

FACTORS INFLUENCING PERCEPTIONS OF CHILD SEXUAL ABUSE: VIGNETTE STUDY FINDINGS

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ABSTRACT

This paper is a review of findings from studies that have used vignettes to identify salient characteristics that have been found to influence individuals' perceptions of child sexual abuse. Vignette studies finding avoid to unreliable and biased self-reports. A review of the literature revealed that factors influencing the perception process are divided into two groups. One group of factors relates to the details of the abuse situation including characteristics of sexual act (intrusiveness of the sexual act and the frequency of acts), characteristics of victim (age of victim, the gender of victim and victim resistance), and characteristics of perpetrator (age of perpetrator, gender of perpetrator and the relationship of the perpetrator to the child). The other group of factors focused on in research reflects individuals background variables that affect personal interpretations of the abuse situation. These factors include professional affiliation of the respondent and various other demographics (e.g., gender of respondents, age, education, marital status, parental

status, number of children, the length of experience, etc.), along with respondents own child sexual victimization experiences. Based on these findings vignette studies have allowed researchers to learn how individuals vary their perceptions of various situational aspects of child sexual abuse situations, and how background characteristics of the respondents as observers may influence these perceptions.

I . Introduction

As professionals and the lay public became aware of the extent of child sexual abuse, definitions proliferated, and resulted in extensive inconsistencies among researchers and professionals working in this area (e.g., Atteberry-Bennett, 1987; Gelles, 1982; Giovannoni and Becerra, 1979;Haugaard & Reppuci, 1988; Misner, 1986). Lack of consensus in defining child sexual abuse impedes more precise and consistent formulation of what child sexual abuse actually is and causes confusion and uncertainty among the very professionals who are expected to identify, treat, and prevent the problem.

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Defining whether child sexual abuse has occurred is influenced by how individuals perceive child sexual abuse. Labeling perspectives provide insight on this process. The labeling perspective suggests that labels of abuse be constructed according to the relative influence of variables that describe the abuse situations. These include characteristics of the actors (i.e., victims and perpetrators) as well as characteristics of their behavior. Labels may also be influenced by the individual and professional perspectives of observers (e.g., Hawkins & Tiedeman, 1975; Herzberger & Tennen, 1988; O'Toole, O'Toole, Webster & Lucal, 1994).

One of the most powerful approaches that has been utilized to examine perceptions of child sexual abuse is vignette study. Vignette studies focus on how professionals and others perceive the relative seriousness of abusive situations by providing a series of hypothetical situations which incorporate various factors that might influence perceptions (Jackson & Nettle, 1993). These situations provide precise references to what are thought to be the most important factors in the judgment-making processes of respondents (Alexander & Becker, 1978).

The several advantages of the use of vignettes in survey studies are pointed out by Alexander and Becker. They note that vignettes provide stimuli that more closely approximate real-life situations in which decision or judgments are made. Questionnaires and interviews are too abstract and distant from these situations, and much more likely to elicit reports that are biased and unreliable. Another advantage of vignettes is that the researcher can manipulate various factors acting during the situation, which allows a degree of uniformity to be maintained over a heterogeneous population. The degree of control over the stimulus situation is very similar to the degree of control researchers obtain in experimental designs. Perhaps the most important advantage for survey research is that the vignette technique "makes

possible an analysis of the effects on people's judgments by systematically varying the characteristics used in the situation description" (1978, pp. 93, 94).

This paper is a review of findings from studies which have used vignettes to identify salient characteristics that have been found to influence individuals' perceptions of child sexual abuse.

II . Factors Associated with Perceptions of Child Sexual Abuse

A number of factors have been incorporated in vignette studies of child sexual abuse. In general, factors that influence the perception process are divided into two groups. One group is based on characteristics of the abusive situation. These can be grouped further into three categories: characteristics of the act, characteristics of the victim, and characteristics of the perpetrator. The other group of factors is characteristics of respondents.

Characteristics of the Act

The most important characteristics of acts of sexual abuse identified in the literature are degree of intrusiveness and frequency of the sexual act. Theoretically, situations involving more intrusive and more frequent acts are perceived as more serious by respondents.

Intrusiveness of the sexual act. Sexual acts are typically characterized in three ways: very serious including intercourse and oral sex; serious including fondling, simulated intercourse, and digital penetration; and less serious including kissing, touching of non-genital areas, and exhibitionism (Lessard, 1996). Knudsen (1991) pointed out that individuals identify the very serious acts as sexual abuse, but are less clear about less serious acts.

In one of the first studies of child sexual abuse perceptions, Finkelhor and Redfield (1984)

focused on the perceptions of the general public. They identified eight factors which had been the subject of some controversy in the definition of child sexual abuse area, including the type of sexual activity. Using a combination of factors and factorial survey designs, they developed a series of vignettes depicting hypothetical situations of sexual contact involving children. These were then administered to a sample of 521 parents with children aged 6 to 14 in the Boston metropolitan area. These parents were asked to decide whether the vignette situations were examples of sexual abuse or not. Using multiple regression, they determined that one of the most important variables in defining child sexual abuse was the type of act committed. The presence of intercourse in the vignettes was considered definitely to be abuse. Attempted intercourse and fondling the child's sex organs were also rated as highly serious, nearly as serious as intercourse. Their interpretation of this finding was that the public tends to think that the seriousness of sexual touching is similar to the seriousness of intercourse in child sexual abuse situation. Verbal abuse with a sexual theme (i.e., calling a child a faggot or whore) was not considered sexual abuse by the public.

