & Bohner, 2003) found that more-sexist attitudes were related to judgments of adult victim culpability in rape cases, and others (Forbes, Adams-Curtis, & White, 2004; Viki, Abrams, & Masser, 2004) found that sexism was related to approval of sexual coercion with adults. No research in the extant literature appears to have examined the relationship of sexism to victim blaming or victim believing in CSA cases.

Discussing robust gender findings in which women social workers ($N = 172$) believed hypothetical CSA reports more than did male social workers, Jackson and Nuttall (1994) speculated that female social workers are more empathetic than are male social workers because they are “nurturers and protectors of children (whether culturally or biologically determined)” (p. 110). Although the authors speculated that women may be more inclined to believe others' victimization reports because of their own gender's historical experiences of victimization, regression analyses indicated that personal histories of sexual abuse were less important for predicting believing scores than were young age and gender. In a larger study ($N = 656$; Nuttall & Jackson, 1994), the same researchers found that clinicians with personal history of CSA (modal age of clinicians' CSA occurrence was 8 years) believed sexual abuse allegations more than did those who did not report having been sexually abused as children. Unfortunately, these researchers

did not examine gender and age interactions in order to determine whether a CSA history moderated gender effects.

Media Bias

It has been suggested that individuals' attitudes about CSA may be biased because of media influences (e.g., Goddard, 1996). The news media have been observed to sensationalize CSA and perpetuate myths about it (Brewin, 2003; Collings, 2002a; Franklin & Horwath, 1996; Kitzinger, 1996). The media tend to feature novel, bizarre, and unusual cases of CSA, rather than the common intra-familial forms (Cheit, 2003; Collings, 2002a; Collings & Bodill, 2003; Goddard & Saunders, 2000; Kitzinger, 1996). Hence, media-portrayed CSA is typified by stranger-perpetrated, bizarre cases (Kitzinger, 1996). This sensationalizing may serve to minimize the more common and mundane forms of CSA seen in cases of hidden incest. One can hypothesize that CSA disclosures are not believed in empirical studies because the images commonly presented to the public provide an extreme standard for characterizing CSA (Collings, 2002b). Media images portray titillating images, focused on "dramatic abductions and activities of pedophile rings" (Goddard, 1996, p. 306).

Media analysts have also criticized CSA reporting as fear mongering. This type of reporting shifts the content of reporting from the vulnerable child victim to the vulnerable caregiver, usually the father (Goddard, 1996). The media conjure up readers' fears by suggesting that any caregiver could fall victim to a child's false reporting, false remembering and false accusing, and therefore innocent caregivers (again, usually fathers) are at greatest risk of harm (Goddard, 1996; Kitzinger, 1996). These observations of the media's fear mongering parallel Freyd's DARVO theory (Veldhuis & Freyd, 1999). This acronym characterizes the Defend-Attack-Reverse-Victim-Offender strategy that serves to minimize the effects on the victim and effectively "turn the tables" so that perpetrators become the apparent victims (Veldhuis & Freyd, 1999).

The media have further been criticized for negatively impacting contemporary views of CSA through "Textual Abuse" (Goddard & Saunders, 2000). Textual abuse is

the lexical reframing of CSA to make it less serious and sometimes even consensual. Textual abuse also conveys victim blame (Franklin & Horwath, 1996). A typical headline is: “Jailed teacher afraid lover boy will dump her” (O’Mahony, as cited in Goddard & Saunders). This example not only illustrates the implied consensual nature in a case of statutory rape but also portrays the adult as vulnerable and at risk for being hurt. Not surprisingly, in an empirical study that varied the consensual nature of the language utilized in a news story, participants who read actual news stories that use consensual language (e.g., “affair”) rated child victims as more blameworthy and the abusiveness was minimized compared to when words like “rape” were used (Collings & Bodill, 2003). Collings (2002a) found a relationship between rape myth and child sexual abuse myth stereotype maintenance in participants’ attributions when prompted by language in media reports. It is speculated that the media’s intent may be to reduce the impact of the abuse on the reader (Goddard & Saunders, 2000), and to make a story more appealing and novel (Goddard, 1996). Unfortunately empirical research indicates that by protecting or titillating the reader, the victim of CSA is further victimized by the media (Goddard & Saunders, 2000).

Myths about Child Sexual Abuse

In 1986 Tamarack identified 50 myths about CSA that were prevalent in contemporary literature (Tamarack, 1986). Many of these myths have persevered in the last two decades despite increased awareness, prevention programs, and media publicity about CSA. Three main themes in these myths are:

Myth #1: CSA is Not Abusive

The first common theme in CSA myths is that child sexual abuse is not *actually* abuse and that it is not harmful to the child (Collings, 1997). Evidence of the existence of this myth is seen in the extant literature and in the media when lexical descriptions contain consensual overtones such as “sexual intercourse” or “fondling” (Collings & Bodill, 2003, p. 170). Further, Tamarack (1986) noted myths that put positive spins on

child sexual abuse, stating that children experience love, pleasure, and physical affection when they are the victims of incest. These myths are expounded by activist pedophiles. For example, The Pedophile Education Website (2006, para. 7) states in its “Pedo Credo” that “children are sexual and need release with me [a pedophile] via sex/contact.” There is a culture of pedophilia clearly evidenced in volumes such as *Paedophillia: the Radical Case* (O’Carroll, as cited in Kennedy, 2003), through organizations such as NAMBLA (North American Man Boy Love Association), and journals such as *Paidika: The Journal of Paedophilia* which argue the case for the legitimization of adult sex with children (e.g., Kennedy, 2003).

Despite overwhelming evidence that CSA is harmful (Freyd et al., 2005), some scholars have supported the myth of harmlessness. For example, the highly controversial article by Rind et al. (1998) argued this case in the American Psychological Association’s (APA) *Psychological Bulletin*. To their credit, The APA published critiques of the Rind et al. (1998) article (see Dallam et al., 2001). Cheit (2003) and Freyd et al. (2005) noted that the myth that child sexual abuse is rare and the myth that it is not harmful are promulgated by the same sources. Support for these myths not only denies the personal trauma of CSA and the public health problem of CSA, but also serves to benefit pedophiles (for example, see Kennedy, 2003).

Myth #2: Women and Children are Lying

While these myths do not deny the harm of CSA, they do cast doubt on the veracity of CSA reports. Much like the renowned rape myths purporting that women lie about rape, child abuse myths include beliefs that incest is rare and women and children lie about child abuse (Collings, 1997; Olafson, 2002). The persistence of these myths is likely exacerbated by sensationalized media cases such as the famous 1990’s McMartin case in California (see Manson, 1991, for discussion), and newspaper coverage about allegedly false accusations of abuse made in divorce and custody cases (Brown, Frederico, Hewitt, & Sheehan, 2001). These myths are also promulgated by CSA

“backlash” groups of accused perpetrators claiming they are innocent (Brown et al., 2001).

Myth #3: The Divorce Myth

The divorce myth of CSA is another invention that challenges the veracity of CSA disclosures (Brown et al., 2001). Not unlike the doubt cast when the media over-publicized false rape claims, child sexual abuse reports are questioned due to over-publicized, unfounded claims of child abuse in divorce cases. The myth is driven by the same gender bias behind rape myths, that purport that women make false allegations in order to “gain leverage” in civil court battles (Brown et al., 2001, p. 117). Empirical research evidences that fewer than 10% of child sexual abuse claims are false (Everson & Boat, 1989), yet the media and fathers’ rights groups make claims that up to 70% of child sexual abuse reports are false in divorce cases (Brown et al. 2001). Schudson (1992) noted that while there is a lot of publicity about sexual abuse allegations in divorce cases, only about 2% of child custody cases before courts involve sexual abuse allegations and most of these allegations are substantiated cases. Thus, the fear induced by the media and by fathers’ rights groups via the divorce myth is exploitative in two respects: (a) it wrongly claims that CSA allegations are used as leverage in custody battles (women as villains); and (b) and it wrongly claims that fathers are often falsely accused. Underlying the divorce myth fears is a gender myth that women lie about abuse and rape, and that men do not (Brown et al., 2001).

When there is an implied motivation for making a child abuse claim, such as spousal malice in a divorce case, or manipulation for child custody, the activated myths conjure up skepticism and fear (Brown et al., 2001; Schudson, 1992). It is likely that these myths of men being manipulated or falsely accused lie behind the disbelief in adult delayed reports of child abuse experiences. While adults are considered more reliable reporters compared to children, when there is latency in the adult report of child abuse, there is doubt as to the veracity of these claims presumably because of implied motivations behind adults’ reports. Although we know of no research that examines

motivation for doubting adult disclosures, some have speculated that doubts are due to the possible memory decay over time (e.g., Golding et al., 1995). It has also been argued that doubting is related to gender in that it is women's memories that are being doubted (Gaarder, 2000). Another possibility is that doubts are influenced by how one sees the world, for instance, Lerner's (1980) Just World Theory has been related to victim blaming in the case of rape (Burt, 1980).

Assumptions about the World

Lerner's Just World Theory (1980) has been cited as an etiological basis for CSA myths being upheld (Lonsway & Fitzgerald, 1994). The Just World Theory explains the persistence of beliefs as being motivated to see the world as a just place. This idea is consistent with the myths that CSA is not harmful and that it is not prevalent. Lerner (1980) demonstrated in laboratory studies that people will "blame the victim" in order to maintain their own belief that the world is just. Herman (1997) observed a similar "blame the victim" societal reaction to trauma survivors.

Janoff-Bulman (1992) drew on Lerner's theory when she presented her Shattered Assumptions theory. Shattered assumption theory was offered as a way of explaining reactions to trauma. Janoff-Bulman suggested that cognitions about trauma events influence traumatic reactions, postulating that traumatic events can shatter three fundamental assumptions about the world that: the world is benevolent, the world is meaningful, and the self is worthy. Drawing on information processing theory, Janoff-Bulman (1992) explored ways in which schemas, internal working models, and other cognitive factors influenced people who were by nature resistant to change. Traumatic experiences were suggested to be powerful situations that shatter one or more basic core assumptions, thereby resulting in traumatic reactions. The "cognitive conservatism" and resistance to change that is central to Shattered Assumption theory draws on Lerner's Just World Theory (Janoff-Bulman, 1992).

Recovered Memory and CSA Backlash

In discussing CSA, bias, gender, and media, discussion of the false memory debate is pertinent. The recovered-false memory debate calls into question memories, particularly women's recovered memories, of child sexual abuse (Gaarder, 2000). This debate was born out of a backlash against the sometimes called "rediscovery" of CSA in the late 1980s and early 1990s. This backlash, characterized by extreme positions, was fueled by a rejection of knowledge, denial, and strong emotions (Conte, 1994). In addition to denying the pervasiveness of CSA (Conte), the debates have impacted much of the focus of empirical research. Since the early 1990s there has been a proliferation of not only media coverage (Beckett, 1996) but also cognitive research on "false memory" (DePrince, Allard, Oh, & Freyd, 2004).

The introduction of the term "false memory" into the American lexicon, and the "false memory debates" have effectively shifted much of the focus of CSA disclosures from the trauma of the victimized children to the potential threat of falsely accused perpetrators (Beckett, 1996; Conte, 1994). The central tension of the debate is an irresolvable issue as it conflates two orthogonal concepts: memory accuracy and memory continuity (for discussion see Freyd, 1996). Thus, in the popular literature and news media, "false memory" and "recovered memory" are confused and used interchangeably. In reviewing the use of the term "false memory," DePrince et al. (2004) found that the term was used in legal and social arenas to discredit women and children who report abuse and rape.

In contrast to the empirical review by DePrince and colleagues (DePrince et al., 2004) Read (1997) suggested a trauma-forgetting hypothesis. Read posited the existence of a widespread social bias for believing gaps in childhood memory and argued that there was an automatic bias towards assuming abuse had occurred if victims reported recovered memories of past abuse. In a laboratory study, Read (1997) found that college students presented with vignettes attributed memory discontinuity to child sexual abuse. He speculated that self-help books and the media had created a bias where discontinuity in memory has been used to substantiate that abuse occurred.

This question has been empirically examined by other researchers who have found evidence that contradicts Read's (1997) hypothesis. Laboratory mock jury studies have found that jurors are less confident in victims with delayed memories and they are more likely to acquit the accused in delayed-memory cases regardless of evidence presented in the trial (Golding et al., 1999; Golding et al., 1995). This bias in judgment is not limited to impartial observers or hypothetical jurors; in clinical studies, actual victims doubted their own (corroborated) recovered memories. Dalenberg (1996) and Williams (1995) found that individuals with delayed autobiographical memory for actual child abuse had less confidence in their own delayed memories than in their own persistent memories, even when there was corroboration for the previously forgotten abuse. These studies point to the existence of a systematic bias for doubting delayed memories of child sexual abuse, irrespective of objective evidence.

Summary and Objectives

The overarching objective of the current project was to examine factors that influence the believing of CSA disclosures. CSA is a major public health concern (Freyd, et al., 2005), not only because of the prevalence and direct financial costs but also because of the long-term physical and psychological costs to victims. CSA disclosure has been identified as a critical factor in recruiting social support for victims (Paine & Hansen, 2002) and positive social support is a key factor for mitigating the negative long-term effects of this public health problem (Ullman & Filipas, 2005). Nevertheless, few victims disclose until long after the abuse has occurred, largely because they are afraid of not being believed (Goodman-Brown et al., 2003). The present study sought to test whether specific factors such as gender, experiences of trauma, sexist attitudes, beliefs in child sexual abuse myths, and ones' attitudes about the world influence how much one believes disclosures of CSA. Using an experimental manipulation, the study tested whether these beliefs in CSA myths and beliefs in abuse disclosures are influenced by the mass media and by educational materials such as what one might find in a public awareness/CSA prevention campaign.

Specific Aims of the Present Project

Aim 1

The first objective of this project was to replicate an earlier study (Cromer & Freyd, accepted pending revisions), which found that males with no interpersonal trauma believed CSA disclosures less strongly than did females (regardless of females' trauma histories) and less than did males with a history of interpersonal trauma.

Hypothesis 1.1

Consistent with earlier research (Goldberg & Freyd, in press), females would have experienced more interpersonal trauma (high-betrayal trauma) than males, and males would have experienced more non-interpersonal (low-betrayal trauma) than females.

Hypothesis 1.2

Males with no high-betrayal trauma history would believe CSA disclosure vignettes less than would all other participants.

Aim 2

The second objective was to determine if the finding of Cromer & Freyd (accepted pending revisions) was unique to disclosures of interpersonal trauma or whether males with no interpersonal trauma history are generally skeptical and do not believe disclosures of other kinds of trauma (i.e., car accident and war trauma disclosures).

Hypothesis 2.1

There would be an interaction such that males with high-betrayal trauma history would believe high-betrayal vignettes less than the rest of the participants, but not low-betrayal trauma vignettes.

Aim 3

The third objective was to test the influence of sexist beliefs, beliefs in CSA myths, and beliefs in the world on believing vignettes. In order to understand how these would differ for gender and trauma history, the question of whether there were differences for participant gender and trauma history on responses to these measures was also examined.

Hypothesis 3.1

Gender would impact differences on measures of sexism (males being more sexist) and beliefs in CSA myths (males believing CSA myths more than females). There were no specific hypotheses for assumptions of the world subscales. There were no specific hypotheses about differences of the measures due to participants' trauma histories; these analyses were exploratory, involving trauma history.

Hypothesis 3.2

Sexist attitudes and beliefs in CSA myths would predict believing of CSA vignettes. Specifically, following prior research which found that sexist attitudes were related to believing that adult females were more culpable and acted inappropriately so as to invite rape (Abrams et al., 2003), it was expected that more sexist participants would doubt CSA more. World assumptions' subscales would be examined as exploratory measures.

Aim 4

A fourth objective was to manipulate experimentally exposure to CSA information obtained via the mass media (a newspaper story) and educational materials (college text book and educational information provided on the World Wide Web) and to test whether this information impacted believing in CSA myths and believing of abuse disclosures. This aim allowed me to examine the malleability of any biases influencing believing disclosures. It would also provide potentially valuable information about the utility of CSA prevention materials targeted to consumers of information (i.e., the macro-system of society), as opposed to the convention of targeting possible victims and convicted perpetrators.

Hypothesis 4.1

Participants who read about an “affair” to describe statutory rape in a newspaper report will believe abuse disclosures less and will believe CSA myths more than will participants who read about “rape.”

