



January 2020

Juror Perceptions Of Interview Quality From Child Victims With Autism

Megan Blackburn

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JUROR PERCEPTIONS OF INTERVIEW QUALITY FROM CHILD VICTIMS WITH
AUTISM

by

Megan Lee Blackburn
Bachelor of Arts, Michigan State University, 2018

A Thesis

Submitted to the Graduate Faculty

of the

University of North Dakota

in partial fulfillment of the requirements

for the degree of

Master of Science

Grand Forks, North Dakota

December
2020

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Megan Blackburn
September 29, 2020

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ACKNOWLEDGEMENTS

This project would not have been possible without the support of several individuals. I would first like to express my admiration and gratitude to my advisor, Dr. Andre Kehn, for his guidance, patience, and pushing me to strive for excellence. I would also like to extend my appreciation to my thesis committee members, Dr. Richard Ferraro and Dr. Allison Kelly. Their advice and support has been a wonderful contribution to my studies. Additionally, I would like to thank my fellow psychology graduate students and friends, especially Mariah Sorby and April Bleeker, for helping me through this process and for always being a source of support in my life. Lastly, I want to thank my parents, David and Carrie Blackburn, my brother, Matthew Blackburn, and my significant other, Jacob Bartell, for their constant support and encouragement, refusing to let me give up, and for pushing me further than I ever thought I could go.

Abstract

Autism Spectrum Disorder (ASD) can affect multiple memory abilities, including episodic memory, source monitoring, and relational processing. The possibility of these memory deficits can affect how a child with ASD testifies in court if they are the victim or witness to a crime. These testimonies are especially crucial for Child Sexual Abuse (CSA) cases where one of the biggest challenges is the lack of physical evidence in most cases, which leads to an abundance of trials relying on the initial forensic interview with the victim and victim testimony. Due to this, and the increased chance of affected memory abilities, it is especially important that these interviews with an ASD witness are conducted using the best practices possible to ensure that the jury will perceive this witness as credible. Equally as necessary, the age of the child witness can affect how much the jury relies on their testimony. This study aims to explore the effects on juror perceptions for different types of forensic interviews as they relate to CSA cases using a victim with an ASD diagnosis, or no diagnosis. The present study will use the general population and participants will participate in a 2 Autism (ASD diagnosis, and no diagnosis) by 3 interview quality (good, typical, and poor) x 2 age (five-years-old, and eight-years-old) between-subjects design. We found that there was a significant interaction of victim age and interview quality, as well as a three-way interaction of victim age, interview quality and ASD diagnosis on verdict confidence. Secondly, we found that interview quality had a significant main effect on almost all of the perception scales, and that cognitive ability and suggestibility perceptions were significantly affected by the ASD diagnosis manipulation. Lastly, we examined age for

exploratory purposes only and found a main effect on victim cognitive ability and an interaction of victim age and ASD diagnosis for victim honesty.

Keywords: Autism, child sexual abuse, interview quality, juror perceptions

Juror Perceptions of Interview Quality from Child Victims with Autism

Introduction

A growing number of establishments within today's society have begun to make accommodations in the last decade to better suit the different populations that utilize their services (Herrman, 2018). For example, local zoos and movie theaters have been popular in the media for providing inclusive sensory environments (i.e., noise-canceling headphones, separate showtimes at theaters) for individuals that suffer from sensory processing disorders, including Autism Spectrum Disorder.

According to the Center for Disease Control, (n.d.), Autism Spectrum Disorder (ASD) affects approximately 1 in 59 children. The term Autism Spectrum Disorder was introduced in the Diagnostic and Statistical Manual of Mental Disorders Fifth Edition (DSM-5) and is a continuous spectrum of developmental disorders (American Psychiatric Association, 2013). The DSM-5 created the label to consolidate a total of eight previously separated disorders. One of the two main criteria for ASD, as described in the DSM-5, are deficits in social communication and interaction. In addition, it is generally accepted that individuals with an ASD diagnosis may have an extraordinary memory for particular settings. For example, some individuals might never forget a radio station or be able to remember the location of every train track in their town. However, they may also suffer from broader memory disadvantages (Henry et al., 2017; Maras et al., 2019; McCrory et al., 2007). Several of the memory disadvantages for individuals with ASD include issues with episodic memory (Bowler et al., 2000; Bowler et al., 1997; Maras et al. 2019), source monitoring (Bowler et al., 2004; Maras et al. 2019), and relational processing (Bowler et al. 1997; Maras et al. 2019). It is necessary to understand these disadvantages to be able to understand how this will affect perceptions of individuals with ASD. The current study

will assess mock juror perceptions of interview quality of child victims with ASD. As such, I will first review the literature on the memory abilities of children and individuals with ASD before reviewing the mock juror perception literature.

Autism and Memory

Episodic Memory

Episodic memory is one type of conscious memory system that allows an individual to mentally time travel to a past event, including a sense of subjective time, and ideas of self (Smith-Spark et al., 2017; Tulving, 2002). The particular event to be remembered is unique in that it happened to the individual who is trying to remember it, in a specific place, with specific people, at specific times, and only occurred using this specific combination (Goddard et al., 2007; Maras et al. 2019). Not only does someone need to be able to remember the facts that are associated with the event in question, but the individual also needs to be able to realize that they are the one who experienced the event (Tulving, 2002). In general, these memories are centered around emotions, social interactions, and concepts of the self (Goddard et al., 2007; Smith-Spark et al., 2017; Tulving, 2002). For example, generally, an individual who does not suffer from memory deficits can recall the last time he or she experienced a fearful event and can describe the memory corresponding with that particular emotion. This process could be complicated for individuals with ASD because they generally experience reduced emotion or affect (Bowler, 2000; Gaigg & Bowler, 2008). Deficits in social interactions and communication are common for individuals with ASD, which could, for example, hinder the ability to form and retrieve socially relevant memories (Bowler, 2000; Greimel et al., 2012). Lastly, episodic memories should be retrieved without alteration of relevant temporal and spatial information (Goddard et al. 2007; Maras et al. 2019).

Source Monitoring

Source monitoring deficits are particularly relevant to temporal and spatial information represented in memory and present difficulties for individuals with ASD. In this context, the word *source* refers to characteristics that simultaneously form the circumstances under which memory is created (Johnson et al., 1993). For example, the spatial and social contexts of the memory and how the individual perceives an event. The phrase *source monitoring* refers to the group of processes that are involved in creating the connections between the root of the memory and previously held knowledge (Johnson et al., 1993). Source monitoring is the process through which a person can distinguish their memories from fantasies and thoughts (Johnson et al., 1993; Libby, 2003). Therefore, while utilizing a source monitoring process, an individual can use other pre-existing information to help determine different aspects of the memory (Johnson et al., 1993; Johnson, 1997).

Numerous source monitoring decisions are made automatically and without conscious thought (Johnson et al., 1993; Johnson, 1997). However, some instances of source monitoring may require more complex and deliberate decision-making processes (Johnson et al., 1993), such as using our comprehension of time to accurately determine when an event took place (Johnson, 1997). The distinctions that are made between memory sources might be easier for specific sensory inputs compared to others. Gallo et al., (2004, Experiment 1) conducted a study in which participants were shown common objects presented in picture form, word form, or both. After viewing the objects, the participants were asked to complete a memory test, assessing, one item at a time, how the objects had been presented to them earlier (picture, word, or both). The memory test also included items that had not been shown to the participants earlier, which were classified as “new.” The results of this study show that participants were more likely to falsely

attribute an object as being presented as a picture when it was initially presented as a word than they were to falsely attribute an object as being presented as a word when it was initially presented as a picture. Furthermore, the participants were more likely to falsely state that an object was a new word when it was initially presented in word form, rather than picture form (Gallo et al., 2004). The results of this study suggest that participants were able to recall the objects differently based on the original sources and that some sources are easier to remember than others.

There is evidence that source monitoring processes evolve through developmental stages and that young children's abilities are comparable to adults for some complex processes, but not others (Johnson et al., 1993). Foley and Johnson (1985) concluded that children are more likely to confuse memories of themselves completing a task and imagining themselves completing the task (internal source monitoring) when compared to adults. In this study, children were asked if they had touched their nose or if they had imagined touching their nose. Children incorrectly stated that they had physically touched their nose when they did not, far more often than the adults (Foley & Johnson, 1985). However, the findings also suggested that adults and children had similar performances when asked to remember if task completion occurred by them or by another person (Foley & Johnson, 1985; reality monitoring; Johnson et al., 1993).

An individual who has source monitoring deficits may have difficulty distinguishing between fact and fiction (Foley & Johnson, 1985; Johnson et al., 1993; Sprongdel et al., 2011; Sugimura, 2008). Principe et al. (2006) exposed children to a false rumor that was associated with an event the child had participated in earlier. Specifically, two groups of children watched a magic show at school, which included a magician pulling a rabbit out of a hat. One of the groups watched the magician complete the trick successfully, and the other group saw the magician fail

due to the rabbit getting out of its cage. Some of the students from the successful group then heard a rumor from an adult or another group of students that explained what happened during the failed presentation. The authors found that students who heard the rumor, either from the adult or other students, were just as likely to state that they had experienced the false rumor event as the students who experienced the failed presentation. The results of this study suggest the possibility that after hearing the rumor and imagining the rumored event happening, the students struggled to distinguish between the two events which led them to confuse the imagined memory and a real memory as they try to replace the missing parts of the event (Principe et al., 2006).

Relational Processing

Lastly, relational processing is also essential to the retrieval and usage of memories. Relational processing helps an individual understand the spatial and temporal characteristics of an item to pair similar items together (Gaigg et al., 2008; Konkel & Cohen, 2009). For example, an individual might have difficulties recalling if an event occurred in the morning or the afternoon, the location of the event, or the order in which a sequence of events happened (Bowler et al. 1997; Gaigg et al., 2008; Hannula et al., 2006; Maras et al. 2019).

Interview Quality

ASD and Interview Quality

Compared to individuals without ASD, individuals with ASD are more likely to experience deficits in memory that cause difficulties when trying to establish a timeline of events due to the rigid and less flexible nature of their daily routines (Maras et al. 2019; Schacter et al., 1998). Specifically, since memories that have similar perceptual and contextual information can be easily confused or misunderstood (Gallo et al., 2004; Johnson et al., 1988; Johnson, 1997).

While there has been an increase in studies about memory and Autism over the last decades,

studies regarding forensic interviews in conjunction with memory and ASD are scarce, comparatively, especially regarding children with ASD (Wilcock et al., 2019). McCrory et al. (2007) found that children with ASD were just as accurate in their free recall responses than typically developing children; however, they were not as complete. This study also did not find any differences in the suggestibility of the child. Suggestibility within a forensic interview setting is defined as the extent to which an individual consciously accepts what a person says and believes the information to be factual (Wagstaff, 1991). Bruck et al. (2007) found similar results for both autobiographical life events and staged events. The issue regarding memory and ASD is especially applicable if the individual with ASD was the witness or victim to a crime and has to recount the chain of events. Criminal cases involving sole witnesses rely heavily on the information provided to the police during the initial investigative interview with the victim. For example, in cases of child sexual abuse (CSA), it is common that CSA cases lack substantial physical evidence of the crime, which leads to difficulties prosecuting alleged CSA cases. In a majority of cases that have evidence of abuse, only 5-15% of the children involved in the case have injuries that are similar to what would be expected from sexual abuse, including internal genital tears or bruises (The National Center for Victims of Crime, 2011).

Interview Protocol

Due to a typical lack of physical evidence in CSA cases, a child's testimony, specifically during a forensic interview, can have an important initial influence on the investigation (Cross & Whitcomb, 2017). In this setting, the investigators must strive to obtain the most accurate information possible. Typically, using the best practices and guidelines, interviewers can ensure that investigators, and potentially later a jury, can make the most informed decision based on the initial evidence obtained through the interview. The National Institute of Child Health and

Human Development (NICHD) created an investigative interview protocol that has become the most common and systematically evaluated protocol for forensic interviews (Baugerud, & Johnson, 2017; Lamb et al., 2007; Pipe et al., 2013). The NICHD protocol is a structured protocol that includes operational guidelines to be used by trained professionals when conducting interviews for child sexual abuse victims (Benia et al., 2015). The protocol focuses on building rapport with the child and obtaining the most accurate information possible by asking children open-ended, free recall questions that do not restrict the child's initial responses (Benia et al., 2015). Pipe et al. (2013) conducted a study regarding child sexual abuse case outcomes before and after the NICHD protocol was implemented. The authors found that charges were more likely to be filed, and jurors were more likely to find the defendant guilty when the investigators followed the NICHD protocol (Pipe et al., 2013). These data suggest that the NICHD protocol helps investigators obtain detailed information and accurate information, which could lead to more convictions for CSA crimes.

The believability of the victim can be affected by interviews that are conducted for the case during an investigation. These interviews not only help investigators, but according to a study by Cross and Whitcomb (2018) surveying prosecutors throughout the United States, videotaped forensic interviews with the child victim were ranked as the second most common piece of evidence used in court. Results from the study also indicate that testimony given to the court by the child is the most common form of evidence in child maltreatment trials (Cross & Whitcomb, 2018).

Due to the importance of the child forensic interviews, these interviews must be conducted according to empirically supported guidelines and may even be more crucial if the child has been diagnosed with ASD (Andrews & Lamb, 2013; Vallano & Compo, 2011). In

general, five primary practices should be included in forensic interviews with typically developing children to generate the best outcome (Buck et al., 2011). First, the investigators need to establish a rapport with the child to make them feel more comfortable and relaxed throughout the process (Buck et al., 2011). Children are more likely to be honest and open with individuals that they believe that they can trust, and who provide a safe environment. Studies have shown that anxiety and distress in a child tend to decrease with quality rapport building, and the child becomes more engaged in the interview (Hershkowitz et al., 2006; Katz, 2015). Support during interviews has also been shown to increase the accuracy of the information that is presented by the child and reduce their suggestibility (Greenstock & Pipe 1997; Katz, 2015). Examples of support and rapport building include starting the interview asking about positive experiences and what the child likes to do, thanking the child for answering questions or attempting to, and explaining to the child that it is understood that interviews can be hard and uncomfortable (Katz, 2015).

Second, explaining a set of ground rules to the child at the beginning of the interview will help to ensure that everyone understands the guidelines of the interview (Buck et al., 2011). These ground rules can include an explanation of appropriate responses from the child, including “I don’t know,” as well as pointing out that the investigators were not with the child during the incident in question, and that because of this, they are not aware of what took place (Buck et al., 2011). It might seem as though the last rule would be obvious to the child since they were present during the event. However, most children believe at some point that everyone around them sees what they see and experience what they experience, which could mean that depending on the age of the child, they might assume that the investigators are already privy to what occurred (Brubacher et al., 2015).

Third, to help establish a rapport with the child and explain the ground rules further, investigators are encouraged to conduct a practice interview prior to the real interview (Buck et al., 2011). By conducting a practice interview with the child, the interviewer should be more comfortable with the process of interviewing. Research has shown that the “I don’t know” rule and the idea that investigators were not with the child during the event appear to be two of the rules that are most affected by practice interviews (Danby et al., 2015). Waterman and Blades (2011) found that children who were allowed to say “I don’t know” during an interview were able to correctly use the phrase more often than children who were not given the opportunity during the recall of a neutral event. The data also suggest that before the participants were allowed to use the “I don’t know” rule, older children provided more accurate details than younger children about the event in question (Waterman & Blades, 2011). Once the participants were given a chance to use the rule, both younger and older children increased the number of correct “I don’t know” responses, which illustrates that both age groups appeared to benefit from this practice. Additionally, results from a study conducted by Krackow and Lynn (2010) suggest that older children were able to provide more in-depth responses to free recall questions while the suggestibility of preschool-age children was reduced when the experimenters explained to participants that an adult does not know what happened during an event if the adult did not experience the event with the child.