A study by Eisenberg, Owens, and Dewey (1987) examined the determinants of perceptions of incest held by 299 health professionals including health visitors, nurses, and medical students. Respondents were presented four case histories that varied according to two factors including the intrusiveness of sexual activity (sexual intercourse vs. fondling of breasts and genitals) and were asked to answer questions on attitudes about child sexual abuse. Using ANOVA, they found that the intrusiveness of sexual activity influenced responses, with significance accorded to the occurrence of sexual intercourse opposed to the occurrence of fondling. Their findings demonstrated that intercourse was perceived as resulting in greater harm to the child

and that the harm would be longer lasting.

Atteberry-Bennett (1987) focused on intrafamilial sexual abuse in a sample of 250 respondents consisting of professionals and parents. Four factors were incorporated into vignettes using a factorial design. Among these was intrusiveness of the sexual act, a variable with eight levels ranging from non-abuse (parent hugs child, parent kisses child on the lips as parent goes to work in the morning), to non-contact or indirect abuse (parent enters the bathroom without knocking while child is bathing, parent is nude in front of child, parent sleeps in the same bed with child, parent photographs child nude), to contact abuse (parent touches child's genitals), and to penetrating abuse (parent has sexual intercourse with child). A six-point scale was used to rate the vignettes, with categories ranging from Definitely not sexual abuse to Definitely is sexual abuse. Atteberry-Bennett (1987) hypothesized that the intrusiveness of the sexual act utilized in the vignettes would account for most of the variance in the perceptions. Using multiple regression analysis, she confirmed that intrusiveness of act accounted for the greatest amount of variance in ratings of abusiveness. Acts of hugging, kissing, and having sexual intercourse with a child accounted for 65% of the variance in ratings of abusiveness. Her findings also indicated that hugging a child and kissing a child were most rated in the definitely not sexual abuse or probably not sexual abuse, while sexual intercourse was rated in the most definitely sexual abuse categories. In-between acts such as entering the bathroom while a child is bathing, sleeping in the same bed with a child, and parental nudity were mostly rated in the might or might not be sexual abuse range. Acts such as touching genitals and photographing a child nude fell in the response probably sexual abuse. Photographing children in the nude for children aged 5 and older was consistently considered as abuse.

DeWitt (1992) focused on the perceptions of child sexual abuse of a group of 300 human service providers-in-training. She created a vignette instrument with four factors including the intrusiveness of sexual acts. She asked the respondents, if they considered the situations in vignettes as abuse, to rate the seriousness of each case on a 9-point scale with one being the least serious and nine the most serious. If they considered the situations in vignettes as non-abuse, they were to respond with the value of 0. In her study, sexual acts were classified as no physical contact (i.e., voyeurism, exhibitionism, talk in a sexual way), physical contact (i.e., sexual kisses, fondling, masturbation) and intercourse (i.e., anal, oral, vaginal). Using descriptive statistics such as mean rankings, she found that the intrusiveness of sexual act showed a clear relationship to respondents judgments. Vignettes involving intercourse were perceived as the most serious and physical contact that occurred repeatedly was rated at higher levels of seriousness. Those acts involving no physical contact were perceived as the least serious.

OToole et al. (1994) examined the definition of child abuse, including sexual abuse, in a study of the recognition and reporting of child abuse among 1,555 registered nurses. Using a series of vignettes, they focused on the relative influence of factors on the identification of cases as child abuse (ranging from 0 not child abuse to 9 child abuse). The vignettes presented to the respondents were randomly generated by computer, using a factorial survey design. Included in the case characteristic factors investigated in their study was the intrusiveness of sexual act. The seriousness of sexual abuse ranged from showed sexually explicit picture, and on one occasion fondled the child's genital area to repeatedly suggested to the child that they have sexual relations, and on one occasion engaged in sexual intercourse. Analysis using ordinary least square regression found that the level of seriousness of sexual abuse was the

strongest predictor of nurses recognition and reporting.

The frequency of acts. Another important factor affecting perceptions of child sexual abuse is the frequency of abuse. As mentioned previously, DeWitt (1992) examined the perceptions of child sexual abuse of a group of trainees in the human service field. One of four factors included in the vignettes was frequency, with two categories: once and repeated. She found that vignettes involving the repeated descriptor were rated as more serious than vignettes involving sexual interaction between an adult and a child occurring only once. The classification of vignettes involving physical contact appeared to depend upon the frequency of the act. If it was repeated, it was more likely to be considered abuse; if it occurred only once, it was more likely to be classified as non-abuse.

A study by Hartman, Karlson, and Hibbard (1994) also emphasized frequency as a component of vignettes in determining sexual abuse. Their study was designed to determine if two groups of attorneys (100 prosecuting and 54 defense attorneys) differed in their attitudes regarding adult-child behaviors that might be related to sexual abuse. Respondents were asked to indicate if a behavior was acceptable, inappropriate, or sexual abuse if it occurred on one or on multiple occasions. There were 21 behaviors listed ranging from Adult bathing with 6-year-old child, same sex to Digital or penile penetration of a 15- to 16- year-old by another 16- to 17-year-old. Findings indicated that behaviors were more likely to be indicated abuse or inappropriate when they occurred on multiple occasions.

Characteristics of Victim

Victim characteristics include factors that reflect the victim's ability to protect themselves. The age of the victim, gender of victim, and resistance of victim are all identified as factors that may influence persons perceptions of child sexual abuse.