Hypothesis 4.2

Participants who read unbiased, factual information about CSA and about memories regarding CSA disclosures will believe abuse disclosures more and will believe CSA myths less than participants who read biased information.

Hypothesis 4.3

It was expected that continuity of memory for CSA in the vignettes would impact believing, with continuous memories believed more than recovered memories.

Hypothesis 4.4

It is predicted that debriefing, using unbiased information about CSA, will decrease believing in CSA myths.

CHAPTER II

METHOD

Participants

Two hundred, fifty-nine students (89 males, 169 females, 1 unidentified), in introductory Psychology and Linguistics classes at the University of Oregon, participated in partial fulfillment of a course requirement. Participants did not self-select into the study based on knowledge of the content; rather participants were selected for the study based on schedule availability from a large human subject pool. Mean age was 21.62 years, $SD = 6.15$ years (range = 16- to 55-years-old; mode = 19, $Mdn = 20$). Most participants (95%) were between the ages of 18- and 35-years-old. Sixty-eight percent of participants identified as Caucasian/non-Hispanic, 8.9% as Asian/Pacific-Islander, 3.1% as African American, 2.3% as Hispanic, and 6.9% as “other,” which included biracial participants.

Measures

Old-Fashioned and Modern Sexism

The Old-Fashioned and Modern Sexism scales (OFMS; Swim, Aikin, Hall, & Hunter, 1995) are 5- and 8-item scales that query beliefs in traditional and contemporary sexist views of women. Old-fashioned sexism is thought to predict overt sexism and modern sexism is thought to predict subtle or covert sexism as well as denying any past discrimination of women continues today (Swim et al., 1995). For example, an old-fashioned sexism item is “Women are generally not as smart as men.” An example of a modern sexism item is “Over the past few years, the government and news media have

been showing more concern about the treatment of women than is warranted by women's actual experiences."

Responses were measured on a Likert scale of 1 = "strongly agree" to 5 = "strongly disagree." Nine items are reverse-scored. Scale means were calculated, with higher scores indicating more sexist attitudes. Internal reliabilities in the present study for old-fashioned sexism were $\alpha = .65$, and modern sexism, $\alpha = .75$; and two scales were highly inter-correlated ($r = .50$). These figures are comparable with Swim et al. (1995), who found alphas of .66 and .84, respectively, and a subscale intercorrelation of .55. The Modern Sexism subscale has also been found to be a good measure of gender-related personality attitudes, traits, and identity with college student samples, although Yoder (1997) did not examine the Old-Fashioned Sexism subscale in her construct validity study.

Brief Betrayal Trauma Survey

In order to measure participants' own experiences of interpersonal trauma, the Brief Betrayal Trauma Survey (BBTS; Goldberg & Freyd, in press), is a 12-item, self-report inventory of low- to high-betrayal trauma experiences, was used. High-betrayal trauma was used to operationalize interpersonal trauma. Examples of high-betrayal trauma are: "You were made to have some form of sexual contact, such as touching or penetration, by someone with whom you were very close (such as a parent or lover)"; and "You were emotionally or psychologically mistreated over a significant period of time by someone with whom you were very close (such as a parent or lover)." An example of low-betrayal trauma is: "Been in a major earthquake, fire, flood, hurricane, or tornado that resulted in significant loss of personal property, serious injury to yourself or a significant other, the death of a significant other, or the fear of your own death." Scoring on the BBTS uses a 3-point scale for measuring frequency of events over the lifetime (0 = "never," 1 = "one time," 2 = "2 or 3 times," and 3 = "more than that"). The BBTS has good test-retest reliability of 83% for childhood items and 75% for events that occurred

during adulthood (Goldberg & Freyd, in press). Cronbach's alpha for the current sample scores = .88.

Child Sexual Abuse Myth Scale

The Child Sexual Abuse Myth Scale (CSAMS; Collings, 1997) is a 15 item measure that assesses beliefs in CSA myths, using a 5-point, Likert scale ranging from 1 = "strongly agree" to 5 = "strongly disagree." It captures three dimensions of the CSAMSs: blame diffusion (e.g., "Children who do not report ongoing sexual abuse must want the sexual contact to continue"); denial of abusiveness (e.g., "Older children, who have a better understanding of sexual matters, have a responsibility to actively resist sexual advances made by adults"); and restrictive stereotypes (e.g., "Child sexual abuse is caused by social problems such as unemployment, poverty, and alcohol abuse"). The CSAMS has good internal consistency ($\alpha = .76$) and good test-retest reliability (4 weeks, with a coefficient of .87, $p < .001$). It has good convergent and discriminant validity with well-established measures of rape myths and incest blame scales (Collings, 1997). In the current sample, Cronbach's alpha was computed to be .76.

World Assumptions Scale

The World Assumptions Scale (WAS; Janoff-Bulman, 1989) is a 32-item measure with three subscales that assesses levels of belief in the world as benevolent (e.g., "There is more good than evil in the world"), world as meaningful (e.g., "The course of our lives is largely determined by chance," a reverse-scored item), and self as worthy (e.g., "I am basically a lucky person"). Responses are provided on a 6-point scale, with 1 = "strongly disagree" to 6 = "strongly agree," and nine items are reverse-scored. The subscales had good internal consistency in the current analyses: Benevolent subscale—Cronbach's alpha = .82; Meaningfulness subscale—Cronbach's alpha = .65; and Self-Worth subscale—Cronbach's alpha = .77. Other studies have found Cronbach's alpha to be consistently over .70 for each subscale (Tomich & Helgeson, 2002).

Vignettes

Participants read 10 randomly presented vignettes in which a character disclosed an account of either a low- or a high-betrayal trauma. Four vignettes contained a low-betrayal trauma event, such as the character reporting having broken an arm in a motor vehicle accident (MVA) at age nine, and six vignettes contained a high-betrayal trauma, such as the character having been sexually molested at age nine by a stepfather. Memory continuity was varied across vignettes with half of each type being continuous, and half being recovered memories. An example of a low betrayal, continuous memory vignette is: “Your friend, Bridget, tells you that her right arm was smashed in several places in a high speed car accident when she was 9 years old. Bridget says that she has always remembered this aspect of her childhood and that she has been thinking about it now that she is taking a trauma class in psychology.” An example of a high-betrayal, recovered memory vignette is: “Your friend, Jonathan, tells you that his step father sexually molested him when he was 9 years old and that he only recently remembered this aspect of his childhood. He has been thinking about it now that he is reading about sexual abuse in his trauma class.” Participants rate believability of each person’s disclosure (0 = “not at all believable” to 5 = “very believable”).

There were four additional vignettes administered in the lab during Time Two. These related to a distracter stimulus participants read when participants first came to the lab and were meant to distract participants from the actual hypotheses. The distracter-stimulus reading was about the Prisoner’s Dilemma. A related vignette used was: “A friend, Shannon tells you that she spent 5 years in juvenile delinquency treatment starting from when she was 9 years old because her friend confessed to police and made Shannon out to be the bad guy. She says she is thinking about this now that she is learning about the prisoner’s dilemma in her psychology class.” Believability was also rated for these distracter vignettes.

Rating Questions.

After each of four reading sections that were part of the experimental manipulation, participants answered several questions about what they had read. These questions were: “How knowledgeable is the author? What grade reading level is this targeted for? How well is this written? How interesting is this? How boring is it?” Both these questions were meant to augment the “cover story” that participants were initially told when they came into the lab and to ensure that participants attended to the content of the article they had just read. They then answered two essay questions which were to ensure that they all processed the information as thoroughly as they might in a college class. These questions were intended to provide ecological validity to the study and to control for amount of processing time participants took. They were allowed seven minutes to answer two questions: “What did you *learn* from this article? List at least 3 main points.” And “What do you think is *the most important part* (content) of the article?”

Procedures

The University of Oregon Office of Human Subjects Compliance and the Institutional Review Board approved this research. This study contained two parts which were administered at different times. Participants were kept blind to the two-stage aspect of the study in order to facilitate “naïve” subjects. Part One was completed online as part of a larger pretesting procedure completed by the Psychology Department’s Human Subjects Pool (HSP). An online signup procedure was used for studies conducted in labs and because of software options with the signup program; Part Two was visible only to participants who completed the pretest. Participants signed up for Part Two if it was convenient for their schedules. Participants were told this was a two part study at the end of all data collection, when their HSP login name was requested, so that data collected in the lab could be matched to pretesting data.

Data were collected during three academic quarters. Time One and Time Two data were collected from each participant within the same quarter so that the greatest time differential between Times One and Two was nine weeks. Participants were not eligible to sign up for the study more than once.

Part One – The Online Pretest

Participants completed a variety of measures when they logged in from a computer of their choosing, at a time of their choosing. The computer administration enabled a unique randomization of all measures presented to each participant. The estimated total time for completion of the pretesting survey was an average of 30 minutes. Participants first viewed a written informed consent in which they were told that they could skip any question or exit the survey at any time. All participants also viewed a written debriefing form, and had the option of printing this form. Consent and debriefing informed the participants that prescreening may qualify them for additional studies. They were guaranteed confidentiality, but not anonymity. Participants provided a login identification number that they created so data in later studies could be matched to the pretesting answers without identifying participants by last name. The voluntary nature of the study was stressed to all participants. Participants who declined to participate or who exited the study without saving answers were guaranteed anonymity. Participants who completed the pretesting were immediately awarded electronic credit to their HSP accounts, via the software program that administered the pretest survey. Participants who did not complete the pretest received neither credit nor penalty.

During Part One, participants completed the Brief Betrayal Trauma Survey (BBTS), the Child Sexual Abuse Myth Scale (CSAMS), the Old-Fashioned and Modern Sexism Scale (OFMS), demographic information, and read the 10 vignettes previously described. These measures were presented in random order interspersed with other measures from the pretest, thus participants were unaware that the measures in this study were related to one another. The vignettes were kept in one section together as a single

measure, and each participant saw a unique, computer-generated random order of vignettes.

Part Two — In Lab

Participants who completed the HSP pretest were eligible to sign up for Part Two of this study, at a date and time convenient to them. They were unaware that this was a two-part study or that this study was related to pretesting measures. In the lab, one participant was run at a time, and it took an average of about 50 minutes to complete the lab portion of the study. Once in the lab, participants were randomly assigned to one of eight between-subject conditions. All participants were first told that they would be asked to read some college textbook excerpts and newspaper articles and to rate them on various scales. They were also told they would be asked to complete some measures about how they thought about different kinds of situations. In order to make this story more plausible, all participants first read the same “distracter” textbook excerpt about the Prisoner’s Dilemma. They rated this material on quality and answered the same questions that they were to answer later for the experimental manipulation. They also read a news article that applied the Prisoner’s Dilemma to a real life event, and again completed the measures.

The actual experimental manipulation consisted of a between-subjects 2 x 2 x 2 (Textbook x Newspaper x Debriefing) design. Researchers were blind to the textbook and newspaper stimuli that each participant read; however, by necessity they were not blind to the participants’ debriefing condition.

Textbook Stimuli

Participants read excerpts from actual college Introductory Psychology textbooks. In selecting the stimuli for this study, two independent expert raters judged eight textbooks on how well they represented the child sexual abuse and recovered/false memory literature. Based on researchers’ judgments, the most biased and most factual

selections were chosen for the textbook conditions. Approximately equal-length excerpts represented each condition, for a total of two typewritten pages for each stimulus.

Kalat's (2001) *Introduction to Psychology, 6th Edition* was selected as a stimulus as it was judged to be less balanced than other text books, in light of the current CSA literature. It contained statements about CSA such as: "The severe kinds of sexual abuse do lead to long-term psychological problems, but those kinds are less common [and] Sexual abuse in childhood does occur, and no one knows how often" (p. 475-476). Regarding treatment, a sample sentence is: "In many cases a single talk with a counselor is sufficient..." (p. 476). Regarding the memory debates, the book states:

Occasionally, someone tells a therapist about vague unpleasant feelings, and the therapist replies, "Symptoms like yours are usually found among people who were abused, especially sexually abused, in childhood. Do you think you were?" An occasional eager therapist persists. . . . "It may be so painful that you repressed it." The therapist may then recommend hypnosis, repeated attempts to remember, or other techniques. (Kalat, 1998, p. 269)

No textbook was found that adequately represented the state of the current literature about child abuse and the memory debates. This was not surprising, as others have also found textbooks generally lacking this content (Letourneau & Lewis, 2002). However, Huffman, Vernoy, and Vernoy's book, *Psychology in Action: 3rd Edition* (1994) provided good information about child sexual abuse, for example: "There are severe negative psychological consequences: inability to trust, feelings of powerlessness, fear of sexual relations. Pedophilia and incest victimize the child and children do not enjoy their victimization" (p. 388). Likewise, *Hilgard's Introduction to Psychology: 13th Edition* (Atkinson, Atkinson, Smith, Bem, & Nolen-Hoeksema, 1999), provided up-to-date research about the memory debates. For example, "Implausible events such as parent-child intercourse or receiving an enema are simply unlikely to be suggestively planted in memory because children do not have pre-existing scripts for these events" (p. 301).

News Article Stimuli

An actual news article, downloaded from the World Wide Web, was used for half of the participants and it was altered for the other half. The original article had appeared in the Eugene, Oregon daily newspaper, *The Register Guard*, on May 7th, 2004. The original title was: “Goldschmidt admits ‘70’s affair with teen.” The article went on to say “...he had a sexual relationship with a 14-year-old girl when he was mayor of Portland in the 1970s.” (Register Guard, 2004). For the altered article used in this study, the word “rape” was substituted in five places for the words “affair,” “relationship,” and “sexual relationship.”

Order of Stimuli and Debriefing

All stimuli were kept in binders (eight binders for eight conditions). Binders all had different color names written on them, so it was not obvious to the participants that there were different “conditions” to the study. All measures were completed in paper-and-pencil and were administered one at a time, in order, by the experimenter who followed a script. After hearing about the study and reading and signing an informed consent, all participants first completed the World Assumptions Scale. Next, they read the four different stimuli and answered the set of rating questions after each reading portion. Participants were permitted to read at their own pace; however, they were limited to seven minutes for responding to questions afterward. Participants were told about the time limit and were given two-minute and one-minute reminders. They were permitted to refer to the readings to answer questions. Mean time for completion was 4.83 minutes ($SD = 1.32$ min) to answer questions for each segment. After the experimental manipulation, all participants read and rated the same 10 vignettes from the pretest in addition to the four prisoner-dilemma distracter vignettes. All participants received a unique randomized order of vignettes.

At this point, half of the participants were debriefed before completing the last measure, which was the CSAMS. The other half of participants completed the CSAMS before being debriefed. This initial debriefing involved: (1) telling participants that the

study was actually about people's thoughts about child sexual abuse and how those thoughts are impacted by the media; (2) informing them that they may have read biased information in order to see if this impacted their ratings on vignettes; (3) indicating the researchers wanted to attempt to remove any bias, if in fact there was any; (4) saying that the experimenter was blind to what the participant read, it was not known if they read biased information or not, but that they would be debriefed in any case; and (5) acknowledging that participants had read a fact sheet about child sexual abuse.

The final educational component consisted of an oral debriefing, which explained the purpose of the counterbalanced order of the debriefing and CSAMS as well as the experimental rationale for doing this. This debriefing occurred either after the CSAMS was completed or it was incorporated into the first debriefing, depending on the experimental condition. All participants were invited to ask questions about the study and many stayed to discuss it further. Finally, the experimenter informally asked participants if they had guessed the hypothesis of the study and while some reported that they remembered seeing the vignettes in the pretest, none accurately guessed the general purpose of the study. Several participants commented that they found the prisoner's-dilemma material very interesting as well.

CHAPTER III

RESULTS

Hypothesis 1.1

The hypothesis that females would experience more high-betrayal trauma (HBT) and males would report more low-betrayal trauma (LBT) experience was not supported at a significance level of .05. However, as seen from the frequencies in Table 3, there were trends consistent with the hypothesis.

Descriptive Statistics

Table 3 presents frequencies of reported trauma history for male and female participants, by type of trauma, as reported on the BBTS. Table 4 presents the mean (*SDs*) of BBTS summed-subscale scores for each gender within the low-, medium-, and high-betrayal categories.