Fourth, investigators try to establish that the child knows the reason for their presence in the interview in the least suggestive way possible (Buck et al., 2011). An example of this would be for the investigators to ask the child why they are there today and let the child respond freely. This type of question leads into step five, which is to continue asking the child questions that

require a response other than “yes” or “no” and does not attempt to lead the child to a specific answer to avoid any bias (Buck et al., 2011).

Interviews using the procedures mentioned above are preferable for investigators in numerous ways (Katz, 2015; Vallano & Compo, 2011). Specifically, it is widely accepted that children who are asked more open-ended questions will be more forthcoming with their responses, and those responses will be more detailed and accurate (Andrews & Lamb, 2013). Furthermore, according to results from a study conducted by Buck et al., (2004), an interview that uses rapport building, ground rules, practice interviews, an explanation for the child’s presence, and open-ended, non-leading questions will produce a significantly higher rate of convictions than an interview that does not include these practices.

In general, an open-ended question will allow an individual to respond in the most independent and unconstrained way possible and will decrease the chances of suggestibility. However, as discussed previously, when the interviews are conducted with children with ASD, this may not be the most productive choice, since children with ASD generally recall significantly less information during free recall than typically developing children (McCrorry et al. 2007). It might appear logical to ask the children close-ended questions to attempt to get as much information as possible; however, this was also found to increase the error rate of the information that was provided (Bruck et al. 2007). Based on these results, a procedure known as verbal labels is appropriate (Henry et al. 2017). Children with ASD will be asked an open-ended question and be allowed to freely recall anything that they can (Chae et al., 2014; Henry et al. 2017). The interviewers will then use four verbal prompts that focus on specific parts of the event in question, which can include the people involved, conversations that took place, and the location of the event, for example (Chae et al. 2014; Henry et al. 2017). This process assists with

memory recollection by allowing the individual to recall all that they can remember freely, and then provide relevant external cues to increase the amount of information the child can remember (Chae et al. 2014; Henry et al. 2017).

Juror Perceptions

Perception of Emotion

In a study conducted by Myers et al. (1999), 53% of jurors stated that the evidence that was most important to them throughout a mock child sexual abuse trial was evidence relating to the child. If the jury is presented with information damaging the credibility of a child witness, it will impact the verdict beyond the evidence presented at trial. Cooper et al. (2014) conducted a study where jurors read a case transcript and were given a picture of the child involved with the case, who displayed varying emotional facial expressions. The results suggest that mock jurors who perceived a testifying child to be “emotional” were more likely to find the defendant guilty. The jurors also illustrated that children who were calmer while giving their testimony were believed to be less credible, presumably due to the child’s lack of emotional presentation. It is important to note that jurors had to believe the child was emotional, instead of only viewing a picture of an emotional child to see a significant effect on verdicts. Along with more guilty verdicts, jurors found the emotional child witness to be more credible, and the defendant in those cases to be less credible (Cooper et al., 2014). Myers and colleagues (1999) also found that jurors were able to pick up on different emotions of the child throughout the trial including, fear, shame, and embarrassment and make judgments about the child witness that included their honesty, suggestibility, and cognitive ability, as dimensions of child witness credibility. The results indicate that the jurors found the child’s facial expressions, eye contact, and nervousness to all be persuasive aspects in their decision making (Myers et al., 1999). These studies are

examples of how the jury can be swayed in their verdict by behavior and matters other than actual testimony that is given by a witness. Criminal justice implications such as these, are especially pertinent to individuals with ASD due to their increased risk and vulnerability of abuse and victimization (Freckelton, 2013; Henry et al. 2017; Petersilia, 2001).

Perception of Disabilities

Witness and victim testimony is imperative for cases, and approximately one in five individuals with ASD comes into contact with the criminal justice system (Rava et al., 2017). Hence, it is important to discern how a jury will perceive a witness who has ASD or another disability, for example. A study by Stobbs and Kebbell (2003) found that individuals who participated in a mock trial were more likely to perceive a witness with mild learning disabilities to be honest; however, they were cautious of relying on that individual's testimony to come to their conclusion of the case. Additionally, it is of value to determine if a jury will perceive individuals with ASD to differ in their event recollection, as well as their level of suggestibility, despite the objective cognitive and social differences of individuals with ASD. Maras et al. (2019) conducted a study to determine the credibility of a defendant with ASD. Half of their participants were told that the defendant had a diagnosis of ASD and were provided useful information about the disorder, and the other half were not told anything about a diagnosis. The results indicated that the participants who were given the information about ASD found the defendant to be more honest, applied less blame to the defendant, and produced a guilty verdict less often. These results are similar to a study conducted by Bottoms et al. (2003) who found that mock jurors perceived a "mildly mentally retarded" victim to be more credible and less capable of fabricating an accusation when compared to victims of "average intelligence." In contrast, DiSciullo (2018) examined juror perceptions of a child witness with ASD during a sexual

maltreatment case and found that participants perceived a victim with ASD to be more suggestible, less accurate, less credible, and less likely to base their testimony on fact when compared to a “typically developing” victim.

Suggestibility

The perceived suggestibility of the victim can have a powerful effect on the jury throughout the trial, especially when the evidence presented at trial is ambiguous. Numerous studies suggest that jurors can recognize different aspects of an interview as well as use their perceptions of the suggestibility of the child witness to impact verdict decisions (Cooper et al., 2014; Johnson & Shelley, 2014; Pipe et al., 2013). Based on data by Warren et al. (2002), interviews that were of higher quality were found to be less suggestive and structured than the interviews of lower quality. Also, the ratings of believability were significantly higher for the interviews that were of better quality. In another study, interviews of poor quality that were conducted with children involved in child sexual abuse cases had lower conviction rates (Buck et al., 2004). Lastly, Castelli et al. (2005) found that mock jurors found the child victim to be less believable after reading an interview transcript that was “highly leading.” It is important to note that these three studies were conducted using typically developing children. Therefore, the present study aims to build on and extend the research by examining the differences in juror perception of the suggestibility of witnesses who have been diagnosed with ASD or not. Based on past findings, the quality of the forensic interview appears to be an influential factor that impacts mock juror verdict decisions (Buck et al., 2004; Castelli et al., 2005; Warren et al., 2002).

Credibility

The credibility of a child witness is generally believed to be based on two factors (London & Ceci, 2012; Ross et al., 2003). Judges and the court believe that a child is competent if the child can establish that they have the cognitive ability to answer basic questions and remember events, and if they have an understanding of the difference between truths and lies (Klemfuss & Ceci, 2012; London & Ceci, 2012; Nunez et al., 2011). However, more recently, researchers believe that perceived suggestibility might factor into the credibility of a child as well (Kehn et al., 2014). In child sexual assault cases, younger victims are generally found to be more credible than older victims (Golding et al., 2015; Ross et al., 2003). The opposite trend is seen in other types of cases that involve a child witness (Pozzulo and Dempsey, 2009; Ross et al., 2003). It is possible that jurors believe younger children do not possess the sexual knowledge to make a false claim, but older victims do (Ross et al., 2003). Numerous studies have shown that jurors may have different beliefs about a child's credibility, even if the court has established that the child meets the judges' criteria (Golding et al., 2015; Newcombe & Bransgrove, 2007; Pozzulo & Dempsey, 2009). For example, the confidence levels of a child witness have been shown to have a significant effect on the jurors' perception of witness competence (Goodman et al., 1998). In terms of child witness credibility, the research is moderately inconsistent. In one study involving a child sexual assault case, the child victim was found to be more credible than the teenage victim (Golding et al., 2015). Contrarily, Pozzulo and Dempsey (2009) asked mock jurors to read a trial transcript that had varying witness ages, as well as the type of witness, either victim or bystander. They found that the mock jurors rated the child victims just as credible as an adult victim; however, the adult bystander was more credible than the child bystander.

Victim Age

The age of the victim can also be influential, although inconsistent, to the jury as this may affect how the jury perceives their testimony. Results from Buck et al. (2011) suggest that after reading interviews for a CSA case, mock jurors found a four-year-old victim to be more honest than a ten-year-old victim. Meanwhile, participants from a study conducted by Holcomb and Jacquin (2007) found that the five-year-old child was the most believable when compared to an eleven-year-old and a sixteen-year-old. In contrast, studies conducted by Johnson and Shelley (2014) and Castelli et al. (2005) did not find any significant differences in juror perceptions of credibility based on the victim's age. Regardless of the data on juror perceptions of age, in general, younger children, around the age of preschool (three years or younger), are more susceptible to the suggestions of others, when compared to older children or adolescents (Buck et al., 2004). Relatedly, symptoms of ASD usually begin to appear between 12-24 months, and children are most likely to be diagnosed within two years after symptoms manifest (American Psychiatric Association, 2013). Based on these findings, the age of five-years-old was chosen for this study as the younger witness. In addition, a study conducted by Nunez et al. (2011) asked mock jurors to rate their impressions of a typical child of varying ages and gender. The impressions were either centered around how the child would respond to testifying in court or the child in general, depending on which condition the mock juror was in. The results of this study suggest that an eight-year-old witness is an optimal age for a CSA case and that a twelve-year-old witness is the least optimal age, based on perceptions of memory and cognitive ability, honesty, and reliability. As a result, the age of eight-years-old was chosen for the present study. This age also ensures that the victim would not be in the preschool age range, old enough for jurors to believe that they would remember an abusive event, and likely to come forward about

the event (Hershkowitz et al., 2006). Lastly, an age of eight-years-old suggests that the victim is young enough for jurors to question their suggestibility (Buck et al., 2004), as well as old enough to be diagnosed with ASD. According to the NCVC (2011), the children who are most vulnerable to CSA are between the ages of seven and thirteen, with a median age of eight-years-old.

As stated above, one goal of the present study is to extend the literature by observing effects on juror perceptions by manipulating the quality of a CSA interview, as well as the age of the victim involved. There will be three levels of interview quality, “good,” “typical,” and “poor,” as well as two levels of age, five-years-old and eight-years-old. The present study will also include an adult stepfather as the defendant. According to a study conducted by O’Donohue, Smith, and Schewe (1998), the allegations of male defendants were believed significantly more than those of female defendants in CSA cases. Also, 96% of people who commit CSA crimes are male, 76.8% are adults, and 34% of perpetrators are a member of the victim’s family (National Sexual Violence Resource Center (NSVRC), 2011). It is also important to note that while, one in five CSA victims are females, and one in twenty CSA victims are males, (NCVC, 2011), males are four times more likely to be diagnosed with ASD than females; therefore, the present study will use a male child as the victim.

Present Study

There has been recent research that has evaluated the effect of interview quality on juror perceptions of a victim with ASD (Wilcock et al., 2019). The current study was designed to extend this research by evaluating the effects of interview quality, age of the victim, and diagnosis of the victim independently. Equally as important, it aimed to connect these concepts and evaluate their collective effect on jury perceptions of child witnesses. Based on the previous

research, interview quality was expected to have a significant effect on juror perceptions (Pipe et al., 2013). Therefore, the first hypothesis was that participants in the “good” interview quality condition would find the defendant guilty more often than participants in the “typical” and “poor” interview quality conditions (Buck et al., 2011; Buck et al., 2004; Pipe et al., 2013). Next, it was hypothesized that participants in the “good” interview quality condition would perceive the victim to be more believable, less suggestible, and perceive the officers to be more competent than in the poor or typical interview quality conditions (Castelli et al., 2005; Warren et al., 2002). Relatedly, Autism Spectrum Disorder can affect memory abilities, but this effect may not be as pronounced with certain safeguards within the interview setting (Chae et al., 2014; Henry et al., 2017). Therefore, it was hypothesized that there would be a significant interaction of interview quality and ASD diagnosis. Specifically, mock jurors would perceive the victim with an ASD diagnosis to be of similar abilities to the victim without an ASD diagnosis for the “good” interview quality condition (DiSciullo, 2018; McCrory et al., 2007). Lastly, concerning the age manipulation, no a priori predictions were made and this was strictly for exploratory purposes only.

Method

Participants and Design

An a priori power analysis was conducted and determined the study required a total of 220 participants to detect a small to medium effect. Participants were recruited from Amazon’s Mechanical Turk (Buhrmester et al., 2016, Litman et al., 2016) and were randomly assigned to one of twelve conditions in a 2 ASD Diagnosis (present vs. not present) x 3 Interview Quality (good vs. typical vs. poor) x 2 Age (five-years-old vs. eight-years-old) between-participants design. Participants were compensated \$0.50 for their participation. Throughout the study,

participants were asked various manipulation check items, including questions that determined if the participant remembered what type of case was involved in the study, the gender of the victim involved in the study, and if they could give a prediction about the purpose of the study. At the end of the study, participants were presented with a questionnaire that included demographic questions (i.e., age, sex, race, sexual orientation, household income, education, and religious and political affiliations). At the completion of the study, participants consisted of 552 Mechanical Turk workers. Of these participants, 155 failed various attention checks, 233 failed various manipulation checks, 8 did not complete all of the questions, and 4 fell outside of the accepted time range for completing the study. After accounting for these errors, the final sample consisted of 244 participants. The age of these participants ranged from 18 years-old to 76 years-old, with an average age of 41.72 years old. The participants' gender included those identifying as male (45.55%), female (53.3%), transitioning female-to-male (0.8%), and agender (0.4%). The distribution of race for this sample consisted of mostly White participants (81.6%), as well as Black/African American (10.7%), Asian/Pacific Islander (4.9%), American Indian/Alaskan Native (0.8%), and Other/Prefer not to say (2.0%). For a full description of the sample demographics, see Table 1.

Stimuli Materials

Case Vignettes

A vignette of an alleged child sexual abuse trial was created for the present study, including a male victim that has come forward with claims of abuse at the hands of his stepfather (See Appendices A-D). The vignette described the circumstances of the case and provided an introduction to the interview transcripts. For the victim that has an ASD diagnosis, the case

vignette specified the diagnosis and that the school teacher is a special education teacher. The grade and age were also specified to distinguish between the two age conditions.

Interview Transcripts

The participants were given a transcript of the forensic interview conducted by the investigators with the victim when the allegations of abuse were first reported (See Appendices E-P). The interview transcripts were modified from those used by Buck et al. (2004) and the NICHD Interview Protocol as outlined by Lamb et al. (2007). The quality of the interview varied across conditions and included an interview of good, typical, and poor quality. The “good” interview condition included rapport building, ground rules, a practice interview, the reason for the child’s presence, open-ended, non-leading questions, and verbal labels if necessary (Buck et al. 2004; Henry et al., 2017). The “typical” interview only included rapport building, the reason for the child’s presence, and open-ended, non-leading questions, and lastly, the “poor” interview did not include any of these practices (Buck et al. 2004). The transcript also included mention of a special education classroom and diagnosis for those manipulations that contained a victim with ASD. To distinguish between age manipulations, the transcript included mention of the age and grade of the victim. The amount of information the child reported in their first attempt and the sophistication of the language used by the child also varied across conditions for both the age and diagnosis manipulations (Bruck et al., 2007; McCrory et al., 2007). Lastly, the use of non-verbal communication was also increased for the manipulations that included the ASD diagnosis (American Psychiatric Association, 2013).