Age of victim. Age of victim consistently has been found to play a role in perceptions of child sexual abuse. In general, studies indicate that younger victims are seen as more abused and less blamed than older victims for the same sexual experience. For instance, Waterman and Foss-Goodman (1984) surveyed 180 male and 180 female volunteers attending a large northeastern state university. They examined how three factors including victims age would affect students perceptions of the sexual abuse incident. They specifically focused on the attribution of fault to victims, offenders, and non-participating parents. Respondents indicated how much fault they attributed to each person and stated their reasons. Analysis of variance produced significant effects for victims age, with 15-year-old victims blamed more for the abuse they experience than 7- and 11-year-old victims.

Jackson and Nuttall (1993) sought to determine how and to what extent specific clinician and case variables affect clinicians judgments about the credibility of sexual abuse allegations. They drew a stratified random sample of 1,635 clinicians from national directories of clinical social work, pediatrics, psychiatry, and psychology. Of these, 656 clinicians participated in this study. Case variables were chosen based on factors identified in the literature as predictive of sexual abuse, and as being influential in clinical judgments of abuse case. Using a fractional factorial design, the 15 case-vignette factors were organized into 16 vignettes. One of the case factors was age of victim. They asked respondents to rate each vignette on how confident they were that sexual abuse had occurred. The credibility scale ranged from 1 being very confident sexual abuse did not occur to 6, very confident sexual abuse did occur. Using multiple regression, they found that victims age significantly affected credibility ratings and suggested that clinicians were significantly more likely to believe allegations that a younger child was sexually

abused than allegations that an adolescent was sexually abused.

Findings about the influence of victims age on perceptions of child sexual abuse, however, are not consistent. For instance, Finkelhor and Redfield (1984) found with their sample of 521 parents that very young victims and adolescent victims were considered less abused than preadolescent or early adolescent victims. They reasoned that the public may have felt that very young victims are too naive to understand about sex and therefore less traumatized. In the case of adolescents, they are probably viewed as mature enough to understand sexual activity and therefore less abused by such activity.

Atteberry-Bennetts (1987) study of intrafamilial abuse also found that professionals and parents rated vignettes involving an older (adolescent) child more abused compared to a 5-year-old child or a 10-year-old child. The reason given by Atteberry-Bennet (1987) was that:

This study presented acts involving many behaviors that could be interpreted as either sexual abuse or normal family behaviors (e.g., parent photographs child nude, parent sleeps in the same bed with child, parent enters the bathroom without knocking while child is bathing, parent kisses child on the lips, parent hugs child, etc.) so that it was possible that some normal family behaviors as applied to adolescents were considered abusive. (p. 86)

Gender of victim. People may also perceive child sexual abuse situations differently based on gender differences of victims. For example, Eisenberg et al. (1987), in their study of health visitors, nurses, and medical students on attitudes (discussed previously), found that gender was an important factor. One-third of their respondents felt that girls would be affected by sexual abuse more adversely than boys.

Kelley (1990) examined the attitudes of 228

professionals (nurses, police officers, and child protective workers) toward the attribution of responsibility for child sexual abuse and strategies for case management. Sixteen vignettes were created with four factors, including gender of victim. These were randomly distributed to respondents, with each respondent receiving one version of the vignette. Based on chi-square analysis, more severe punishment was recommended and more responsibility was attributed to society when the victim in the vignette was female rather than male. In addition, respondents were more likely to predict that male victims would become sex offenders later in life.

Some studies have shown that female victims experiences are more likely to be viewed as serious than are males experiences. Broussard, Wagner, and Kazelskis (1991) examined the impact of four factors including victim gender on the labeling of child sexual abuse, the perception of realistic victim behavior, and effect on the child. Vignettes depicting a sexual interaction between an adult and a 15-year-old child were distributed to 180 male and 180 female undergraduate students. Using MANOVA, they found that female victims were thought to be more traumatized for a given experience than male victims. OToole et als (1994) study (reviewed previously), in which nurses recognition and reporting of child abuse including sexual abuse was examined, also found that child abuse experiences involving female victims were perceived to be more serious than those involving male victims.

Some studies, however, have indicated that there may be no significant differences in regard to gender of victim effect in perceptions of child sexual abuse. Finkelhor and Redfield (1984) postulated that people do not take seriously child sexual abuse involving male victims. In their study, they expected that vignettes involving female victims would be perceived as more serious than those involving male victims. Their results, however, indicated that victim

gender had no significant effect on the abusiveness ratings.

Jackson and Nuttall (1993)s study (discussed previously) also found that victim gender does not affect credibility ratings of child sexual abuse allegation. In a more recent study, Lessard (1996) examined the influence of seven factors including victim gender on respondents reactions including ratings of abusiveness, ratings of psychological damage, assignment of blame, and assignment of punishment to the offender. Thirteen vignettes depicting child sexual abuse were presented to 100 male and 100 female undergraduates recruited from introductory psychology classes. Results revealed that there was no significant difference found for victim gender.

Victim resistance. Victim resistance refers to a childs behavior during the sexual interaction. Studies have suggested that victim resistance is significantly related to perceptions of child sexual abuse. For example, in Finkelhor and Redfields (1984) study, one of the factors affecting the publics perception of child sexual abuse was the condition of consent. This refers to the extent a child collaborates in the sexual interaction. In their study, consent had four levels: objected strenuously, did not object, agreed to it, and asked to do it. They found that respondents tended to downrate the seriousness of any situation where the child did anything less than object strenuously. This finding implied that respondents did not seem to accept the notion that all sexual exploitation of a child is equally abusive regardless of the childs consent (Finkelhor & Redfield, 1984).

