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## Adults' Perceptions of Children: Expectations of Children with Disabilities and History of Sexual Abuse

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Adults' Perceptions of Children: Expectations of Children with  
Disabilities and History of Sexual Abuse

An Honors Thesis submitted in partial fulfillment of the requirements for Honors in  
Psychology

By:

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Under the mentorship of Dr. C. Thresa Yancey

ABSTRACT

Adult perceptions greatly affect children, especially those most in need of help (e.g., children with sexual abuse histories (CSA); children with disabilities). It is important to examine how these perceptions can shape children's lives. This study investigated adults' perceptions to further understand views of children with CSA and disabilities. Children with histories of disabilities, compared to CSA or "normal" backgrounds, were perceived as having more externalizing behaviors. Children labeled with CSA were perceived to have more internalizing symptoms (compared to both "disabled" and "normal" and less competence (compared to "normal"). Further results are discussed.

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### **Adults' Perceptions of Children: Expectations of Children with Disabilities and History of Sexual Abuse**

Adults' perceptions can greatly impact children, as they rely on adults for basic need fulfillment, education, and guidance in their development. Children rely on adults to raise them until they are legally adults. Therefore, it is very important to understand how perceptions of children by adults vary based on knowledge of specific or general information about the child. Two important areas to examine regarding their impact on perceptions are childhood sexual abuse (CSA) and disabilities. Both backgrounds lead to a wide variety of possible outcomes, but adult perceptions may focus only on negative possibilities and limitations. This may inadvertently influence future behaviors for these children above and beyond the effects of CSA or disability.

#### **Childhood Sexual Abuse (CSA)**

While there is an abundance of research on childhood sexual abuse (CSA), definitional issues remain. Child sexual abuse can be defined as any sexual body contact, such as fondling or attempted and/or completed intercourse, and noncontact, such as exhibitionism or voyeurism, between a minor and an adult or another minor with at least 5 years difference in age (Wyatt et al., 1992). Research on CSA has increased in recent years and is one of the most widely researched areas in child psychology (Yancey & Hansen, 2010). However, estimates of CSA incidences are likely an underestimate due to lack of reporting, difficulty in substantiation, and stigma (Yancey & Hansen, 2010). Despite these inherent difficulties in accurate incidence reporting, research estimates approximately one in four girls and one in 13 boys experience CSA during their childhood, with 91% of all CSA perpetuated by someone the child knows (Centers for Disease Control [CDC], 2020).

Children are incapable of giving consent and adults are considered authority figures, therefore any sexual contact between an adult and a child is inherently abusive (Finkelhor, 1979). Child sexual abuse can have both short and long-term negative impacts. Research demonstrates that children and adults with a history of CSA are more likely to have reported poor mental and physical health than those with no history of CSA (Lamoureux et al., 2012; Wyatt et al., 1992). Children who experience CSA may display post-traumatic stress disorder (PTSD) and depression (Diehl & Prout, 2002; Lamoureux et al., 2012; Wyatt et al., 1992). Further, very young children who experience CSA may also have impacts on their self-efficacy with other lingering effects throughout their life (Diehl & Prout, 2002; Lamoureux et al., 2012; Wyatt, et al., 1992). Self-efficacy is an individual's sense of agency or the belief about one's ability to perform certain actions as well as the cognitive representation that those actions can be performed successfully (Bandura, 1997).

One of the reasons why CSA is so harmful for children is because the younger they are, the less likely they are to be able to seek social support or use problem solving strategies to cope with any symptoms that occur (Saami, 1999, as cited by Diehl & Prout, 2002). When children experience sexual abuse at a young age, impacts to self-efficacy can lead to these children considering themselves as less favorable than their peers (Diehl & Prout, 2002). CSA can also lead children to feel more inadequate and incompetent compared to their non-abused peers (Diehl & Prout, 2002). These feelings of inadequacy and incompetence can lead to problems later in their lives. In studies of adults (primarily women), researchers found those with a history of CSA were more likely to experience

sexual abuse and revictimization in adulthood than their peers with no history of CSA (Lamoureux et al, 2012; Wyatt et al., 1992).