Dependent Variables

Case Outcomes

Participants made a dichotomous verdict judgment (guilty or not guilty) and were then asked how confident they were in their decision based on a 10-point scale (1= *not confident at all* to 10 = *very confident*). The confidence ratings for ‘not guilty’ were multiplied by -1, and the ratings for ‘guilty’ were multiplied by +1 to determine a more sensitive measure of verdict decision. The scores range from -10 (greatest amount of confidence in ‘not guilty’ verdict) to +10 (greatest amount of confidence in ‘guilty’ verdict).

Children’s General Believability Scale

The participants were then asked to complete Bottoms et al.’s (2014) Children’s General Believability Scale (CGBS, $\alpha = 0.81$). The purpose of this scale was to help determine the attitudes of the jurors regarding the believability of the child victim. The scale contained twelve items, and participants rated their responses to each item using a seven-point Likert scale (-3=strongly disagree, +3=strongly agree). A higher score indicated higher ratings of believability in half of the questions, and the other half were reverse-coded. An example item is “Children do not claim to be sexually abused just to get attention” (See Appendix Q).

Child Credibility Assessment Scale

The participants were then asked to complete Kehn et al.’s (2013) Child Credibility Assessment Scale (CCAS, $\alpha = 0.77$). This scale was used to examine the combination of cognitive ability, honesty, and suggestibility in terms of child credibility. The scale consisted of fifteen items, and participants rated their responses using a seven-point rating system (1=low, 7=high). An example item is “How would you rate the child’s likelihood of reporting things that did not really happen?” (See Appendix R).

Perception of Interview Rating Questionnaire

This questionnaire was compiled specifically for this study and was based on empirically related characteristics associated with interview quality ($\alpha = 0.85$). The questionnaire included a series of questions regarding the mock juror's perceptions of the questions the interviewer asked and if the mock juror used the interview in their verdict decision, based on questions from Buck et al. (2004). The questionnaire also included characteristic ratings regarding the interviewer and the interaction between the victim and the interviewer, based on questions from Vallano et al. (2011) (See Appendix S).

Procedure

This study was conducted online using Mechanical Turk, and all participants completed a survey through Qualtrics. The participants began by reading an informed consent document and agreeing to participate in the study. Participants were then randomly assigned to one of twelve conditions and given a CSA case vignette and interview transcript that coincided with that condition. After reading the case vignette and interview transcript, participants were asked to render a verdict for the case, as well as their confidence in that verdict. Following this, participants were asked to complete questionnaires regarding their perceptions of the victim, which included the Children's General Believability Scale and the Child Credibility Assessment Scale. The participants were then asked to answer questions regarding their perceptions of the interview quality. Lastly, participants were presented with a demographic questionnaire and manipulation check questions. Participants were thanked and compensated for their participation.

Results

After removing participants who failed manipulation and attention checks, outliers, and missing data, the final participant sample was two hundred and forty-four. Of the dependent

variables, two were broken down into various subscales for analysis. The Child Credibility Assessment Scale was assessed using three subscales; Cognitive Ability, Honesty, and Suggestibility. Among these subscales, three questions were reverse-coded, with higher scores on each subscale representing higher perceived ability of the child witness. The Perception of Interview Rating Questionnaire assessed three subscales; Interviewer Perception, Interaction Perception, and Question Perception. Among these subscales, six questions were reverse-coded, with higher scores on each subscale representing a more positive outlook on the interviewer, interaction, or questions used, respectively. The Children's General Believability Scale has one fact and includes six questions that are reverse-coded. A higher score on this scale indicates a higher rating of victim believability.

Verdict Confidence

For the first research question, it was hypothesized that interview quality would effect verdict choice. For the analysis, manipulations of Victim Age and ASD Diagnosis were included as independent variables. Unfortunately, verdict choice was skewed as 86.5% of participants found the defendant guilty, therefore, any analysis using the dichotomous verdict choice would be meaningless. Therefore, analyses for research question one focus on the confidence ratings for participant verdicts. An Analysis of Variance (ANOVA) with confidence as the outcome variable and Interview Quality, Victim Age, and ASD Diagnosis as predictor variables revealed a significant interaction of Interview Quality and Victim Age $F(2, 241) = 3.22, p = 0.04, \eta^2 = 0.03$, on verdict confidence (see Figure 1). Specifically, participants who were exposed to the 'Good' interview quality with a five year-old victim were the most confident in their verdict ($M = 8.33, SD = 1.88$). Alternatively, participants who were exposed to the 'Poor' interview quality with a five year-old victim were the least confident in their verdict ($M = 6.88 SD = 2.03$). A

three-way interaction of Interview Quality, Victim Age, and ASD Diagnosis $F(2, 241) = 3.78, p = 0.024, \eta^2 = 0.03$, was also detected (see Figure 2a, 2b). Specifically, participants who were exposed to the ‘Good’ interview quality with a five year-old victim with ASD were the most confident in their verdict ($M = 8.56, SD = 1.67$). Alternatively, participants who were exposed to the ‘Poor’ interview quality with a five year-old victim with ASD were the least confident in their verdict ($M = 6.33, SD = 2.66$). No additional main effects or interactions involving the manipulations were detected on verdict confidence.

Juror Perceptions

For the second research question, it was hypothesized that interview quality would affect the participants’ perceptions of the victim and the interviewer. A Multivariate Analysis of Variance (MANOVA) was conducted with the questionnaire subscales as the outcome variables and Interview Quality, Victim Age and ASD Diagnosis as predictor variables. The analysis revealed a significant main effect of Interview Quality on Cognitive Ability $F(2, 241) = 8.13, p < 0.00, \eta^2 = 0.07$, Honesty $F(2, 241) = 3.20, p = 0.03, \eta^2 = 0.04$, Suggestibility $F(2, 241) = 7.18, p = 0.001, \eta^2 = 0.06$, Interviewer Perception $F(2, 241) = 11.79, p < 0.000, \eta^2 = 0.09$, Interaction Perception $F(2, 241) = 25.19, p < 0.000, \eta^2 = 0.18$, and Question Perception $F(2, 241) = 10.90, p < 0.000, \eta^2 = 0.09$. Subsequently, several ANOVAs were conducted with Interview Quality as the predictor variable and the individual subscales as the outcome variables. The ANOVA also found a significant main effect of Interview Quality on Cognitive Ability $F(2, 241) = 8.19, p < 0.00, \eta^2 = 0.07$, Honesty $F(2, 241) = 3.43, p < 0.00, \eta^2 = 0.03$, Suggestibility $F(2, 241) = 7.59, p = 0.001, \eta^2 = 0.06$, Interviewer Perception $F(2, 241) = 11.68, p < 0.00, \eta^2 = 0.09$, Interaction Perception $F(2, 241) = 24.42, p < 0.00, \eta^2 = 0.17$, and Question Perception $F(2, 241) = 10.87, p < 0.00, \eta^2 = 0.09$. Participants who were exposed to the ‘Good’ interview

quality ($M = 25.50, SD = 3.54$) had a significantly more positive outlook on the interviewer than participants exposed to the 'Typical' ($M = 23.48, SD = 4.44$) and 'Poor' ($M = 22.24, SD = 4.17$) interview qualities. Participants who were exposed to the 'Good' interview quality ($M = 24.39, SD = 3.84$) had a significantly more positive outlook on the interaction between the victim and the interviewer than participants who were exposed to the 'Typical' ($M = 21.79, SD = 3.90$) and 'Poor' ($M = 19.52, SD = 4.45$) interview quality conditions. This result was also consistent for participants who were exposed to the 'Typical' ($M = 21.79, SD = 3.90$) interview quality compared to those exposed to the 'Poor' ($M = 19.52, SD = 4.45$) interview quality. Participants who were exposed to the 'Good' ($M = 15.21, SD = 2.00$) and 'Typical' ($M = 14.61, SD = 2.61$) interview qualities had a significantly more positive outlook on the questions used by the interviewer than participants exposed to the 'Poor' ($M = 13.45, SD = 2.03$) interview quality. Participants exposed to the 'Good' ($M = 35.28, SD = 7.79$) and 'Typical' ($M = 33.54, SD = 8.92$) interview qualities perceived the victim to be of significantly higher cognitive ability than participants exposed to the 'Poor' ($M = 29.64, SD = 8.52$) interview quality. Participants exposed to the 'Good' ($M = 14.88, SD = 5.27$) interview quality perceived the victim to be significantly less suggestible than participants exposed to the 'Typical' ($M = 16.78, SD = 4.99$) and 'Poor' ($M = 18.08, SD = 5.06$) interview qualities. Lastly, participants exposed to the 'Good' ($M = 21.13, SD = 4.76$) interview quality perceived the victim to be significantly more honest than participants exposed to the 'Poor' ($M = 19.21, SD = 4.59$) interview quality.

Diagnosis and Interview Quality

For the third research question, it was hypothesized that ASD diagnosis would interact with interview quality and affect the participant's perceptions and verdict. A MANOVA with the questionnaire subscales and confidence as the outcome variables and Interview Quality, Victim

Age, and ASD Diagnosis as predictor variables revealed a significant interaction of Interview Quality and ASD Diagnosis $F(2, 238) = 2.98, p = 0.053, \eta^2 = 0.03$, on perceptions of victim honesty (see Figure 3). However, this interaction was not significant when a subsequent ANOVA was conducted with Interview Quality and ASD Diagnosis as the predictor variables and the individual subscales as the outcome variables. Specifically, participants who were exposed to the ‘Good’ interview quality with a victim without an ASD Diagnosis found the victim to be the most honest ($M = 22.37, SD = 4.33$). Alternatively, participants who were exposed to the ‘Poor’ interview quality with a victim without an ASD diagnosis found the victim to be the least honest ($M = 18.49, SD = 4.67$). Interestingly, this MANOVA revealed a significant main effect of ASD Diagnosis on victim Cognitive Ability $F(1, 242) = 8.80, p = 0.003, \eta^2 = 0.14$, and Suggestibility $F(1, 242) = 4.24, p = 0.041, \eta^2 = 0.03$, perceptions. A subsequent ANOVA of these results found a significant main effect of ASD Diagnosis on Cognitive Ability $F(1, 242) = 9.07, p = 0.003, \eta^2 = 0.04$, and Suggestibility $F(1, 242) = 4.184, p = 0.042, \eta^2 = 0.02$, perceptions. Specifically, participants perceived the victim without ASD ($M = 34.50, SD = 8.43$) to possess higher cognitive ability than the victim with ASD ($M = 31.14, SD = 8.39$). Additionally, participants perceived the victim without ASD ($M = 15.88, SD = 5.01$) to be less suggestible than the victim with ASD ($M = 17.27, SD = 5.21$). A three-way interaction of Interview Quality, Victim Age, and ASD Diagnosis $F(2, 232) = 3.10, p = 0.047, \eta^2 = 0.11$, on victim Cognitive Ability perceptions was also detected (see Figure 4a, 4b). A subsequent ANOVA also found a significant three-way interaction on Cognitive Ability $F(2, 232) = 3.133, p = 0.046, \eta^2 = 0.03$. Specifically, participants who were exposed to the ‘Good’ interview quality with an eight-year-old victim without ASD perceived the victim to have the highest cognitive ability ($M = 40.73, SD = 6.01$). Alternatively, participants who were exposed to the ‘Poor’

interview quality with a five-year-old victim with ASD perceived the victim to have the lowest cognitive ability ($M = 22.47$, $SD = 7.61$).

Victim Age

For the fourth research question, we examined the effect of Victim Age on participant perceptions, however, we did not make any a priori predictions and conducted this analysis for exploratory purposes only. For the analysis, manipulation of ASD Diagnosis was also included. A MANOVA with the questionnaire subscales as the outcome variables and Victim Age and ASD Diagnosis as predictor variables revealed a significant main effect of Victim Age $F(1, 242) = 13.20$, $p < 0.000$, $\eta p^2 = 0.20$, on victim Cognitive Ability perceptions. A subsequent ANOVA was conducted and also found a significant main effect of Victim Age on Cognitive Ability $F(1,242) = 13.57$, $p < 0.00$, $\eta p^2 = 0.06$. Specifically, participants found the eight-year-old victim ($M = 34.87$, $SD = 8.20$) to be of significantly higher cognitive ability than the five-year-old victim ($M = 30.77$, $SD = 8.62$). An interaction of Victim Age and ASD Diagnosis $F(1, 240) = 6.96$, $p = 0.009$, $\eta p^2 = 0.04$, on victim Honesty perceptions was also detected (see Figure 5). A subsequent ANOVA was conducted and also found a significant interaction of Victim Age and ASD Diagnosis on Honesty $F(1, 240) = 7.286$, $p = 0.007$, $\eta p^2 = 0.03$. Specifically, participants who were exposed to the eight year-old victim without ASD found the victim to be the most honest ($M = 21.14$, $SD = 4.71$). Alternatively, participants who were exposed to the eight year-old victim with ASD found the victim to be the least honest ($M = 18.94$, $SD = 4.82$).

Discussion

This study investigated the effects of forensic interview quality and victim characteristics (i.e., age and diagnosis of ASD) on criminal case judgments and perceptions of victim credibility, victim suggestibility, and interviewer quality. Overall the findings were diverse

regarding the predicted hypotheses (discussed below). In addition, there were significant effects analyzed post hoc, such as the interactions between the interview quality and victim characteristics.

The hypothesis regarding the effects of interview quality on verdict decisions received insufficient support. Interview quality did not significantly predict dichotomous verdict, which is not consistent with the hypothesis and past literature (Buck et al., 2011; Buck et al., 2004; Pipe et al., 2013). The effects of victim age and ASD diagnosis were also explored independently and produced similar, insignificant findings which is also inconsistent with past literature (Buck et al., 2011; Holcomb & Jacquin, 2007; McCrory et al., 2007). Due to the skewness of the verdict decision results, with the asymmetrical number of ‘guilty’ verdicts compared to ‘not guilty’ verdicts, verdict confidence was analyzed separately from dichotomous verdict. There were no significant main effects of interview quality or victim characteristics on verdict confidence, which is inconsistent with the hypotheses; however, there was a significant interaction of interview quality and victim age, and a significant three-way interaction of interview quality, victim age, and ASD diagnosis. Participants had more confidence when the victim was younger, if the interview quality was ‘Good’ compared to a ‘Poor’ interview suggesting that the NICHD interview protocol procedures that were included in the ‘Good’ interview but removed during the ‘Poor’ interview (i.e., rapport building, ground rules, practice interview, explaining the reason for the child’s presence, and open-ended, non-leading questions) were perceptible to participants. Furthermore, when the victim had an ASD diagnosis, the range of confidence increased, suggesting that the NICHD procedures might have been more influential when the victim had ASD. This finding might also suggest that the participants utilized pre-existing biases regarding children with ASD to influence their perceptions of the interview quality (DiSciullo, 2018; Kite

et al., 2012; Maras et al., 2019; Mire et al., 2015; Stobbs & Kebbell, 2003). The increase in confidence ratings could be attributed to the stereotypes, both good and bad, surrounding an ASD diagnosis such as; an inability to experience emotion completely, savantism, or that all individuals display slight characteristics of ASD (Draaisma, 2009).

The hypothesis of interview quality influencing participant perceptions of the victim and interviewer was fully supported which is consistent with past research (Buck et al., 2004; Greenstock & Pipe, 1997; Hershkowitz et al., 2006; Katz et al., 2015; Pipe et al., 2013).