The study by Waterman and Foss-Goodman (1984) (discussed previously) also examined the influence of factors on the attribution of fault. Respondents were asked to indicate how much fault they attributed to the child, the offender, and the nonparticipating parent. In addition, respondents were asked to indicate the reason for assigning this degree

of fault. The response categories of the reason for assigning fault toward victim were should have resisted, old enough to know better, and should have told someone. Relative frequency distributions demonstrated that among those who assigned some degree of fault to the victim, the most frequently given reason was that the child should have resisted.

A study by Broussard and Wagner (1988) also examined the impact of factors including victim response on the attribution of responsibility to the child and the adult perpetrator. A total of 360 undergraduate students (male=180, female=180) participated in the study. One of the factors, victim response (encouraging, passive, resisting) was varied with other factors to create twelve vignette conditions. Each student was randomly assigned to read one vignette only and asked to rate on a scale from 0 to 5, the following: (a) The amount of responsibility attributed to the victim ranging from not at all responsible=0 to very responsible=5; and (b) the amount of responsibility attributed to the perpetrator also ranging from not at all responsible=0 to very responsible=5. Using ANOVA, they found that the most important factor affecting respondents attribution of responsibility to the child or adult perpetrator was the child's response to the adult perpetrators sexual advances. Specifically, with respect to attribution of responsibility to child, significant differences were found for victim response. Encouraging children were rated as most responsible, passive children were seen as second in responsibility, and resisting children viewed as the least responsible. With respect to attribution of responsibility to perpetrator, the perpetrator was seen as significantly less responsible when the child behaved in an encouraging manner than when the child behaved in a passive or resisting manner. However, there was no significant difference found between the passive and resisting conditions.

Characteristics of the Perpetrator

Perpetrator characteristics include age of perpetrator, gender of perpetrator, and the perpetrator-victim relationship (i.e., whether perpetrators are adults or adolescents, whether a perpetrator is male or female, and whether a perpetrator is family member, neighbor, parent, or sibling, etc.). Theoretically, attributes that violate societal norms about sexual relationships are deemed more likely to be perceived as serious. The age of perpetrator, gender of perpetrator, and relationship of the perpetrator to the child in the child sexual abuse situation reflect the degree to which societal taboos are violated, and in turn, affect persons perceptions of child sexual abuse.

Age of perpetrator. The age of the perpetrator reflects the age differential between the perpetrator and the victim. This characteristic has been shown to be an important factor in some studies. That is, perceptions of child sexual abuse are affected by whether perpetrators are adults or adolescents.

In the vignettes of Finkelhor and Redfields (1984) study, the age of perpetrator ranges from 5 to 75 years old. Using multiple regression, they found that age of perpetrator was one of the most important factors in defining child sexual abuse. However, the age of perpetrator applied only to perpetrators under the age of 20. In other words, sexual acts initiated by teenagers were seen as significantly more abusive than those initiated by younger children. There were no differences in abusiveness ratings for perpetrators over the age of 20. This finding suggests that the public tends to view sexual abuse situations involving adult perpetrators as more serious than those involving adolescent perpetrators, although these differences did not attain statistical significance.

DeWitt (1992) created vignettes with two different perpetrator ages: adult (a person who is aged 18 or over) and adolescent (a person who is aged 13 to 17). Using mean rankings, she found an age of perpetrator influence on perceptions of child

sexual abuse. Her findings indicated that vignettes with adult perpetrators generally were considered more serious while vignettes with adolescent perpetrators generally were considered less serious.

Jacksons and Nuttalls (1993) study (reviewed previously), focusing on clinicians judgments about sexual abuse allegation, has two levels of perpetrator age (16-25 years old and 26 years old and older). On the basis of multiple regression they determined that perpetrators age does not significantly affect perceptions of child sexual abuse.

Gender of perpetrator. Gender differences may affect perceptions of sexual advances. For example, there has been a lesser taboo on sexual acts by men than by woman. According to Finkelhor and Redfield (1984), public norms are more tolerant of sexual offense by men. In the last decade studies have shown that the prevalence of female perpetrators, though not as extensive as male perpetrators, is significant (i.e., Allen & Lee, 1992; Pierce & Pierce, 1985).

A few studies have selected gender of perpetrator as one of the factors that may affect how people respond to child sexual abuse scenarios. In these, findings seem to vary. One study (Finkelhor & Redfield, 1984) determined that the gender of perpetrator was not a significant factor affecting abusiveness ratings. However, a study by Atteberry-Bennett (1987) that focused on cross-gender pairs of parent-child dyads found that the father-daughter dyad was seen as more abusive than the mother-son dyad. Eisenberg and colleagues (1987) study findings also showed that abuse situations with male perpetrators were seen as more serious than those with female perpetrators. Specifically, their findings showed that among parent-child sexual interactions, sexual interactions involving fathers as perpetrators were seen as more serious than those involving mothers as perpetrators. Among sibling sexual interactions, sexual interactions involving

brothers as perpetrators were seen as more serious than those involving sisters as perpetrators.

The relationship of the perpetrator to the child.