Table 3
Number and Type of Reported Traumas (by Gender)

Trauma	Males		Females	
	<i>N</i>	%	<i>N</i>	%
No Trauma	28	31.8	53	31.7
Low BT Only	18	20.5	23	13.8
Middle BT Only	5	5.7	10	6
High BT Only	6	6.8	12	7.2
High & Low/Medium BT, Combined	18	20.5	43	25
Low & Medium BT, Combined	13	14.8	26	15.6

BT = Betrayal Trauma

Table 4
Amount of Trauma Reported within Categories of Betrayal

	Low BT		Medium BT		High BT	
	<i>Mean</i>	<i>SD</i>	<i>Mean</i>	<i>SD</i>	<i>Mean</i>	<i>SD</i>
Males	1.59	2.36	1.78	3.30	1.20	2.58
Females	1.28	1.95	1.92	3.47	2.05	3.60
Welch's <i>t</i> reported when Levine's test is significant	$t(252) = 1.10$ $p = .27$		$t(249) = -.49$ $p = .64$		Welch's $t(249) = 3.62$ $p = .059$	

BT = Betrayal Trauma

Women reported more high-betrayal trauma, although this difference did not reach statistical significance ($p = .059$). However, these *t*-test results should be viewed conservatively because the non-parametric BBTS provides only a score of 3 for “more than that” when trauma is reported, and therefore, may not adequately represent the high numbers of traumatic incidents for participants who experienced chronic and/or multiple abuses.

Hypothesis 1.2

The first aim of this study was to replicate earlier work (Cromer & Freyd, accepted pending revisions) that used vignettes to provide a stimulus in which child sexual abuse was disclosed by a hypothetical college friend of the research participant. It had been found that males with no high betrayal trauma believed disclosures significantly less than the rest of the sample, and that males with high-betrayal trauma history had responses similar to those of the female participants. This relationship was tested in the present analyses using planned orthogonal contrasts. The mean of four sexual abuse vignettes was entered into an ANOVA as the dependent variable. The predictor variable had four levels: males without high BT, males with high BT, females without high BT, and females with high BT. The first contrast which compared males with the entire

sample (3, -1, -1, -1) was significant, $t(252) = -2.18, p < .05$, indicating that this group of males believed child sexual abuse disclosures less than did the rest of the sample. The other two contrasts which compared the two groups of males to each other and two groups of females to each other were not significant ($p = .38$ and $.41$, respectively). The means and standard errors of these groups are depicted in Figure 1.

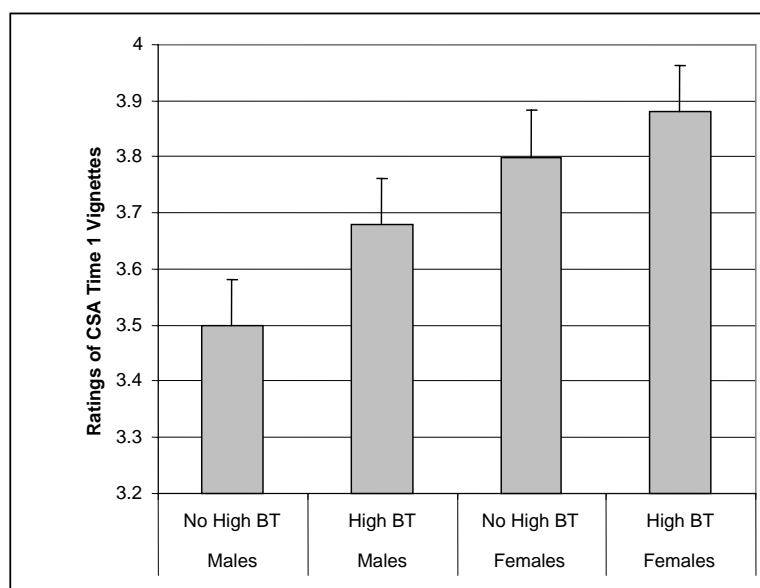


Figure 1
CSA Vignette Believability Ratings by Participant Gender and Trauma History

Hypothesis 2.1

The second aim of these analyses was to conduct a follow-up query to this replication. The prediction was that participants' trauma history would not impact believing low-betrayal trauma vignettes and that it would impact believing in high-betrayal trauma vignettes. Specifically, the goal was to query whether males who reported no experiences of interpersonal trauma only doubted child sexual abuse reports, or if they generally were skeptical of any reports of trauma. To test this, participants were asked to rate believability of disclosure in vignettes that described two types of high-

betrayal trauma (CSA and domestic violence) and two types of lower-betrayal trauma (serious injury in a car accident and witnessing a friend die in war/combat). Means and error bars for these vignettes are depicted in Figures 2 and 3. A second ANOVA was run using planned orthogonal contrasts that compared males with no high-betrayal trauma to the two groups of females, and males with high-betrayal trauma to the two groups of females. A third ANOVA compared the two groups of women. These contrasts demonstrated that males with no high-betrayal trauma believed the high-betrayal trauma vignettes less than did the two groups of females, $t(220) = -2.26, p < .05$. Males with high-betrayal trauma did not differ from the two groups of women in their ratings ($p = .27$). The two groups of women also did not differ in their ratings ($p = .69$).

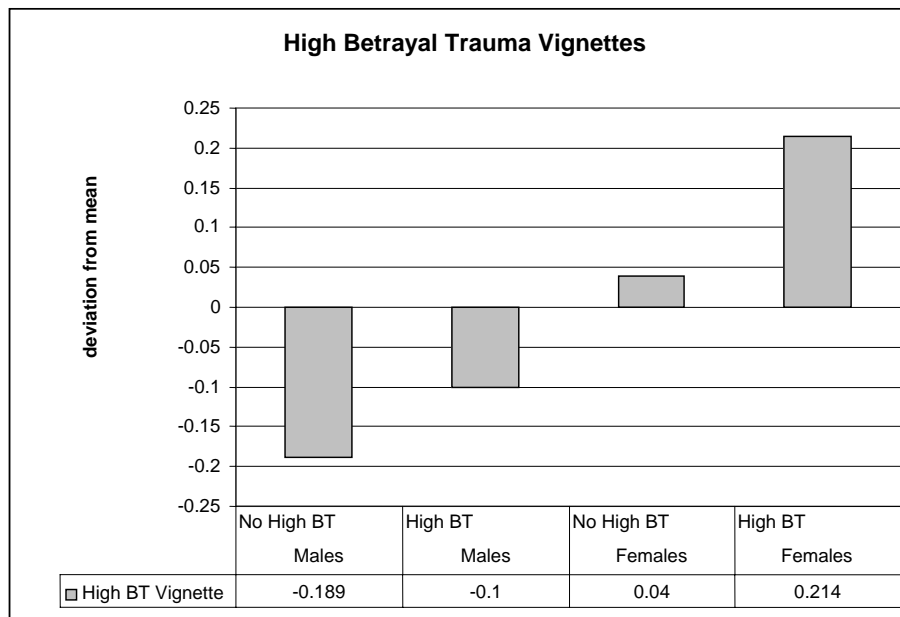


Figure 2
Deviations from Mean for High-Betrayal Trauma Vignettes Shown
by Participant Gender and Trauma History

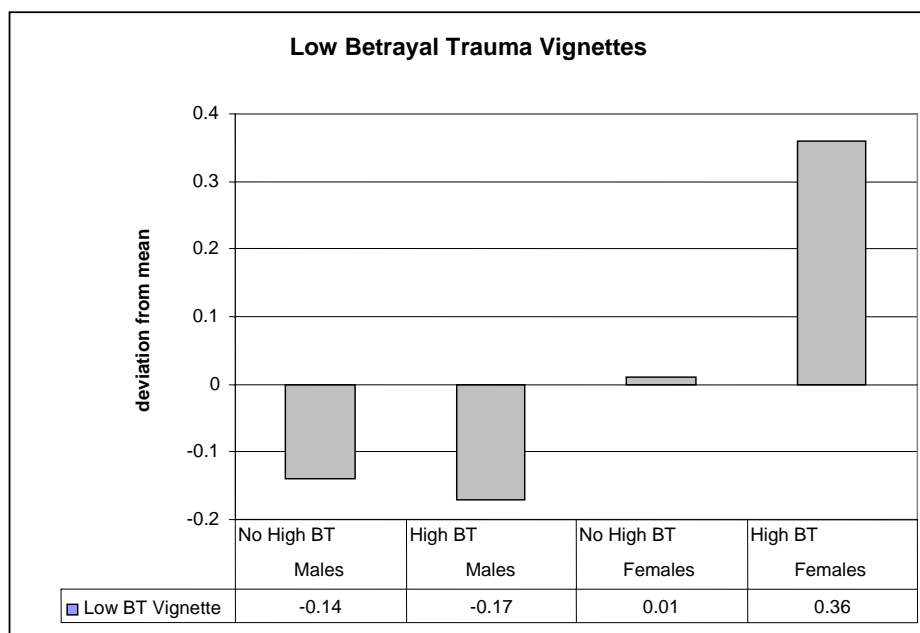


Figure 3
Deviations from Mean for Low-Betrayal Trauma Vignettes Shown
by Participant Gender and Trauma History

The same comparisons for low-betrayal trauma did not reach significance, for males with no high-betrayal trauma, $t(220) = -1.87, p = .064$; males with high-betrayal trauma ($p = .16$); and between females ($p = .89$). Thus, it appears that males with no high-betrayal trauma are relatively more skeptical of high-betrayal trauma disclosures than they are of low-betrayal trauma disclosures.

Hypotheses 3.1 and Other Factors Impacting Believing

A third aim of this study was to investigate factors which theoretically could be driving the differences in believing abuse vignettes. Several measures were administered that were hypothesized to relate to whether or not abuse disclosures were believed. Following are examined the measures: the Child Sexual Abuse Myth Scale (CSAMS), the Old-Fashioned and Modern Sexism Scales, and the World Assumptions Scales.

Gender Differences

A MANOVA yielded a significant multivariate effect of gender: Wilk's Lambda = .85, $F(6, 243) = 6.18, p < .001$. The univariate tests and means for males and females are reported in Table 5.

Hypothesis 3.1 was supported. Males agreed more with CSA myths (high scores on the CSAMS related to more disagreement with myths), and males were more sexist on both measures of sexism. Although there were no specific hypotheses about gender differences on the World Assumptions Scale, this new line of inquiry was of interest. There were no gender differences on how meaningful the world was perceived, and there were no significant gender differences for feelings of self-worth. Males, however, did view the world as less benevolent than did females.

Table 5
Descriptive Statistics for Study Measures

Measure or Subscale	Males		Females		Differences $F(1, 249)$	Effect Size Cohen's d
	<i>Mean</i>	<i>SD</i>	<i>Mean</i>	<i>SD</i>		
Child Sexual Abuse Myth Scale	4.24	.52	4.45	.46	11.09**	.43
Sexism subscales:						
Old-Fashioned	2.21	.45	1.98	.38	18.63**	.55
Modern	2.42	.50	2.25	.44	8.04*	.36
World Assumptions Scale:						
Benevolence	4.20	.73	4.44	.66	7.34*	.35
Meaningfulness	3.48	.52	3.38	.62	1.85	.17
Self-Worth	4.53	.58	4.46	.59	.75	.12

* $p < .01$, ** $p < .001$

Correlations between Measures

In addition to differences between subjects on the measures, it was of interest to examine the correlations between measures. Because of the significant differences between males and females on most of these measures, correlations were conducted separately for males and females in order to determine whether different factors influenced the judgments of males and of females. Table 6 presents the correlations among these measures and subscales, first for males and then for females.

Child Sexual Abuse Myth and Sexism Correlations

Disagreeing with child sexual abuse myths was negatively correlated to amount of low betrayal trauma, but not other types of trauma for males. It was also negatively correlated with males' Old-Fashioned Sexism ratings, meaning that the more they disagreed with child sexual abuse myths, the less they supported old-fashioned sexist beliefs. Female disagreement with child sexual abuse myths was negatively correlated to believing both Old-Fashioned and Modern Sexism measures and was related to seeing the world as less meaningful, but more benevolent, and to seeing the self as more worthy. CSA myths did not relate to females' trauma histories. Although both genders' responses to the Old-Fashioned and Modern Sexism Scales were highly inter-correlated, male sexism measures did not relate to the other study measures. Females' scores, however, had several relationships. The more medium- and high-betrayal trauma reported by females, the less sexist they were on Modern Sexism measures. The more sexist females were on both measures of sexism, the more meaningful they rated the world. More belief in old-fashioned sexism also significantly related to females rating lower on the self-worth scale.

World Assumptions Correlations

Benevolent world and self-worth subscales of the WAS were significantly correlated for males; meaningfulness of the world was not correlated to the other two WAS measure subscales. The three WAS subscales were all significantly correlated for

Table 6
Correlations among Study Measures

	Sexism		World Assumptions			Betrayal Trauma		
	O/F	Modern	Benev	Mnflns	Self-W	Low	Med	High
Males								
CSAM	-.23⁺	-.18	.12	.02	-.03	-.31[*]	-.11	-.06
Sexism:								
O/F		.30[*]	.02	.15	.08	-.03	.18	.05
Mod			.14	.08	.09	-.17	-.15	-.01
WAS:								
Benev				.14	.43^{**}	-.27[*]	-.37^{**}	-.40^{**}
Mnflns					.20	-.07	-.01	-.08
Self-W						.002	-.06	-.23⁺
BBTS:								
Low							.59^{**}	.39^{**}
Medium								.67^{**}
Females								
CSAMS	-.26^{**}	-.37^{**}	.19⁺	-.25[*]	.19⁺	-.02	.16	.13
Sexism:								
O/F		.25[*]	-.04	.20[*]	-.20[*]	-.02	-.12	-.07
Mod			.14	.26^{**}	.06	-.13	-.22[*]	-.29^{**}
WAS:								
Benev				.25^{**}	.46^{**}	-.07	-.08	-.12
Mnflns					.20[*]	.03	-.05	-.11
Self-W						-.22[*]	-.16⁺	-.21[*]
BBTS:								
Low							.52^{**}	.52^{**}
Med								.72^{**}

CSAMS = Child Sexual Abuse Myth Scale; O/F = Old-Fashioned Sexism; Mod = Modern Sexism; WAS = World Assumptions Scale; Benev = Benevolence subscale; Mnflns = Meaningfulness subscale; Self-W = Self-worth subscale; BBTS = Brief Betrayal Trauma Survey; Low = low-betrayal traumas; Med = medium-betrayal traumas; high = high-betrayal traumas; + $p < .05$; * $p < .01$; ** $p < .001$. One outlier was removed from the males; three outliers were removed from the females for these correlations.

females. Additionally, for males, more trauma positively correlated with seeing the world as less benevolent; this was true for low-, medium-, and high-behavior trauma indices. For males, HBT was also related to lower ratings of self-worth. For females, all three kinds of trauma were related to lower ratings of self-worth.

Gender and Trauma Interactions

In order to answer the question of whether the gender differences on these measures were the result of males' own trauma histories, a MANOVA was conducted using the four-level, between-subjects variable: males/high-betrayal trauma (HBT); males without HBT; females with HBT; and females without HBT. The MANOVA yielded a significant multivariate effect, Wilk's Lambda = .78, $F(3, 210) = 3.05$, $p < .05$. The univariate values are provided in Table 7. Estimated marginal means with standard error bars are presented in Figures 4-8.

