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Perceptions of Child Sexual Abuse: The Effects of Perpetrator Age, Rural Status, and Rape Myth Acceptance

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PERCEPTIONS OF CHILD SEXUAL ABUSE: THE EFFECTS OF PERPETRATOR AGE, RURAL
STATUS, AND RAPE MYTH ACCEPTANCE

by

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ABSTRACT

Child sexual abuse (CSA) is a global issue, affecting many children in the short- and long-term. Despite the high prevalence of CSA, factors affecting adults' perceptions of CSA are still in question. Research focuses on CSA committed by adults, but there is disproportionately less research examining perceptions of CSA committed by juveniles. Research shows a higher incidence of juvenile-perpetrated CSA than adult-perpetrated CSA in the lifetime of 17-year-olds (Finkelhor, Shattuck, Turner, & Hamby, 2014). The current study aimed to fill the gaps in the literature concerning adult perceptions of CSA cases considering victim and perpetrator characteristics and rape myth acceptance. More specifically, the current study examined adult perceptions of the depiction of abuse, severity of CSA, culpability, revictimization, and future well-being of the victim based on perpetrator age using vignettes. Consistent with predictions, participants rated sexual abuse perpetrated by older offenders as more severe than abuse committed by younger perpetrators and non-rural participants rated CSA depictions as more severe than rural participants. Contrary to hypotheses, the community sample rated CSA as more severe compared to students. In addition, non-rural participants blamed the victim more and endorsed rape myths more than rural participants. This study also examined the interaction between the age of the perpetrator/initiator and acceptance of rape myths, such that the effect of perpetrator/initiator age on participants' perceptions of the sexual contact in the vignettes depended on stereotyped attitudes about sexual assault. Results showed the effect of perpetrator age on perceptions of severity of abuse strengthened and weakened in relation to changes in the moderating variable (i.e., rape myth acceptance). Finally, this study explored participants' adherence to crime stereotypes. As hypothesized, of participants who misremembered the perpetrator in the vignette as being depicted with a gender, most misremembered the perpetrator's gender as male. Implications for these findings are provided.

INDEX WORDS: Child sexual abuse, Victim gender, Perpetrator age, Perpetrator gender, Abuse severity, Rape myth acceptance, Rurality

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CHAPTER 1

INTRODUCTION

Childhood sexual abuse (CSA) is a pervasive problem, affecting 18% of girls and 7.6% of boys worldwide (Stoltenborgh, van Ijzendoorn, Euser, & Bakermans-Kranenburg, 2011) and 26.6% of girls and 5.1% of boys in the United States (Finkelhor et al., 2014). Research shows varying rates of CSA by geographical region, with the lowest rates in Asia for both genders and the highest rates in Australia for girls and Africa for boys (Stoltenborgh et al., 2011). Despite the prevalence, studying CSA can be difficult, as there are varying definitions used in research versus definitions used in the legal system as to what actually constitutes sexual abuse. The World Health Organization (WHO; 1999) uses a multifaceted approach to define CSA; CSA is determined if the child lacks understanding of a sexual activity, is unable to consent to the sexual acts, or if the sexual acts contradict societal rules. WHO (1999) also clarifies that the perpetrator is deemed to be in a position of responsibility, trust, or power by biological or developmental age. Lastly, a perpetrator engages in the sexual acts to satisfy personal needs without regard for the child. Oftentimes, incidences of CSA are more easily determined if they involve an adult perpetrator because of the clear differences in developmental level; however, CSA can be committed by a same-age peer or even a younger peer, making abuse determination more difficult (Sperry & Gilbert, 2005).

CSA has long-term and short-term consequences for victims, including internalizing symptoms (e.g., dissociative and post-traumatic stress symptoms (Collin-Vézine, Daigneault, & Hébert, 2013), major depressive disorder (Sadowki, Trowell, Kolvin, Weeramanthri, Berelowitz, & Gilbert, 2003; Danielson et al., 2010; Browne & Finkelhor, 1986), anxiety (Browne & Finkelhor, 1986)) and externalizing symptoms (e.g., substance use (Danielson et al., 2010), delinquent behavior (Danielson et al., 2010), risky sexual behaviors (Houck, Nugent, Lescano, Peters, & Brown, 2010), suicide and self-harming behaviors (Browne & Finkelhor, 1986; Collin-Vézine, Daigneault, & Hébert, 2013)). Despite the far-reaching prevalence and potential effects of CSA,

research shows the general public often holds misperceptions about the effects of CSA, perpetrator and victim characteristics, severity of abuse, abusive nature of events, and attribution of blame (Bornstein, Kaplan, & Perry, 2007; Finkelhor et al., 2014; Giglio, Wolfteich, Gabrenya, & Sohn, 2011; Rogers & Davies, 2007). Research examining the misperceptions of CSA severity between adult perpetrators and juvenile perpetrators shows a different pattern of results; people view CSA perpetrated by a juvenile as less severe than abuse by adults (Giglio et al., 2011). The research indicates, however, that victims of juvenile-perpetrated CSA experience similarly negative consequences as victims of adult-perpetrated CSA (Cyr, Wright, McDuff, & Perron, 2002; Shaw, Lewis, Loeb, Rosado, & Rodriguez, 2000). With changing cultural trends and negative effects of stigma, more information is needed to understand how and why people hold myths concerning CSA in order to combat the effects.

A large portion of research in CSA examines the adult-child dyad, with less exploring adolescent perpetrators, and even less exploring same-age peer abuse. Part of the confusion surrounding abuse determination may derive from a lack of knowledge of normal sexual behaviors between children. For instance, the lack of clarity of what is typical versus atypical childhood sexual behavior may contribute to adult misperceptions of CSA. Sexual behaviors are a normal part of child development and range widely (Friedrich, Grambsch, Broughton, Kuiper, & Beile, 1991; Kastbom et al., 2012; Thanasiu, 2004). Self-stimulation, exhibitionism, voyeurism, and touching are among the highest frequency sexual behaviors seen in two- to 12-year-olds and tend to decrease as children age. Research shows more intrusive, aggressive, explicit, and adult-like sexual behaviors are rare (Friedrich et al., 1991; Larsson, Svedin, & Friedrich, 2000; Vosmer, Hackett, & Callanan, 2009).

In addition to the uncertainty regarding typical and atypical child sexual behaviors, prior research also explored rape myth acceptance (RMA) and how RMA influences people's judgment of sexual violence. Rape myths are "prejudicial, stereotyped, or false beliefs about rape, rape victims, and rapists" (Burt, 1980, p. 217) that serve to help men justify sexual violence against

women and serve to help women deny vulnerability (Lonsway & Fitzgerald, 1995). RMA can also apply to CSA. Research indicates people hold false beliefs about CSA and perpetrator and victim characteristics in common ways (e.g., culpability, victim credibility, victim and perpetrator age/gender; Bornstein et al., 2007; Cromer & Goldsmith, 2010; Giglio et al., 2011; Rowntree, 2007; Rubin & Thelen, 1996).

Demographics and sample characteristics may also impact people's perceptions of CSA and RMA. Prior research illustrates mixed results in whether students and non-students perceive CSA differently. For example, some studies found students blamed the victim less than community members (Rogers & Davies, 2007; Rubin & Thelen, 1996). On the other hand, Bornstein et al. (2007) did not find a difference. In addition, geographical location may impact people's beliefs about rape and CSA. For example, those in rural areas may endorse rape myths differently than those in urban areas (Logan, Evans, Stevenson, & Jordan, 2005) and rural populations may hold different beliefs about CSA than their urban counterparts (Cromer & Goldsmith, 2010).

Beyond participant characteristics, crime stereotypes impact people's expectations and memories of crimes (Skorinko & Spellman, 2013). For example, people are more likely to expect men to molest a child than women and to misremember the race of a perpetrator consistent with the crime stereotype (Skorinko & Spellman, 2013).

Purpose

The purpose of the study was to explore factors related to undergraduate and community members' perception of CSA and the people involved, particularly the severity of the sexual abuse when the age of the perpetrator/initiator varied (i.e., 7 years old, 15 years old, 34 years old). Additionally, I explored the relationship between participant characteristics (i.e., student versus community member, rural versus non-rural), and CSA perceptions and RMA. Next, I investigated the moderating effect of RMA on the causal relationship between perpetrator age and perceptions of abuse severity. Lastly, I examined participants' recall of the perpetrator gender when none was given to see if crime stereotypes emerged.

Significance

  CSA is prevalent around the world and is linked with potential adverse outcomes, but negative perceptions can add to and worsen outcomes by increasing stigma and secondary revictimization. Understanding people's perceptions will give insight into victims' experiences and shine a light on potential avenues of education for the public to combat stigmatization, thus improving the lives and support victims receive. Exploring the relationship between perceiver characteristics (i.e., sample status (i.e., student versus community), geographical location) and CSA perceptions and RMA gives insight into how to intervene and with whom. Furthermore, characteristics of CSA cases impact how people view the victim, the perpetrator, and the outcome; however, less is known about same-age perpetrators. By researching the impact of perpetrator age on perceptions and crime stereotypes, this study extends the current knowledge base, particularly within the realm of same-age perpetrators. Finally, RMA has been examined in regard to adult victims of sexual violence, but the current study extended the literature by understanding how RMA effects the relationship between CSA case characteristics (i.e., perpetrator age) and perceptions (i.e., severity of abuse). Understanding the various factors impacting how the public views CSA will illuminate potential paths for intervention at the public and individual level.

CHAPTER 2

LITERATURE REVIEW

Child sexual abuse (CSA) is a widespread problem, affecting children around the world (Finkelhor, 1984). Research shows CSA is linked to similar psychological and behavioral effects, such as suicidal thoughts, attention problems, delinquent behavior, and social problems, regardless of whether the abuse is perpetrated by an adult or by another minor (Shaw et al., 2000). Furthermore, CSA is linked with both short- (e.g., anxiety, fear, anger, inappropriate sexual behavior) and long-term effects (e.g., depression, self-destructive behaviors, substance use, anxiety; Browne & Finkelhor, 1986).

The public's perceptions of the effects and severity of CSA often differ based on particular variables, including perpetrator age (Giglio et al., 2011). For example, despite the similarity in consequences between juvenile perpetrated abuse and adult perpetrated abuse, the general public and law officials often view juvenile perpetrated CSA as less severe and less common than adult perpetrated CSA (Finkelhor et al., 2014; Giglio et al., 2011). Viewing CSA perpetrated by adults as more severe than juvenile perpetrated CSA can impact society at both an individual level and at a community-wide level. At the individual level, caregivers and law officials may be less likely to view the victim as possibly needing intervention, limiting the child's access to resources. At the societal level, juvenile perpetrators by be viewed as less responsible for their actions, resulting in fewer criminal charges. This is turn may teach perpetrators and the public that juvenile-perpetrated CSA is not a punishable offense, not likely to cause negative outcomes for victims, and not as serious, thus perpetuating the issue.

More information about how the public views CSA, specifically juvenile-perpetrated compared to adult-perpetrated CSA, is needed in order to find ways to better inform the public and policymakers. When policy and perceptions do not align with the reality of CSA, secondary victimization (i.e., being blamed or not being believed) may occur, enhancing the negative consequences beyond what would have occurred from the abuse alone (Giglio et al., 2011).