The relationship of the perpetrator to the child is a factor that has been frequently used in child sexual abuse perception studies. As mentioned previously, Waterman and Foss-Goodman (1984) examined factors relating to attribution of fault to child sexual abuse victims, offenders, and nonparticipating parents among college students. In this study, one of the focusing factors was perpetrator-victim relationship, with victims being linked to a parent, acquaintance, or stranger in vignettes. Using ANOVA, the main effect for perpetrator-victim relationship approached significance. Contrary to their hypothesis that victims would be blamed most when the perpetrator was a parent, respondents assigned the least fault to children who were abused by parents. However, Scheffe tests indicated no significant differences among perpetrator-victim relationship comparisons (parent vs. neighbor, parent vs. stranger, and neighbor vs. stranger).

Finkelhor and Redfields (1984) study demonstrated that the public made a weak distinction between intrafamilial and extrafamilial relationships on abusiveness ratings. However, incestuous contacts like those involving fathers and daughters were considered significantly more serious than nonfamily contacts. Atteberry-Bennetts (1987) study focused on perceptions of intrafamilial sexual abuse among professionals and parents. She created cross-gender parent-child combinations as one factor affecting perceptions of intrafamilial sexual abuse. Using t-tests of mean ratings and ANOVA she found that parent-child combinations had a significant main effect on ratings of abuse. Vignettes involving father-daughter dyads were rated significantly more abusive than vignettes involving mother-son dyads.

Eisenberg and colleagues (1987) study (reviewed previously) also focused on perceptions of intrafamilial sexual abuse in a sample of health

professionals. In order to assess varying levels of perceived seriousness, respondents were asked to rank the types of relationships that would lead to most harm for the victim. In order from most serious to least serious the rank was father/daughter, father/son, mother/daughter, mother/son, brother/brother, brother/sister, and sister/sister. Their study indicated that the biggest single determinant of perceived harm appears to be whether or not the perpetrator is parent or sibling, in that the least harmful of the parent-child relationships was still seen as more harmful than the most harmful of those between siblings.

As discussed previously, Kelleys (1990) study examined factors affecting the attitudes of professionals. Included was focus on the relationship of perpetrator to victim, with father and neighbor as the two relationships of perpetrators and victims. In her study, the relationship of the child to the perpetrator did not appear to influence the attribution of responsibility for the abuse or the recommendations for punishment.

Conte, Fogarty, and Collins (1991) examined factors affecting professionals attitudes toward the etiology and treatment of sexual abuse. A sample of 276 professionals was asked to respond to a case vignette that varied on two factors including relationship of the perpetrator (father, brother, or teacher) to the victim. Results of one-way ANOVA and chi-square analysis showed that professionals attitudes regarding offenders childhood victimization, punishment, and treatment were demonstrated differently depending on whether offender was family or non-family. Specifically, it appeared that when the offender was a teacher, he was seen as a different type of offender than when a father or brother. Professionals tended to perceive that a teacher is more likely to be abused as a child, should be criminally charged, and should undergo behavioral treatment for his sexual deviancy. The brother as offender appears likely to be abused as a child as

well; however, professionals recommend family therapy and individual therapy for the offender rather than punitive action such as criminal charges. The father as offender is less likely to be a survivor of abuse, and group therapy is recommended.

Jackson and Nuttall (1993) identified the relationship of the perpetrator to victim as one of the factors that might affect clinicians judgments about the credibility of sexual abuse allegations. In their study, familial abuse was defined as sexual abuse by a biological father or by a male who lived in the home of the alleged victim (e.g., uncle, stepfather, or boyfriend). Findings indicated that respondents were more likely to believe that sexual abuse had occurred when the alleged perpetrator was a family member.

DeWitts (1992) study (reviewed previously) examined factors including the relationship of the perpetrator to victim on the perceptions of child sexual abuse. She created vignettes with two different relationship of the perpetrator to victim: family (mother/father, stepmother/stepfather, sibling, uncle/aunt, grandparent, and cousin) and non-family (parents girlfriend/boyfriend, babysitter, teacher, neighbor, stranger). Findings suggested that vignettes involving family members may have been slightly more likely to be considered abuse than vignettes involving non-family members.

Characteristics of the Respondent

In addition to characteristics of the abuse situation, another major group of factors affecting peoples perceptions of child sexual abuse is characteristics of the respondent. This frequently involves professional affiliation and other demographic variables. The influence of the respondents own childhood sexual victimization experiences has also received focus.

Professional affiliation. A number of studies have examined professional differences in perceptions about child sexual abuse. Snyder and Newbergers

(1986) study focused on hospital professionals including nurses, social workers, psychologists, physicians, and psychiatrists. Their findings indicated that there were considerable differences in perceptions about child sexual abuse among hospital professionals. Ratings of seriousness by 295 pediatric hospital professionals for three vignettes involving 1) sexual intercourse between a parent and child, 2) a parent suggesting intercourse to a child, and 3) mutual masturbation by parent and child, were significantly higher for nurses and social workers than for physicians and psychiatrists.

Differences in perceptions among nurses definitions of child sexual abuse were also seen in Miseners (1986) study of nurses by practice specialty. Respondents were selected by a disproportionate stratified random sampling based on eight specialty groups: administration, community health, psychiatry, pediatrics, operating room, anesthesia, obstetrics-gynecology, and medical-surgical. Misener, who assessed the seriousness of child maltreatment including child sexual abuse, found only one factor, parental sexual mores, demonstrated a significant group difference. This difference was between anesthesiologist and community health nurses.