Participants viewed both the interviewer and the interaction between the interviewer and the victim in a more positive way (i.e., more smooth, less awkward, more friendly, etc.) when they were exposed to the 'Good' interview condition compared to the 'Typical' and 'Poor' interview conditions. Additionally, participants viewed the interaction in the 'Typical' interview in a more positive way than the 'Poor' interview. This suggests that the NICHD procedures included in both the 'Good' and 'Typical' interview qualities (i.e., rapport building, explaining the reason for the child's presence, open-ended, non-leading questions) were the most influential in regards to the perception of the interview. Furthermore, the participants viewed the questions that the interviewer used in a more positive way (i.e., more specific/structured, less suggestive/leading) during the 'Good' interview compared to the 'Poor' interview as well as the 'Typical' interview compared to the 'Poor' interview which further supports the NICHD procedures utilized in the 'Good' and 'Typical' interviews. This suggests that the participants were able to pick up on leading questions, and that this had an effect on their perceptions of the questions, as well as the interviewer's abilities and demeanor (Buck et al., 2004; Vallano & Compo, 2011).

Similarly, interview quality was found to have a significant effect on various perceptions of victim credibility. Specifically, participants found the victim to be more honest, less

suggestible, and of higher cognitive ability during the ‘Good’ interview compared to the ‘Poor’ interview. Additionally, participants found the victim to be more suggestible in the ‘Good’ interview compared to the ‘Typical’ interview, and participants exposed to the ‘Typical’ interview also perceived the victim to have a higher cognitive ability than in the ‘Poor’ interview. These results offer further support that child credibility is based on a combination of cognitive ability, suggestibility, and honesty (Kehn et al., 2014). Furthermore, these findings suggest that the NICHD procedures included in the ‘Good’ interview, but removed from the ‘Poor’ interview (i.e., rapport building, ground rules, practice interview, explaining the reason for the child’s presence, open-ended, non-leading questions) are influential to participant perceptions of victim cognitive ability, suggestibility, and honesty. In addition, NICHD procedures included in the ‘Good’ interview, but removed from the ‘Typical’ interview (i.e., ground rules, practice interview) are more influential to participant perceptions of victim suggestibility. Lastly, NICHD procedures included in the ‘Typical’ interview, but removed from the ‘Poor’ interview (i.e., rapport building, explaining the reason for the child’s presence, open-ended, non-leading questions) appear to be more influential to participant perceptions of victim cognitive ability. In contrast, interview quality did not have a significant influence on the believability rating of the child victim through the Children’s General Believability Scale.

The hypothesis of ASD diagnosis and interview quality interacting to influence case judgments and victim perceptions received minimal support by only influencing victim honesty perceptions. Participants perceived the victim to be the most honest during the ‘Good’ interview when the victim did not have ASD. Alternatively, participants perceived the victim to be the least honest during the ‘Poor’ interview when the victim did not have ASD. Victims with ASD were not significantly more honest than victims without ASD which is incongruent with the

hypotheses and past literature (Bottoms et al., 2003; Maras et al., 2019; Stobbs & Kebbell, 2003) but congruent with findings by DiScuillo (2018) in which victims with ASD were believed to rely less on fact when testifying. The findings suggest that the verbal labels utilized in the ‘Good’ interview condition did not significantly increase perceptions of cognitive ability or suggestibility but did adversely influence perceptions of honesty. This is contrary to findings from Chae et al. (2014), and Henry et al. (2017), which found that verbal labels can increase the amount of information a child remembers. Interestingly, victims with ASD in the ‘Poor’ condition were perceived to be more honest than victims without ASD. This suggests that utilizing the NICHD procedures is beneficial for victims without ASD, but not victims with ASD in terms of their honesty perceptions.

In contrast, there is evidence in support of this hypothesis through the three-way interaction between interview quality, victim age, and ASD diagnosis such that participants perceived the eight-year-old victim without ASD in the ‘Good’ interview to be the most cognitively competent and the five-year-old victim with ASD in the ‘Poor’ interview to be the least cognitively competent. Investigating the influence of ASD diagnosis independently from interview quality and victim age revealed that victims with ASD were perceived to be of less cognitive ability and more suggestible than the victims without ASD. This suggests that victims with ASD are subject to more prejudicial standards as the information about the alleged abuse in this study that was verbalized by the victim with ASD did not differ in accuracy from the victim without ASD, which is congruent with some of the past literature (DiScuillo, 2018; Maras et al., 2019; Stobbs & Kebbell, 2003).

Lastly, victim age was a limited predictor of victim perceptions but an insignificant predictor of interviewer and interaction perceptions. Older victims were perceived as having a

higher cognitive ability when compared to younger victims, which is consistent with past literature (Hershkowitz et al., 2006; Nunez et al., 2011). An interaction between victim age and ASD diagnosis produced mixed results through which participants perceived the eight-year-old victim without ASD to be the most honest, while the eight-year-old victim with ASD was the least honest. This is inconsistent with past research which suggests that younger victims are perceived to be more honest (Buck et al., 2011) but consistent with research regarding honesty and ASD (DiScuillo, 2018).

Limitations

The findings of the present study have important implications for forensic interviews involving children and those with developmental disabilities; however, several limitations must be acknowledged. The generalizability of this study might be limited due to the use of a transcribed forensic interview that participants were asked to read rather than the use of an actual trial. It is also important to note that this study only utilized a forensic interview from a trial, and not a complete trial with testimony from witnesses, experts, and the defendant. Another limitation of the study is that it is likely that the transcripts were too overwhelming towards a guilty verdict, which is demonstrated by the incongruent number of guilty verdicts compared to not guilty verdicts. While the evidence that abuse took place may have been too overwhelming, several manipulations might have been too underwhelming. Specifically, the verbal labels that were utilized in the 'Good' interview might not have been strong enough to be perceived by the participants and thus used in their determinations of the victim. Alternatively, the manipulations for ASD were strong enough to influence perceptions of victim cognitive ability and suggestibility. These conflicting results illustrate the need for future research to examine the effects of verbal labels on victims with ASD. Additionally, this study only investigated

perceptions of victims with ASD involved in a child sexual abuse case. Future research should investigate the effects of interview quality and victim characteristics for other types of crimes, such as violent or drug crimes, and perceptions of other members of the criminal justice system with ASD, such as defendants or witnesses. Lastly, the use of online, private servers for recruiting research participants has recently been scrutinized for the increased risk of fraudulent behavior that goes unnoticed. Specifically, the use of individual IP addresses to distinguish between participants might not be as unique and trustworthy as once believed (Dennis et al., 2020). Dennis et al. (2020) gives three main recommendations for researchers to combat these concerns, and this study utilized all but one of these. This study did not utilize open-ended responses in the questionnaire and only included multiple-choice and scale style questions. This is a limitation as the chances of screening out fraudulent activity through open-ended questions might have increased.

To conclude, this research prompts further examination of the intricate and complex nature of juror perceptions of victim disabilities and characteristics as well as interview quality through which these perceptions influence juror decision making. Even as society becomes more cognizant of disabilities and children's developmental trajectories, disproportionate variation still exists based on victim characteristics. Therefore, it is critical to continue to investigate the reason for these disparities and what can be changed to defeat them to maintain the consistency and validity of the criminal justice system.

References

- Andrews, S. J., & Lamb, M. E. (2014). The effects of age and delay on responses to repeated questions in forensic interviews with children alleging sexual abuse. *Law and Human Behavior, 38*(2), 171-180.
- American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.). Arlington, VA.
- American Psychological Association. (n.d.). *APA Dictionary of Psychology*.
<https://dictionary.apa.org/episodic-memory>
- Baugerud, G. A., & Johnson, M. S. (2017). The NICHD protocol: guide to follow recommended investigative interview practices at the Barnahus?. In: Johansson, S., Stefansen, K., Bakketeig, E., Kaldal, A. (eds) *Collaborating against child abuse*. Palgrave Macmillan, Cham, 121-143.
- Beleckis, J. (November 9, 2018). Walworth county jury finds man not guilty of child sex assault charges. https://www.gazettextra.com/news/crime/walworth-county-jury-finds-man-nogUILTY-of-child-sex/article_98572231-0171-5816-b553-28f05bbcaadd.html
- Benie, L. R., Hauck-Filho, N., Dillenburg, M., & Stein, L. M. (2015). The NICHD Investigative Interview Protocol: A meta-analytic review. *Journal of Child Sexual Abuse, 24*, 259-279.
- Bottoms, B. L., Nysse-Carris, K. L., Harris, T., & Tyda, K. (2003). Jurors' perceptions of adolescent sexual assault victims who have intellectual disabilities. *Law and Human Behavior, 27*(2), 205-227.
- Bowler, D. M., Matthews, N. J., & Gardiner, J. M. (1997). Asperger's syndrome and memory: Similarity to autism but not amnesia. *Neuropsychologia, 35*(1), 65-70.

- Bowler, D. M., Gardiner, J. M., & Grice, S. J. (2000). Episodic memory and remembering in adults with Asperger syndrome. *Journal of Autism and Developmental Disorders*, 30(4), 295-304.
- Bowler, D. M., Gardiner, J. M., & Berthollier, N. (2004). Source memory in adolescents and adults with Asperger's syndrome. *Journal of Autism and Developmental Disorders*, 34(5), 533-542.
- Brubacher, S. P., Poole, D. A., & Dickinson, J. J. (2015). The use of ground rules in investigative interviews with children: a synthesis and call for research. *Developmental Review*, 36, 15-33.
- Bruck, M., London, K., Landa, R., & Goodman, J. (2007). Autobiographical memory and suggestibility in children with autism spectrum disorder. *Development and Psychopathology*, 19, 73-95.
- Buck, J. A., London, K., & Wright, D. B. (2011). Expert testimony regarding child witnesses: Does it sensitive jurors to forensic interview quality? *Law and Human Behavior*, 35, 152-164.
- Buck, J. A., Warren, A. R., & Brigham, J. C. (2004). When does quality count?: Perceptions of hearsay testimony about child sexual abuse interviews. *Law and Human Behavior*, 28 (6), 599-621.
- Buhrmester, M., Kwang, T., & Gosling, S. D. (2016). Amazon's Mechanical Turk: A new source of inexpensive, yet high-quality data? In A. E. Kazdin (Ed.), *Methodological issues and strategies in clinical research*, 133-139.

- Castelli, P., Goodman, G. S., & Ghetti, S. (2005). Effects of interview style and witness age on perceptions of children's credibility in sexual abuse cases. *Journal of Applied Social Psychology, 35*(2), 297-319.
- Chae, Y., Kulkofsky, S., Debaran, F., Wang, Q., & Hart, S. L. (2014). Low-SES children's eyewitness memory: the effects of verbal labels and vocabulary skills. *Behavioral Sciences and the Law, 32*, 732-745.
- Cooper, A., Quas, J. A., & Cleveland, K. C. (2014). The emotional child witness: Effects on juror decision-making. *Behavioral Sciences and the Law, 32*, 813-828.
- Cross, T. P., & Whitcomb, D. (2017). The practice of prosecuting child maltreatment: Results of an online survey of prosecutors. *Child Abuse and Neglect, 69*, 20-28.
- Danby, M. C., Brubacher, S. P., Sharman, S. J., & Powell, M. B. (2015). The effects of practice on children's ability to apply ground rules in a narrative interview. *Behavioral Sciences and the Law, 33*, 446-458.
- Data & Statistics on Autism Spectrum Disorder. Center for Disease Control. (n.d.)
<https://www.cdc.gov/ncbddd/autism/data.html>
- Dennis, S. A., Goodson, B. M., & Pearson, C. A. (2020). Online worker fraud and evolving threats to the integrity of Mturk data: A discussion of virtual private servers and the limitations of IP-based screening procedures. *Behavioral Research in Accounting, 32*(1), 119-134.
- DiSciullo, V. (2018). Jurors' perceptions of child witnesses with autism spectrum disorder (Unpublished master's thesis). West Virginia University, Morgantown, West Virginia, United States.

- Draaisma, D. (2009). Stereotypes of autism. *Philosophical Transactions of the Royal Society B*, 364(1522), 1475-1480.
- Freckelton, I. (2013). Autism spectrum disorder: forensic issues and challenges for mental health professional and courts. *Journal of Applied Research in Intellectual Disabilities*, 26, 420-434.
- Foley, M. A., & Johnson, M. K. 1985. Confusions between memories for performed and imagined actions: A developmental comparison. *Child Development*, 56(5), 1145-1155.
- Gaigg, S. B., & Bowler, D. M. (2008). Free recall and forgetting of emotionally arousing words in autism spectrum disorder. *Neuropsychologia*, 46, 2336-2343.
- Gaigg, S. B., Gardiner, J. M., & Bowler, D. M. (2008). Free recall in autism spectrum disorder: The role of relational and item-specific encoding. *Neuropsychologia*, 46, 983-992.
- Gallo, D. A., Weiss, J. A., & Schacter, D. L. (2004). Reducing false recognition with critical recollection tests: Distinctiveness heuristic versus criterion shifts. *Journal of Memory and Language*, 51, 473-493.
- Goddard, L., Howlin, P., Drischel, B., & Patel, T. (2007). Autobiographical memory and social problem-solving in Asperger syndrome. *Journal of Autism and Developmental Disorders*, 37, 291-300.
- Golding, J. M., Wasarhaley, N. E., Lynch, K. R., Lippert, A., & Magyarics, C. L. (2015). Improving the credibility of child sexual assault victims in court: the impact of a sexual assault nurse examiner. *Behavioral Sciences and the Law*, 33, 493-507.
- Goodman, G. S., Tobey, A. E., Batterman-Faunce, M., Orcutt, H., Thomas, S., Shapiro, C., & Sachsenmaier, T. (1998). Face-to-face confrontation: effects of closed-circuit technology

- on children's eyewitness testimony and jurors' decisions. *Law and Human Behavior*, 22(2), 165-203.
- Greenstock, J. & Pipe, M. (1997). Are two heads better than one? Peer support and children's eyewitness reports. *Applied Cognitive Psychology*, 11, 461-483.
- Greimel, E., Nehr Korn, B., Fink, G. R., Kukolja, J., Kohls, G., Muller, K., Piefke, M., Kamp-Becker, I., Remschmidt, H., Herpertz-Dahlmann, B., Konrad, K., Schulte-Ruther, M. (2012). Neural mechanisms of encoding social and non-social context information in autism spectrum disorder. *Neuropsychologia*, 50, 3440-3449.
- Hannula, D. E., Tranel, D. & Cohen, N. J. (2006). The long and the short of it: Relational memory impairments in amnesia, even at short lags. *The Journal of Neuroscience*, 26(32), 8352-8359
- Henry, L. A., Crane, L., Nash, G., Hobson, Z., Kirke-Smith, M. & Wilcock, R. (2017). Verbal, visual and intermediary support for child witnesses with Autism during investigative interviews. *Journal of Autism and Developmental Disorders*, 47, 2348-2362.
- Hershkowitz, I., Orbach, Y., Lamb, M. E., Sternberg, K. J., & Horowitz, D. (2006). Dynamics of forensic interviews with suspected abuse victims who do not disclose abuse. *Child Abuse and Neglect*, 30, 753-769.
- Herrman, Michele. (2018, October 26). How Public Attractions are Better Accommodating Guests with Sensory Needs. *Forbes Magazine*. <https://www.forbes.com/#60b819b52254>
- Holcomb, M. J., & Jacquin, K. M. (2007). Juror perceptions of child eyewitness testimony in a sexual abuse trial. *Journal of Child Sexual Abuse*, 16(2), 79-95
- Johnson, M. K., Foley, M. A., & Leach, K. 1988. The consequences for memory of imagining in another person's voice. *Memory and Cognition*, 16(4), 337-342.