Understanding how the public views juvenile-perpetrated CSA is complicated by narrow definitions of what such cases look like. Consistent with law, the literature commonly defines CSA perpetrated by a juvenile as the victim being 12 years old or younger and a perpetrator under 18 years old with at least a five-year age gap (Finkelhor, 1979; Giglio et al., 2011). Despite the typical age gap requirement considered by law enforcement and researchers, CSA perpetrated by a juvenile can occur between children with smaller age gaps or even same age peers (Sperry & Gilbert, 2005).

Perpetrator Age

Lifetime prevalence rates of CSA for 17-year-old women and 17-year-old men are 26.6% and 5.1%, respectively. When broken down by the age of the perpetrator, 11.2% of 17-year-old women and 1.9% of 17-year-old men report abuse by an adult and 17.8% of 17-year-old women and 3.1% of 17-year-old men report abuse by a juvenile (Finkelhor et al., 2014). The higher prevalence of CSA at the hands of minors compared to adults indicates the level of risk and need to understand the experience of individuals abused by minors. Furthermore, the general public and policy-makers often do not treat juvenile perpetrated CSA as abuse. This neglect is problematic given the prevalence of CSA perpetrated by minors. Also, those who experience CSA at the hand of a minor report experiencing similar, or more negative, outcomes compared to those who experienced CSA by an adult (Shaw et al., 2000; Sperry & Gilbert, 2005). Cyr and colleagues (2002) examined children's level of distress, comparing those who experienced CSA by a father compared to those who experienced CSA by a brother. Specifically, they found 90% of participants who experienced father-perpetrated or brother-perpetrated abuse endorsed similar clinically significant distress. Furthermore, abuse involving brothers was more likely to include penetration (i.e., 70.8%) versus CSA involving fathers (i.e., 34.8%) and stepfathers (i.e., 27.3%; Cyr et al., 2002).

Adult Perceptions of CSA

It is imperative to understand if adults perceive CSA accurately because children rely on adults for care, support, and advocacy. Previous studies examined adult perceptions of CSA based on multiple variables, including the age of the perpetrator. Giglio et al. (2011) found participants rated CSA committed by juveniles as less severe than CSA committed by adults. The researchers also found participants considered CSA perpetrated by juveniles as more uncommon than CSA perpetrated by adults (Giglio et al., 2011). A pilot study by Gruenfelder and Yancey (2018) mirrored previous results, showing college students viewed CSA perpetrated by juveniles as less severe than abuse by adults. Furthermore, these inaccurate and unhelpful responses span beyond community members to people with whom the victim has close contact, including family members and professionals (Rowntree, 2007).

Through a qualitative study of women with histories of CSA perpetrated by siblings, Rowntree (2007) found that not only did community members not recognize sibling abuse as abusive, but family members and health professionals also did not recognize sibling abuse as abusive. The most common themes extracted from participant reports include misconceptions of sibling sexual abuse (i.e., the abuse is normal), victim blaming, the event not being serious, a family matter (i.e., abuse cannot be between siblings, revelation of event would be considered disloyalty), and that sibling sexual abuse is taboo. The women in the study reported being harmed by these responses because they felt dissuaded from disclosing the abuse and became alienated from family and friends (Rowntree, 2007).

Part of adult misperceptions of CSA may stem from the lack of knowledge regarding what differentiates normal child sexual behavior from abnormal child sexual behavior, particularly between children of the same age. Vosmer and colleagues (2009) found a low consensus amongst professionals in the United Kingdom of what is normal or abnormal sexual behavior among children. The majority (63%) of these professionals reported personal values and available literature affected their opinions on normal versus atypical sexual behaviors in children. In fact,

consensus among the participants on normal sexual behaviors in children was not achieved, except that violent or threatening behaviors were always considered concerning. For example, 72% (medium consensus) of professionals considered masturbation in private acceptable despite prior research showing self-stimulation to occur at high frequency in nonclinical samples (Larsson, et al., 2000). Due to prior research findings, it is clear a wide range of sexual behaviors occur in children, regardless of CSA history. A wide range of sexual behaviors combined with personal values and culture can alter the way one evaluates the appropriateness of sexual behaviors. Considering the high prevalence and negative outcomes of CSA committed by minors coupled with the potential negative effects of denial of abuse, more information is needed to understand the general public's perception (Finkelhor et al., 2014).

Effects of participant characteristics (i.e., student versus non-student) on perception of CSA is mixed. Rogers and Davies (2007) found significant differences between students and non-students, such that students rated perpetrators more culpable, the victim more believable, and the victim less culpable than non-students. Rubin and Thelen (1996) found a significant negative correlation between years of education and blame, such that those with more years of education were less likely to blame the victim for the abuse. Bornstein et al. (2007) found no differences between student and non-student perceptions of CSA characteristics (i.e., victim gender, perpetrator gender, type of abuse, relationship between victim and perpetrator. These mixed results may be explained by recruitment procedures. Rogers and Davies (2007) recruited students from areas on campus and community participants were recruited through survey distribution, while Bornstein et al. (2007) obtained community participants through their undergraduate participants; undergraduate participants were asked to bring one adult, non-student for participation. Also, the latter study did not examine the relationship between the student and non-student participants, potentially missing shared characteristics that make both groups more alike than different.

Rape Myth Acceptance

People's perceptions of sexual violence are affected by rape myths (Burt, 1980). Rape myths are defined as "prejudicial, stereotyped, or false beliefs about rape, rape victims, and rapists" (Burt, 1980, p. 217). As research progressed, Burt's (1980) original definition evolved, integrating other definitions found across theories and considering the role of gender (Crall & Goodfriend, 2016; Suarez & Gadalla, 2010). Lonsway and Fitzgerald (1995) found rape myths serve different purposes for men and for women; rape myths justify sexual violence for men and deny vulnerability for women. The updated definition of rape myth describes the false beliefs individuals hold about sexual violence and the purposes of holding those false beliefs. The engagement in rape myths, or rape myth acceptance (RMA), creates an environment that is accepting of sexual violence, blames the victim, excuses perpetrators for their actions, reduces bystander intervention, and can interfere with victims defining sexual assault as such (Basow & Minieri, 2011; Eyssel & Bohner, 2011; McMahon, 2010; Newins, Wilson, & White, 2018; Peterson & Muehlenhard, 2004; Russell & Hand, 2017). Rape myths include ideas about who victims are or can be, who perpetrates sexual violence, and the reasons sexual violence happens (Crall & Goodfriend, 2016). For example, beliefs that only men perpetrate rape, men cannot control their sexual urges, women asked to be raped depending on the situation, and only strangers rape are all considered rape myths.

The vast majority of research on RMA examines the sexual assault of adults; however, RMA also applies to the sexual abuse of children (Abeid, Muganyizi, Massawe, Mpembeni, Darj, & Pia Axamo, 2015; Cromer & Goldsmith, 2010). Research on perceptions of CSA show common false beliefs about who perpetrates CSA (e.g., gender, age, relationship), the credibility of victims of CSA, the outcomes of CSA, rates of disclosure by victims, the severity of the abuse, and gender/age pairings of victim and perpetrator (Bornstein et al., 2007; Cromer & Goldsmith, 2010; Giglio et al., 2011; Rowntree, 2007; Rubin & Thelen, 1996). Though some common beliefs are founded in research, most are false. Factors, such as level of education and gender, predict level of RMA. Prior research shows men and those with a lower level of education tend to endorse RMA

more frequently than women and those with a higher level of education (Basow & Minieri, 2011; Bornstein et al., 2007; Burt, 1980; Russell & Hand, 2017; Sanghara & Wilson, 2006). False beliefs about CSA and sexual assault are due, in part, to RMA; however, less information is known about how different levels of RMA moderate the relationship between CSA characteristics and perceptions of CSA. In the current study, I will examine the moderating effects of RMA on the relationship between perpetrator/initiator age and perception of the severity of CSA.

Rural vs. Non-Rural Differences

        CSA Prevalence. In a review of the literature, Cromer and Goldsmith (2010) determined mixed results concerning the prevalence of CSA in rural versus urban areas. Menard and Ruback (2003) found rural areas had higher rates of CSA than urban areas. Fanslow, Robinson, Cregle, and Perese (2007) also found significantly more women in rural New Zealand experienced CSA than women in urban areas; however, another study found no difference in CSA rates between rural and urban areas (Boysan, Goldsmith, Cavus, Kayri, & Keskin, 2009).

        Barriers to Treatment. Despite the mixed results of the prevalence of CSA in urban versus rural areas, Logan and colleagues (2005) found differences in stated barriers for service utilization for adult rape victims based on rurality, including close relation to the perpetrator, lack of personal resources, fear of community and family backlash, and lack of anonymity. Several of these barriers align with results found by Menard and Ruback (2003) concerning CSA, including a greater emphasis on privacy in rural areas, fewer strangers in rural communities, and greater poverty rates.

        Rape Myths. Acceptance of rape myths may vary with geographical regions (i.e., rural and urban). Logan and colleagues (2005) found differences in the perceptions of rape survivors residing in rural and urban areas. Though both groups perceived shame, self-blame, stigma, and blame by others, women in rural areas reported more barriers to treatment for these reasons. For example, many women reported family and friends discouraged them from reporting the perpetrator in order

to maintain order. Also, one participant reported, "People will say, 'Why are you trying to hurt that good old boy?'" (p. 601) if rape survivors attempted legal action. In addition, the authors found rural women believed the criminal justice system did not prioritize violence against women and felt unsafe to report crimes. These factors together may suggest a difference in attitudes concerning rape in rural versus urban areas (Logan et al., 2005).

  CSA Myths. Prior research suggests RMA in rural areas not only pertains to violence against women, but also against children. A study examining the perceptions of sexual violence (i.e., against women and children) in rural Tanzania uncovered several factors associated with knowledge and attitudes toward sexual violence (Abeid et al., 2015). Results showed older, more educated participants were more knowledgeable and less accepting of sexual violence. In addition, they also found men were less accepting of gender roles than women. This result differs from meta-analyses indicating men have greater RMA and accept gender roles more than women, which is linked to victim-blaming (Grubb & Turner, 2012; Russell & Hand, 2017). Hatton and Duff (2016) conducted a meta-analysis and found 10 out of 11 studies found gender effects, such that men blame victims more than women. All of this together suggests opposing results to the Abeid et al. (2015) study. Greater support of the latter gender effect is in the strength of the studies, such that they are meta-analyses compared to a single study effect. Furthermore, it is important to recognize that the population in the former study (Abeid et al., 2015) differs from the population in the United States, and thus, the generalizability of results should be cautioned. Despite these differences, Cromer and Goldsmith (2010) found data supporting belief of CSA myths specific to rurality. They conducted a Google search looking for the most common myths about CSA in the United States. One myth they found was, "Child abuse takes place in big cities, not in small communities where everyone knows everyone else" (Cromer & Goldsmith, 2010, p. 633).

  The belief of myths concerning CSA has negative effects, similarly to the effects rape myths have on sexual assault against adults; rape and CSA myths contribute to the acceptance of sexual violence. Though inconclusive, research suggests CSA occurs at higher rates in rural areas

and that individuals in rural areas may engage in RMA at higher rates or in different ways than their urban counterparts. Given the negative effects of RMA on victims of abuse, the double injury of the abuse and confidants who believe in rape myths, may leave children more vulnerable than by the abuse alone. Furthermore, those residing in a rural setting have less access to resources and privacy, limiting potential confidants and treatment. These factors together may increase potential negative outcomes. The current study aims to add to the literature by comparing the level of RMA and content of CSA perceptions between rural and non-rural residents. If those residing in rural areas endorse rape myths, suggestions for education can be made to attempt to decrease RMA in the hopes of increasing victim support.