Helmert's contrasts were used to test for between group differences. The first contrast that compared males with HBT to the other three groups found significant differences on the CSAMS ($p = .014$). Males with HBT disagreed less with CSA myths

Table 7
MANOVA for Gender x High-Betrayal Trauma Independent Variable

	<i>F</i>	<i>df</i>	sig	partial η^2
CSAMS	4.68*	3, 252	.003	.053
Sexism subscales:				
Old-Fashioned	6.18**	3, 252	.001	.069
Modern	3.67 ⁺	3, 252	.013	.042
WAS:				
Benevolence	5.53*	3, 252	.001	.062
Meaningfulness	.65	3, 252	.584	.008
Self-Worth	3.39 ⁺	3, 252	.019	.039

⁺ $p < .05$, * $p < .01$, ** $p < .001$

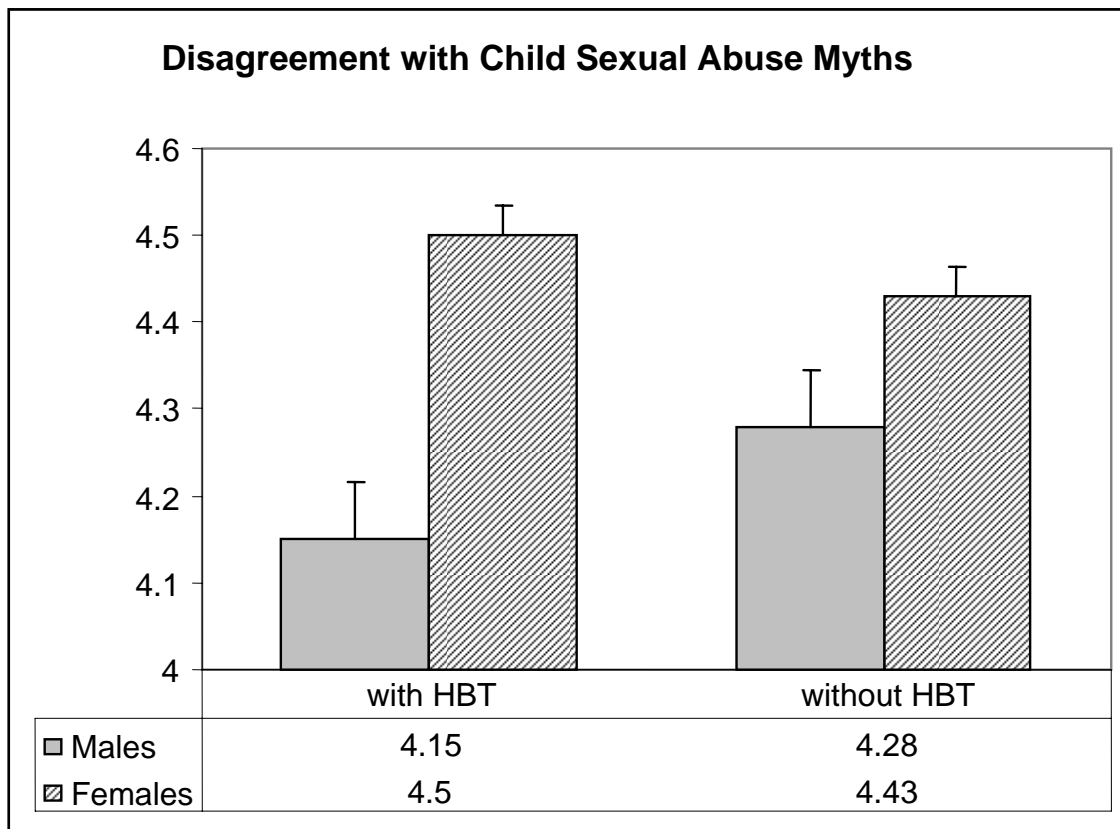


Figure 4

CSAMS Means Indicating Strength of Disagreement with CSA Myths with Standard Error Bars

than did the other participants. The second Helmert's contrast was also significant. Males without HBT disagreed less with CSA myths than did the two groups of females ($p < .01$). The two groups of females did not differ from each other.

The World Assumptions: Benevolence scale means are depicted in Figure 5. The first Helmert's contrast was significant ($p < .001$). Males with HBT saw the world as less benevolent than did the other three groups. The other two Helmert's contrasts were not significant.

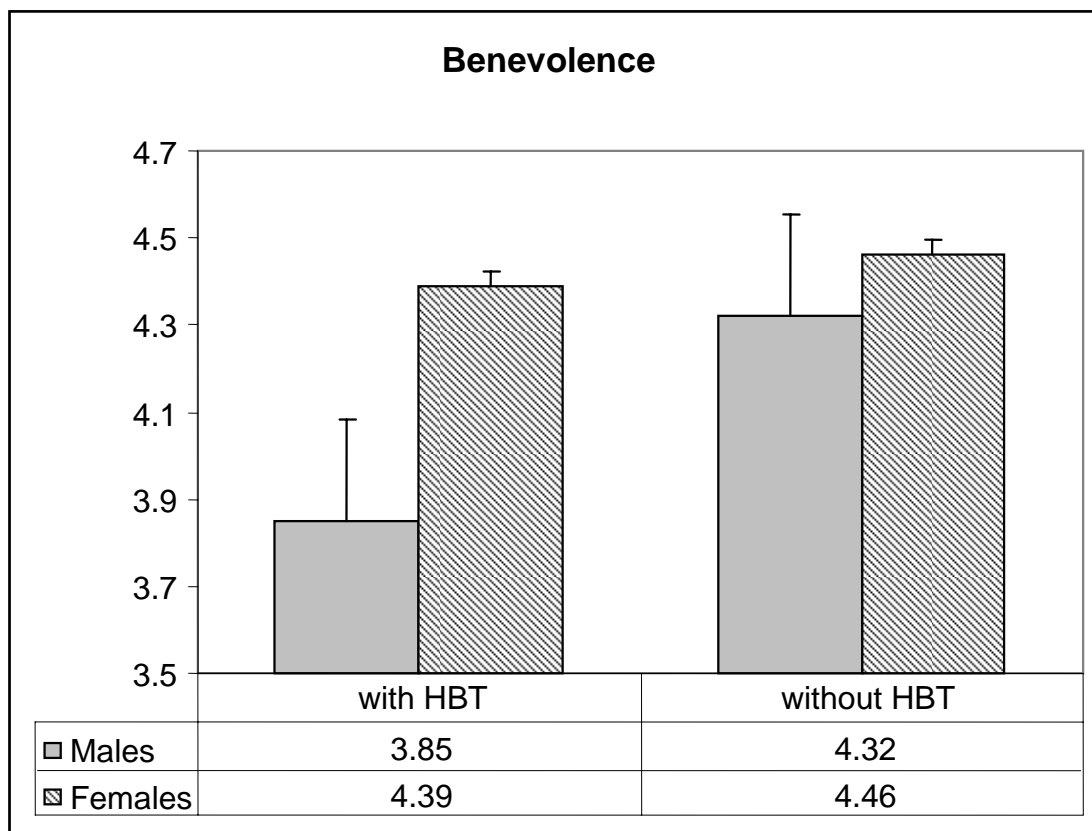


Figure 5

World Assumptions Scale: Benevolence Means and Standard Error Bars

The Meaningfulness of the World scale was the only measure for which the univariate test results in the MANOVA were not significant. All Helmert's contrasts also did not reach significance (p values were from .24 to .70). These means and standard errors are provided in the Figure 6.

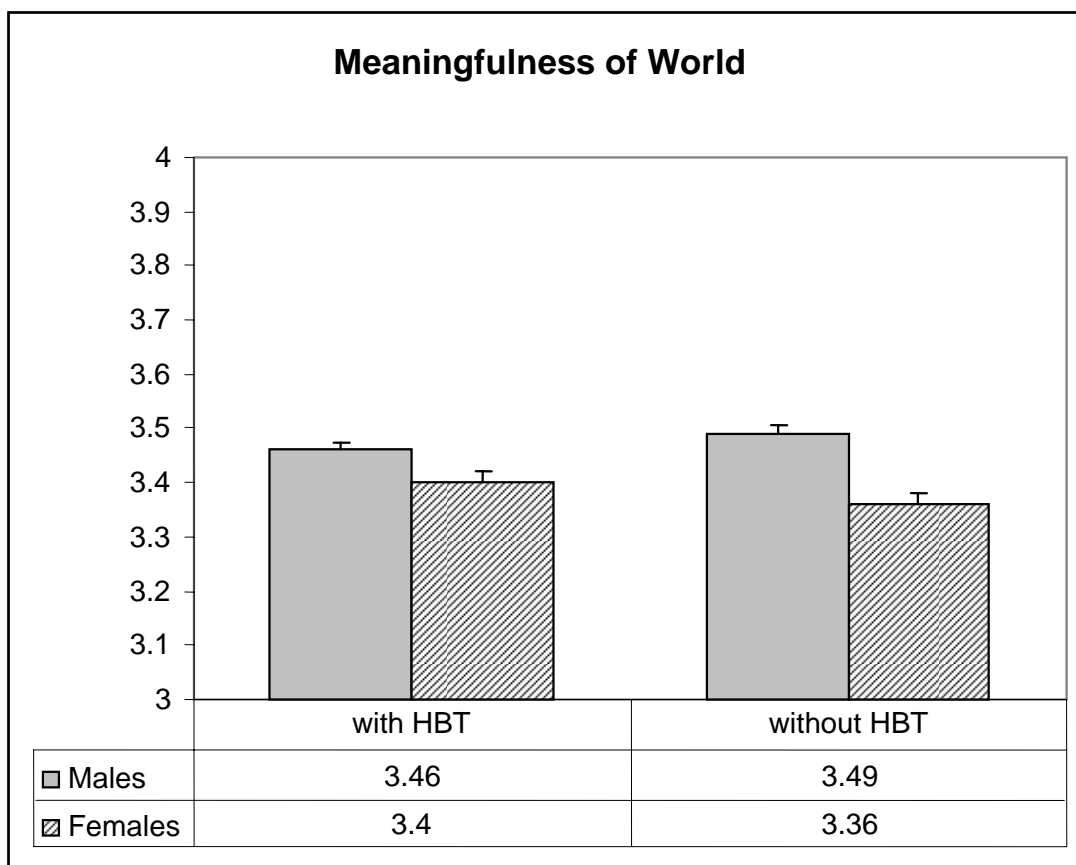


Figure 6

World Assumptions Scale: Meaningfulness of the World
Means and Standard Error Bars

The World Assumptions Scale: Self-worth subscale means and standard error bars are provided in Figure 7. Only the third Helmert's contrast comparing the two groups of females was significant ($p < .01$). Although there appears to be a trend for HBT reducing self-worth for the males, a post-hoc t -test indicated that these two groups of males were not significantly different from each other ($p = .54$). Refer to MANOVA in Table 5 to see that there is also no overall significant gender difference in ratings of self-worth.

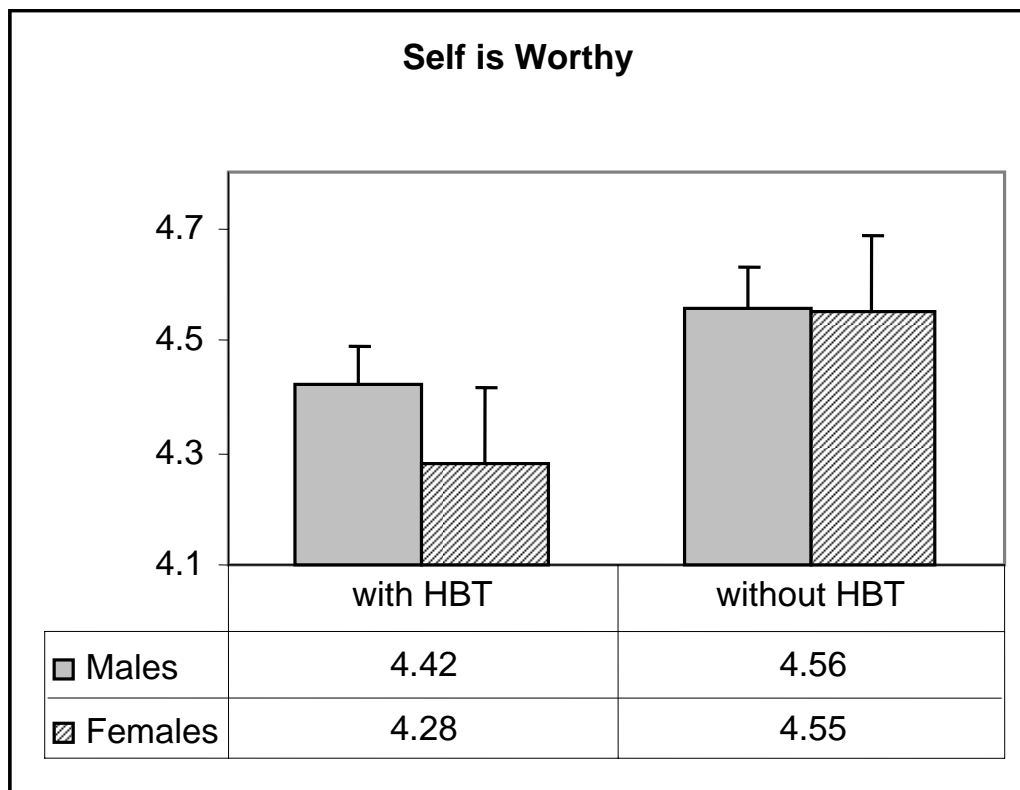


Figure 7
World Assumptions Scale: Self-Worth
Means and Standard Error Bars

The means for the two sexism scales are provided in Figure 8. The univariate tests were significant for each (see Table 6). The first and second Helmert's contrasts were significant for the Modern Sexism measure. Thus, males with HBT endorsed more modern sexist attitudes than the rest of the sample ($p < .05$) and males without HBT expressed more modern sexism than did females.

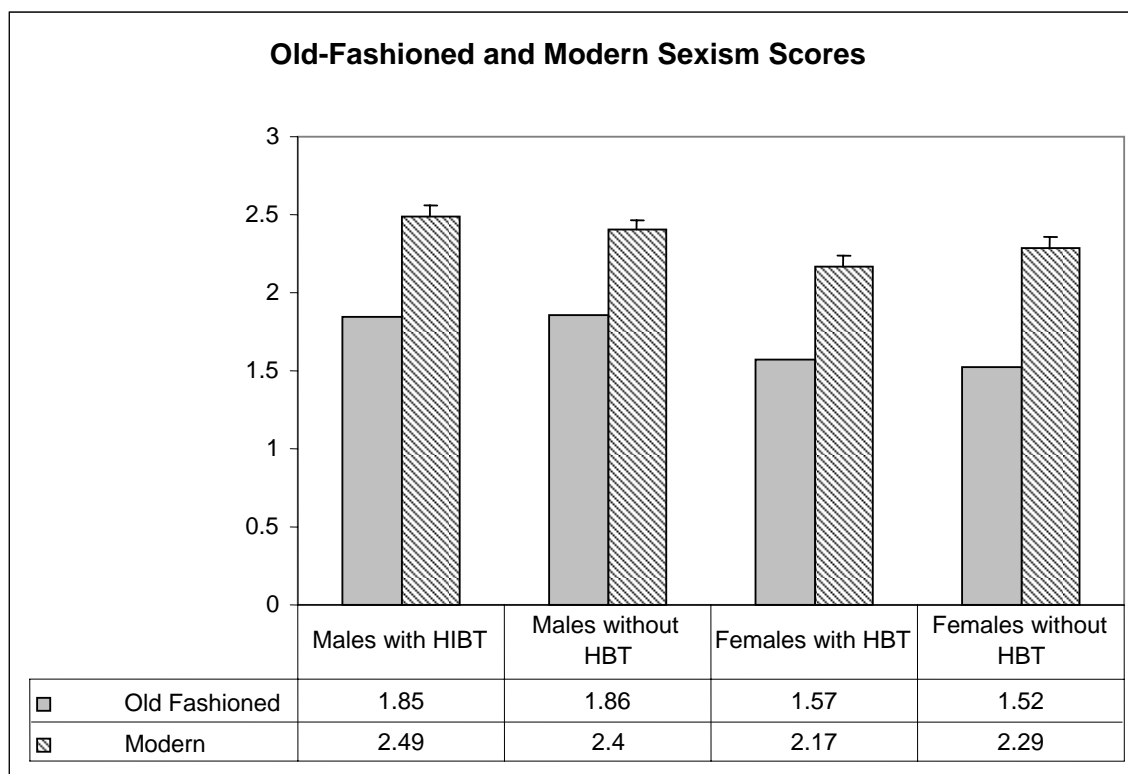


Figure 8
The Old-Fashioned and Modern Sexism Scales
Means and Standard Errors

Hypothesis 3.2: Predicting Vignette Ratings

Hypothesis 3.2 predicted that more sexist attitudes and believing in CSA myths would predict believing of CSA vignettes. These measures were entered into a regression. Because the World Assumptions subscales were also of interest (although they were not specific predictions), were also entered into the regression. The regression model was significant, $F(6, 247) = 4.63, p < .001$. In examining the coefficients, only the CSAMS independently contributed significantly to the model (Table 8).

Because of the gender differences in vignette ratings, two additional regressions were run with all of the variables—first for males and then for females. The CSAMS was the only significant contributor to the model for males $F(6, 80) = 2.64, p < .001$. Beta

weights and r^2 are provided in Table 8, which also represents the regression conducted with the male-only and female-only samples. For females, none of the study measures contributed significantly to the model, all p values were $> .25$. For comparison, the CSAMS coefficients and this model's r^2 are also provided in Table 8.