While there are many studies on the negative outcomes following CSA, research also indicates a wide variety of outcomes. For example, studies show children who experience CSA display a wide variety of outcomes from asymptomatic or mild difficulties to severe psychopathology (Lamoureux et al., 2012; Yancey & Hansen, 2010). Further, children who experience negative outcomes following CSA can recover from their presenting symptoms (Yancey & Hansen, 2010). It is important for those who work and interact with children to understand the wide variety of possible symptom presentation following CSA and to help children to recover if they are displaying symptoms. Further, children who experience CSA and who have adults in their lives who do not support their recovery may have longer lasting and more severe outcomes compared to those with supportive adults (Schaefer, et al., 2018). Individuals who work and interact with children (e.g., teachers, parents, doctors, therapists) should understand both possible symptoms and recovery and resilience following CSA (Shackel, 2008).

### **Adult's Perceptions of Victims of CSA**

How adults react to the abuse and interact with a child who experienced CSA greatly impacts recovery (Schaefer et al., 2018). Specifically, the way, either positive or negative, a parent/caregiver responds can impact how a child's symptoms, if any, will present (Yancey & Hansen, 2010). When a child discloses CSA to their parents, some parents will not be as supportive as the child needs because they will blame or have anger toward the child, especially if the other parent, or someone close to the caregivers is the perpetrator (Yancey & Hansen, 2010). However, there is evidence that support from

caregivers is important for recovery and children who have support from caregivers are less likely to display severe negative outcomes (Afiffi & Macmillan, 2011).

Caregivers are not the only adults whose perceptions can impact children and research shows gender differences when it comes to how children with sex abuse histories are perceived. Hestick and Perrino (2008) found that women are more confident than men, no matter the gender of the victim or the abuser, with determining whether a situation constitutes CSA. Adults also perceive younger children (i.e., 7-year-olds) as having less responsibility for the CSA than older children (i.e., 15 years of age; Hestick & Perrino, 2008). Parents were also perceived by other adults as more responsible when the child is a girl and the abuser was a man, than when the child was a boy and the abuser was a woman. Adults also believed parents are more responsible when the CSA occurred when the child is younger than when they are older (Hestick & Perrino, 2008). These perceptions by adults can impact the reaction of parents to their children following sexual abuse.

It is important to know how caregivers of children with CSA perceive CSA as well as how they will respond because children who feel fully supported by their caregivers report less depression and have better coping resources, social skills, and less emotional distress than children who felt either less supported or not supported at all by their caregivers (Yancey & Hansen, 2010). One of the issues that comes with being a caregiver of a child with CSA is that many caregivers find it difficult to support their child through their child's emotions, any family conflict issues, and difficulties with the relationship with the child (Van Toledo & Seymour, 2016). Van Toledo and Seymour's (2016) research showed caregivers who receive some support from either their friends,

family, or a psychologist, are better equipped to support their children than those who did not receive any support.

Some caregivers find difficulty knowing who, within their support network, they can trust, leaving them feeling a need to protect the child from everyone (Søftestad & Toverud, 2011). Søftestad and Toverud's (2011) research found non-offending caregivers have confusion because they were unsure if their children needed special parental care following disclosure of CSA. The relationship of the perpetrator also causes uncertainty and potential disbelief of a child's report of CSA, especially when the perpetrator is someone known and close to the family (Søftestad & Toverud, 2011).

Perceptions of others can have lasting impacts, as negative perceptions can materialize in the evaluated person (Merton, 1948). These "self-fulfilling perceptions" can have negative effects on the child's future, such as increased internalizing symptoms and externalizing behaviors (Briggs, et al., 1995; Saathoff-Wells, et al., 2005). These perceptions also cause problems in how victims are treated in school and other important areas of children's lives.

### **Childhood Disabilities**

Children are considered disabled if they have a medically determinable physical and/or mental impairment causing severe limitations in their ability to function, which can lead to death, and will last for at least 12 months (Social Security Administration [SSA], 2020). Grasso (2015) states that typical needs of a child are complicated in children with disabilities by their health problems, required intensive care, special education, and the increased need for relational and social dedication. These additional needs can lead to greater parental stress which can, in turn, cause a disruption of the

parent's mental organization and behavior, including post traumatic symptoms (Grasso, 2015). It should also be noted that children with disabilities show a wide range of abilities and needs specific to their unique presentations (Grasso, 2015; Shapiro et al., 2004). Therefore, the needs, family stressors, extent of limitations, etc. will vary for each child with a disability (Grasso, 2015).