Crime Stereotypes

The public also holds stereotypes about crimes and who commits those crimes based on a variety of demographic factors (e.g., ethnicity, gender, sexual orientation, socioeconomic status, age, Skorinko & Spellman, 2013). In addition, these stereotypes depend on a combination of factors. For example, Williams and Holcomb (2001) found racial composition (i.e., combination of race of the perpetrator and race of the victim) biases jurors, such that black defendants were more likely to receive the death penalty when the victim was white than if the victim were black. Prior research also shows individuals make verdicts and sentence judgments based on whether the race of the perpetrator was congruent with stereotypes of the crime (i.e., participants rated white defendants guilty more often for white-collar crime (e.g., embezzlement) and black defendants for blue-collar crime (e.g., auto theft); Jones & Kaplan, 2003; Skorinko & Spellman, 2013). Aside from race, people also associate particular crimes with gender and age, such that people rated men as more likely than women to molest a child and an older person as more likely than a younger person to molest a child (Skorinko & Spellman, 2013).

Crime stereotypes also interfere with memory. Participants were more likely to correctly remember the race of the defendant if the race was consistent with the crime stereotype. Even more

so, 72% of participants in a "no race" condition (where no race of the perpetrator of a crime was provided) who also falsely recalled a race, recalled a race stereotypically associated with the depicted crime (Skorinko & Spellman, 2013). These results show people's memory and judgment are affected by crime stereotypes and may inaccurately identify a perpetrator or "fill in the gaps" to match stereotypes. In the current study, I explored whether participants mistakenly recalled the gender of a perpetrator of CSA as the gender more associated with the crime (i.e., a male perpetrator) despite not receiving information concerning the perpetrator's gender. Prior research indicates people perceive men as more likely to molest a child than women (Skorinko & Spellman, 2013), thus, I expected that of those in the current study who mistakenly recalled a gender for the perpetrator, most would recall the perpetrator as being male.

Summary

CSA is associated with negative outcomes whether the perpetrator is a minor or adult; however, the public often views adolescent-perpetrated CSA as less severe than adult-perpetrated CSA. Perceiver characteristics, such as student status and geographical location, may impact how that perceiver views CSA outcomes and severity. Though research results are mixed, they suggest students may be less likely to endorse rape myths than community members and rural populations may be more likely to endorse rape myths than non-rural populations. Prior research also demonstrates the impact of RMA on perception of sexual violence. Specifically, those who endorse rape myths are more accepting of sexual violence, place less blame of the perpetrator, and more blame on the victim. Lastly, crime stereotypes also play a role in how people view CSA. In particular, people believe men are more likely to molest children than women. Though these expectations may be true, they can impact how people remember events. Taken together, several factors (i.e., individual, environmental) can impact people's perceptions of CSA cases. The current study aimed to extend the current literature by comparing people's perceptions of CSA based on the age of the perpetrator by including a same-age perpetrator in addition to an adolescent and adult perpetrator. The current study also aimed to explore which perceiver characteristics may be

associated with particular views of CSA, the role RMA has in how people view CSA cases, and how people expect CSA cases to look.

Current Study

The current study examined adult perceptions of the severity associated with CSA based on perpetrator/initiator age. It is important to understand the perceptions of juvenile perpetrated CSA given the discrepancy between the high prevalence rates and the dearth of research in the area. Previous literature suggests adults view adult-perpetrated CSA as more severe than minor-perpetrated abuse; however, more work is needed in this area given some mixed results and a continually changing cultural climate (i.e., shifting gender-role attitudes).

Furthermore, although the literature demonstrates a connection between RMA and false beliefs about sexual abuse (Basow & Minieri, 2011), more research is needed to understand this relationship. The current study aimed to examine the moderating effect of RMA on the relationship between perpetrator/initiator age and participant perception of severity of CSA. Given the misperception that CSA perpetrated/initiated by a juvenile is less severe than CSA perpetrated by an adult, I expected to find those high and low in RMA would view the severity of adult-perpetrated and same-age initiated abuse similarly, while those with high RMA would rate the adolescent-perpetrated abuse less severe than those low in RMA.

The current study explored the following hypotheses:

1. Research studies show the general public has perceptions of CSA that may or may not align with fact. Often times, perceptions change depending on perpetrator and respondent characteristics. Based on prior research, the current study explored the impact certain factors had on perceptions of severity of abuse, such as respondent demographics and perpetrator/initiator age. I predicted a main effect of participant sample status (i.e., student versus community); undergraduate college students would perceive abuse as more severe than community participants. Further, I

predicted a main effect of perpetrator/initiator age. Specifically, I hypothesized participants would perceive CSA perpetrated by an adult as the most severe, followed by CSA perpetrated by an adolescent, with same-age peer sexual contact perceived as the least severe. In addition, I explored possible interactions between sample status and perpetrator/initiator age for perceptions of severity of abuse.

2. Perceptions of CSA and RMA may alter depending on demographic factors, such as region. Prior research suggests people hold specific beliefs about CSA and rape based on rurality. Also, findings suggest a higher prevalence of CSA in rural areas compared to urban areas. These two factors together can have dire effects on victims of abuse, potentially increasing negative consequences. Given the dearth of research in this area, I aimed to explore differences between rural and non-rural areas. I explored differences in participants' level of RMA across region (i.e., rural versus non-rural). In addition, I explored the differences in geographical region on participants' perceptions of CSA (i.e., abusive nature, severity of abuse, culpability, likelihood of revictimization, future well-being).

3. RMA impacts beliefs about sexual assault and CSA. I predicted RMA would moderate the relationship between perpetrator/initiator age and abuse severity. Generally, I predicted participants would rate the vignette with the 34-year-old perpetrator as the most severe and the vignette with the 7-year-old perpetrator/initiator as the least severe, with the severity of abuse by the 15-year-old perpetrator judged between the other two conditions. Once RMA was introduced into the model, I predicted the perpetrator/initiator age and severity of abuse would change. Specifically, I predicted those with high and low RMA would rate the 34-year-old perpetrator and 7-year-old condition similarly severe; however, I expected to see those with high RMA to rate the 15-year-old perpetrator condition as significantly less severe than participants with low RMA.

4. Prior research shows crime stereotypes affect people's expectations of perpetrator characteristics (e.g., men are more likely to molest a child) and their memory, such that people are more likely to remember a perpetrator's race if they align with the stereotype. Furthermore, research shows people who falsely recall a perpetrator's race when no race was given, recalled the race that is congruent with that crime's stereotype (Skorinko & Spellman, 2013). To test this phenomenon in the context of CSA, I predicted that, of those who falsely recall the perpetrator/initiator's gender when none is given, most would erroneously recall the gender as male.

CHAPTER 3

METHOD

Participants

Data were collected from a sample of undergraduates attending a southeastern university

and a sample of community adults recruited from Amazon Mechanical Turk (MTurk). To be

eligible for the study, participants had to be 18 years or older and electronically indicate consent to

participate. Before data cleaning, 1,599 participants were recruited (see Integrity of Data below for

information on data cleaning steps). After cleaning, there were 1,048 participants included in

analyses. The mean age of participants was 27.97 years (SD = 10.84). Women comprised 60.2% (n

= 631) of the sample, 38.8% (n = 407) of participants were men, and 1% (n = 10) identified as

another gender or did not report their gender. The majority of the sample identified as White

(62.9%; n = 659), followed by African American (24.3%; n = 255), other races/ethnicities (12.3%;

n = 129), or did not report race/ethnicity (0.5%; n = 5). Over half of the sample (62.9%; n = 659)

indicated growing up in a non-rural region, while 36.5% (n = 382) indicated they grew up in a rural

area. Lastly, roughly half of the final sample were recruited via MTurk (n = 539; 51.4%) while the

remainder were recruited from a university (n = 502; 47.9%; see Table 1).

Integrity of Data

Participants were excluded for several reasons to ensure the data used in analyses were

valid reflections of participant reports. First, any participant who completed less than 65% of the

survey were excluded, leaving 1376 participants. Next, 282 participants were excluded for not

answering three out of the five manipulation check questions correctly, leaving 1094 participants.

Third, participants were excluded based on three "catch questions," requesting participants to

respond to a question with a specific answer to identify random responding. After eliminating

participants based on catch question responses, a total of 1063 participants remained. Finally, in a

pre-data collection survey distribution to confederates, I gathered time to completion from 15

individuals. The lower end of the distribution was five minutes with a standard deviation of one

minute. Thus, any participants who took less than four minutes to complete the survey were excluded from analyses, leaving a total of 1048 participants.

Procedure

Participants were recruited for the study online via SONA Systems (if participant was a student at the investigators' university) or MTurk (for participants not attending the investigators' university) to increase generalizability. Next, they received a link directing them to the study, located on an online data collection software (i.e., Qualtrics). Participants electronically consented to participate (i.e., selected "I give my consent freely" option). Each participant was randomly assigned to either get the Rape Myth Acceptance Scale (RMAS; Stoll, Lilley, & Pinter, 2017) or to read one of three vignettes first. Alternating the order of study materials counterbalanced potential priming effects. Two vignettes depicted a scenario of childhood sexual abuse and the third vignette depicted same-age peer sexual contact (see Appendix A). After participants read the vignette, they answered a manipulation check (see Appendix B), to ensure they read and understood the vignette, followed by the vignette questionnaire (see Appendix A). Next, participants provided demographic information (see Appendix C). Then, participants completed the assumption of gender question (see Appendix D). Lastly, participants provided a history of their own trauma experiences (i.e., physical abuse, sexual abuse, childhood neglect, interpersonal violence, homelessness, other trauma; see Appendix E). Throughout the study, participants completed two rating scales, unrelated to the current hypotheses, in order to mask the researcher's study aims. The two rating scales used to thwart suspicion were the Brief Resilience Scale (BRS; Smith, Dalen, Wiggins, Tooley, Christopher, & Bernard, 2008) and the Depression Anxiety Stress Scale (DASS; Lovibond & Lovibond, 1995). These rating scales were not be included in the current study analyses. After participants completed the study, they were asked if they were a student at the investigators' affiliated university in order to filter them to the correct debriefing. They then were directed to the appropriate debriefing page, summarizing the main points of the study, and provided contact information for mental health and crisis resources should they feel they need to access them.

Participants collected through MTurk received monetary compensation (i.e., $1.00) for participating in the study. Undergraduate participants recruited through the university received class credit for study completion.

To reduce experimenter bias, all data was collected through a third-party data collection software without any influence from the administrator and stored on a password protected hard drive for a minimum of three years at Georgia Southern University. The administrator only answered questions concerning the purpose and nature of the study to those participating in the survey.

Measures and Materials

All measures were created for the current study or obtained by the investigator with the permission from the original authors. The study consisted of the following questionnaires: demographic questionnaire (see Appendix C), the vignette questionnaire (see Appendix A), and the Rape Myth Acceptance Scale (RMAS; Stoll et al., 2017). In addition, participants read one of three vignettes detailing either an incident of child sexual abuse or same-age peer sexual contact (see Appendix A). All vignettes were created by the investigator.