Study Measures Correlations with Believing Vignettes

In order to explore whether any of the variables measured related to the believing of vignettes, correlations were run on measures with different vignette scores (Table 9).

Table 8
Child Sexual Abuse Myth Scale Regression Model

CSAMS Analysis #	r^2	B	Beta	t	sig	Tolerance
Whole sample	.10	.39	.22	3.31	.001	.81
Males only	.20	.65	.35	3.35	.001	.92
Females only	.05	.17	.10	1.13	.26	.76

Table 9
Correlations between Study Measures and Vignette Types

	Betrayal-Trauma Vignettes			
	Male		Females	
	Low	High	Low	High
CSAMS	.28 ⁺	.38**	.12	.22*
Sexism:				
Old-Fashioned	-.16	-.21	-.04	-.08
Modern	-.06	-.12	-.18*	-.20 ⁺
WAS:				
Benevolence	.10	.20	.10	.07
Meaningfulness	-.11	-.12	-.05	-.02
Self-Worth	.08	.03	-.05	.01

+ $p < .05$; * $p =$ or $< .01$; ** $p =$ or $< .001$

Experimental Manipulation

The fourth aim of this study was to experimentally manipulate exposure to CSA information and to test whether this information impacted believing in CSA myths and believing of CSA disclosures.

Experimental Conditions

Participants were randomly assigned to one of four between-subjects experimental conditions in which they read either a Psychology textbook excerpt that provided biased information about child sexual abuse and false-memory syndrome, or unbiased information. The other between subject condition was whether they read about a rape or an affair in a newspaper article that relayed an actual case in Oregon about the statutory rape of a 14-year-old girl by Governor Goldschmidt. Because of randomization and some missing data (due to experimenter error), there were 59 subjects in the bias/rape, 53 in the no-bias/rape, 54 in the bias affair, and 52 in the no-bias affair conditions. Participants read excerpts and then responded to several questions about the excerpts. As a manipulation check, the time spent answering questions (which was thought to measure processing of the information) was queried in an ANOVA. Time did not differ between conditions, $F(3, 215) = 1.46, p > .22$.

Hypotheses 4.1 and 4.2: Differences Due to Experimental Condition

A repeated-measures general linear model was conducted with five kinds of vignettes as the within-subjects variables: Low-betrayal/continuous memory; high-betrayal/continuous memory; low-betrayal/recovered memory; high-betrayal/recovered memory; and control vignettes (no memory). The two independent variables were gender and experimental condition. The Time One vignette mean rating was entered as the covariate. (Time One vignettes were used as a covariate because there were no control vignettes at Time One with which to compute difference scores for control vignettes). Between-subjects main effects were not significant for gender ($p = .17$) or for

experimental condition ($p = .10$). Helmert's contrasts, however, revealed that scores in the no bias/rape condition were higher than in the other three experimental conditions ($p = .036$). As expected, the remaining two contrasts were not significant (Figure 9).

Within-subjects effects were significant for type of vignette, $F(4, 836) = 36.62$, $p < .001$. Post hoc Bonferroni pair-wise comparisons showed that all vignettes were significantly different from each other ($p < .001$) with the exception of the continuous memory low-betrayal and continuous memory high-betrayal trauma vignettes, which were not different from each other ($p = 1.0$). Figure 10 provides a schematic of these means, where continuous memories are believed more than recovered memories, irrespective of type of trauma. Recovered memories were believed significantly less than the control condition (which did not mention memory or memory persistence).

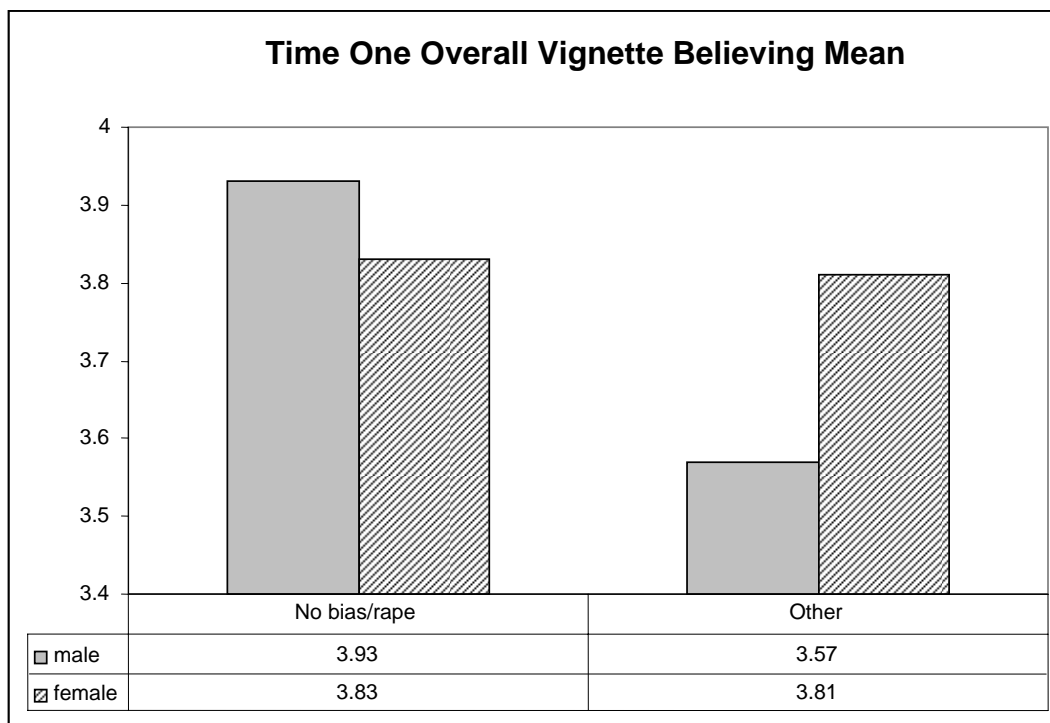
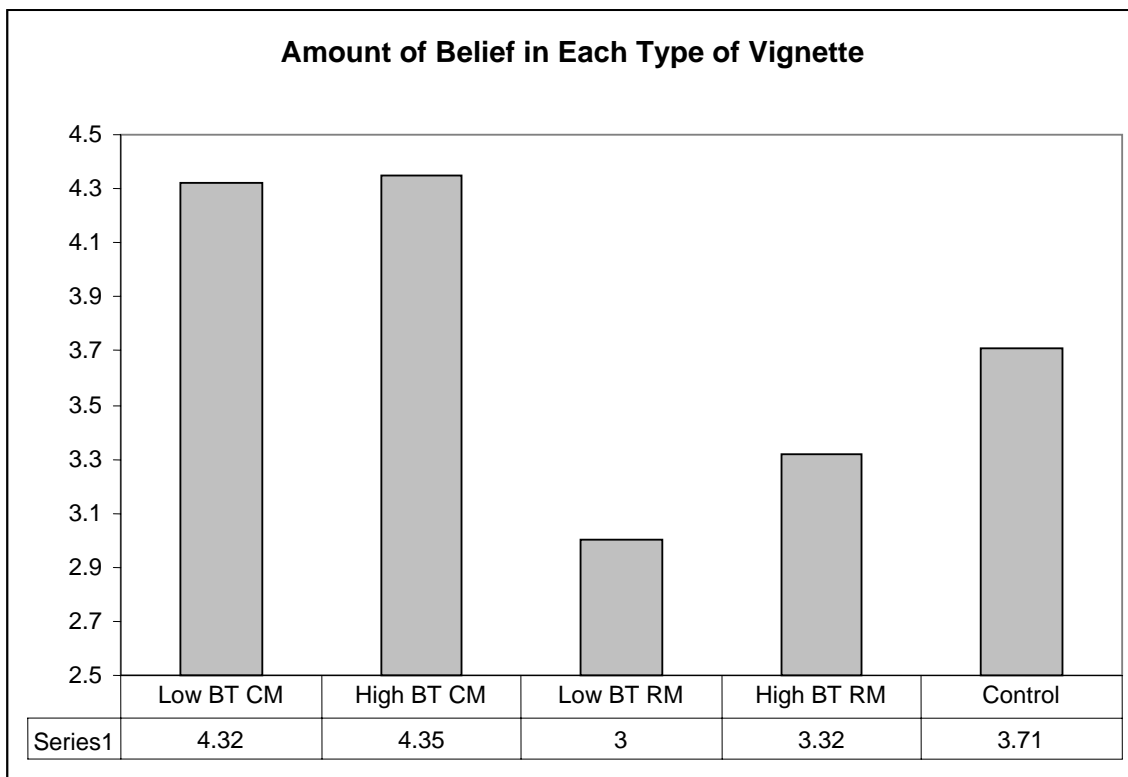


Figure 9
Means of All Time-Two Vignettes for Predicted “Ideal” Condition versus Combined Scores for the Other Conditions



BT = Betrayal Trauma; CM = Continuous Memory; RM = Recovered Memory

Figure 10

Means and Standard Errors of Low-Recovered, High-Recovered, Continuous Memory, and Control Vignettes

Interestingly, continuous memory vignettes were believed significantly more than were the control condition vignettes.

Hypothesis 4.3: Educational Debriefing

The final question of interest in this study was whether or not educational information provided in the form of debriefing would be effective for reducing CSA myths. This particular manipulation was done to determine if educational debriefing could ameliorate any biases that were created for subjects who were in conditions in which biased material about child sexual abuse was presented. A 2 x 2 x 2 x 2 (Textbook x News Story x Debriefing Order x Participant Gender) ANCOVA was conducted with

the dependent variable being CSAMS ratings at Time Two. CSAMS ratings from the pretest were entered as the covariate. There was a main effect for debriefing order and participant gender. In addition, debriefing significantly interacted with gender and with news story condition. All significant effects are presented in Table 10. All degrees of freedom are 1, 214.

Table 10
Educational Briefing Effects

Variable	<i>F</i>	Sig	partial η^2
Debriefing order	33.84	.001	.15
Participant gender	4.24	.041	.02
Debriefing x News Story	8.47	.004	.04
Debriefing x Gender	4.57	.034	.02
Debriefing x Gender x News Story	5.30	.022	.03

The two-way interaction between debriefing and gender is displayed in Figure 11. This data indicates that additional educational information communicated about CSA during debriefing is highly effective for increasing the amount of disagreement with myths on the CSA myth scale. The interaction between gender and debriefing order (see Figure 11) indicates that males benefited more from the additional educational information than did females; however, this may be because they had more room for improvement. Educational debriefing served to increase both genders' responses.

The three-way interaction, portrayed in Figure 12, shows males who were not yet debriefed and who read about Goldschmidt "raping" a girl, believed child sexual abuse myths less than other participants, but there was a strong effect for debriefing. Males who read about "rape," but who were debriefed and therefore, received more information about CSA myths before completing the measure, had a dramatic decrease in their own CSA myth beliefs, as is presented (Figure 12).

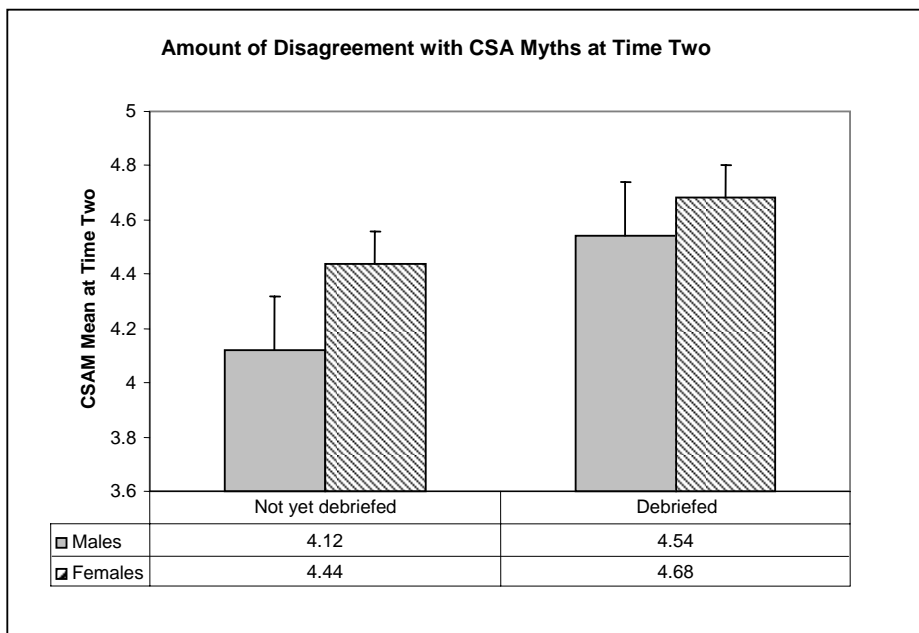


Figure 11
Interaction between Debriefing and Gender

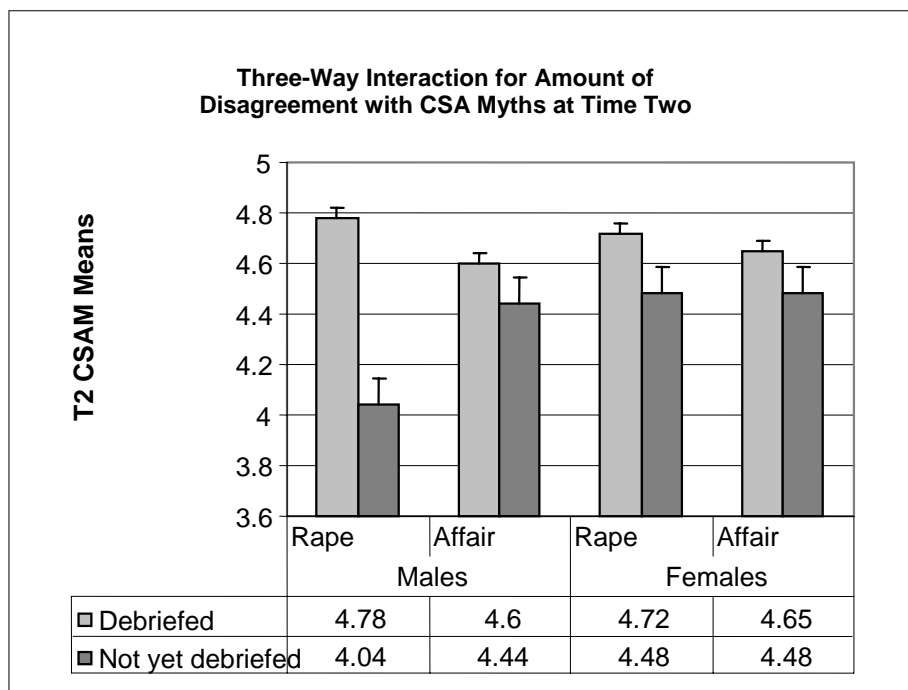


Figure 12
Three-Way Interaction between Debriefing, Gender, and News Story

CHAPTER IV

DISCUSSION

The purpose of this dissertation was to examine factors that may influence peoples' believing of child sexual abuse disclosures. In addition to examining variables related to aspects of disclosure (type of trauma, memory persistence), this dissertation examined characteristics of the participants that were hypothesized to impact judgments about vignettes. Specifically, sexist attitudes, beliefs in child sexual abuse myths, and thoughts or assumptions about the world were queried. There were specific hypotheses that more sexist attitudes and beliefs in child sexual abuse myths would be related to less strongly believing in CSA disclosures. Analyses conducted with the World Assumptions Scale were considered exploratory. Additional exploratory analyses examined correlations between the study measures to better understand how these constructs related to each other.

This dissertation also sought to experimentally manipulate both the strength of participants' believing in CSA disclosures and their attitudes towards CSA as rated on the CSA myth scale. By using educational materials in a 2 x 2 x 2 (Textbook x News Story x Educational Debriefing) between-subjects experimental design, this study provided data about the effectiveness of educational information for moderating attitudes and judgments about CSA.

Participant Trauma History

Two hundred and fifty-nine undergraduates participated in this research project (65.3% female). Over 68% of participants reported having experienced at least one type of trauma as measured by the BBTS. Twenty-seven percent of males and 33% of females reported having experienced at least one type of high-betrayal trauma (such as childhood sexual abuse). These figures are in line with large studies and nationally representative

surveys that have documented the high incidence of CSA and other ACE in the United States (e.g., Dube et al., 2005; Felitti et al., 1998; Kilpatrick et al., 2003). Thus, the present study is relevant to this college population not only in the general sense of CSA as a public health concern, but specifically in terms of investigating factors that will influence whether there is a social climate in which disclosures of these individuals' own traumas might be believed. Most CSA victims do not disclose abuse until long after the abuse occurred and often these adult disclosures are to friends (Ullman, 2003). Social reactions to disclosures impact victims' well-being, and there is clear evidence that negative social reactions are harmful to their psychological well-being (Ullman, 2003). Therefore, given the high rates of interpersonal trauma in college samples, the issue of influences on believing abuse disclosures is of clinical relevance.