- Johnson, M. K., Hashtroudi, S., & Lindsay, D. S. 1993. Source Monitoring. *Psychological Bulletin*, 114(1), 3-28.
- Johnson, J. L., & Shelley, A. E. (2014). Effects of child interview tactics on prospective jurors' decisions. *Behavioral Sciences and the Law*, 32, 846-866.
- Johnson, M. K. 1997. Source Monitoring and Memory Distortion. *Philosophical Transactions: Biological Sciences*, 352(1362), 1733-1745
- Katz, C. (2015). 'Stand by me': The effect of emotional support on children's testimonies. *British Journal of Social Work*, 45, 349-362.
- Kehn, A., Warren, A., Schweitzer, K., Nunez, N., & Pepper, C. (2014, March). *Development of the child credibility assessment scale: A tool to assess perceptions of child witnesses*. Paper presented at the annual conference of the American Psychology and Law Society, New Orleans, LA.
- Kite, D. M., Gullifer, J., Tyson, G. A. (2012). Views on the diagnostic labels of autism and asperger's disorder and the proposed changes in the DSM. *Journal of Autism and Developmental Disorders*, 43, 1692-1700.
- Klemfuss, J. Z., & Ceci, S. J. (2012). Legal and psychological perspectives on children's competence to testify in court. *Developmental Review*, 268-286.
- Konkel, A. & Cohen, N. J. (2009). Relational memory and the hippocampus: representations and methods. *Frontiers in Neuroscience*, 3(2), 166-174.
- Krackow, E., & Lynn, S. J. (2010). Event report training: an examination of the efficacy of a new intervention to improve children's eyewitness reports. *Applied Cognitive Psychology*, 24, 868-884.

- Lamb, M. E., Orbach, Y., Hershkowitz, I., Esplin, P. W., Horowitz, D. (2007). A structured forensic interview protocol improves the quality and informativeness of investigative interviews with children: a review of research using the NICHD investigative interview protocol. *Child Abuse and Neglect*, 31, 1201-1231.
- Libby, L.K. (2003). Imagery perspective and source monitoring in imagination inflation. *Memory & Cognition*, 31(7), 1072-1081.
- Litman, L., Robinson, J., & Abberbock, T. (2016). TurkPrime.com: A versatile crowdsourcing data acquisition platform for the behavioral sciences. *Behavior Research Methods*, 1-10.
- London, K., & Ceci, S. J. (2012). Competence, credibility, and reliability of children's forensic reports: introduction to special issue on child witness research. *Developmental Review*, 161-164
- Maras, K., Marshall, I. & Sands, C., (2019). Mock juror perceptions of credibility and culpability in an autistic defendant. *Journal of Autism and Developmental Disorders*, 49, 996-1010.
- McCrary, E., Henry, L. A., & Happe, F. (2007). Eye-witness memory and suggestibility in children with Asperger syndrome. *Journal of Child Psychology and Psychiatry*, 48(5), 482-489.
- Mire, S. S., Gealy, W., Kubiszyn, T., Backscheider Burr ridge, A., & Goin-Kochel, R. P. (2015). Parent perceptions about autism spectrum disorder influence treatment choices. *Focus on Autism and Other Developmental Disabilities*, 32(4), 305-318.
- Myers, J. E, Redlich, A. D., Goodman, G. S, Prizmich, L. P, & Imwinkelried, E. (1999). Jurors' perceptions of hearsay in child sexual abuse cases. *Psychology, Public Police, and Law*, 5(2), 388-419.

The National Center for Victims of Crime (2011). Child Sexual Abuse Statistics.

<http://victimsofcrime.org/media/reporting-on-child-sexual-abuse/child-sexual-abuse-statistics>

National Sexual Violence Resource Center. (2011). Child sexual abuse prevention: Overview.

http://www.nsvrc.org/sites/default/files/Publications_NSVRC_Overview_Child-sexual-abuse-prevention_0.pdf

Newcombe, P. A., & Bransgrove, J. (2007). Perceptions of witness credibility: variations across age. *Journal of Applied Developmental Psychology*, 28, 318-331.

Nunez, N., Kehn, A., & Wright, D. B. (2011). When children are witnesses: the effects of context, age and gender on adults' perceptions of cognitive ability and honesty. *Applied Cognitive Psychology*, 25, 460-468.

O'Donohue, W., Smith, V., & Schewe, P. (1998). The credibility of child sexual abuse allegations: perpetrator gender and subject occupational status. *Sexual Abuse: A Journal of Research and Treatment*, 10(1), 17-24.

Petersilia, J. R. (2001). Crime victims with developmental disabilities: A review essay. *Criminal Justice and Behavior*, 28(6), 655-694.

Pipe, M., Orbach, Y., Lamb, M. E., Abbott, C. B., & Stewart, H. (2013). Do case outcomes change when investigative interviewing practices change? *Psychology, Public Policy, and Law*, 19(2), 179-190.

Pozzulo, J. D., & Dempsey, J. L. (2009). Witness factors and their influence on jurors' perceptions and verdicts. *Criminal Justice and Behavior*, 36(9), 923-934.

Principe, G. F., Kanaya, T., Ceci, S. J., & Singh, M. (2006). Believing is seeing: How rumors can engender false memories in preschoolers. *Psychological Science*, 17(3), 243-248.

- Rava, J., Shattuck, P., Rast, J., & Roux, A. (2017). The prevalence and correlates of involvement in the criminal justice system among youth on the autism spectrum. *Journal of Autism and Developmental Disorders*, 47, 340-346.
- Ross, D. F., Jurden, F. H., Lindsay, R. C., & Keeney, J. M. (2003). Replications and limitations of a two-factor model of child witness credibility. *Journal of Applied Social Psychology*, 33(2), 418-431.
- Schacter, D. L., Norman, K. A., & Koutstaal, W. (1998). The cognitive neuroscience of constructive memory. *Annual Review of Psychology*, 49, 289-318.
- Smith-Spark, J. H., Bartimus, J., & Wilcock, R. (2017). Mental time travel ability and the mental reinstatement of context for crime witnesses. *Consciousness and Cognition*, 48, 1-10.
- Sprondel, V., Kipp, K. H., & Mecklinger, A. (2011). Developmental changes in item and source memory: evidence from an ERP recognition memory study with children, adolescents, and adults. *Child Development*, 82(6), 1938-1953.
- Stobbs, G., & Kebbel, M. R. (2003). Jurors' perception of witnesses with intellectual disabilities and the influence of expert evidence. *Journal of Applied Research in Intellectual Disabilities*, 16, 107-114.
- Sugimura, T. (2008). External source monitoring in a real-life event: Developmental changes in ability to identify source persons. *Applied Cognitive Psychology*, 22, 527-539.
- Tulving, E. (2002). Episodic memory: From mind to brain. *Annual Review of Psychology*, 53, 1-25.
- Vallano, J. P., & Compo, N. S. (2011). A comfortable witness is a good witness: Rapport-building and susceptibility to misinformation in an investigative mock-crime interview. *Applied Cognitive Psychology*, 25, 960-970.

- Wagstaff, G. F. (1991). Suggestibility: a social psychological approach. *Schumaker, J.F. (ed), Human Suggestibility: advances in theory, research, and application*, 132-145
- Warren, A. R., Nunez, N., Keeney, J. M., Buck, J. A., & Smith, B. (2002). The believability of children and their interviewers' hearsay testimony: When less is more. *Journal of Applied Psychology*, 87(5), 846-857.
- Waterman, A. H., & Blades, M. (2011). Helping children correctly say "I don't know" to unanswerable questions. *Journal of Experimental Psychology*, 17(4), 396-405.
- Wilcock, R., Crane, L., Hobson, Z., Nash, G., Kirke-Smith, M., & Henry, L. A. (2019). Eyewitness identification in child witnesses on the autism spectrum. *Research in Autism Spectrum Disorders*, 66, 1-8.

Table 1

Demographic Data of Study Population

Variable	Percent	Frequency
Ethnicity		
Hispanic/Latino(a)	14.3%	35
White/Non-Hispanic	75.8%	185
Black/Non-Hispanic	4.9%	12
Other/Prefer not to say	4.9%	12
Sexual Orientation		
Gay	0.8%	2
Straight	87.3%	213
Bisexual	10.2%	25
Queer	0.4%	1
Asexual	0.4%	1
Other/Prefer no label	0.8%	2
Education Level		
Less than high school	0.8%	2
Some high school	1.6%	4
High School Diploma/GED	18.4%	45
Associate's Degree	10.2%	25
Bachelor's Degree	50.0%	122
Master's Degree	16.0%	39
Doctoral Degree (including MD, JD)	2.5%	6
US Territory		
Northeast (CT, MA, NH, NJ, NY, PA, RI)	18.4%	45

Midwest (IA, IN, IL, KS, MI, MN, MO, ND, OH, SD, WI)	21.7%	53
South (AL, AR, DE, FL, GA, KY, LA, MD, MS, NC, OK, TN, TX, VA, WV)	39.8%	97
West (AZ, CA, CO, HI, NM, NV, OR, WA, WY)	19.7%	48
Other	0.4%	1
Household Income		
< \$50,000	35.2%	86
\$50,000 – \$99,999	42.6%	104
\$100,000 - \$149,999	10.2%	25
\$150,000 - \$200,000	2.4%	6
> \$200,000	0.4%	1
Prefer not to say	9.0%	22
Political Party		
Republican	32.0%	78
Democratic	45.9%	112
Libertarian	0.8%	2
Independent	18.4%	45
None	2.5%	6
Other	0.4%	1
Military		
Current	1.2%	3
Veteran	1.2%	3
Religion		
Jewish	2.5%	6

Catholic	32.4%	79
Protestant	18.9%	46
Methodist	2.5%	6
Baptist	2.9%	7
Christian (other)	7.8%	19
Buddhist	1.6%	4
Atheist	7.8%	19
Agnostic	13.9%	34
Other/Prefer not to say	9.7%	24

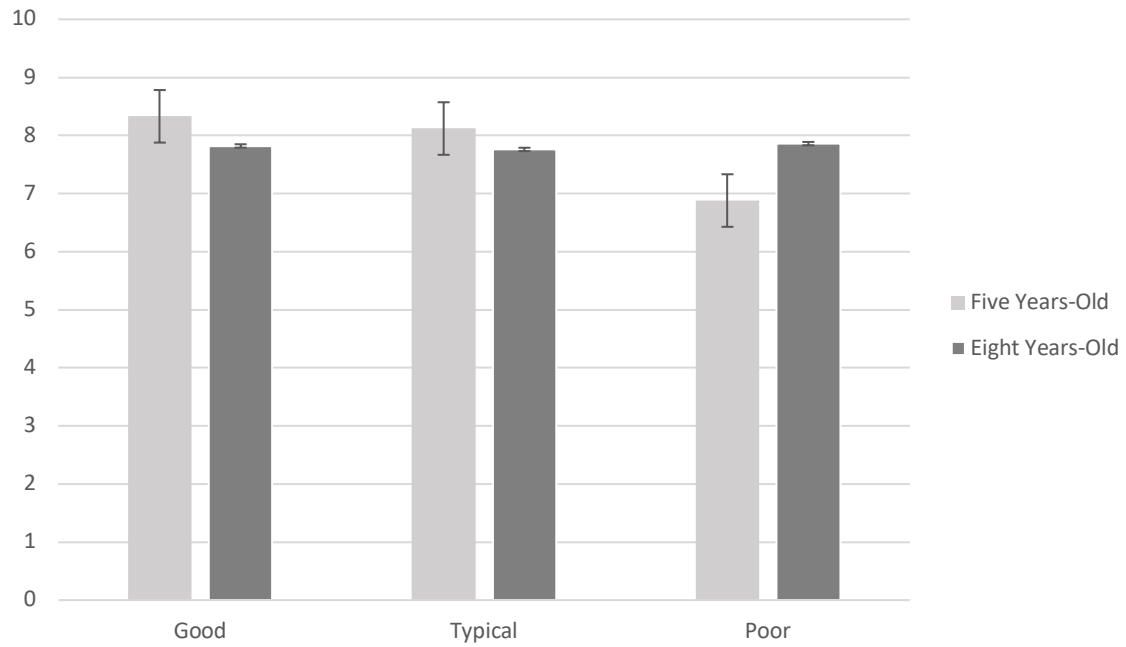


Figure 1. Interview quality x victim age interaction on verdict confidence. Error bars represent standard error.

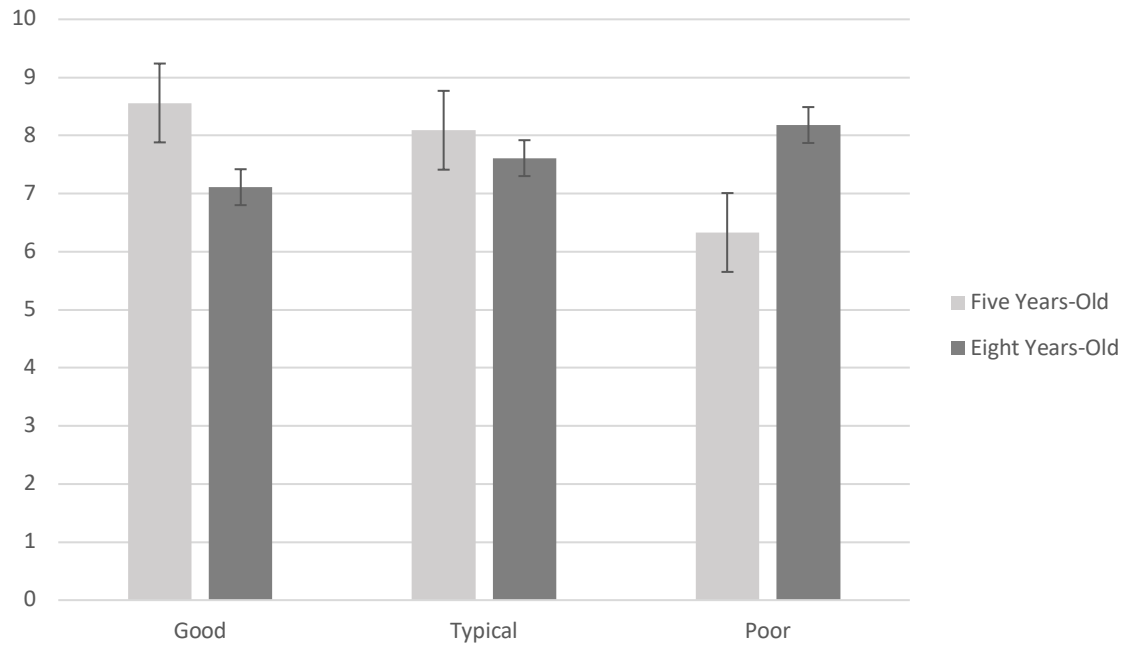


Figure 2a. Interview quality x victim age x ASD diagnosis interaction on verdict confidence for ASD present conditions. Error bars represent standard error.