Other studies also have indicated that professional affiliation affects respondents perceptions of child sexual abuse. For example, as discussed earlier, a vignette study by Atteberry-Bennett (1987) involving probation and parole workers, legal professionals, treatment professionals, protective service workers, and a group of parents not in these professions found a significant difference in two groups, mental health and legal professionals, in their definitions of sexual abuse. Mental health professionals rated almost all vignettes as more abusive than legal professionals.

Kelley (1990) compared police, child protective workers, and nurses on several aspects of child sexual abuse. She found that nurses assigned

proportionately more responsibility to the mother than did either police officers or child protective workers. Nurses and child protective workers assigned proportionately more responsibility to society than did police officers. Nurses and child protective workers were also more likely to recommend family therapy than police officers, and to recommend less severe punishment for the offender than police officers.

Jackson and Nuttall (1993) found that professional discipline and theoretical orientation affect clinicians judgments about the credibility of sexual abuse allegations. In their study, a stratified random sample of clinicians was drawn randomly from the current national directories of four disciplines including clinical social work, pediatrics, psychiatry, and psychology. Using multiple regression, they found discipline to have a significant effect on the credibility of sexual abuse allegations. Social workers were more likely than individuals in other disciplines to view the vignettes as credible allegations of sexual abuse. This finding is consistent with those of the Snyder and Newberger study (1986), in which respondents in the predominantly female disciplines of social work and nursing were likely to rate incidents of abuse as significantly more serious than were male disciplines of pediatrics and psychiatry.

OToole et al. (1994) examined the influence of abuse situation characteristics, respondents characteristics, and organizational characteristics on the seriousness ratings of child abuse, including sexual abuse situations in a sample of nurses. In this study, organizational characteristics included size of organization in which the nurse was employed, location of organization (from large central city to rural area), and type of employing organization (community based or hospital based). They expected that organizational characteristics would influence seriousness ratings. They found, however, that the organization in which the nurse was employed did

not affect seriousness ratings of child abuse including sexual abuse.

Other demographic factors. Among other demographic factors, gender of respondent frequently has been identified as a factor in perceptions of child sexual abuse. The study findings indicated that female respondents were more likely than male respondents to perceive sexual abuse situations as more serious. For example, Finkelhor and Redfield (1984) hypothesized that male and female respondents would differ in perceptions of child sexual abuse based on the assumption that men and women are socialized into different normative cultures around the question of sexual activities with children. Their findings showed that male respondents rated vignettes involving women perpetrators as less serious than did female respondents.

Eisenberg et al. (1987) included gender of the respondent as one of the factors that might affect attitudes of health professionals about incest. They found that female respondents were likely to perceive child sexual abuse to be more serious than male respondents. They also noted that one of the possible explanations for this result is increased empathy by female respondents for the female victims, who are the most common group of victims.

Jackson and Nuttall (1993) also found an association between gender of respondent and clinical judgment. In their study of clinician responses to child sexual abuse allegations, they found that female clinicians rate child sexual abuse allegations, as more believable than do their male counterparts.

A study by McKenzie and Calder (1993) examined factors related to attribution of blame in father-daughter incest with a random sample of the general adult population. Questionnaires were completed by 207 women and 93 men. Based on factor analyses, five blame subscales were identified (i.e., victim, situational, societal, offender, and offender mental status). They found that respondent

gender differences influence significantly the perceptions of child sexual abuse, with men attributing more blame to the victim in father-daughter incest than did women. Men also blamed situational factors (e.g., alcohol or drug abuse) more than did women.

Other demographic characteristics of respondents have been considered factors that affect perceptions of child sexual abuse. For instance, studies have frequently included age, marital status, education, parental status, number of children, etc., as basic demographic information. Snyder and Newbergers(1986) study (reviewed previously) with a sample of hospital professionals examined respondents characteristics and their relationship to seriousness ratings of child maltreatment incidents. They found no significant difference in seriousness ratings for the sample as a whole in regard to parenthood status. However, significant differences were found in some aspects. Social workers who were parents rated seriousness of abuse significantly higher than did social workers who were not parents. Also, number of years of experience for nurses was negatively associated with seriousness--the greater the years in nursing, the lower the perceived severity of the incident. Jackson and Nuttall (1993) also found that age of respondent has a significant effect on the credibility ratings of sexual abuse allegation, with younger clinicians being more credulous.

However, some studies have revealed no significant effect for these demographics on perceptions of child sexual abuse. Broussard, Wagner, and Kazelskis (1991) included in their study of 180 undergraduate students perceptions of child sexual abuse an examination of certain demographic factors (e.g., age, marital status, education, number of children) that might affect perceptions of child sexual abuse. They found no significant effects from these demographics on the perceptions of child sexual abuse (e.g., the extent to which the incident described

in vignette was an example of child sexual abuse, the accuracy of the vignettes representation of a child's reaction to sexual abuse, and the effect of the sexual experience on the child). Another study by O'Toole et al. (1994) (reviewed previously) focused on nurses demographics among the factors affecting seriousness ratings of child abuse including sexual abuse. In their study, demographic information included gender, race, age, marital status, number of children, education, number of years since graduation, parents education, and parents occupational prestige. They expected that seriousness ratings of child sexual abuse would be influenced by nurses demographic information. However, they found no significant effect on the seriousness ratings of child sexual abuse due to these demographics.

Past history of sexual victimization. Studies have also examined whether childhood victimization of the respondent influences the respondents perceptions of child sexual abuse. Using a college student sample, Waterman and Foss-Goodman (1984) found that a history of childhood victimization was reported by 3.3 % of the males and 16.7 % of the females in their sample. Respondents who had childhood sexual victimization experiences attributed significantly less fault to the victim than did those without sexual victimization experiences.