Gender, Trauma History, and Believing

The first objective of this project was to replicate an earlier study (Cromer & Freyd, accepted pending revisions), in which males with no interpersonal trauma history believed CSA disclosures less strongly than did females (regardless of females' trauma histories) and less than did males with a history of interpersonal trauma. This earlier work was replicated in the current investigation. When participants were divided into four groups by gender and history of high-betrayal trauma (HBT), males without any HBT believed CSA vignettes significantly less strongly than did all the other participants ($p < .05$). This finding raises questions about how the experience of trauma interacts with gender in evaluating abuse disclosures.

The second aim of this project was to extend analyses in order to determine whether the Gender x Trauma Interaction in judgments of disclosure was unique to disclosures of CSA or whether males with no HBT history were generally more skeptical and did not believe disclosures of other kinds of trauma. The pattern of believing found in CSA vignettes held for vignettes in which other interpersonal/HBT was disclosed ($p < .05$) but it did *not* hold for vignettes in which LBTs, such as being injured in a car accident, were disclosed ($p > .05$). This finding that males with no HBT differ from the

rest of participants in judgments of interpersonal trauma but not other kinds of trauma is of clinical and forensic importance. It suggests that males with no personal HBT history who are in positions in which disclosures may occur (e.g., working for child protective services or in a hospital emergency room), may need specific training in order to be more sensitive and accepting when disclosures occur. From a forensic perspective, it suggests that researchers who do mock-jury studies may want to also examine mock-jurors' trauma histories, as this history may become an important factor in jury selections when CSA perpetrators are on trial.

Gender, Trauma History, Attitudes, and Beliefs

This study explored the relationship of participants' trauma history to several constructs that were hypothesized to influence believing CSA disclosures: sexism, beliefs in CSA myths, and assumptions about the world. Because a MANOVA evidenced strong gender differences on each of the constructs, with the exception of the WAS Meaningfulness of the World subscale, correlations between measures and trauma history were conducted separately for males and females (see Table 7).

For male participants, personal trauma history was not significantly correlated with either measure of sexism, although there were some negative trends in the data. Examination of scatter plots suggested that these trends did not reach significance because of the lower overall amount of trauma to which males were exposed. A larger sample may well find stronger, statistically significant relationships for these constructs in male samples, so the present observations should be interpreted with caution.

For females, medium and HBT negatively correlated with modern sexism but not with old fashioned sexism. The Modern Sexism scale tapped what Swim et al. (1995) labeled "covert" sexism. This type of sexism presumes that gender equality in contemporary society has been attained and that gender discrimination no longer exists except for that which is sensationalized in the media. It may be that females who have experienced medium and high levels of betrayal trauma have had first-hand experience of being victims of sexual violence and; therefore, these personal experiences may evoke

stronger disagreement with modern sexist statements such as “It is rare to see women treated in a sexist manner on television.”

In considering these analyses, it is important to examine the mean scores on the sexism measures. For both genders, mean scale scores were below three on a 1 to 5, Likert scale where higher values indicated more sexist attitudes. College students are generally not very sexist. However, more sexism was related to lower (or no) reported personal trauma history. An interesting question for future study will be to assess whether not experiencing trauma leads to more sexist attitudes, or whether being more sexist or having more “machismo,” results in lower reporting of interpersonal trauma victimization.

For females, trauma did not correlate with beliefs in CSA myths. For males, more LBT was related to less belief in CSA myths. The means and scatter plots indicate little variability within the females sample on CSA myth ratings and females disagree with these CSA myths far more than do males ($p < .01$). Both types of sexism were negatively correlated with CSA myths for females, meaning that the more sexist females were, the more they also believed CSA myths. These correlations were also significant for males, although the CSAMS/modern sexism correlation did not reach statistical significance for males ($p = .17$), whereas Old-Fashioned Sexism was significant ($p < .01$). Swim and colleagues (Swim et al., 1995) conducted factor analysis with the Old-Fashioned and Modern Sexism measures and had found that there was less distinction between the two types of sexism for females than there was for males, and they also found women to be less sexist overall.

Swim et al.'s (1995) findings offer a possible explanation for the slight inconsistency in the present results. Women tended to generally be less sexist, whereas for males, although the two sexism measures were strongly correlated with each other, there was much more variability in the modern sexism responses. Thus, although modern sexism was negatively correlated to the CSAMS for males, the wider variability in responses resulted in the correlation not reaching statistical significance. A larger sample would likely establish a significant trend; hence, these findings should not be over

generalized without further study. Nevertheless, in examining the literature, there is another possible explanation for the inconsistency in sexism/CSA myth correlations between the two genders. Traditionalism, which relates to the old-fashioned sexism, has been hypothesized to relate to attitudes about sexual coercion (Felson, 2002). Felson suggested that having traditionalist values (e.g., that women should have traditional roles), is what leads men to engage in sexual coercion. These traditionalist values are captured in the Old-Fashioned Sexism Scale. Interestingly, Felson (2002) made the connection of traditionalism/old fashioned sexism as being related to men's self-interest and selfishness. Traditionalism and self-serving beliefs, on the face of it, appear to be captured by the Old-Fashioned Sexism Scale and these values are not reflected in the Modern Sexism Scale. CSA myth propaganda in the pedophilia literature is also self-serving for proponents of pedophilia (Dallam et al., 2001). These values are evident in the CSA Myth Scale. Thus, this self-serving construct may underlie the relationship between the CSAMS and the Old-Fashioned Sexism Scale for males, and is a direction for future study.

When discussing the relationship of CSAMS scores and sexism scores for women, there is also a negative relationship (i.e., less sexism relating to more disagreement with myths). However, in conceptualizing these constructs it is important to remember that women generally were scoring predominantly toward the far low end of the sexism scale and toward the extreme high end of the disagreeing with CSA myths. Thus, the theoretical focus in the literature for discussing this relationship has a slightly different focus: What induces some women to be even less sexist than other women?

It is not surprising that less-sexist attitudes related to disagreement with CSA myths. Historically, it has been feminists who advocated for children and who have campaigned against CSA (Olafson, 2002). Thus, while analyses in the present study were exploratory, they were consistent with historical trends in which feminists have been more likely to recognize the prevalence of CSA and have been less influenced by propaganda purporting myths that CSA is not harmful to children (Scheper-Hughes, 1998).

Other exploratory analyses in this study utilized the World Assumptions Scale. Janoff-Bulman (1992) postulated that the subjective experience of trauma is related to cognitions and to internal working models of the world, such that when one experiences trauma one's assumptions about the world may be shattered. Although Shattered Assumption Theory is solidly grounded in social psychological theory, little work has empirically investigated internal working models and trauma. The present study provides a contribution to this theory in correlating Janoff-Bulman's measures with the BBTS subscales.

Overall, both genders rated the world as less meaningful (both means were < 3.5) than they rated as benevolent (both means were > 4.2) and both genders generally rated highly on the self-worth scales (both means were > 4.5 ; all were on five point scales). Males saw the world as less benevolent than did females (Cohen's $d = .35$). Males and females did not differ in how meaningfully they saw the world or on ratings of self-worth. Assumptions about the world did however relate to the amount of trauma each gender reported. For males, the Benevolence Subscale was negatively correlated with all three levels of trauma. The more low-, medium-, and HBT males experienced, the less benevolent they saw the world. For males there was also a negative correlation for self-worth and HBT. For females, all three levels of trauma were related to lower feelings of self-worth. For females there was no relationship between world benevolence and meaningfulness and the amount of trauma they had experienced.

The literature examining cognitions associated with having experienced awkward trauma is only just emerging, and there is little work that examines gender differences in appraisals of self and world after trauma. However, theoretical connections can be made with two prior empirical studies. One study found that in personal narratives, CSA survivors reported seeing themselves as less significant and more powerless than did survivors of other kinds of trauma (Klein & Janoff-Bulman, 1996). This finding would explain the current study's negative correlations between self-worth and high betrayal trauma for the entire sample. Self-worth ratings were also related in the current study to

low- and medium-BT for the women and not for the men. This finding is likely due to the experiences of multiple types of trauma that women in the sample experienced.

A second, related study found that male and female adult survivors of CSA suffered similar psychological and physiological health outcomes but diverged on behavioral coping styles (Dube et al., 2005). Males exhibited more externalizing behaviors such as delinquency, and females experienced more internalizing symptoms such as suicide ideation and eating disorders (Dube et al., 2005). It is possible that these differences in behaviors are related to differences in thinking about the trauma, or differences in assumptions that are shattered due to trauma. Males see the world as less benevolent when they experience trauma (i.e., they make external attributions about bad things that happen to them). Thus, the males' attribution style could induce externalizing, or acting out against the world. For females, it seems likely that if their feelings of self-worth are diminished and they blame themselves and not the world when they experience CSA, it would cause them to act out against themselves. Thus it appears that females may be making internal attributions about the bad things that happen to them. These attributions are likely related to feeling powerless.

While the present analyses do not permit causal determinations, the question of whether shattered cognitions are driving internalizing and externalizing behaviors is an important one for future research. From a clinical perspective, as cognitive therapies are developed for treating trauma, this line of research may help us understand the different internal working models of males and females (Janoff-Bulman, 1992), and could inform clinician case-conceptualization. It also may suggest that although males and females may experience similar types of trauma (Dube et al., 2005), subjective appraisals of the trauma may differ between the genders, and a "one size fits all" treatment approach may not be effective for group or other types of therapy.

Male and female CSA survivors report feeling little control over their lives and they report powerlessness (Dube et al., 2005). The finding that the amount of HBT males in the current sample experienced was related to self-worth warrants further study. One possibility is that males who experienced HBT may be similar to females in their views

of the world. This similarity in beliefs could perhaps explain why males with a history of HBT-rated CSA vignettes similarly to how females rated them.

In order to study this question, gender/HBT groupings were used for analyses of participants' sexist attitudes, their level of believing common myths about CSA, and their beliefs in the world. All between-subjects effects were significant except for meaningfulness of the world as measured by the WAS (see Table 6). Contrasts were conducted to compare groups. Gender was a robust finding for believing CSA myths: both groups of males (with and without HBT) believed these myths more than did the females.

Personal experience of HBT did not impact general knowledge about CSA myths. Males' personal experience with HBT, however, did relate to seeing the world as less benevolent than did the rest of the sample. Hence, making external attributions for why bad things happen may be a characteristic of gender, irrespective of the type of trauma that males experience. Overall, males and females did not differ on self-worth; however, females who experienced HBT saw the self as less-worthy than did females who had no such experiences. Post hoc *t*-tests indicated that the two groups of males with and without HBT did not differ from each other on self-worthiness. Thus, it appears that attributions or cognitions about the world are robust for gender and that males, when they experience trauma, see the world as less benevolent; and when females experience trauma, they attribute it to something about themselves.

In further exploring sexism, the additional analyses did not add additional information. Although there had been negative correlations between sexism and amounts of medium and HBT females experienced, when divided into HBT and no-HBT groupings, only gender was significant between the groups. Experiences of HBT did not modify sexism ratings for either gender.

Predicting Believing of Disclosures: The Influence of Attitudes and Beliefs

The third objective of this study was to test the influences of sexism, beliefs in CSA myths, and world assumptions on believing CSA disclosures. Regression analyses indicated that CSA myths predicted believing for the whole sample ($p < .001$); the other measures did not significantly contribute (see Table 8). The analyses were also conducted with males only and females only. The CSAMS was again the significant predictor of males' believing, but for females, the regression was not significant. Thus, beliefs in CSA myths impact males' believing in CSA disclosures but not females' beliefs. Other studies have found that sexist attitudes were related to believing that adult female rape victims were more culpable for the rape and acted inappropriately so as to invite rape (Abrams et al., 2003). College students' gender role attitudes, however, have not been found to predict perceptions of victim culpability in CSA cases.

Correlations were also examined with LBT and HBT vignettes and the study measures. These correlations were presented in Table 9. CSAMS scores were positively correlated with believing both types of vignettes for males and to HBT vignettes for females. Modern sexism was negatively related to believing both types of vignettes for females. Thus, while sexism did not have strong predictive power, it does appear that the more sexist females believed the disclosures less strongly than did the less sexist females.

Malleability of Believing: The Impact of Educational Materials

A fourth objective was to experimentally manipulate exposure to educational information about CSA and to test whether this information impacted believing CSA myths and CSA disclosure vignettes. Educational materials were first operationalized via two media: a newspaper story and a college text book excerpt. A second manipulation involving educational debriefing is discussed in the next section.

There was a significant effect for experimental condition with participants who were in the "ideal" condition (i.e., they read an unbiased text book excerpt and they read

about “rape” in the news story report). These participants believed trauma disclosures more than did the participants in the other three conditions ($p < .001$). Other comparisons were not significant between conditions. It appears that in order for there to be an increase in believing victims’ disclosures, participants need to be exposed to at least two different sources of unbiased information relating to CSA. This finding suggests that attitudes about CSA are not easily malleable, although they can change, and that there is an additive effect at work. These findings suggest that consumers should be exposed to more than one type of medium in order to gain the benefit from educational programs promoting the prevention of CSA. It is also possible that reading biased information canceled out any positive effects of the unbiased/educational information in the experiment. Future research should control for numbers and types of exposures to see if indeed, there is an additive or subtractive effect.

Differences in Vignette Characteristics and Disclosure Believability

Characteristics of the vignettes themselves were also of interest in this experiment. The most robust finding in the Cromer and Freyd (accepted pending revisions) study was that continuous memory vignettes were believed more strongly than were delayed memory vignettes. The present study varied memory persistence for both HBT and LBT vignettes. Pair-wise (Bonferroni) comparisons were significant for all vignettes except between the two depicting continuous memories. All vignettes with continuous memories were believed more than were control and recovered memory vignettes. Control vignettes (did not involve any mention of memory persistence) were believed more strongly than were recovered memory vignettes and HBT vignettes were believed more strongly than were LBT vignettes.

The replication of Cromer and Freyd’s (2005) findings for depicted memory persistence in disclosure vignettes reflects the conflation of persistence and accuracy in conventional naïve theories of memory. This convention likely fuels the recovered (persistence) versus false (accuracy) memory debate (Middleton, Cromer, & Freyd,

2005). The addition of the control vignettes provided further insight into judgments about trauma disclosures. Control vignettes involved disclosure of a past trauma without mention of memory persistence. Compared to the control, information that memory was continuous significantly increased believing a disclosure ($p < .001$). Disclosures with recovered memories were believed less strongly than were control vignettes ($p < .001$). This finding demonstrates that information regarding memory persistence impacts judgments of disclosure believability.

Multiple pathways to forgetting trauma have been identified in the literature (Mechanic et al., 1998), yet folk beliefs are that memories are more believable if the memories are continuous and are less believable if they are discontinuous. The present findings extend Cromer and Freyd (accepted pending revisions) in that the robust effects for memory are for CSA as well as for other kinds of traumatic experiences. It may be that folk beliefs are that traumas should be more memorable *because* they were traumatic.

The present findings shed light on why CSA victims have doubt about their autobiographical memories of abuse, even when there is independent corroboration for these memories (Dalenberg, 1997; Williams, 1995). It may not be qualitative aspects of the memories that cause doubts, but rather an inherent naïve bias about memories, that if they are true, then they are always present. All of the vignettes in the current study involved some sort of trauma. It will be useful for future studies that examine these beliefs about memory characteristics to examine neutral or positive events that are disclosed years later by way of comparison.