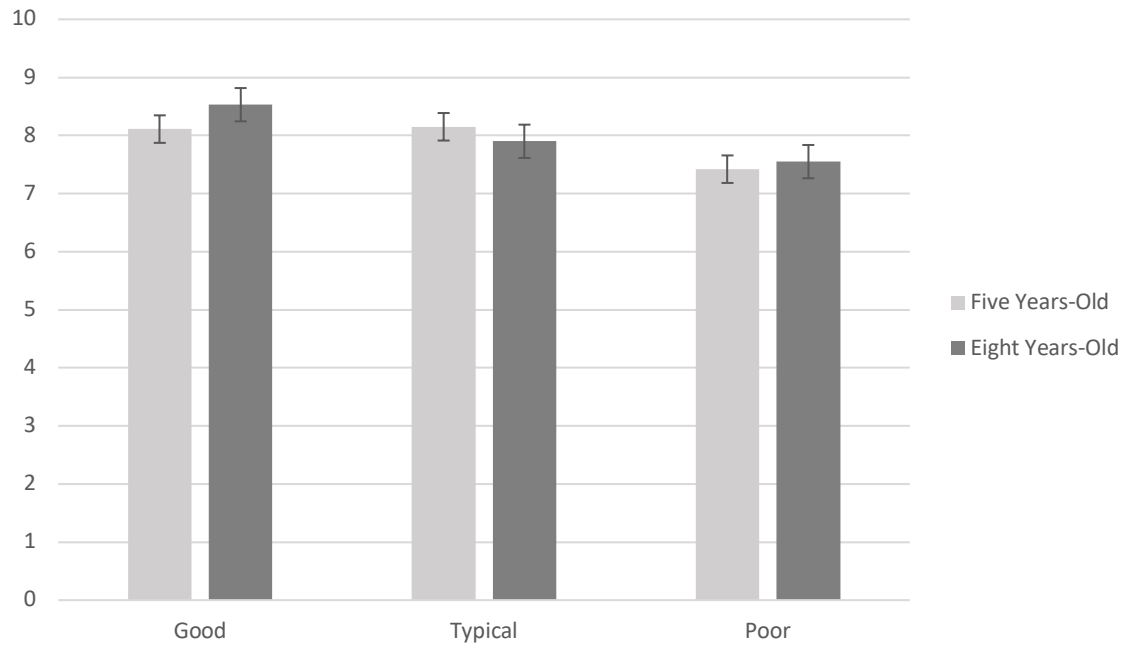


Figure 2b. Interview quality x victim age x ASD diagnosis interaction on verdict confidence for ASD absent conditions. Error bars represent standard error.

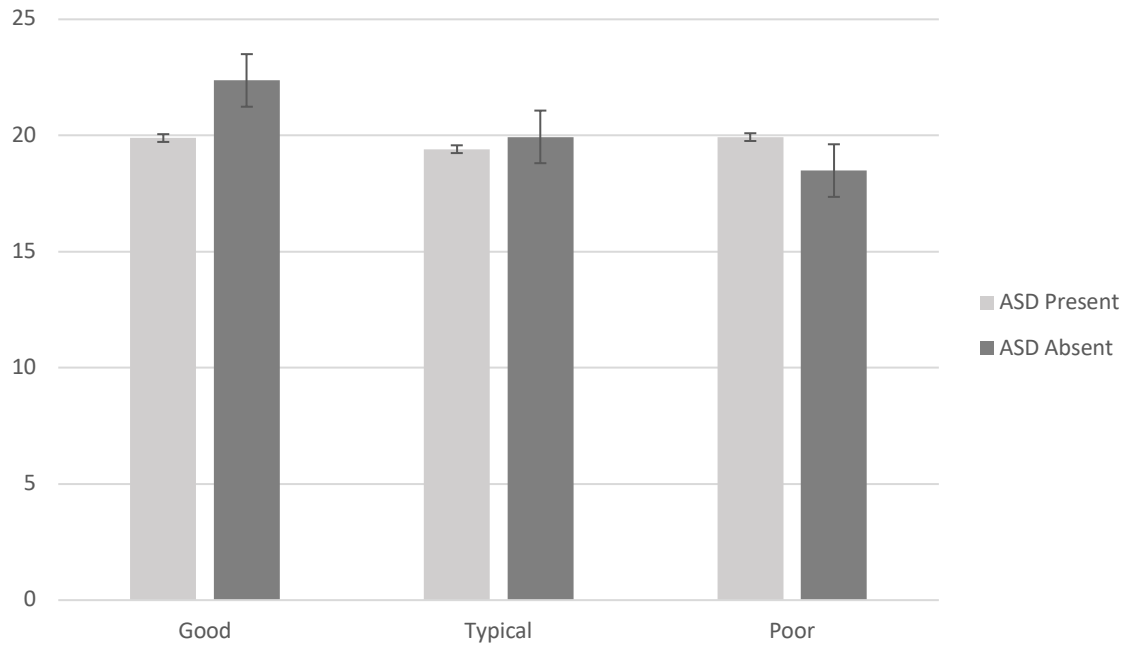


Figure 3. Interview quality x ASD diagnosis interaction on victim honesty. Error bars represent standard error.

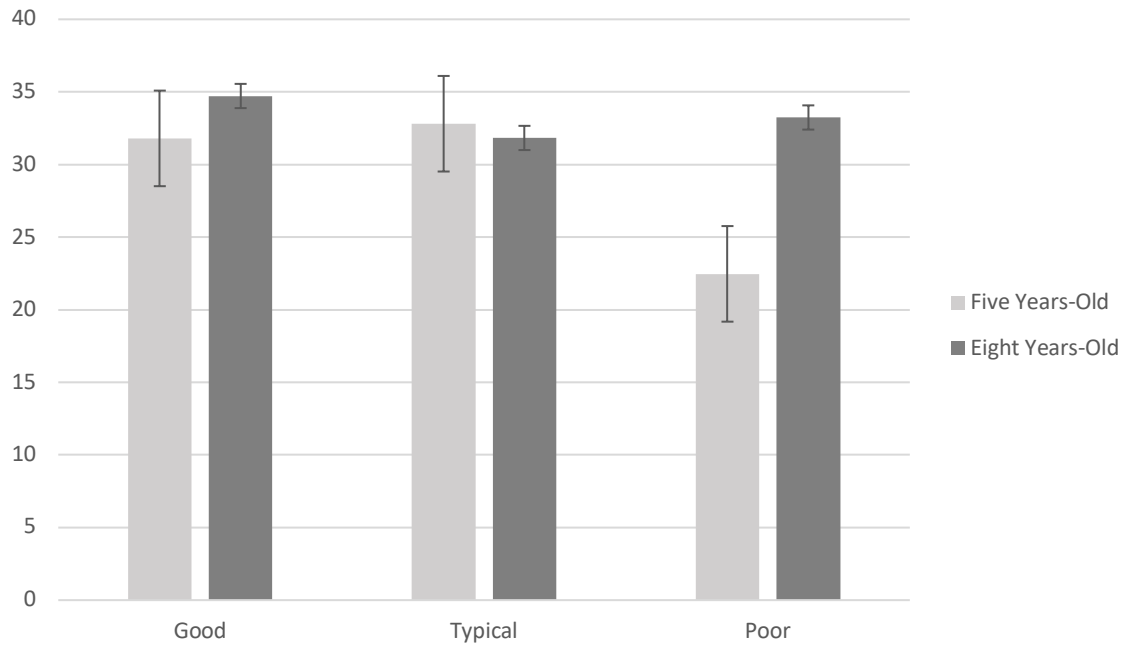


Figure 4a. Interview quality x victim age x ASD diagnosis interaction on victim cognitive ability for ASD present conditions. Error bars represent standard error.

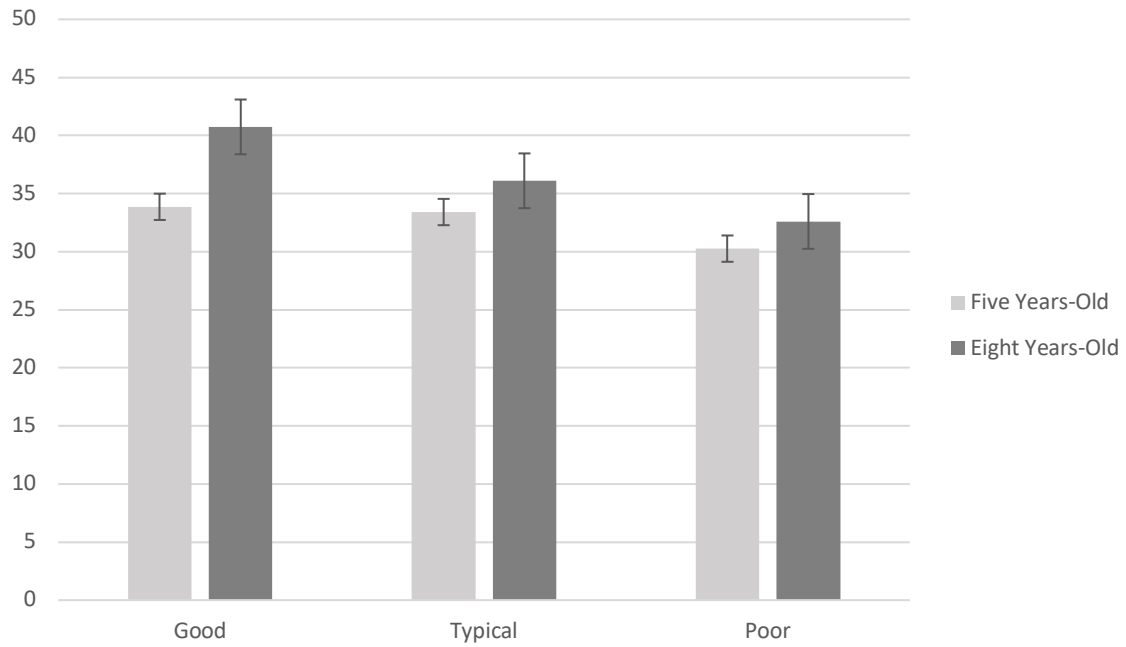


Figure 4b. Interview quality x victim age x ASD diagnosis interaction on victim cognitive ability for ASD absent conditions. Error bars represent standard error.

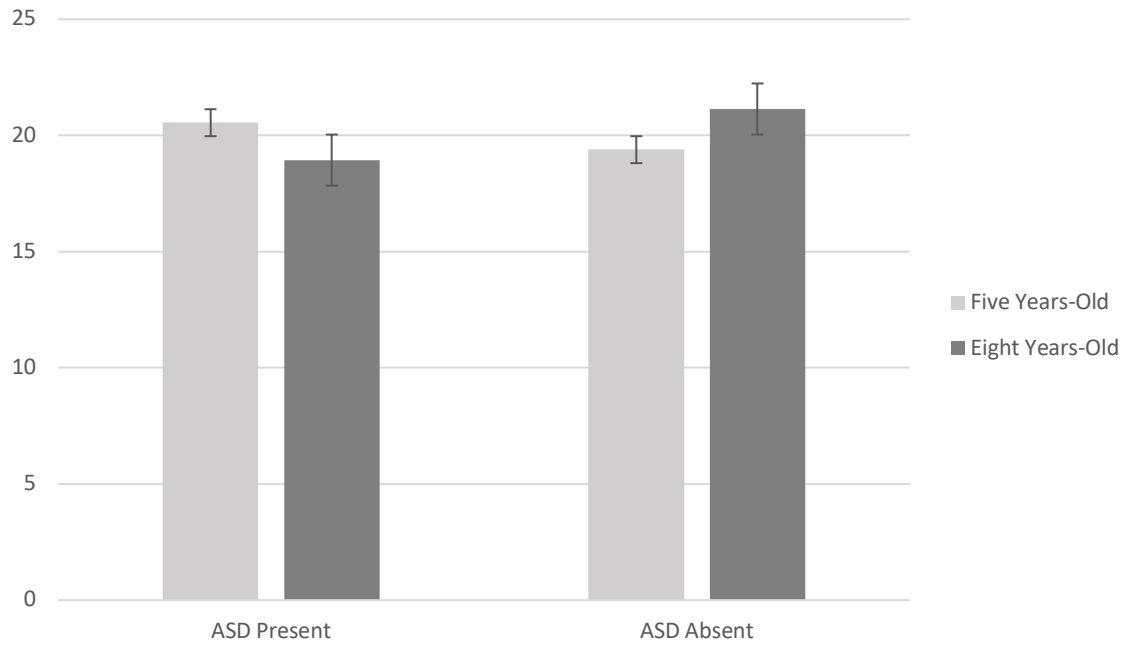


Figure 5. ASD diagnosis x victim age interaction on victim honesty. Errors bars represent standard error.

Appendix A

Case Vignette 1

The following vignette shows the Autism Spectrum Disorder manipulation as well as the younger age manipulation.

The following vignette includes the interview transcript from an alleged abuse case that involves a five-year-old boy named Jason. Jason is in the special education class at his school as he has been diagnosed with Autism Spectrum Disorder. Jason told his mother about the abuse and she contacted the authorities, who then conducted this interview. These claims have not been substantiated and the investigation is currently open.

Appendix B

Case Vignette 2

The following vignette shows the Autism Spectrum Disorder present manipulation as well as the older age manipulation.

The following vignette includes the interview transcript from an alleged abuse case that involves an eight-year-old boy named Jason. Jason is in the special education class at his school as he has been diagnosed with Autism Spectrum Disorder. Jason told his mother about the abuse and she contacted the authorities, who then conducted this interview. These claims have not been substantiated and the investigation is currently open.

Appendix C

Case Vignette 3

The following vignette shows the Autism Spectrum Disorder absent manipulation as well as the older age manipulation.

The following vignette includes the interview transcript from an alleged abuse case that involves a five-year-old boy named Jason. Jason is in the kindergarten class at his elementary school. Jason told his mother about the abuse and she contacted the authorities, who then conducted this interview. These claims have not been substantiated and the investigation is currently open.

Appendix D

Case Vignette 4

The following vignette shows the Autism Spectrum Disorder absent manipulation as well as the older age manipulation.

The following vignette includes the interview transcript from an alleged abuse case that involves an eight-year-old boy named Jason. Jason is in 3rd grade at his elementary school. Jason told his mother about the abuse and she contacted the authorities, who then conducted this interview. These claims have not been substantiated and the investigation is currently open.

Appendix E

Interview Transcript 1

The following is a “good” interview transcript and shows the younger age manipulation and the child victim that has not been diagnosed with Autism Spectrum Disorder.

- I Hello, my name is Nora Smith, and I’m a police officer. As you can see, I have a microphone and video camera here. It will record our conversation so I can remember everything that you tell me. Part of my job is to talk to children about things that have happened to them. Can you tell me your whole name?
- C Jason
- I What’s your last name?
- C Wilson
- I Jason Wilson. Okay. Now, how old are you, Jason?
- C [Holds up five fingers] Five
- I Five years old. Uhhh, you are getting’ to be a big boy. Okay. I meet with lots of children and during our discussions they tell me the truth about things that have happened to them. I want to make sure that you understand what the difference is between the truth and a lie. If I were to say that my shoes were blue, is that the truth or a lie?
- C Uhm. Truth.
- I Yes, that would be the truth because my shoes are blue. And if, I was to say that you and I met yesterday, would that be the truth or a lie?
- C Ummm....
- I Well, that would be a lie because we didn’t meet yesterday. It’s very important that you only tell me the truth today. You should only tell me things that really happened to you.
- C [Nods yes]
- I I am going to ask you a series of questions. It would be great if you could answer each question in the most complete and accurate way possible. Okay? Let’s practice.
- C Okay.
- I If I ask a question that you don’t understand, or that you don’t know the answer to, just tell me, “I don’t know.” If I say things that are wrong you should correct me. Okay?
- C Okay.
- I If I said that you were a little girl, what would you say?
- C I’m a boy.
- I That’s right. Now you understand that you can correct me if I make a mistake or say something that is wrong.
- C [Nods yes]
- I If I ask a question that you don’t understand, just say, “I don’t understand.” Okay?
- C [Nods yes]
- I Now, I want to get to know you a little better. Tell me a little bit about yourself and about your family. Who lives with you?
- C My mom.
- I Tell me about her.
- C She’s nice.