Studies show more than half of the care staff for people with disability define challenging behaviors as behaviors that are difficult or challenging to deal with while a little less than half of the care staff said that challenging behaviors were either abnormal or unacceptable (Hastings, 1997). Hastings (1997) found that the presence of certain behaviors, such as aggression toward others, property destruction, and stereotyped actions, can have very serious implications for children and adults with disabilities and the people who care for them. In addition, parenting a child with a disability may be inherently difficult and impacts the parents' self-identity (Grasso, 2015). When children with disabilities that include communication difficulties, such as intellectual disability (ID) or autism spectrum disorder (ASD) experience abuse, disclosure of the abuse may be delayed for years (Kildahl et al., 2020).

Kildahl, Helvershou, and Oddli (2020) also suggest that trauma reactions in individuals with ID or ASD may be misinterpreted and attributed to the disabilities themselves or co-occurring conditions such as anxiety or depression. These difficulties can be lifelong and can continue to impact them when they are adults (Kildahl et al., 2020). Further exacerbating the difficulties faced by those with disabilities, women with disabilities often have less access to health care services and lower rates of employment and lower salaries than women without disability (Harrison & Kahn, 2003). Harrison and



Kahn (2020) also found that women with disabilities have difficulty receiving services and utilizing social activities promoting physical and mental health.

### **Adult's Perceptions of Children with Disabilities**

The people who interact with children with disabilities can affect the way children with disabilities will grow to live their lives. Those people can include parents, caregivers, and friends of the children. While there is a lack of research on how caregivers perceive children with disabilities, and challenging behavior, research shows that caregivers of children with disabilities can create biases and other negative perceptions for these children (Hastings, 1997). There are many things that can lead to the way a caregiver perceives the children, such as the child's level of disability, gender, and age (Hastings, 1997).

One of the issues with having certain biases or perceptions about children with disabilities is that when a child with a disability displays an action that goes against their perception, caregivers can ignore the sign. Kidahl, Helverschou, and Oddli (2019) demonstrated this in their research showing children with a disability who experienced sexual abuse often had caregivers who missed the signs because they were not what they expected of a sexually abused child. Caregivers can put too much on the disability of the child to the exclusion of other variables. This is important because the way that caregivers and other adults perceive children with disabilities can affect the adjustment of caregivers, especially if the disability is not from birth (Ackroyd et al., 2011). It is also important to note that all children are different and the differences that come with each child's disabilities can cause the perceptions of adults to change. These perceptions can greatly impact the lives of these children.

**Summary**

We know that children with sexual abuse can have negative outcomes after their abuse. Adults' perceptions of children with CSA influence how these children live their life and heal. Children with disabilities can also experience negative outcomes that are affected by the perceptions of the adults around them. We do not yet have enough info on how perceptions of children with CSA may differ from those of children with a disability.

**Current Study**

The current study investigated the differences in perceptions of children's behaviors based on their backgrounds. It is known that children with histories of sexual abuse (Deihl & Prout, 2002; Wyatt et al., 1992) and who have disabilities (Grasso, 2015; Hastings, 1997) are perceived as having more internalizing and externalizing difficulties and poorer future outcomes than children without these backgrounds. There is no known research comparing how adults may differentially perceive those two groups (i.e., sexually abused vs. disabled). The current study replicated previous findings related to perceptions of children labeled as "sexually abused" and "disabled," compared to children labeled "normal." Further, comparisons were made to determine whether adults perceive children labeled as "sexually abused" differently than those labeled "disabled."

**Hypotheses**

1. Based on the literature, it was hypothesized that adults would perceive children with sexual abuse to have more problems (i.e., more internalizing and externalizing symptoms and poorer future outcomes) than children identified as having a "normal" development (Van Toledo & Seymour, 2016; Yancey & Hansen, 2010).

2. Given past research, it was expected that adults would perceive children who are identified as having a disability as having more difficulties (i.e., more internalizing and externalizing symptoms and poorer future outcomes) than children identified as having a “normal” development.

**Study Aim**

While no available research allowed for a hypothesis regarding differences in perception of children labeled as “sexually abused” and “disabled,” this study examined whether there are differences in perceptions of these groups in the areas of internalizing and externalizing behaviors and future outcomes.