Vignettes. All participants read one short vignette (see Appendix A) depicting the same incident, only varying by age of character initiating sexual abuse/contact (i.e., 7 years old, 15 years old, 34 years old). The ages of the character initiating sexual abuse/contact, was based on a series of studies. A pilot study by the same author (Gruenfelder & Yancey, 2018) based the perpetrator ages in a vignette after Giglio et al. (2011), which used ages 12 and 34 years old. Gruenfelder and Yancey (2018) altered the adolescent age from 12 years old to 15 years old to make it clear the character was a teenager and kept the adult age the same. The current study was an extension of a pilot study conducted by Gruenfelder and Yancey (2018), thus, I kept the same ages (i.e., 15 years old and 34 years old) and added an additional same-age initiator to test hypotheses based on same-age sexual abuse. The gender of the child in each depiction was female while the other character's gender was not stated. The depiction of child sexual abuse/contact was of moderate severity (i.e.,

over the clothes fondling) involving manipulation on the part of the perpetrator/initiator. After data cleaning, there were 303 participants in the 7-year-old condition, 354 participants in the 15-year-old condition, and 382 participants in the 34-year-old condition.

Manipulation Check. Immediately following the vignette, participants answered manipulation check (see Appendix B) questions to assess attention to the story details. The questions asked about specific details of the vignette (i.e., color of the pool house, weather, the neighbor's age, the child's age, and the event taking place). All participants, regardless of condition, received the same manipulation check questions, with the exception of the age of the neighbor, which varied based on the condition (i.e., 7 years old, 15 years old, 34 years old). Participants needed to answer three out of the five manipulation check questions correctly to be included in analyses. One of the three correct questions had to be the question regarding the perpetrator's age in the vignette. The purpose of these questions was to ensure participants read the vignette.

Vignette Questionnaire. After reading the vignette, participants completed a six-item questionnaire (see Appendix A). The questionnaire measured the participants' perceptions of features of the story on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). Each question in the questionnaire provided distinct information; therefore, a total score was not used. An example question was, "This incident is a depiction of severe sexual abuse."

Demographic Questionnaire. Participants provided basic demographic information (see Appendix B). Participants were asked to provide information about their gender, race, marital status, and sexual orientation. They also answered questions about their level of education, household income, family of origin income, occupation status, and the type of community they live in (i.e., urban, suburban, small city, rural).

Assessment of Assumption of Gender. Participants answered a question about the perpetrator/initiator gender (see Appendix D). No mention of gender of this character was provided. However, research by Skorinko and Spellman (2013) demonstrates individuals hold

stereotypes about crime, including the stereotypes of perpetrator gender for specific crimes. Therefore, this measure provided data for hypothesis 4, stating participants are more likely to identify the perpetrator's gender as male given crime stereotypes, despite not being informed of the character's gender.

Personal Trauma History Questionnaire. Participants answered questions relating to their personal trauma history (see Appendix E). Questions asked for history of physical abuse, sexual abuse, childhood neglect, interpersonal violence, homelessness, and other trauma. If participants indicated a history of the above, they were asked at what age they first experienced that type of abuse. If participants indicated "Other Trauma," they were asked to specify the type of trauma as a free response.

Rape Myth Acceptance Scale (RMAS; Stoll, Lilley, and Pinter, 2017). The RMAS measures the extent to which an individual accepts false beliefs and attitudes associated with rape. Stoll, Lilley, and Pinter (2017) crafted the RMAS by using or adapting items from the IRMAS (Payne, Lonsway, & Fitzgerald, 1999) and creating items incorporating rape myths associated with gender, race, class, and sexuality, on the assumption that rape myth acceptance is related to other systems of inequality (Suarez & Gadalla, 2010). Examples of items include, "Rape does not occur in lesbian relationships," "Rape is not as big a problem as some feminists would like to think," and "Men from middle-class homes almost never rape." The RMAS consists of 28 items, rated on a 5-point Likert scale, ranging from 1 (Strongly Disagree) to 5 (Strongly Agree). Total possible scores range from 28 to 140, where higher scores indicate greater acceptance of rape myths. Reliability measures indicate high internal consistency ($\alpha = .91$). For the current study, internal consistency was excellent with a Cronbach's $\alpha = .97$.

Table 1

Participant Demographics

Variables	Mean	Standard Deviation
Age	27.97	10.84
	Frequency	Percent
Gender		
Women	631	60.2
Men	407	38.8
Other	7	0.7
Ethnicity		
Caucasian	659	62.9
African American	255	24.3
Other	129	12.3
Geographic Region (grow-up)		
Rural	382	36.5
Non-rural	659	62.9
Sample Status		
Student	502	47.9
Community	539	51.4

CHAPTER 4

RESULTS

Hypothesis Testing

Sample Status and Perpetrator Age. A 2 (Sample Status: Student, Community) x 3 (Perpetrator/Initiator Age: 7 years old, 15 years old, 34 years old) between-subjects factorial analysis of variance (ANOVA) was used to examine the differences between student perceptions of CSA and community perceptions of CSA. There was a main effect for sample status, $F(1,1033) =$ 9.33, $p < .01$ such that community members rated the child sexual abuse depicted in the vignettes as more severe ($M = 4.07$, $SEM = .04$) than students ($M = 3.88$, $SEM = .05$), contrary to prediction (see Table 2). I also found a main effect for perpetrator/initiator age, $F(2,1033) = 43.55$, $p < .001$ (see Table 3). LSD post-hoc tests were used to further examine group differences. As predicted, there were significant differences among all conditions, such that the 7-year-old condition was rated the least severe ($M = 3.56$, $SEM = .07$), followed by the 15-year-old condition ($M = 4.02$, $SEM = .05$), with the 34-year-old condition rated as the most severe ($M = 4.27$, $SEM = .04$). All pairings (i.e., 7- vs. 15-year-old, 7- vs. 34-year old, 15- vs. 34-year-old) were significantly different. There was non-significant interaction between sample status and perpetrator/initiator age, $F(2, 1033) = .67$, $p > .05$. No prior predictions were made about the interaction between sample status and perpetrator/initiator age.

Geographic Region, Perceptions of CSA, and RMA. I used a one-way multivariate analysis of variance (MANOVA) to explore differences based on geographical region (i.e., rural versus non-rural) on perceptions of the vignette questions (i.e., depiction of abuse, severity of abuse, culpability, likelihood of revictimization, future well-being) and on scores on RMAS. The results revealed group differences between geographical region on reports of vignette perceptions and RMAS scores, Wilk's $\lambda = .98$, $F(7, 1019) = 3.41$, $p < .01$ (see Table 4). Post-hoc univariate ANOVAs revealed significant geographical group differences on perceptions of severity of sexual

abuse ($F(1, 1025) = 5.40$, $p < .05$), that the victim is to blame ($F(1, 1025) = 16.50$, p $< .001$), and

RMAS score ($F(1, 1025) = 10.82$, $p < .01$). As predicted, non-rural participants reported higher

scores on perceptions of severity of sexual abuse ($M = 4.03$, $SEM = .04$) than rural participants (M

$= 3.88$, $SEM = .06$). Contrary to expectation, non-rural participants reported greater blame to the

victim ($M = 1.56$, $SEM = .04$) compared to rural participants ($M = 1.29$, $SEM = .04$). Finally,

contrary to prediction, RMAS scores were higher in non-rural participants ($M = 56.72$, $SEM =$

1.02) compared to rural participants ($M = 51.61$, $SEM = 1.05$). There were no significant

differences on depiction of abuse, blaming the perpetrator, likelihood of revictimization, and future

well-being.

Perpetrator Age, Abuse Severity, and Rape-Myth Acceptance. In addition, I

ran a moderation model to determine if the relationship between condition group (i.e.,

perpetrator age) and perceptions of severity are conditional based on rape myth acceptance

scores. Regression statistics are presented in Table 5. The regression equation analyzed the

main and interactive effects for condition group and rape myth acceptance scores on

perceptions of severity of abuse. The main and interactive effects accounted for 8% of the

variance in perceptions of severity of abuse, $F(3, 1034) = 29.098$, $p < .001$. Within the

model, the main effects for condition group ($b = .538$, $p < .001$), but not rape myth

acceptance scores ($b = .006$, $p > .05$), significantly accounted for variance in perceptions of

severity. At a multivariate level, the condition group x rape myth acceptance interaction

score was significant ($b = -.003$, $p < .05$) and accounted for an additional 1% of variance in

perceptions of severity scores, $F(1, 1034) = 4.721$, $p < .05$.

To deconstruct the significant two-way interaction further, the conditional effects

for the condition group x rape myth acceptance interaction were simultaneously probed for

statistical significance. Probing procedures included the interactive utility tool (McCabe et

al., 2018) and the CAHOST Excel workbook for the Johnson-Neyman technique (Carden

et al., 2017). Conditional effects are depicted in Figures 1 and 2.

The relationship between condition group and perception of severity decreases as a function of rape myth acceptance scores, as shown in simple slopes graph (Figure 1). Specifically, results indicate the relationship between condition group and perceptions of severity is significant from low levels of rape myth acceptance (far left panel) to high levels of rape myth acceptance, (far right panel); however, the relationship becomes weaker as rape myth acceptance scores increase. Because the interactive utility tool uses arbitrary values (-2 SD to 2 SD) to evaluate the effects of a moderator, any identified effects are often limited by the chosen arbitrary values. Instead, the Johnson-Neyman technique provides a more complete estimate of the effects of a moderator by determining precisely where along the values of the moderator a relationship between X and Y ceases to be significant. Understanding when the relationship ceases to be significant adds a deeper understanding to the theoretical model allowing for further interpretation that is truer to the data. In Figure 2, the first dark thin vertical line marks the boundary between the regions wherein the correlational effects between condition group and perception of severity were significant and non-significant. When individuals score 107 or above on rape myth acceptance (as measured by the RMAS), the relationship between condition group and perception of severity ceases to be significant, indicating that high acceptance of rape myths nullifies the relationship between the age of the perpetrator and the participants' perception of severity of that abuse. Overall, as rape myth acceptance increases the relationship between age condition and perceptions of severity weakens. At very high levels of rape myth acceptance (107), the identified relationship dissolves completely.

Crime Stereotypes. I employed a Chi Square analysis to compare differences among participants who misremembered the perpetrator's gender in the vignette as male, female, or another gender. A total of 582 of the 1048 participants erroneously remembered a gender for the perpetrator. The results revealed $\chi^2(2, N = 582) = 713.21$, $p < .001$. Therefore, as predicted, of the participants who erroneously remembered a gender, the majority misremembered the perpetrator as male ($n = 494$) compared to female ($n = 85$) or another gender ($n = 3$).

Table 2

Main Effect of Sample Status on Perception of Severity

Variables	Mean	Standard Deviation	N
Community	4.07^a	1.01	537
Student	3.88^b	1.08	502

$F(1, 1033) = 9.33, p < .01$

Note. Means with different superscripts are significantly different at the $p < .01$ level. Higher scores indicate greater severity.

Table 3

Main Effect of Perpetrator Age on Perception of Severity

Variables	Mean	Standard Deviation	N
7-year-old	3.56[a]	1.15	303
15-year-old	4.02[b]	1.02	354
34-year-old	4.27[c]	.87	382

$F(2,1033) = 43.55, p < .001$

Note. Means with different superscripts are significantly different at the $p < .001$ level. Higher scores indicate greater severity.