I I really want to get to know you better, what else can you tell me about yourself?
 C Mommy and my doggy live with me.
 I What is your dog's name?
 C Baxter
 I Do you have a grandmother?
 C [Nods yes]
 I Does she live close to you or far away?
 C Close.
 I You've told me about yourself and about your family. Now I want to hear about your school. Tell me about some of the things you like to do in school and about some of the things you don't like to do.
 C I go to kindergarten.
 I What else can you tell me about school.
 C Miss Johnson teaches me.
 I You said she teaches you, what else can you tell me about that?
 C I color pictures.
 I Do you like recess?
 C [Nods yes] I play with my friends.
 I Is there anything that you don't like about school?
 C [Shakes head no].
 I Well, now that we know each other a little better, I want to talk about the reason that you are here today. Do you know why you came to see me?
 C No.
 I Tell me the reason you came to talk with me today.
 C Ummm...
 I I understand that you told your Mommy that someone has been bothering you. Tell me what you told your Mommy.
 C [Nods yes] Mommy made me come.
 I Why?
 C She wants me to tell about Chris.
 I Tell me the reason you came to talk with me today.
 C Uhm, Chris touching me.
 I Can you tell me where he touched you?
 C I don't know. He never did it.
 I What?
 C [Shrugs] I forgot.
 I Tell me everything that happened to you, from the very beginning to the very end, as best as you can remember it.
 C Umm, [Shrugs] down there. [Points to his own crotch]. Umm, my peepee.
 I What else can you tell me about that?
 C Umm, I don't know.
 I Can you tell me anything else?
 C Mommy told me that word.
 I What else can you tell me about that?
 C And, uh, Chris gets me stuff.
 I Tell me more about that.

C Let him. --I did it.
I Can you tell me more about that?
C I don't know.
I What happened?
C Pulled down my bottoms.
I Then what happened?
C [Shrugs]
I What else can you tell me?
C Umm, Chris touched me with his fingers.
I Did this happen one time or more than one time?
C [Shrugs] Ummm, lots.
I Well, just go ahead and tell me about the time you can best remember.
C Umm, Chris came in. Said—said get in bed.
I Then what?
C I got in my bed. He got in my bed.
I So then what happened?
C He asked me questions.
I Then what happened?
C [No response]
I Then what happened?
C I forgot the rest.
I Okay.
C Uhm. He moved right next to me
I Okay. Then what?
C I moved away.
I What happened next?
C He said, take your pants off.
I Then what happened?
C I did. He--well.
I What else can you tell me?
C [No response]
I Were other people home?
C No one.
I Okay.
I What else can you tell me?
C Huh?
I What happened next?
C He touched my leg.
I What else can you tell me about that?
C He moved his hand.
I Where did he move his hand?
C [No response]
I What happened next?
C He touched my peepee.
I What else can you tell me?
C He says, does it feel good.

I Okay. Anything else?
 C Umm.
 I Can you tell me?
 C Umm, and I--I said no.
 I Okay. Did he say anything else?
 C Maybe.
 I Then what happened?
 C He touched his peepee too. He did that for a long time.
 I Then what?
 C He stopped.
 I Then what happened?
 C He got up.
 I Did you know how long that went on before he left?
 C [Shrugs]
 I Okay. Then what happened?
 C Uhm, I put my pants on.
 I Did anything happen after that?
 C He came back. And calls me and now he's--has--don't tell Mommy.
 I Can you tell me more about that?
 C He said, I was just showing you.
 I So what happened then?
 C I falled asleep.
 I What else can you tell me?
 C Every time like that.
 I Can you tell me what else happened?
 C After that I saw Mommy.
 I Can you tell me what happened when you saw your Mommy?
 C I didn't say anything.
 I Okay. You said this happened more than once, uhm, just how long was it before it happened again?
 C [Shrugs]
 I And what happened then?
 C Same thing. Mommy was gone.
 I How many times do you think this happened?
 C [Shrugs].
 I Do you know how--for how long it went on?
 C [Shakes head no]
 I Okay. What else can you tell me about this?
 C First, I telled Mommy all of this--after a while.
 I What else happened?
 C Uhm, we went to Grandma's.
 I Did you tell her about anything--everything, I mean, when she--the first time you talked about it?
 C No. Just what happened.
 I What happened after that?
 C Telled her the rest.

I Is there anything else you want to tell me?
 C We don't see Chris no more.
 I What else can you say about that?
 C I feel better.
 I You said that you that Chris left your room and you got dressed. How did you feel?
 C [Shrugs] Scared.
 I How did it feel when he was doing that?
 C Sometimes it hurted. But not after it.
 I Is there anything else you can tell me about that?
 C Uhm. I don't want to talk to him--talk. He--he ain't going to be near me.
 I Earlier you said that Chris touched you with his fingers, did he touch you with any other part of his body?
 C [Hesitates] [Shakes head no] Just that.
 I Just his fingers?
 C [Nods yes]
 I Okay and who is Chris?
 C My stepdad.
 I Okay. Is there anything else I should know?
 C That's all.
 I That's all you remember? Okay. I want you to know that it's really important for you to tell me things that people did to you that made you feel uncomfortable, and it's really, really, really important for me to know. So, always do that, okay? It's really, really good, because sometimes that's hard to talk about, isn't it?
 C [Nods yes]
 I Are the things that we're talking about the truth?
 C [Shrugs] [Nods yes]
 I They're the truth? Has anybody told you to come down here and say any of this stuff?
 C Ummm. [Shakes head no]
 I Are there any questions you want to ask me?
 C [Shakes head no]
 I No? Do you think you told me just about everything?
 C [Nods yes]
 I Okay. So, I appreciate your coming in and talking to me. It wasn't so bad, was it?
 C [Shakes head no]
 I Thank you for telling me so much. It really helped me understand what happened. Now I am going to take you back to your Mom. What are you going to do once the interview is over?
 C Eat
 I You must be very hungry! What's your favorite food?
 C Pizza.
 I I love pizza. What do you like on it?
 C Cheese.
 I Do you get to eat a lot of it?
 C [Nods]

Appendix F

Interview Transcript 2

The following is a “good” interview transcript and shows the younger age manipulation and the child victim that has been diagnosed with Autism Spectrum Disorder.

- I Hello, my name is Nora Smith, and I’m a police officer. As you can see, I have a microphone and video camera here. It will record our conversation so I can remember everything that you tell me. Part of my job is to talk to children about things that have happened to them. Can you tell me your whole name?
- C Jason
- I What’s your last name?
- C Wilson
- I Jason Wilson. Okay. Now, how old are you, Jason?
- C [Holds up five fingers]
- I Five years old. Uhhh, you are getting to be a big boy. Okay. I meet with lots of children and during our discussions they tell me the truth about things that have happened to them. I want to make sure that you understand what the difference is between the truth and a lie. If I were to say that my shoes were blue, is that the truth or a lie?
- C Uhm. Truth.
- I Yes, that would be the truth because my shoes are blue. And if, I was to say that you and I met yesterday, would that be the truth or a lie?
- C [Shrugs]
- I Well, that would be a lie because we didn’t meet yesterday. It’s very important that you only tell me the truth today. You should only tell me things that really happened to you.
- C [Nods yes]
- I I am going to ask you a series of questions. It would be great if you could answer each question in the most complete and accurate way possible. Okay? Let’s practice.
- C [Nods yes]
- I If I ask a question that you don’t know the answer to, just tell me, “I don’t know.” If I say things that are wrong you should correct me. Okay?
- C [Nods yes]
- I If I said that you were a little girl, what would you say?
- C I’m a boy.
- I That’s right. Now you understand that you can correct me if I make a mistake or say something that is wrong.
- C [Nods yes]
- I If I ask a question that you don’t understand, just say, “I don’t understand.” Okay?
- C [Nods yes]
- I Now, I want to get to know you a little better. Tell me a little bit about yourself and about your family. Who lives with you?
- C Mom.
- I Tell me about her.
- C She’s nice.

I I really want to get to know you better, what else can you tell me about yourself?
 C Mommy and my doggy live with me.
 I What is your dog's name?
 C Baxter
 I Do you have a grandmother?
 C [Nods yes]
 I Does she live close to you or far away?
 C [Shrugs] I don't know.
 I You've told me about yourself and about your family. Now I want to hear about your school. Tell me about some of the things you like to do in school and about some of the things you don't like to do.
 C I go to kindergarten.
 I What else can you tell me about school.
 C Miss Johnson helps me. I have Autism.
 I You said she helps you, what else can you tell me about that?
 C I color pictures.
 I Do you like recess?
 C [Nods yes] I play with my friend.
 I Is there anything that you don't like about school?
 C [Shakes head no]
 I Well, now that we know each other a little better, I want to talk about the reason that you are here today. Do you know why you came to see me?
 C [Shakes head no]
 I Tell me the reason you came to talk with me today.
 C Ummm...
 I I understand that you told your Mommy that someone has been bothering you. Tell me what you told your Mommy.
 C [Nods yes] Mommy made me come.
 I Why?
 C Because of Chris.
 I Tell me the reason you came to talk with me today.
 C Uhm, Chris touching me.
 I Can you tell me where he touched you?
 C I don't know
 I What?
 C [Shrugs] I forgot.
 I Tell me everything that happened to you, from the very beginning to the very end, as best as you can remember it.
 C Umm, [Shrugs] down there. [Points to his own crotch]. Umm, my peepee.
 I What else can you tell me about that?
 C Umm, I don't know.
 I Can you tell me anything else?
 C And, uh, Chris gets me stuff.
 I Tell me more about that.
 C Let him. --I did it.
 I Can you tell me more about that?

C I don't know.
I What happened?
C Pulled down my bottoms.
I Then what happened?
C [Shrugs]
I What else can you tell me?
C Umm, Chris touched me.
I Did this happen one time or more than one time?
C [Shrugs] Ummm, lots.
I Well, just go ahead and tell me about the time you can best remember.
C Umm, Chris came in. Said—said get in bed.
I Then what?
C I got in my bed. He got in my bed.
I So then what happened?
C [Shrugs]
I Then what happened?
C I forgot the rest.
I Okay.
C Uhm. He moved right next to me
I Okay. Then what?
C I moved away.
I What happened next?
C He said take off my pants, I think.
I Then what happened?
C I did. He--well.
I What else can you tell me?
C [No response]
I Were other people home?
C [Shrugs]
I Okay.
I What else can you tell me?
C Huh?
I What happened next?
C My leg.
I What about your leg?
C He touched my leg.
I What else can you tell me about that?
C He moved his hand.
I Where did he move his hand?
C [No response]
I What happened next?
C He touched my peepee.
I What else can you tell me?
C He says, does it feel good.
I Okay. Anything else?
C Umm.

I Did he say anything else?
C Maybe.
I Then what happened?
C I don't remember.
I Then what?
C He stopped.
I Then what happened?
C He got up.
I Did you know how long that went on before he left?
C [Shrugs]
I Okay. Then what happened?
C [Shrugs] I don't remember.
I Did anything happen after that?
C He came back. And says don't tell Mommy.
I So what happened then?
C I falled asleep.
I What else can you tell me?
C Every time like that.
I Okay.
I Can you tell me what else happened?
C After that I saw Mommy.
I How long after that did you see your Mommy?
C I don't remember
I Can you tell me what happened when you saw your Mommy?
C I didn't say anything.
I Okay. You said this happened more than once, uhm, just how long was it before it happened again?
C [Shrugs]
I And what happened then?
C Same thing. Mommy was gone.
I How many times do you think this happened?
C [Shrugs]
I Do you know how--for how long it went on?
C [Shakes head no]
I Okay. What else can you tell me about this?
C I telled Mommy all of this--after a while.
I What else happened?
C Uhm, we went to Grandma's.
I Did you tell her about anything--everything, I mean, when she--the first time you talked about it?
C I don't remember.
I Is there anything else you want to tell me?
C We don't see Chris no more.
I What else can you say about that?
C I feel better.
I Can you tell me anything else?

C [Shakes head no]

I You said that you that Chris left your room and you got dressed. How did you feel?

C [Shrugs] Scared.

I How did it feel when he was doing that?

C Sometimes it hurted.

I Is there anything else you can tell me about that?

C Uhm. I don't want to talk to him—talk.

I Earlier you said that Chris touched you with his fingers, did he touch you with any other part of his body?

C [Hesitates] [Shakes head no]

I Okay and who is Chris?

C My stepdad.

I Okay. Is there anything else I should know?

C [Shakes head no]

I That's all you remember? Okay. I want you to know that it's really important for you to tell me things that people did to you that made you feel uncomfortable, and it's really, really, really important for me to know. So, always do that, okay? It's really, really good, because sometimes that's hard to talk about, isn't it?

C [Nods yes]

I Are the things that we're talking about the truth?

C [Shrugs] [Nods yes]

I They're the truth? Has anybody told you to come down here and say any of this stuff?

C Ummm. [Shakes head no]

I Are there any questions you want to ask me?

C [Shakes head no]

I No? Do you think you told me just about everything?

C [Nods yes]

I Okay. So, I appreciate your coming in and talking to me. It wasn't so bad, was it?

C [Shakes head no]

I Thank you for telling me so much. It really helped me understand what happened. Now I am going to take you back to your Mom. What are you going to do once the interview is over?

C Eat

I You must be very hungry! What's your favorite food?

C Pizza.

I I love pizza. What do you like on it?

C Cheese.

I Do you get to eat a lot of it?

C [Nods]

Appendix G

Interview Transcript 3

The following is a “good” interview transcript and shows the older age manipulation and the child victim that has not been diagnosed with Autism Spectrum Disorder.

- I Hello, my name is Nora Smith, and I’m a police officer. As you can see, I have a microphone and video camera here. It will record our conversation so I can remember everything that you tell me. Sometimes I forget things and the microphone allows me to listen to you without having to write everything down. Part of my job is to talk to children about things that have happened to them. Can you tell me your whole name?
- C Jason Wilson
- I Jason Wilson. Okay. Now, how old are you, Jason?
- C Eight
- I Eight years old. Okay. I meet with lots of children and during our discussions they tell me the truth about things that have happened to them. I want to make sure that you understand what the difference is between the truth and a lie. If I were to say that my shoes were blue, is that the truth or a lie?
- C Uhm. The truth.
- I Yes, that would be the truth because my shoes are blue. And if, I was to say that you and I met yesterday, would that be the truth or a lie?
- C That is a lie.
- I Yes, that would be a lie because we didn’t meet yesterday. I see that you understand the difference between telling the truth and telling a lie. It’s very important that you only tell me the truth today. You should only tell me things that really happened to you.
- C [Nods yes]
- I I am going to ask you a series of questions. It would be great if you could answer each question in the most complete and accurate way possible. Okay? Let’s practice.
- C Okay.
- I If I ask a question that you don’t know the answer to, just tell me, “I don’t know.” If I say things that are wrong you should correct me. Okay?
- C Okay
- I If I said that you were a little girl, what would you say?
- C I’m not a girl, I’m a boy.
- I That’s right. Now you understand that you can correct me if I make a mistake or say something that is wrong.
- C [Nods yes]
- I If I ask a question that you don’t understand, just say, “I don’t understand.” Okay?
- C [Nods yes]
- I Now, I want to get to know you a little better. Tell me a little bit about yourself and about your family.
- C I don’t have any brothers or sisters. I live with my Mom. Umm, I have a dog named Baxter.
- I What else can you tell me about your family?