## Method

### Participants

Data were collected from approximately 516 undergraduate students over the age of 18 enrolled in psychology courses at Georgia Southern University. Of the full sample, 49 participants (9.5%) were excluded from data analysis due to incomplete responses and an additional 107 (20.5%) were excluded for failing the manipulation check. This left a sample of 360 participants included in analyses. There were no other inclusion/exclusion criteria. Students received course credit for required research experiences or extra credit for completing this study.

Most participants were between 18 to 21 years old, with an average age of 19.68 ( $SD = 19.68$ ). Most participants identified as women (331; 71.3%), with 123 men (26.5%) and 10 (2.2%) genderqueer, another gender identity, or preferring not to answer included in the sample. Participants identified as African American (115; 24.7%), Asian/Asian American (7; 1.5%), Bi- or multi-racial (27; 5.8%), Hispanic/Latinx (29; 6.2%), Native American or Pacific islander (4; 0.8%), and White (277; 59.6%), with 6 participants (1.2%) identifying as another race/ethnicity or preferring not to answer. Finally, 277 participants (62.9%) knew someone who was sexually abused or were sexually abused/assaulted themselves and 252 (69.8%) knew someone with a disability or had a disability themselves. See Table 1 for full demographic information.

### Procedure

Participants completed an online survey by signing up through the SONA system. SONA is an online registration software that lists available studies for psychology students. Interested students signed up on SONA and received the link to the online study

housed on Qualtrics. Qualtrics is an online survey software that allows for anonymous data collection. Participants read an informed consent document detailing their rights. After reading the informed consent, participants indicated their willingness to participate by clicking the “I have read the Informed Consent and agree to participate” button.

Participants were randomly assigned to read one of three vignettes (see below for description). They then answered four manipulation check/attention check questions to ensure they noticed the background listed in the vignette. Next, they answered the Child History Expectations Questionnaire (CHEQ; Saathoff et al., 2005). Finally, participants provided their demographic information. All data were collected anonymously, and no identifying information was collected. Participants emailed the primary investigator to receive credit for completing the survey, but the researcher was not able to match names to data.

### **Materials and Measures**

**Vignettes.** The vignettes were created for use in the current study. Participants read a short description of a child’s (“Susan”) behavior toward a dog and information on their history. There were three possible backgrounds (“normal”, “sexually abused”, or “disabled”). The vignettes are available in Appendix A. Vignettes were identical, except for the information describing the child’s background. Participants were randomly assigned to read one of the three vignettes. Vignette type served as the independent variable.

**Manipulation/Attention Check.** After participants read the vignette, they responded to four questions about the story they read. This ensured they paid attention to the story and recalled the background history of the child. Participants who answered the

background history incorrectly and/or answered more than two questions incorrectly were excluded from analysis. A total of 106 (20.5%) of participants were excluded from analyses due to failing the manipulation/attention check. Please see Appendix B for the manipulation/attention check questions.

**Child History Expectations Questionnaire.** (CHEQ; Briggs et al., 1995). The CHEQ is a brief (32-item) questionnaire previously used with undergraduate students. Originally the CHEQ was designed to ascertain participants' expectations of children described as having a history of childhood sexual abuse. Participants' expectations of children's current and future behaviors were rated using a Likert scale of 1 (Very Likely/Very Mild/Very Important) to 5 (Very Unlikely/Very Undesirable/Very Mild/Very Unimportant). The CHEQ provides subscale scores (Externalizing Behaviors, Internalizing Symptoms, and Competence) related to participant expectations for the child in the vignette they read. Sample questions include, "What is the likelihood that this child will cling to his/her teacher?" and "How important would you rate circumstances outside the child's control as a cause of the child's behavior?". The CHEQ showed adequate validity for each subscale;  $\alpha = .80$  (Internalizing Behaviors),  $.86$  (Externalizing Behaviors),  $.79$  (Competence) (Saathoff-Wells, 2005).

**Demographics.** Participants provided demographic information. Specifically, participants provided information on their race/ethnicity, age, and gender. In addition, participants responded to two questions regarding their history with children who have histories of disability or sexual abuse. Please see Appendix C for the demographic questions.