Table 4

Main Effect of Geographic Region on Vignette Perceptions and RMAS

Variables	df	F	p	Observed Power
Depiction of Abuse	1	.05	.822	.06
Severe Abuse	1	5.40*	.020	.64
Victim Blame	1	16.50**	.000	.98
Perpetrator Blame	1	1.34	.248	.21
Revictimization	1	.67	.413	.13
Future Well-being	1	.51	.474	.11
RMAS	1	10.82**	.001	.91

*$p < .05$
**$p < .01$

Note. Group differences are between participants who grew up in a rural region v. those who grew up in a non-rural region.

Table 5

Regression Statistics for the Main and Interaction Effects of Age Condition and Rape Myth Acceptance on Perceptions of Severity.

Variables	*b*	SE	*t*	*p*	LLCI	ULCI
Condition	.5380	.0948	5.6734**	<.0001	.3519	.7240
RMAS	.0059	.0035	1.6745	.0943	-.0010	.0128
Condition x RMAS	-.0034	.0016	-2.1727*	.0300	-.0065	-.0003

*p < .05,
**p < .01

Note. LLCI = lower level confidence interval; ULCI = upper level confidence interval.

Figure 1.

Simple Slopes Graph for the Interaction of Age Condition, Perception of Severity, and Rape Myth Acceptance
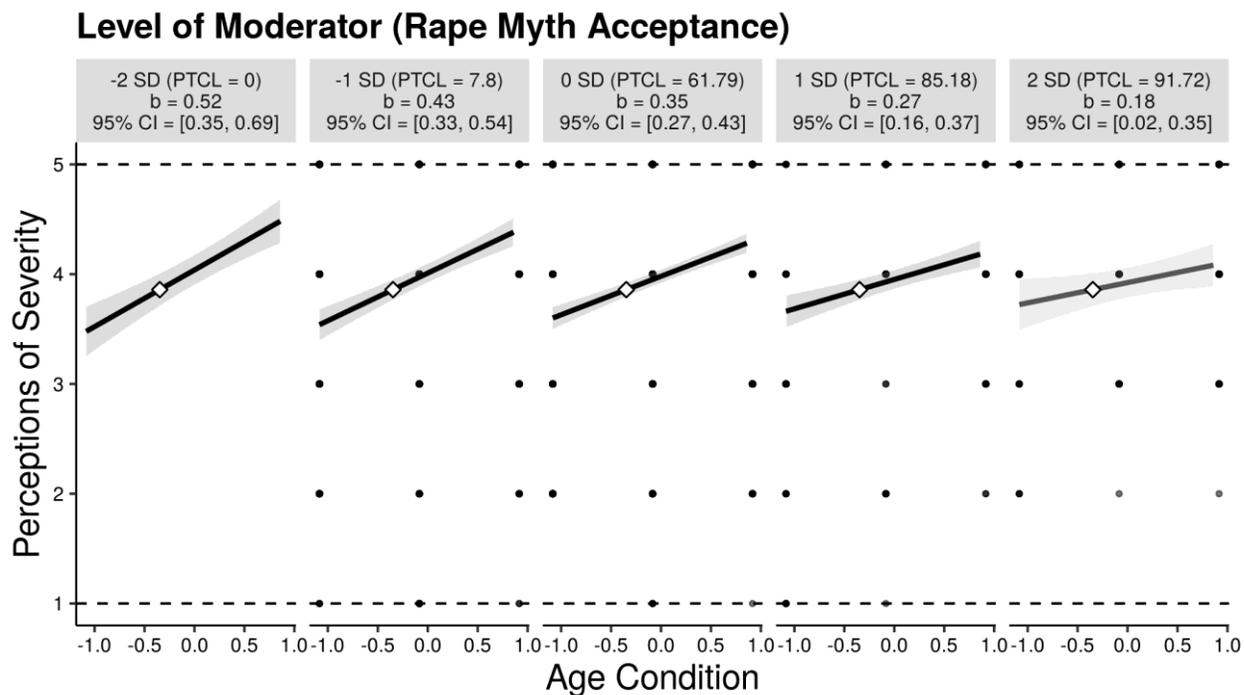
Note. The simple slopes graph depicting the relationship between the age condition and perception of severity at different levels of rape myth acceptance for participants. The relationship is represented by simple slopes. Each panel depicts the relationship at different levels of RMA. From left to right, the level of RMA is as follows: low, moderately low, average, moderately high, high. As depicted, the relationship between age condition and perceptions of severity varies as a function of rape myth acceptance. As rape myth increases, the relationship between age condition and perception of severity decreases.

Figure 2.

Johnson-Neyman Technique for the Interaction of Age Condition, Perception of Severity, and Rape Myth Acceptance
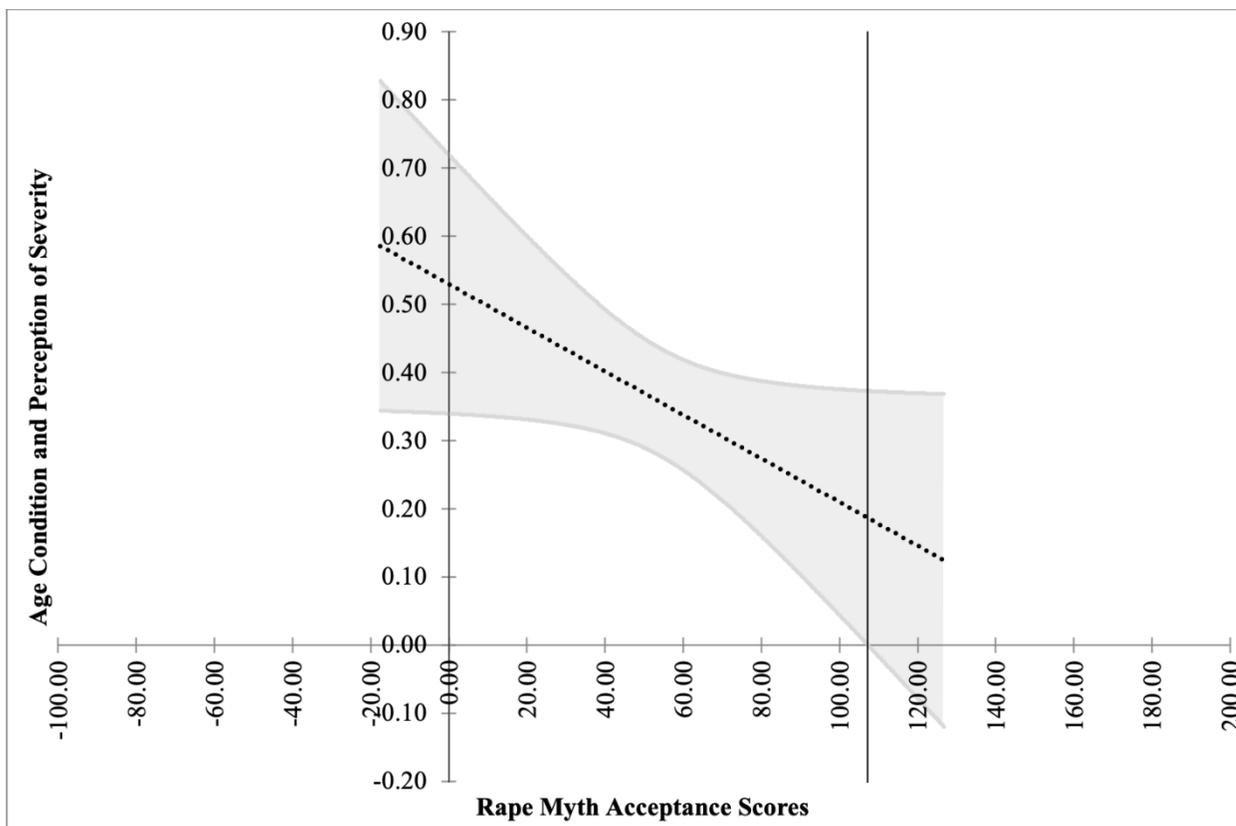
Note. The (unstandardized) magnitude of the relationship between age condition and perception of severity as a function of rape myth acceptance scores. The gray curved lines represent the upper and lower confidence bounds for estimating the age condition and perceptions of severity relationship. The vertical line indicates the point at which the relationship dissolves. Specifically, when rape myth acceptance scores reach 107.25, the relationship between age condition and perception of severity dissolves.

CHAPTER 5

DISCUSSION

The current study aimed to extend literature examining perceptions of child sexual abuse (CSA) based on perpetrator age, rape myth acceptance (RMA), and perceiver characteristics. I created three vignettes depicting a CSA scenario, varying on perpetrator age (i.e., 7 years old, 15 years old, 34 years old). Participants were randomly assigned into one condition, answered questions about their perceptions of the vignette (e.g., abuse severity, culpability, future wellbeing), completed an RMA measure, and completed a demographics questionnaire. I expected undergraduate students would perceive the abuse depicted in the vignettes as more severe than community members. I also expected participants to rate the 34-year-old perpetrated abuse as the most severe, followed by the 15-year-old, and finally the 7-year-old. To fully explore how sample status and perpetrator age impacted perceptions, I explored possible interactions between the two variables. In addition to sample status, I explored the reported rural differences on perceptions of CSA and RMA. I expected participants who grew up in a rural area would report higher RMA, blame the victim more, assume a higher likelihood of revictimization, view the victim's future wellbeing more negatively, rate the vignettes as less indicative of CSA, perceive the abuse as less severe, and blame the perpetrator less than those who did not grow up in a rural areas.

Next, I investigated the moderating effect of RMA on the relationship between perpetrator age and perceptions of severity of the abuse. I expected those with high and low RMA to rate the adult and same-age perpetrator/initiator similarly on severity of abuse, but I expected those with high RMA to rate the adolescent perpetrator to significantly less severe than participants with low RMA. Finally, I expected participants who misremembered the perpetrator as being depicted as a particular gender would remember the perpetrator as a man.

Participant and Vignette Characteristics and Perception of CSA

Prior research on the impact of student status on perceptions of CSA was mixed. Specifically, some studies found students rated perpetrators more to blame and victims more

believable and less to blame compared to community members (Rogers & Davies, 2007), while others (e.g., Bornstein et al., 2007) did not find significant differences between the two groups on ratings of abuse severity, likelihood of occurrence and reoccurrence, victim believability, repressibility, or how traumatic the abuse is for the victim. Results from the current study revealed community members rated abuse depicted in the vignettes as significantly more severe than students, contrary to prediction and previous literature. Several reasons may account for this discrepancy. For example, student status was determined through the route of recruitment (i.e., participants were asked if they accessed the study through MTurk or as a university student for class credit). After looking at the educational background of the two groups, the majority of MTurk users (74.5%) reported having a postsecondary degree (i.e., Bachelor's degree, Associate Degree, Post Graduate Degree) or some post graduate education. Further, an additional 14.9% reported being currently enrolled in college or received some college education. This suggests that the community sample and the student sample are more similar than different in terms of educational achievement. Moreover, Rubin and Thelen (1996) found those with more years of education are less likely to blame the victim for the abuse, suggesting a more sensitive view of CSA. An overwhelming percentage of the community sample have completed more years of education than the student sample, who were mostly in their first or second year of undergraduate studies. Thus, the current results, though different from predicted, may align well with previous literature.