Educational Debriefing and Beliefs in CSA Myths

The final question of interest in this project was whether educational information provided in post-experiment debriefing would be effective for reducing strength of beliefs in CSA myths. The experimental manipulation in the first part of this study was effective only when participants were exposed to both “ideal” conditions of unbiased information. In this second manipulation, all participants were exposed to the same stimuli, but they completed the CSAMS either before or after the debriefing. There was a

strong effect for debriefing order ($p < .001$), where those who had the benefit of debriefing first more strongly disagreed with CSA myths than those who were debriefed after completing the CSAMS. There was a main effect for gender, with women generally disagreeing more strongly with CSA myths than males ($p < .05$), even though Time 1 CSAMS scores were covaried in the analyses. Debriefing order interacted with gender ($p < .05$) and with news story ($p < .01$) and there was also a three-way Gender x News Story x Debriefing Order interaction ($p < .05$). Examination of these means (Figure 12) reveals that males who read about rape and who were not first debriefed believed CSA myths far more strongly than did the other participants. Conversely, males who read about rape and who *were* debriefed before completing the CSAMS responded much more strongly *against* CSA myths compared to all the other subjects. Thus, it appears that for males, reading about “rape” in the news story seemed to evoke a reaction from them. With educational debriefing, this effect was positive (additive), and without debriefing there was a backlash effect.

The interactions with debriefing speak to the need to utilize appropriate language when reporting CSA, as well as to include educational information. Researchers have found that consensual language in news paper reports increases perceptions of victim blame (Collings, 2002b; Goddard & Saunders, 2000). The present research, however, suggests a more complex picture. The two manipulations in this study suggest that objective language when reporting abuse may evoke a defensive reaction from some participants and could have a backlash effect not unlike the backlash evidenced throughout the cyclical history of CSA (Conte, 1994; Scheper-Hughes, 1998). It has been evidenced for over a hundred years of western history that as CSA is acknowledged, there are strong dissenters (Conte, 1994; Scheper-Hughes, 1998). In the present study, it appears that participants had a defensive reaction to the lexical framing of adult sex with children as abuse without any educational content to provide additional perspective. It is encouraging, though, to try to use “however” less often throughout the study to see that these same reactions (when buttressed with educational information), not only canceled

the defensive backlash, but also had the effect of enhancing the effectiveness of the education program and opposition to CSA myths.

*Applying the Findings to Education Programs:
Finding Leverage Points*

There is a small and emerging literature about vicarious traumatization, which acknowledges that cognitive schemas of people who work in the field can be affected by verbal exposure to traumatic events and information (Jenkins & Baird, 2002; Pearlman & Saakvitne, 1995). It seems plausible that the reactions of denial to the CSA prevalence rates, and to the far-reaching health effects, are so disquieting as to evoke a negative, visceral reaction of denial (Conte, 1994; Scheper-Hughes, 1998) or victim blame (Abrams et al., 2003), which may be protective for the perceiver. In reviewing the literature for the present study, it was upsetting to read study upon study, in particular large nationally representative samples, steadfastly replicating the classic work of Kendall-Tackett et al. (1993), who documented that one-third of females and one-seventh of males are sexually abused as children. The far reaching and long-impacting physical and psychological effects (Dube et al., 2005) of this abuse, and the cycle of denial (Conte, 1994; Masson, 1984; Scheper-Hughes, 1998), have proliferated into what scholars now recognize as a staggering public health concern (Foege, 1998; Freyd et al., 2005; Fromm, 2001; WHO, 2002). The pedophilia propaganda (e.g., Kennedy, 2003) is both frightening and sickening in its rationalizations as well as its legitimization, as it succeeds in gaining footholds in academic journals (such as the American Psychological Association's *Psychological Bulletin*).

The problem of CSA is woven into the fabric of society. In writing about this public health concern, Foege (1998) said:

It is not what we want to believe about our culture, our neighbors, or ourselves. And yet as troubling as the data seem to be, we need to confront the problems described and find an appropriate public health response (p. 354).

But what is that response? The success of the educational intervention in the present research offers one hopeful avenue. Current CSA prevention efforts target potential child victims (Malhotra & Biwas, 2005; McMahon, 2000; Mercy, 1999) and convicted perpetrators (McMahon, 2000; Mercy, 1999). Yet, the suppression of information about CSA and the sensationalization of and misinformation about CSA occur in the macro-system of society. The literature documents that when society is perturbed by disturbing information about CSA (e.g., when “statutory rape” is referred to as “rape,” instead of an “affair”), or when reputed scholars such as Sigmund Freud (Masson, 1984), or Masson, speak out about CSA, there is a tendency to engage in “ostrich psychology” (Malhotra & Biwas, 2005) or cultural back-lash (Scheper-Hughes, 1998). There is a need for mass, non-sensationalized educational information about CSA in order to provide a fertile environment for acknowledging the atrocities. If we can generalize the current research findings to public education, then it suggests that education needs to happen in a manner which is not sensationalized, and that it needs to happen in more than one medium.

Acknowledgement of the pervasiveness and harm of CSA will help provide a social environment that is receptive to CSA disclosures (Ullman, 2003). Most victims do not disclose abuse until long after it is too late to intervene, often waiting decades (until adulthood), and up to 30% of victims never disclose at all (Goodman-Brown, et al., 2003; Kellogg & Huston, 1995; Somer & Szwarcberg, 2001; Ullman, 2003). Disclosure is important for victims to receive treatment and for offenders to stop offending (Ullman). Disclosure is also important to prevent offenders from construing their behavior as not harmful as is seen in the pedophilia literature (e.g., Rind et al., 1998).

If we accept CSA as a public health issue and as a societal problem, public education can reduce myths about CSA, as occurred effectively for individuals in the current experiment. Upholding myths about CSA is related to sexist attitudes, which in turn, have been found to be related to sexually coercive behaviors (Felson, 2002). In women, believing information contrary to CSA myths was also related to all three measures of assumptions about the world. While further study is needed before strong

conclusions can be drawn, this research does suggest that a changing social consciousness about CSA could possibly relate to changes in women's internal working models (Janoff-Bulman, 2002), reductions in victim-blaming (Felson), and improvements in self-esteem (Dube et al., 2005). Although these seem lofty goals, it seems reasonable, that given the far-reaching effects of CSA which overwhelmingly impact women (Kendall-Tackett et al., 1993; Ullman, 2003), and as social consciousness changes, generations from now, attributions, cognitions, and ways of relating to each other can improve and have positive health benefits (Foege, 1998). Foege likens the problem of child abuse to that of cigarette smoking causing lung cancer. The burden of proof has been established.

Limitations and Future Directions

There were significant effects for the news story condition, but not the text book condition in this study. It appeared for the interactions that a cumulative effect was at work, and that participants needed to be exposed to more than one source of information in order to have their beliefs in CSA myths reduced. However, while the textbook manipulation was ecologically valid (both stimuli were actual college text books), this procedure has limitations in terms of experimental control. Future studies might use only one college text book excerpt, and then substitute information for a different experimental condition, in order to gain better control over the stimuli and have a better contrast between biased and unbiased material.

Although there was an effect for experimental condition that appeared to be removed after educational debriefing, a longer time delay for follow up would be a more ecologically valid approach for measuring the effects of education. Participants completed the CSA myth scale immediately after the debriefing. Bringing participants into the lab again, or perhaps doing a telephone follow up survey of CSAMS scores would provide a better measure of how strongly participants' values were modified after the educational information was introduced.

Data from the current study emphasize the malleability of child sexual abuse myth beliefs and the believing of CSA disclosures. Support for the effectiveness of educational materials in changing public attitudes about CSA is encouraging. This is an important avenue for future change and suggests that CSA prevention programs targeted at mass education, as has been done for other identified public health issues like antismoking campaigns, can be effective to breaking out of the cyclical nature of child sexual abuse awareness and repression of that awareness (Scheper-Hughes, 1998) in society. It could encourage permanent changes in social consciousness about this important public health concern.

Summary and Conclusions

Results from this investigation indicate that there are gender differences for believing CSA reports and gender differences in believing CSA myths. Prior research has found that having no personal history of HBT decreased males' believing of CSA disclosures and this finding was replicated in the current study. However, trauma history did not moderate males' beliefs for low-betrayal trauma disclosures, so it is not the case that males who have not experienced trauma are just generally more skeptical. Rather, they are only skeptical about CSA disclosures. This investigation sought to examine other factors that might predict believing in CSA disclosures, but only belief in CSA myths predicted disclosures. When separate regressions were conducted, CSA myth beliefs predicted believing of disclosures for males only. Interestingly however, there was a Gender x Experimental Condition interaction and it was also found that although males had beliefs in CSA myths, these beliefs were malleable. If males were exposed to the ideal condition of information, where they had two educational sources of unbiased information, they had a reduction in beliefs of CSA myths and an increase in beliefs of CSA disclosures.

This investigation also replicated and extended earlier findings that characteristics of vignettes impact disclosure believability. Early work (Cromer & Freyd, accepted pending revisions) found robust effects for memory with recovered memories being

believed far less strongly than was continuous memory. The manipulation in the present study involved a control condition in which there was disclosure of a non-sexual trauma that had happened in childhood but about which memory persistence was not mentioned. The control condition was believed less strongly than was the continuous memory condition and it was believed more strongly than was the recovered memory condition. Thus, it appears that information about memories is used by participants to make decisions about believability of disclosures. Independent of corroborating evidence, continuous memory appears to be a perceived accuracy information marker for the perceiver and recovered memories are a perceived marker of inaccuracy for the perceiver.

This study also found a main effect for educational debriefing. It was the case that when participants had an additional exposure to unbiased/educational information about CSA facts and awareness was drawn to what the myths were about CSA, that there were strong increases for believing. There was an interaction for male participants who read about rape. It may be the case that “rape” as described in the news story condition evoked an emotional reaction from males. When they were in the pre-debriefing condition there was evidence of the historical backlash effect about CSA in that they more strongly believed myths if they read about rape and were not given the benefit of debriefing. Conversely, when the males read about rape and were debriefed, they more strongly disagreed with CSA myths than did the rest of the sample.

This study also investigated sexist attitudes and beliefs about the world to see how these might related to histories of trauma, as well as attitudes about CSA. It was found that for males, old-fashioned sexism, or as Felson (2002) described, traditionalist attitudes about women, correlated with believing CSA myths. In exploring the literature to understand this finding, it is further hypothesized that a self-serving bias may be underlying this relationship. Self-serving biases are evident in old-fashioned, but not modern sexism (Felson, 2002), and self-serving biases are also evident in the pedophilia literature.

Finally, this study evidenced a relationship between Shattered Assumptions theory and experiences of trauma. Males who experience trauma appear to be externalizing

(Dube et al., 2005) and this is consistent with findings in the present investigation that males with a trauma history see the world as less benevolent. Women tend to be internalizing when they experience trauma (Dube et al., 2005) and consistent with this, it was found that they rate the self as less worthy when they have experienced trauma. These differences in attributions and changes in assumptions shed light on possible treatment strategies for males and females who have experienced trauma. There were no gender differences between males and females who did not experience trauma, so it is possible that it is the experience of trauma which shatters different assumptions about the world for males than for females.

REFERENCES

- Abrams, D., Viki, G. T., Masser, B., & Bohner, G. (2003). Perceptions of stranger and acquaintance rape: The role of benevolent and hostile sexism in victim blame and rape proclivity. *Journal of Personality and Social Psychology, 84*(1), 111-125.
- Atkinson, R. L., Atkinson, R. C., Smith, E. E., Bem, D. J., Nolen-Hoeksema, S., & Smith, C. D. (Eds.), *Hilgard's Introduction to Psychology, 13th edition*. New York: Harcourt College Publishers.
- Basile, K. C. (2003). Implications of public health for policy on sexual violence. *Annals of New York Academy of Science, 989*, 446-463.
- Bauserman, R., & Rind, B. (1997). Psychological correlates of male child and adolescent sexual experiences with adults: A review of the nonclinical literature. *Archives of Sexual Behavior, 26*(2), 105-141.
- Beckett, K. (1996). Culture and politics of signification: The case of child sexual abuse. *Social problems, 43*. Retrieved April 20, 2006 from http://home.wanadoo.nl/ipce/library_two/pdf/beckett_96.pdf
- Bolen, R. M., & Scannapieco, M. (1999). Prevalence of child sexual abuse: A corrective meta-analysis. *Social Service Review, 73*, 281-313.
- Bottoms, B. L., Davis, S. L., & Epstein, M. A. (2004). Effects of victim and defendant race on jurors' decisions in child sexual abuse cases. *Journal of Applied Social Psychology, 34*(1), 1-33.
- Brewin, C. (2003). *Posttraumatic Stress Disorder: Malady or myth?* New Haven, CT: Yale University Press.
- Brown, T., Frederico, M., Hewitt, L., & Sheehan, R. (2001). The child abuse and divorce myth. *Child Abuse Review, 10*, 113-124.
- Burt, M. R. (1980). Cultural myths and supports for rape. *Journal of Personality and Social Psychology, 38*, 217-230.
- Butterfly Kisses. (2006). *International Female Girllove Collective*. Retrieved March 4, 2006 from: <https://www.bkgirls.org/advocacy/>
- California Attorney General (2005). *Megan's law: Facts about sex offenders*. Retrieved March 4, 2005 from: <http://www.meganslaw.ca.gov/facts>.

- Cauffman, E., Feldman, S. S., Waterman, J., & Steiner, H. (1998). Posttraumatic stress disorder among female juvenile offenders. *Journal of the American Academy of Child and Adolescent Psychiatry*, 37(11), 1209-1217.
- Cheit, R. E. (2003). What hysteria? A systematic study of newspaper coverage of accursed child molesters. *Child Abuse and Neglect*, 27(6), 607-623.
- Collings, S. J. (1997). Development, reliability, and validity of the child sexual abuse myth scale. *Journal of Interpersonal Violence*, 12(5), 665-674.
- Collings, S. J. (2002a). The impact of contextual ambiguity on the interpretation and recall of child sexual abuse media reports. *Journal of Interpersonal Violence*, 17(10), 1063-1074.
- Collings, S. J. (2002b). Unsolicited interpretation of child sexual abuse media reports. *Child Abuse and Neglect*, 1135-1147.
- Collings, S. J. (2003). Child sexual abuse myth acceptance among aspirant, trainee, and registered psychologists in Durban, South Africa. *Social Behavior and Personality*, 31(8), 835-842.
- Collings, S. J., & Bodill, B. (2003). Methodological issues in research on child sexual abuse attributions. *South African Journal of Psychology*, 33(3), 170-175.
- Conte, J. R. (1994). Child sexual abuse: Awareness and backlash. *The Future of Children: Sexual Abuse of Children*, 4(2). Retrieved April 17, 2006 from http://www.futureofchildren.org/usr_doc/vol4no2ART12.pdf
- Cromer, L. D., & Freyd, J. J. (accepted pending revisions). What influences believing abuse reports? The role of depicted memory persistence, participant gender and trauma history. *Psychology of Women Quarterly*.
- Dalenberg, C.D. (1996). Accuracy, timing and circumstances of disclosure in therapy of recovered and continuous memories of abuse. *The Journal of Psychiatry and Law, Summer*, 229-275.
- Dalenberg, C. D. (1997). The prediction of accurate recollections of trauma. In J. D. Read & D. S. Lindsey (Eds.), *Recollections of trauma: Scientific evidence & clinical practice* (pp. 449-453). New York: Plenum Press.
- Dallam, S. J., Gleaves, D. H., Cepeda-Benito, A., Silberg, J., Kraemer, H. C., & Spiegel, D. (2001). The Effects of Child Sexual Abuse: Comment on Rind, Tromovitch, and Bauserman (1998). *Psychological Bulletin*, 127, 715-733.
- Davis, M. K., & Gidycz, C. A. (2000). Child sexual abuse prevention programs: A meta-analysis. *Journal of Clinical Child Psychology*, 29(2), 257-265.

- DePrince, A. P., Allard, C. B., Oh, H., & Freyd, J. J. (2004). What's in a name for memory errors? Implications and ethical issues arising from the use of the term "false memory" for errors in memory for details. *Ethics and Behavior, 14*(3), 201-233.
- Dube, S. R., Anda, R. F., Whitfield, C. L., Brown, D. W., Felitti, V. J., Dong, M., & Giles, W. H. (2005). Long-term consequences of childhood sexual abuse by gender of victim. *American Journal of Preventive Medicine, 28*(5), 430-438.
- Everson, M. D., & Boat, B. W. (1989). False allegations of sexual abuse by children and adolescents. *Journal of the American Academy of Child and Adolescent Psychiatry, 28*(2), 230-235.
- Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The adverse childhood experiences (ACE) study. *American Journal of Prevention Medicine, 14*(3), 245 – 258.
- Felson, R. B. (2002). *Violence and gender reexamined*. Washington, DC: American Psychological Association.
- Finkelhor, D., Ormrod, R., Turner, H., & Hamby, S. L. (2005). The victimization of children and youth: A comprehensive, national survey. *Child Maltreatment, 10*(1), 5-25.
- Fletcher, K. E. (2005). Traumatized girls in the juvenile justice system. *Issue Brief: Center for Mental Health Services Research*. University of Massachusetts Medical School, November 2005, 2(9).
- Forbes, G. B., Adams-Curtis, L. E., & White, K. B. (2004). First- and second-generation measures of sexism, rape myths and related beliefs, and hostility toward women: Their interrelationships and association with college students' experiences with dating aggression and sexual coercion. *Violence Against Women, 10*(3), 236-261.
- ForsterLee, R., Horowitz, I. A., Ho, R., ForsterLee, L., & McGovern, A. (1999). Community members' perceptions of evidence: The effects of gender in a recovered memory civil trial. *Journal of Applied Psychology, 84*(4), 484-495.
- Franklin, B., & Horwath, J. (1996). The media abuse of children: Jake's progress from demonic icon to restored childhood innocent. *Child Abuse Review, 5*, 310-318.
- Freyd, J. J. (1996). *Betrayal trauma: The logic of forgetting childhood abuse*. New York: Harvard University Press.