Using a sample of professionals including nurses, Kelley (1990) compared attitudes of respondents with past histories of childhood sexual victimization to those without a past history of victimization. Thirteen percent of the respondents reported their own childhood history of sexual victimization. Respondents who reported childhood sexual victimization attributed proportionately more responsibility to the offender than did nonvictim respondents.

Jackson and Nuttalls study (1993) also demonstrated an association between professionals who have childhood sexual abuse victimization

experiences and clinical judgment. Using a sample of professionals, they found that personal history of childhood sexual victimization affected clinicians judgments about child sexual abuse allegations. Clinicians who reported a childhood sexual abuse victimization experience were more likely to believe allegations of sexual abuse than those without sexual victimization experiences.

However, other studies have found that respondents sexual victimization experiences do not affect their perceptions of child sexual abuse. For example, using a sample of college students, Broussard et al. (1991) examined whether respondents childhood sexual victimization experiences affect the perceptions of child sexual abuse in addition to other factors affecting the perceptions of child sexual abuse. Respondents were asked about their own childhood sexual victimization experiences and to rate vignettes describing sexual interaction between an adult and a child on a five-point scale, from 0 being clearly not child sexual abuse to 5 being clearly child sexual abuse. They found no significant effect for molestation history of respondent on the labeling of child sexual abuse.

Lessard (1996) also examined the influence of personal experiences with child sexual abuse on the respondents reactions including ratings of abusiveness, ratings of psychological damage, assignment of blame, and assignment of punishment to the offender. Thirteen vignettes depicting child sexual abuse were presented to undergraduates. Personal experiences with child sexual abuse included respondents responses to questions regarding their own abuse, contact with friends and family members who had been abused, classes they had that covered child sexual abuse, and the amount of child sexual abuse media exposure they reported being exposed to. In her study, she expected that the respondents personal experiences with child sexual abuse would lead to respondents with more experience giving higher ratings of

abusiveness, psychological damage to victim, and more responsibility assigned to the perpetrator and an assignment of a more severe punishment to the perpetrator than respondents with less such experience. The MANOVA analysis indicated that this hypothesis was not supported.

III. Summary and Conclusion

A review of the literature revealed that many factors contribute to persons perceptions in defining child sexual abuse. One group of factors relates to the details of the abuse situation including characteristics of sexual act (intrusiveness of the sexual act and the frequency of acts), characteristics of victim (age of victim, the gender of victim and victim resistance) and characteristics of perpetrator (age of perpetrator, gender of perpetrator and the relationship of the perpetrator to the child).

Findings focusing on the characteristics of act in abusive situations have demonstrated that situations involving intercourse are perceived as the most abusive and most physical contacts including fondling are viewed as more serious than those involving no physical contact. Additionally, when a sexual act occurs on multiple occasions, it is likely perceived to be more serious than when a sexual act occurs on one occasion. Findings about victim characteristics have shown that younger victims tend to be seen as more abused than older victims, that girls tend to be viewed as more vulnerable than boys, and that the more the victim resists in the sexual abuse situation, the more likely the victim is perceived to be more abused.

Regarding perpetrator characteristics, sexual abuse situations involving adult perpetrators are also viewed as more serious than those involving adolescent perpetrators. Sexual abuse situations involving male perpetrators tend to be viewed as more serious than those involving female perpetrators. In addition, parent perpetrators tend to be perceived as more harmful than

sibling perpetrators, and though less clear, child sexual abuse situations involving family members tend to be viewed as more serious compared to those involving non-family members.

The other group of factors focused on in research reflects individuals background variables that affect personal interpretations of the abuse situation. These factors include professional affiliation of the respondent and various other demographics (e.g., gender of respondent, age, education, marital status, parental status, number of children, the length of experience, etc.), along with respondents own child sexual victimization experiences. Studies have shown that professional affiliation affects perceptions of child sexual abuse. Findings for other demographics of respondents are mixed, however, although gender of respondent also has been found to have a significant effect on perceptions of child sexual abuse, with female professionals being more likely to perceive child sexual abuse incidents as more serious than male professionals. Studies have also shown that observers with a history of abuse are more likely to attribute less fault to the victim, more responsibility to the offender, or are more credulous than observers without a history of abuse.

In conclusion, vignette studies have allowed researchers to learn how individuals vary their perceptions of various situational aspects of child sexual abuse situations, and how background characteristics of the respondents as observers may influence these perceptions. Vignette studies finding avoid to a significant degree the biases and inaccuracies inherent in self-report studies. Correct information about how professionals view child sexual abuse is critical. Their perceptions will form the basis for their actions. It is through vignette studies that the most accurate information can be obtained, information that can help professionals recognize biases and stereotypes, inconsistencies and oversights, in their child sexual abuse identification, treatment, and prevention efforts.