It is also important to note that though community members rated the CSA stories as significantly more severe than students, the difference between the severity ratings was less than half a point. Overall, students rated the severity of abuse as neutral to severe ($M = 3.88$) and community members rated the abuse as severe ($M = 4.07$). Thus, though statistically the groups may differ, the difference is small.

In addition to examining sample status and its relationship to perceptions, I explored how perpetrator age influences perceptions of CSA. Giglio et al. (2011) and Gruenfelder and Yancey (2018) found people rated juvenile-perpetrated abuse as less severe than adult-perpetrated abuse.

Rowntree (2007) also found that family members and professionals viewed sibling sexual abuse as not serious and normal. Consistent with prior studies, I found a main effect for condition in the current study. There were significant differences among all three conditions, with participants rating the 34-year-old perpetrated abuse as most severe followed by the 15-year-old perpetrated abuse; the 7-year-old incident was regarded as the least severe. These results align with previous studies finding participants rate juvenile abuse as less severe than adult abuse (Giglio et al., 2011); however, less was known about how the public views same-age peer abuse scenarios. Vosmer and colleagues (2009) found professionals had a low consensus picking out normal or abnormal sexual behaviors among children and Rowntree (2007) found community and family members did not view sibling abuse as abusive. Based on this literature, I expected participants to view the 7-year-old scenario as the least severe due to the uncertainty of what constitutes abuse. The current study provides some evidence that same-age abuse is regarded as less severe than adult and adolescent perpetrated abuse, despite evidence that negative outcomes are similar regardless of perpetrator age (Cyr et al., 2002). The results from the current study not only strengthen the literature on perceptions of adult versus adolescent CSA, but also extend the literature by providing evidence that participants view CSA by a same-age peer as less severe than both adolescent and adult perpetrated abuse.

Finally, I examined possible interactions between sample status and condition (i.e., age of perpetrator) without making a particular prediction based on available literature. These analyses did not generate significant findings, suggesting students and non-students viewed the age conditions as proportionally similar on ratings of severity. Students and non-students may view CSA more similarly than initially expected.

Geographical Region

The rurality of a region may impact how people react to rape disclosures. Logan and colleagues (2005) found that adult rape survivors from both rural and urban areas experienced stigma, shame, and blame from others, but those from rural areas experienced more barriers to

treatment because of the stigma, shame, and blame. Cromer and Goldsmith (2010) found additional evidence that people hold CSA myths particular to rurality, such as believing child abuse does not happen in small towns.

Results revealed non-rural participants reported higher RMAS scores, rated the abuse as more severe, and blamed the victim more than rural participants. There were no significant findings for depiction of sexual abuse, the blame of the perpetrator, revictimization, and the future well-being of the victim. As predicted, non-rural participants viewed the abuse as more severe than rural participants; however, all other significant findings run contrary to predictions. The literature examining the differences between rural and non-rural perceptions of CSA and RMA was limited and most studies focused on perceptions of sexual assault against women, not children. The study by Logan and colleagues (2005) was based on adult rape survivors' perceptions of their community members' reactions to rape. Furthermore, Logan et al. (2005) found that both urban and rural women perceived shame, stigma, and blame by others and what differed were the reported barriers to treatment. It is possible that a communities' perception of rape of adult women does not generalize to the sexual abuse of children. Also, the current study measured the perceptions and RMA of the perceivers, not the perceptions of the victims as in the study conducted by Logan and colleagues (2005). This difference in aim and study design may account for the results of the current study. Specifically, people's perceptions of sexual assault may differ from survivors' perceptions of others' stigma and blame based on another variable, such as self-blame or anticipated responses from others. Finally, both urban and rural rape survivors perceived stigma and blame, but the difference was in the impact that stigma and blame had on access to treatment. The current study did not measure the impact of participants' perceptions on access or how the participants would react behaviorally to the vignettes, and instead only measured participants' thoughts about the event. These differences in study design and aim could account for the discrepancy between the predicted results and the actual results. It is possible that participants'

thoughts about an event do not align with a behavioral reaction, such as thinking the victim is to blame may not be verbally expressed.

Furthermore, though the differences between non-rural and rural participants' RMAS, perception of severity of the abuse, and blame of the victim mean scores are significant, a closer examination of those mean scores reveal they are fairly similar, thus the significance may be an artifact of a large sample size and a small range of scores. For example, both non-rural and rural participants strongly disagreed that the victim was to blame. Thus, practically, the difference may be non-significant. For severity of abuse, non-rural and rural participants' mean responses were qualitatively different (i.e., agree and neutral/agree, respectively), but the difference was less than half a point ($M = 4.03$ and $M = 3.88$, respectively). Finally, for all three significant variables (i.e., severity, victim blame, and RMAS), both rural and non-rural mean scores fell within one standard deviation of the total means. This suggests that though the differences are statistically significant, the differences are small.

RMA, Perpetrator Age, and Perception of Severity

Rape myths are beliefs about rape, rape victims, and perpetrators based on stereotyped, false, or prejudicial beliefs (Burt, 1980). Acceptance of rape myths impacts people's perceptions of sexual assault by increasing acceptance of sexual violence, shifting blame from the perpetrator to the victim, decreasing bystander intervention, and impacting how victims define sexual assault (Basow & Minieri, 2011; Eyssel & Bohner, 2011; McMahon, 2010; Newins, Wilson, & White, 2018; Peterson & Muehlenhard, 2004; Russell & Hand, 2017). Though most research in this area is focused on the sexual assault of adults, it can also apply to child victims (Abeid, Muganyizi, Massawe, Mpembeni, Darj, & Pia Axamo, 2015; Cromer & Goldsmith, 2010). The current study aimed to examine how different levels of RMA moderate the relationship between perpetrator/initiator age and severity of abuse perception.

Analyses, generally, demonstrated perception of severity of abuse increased as age of the perpetrator increased. Once RMA was added as a moderator, that relationship weakened as RMA

increased. For participants with very high RMA, the relationship between perpetrator/initiator age and perception of severity disappeared, indicating that those with very high RMA viewed all age conditions as similar in severity. Except for the above stated participants with very high RMA, the results aligned with the hypothesis.

These findings suggest that those with high RMA are less sensitive to particular details of abuse cases and view the cases similarly. These results may be explained by a rigid thinking pattern held by those with very high RMA, such that situations related to CSA are not considered within the context of the details (i.e., perpetrator age) and instead solely as the event (i.e., CSA).

Assumption of Gender

Research on crime stereotypes demonstrates that people have expectations for who commits what crimes based on demographic factors, such as gender and race (Skorinko & Spellman, 2013). These stereotypes may impact memory and perception of crimes, such as misremembering the race of a perpetrator, when none is given, to align with the crime stereotype. To see if a crime stereotype of child sexual abuse (i.e., men are more likely to molest a child than women) impacts the perceiver's memory of the abuse, the current study presented a case of CSA without indicating the gender of the perpetrator, then later asked participants to recall the gender. The predicted results emerged after analysis, such that 494 of 582 participants who misremembered the gender of the perpetrator misremembered them as a male. These results support the impact crime stereotypes can have on memory.

Strengths of the Study

The current study has many strengths within the design and sample. First, I used an experimental design; participants were randomly assigned into a condition based on perpetrator/initiator age. Random assignment decreases experimental bias, increasing the reliability of the data. Furthermore, to ensure participants read the vignette and paid adequate attention while responding, I included manipulation and attention checks. I established a data cleaning plan pre-analysis to eliminate data that seemed of poor quality. I also conducted a pre-data collection survey

with confederates to establish a reasonable range of completion time that I used post-data collection to eliminate participant data from those who completed the study too quickly, suggesting a lack of conscientiousness. Lastly, in terms of study design, I included additional measures not related to the study hypotheses to mask the aim of the study to reduce demand characteristics. Overall, these study design choices add confidence to the data.

Another strength of the study comes from the large sample size. Collecting survey data allowed me to reach people from different demographics, including region, race, and gender, increasing the generalizability of the study. In addition, I collected both student and community samples, diversifying the sample. Also, the two types of participants gave the opportunity to explore differences in perception between two groups of people, extending current literature and shedding light of common sample groups, such as undergraduate students.

Clinical Implications

CSA occurs around the world and leads to negative outcomes. Unfortunately, negative reactions to children's disclosures can have a greater impact on the outcome of the child than by abuse alone (Chaffin, Wherry, & Dykman, 1997; Merton, 1948). By understanding which abuse characteristics (i.e., perpetrator age) and perceiver characteristics (i.e., sample status, geographical region) impact perceptions of CSA and in which ways, we can begin to build a stronger, supportive network for survivors of CSA. This study provides support that people view sexual abuse by younger perpetrators less severely compared to older perpetrators despite evidence indicating similar negative consequences (Shaw et al., 2000; Sperry & Gilbert, 2005). Understanding this discrepancy, educational programs can be designed to address what and who perpetrates childhood sexual abuse and the potential consequences of that abuse. This education may help the public understand the impact juvenile-perpetrated abuse can have and combat the erroneous belief that those who experience sexual abuse from juvenile offenders are not in need of interventions and support in the same way as their counterparts are who experience sexual abuse by adults.

Though the literature on the intricacies of stigma surrounding CSA is mixed, at the very least it shows as a collective that stigma does exist, suggesting education of the public is essential. Children rely on adults for advocacy and care; thus, it is essential that the public is educated on the impacts of CSA on the child and on the impacts of stigma and misperceptions. Myths about sexual violence interfere with supporting the victim and/or intervention. Programs should focus on teaching people the signs of CSA and building empathy for victims (Banyard, Edwards, Moschella, & Seavey, 2019).

Limitations

The current study had some notable limitations. One limitation is that the study is based on survey data collected through an online platform. Without a researcher present, it is difficult to ensure participants fully read the vignette and answered the questions truthfully. In addition, participants may have engaged in image management and altered their responses from their true perceptions. To manage these limitations, I included manipulation and attention check questions to screen out participants who may not have fully read the vignette. Future research should consider including a question asking participants if they answered truthfully to screen out those engaging in impression management.

Second, I only included measurements assessing perceptions, thoughts, and feelings, and did not include measures assessing behavioral responses. Future research should include behavioral response measures, such as asking participants if they would intervene. This may allow for exploration between thoughts and behavior, strengthening the body of literature. In addition, the questionnaire used to measure perceptions, thoughts, and feelings was designed for the current study and no psychometric properties are available. This makes it unclear if there may be a more robust way to collect these data. A future study validating the measure would be helpful in supporting its use for research.

Third, I was unable to determine the demographics of the community sample before collection. According to the United States (U.S.) Census Bureau (Ryan & Bauman, 2016), more

than half (59%) of the adult population completed some college or more, compared to the majority (89.4%) of the current sample. Based on level of education, the community sample in the current study is not representative of the U.S. adult population, and these results may not generalize to the U.S. population at large.