## Results

### Hypothesis Testing and Study Aim Results

*Hypotheses 1 and 2.* To examine the differences among perceptions of children with a normal background, history of sexual abuse, and a history of disability, a MANOVA was conducted with the influence of vignette type (“normal,”  $n = 124$ ; “sexually abused,”  $n = 118$ ; or “disabled,”  $n = 118$ ) as the IV and CHEQ subscale scores (Externalizing, Internalizing, and Competence) as the DV. The results revealed an overall relationship between vignette type and adults’ perceptions,  $F(6, 710) = 28.21, p < .001$ ; Wilk’s  $\Lambda = .649$ . In support of the hypotheses, post hoc univariate ANOVAS revealed a significant relationship for externalizing scores  $F(2, 357) = 7.96, p < .001$  and internalizing scores  $F(2, 357) = 72.01, p < .001$ . No significant differences were noted for competence scores,  $F(2, 357) = 0.79, p = .457$ . These findings partially correspond with current literature for children with disabilities (Grasso, 2015; Hastings, 1997) and children with sexual abuse (Van Toledo & Seymour, 2016; Yancey & Hansen, 2010).

As expected, post-hoc tests using Fisher’s LSD showed participants rated children labeled as disabled ( $M = 41.74$ ) as having significantly higher scores on the externalizing scales compared to the “normal” ( $M = 38.85$ ) vignettes. Contrary to expectations, no significant differences on perceptions of externalizing behaviors for the normal and sexually abused conditions was found.

For internalizing scales scores, follow-up Fisher’s LSD showed the “sexually abused” ( $M = 31.62$ ) vignettes were rated as significantly higher than either “disabled” ( $M = 27.83$ ) or “normal” ( $M = 25.62$ ) vignettes. Further, there was a significant

difference between “disabled” and “normal” with disabled children being perceived as having significantly greater internalizing symptoms.

Finally, follow-up LSD analyses showed that for competence, no significant differences were observed among the conditions. Mean scores were similar for “normal” ( $M = 16.41$ ), “sexually abused” ( $M = 16.14$ ), and “disabled” ( $M = 16.31$ ) conditions.

**Study Aim.** LSD *post hoc* analyses were examined to investigate the differences between CHEQ subscale scores for children labeled as sexually abused and children labeled as disabled. Perceptions of children with a history of sexual abuse and children with a history of disabilities were found to be significantly different for Externalizing (disabled –  $M = 41.74$ ; sexually abused –  $M = 39.39$ ) and Internalizing (disabled –  $M = 27.83$ ; sexually abused –  $M = 31.62$ ) subscales but were not found to be significant for the Competence subscale (disabled –  $M = 16.31$ ; sexually abused –  $M = 16.14$ ). Please see Table 2 for mean scores for all analyses



### **Discussion**

The way that adults perceive children can greatly impact the way that children grow up because children rely on adults to fulfill their basic needs, educate them, and guide them during their development. Previous research shows adults perceive children with a history of sexual abuse and disabilities differently than children without these histories. Specifically, children with disabilities and children with a history of sexual assault are perceived to have more externalizing and internalizing difficulties than children without this history (Deihl & Prout, 2002; Grasso, 2015; Hastings, 1997; Wyatt et al., 1992). The current study investigated adult's perceptions of children to replicate these previous findings as well as examine potential differences in perceptions between children with disabilities and children with sexual abuse histories.

The hypothesis that participants who read a vignette about a child with a history of sexual abuse would report the children as having higher levels of externalizing and internalizing scores than children who don't have a history of sexual abuse was partly supported and consistent with previous research (Van Toledo & Seymour, 2016; Yancey & Hansen, 2010). These findings suggest that children with a history of sexual assault are more likely to be perceived as having destructive internal behaviors than children without the history (Diehl & Prout, 2002; Lamoureux et al, 2012; Wyatt et al., 1992). Children with a history of sexual abuse find their self-efficacy to be impacted with lingering effects throughout their life (Diehl & Prout, 2002; Lamoureux et al, 2012; Wyatt et al., 1992). Contrary to previous findings, the current did not find significant difference between externalizing behaviors for children with sexual abuse and children labeled as normal. While literature about perceptions of competence from previous studies was not

examined for the current study, the current data show that adults did not perceive children with sexual abuse to be any less competent than children labeled as normal.

The hypothesis that participants who read the vignette with a child labeled as having a disability would perceive the children as having higher levels of externalizing and internalizing scores than children labeled as “normal” was supported and consistent with previous research (Grasso, 2015; Hastings, 1997). These findings suggest that adults perceive children with a disability as having more externalizing behaviors and internalizing symptoms than children labeled as normal (Hastings, 1997). Children with negative externalizing behaviors (property destruction, aggression) can have serious implications for them and their caregivers (Hastings, 1997). While literature about perceptions of competence from previous studies was not examined for the current study, the current study, the current data show that adults did not perceive children with disabilities to be any less competent than children labeled as normal.