References

- Alexander, C. S., & Becker, H. J. (1978). The use of vignettes in survey research. *Public Opinion Quarterly*, 42, 93-104.
- Allen, C., & Lee, C. (1992). Family of origin structure and Intra/Extrafamilial childhood sexual victimization of male and female offenders. *Journal of Child Sexual Abuse*, 1, 25-40.
- Atteberry-Bennett, J. (1987). *Child sexual abuse: Definitions and interventions of parents And professionals*. Doctoral dissertation. University of Virginia, Charlottesville, Virginia.
- Broussard, S., & Wagner, W. (1988). Child sexual abuse : Who is to blame. *Child Abuse and Neglect*, 12, 563-569.
- Broussard, S., Wagner, W., & Kazelskis, R. (1991). Undergraduate students perceptions of child sexual abuse: The impact of victim sex, perpetrator sex, respondent sex, and victim response. *Journal of Family Violence*, 6, 267-278.
- Conte, J., Fogarty, L., & Collins, M. (1991). National survey of professional practice in child sexual abuse. *Journal of Family Violence*, 6, 149-166.
- DeWitt, J. (1992). *Defining child sexual abuse : A descriptive study of criteria used by Human service providers-in-training*. Unpublished masters thesis, University of Houston, Houston, Texas.
- Eisenberg, N., Owens, R., & Dewey, M. (1987). Attitudes of health professionals to child sexual abuse and incest. *Child Abuse and Neglect*, 11, 109-116.
- Finkelhor, D., & Redfield, D. (1984). How the public defines sexual abuse. In D. Finkelhor (Ed.), *Child sexual abuse: New theory and research* (pp. 107-133). New York: Free Press.
- Hartman, G. L., Karlson, H., & Hibbard, R. (1994). Attorney attitudes regarding behaviors associated with child sexual abuse. *Child Abuse and Neglect*, 18, 657-662.
- Hawkins, R., & Tiedeman, G. (1975). *The creation of deviance*. Columbus, OH: Merrill.
- Herzberger, S., & Tennen, H. (1988). Applying the label of physical abuse: In G. T. Hotaling, J. T. Kirkpatrick, & M. A. Straus (Eds.), *Coping with family violence: Research and policy perspectives*, (pp 18-30). Newbury Park, CA: Sage.
- Jackson, H., & Nuttall, R. (1993). Clinician responses to sexual abuse allegations. *Child Abuse and Neglect*, 17, 127-143.
- Kelley, S. (1990). Responsibility and management strategies in child sexual abuse: A comparison of child protective workers, nurses, and police officers. *Child Welfare*, 69, 43-51.
- Knudsen, D. (1991). *Child sexual coercion*. In E. Grauerholz & M. Koralewski (Eds.). *Sexual coercion*. Lexington, Mass: Lexington Books.
- Lessard, M. D. (1996). *Factors affecting student perceptions of child sexual abuse*. Doctoral dissertation. University of Montana, Missoula, Montana.
- Mckenzie, B., & Calder, P. (1993). Factors related to the attribution of blame in father daughter incest. *Psychological Reports*, 73, 1111-1121.
- Misener, T. R. (1986). Toward a nursing definition of child maltreatment using Seriousness vignettes. *Advances in Nursing Science*, 8, 1-14.
- OToole, A. W., OToole, R., Webster, S., & Lucal, B. (1994). Nurses responses to child abuse. *Journal of Interpersonal Violence*, 9, 194-206.
- Pierce, R., & Pierce, L. (1985). The sexually abused child: A comparison of male and female victims. *Child Abuse and Neglect*, 9, 191-199.
- Snyder, J. C., & Newberger, E. H. (1986). Consensus and difference among hospital professionals in evaluating child mistreatment. *Violence and Victims*, 1, 125-139.
- Waterman, C., & Foss-Goodman, D. (1984). Child molesting: Variables relating to attribution of

fault to victims, offenders, and nonparticipating parents. *Journal of Sex Research*, 20, 329-349.

<국문 초록>

주요개념 : 아동성폭력, 인식, 요인들, Vignette

아동성폭력 상황인식에 영향을 미치는 요인들에 관한 분석: Vignettes를 이용한 연구결과를 중심으로 한 고찰

고 정 미*

이 보고서는 아동성폭력에 대한 개인의 인식에 영향을 주는 요인들을 규명하기 위해 진행되었던, vignettes를 이용한 연구결과들에 대한 검토이다. Vignettes를 이용한 연구는 self report의 단점이라 할 수 있는 응답에 있어서의 신뢰도 저하와 편견개입을 방지하게 된다. 문

헌고찰 가운데서 인식과정에 영향을 미치는 요인들을 두 개의 그룹으로 나눌 수 있음을 알게 되었다. 첫 번째 그룹에 속한 영향요인들은 성폭력 행위의 특성(성폭력 행위의 종류와 성폭력 행위의 빈도), 성폭력피해자의 특성(피해자의 나이, 성별 및 피해자의 저항정도), 그리고 성폭력 가해자의 특성(가해자의 나이, 성별 및 가해자와 피해자의 관계)이다. 또 다른 그룹의 영향요인은 성폭력 상황을 인식하는 개인의 배경변수들이며 이 요인들은 응답자들의 인구학적 요소들 즉 응답자의 직업, 성별, 나이, 교육정도, 결혼여부, 자녀의 유무, 자녀의 수, 직업 근무년수, 성장기의 성폭력 경험여부 등을 포함한다.

결론적으로 아동성폭력과 관련된 전문가들의 아동성폭력 상황에 대한 인식은 그들의 아동성폭력 상황대처에 매우 중요한 역할을 한다. 따라서 인식에 영향을 주는 요인들을 정확히 규명하는 것은 반드시 필요한 일이다. 이를 실천함에 있어 vignettes를 이용한 연구는 아동성폭력 상황인식에 영향을 미치는 요인들을 규명하는데 가장 정확한 정보를 제공한다는 측면에서 큰 의의가 있다고 할 수 있다.

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