Future Directions

Future research should continue examining perceptions of CSA and the factors influencing those perceptions. For example, RMA emerged as a moderator for the relationship of perpetrator age and perceptions of severity of abuse, but that moderation broke down for those with very high RMA. Those with very high RMA rated all three age conditions as similarly severe, suggesting participants were not sensitive to perpetrator age. These results are confusing. Crall and Goodfriend (2016) found a common rape myth surrounds the belief about who can perpetrate sexual violence. That, combined with literature demonstrating people tend to view juvenile perpetrated CSA as less severe and less common (Giglio et al., 2011) despite actual statistics (Finkelhor et al., 2014), suggests those with high RMA would be more likely to endorse the myth that juvenile perpetrators are less common and the abuse is less severe and rate the adolescent perpetrated abuse less severe than the adult perpetrated abuse. Alternatively, these results could reflect a rigidness in thinking style upon those with high RMA, such that they are less sensitive to details and view CSA scenarios in a black-and-white way. More research is needed to explore RMA as a moderator between perpetrator age and severity of abuse and what could be related to the dissolution of that moderator for those with high RMA.

In addition, future research should include a behavioral measure to explore the relationship between how people perceive CSA scenarios and what they predict they would do when faced with that scenario. For example, if someone believes a particular CSA scenario is not severe, would they be less likely to intervene? More insight into this area can pave the way for interventions to decrease stigma, increase access to treatment, and increase intervention.

Finally, more research should be conducted to extend the crime stereotype results. The current results found that the majority of participants who misremembered the gender of the perpetrator/initiator, misremembered the perpetrator as male. These results can be taken further and explored in applied settings, such as judging court cases. This direction can shed light on the impacts of crime stereotypes on memory and potentially influence new insights and interventions.

Conclusion

The current study aimed to extend the literature on perceptions of CSA and the factors influencing those perceptions, such as perpetrator/initiator age, RMA, sample status (i.e., student versus community), and geographical region. Using a vignette study design, I found a significant difference for sample status, geographical region, and age of perpetrator. In addition, I found support for RMA as a moderator of perpetrator age and perceptions of severity, though not all in the predicted direction. Lastly, the current study found most participants who misremembered a gender for the perpetrator, misremembered the gender as male. These findings add information about how people view same-age CSA cases and other factors impacting their perceptions of child sexual abuse.

REFERENCES

Abeid, M., Muganyizi, P., Massawe, S., Mpembeni, R., Darj, E., & Axemo, P. (2015). Knowledge and attitude towards rape and child sexual abuse – a community-based cross-sectional study in Rural Tanzania. *BioMed Central Public Health, 15*(428), 1-12.

Basow, S. A., & Minieri, A. (2011). "You owe me": Effects of date, cost, who pays, participant gender, and rape myth beliefs on perceptions of rape. *Journal of Interpersonal Violence, 26*(3), 479-497. doi: 10.1177/0886260510363421

Banyard, V. L., Edwards, K. M., Moschella, E. A., & Seavey, K. M. (2019). "Everybody's really close-knit": Disconnections between helping victims of intimate partner violence and more general helping in rural communities. *Violence Against Women, 25*(3), 337-358. doi: 10.1177/1077801218768714

Bornstein, B. H., Kaplan, D. L., & Perry A. R. (2007). Child abuse in the eyes of the beholder: Lay perceptions of child sexual and physical abuse. *Child Abuse and Neglect, 31*, 375-391. doi:10.1016/j.chiabu.2006.09.007

Boysan, M., Goldsmith, R. E., Cavus, H., Kayri, M., & Keskin, S. (2009). Relations among anxiety, depression, and dissociative symptoms: The influence of abuse subtype. *Journal of Trauma and Dissociation, 10*, 83-101. doi: 10.1080/15299730802485185

Browne, A., & Finkelhor, D. (1986). Impact of child sexual abuse: A review of the research. *Psychological Bulletin, 99*(1), 66-77.

Burt, M. R. (1980). Cultural myths and supports for rape. *Journal of Personality and Social Psychology, 38*(2), 217-230.

Chaffin, M., Wherry, J. N., & Dykman, R. (1997). School age children's coping with sexual abuse: Abuse stressors and symptoms associated with four coping strategies. *Child Abuse and Neglect, 21*(2), 227-240.

Collin-Vézina, D., Daigneault, I., & Hébert, M. (2013). Lessions learned from child sexual abuse research: prevalence, outcomes, and preventive strategies. *Child and Adolescent Psychiatry and Mental Health, 7*(22), 1-9.

Connor, K. M., & Davidson, J. R. T. (2003). Development of a new resilience scale: The Connor-Davidson Resilience Scale (CD-RISC). *Depression and Anxiety, 18,* 76-82.

Crall, P., & Goodfriend, W. (2016). She asked for it: Statistics and predictors of rape myth acceptance. *Modern Psychological Studies, 22*(1), 15-27.

Cromer, L. D., & Goldsmith, R. E. (2010). Child sexual abuse myths: Attitudes, beliefs, and individual differences. *Journal of Child Sexual Abuse, 19*, 618-647. doi: 10.1080/10538712.2010.522493

Cyr, M., Wright, J., McDuff, P., & Perron, A. (2002). Intrafamilial sexual abuse: Brother–sister incest does not differ from father–daughter and stepfather– stepdaughter incest. *Child Abuse and Neglect, 26*, 957–973.

Danielson, C. K., Macdonald, A., Amstadter, A. B., Hanson, R., de Arellano, M. A., Saunders, B. E., & Kilpatrick, D. G. (2010). Risky behaviors and depression in conjunction with – or in the absence of – lifetime history of PTSD among sexually abused adolescents. *Child Maltreatment, 15*(1), 101-107.

Darlington, R. B., & Hayes, A. F. (2016). *Regression analysis and linear models: Concepts, applications, and implementation.* New York: NY: Guilford Press.

Dollar, K. M., Perry, A. R., Fromuth, M. E., & Holt, A. R. (2004). Influence of gender roles on perceptions of teacher/adolescent student sexual relations. *Sex Role, 50*, 91-101.

Eyssel, F. & Bohner, G. (2011). Schema effects of rape myth acceptance on judgments of guilt and blame in rape cases: The role of perceived entitlement to judge. *Journal of Interpersonal Violence, 26*(6), 1579-1605. doi: 10.1177/0886260510370593

Fanslow, J. L., Robinson, E. M., Crengle, S., & Perese, L. (2007). Prevalence of child sexual abuse reported by a cross-sectional sample of New Zealand women. *Child Abuse and Neglect, 31*, 935-945. doi:10.1016/j.chiabu.2007.02.009

Finkelhor, D. (1984). Child Sexual Abuse. In E. Ullmann & W. Hilweg (Eds.), *Childhood and Trauma: Separation, Abuse, War,* (101-156). Brookfield,VT: Ashgate Publishing Company.

Finkelhor, D. (1979). Sexually victimized children. New York, NY: The Free Press.

Finkelhor, D. (1984). Child sexual abuse. Challenges facing child protection and mental health professionals. In E. Ullmann & W. Hilweg (Eds.), *Childhood trauma: Separation, abuse, war* (101-116). Brookfield, VT: Ashgate Publishing Company.

Finkelhor, D., Shattuck, A., Turner, H. A., & Hamby, S. L. (2014). The lifetime prevalence of child sexual abuse and sexual assault assessed in late adolescence. *Journal of Adolescent Health, 55,* 329-333.

Friedrich, W. N., Grambsch, P., Broughton, D., Kuiper, J., & Beile, R. L. (1991). Normative sexual behavior is children. *Pediatrics, 88*(3), 456-464.

Giglio, J. J., Wolfteich, P. M., Gabrenya, W. K., Sohn, M. L. (2011). Differences in perceptions of child sexual abuse based on perpetrator age and respondent gender. *Journal of Child Sexual Abuse, 20,* 396-412.

Grubb, A., & Turner, E. (2012). Attribution of blame in rape cases: A review of the impact of rape myth acceptance, gender role conformity and substance use on victim blaming. *Aggression and Violent Behavior, 17*, 443-452. doi:10.1016/j.avb.2012.06.002

Gruenfelder, K. C., & Yancey, C. T. (2018). Adult perceptions and feelings related to childhood events. Unpublished raw data.

Hatton, V. A., & Duff, S. (2016). A systematic literature review: which factors influence English and Welsh perceptions towards victims of child sexual abuse? *Journal of Sexual Aggression, 22*(3), 275-290.

Hetherton, J., & Beardsall, L. (1988). Decisions and attitudes concerning child sexual abuse: Does the gender of the perpetrator make a difference to child protection professionals? *Child Abuse & Neglect, 12*, 1265-1283.

Houck, C. D., Nugent, N. R., Lescano, C. M., Peters, A., & Brown, L. K. (2010). Sexual abuse and sexual risk behavior: Beyong the impact of psychiatric problems. *Journal of Pediatric Psychology, 35*(5), 473-483.

Jones, C. S., & Kaplan, M. F. (2003). The effects of racially stereotypical crimes on juror decision-making and information-processing strategies. *Basic and Applied Social Psychology, 25*(1), 1-13.

Kastbom, A., Larsson, I., & Svedin, C. G. (2012). Parents' observations and reports on the sexual behavior of 7 to 13 years old children. *Reproductive System and Sexual Disorders, 1*(2), 1-6. doi: 10.4172/2161-038X.1000108

Kennel, R., & Agresti, A. (1995). Effects of gender and age on psychologists' reporting of child sexual abuse. *Professional Psychology: Research and Practice, 26*, 612–615.

Larsson, I, Svedin, C. G., & Friedrich, W. N. (2000). Differences and similarities in sexual behavior among pre-schoolers in Sweden and USA. *Nordic Journal of Psychiatry, 54*, 251-257.

Logan, T. K., Evans, L., Stevenson, E., Jordan, C. E. (2005). Barriers to services for rural and urban survivors of rape. *Journal of Interpersonal Violence, 20*(5), 591-616. doi: 10.1177/0886260504272899

Lonsway, K. A., & Fitzgerald, L. F. (1995). Attitudinal antecedents of rape myth acceptance: A theoretical and empirical reexamination. *Journal of Personality and Social Psychology, 68*(4), 704-711.

Lovibond, P. F., & Lovibond, S. H. (1995). The structure of negative emotional states: Comparison of the Depression Anxiety Stress Scales (DASS) with the Beck Depression and Anxiety Inventories. *Behavior Research and Therapy, 33*, 335-343.

Newins, A. R., Wilson, L. C., & White, S. W. (2018). Rape myth acceptance and rape acknowledgement: The mediating role of sexual refusal assertiveness. *Psychiatry Research, 263*, 15-21.

Maynard, C., & Wiederman, M. (1997). Undergraduate students' perceptions of child sexual abuse: Effects of age, sex, and gender-role attitudes. *Child Abuse & Neglect, 21*, 833-844.

McMahon, S. (2010). Rape myth beliefs and bystander attitudes among incoming college students. *Journal of American College Health, 59*(1), 3-11.

Ménard, K. S., & Ruback, R. B. (2003). Prevalence and processing of child sexual abuse: A multi-data-set analysis of urban and rural counties. *Law and Human Behavior, 27*(4), 385-402.

Merton, R. K. (1948). The self-fulfilling prophecy. *The Antioch Review, 8*, 193-210.

Peterson, Z. D., & Muehlenhard, C. L. (2004). Was it rape? The function of women's rape myth acceptance and definitions of sex in labeling their own experiences. *Sex Roles, 51*(3/4), 129-144.