This study aimed to see if there were significant differences in perceptions of children with sexual abuse histories and children with a disability. Participants perceived children with disabilities as having more externalizing difficulties than children with histories of sexual abuse. Participants perceived children with sexual abuse as having more internalizing symptoms than children with disabilities. No differences in competence were noted between participants in the sexually abused versus disabled conditions

It is possible that non-significant findings related to competence are related to the smaller number of items used to assess this area. Additionally, adults may be less likely to equate history of sexual abuse or disability with future (compared to current)

behaviors. Finally, most of the current sample had their own history or a close relationship with someone with histories of CSA/sexual assault or disability or both. These experiences may impact how participants viewed the children in the vignette labeled with similar histories.

### **Strengths**

This study contained a few strengths worth mentioning. The study included a relatively large sample. Due to having such a large sample, the study contained a good representative of the undergraduate population within the university. A factor attributing to the large sample is the online format of the survey. The online format allowed for more accessibility to the survey for those who may not have been able to complete the survey on campus and it allowed them to take it on their own time. Another strength this study had was the random assignment of the participants. The random assignment allowed for less likelihood of group differences based on outside factors. It also ensured a good representation of the undergraduate population at the university for each vignette condition.

### **Limitations**

Though this study found interesting results, there are limitations. One limitation is that participants were made to answer questions based on a very brief description of a child's behavior without context. If participants received more information about the child in the vignette, then they may have different perceptions.

Another limitation is that this current study is cross-sectional. This means that causal inferences cannot be made from this study. It is possible other variables, not included in the study, may account for the results. While this is a limitation, the way the

study was designed limited interference by the researcher (anonymous, online data collection), which allowed participants to answer in an honest way.

### **Future Research**

The relationship between adult perceptions and children with disabilities and sexual assault is a topic that is steadily growing, but more research is needed.

Specifically, there is very limited research comparing perceptions of known identities that are possibly automatically negatively evaluated by adults (i.e., CSA, disability). Based on the current findings, having a history of sexual assault or disabilities in children causes adults to perceive there will be an effect on the child's current and future behavior.

Because the research did deviate from the previous findings, more research is necessary to completely understand the relationship between perceptions and children with these histories as well as see how the age range can affect those perceptions. Another area for future research is the differences between the people who interact with children (teachers, doctors, therapists) compared to those who do not. Additionally, examining actual outcomes based on the influences of these perceptions is important and can lead to better education on how adults' perceptions can cause additional harm to children with these histories above and beyond any influences of the CSA and/ or disability itself.

### **Conclusion**

The results of this study highlight the importance of adults' perceptions of children and how those perceptions affect how they see children with disabilities and a history of sexual assault. The results demonstrate how important more education on all possible outcomes and the likelihood for automatic expectations for children with these histories. This is especially important for people who interact with children daily. It also

showcases how easily people make judgements from little data, and the necessity to acknowledge and monitor automatic biases and expectations due to their impact on others.

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## Appendix A

## Vignette

Description of Child	
<u>Age of child:</u>	7 years
<u>Gender of child:</u>	Female
<u>Family history of child:</u>	Normal/Sexually Abused/Disabled

## Incident Involving Child:

Susan is a 7-year-old who lives with her mother and her father. Susan has an average childhood. While walking on a cloudy day, Susan saw a black dog wandering down the street. Susan picked up a rock that was to the left of her and threw it and hit the dog.

## Appendix B

### Manipulation Check

In the story you read, what was the weather?

Sunny	Rainy	Information not provided	Cloudy
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What color is the animal in the story you just read?

Information not provided	Black	Tan	Brown
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In the story you read, how old is Susan?

4 years old	14 years old	10 years old	7 years old
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What was the family history for Susan?

Sexually Abused	Disabled*	Information not provided	Normal/Average
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\*This answer will change depending on the vignette a participant receives (i.e., Sexually Abused, Disabled, Normal). A participant would receive the background corresponding to the vignette they are randomly assigned. The correct answer will be in the 2<sup>nd</sup> choice for all vignettes.