- Freyd, J. J. (1998) Science in the Memory Debate. *Ethics and Behavior*, 8, 101-113.
- Freyd, J. J., Putnam, F. W., Lyon, T. D., Becker-Blease, K. A., Cheit, R. E., Siegel, N. B., & Pezdek, K. (2005). The science of child sexual abuse. *Science*, 308, 501.
- Fromm, S. (2001). Total estimated cost of child abuse and neglect in the United States: Statistical evidence. Retrieved February 14, 2005 from:
http://www.preventchildabuse.org/learn_more/research_docs/cost_analysis.pdf.
- Gardner, E. (2000). Gender politics: The focus of women in the memory debates. *Journal of Child Sexual Abuse*, 9(1), 91-106.
- Goddard, C. (1996). Read all about it! The news about child abuse. *Child Abuse Review*, 5, 301-309.
- Goddard, C., & Saunders, B. J. (2000). The gender neglect and textual abuse of children in the print media. *Child Abuse Review*, 9, 37-48.
- Goldberg, L. R., & Freyd, J. J. (in press). Self-reports of potentially disturbing experiences in an adult community sample: Gender differences in event frequencies, test-retest stabilities, and the hierarchical factor structure of the items in a brief betrayal-trauma survey. *Journal of Trauma and Dissociation*.
- Golding, J. M., Segó, S. A., & Sanchez, R. P. (1999). The effect of multiple childhood sexual assaults on mock-jurors' perceptions of repressed memories. *Behavioral Sciences and the Law*, 17, 483-493.
- Golding, J. M., Segó, S. A., Sanchez, R.P., & Hasemann, D. (1995). The believability of repressed memories. *Law and Human Behavior*, 19(6), 569-592.
- Goodman-Brown, T. B., Edelstein, R. S., Goodman, G. S., Jones, D. P. H., & Gordon, D. S. (2003). Why children tell: A model of children's disclosure of sexual abuse. *Child Abuse and Neglect*, 27, 525-540.
- Griffith, J. D., Libkuman, T. M., Kazen, J., & Shafir, Z. (1999). Repressed memories in the courtroom: Trial characteristics affecting mock jurors' decision making. *American Journal of Forensic Psychology*, 17(2), 5-24.
- Griffith, J. D., Libkuman, T. M., & Poole, D. A. (1998). Repressed memories: The effects of expert testimony on mock jurors' decision making. *American Journal of Forensic Psychology*, 16(1), 5-23.
- Greenwald, E., Leitenberg, H., Cado, S. & Tarran, M. J. (1990). Childhood sexual abuse: long-term effects on psychological and sexual functioning in a nonclinical and nonstudent sample of adult women. *Child Abuse and Neglect*, 14, 503-413.

- Herman, J. (1997). *Trauma and recovery*. New York: Basic Books.
- Huffman, K., Vernoy, M., & Vernoy, J. (1994). *Psychology in action, third edition*. New York: John Wiley & Sons, Inc.
- Hyman, S. M., Gold, S. N., & Cott, M. A. (2003). Forms of social support that moderate PTSD in childhood sexual abuse survivors. *Journal of Family Violence, 18*(5), 295-300.
- Jackson, H., & Nuttall, R. (1994). Effects of gender, age, and history of abuse on social workers' judgments of sexual abuse allegations. *Social Work Research, 18*(2), 105-113.
- Janoff-Bulman, R. (1992). *Shattered assumptions: Towards a new psychology*. New York: Free Press.
- Kalat, J. W. (1998). *Biological psychology, 6th edition*. Pacific Grove, CA : Brooks/Cole Publishing Co.
- Kellogg, N. D., & Huston, R. L. (1995). Unwanted sexual experiences in adolescents: Pattern of disclosure. *Clinical Pediatrics, 34*(6), 306-312.
- Kendall-Tackett, K. A. (2000). Physiological correlates of childhood abuse: Chronic hyperarousal in PTSD, depression, and irritable bowel syndrome. *Child Abuse and Neglect, 24*, 799-810.
- Kendall-Tackett, K. A., Williams, L. M., & Finkelhor, D. (1993). Impact of sexual abuse on children: A review and synthesis of recent empirical studies. *Psychological Bulletin, 113*(1), 164-180.
- Kennedy, H. (Ed.) (2003). *Reviewing Boy-Love and NAMBLA*. Concord, CA: Peremptory Publications. Retrieved April 20, 2006 from:
<http://www.clas.ufl.edu/users/atalbot/alger/newspaper%20articles%20reviews/NAMBLA%20Reviews.pdf>
- Key, H. G., Warren, A. R., & Ross, D. F. (1996). Perceptions of repressed memories: A reappraisal. *Law and Human Behavior, 20*(5), 555-563.
- Kilpatrick, D. G., Saunders, B. E., & Smith, D. W. (2003). *Youth victimization: Prevalence and implications*. Research in brief. NCJ 194972, Washington, DC: National Institute of Justice, April. Retrieved February 10, 2005 from:
<http://www.ncjrs.gov/pdffiles1/nij/194972.pdf>
- Kitzinger, J. (1996). Media representations of sexual abuse risks. *Child Abuse Review, 5*, 319-333.

- Kogan, S. M. (2004). Disclosing unwanted sexual experiences: Results from a national sample of adolescent women. *Child Abuse and Neglect*, 28(2), 147-165.
- Lerner, M. J., (1980). *The Belief in a just world: A fundamental delusion*. New York: Plenum Press.
- Letourneau, E. J., & Lewis, T. C. (2002). The portrayal of child sexual abuse in introductory psychology textbooks. In R. A. Griggs (Ed.), *Handbook for teaching introductory psychology, Vol. 3: With emphasis on assessment* (pp. 83-88). Mahwah, NJ: Lawrence Erlbaum Associates, Publishers.
- Lindblom, L., & Carlsson, I. (2001). On the interpretation of pictures with and without a content of child sexual abuse. *Child Abuse and Neglect*, 25, 683-702.
- London, K., Bruck, M., Ceci, S. J., & Shuman, D. W. (2005). Disclosure of child sexual abuse: What does the research tell us about the ways that children tell? *Psychology, Public Policy, and Law*, 11(1), 194-226.
- Lonsway, K. A., & Fitzgerald, L. F. (1994). Rape myths: In review. *Psychology of Women Quarterly*, 18, 133-164.
- Lundqvist, G., Hansson, K., & Svedin, C. G. (2004). The influence of childhood sexual abuse factors on women's health. *Nordic Journal of Psychiatry*, 58(5), 395-402.
- Malhotra, S., & Biwas, P. (2005). Child sexual abuse in clinical practice: Identification and management. *Journal for Indian Association for Child and Adolescent Mental Health*, 1(2). Retrieved April 15, 2006 from http://openmed.nic.in/587/01/Jiacam05_2_6.pdf
- Manson, M. A. (1991). The McMartin case revisited: The conflict between social work and criminal justice. *Social Work*, 36, 391 & 393.
- Masson, J. (1984). *The assault on truth: Freud's suppression of the seduction theory*. New York: Farrar Straus & Giroux.
- Maynard, C., & Wideman, M., (1997). Undergraduate students' perceptions of child sexual abuse: Effects of age, sex and gender-role attitudes. *Child Abuse and Neglect*, 21(9), 833-844.
- McCauley, M. R., & Parker, J. F. (2001). When will a child be believed? The impact of the victim's age and juror's gender on children's credibility and verdict in a sexual abuse case. *Child Abuse and Neglect*, 25(4), 523-539.
- McMahon, P. M. (2000). The public health approach to the prevention of sexual violence. *Sexual Abuse: A Journal of Research and Treatment*, 12(1), 27-36.

- Mercy, J. A. (1999). Having new eyes: Viewing child sexual abuse as a public health problem. *Sexual Abuse: A Journal of Research and Treatment*, 11(4), 317-321.
- Messman-Moore, T. L., & Brown, A. L. (2004). Child maltreatment and perceived family environment as risk factors for adult rape: is child sexual abuse the most salient experience? *Child Abuse and Neglect*, 28(10), 1019-1034.
- Middleton, W., Cromer, L. D., & Freyd, J. (2005). Remembering the past: Anticipating a future. *Australasian Psychiatry*, 13(3), 223-233.
- Miller, T. R., Cohen, M. A., & Wiersema, B. (1993). Victim costs of violent crime and resulting injuries. *Health Affairs*, 12(4), 186-197.
- Molnar, B. E., Buka, S. L., & Kessler, R. C. (2001). Child sexual abuse and subsequent psychopathology: Results from the national comorbidity survey. *American Journal of Public Health*, 91(5), 753-760.
- Nelson, J. A. (1989). Intergenerational sexual contact: A continuum model of participants and experiences. *Journal of Sex Education and Therapy*, 15(1), 3-12.
- Nuttall, R., & Jackson, H. (1994). Personal history of childhood abuse among clinicians. *Child Abuse and Neglect*, 18(5), 455-472.
- O'Donohue, W. T., Elliott, A. N., Nickerson, M., & Valentine, S. (1992). Perceived credibility of children's sexual abuse allegations: Effects of gender and sexual attitudes. *Violence and Victims*, 7(2), 147-155.
- Olafson, E. (2002). When paradigms collide: Roland Summit and the rediscovery of child sexual abuse. In J. Cone (Ed.), *Critical issues in child sexual abuse* (pp. 71-106). Thousand Oaks, CA: Sage.
- Paine, M. L., & Hansen, D. J. (2002). Factors influencing children to self-disclose sexual abuse. *Clinical Psychology Review*, 22, 271-295.
- Paolucci, E. O., Genuis, M. L., & Violato, C. (2001). A meta-analysis of the published research on the effects of child sexual abuse. *The Journal of Psychology*, 135(1), 17-36.
- The Pedophilia/Pedophile Education Web Site Mirror. Retrieved January 16, 2006 from: <http://lege.cz/archiv/pedo3.htm>
- Putnam, F. W. (2003). Ten-year research update review: Child sexual abuse. *Journal of the American Academy of Child and Adolescent Psychiatry*, 42(3), 269-278.

- Quas, J. A., Bottoms, B. L., Haegerich, T. M., & Nysse-Carris, K. L. (2003). Effects of victim, defendant and juror gender on decisions in child sexual assault cases. *Journal of Applied Social Psychology, 32*(10), 1993-2021.
- Read, J. D. (1997). Memory issues in the diagnosis of unreported trauma. In J.D. Read & D.S. Lindsay (Eds.), *Recollections of Trauma: Scientific Evidence and Clinical Practice* (pp. 79-108). New York: Plenum Press.
- Register Guard (2004). *Goldschmidt admits 70's affair with teen*. Retrieved April 12, 2005 from:
<http://www.registerguard.com/news/2004/05/07/a1.goldschmidt.0555.html>
- Rind, B., Tromovitch, P., & Bauserman, R. (1998). A meta-analytic examination of assumed properties of child sexual abuse using college samples. *Psychological Bulletin, 124*, 22-53.
- Rotzien, A. L. (2003). Factors influencing juror verdict in a case involving repressed memories of abuse. *Current Psychology: Developmental, Learning, Personality, Social, 21*(3), 220-239.
- Scheper-Hughes, N. (1998). Institutionalized sex abuse and the Catholic church. In N. Scheper-Hughes & C. Sargent (Eds.) *Small wars: The cultural politics of childhood* (pp. 295-317). Los Angeles, CA: University of California Press.
- Schudson, C. B. (1992). Antagonistic parents in family courts: False allegations or false assumptions about true allegations of child sexual abuse? *Journal of Child Sexual Abuse, 1*(2), 113-116.
- Smith, D. W., Letourneau, E. J., Saunders, B. E., Kilpatrick, D. G., Resnick, H. S., & Best, C. L. (2000) Delay in disclosure of childhood rape: results from a national survey. *Child Abuse and Neglect, 24*(2), 273-87
- Somer, E., & Szwarcberg, S. (2001). Variables in delayed disclosure of childhood sexual abuse. *American Journal of Orthopsychiatry, 71*(3), 332-341.
- Spencer, T. D., & Tan, J. C. H. (1999). Undergraduate students' reactions to analogue male disclosure of sexual abuse. *Journal of Child Sexual Abuse, 8*(4), 73-90.
- Sugarman, D. B., & Boney-McCoy, S. (1997). Impact of expert testimony on the believability of repressed memories. *Violence and Victims, 12*(2), 115-126.
- Swim, J. K., Aikin, K. J., Hall, W. S., & Hunter, B. A. (1995). Sexism and racism: Old-fashioned and modern prejudices. *Journal of Personality and Social Psychology, 68*, 199-214.

- Tamarack, L. I. (1986). Fifty myths and facts about child sexual abuse. In E. Schlesinger (Ed.), *Sexual abuse of children in the 1980's* (pp. 3-15). Toronto: University of Toronto Press.
- Tomich, P. L., & Helgeson, V. S. (2002). Five years later: A cross-sectional comparison of breast cancer survivors with healthy women. *Psycho-Oncology, 11*(2), 154-169.
- Tremblay, C., Hebert, M., & Piche, C. (1999). Coping strategies and social support as mediators of consequences in child sexual abuse victims. *Child Abuse and Neglect, 23*(9), 929-45.
- Ullman, S. E. (2003). Social reactions to child sexual abuse disclosures: A critical review. *Journal of Child Sexual Abuse, 12*(1), 89-121.
- Ullman, S. E., & Brecklin, L. R. (2003). Sexual assault history and health related outcomes in a national sample of women. *Psychology of Women Quarterly, 27*, 46-57.
- Ullman, S. E., & Filipas, H. H. (2005). Gender differences in social reactions to abuse disclosures, post-abuse coping, and PTSD of child sexual abuse survivors. *Child Abuse and Neglect, 29*(7), 767-782
- Veldhuis, C. B., & Freyd, J. J. (1999). Groomed for silence, groomed for betrayal. In M. Rivera (Ed.), *Fragment by fragment: Feminist perspectives on memory and child sexual abuse* (pp. 253-282). Charlottetown, PEI Canada: Gynergy Books.
- Viki, G. T., Abrams, D., & Masser, B. (2004). Evaluating stranger and acquaintance rape: The role of benevolent sexism in perpetrator blame and recommended sentence length. *Law and Human Behavior, 28*(3), 295-303.
- Walker, E. A., Gelfand, A., Katon, W. J., Koss, M. P., Von Korff, M., Bernstein, D., & Russo, J. (1999). Adult health status of women with histories of childhood abuse and neglect. *The American Journal of Medicine, 107*(4), 332-339.
- Widom, C. S., & Kuhns, J. B. (1996). Childhood victimization and subsequent risk for promiscuity, prostitution and teenage pregnancy: A prospective study. *American Journal of Public Health, 86*(11), 1607-1611.
- Williams, L. M. (1995). Recovered memories of abuse in women with documented child sexual victimization histories. *Journal of Traumatic Stress, 8*(4), 649-673.
- World Health Organization (WHO; 2002), *World Report on Violence and Health, WHO, Geneva, 2002*, (pp. 82-111). Retrieved April 15, 2006, from: http://www.who.int/violence_injury_prevention/violence/world_report/

Yoder, J. D. (1997). The generalizability and construct validity of the Modern Sexism Scale: Some cautionary notes. *Sex Roles: A Journal of Research*, 36. Retrieved February 13, 2005 from http://www.findarticles.com/p/articles/mi_m2294/is_n9-10_v36/ai_19647334/print