Rogers, P., & Davies, M. (2007). Perceptions of victims and perpetrators in a depicted child sexual abuse case: Gender and age factors. *Journal of Interpersonal Violence, 22*(5), 566-584. doi: 10.1177/0886260506298827

Rowntree, M. (2007). Responses to sibling sexual abuse: Are they as harmful as the abuse?. *Australian Social Work, 60*(3), 347-361. doi: 10.1080/03124070701519645

Rubin, M. L., & Thelen, M. H. (1996). Factors influencing believing and blaming in reports of child sexual abuse: Survey of a community sample. *Journal of Child Sexual Abuse, 5*(2), 81-100.

Rudin, M. M., Zalewski, C., Bodmer-Turner, J. (1995). Characteristics of child sexual abuse victims according to perpetrator gender. *Child Abuse and Neglect, 19*, 963-973.

Russell, K. J., & Hand, C. J. (2017). Rape myth acceptance, victim blame attribution and Just World Beliefs: A rapid evidence assessment. *Aggression and Violent Behavior, 37*, 153-160.

Sadowski, H., Trowell, J., Kolvin, I., Weeramanthri, T., Berelowitz, M., & Gilbert, L. H. (2003). Sexually abused girls: Patterns of psychopathology and exploration of risk factors. *European Child & Adolescent Psychiatry,12*, 221-230.

Sanghara, K. K., & Wilson, J. C. (2006). Stereotypes and attitudes about child sexual abusers: A comparison of experienced and inexperienced professionals in sex offender treatment. *Legal and Criminological Psychology, 11*, 229-244. doi:10.1348/135532505X68818

Shaw, J. A., Lewis, J. E., Loeb, A., Rosado, J., Rodriguez, R. A. (2000). Child on child sexual abuse: Psychological perspectives. *Child Abuse & Neglect, 24*, 1591-1600.

Skorinko, J. L., & Spellman, B. A. (2013). Stereotypic Crimes: How group-crime associations affect memory and (sometimes) verdicts and sentencing. *Victims and Offenders, 8*, 278-307. doi: 10.1080/15564886.2012.755140

Smith, B. W., Dalen, J., Wiggins, K., Tooley, E., Christopher, P., & Bernard, J. (2008). The Brief Resilience Scale: Assessing the ability to bounce back. *International Journal of Behavioral Medicine, 15*, 194-200. doi: 10.1080/10705500802222972

Sperry, D. M., & Gilbert, B. O. (2005). Child peer sexual abuse: Preliminary data on outcomes and disclosure experiences. *Child Abuse & Neglect, 29*, 889-904. doi:10.1016/j.chiabu.2004.12.011

Stoltenborgh, M., van Ijzendoorn, M. H., Euser, E. M., & Bakermans-Kranenburg, M. J. (2011). A global perceptive on child sexual abuse: Meta-analysis of prevalence around the world. *Child Maltreatment, 16*(2), 79-101. doi: 10.1177/1077559511403920

Suarez, E., & Gadalla, T. M. (2010). Stop blaming the victim: A meta-analysis on rape myths. *Journal of Interpersonal Violence, 25*(11), 2010-2035. doi: 10.1177/0886260509354503

Thanasiu, P. L. (2004). Childhood sexuality: Discerning healthy from abnormal sexual behaviors. *Journal of Mental Health Counseling, 26*(4), 309-319.

Tsopelas, C., Tsetsou, S., Ntounas, P., & Douzenis, A. (2012). Female perpetrators of sexual abuse of minors: What are the consequences for the victims?. *International Journal of Law and Psychiatry, 35*, 305-310. doi:10.1016/j.ijlp.2012.04.003

Ryan, C. L. & Bauman, K. (2016, March). *Educational attainment in the United States: 2015.* United States Census Bureau.

https://www.census.gov/content/dam/Census/library/publications/2016/demo/p20-578.pdf

Vosmer, S., Hackett, S., & Callanan, M. (2009). "Normal" and "inappropriate" childhood sexual behaviours: Findings from a Delphi study of professionals in the United Kingdom. *Journal of Sexual Aggression, 15*(3), 275-288. doi: 10.1080/13552600902915984

Wiley, T., & Bottoms, B. (2009). Effects of defendant sexual orientation on jurors' perceptions of child sexual assault. *Law and Human Behavior, 33*, 46–60.

Williams, M. R., & Holcomb, J. E. (2001). Racial disparity and death sentences in Ohio. *Journal of Criminal Justice, 29*, 207-218.

World Health Organization. Child Sexual Abuse. *Guidelines for Medico-Legal Care for Victims of Sexual Violence* (75-93).

APPENDIX A

VIGNETTE AND VIGNETTE QUESTIONNAIRES

1. (7-year-old)

"Anna is a 7-year-old girl who lives with her mother and father. During a block party on a sunny day, a 7-year-old neighbor invited her into the backyard to see the family's new pool. They both sat at the edge of the pool. Anna could see a blue pool house to her left. After a few minutes, the 7-year-old neighbor reached over and rubbed the girl's genitals over her pants. The neighbor whispered to her to not tell anyone, otherwise their game will be over and she would make a lot of people mad. The neighbor then got up and walked inside the pool house."

2. (15-year-old)

"Anna is a 7-year-old girl who lives with her mother and father. During a block party on a sunny day, a 15-year-old neighbor invited her into the backyard to see the family's new pool. They both sat at the edge of the pool. Anna could see a blue pool house to her left. After a few minutes, the 15-year-old neighbor reached over and rubbed the girl's genitals over her pants. The neighbor whispered to her to not tell anyone, otherwise their game will be over and she would make a lot of people mad. The neighbor then got up and walked inside the pool house."

3. (34-year-old)

"Anna is a 7-year-old girl who lives with her mother and father. During a block party on a sunny day, a 34-year-old neighbor invited her into the backyard to see the family's new pool. They both sat at the edge of the pool. Anna could see a blue pool house to her left. After a few minutes, the 34-year-old neighbor reached over and rubbed the girl's genitals over her pants. The neighbor whispered to her to not tell anyone, otherwise their game will be over and she would make a lot of people mad. The neighbor then got up and walked inside the pool house."

For Vignette 1.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
The incident depicts sexual abuse.	0	1	2	3	4
This incident is a depiction of severe sexual abuse.	0	1	2	3	4
Anna (age 7) is to blame for what happened.	0	1	2	3	4
The neighbor (age 7) is to blame for what happened.	0	1	2	3	4
Anna is likely to experience a similar incident in the future.	0	1	2	3	4
Anna is likely to suffer mental health problems in the future.	0	1	2	3	4

For Vignette 2.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
The incident depicts sexual abuse.	0	1	2	3	4
This incident is a depiction of severe sexual abuse.	0	1	2	3	4
Anna (age 7) is to blame for what happened.	0	1	2	3	4
The neighbor (age 15) is to blame for what happened.	0	1	2	3	4
Anna is likely to experience a similar incident in the future.	0	1	2	3	4
Anna is likely to suffer mental health problems in the future.	0	1	2	3	4

For Vignette 3.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
The incident depicts sexual abuse.	0	1	2	3	4
This incident is a depiction of severe sexual abuse.	0	1	2	3	4
Anna (age 7) is to blame for what happened.	0	1	2	3	4
The neighbor (age 34) is to blame for what happened.	0	1	2	3	4
Anna is likely to experience a similar incident in the future.	0	1	2	3	4
Anna is likely to suffer mental health problems in the future.	0	1	2	3	4

APPENDIX B

MANIPULATION CHECK

1. What color is the pool house in the story you read?

Red.	Information not provided.	Blue.	Green.

2. In the story you read, what was the weather?

Sunny.	Rainy.	Information not provided.	Cloudy.

3. How old is the neighbor in the story you read?

Information not provided.	7/15/34 years old.	13 years old.	50 years old.

4. In the story you read, how old is Anna?

4 years old.	14 years old.	10 years old.	7 years old.

5. What event was taking place in the story you read?

A block party.	A playdate.	Information not provided.	A neighborhood association meeting.

APPENDIX C

DEMOGRAPHICS QUESTIONNAIRE

Year of Birth: _____   Age: _____

Gender:
_____ Male
_____ Female
_____ Other, please specify _____

Race:
_____ White
_____ African American
_____ Hispanic
_____ Asian
_____ Pacific Islander
_____ Native American
_____ Bi/Multi Racial: _____

Current Marital Status:
_____ Single, Not Dating
_____ In exclusive relationship, Not Married
_____ Married
_____ Partnership/Civil Union
_____ Divorced
_____ Widowed
_____ Other: _____

Sexual Orientation:
_____ Heterosexual
_____ Homosexual (Lesbian/Gay)
_____ Bi-Sexual
_____ Undecided
_____ Other

Highest Education:
_____ Post Graduate Degree
_____ Some Post Graduate
_____ Bachelor's Degree
_____ Associate Degree
_____ Some college; not currently enrolled
_____ Currently enrolled in college
_____ High School Diploma or GED
_____ Less than high school diploma

Annual Household Income (Current):
_____ Less than $10,000
_____ 10,000 to 19,999
_____ 20,000 to 29,999
_____ 30,000 to 39,999

_____ 40,000 to 59,999
_____ 60,000 to 89,999
_____ 90,000 to 119,999
_____ 120,000 to 149,999
_____ 150,000 to 199,999
_____ >200,000

Annual Family Income (for your family of origin while you were a child):
_____ Less than $10,000
_____ 10,000 to 19,999
_____ 20,000 to 29,999
_____ 30,000 to 39,999
_____ 40,000 to 59,999
_____ 60,000 to 89,999
_____ 90,000 to 119,999
_____ 120,000 to 149,999
_____ 150,000 to 199,999
_____ >200,000

Occupation Status:
_____ Full Time
_____ Stay-at-Home Parent/Caregiver
_____ Part Time
_____ Unemployed
_____ College Student
_____ Retired
_____ Other: _____

If you are a college student, please indicate the following:

What is your current major? _____

Current year in college?
_____ Freshman
_____ Sophomore
_____ Junior
_____ Senior
_____ Post baccalaureate
_____ Graduate Student

How would you best describe the area in which you were raised? (lived prior to 18 years of age)
_____ Urban/Large city
_____ Suburban
_____ Small city/Small town
_____ Rural

How would you best describe the area in which you live currently?
_____ Urban/Large city
_____ Suburban
_____ Small city/Small town
_____ Rural

APPENDIX D

ASSESSMENT OF ASSUMPTION OF GENDER

In the story you read, what was the neighbor's gender?

The neighbor was a man.	The neighbor was a woman.	The neighbor had another gender.	The gender of the neighbor was not provided.

APPENDIX E

PERSONAL TRAUMA HISTORY QUESTIONNAIRE

Have you experienced physical abuse/assault ___ yes ___ no.

       If yes, what age did you first experience physical abuse/assault? _____

Have you experienced sexual abuse/assault ___ yes ___ no.

       If yes, what age did you first experience sexual abuse/assault? _____

Have you experienced childhood neglect ___ yes ___ no.

       If yes, what age did you first experience childhood neglect? _____

Have you experienced interpersonal violence/domestic assault ___ yes ___ no.

       If yes, what age did you first experience interpersonal violence/domestic assaults? ___

Have you experienced other trauma ___ yes ___ no.

       If yes, what age did you first experience this trauma? _____

       Briefly indicate type of trauma: _____

Have you experienced homelessness ___ yes ___ no.

       If so, what age did you first experience homelessness? _____