Appendix C  
Demographics Questionnaire

Year of Birth: \_\_\_\_\_

Age: \_\_\_\_\_

Sex Assigned on Birth Certificate:

\_\_\_\_\_ Female

\_\_\_\_\_ Male

\_\_\_\_\_ I'd prefer not to answer

Gender Identity:

\_\_\_\_\_ Female

\_\_\_\_\_ Genderqueer, neither exclusively male nor female

\_\_\_\_\_ I'd prefer not to answer

\_\_\_\_\_ Male

\_\_\_\_\_ Transgender (Female to Male)

\_\_\_\_\_ Transgender (Male to Female)

\_\_\_\_\_ A Better Description Not Specified Above \_\_\_\_\_

Race:

\_\_\_\_\_ African American

\_\_\_\_\_ Asian

\_\_\_\_\_ Bi/Multi Racial: \_\_\_\_\_

\_\_\_\_\_ Hispanic

\_\_\_\_\_ I'd prefer not to answer

\_\_\_\_\_ Native American

\_\_\_\_\_ Pacific Islander

\_\_\_\_\_ White

\_\_\_\_\_ A Better Description Not Specified Above \_\_\_\_\_

Current Marital Status:

\_\_\_\_\_ Divorced

\_\_\_\_\_ In exclusive relationship, Not Married

\_\_\_\_\_ Married

\_\_\_\_\_ Partnership/Civil Union

\_\_\_\_\_ Single, Not Dating

\_\_\_\_\_ Widowed

\_\_\_\_\_ Other: \_\_\_\_\_

Sexual Orientation:

\_\_\_\_\_ Asexual

\_\_\_\_\_ Bi-Sexual

- ☐ Heterosexual
- ☐ Lesbian/Gay
- ☐ Pansexual
- ☐ Undecided
- ☐ A Better Description Not Specified Above \_\_\_\_\_

What is your current major? \_\_\_\_\_

Current year in college?

- ☐ Freshman
- ☐ Sophomore
- ☐ Junior
- ☐ Senior
- ☐ Post baccalaureate
- ☐ Graduate Student

Have you experienced or known someone who has a history of sexual abuse/assault?

☐ Yes

☐ No

Have you experienced or known someone who has experienced a disability, either physical or mental?

☐ Yes

☐ No

If you are comfortable divulging, what is the disability? \_\_\_\_\_

Table 1

*Participant Demographics*

Variables	Mean	SD
Age	19.76	4.05

  

Gender Identity	Frequency	Percent
Woman	331	70.9%
Man	123	26.3%
Genderqueer (nonbinary)	5	1.1%
A better description not listed	3	0.6%
Prefer not to answer	2	0.4%

  

Race/Ethnicity		
White/Caucasian	215	59.6%
African American/Black	85	23.5%
Hispanic/Latino	24	6.6%
Multiracial	24	6.6%
Asian/Asian American	5	1.4%
Another race or ethnicity	6	1.7%

  

Previous Experience		
Own history or know someone with sexual abuse/assault history	227	62.9%
Own history or know someone with a disability	252	69.8%

Table 2

*MANOVA: Perceptions of Children and CHEQ subscales*

	Mean	SD
<b>Externalizing</b>		
"Normal" ( $n = 124$ )	38.85 <sup>a</sup>	6.48
"Sexually Abused" ( $n = 118$ )	39.39 <sup>a</sup>	5.93
"Disabled" ( $n = 118$ )	41.74 <sup>b</sup>	5.37
$F(2,357) = 7.96, p < .001$		
<b>Internalizing</b>		
"Normal" ( $n = 124$ )	25.62 <sup>a</sup>	3.72
"Sexually Abused" ( $n = 118$ )	31.62 <sup>b</sup>	4.26
"Disabled" ( $n = 118$ )	27.83 <sup>c</sup>	3.77
$F(2, 257) = 72.01, p < .001$		
<b>Competence</b>		
"Normal" ( $n = 124$ )	16.41 <sup>a</sup>	1.78
"Sexually Abused" ( $n = 118$ )	16.14 <sup>a</sup>	1.65
"Disabled" ( $n = 118$ )	16.31 <sup>a</sup>	1.74
$F(2, 357) = 0.79, p = .457$		
$MANOVA: F(6, 710) = 28.21, p < .01$		

Note: means with different superscripts are significantly different at the  $p < .05$  level.