C Uhm--my grandmother lives near us. I get to see her a lot.

I You've told me about yourself and about your family. Now I want to hear about your school. Tell me about some of the things you like to do in school and about some of the things you don't like to do.

C I am in the 3rd grade, in Miss Johnson's class. She teaches science and spelling.

I Can you tell me more about school and what you are studying?

C We're studying about weather, and if it affects us, like if it snows it affects us-- we'll have to put on warm clothes. And in the summer it affects us that we put on shorts and cooler clothes--light colored clothes.

I Are there any classes that you don't like?

C I like most of my classes.

I Well, you're easy to please. Tell me about the children in your class.

C I have lots of friends in my class. We get to play outside when it doesn't rain.

I Well, now that we know each other a little better, I want to talk about the reason that you are here today. Do you know why you came to see me?

C No.

I Tell me the reason you came to talk to me today.

C My mom made me come and wants me to talk to you about Chris.

I Do you know what you're here for?

C [Shrugs] Because Chris touched me.

I Where did he touch you?

C I don't know.

I Okay, Chris touched you. Tell me everything that happened to you, from the very beginning to the very end, as best as you can remember it.

C I think he touched me down there--my privates. [Points to his crotch]. I don't really know, but Mom told me that word.

I What else can you tell me about that?

C And Chris said if--if, uhm, you pull down your pants and let me touch you, then I'll get you this for Christmas. And, uh, he always buys me stuff.

I Okay. And then what happened?

C [Shrugs] I would let him do it. Uhm, I pulled down my pants. He would touch my leg and then touch me with his fingers. He--he touched me with his fingers and his whole hand.

I Did this happen one time or more than one time?

C Lots of times.

I Well, just go ahead and tell me about the time you can best remember.

C Uhm, one day Chris came in--came into the bedroom and he told-- told me to get in the bed. So, I guess I got into my bed. And he got into my bed too. He put his hand on my leg and then he said, take your, uhm, pants off. I said, no! He said, take your pants off. So, I did, and he--well--

I What else can you tell me about that?

C It was at night--I think and Chris came in. It was bedtime.

I What else happened?

C My mom was gone on a trip. Nobody else was in the house.

I Then what happened?

C And he was sitting right there. So, he starts moving closer to me. When I was laying down, he touched my leg, but I didn't know what he wanted. He moved his hand up my leg and then touched my privates with his fingers.

I What else can you tell me?

C He said, does it feel good. And I--I was saying no, but he kept asking. Then he put his hand down his own pants and then closed his eyes like he was sleeping. He kept his eyes closed for a while.

I So, then what happened?

C He stopped and then got out of my bed. He told me goodnight and then left.

I Then what happened?

C I laid there and then got up and put on my pants and then got back in bed and put the covers over me.

I Okay. So, after you laid back down, then what happened?

C He came back and calls me and now he's--has--. And he said don't tell Mom.

I What else happened?

C Uhm, he said, I was just showing you. So, I said [shrugs], you know, I was like that, and then he left again and I rolled over on my side and then--. It just happened every time like that--at different places. But it scared me and it hurt when he was doing it.

I Okay. You said he told you not to tell your Mom. What else did he say?

C [Shakes head no]

I Okay. Uhm, you said this happened more than once, can you tell me more about that?

C The same thing happened the next time my mom left because of work. We were watching a movie on the couch.

I And, you know, exactly what happened?

C [Shrugs]. The same thing. Nothing was different. He didn't even get me things.

I What else can you tell me?

C [Nods yes] I told my Mom all about it--after this happened for a while. When I told her what was going on, we went to my grandma's.

I Tell me more about that.

C At first, I don't think she believed me, but I'm not sure. Then she acted kind of surprised, but--and then for about five minutes later, she knew I was serious.

I Tell me more about that.

C I just told her about part of it at first. And then just a little while ago I told her the rest. So, I think she knows everything that you know.

I Okay.

C So Chris doesn't come around anymore.

I How do you feel about that?

C That makes me feel better. I don't really want to talk to him--talk and I'm going to start a brand-new life now, and he--he ain't going to be part of my life.

I Okay and who is Chris?

C My stepdad.

I Okay. Is there anything else I should know?

C That's all I remember.

I That's all you remember. Okay. I want you to know that it's really important for you to tell me things that people did to you that made you feel uncomfortable, and it's really,

really, really important for me to know. So, always do that, okay. It's really, really good, because sometimes that's hard to talk about, isn't it?

C Sometimes.

I Are the things that we're talking about the truth?

C I think so.

I Okay. Has anybody told you to come down here and say any of this stuff?

C [Shrugs] [Shakes head no]

I Is there anything else you can remember about what Chris did to you that you need to talk to me about?

C No.

I Are there any questions you want to ask me?

C [Shakes head no].

I No. Do you think you told me just about everything?

C [Nods yes]

I Okay. So, I appreciate your coming in and talking to me. It wasn't so bad, was it?

C [Shakes head no]

I Thank you for telling me so much. It really helped me understand what happened. Now I am going to take you back to your Mom. What are you going to do once the interview is over?

C Go to McDonald's and get lunch.

I You must be very hungry!

C Yeah, I haven't eaten much today. Only some cereal for breakfast.

I Okay. What's your favorite food?

C Pizza and--macaroni and cheese.

I I love pizza. What do you like on it?

C Cheese and pepperoni. My mom likes lots of stuff. But I only like a few things on it.

I Do you get to eat a lot of it?

C I eat it as much as my Mom will let me. It's so good.

Appendix H

Interview Transcript 4

The following is a “good” interview transcript and shows the older age manipulation and the child victim that has been diagnosed with Autism Spectrum Disorder.

- I Hello, my name is Nora Smith, and I’m a police officer. As you can see, I have a microphone and video camera here. It will record our conversation so I can remember everything that you tell me. Sometimes I forget things and the microphone allows me to listen to you without having to write everything down. Part of my job is to talk to children about things that have happened to them. Can you tell me your whole name?
- C Jason Wilson
- I Jason Wilson. Okay. Now, how old are you, Jason?
- C Eight
- I Eight years old. Okay. I meet with lots of children and during our discussions they tell me the truth about things that have happened to them. I want to make sure that you understand what the difference is between the truth and a lie. If I were to say that my shoes were blue, is that the truth or a lie?
- C Uhm. The truth.
- I Yes, that would be the truth because my shoes are blue. And if, I was to say that you and I met yesterday, would that be the truth or a lie?
- C [Shrugs]
- I That would be a lie because we didn’t meet yesterday. I see that you understand the difference between telling the truth and telling a lie. It’s very important that you only tell me the truth today. You should only tell me things that really happened to you.
- C [Nods yes]
- I I am going to ask you a series of questions. It would be great if you could answer each question in the most complete and accurate way possible. Okay? Let’s practice.
- C [Nods yes]
- I If I ask a question that you don’t know the answer to, just tell me, “I don’t know.” If I say things that are wrong you should correct me. Okay?
- C [Nods yes]
- I If I said that you were a little girl, what would you say?
- C I’m not a girl, I’m a boy.
- I That’s right. Now you understand that you can correct me if I make a mistake or say something that is wrong.
- C [Nods yes]
- I If I ask a question that you don’t understand, just say, “I don’t understand.” Okay?
- C [Nods yes]
- I Now, I want to get to know you a little better. Tell me a little bit about yourself and about your family.
- C I live with my Mom. Umm, I have a dog named Baxter.
- I What else can you tell me about your family members?
- C Uhm--my grandmother lives near us. I get to see her a lot.

I You've told me about yourself and about your family. Now I want to hear about your school. Tell me about some of the things you like to do in school and about some of the things you don't like to do.

C I am in the 3rd grade, in Miss Johnson's class.

I Can you tell me more about your class?

C Miss Johnson helps me because I have Autism. She helps me with my schoolwork.

I Are there any classes that you don't like?

C I like most of my classes.

I Well, you're easy to please. Do you have many friends?

C A few.

I Well, now that we know each other a little better, I want to talk about the reason that you are here today. Do you know why you came to see me?

C [Shakes head no]

I Tell me the reason you came to talk to me today.

C My mom made me come because of Chris.

I Do you know what you're here for?

C [Shrugs] Because Chris touched me.

I Where did he touch you?

C I don't know.

I Okay, Chris touched you. Tell me everything that happened to you, from the very beginning to the very end, as best as you can remember it.

C I think he touched me down there--my privates. [Points to his crotch]. I don't really know.

I What else can you tell me about that?

C And Chris said to pull my pants down. And, uh, he always buys me stuff.

I Okay. And then what happened?

C [Shrugs] Uhm, I pulled down my pants. He would touch my leg and then touch me with his hand.

I Did this happen one time or more than one time?

C Lots of times.

I Well, just go ahead and tell me about the time you can best remember.

C Uhm, one day Chris came in--came into the bedroom and he told-- told me to get in the bed, and I did. He got into my bed too.

I What happened next?

C He put his hand on my leg and then he said, take your, uhm, pants off. I said, no! He said, take your pants off and I did.

I What else can you tell me about that?

C My mom was gone on a trip.

I Then what happened?

C I was laying down, he touched my leg. He moved his hand up my leg and then touched my privates.

I What else can you tell me?

C He said, does it feel good.

I So, then what happened?

C He stopped and then got out of my bed.

I Then what happened?

C I got up and put on my pants and then got back in bed and put the covers over me.
I Okay. So, after you laid back down, then what happened?
C He came back and he said don't tell Mom.
I What else happened?
C Then he left again and I rolled over. It just happened every time like that. But it scared me and it hurt.
I Okay. You said he told you not to tell your Mom. What else did he say?
C [Shakes head no]
I Okay. Uhm, you said this happened more than once, can you tell me more about that?
C It happens when my mom leaves.
I And, you know, exactly what happened?
C [Shrugs]. The same thing.
I What else can you tell me?
C [Nods yes] I told my Mom about it. When I told her, we went to my grandma's.
I Tell me more about that.
C I just told her about part of it at first. And then just a little while ago I told her the rest.
I Okay.
C So Chris doesn't come around anymore.
I How do you feel about that?
C That makes me feel better. I don't really want to talk to him.
I Okay and who is Chris?
C My stepdad.
I Okay. Is there anything else I should know?
C That's all I remember.
I That's all you remember. Okay. I want you to know that it's really important for you to tell me things that people did to you that made you feel uncomfortable, and it's really, really, really important for me to know. So, always do that, okay. It's really, really good, because sometimes that's hard to talk about, isn't it?
C Sometimes.
I Are the things that we're talking about the truth?
C I think so.
I Okay. Has anybody told you to come down here and say any of this stuff?
C [Shrugs] [Shakes head no]
I Is there anything else you can remember about what Chris did to you that you need to talk to me about?
C No.
I Are there any questions you want to ask me?
C [Shakes head no].
I No. Do you think you told me just about everything?
C [Nods yes]
I Okay. So, I appreciate your coming in and talking to me. It wasn't so bad, was it?
C [Shakes head no]
I Thank you for telling me so much. It really helped me understand what happened. Now I am going to take you back to your Mom. What are you going to do once the interview is over?
C Go to McDonald's.

I You must be very hungry!
C Yeah.
I Okay. What's your favorite food?
C Pizza and--macaroni and cheese.
I I love pizza. What do you like on it?
C Cheese and pepperoni.
I Do you get to eat a lot of it?
C [Shrugs] Yeah.

Appendix I

Interview Transcript 5

The following is a “typical” interview transcript and shows the younger age manipulation and the child victim that has not been diagnosed with Autism Spectrum Disorder.

- I Hello, my name is Nora Smith, and I’m a police officer. Part of my job is to talk to children about things that have happened to them. Can you tell me your whole name?
- C Jason
- I Jason what?
- C [No response]
- I What’s your last name?
- C Wilson
- I Jason Wilson. Okay. Now, how old are you, Jason?
- C [Holds up five fingers] Five.
- I Five years old. Uhhh, you’re a big boy. Okay. Tell me a little bit about yourself and about your family. Do you live with your Mommy?
- C Um-hum.
- I Do you have any pets?
- C A doggy.
- I What do you like to do for fun?
- C Play.
- I Do you see your grandparents?
- C Uhm—yes.
- I Okay. What do you like to do in school? You go to kindergarten, right?
- C Um-hum.
- I What’s your teacher’s name?
- C Miss Johnson.
- I What does she teach?
- C Stuff.
- I Tell me some of the things you are doing?
- C Coloring pictures.
- I Do you have lots of friends at school?
- C Yes.
- I What do you do with your friends?
- C Play.
- I Well, now that we know each other a little better, I want to talk about the reason that you are here today. Have you ever been touched inappropriately?
- C Ummm...[Shrugs]
- I You don’t know? Has anybody every touched you in a way that made you feel bad? We want to--we want to find out the whole story and make sure you kids are safe, okay?
- C [Nods yes]
- I Yes? There have been some things going on with you that’s been making you feel really uncomfortable, right?

C No.
I What are you here to talk to me about?
C Mommy made me come.
I Why?
C She wants me to tell about Chris.
I What about Chris?
C Uhm, Chris touching me.
I Chris touched you? Do you think-- where did Chris touch you?
C I don't know. He never did it.
I Did what?
C [Shrugs] I forgot.
I You don't know? Can you tell me where Chris touched you?
C Umm, [shrugs] down there. [Points to his own crotch]
I Touched you down there?
C [Nods yes]
I And what do you call that part of your body?
C Umm, my peepee.
I Okay. Can you tell me more about that? Did your Mommy tell you to come in here and tell me about this?
C [Shrugs]
I You don't know?
C No.
I Can you tell me more about what happened?
C And, uh, he gets me stuff.
I Who? Who gets you stuff?
C Chris.
I Um-hum. And what did you--tell me more about that.
C Let him. --I did it.
I Did what?
C I don't know.
I You can tell me what you did.
C Pulled down my bottoms.
I And what did Chris touch you with?
C [Shrugs]
I Tell me what he touched you with.
C Ummm--fingers.
I His fingers?
C [Nods yes]
I Okay. Did he take your pants off, or did you take your pants off?
C Uhm, me.
I You took them off?
C [Nods yes]
I Did this happen one time or more than one time?
C [Shrugs] Umm, lots.
I Oh, okay. Do you--well, just go ahead and tell me what else you can first remember.
C Huh?

I About the first time it happened.
 C Umm, Chris came in.
 I Can you tell me what happened then?
 C Said--said get in bed.
 I Okay. Then what?
 C I guess I got in my bed.
 I Your bed? Okay. So, then what happened?
 C He asked me questions.
 I Okay. What did you do then?
 C [No response]
 I Did something happen after that??
 C I forgot the rest.
 I Do you remember anything else?
 C Uhm. He moved right next to me.
 I Okay. Then what?
 C I moved away.
 I Um-hum. What was he doing?
 C He said take your, uhm, pants off.
 I Um-hum. What did you do?
 C I did. He--well.
 I You did? Okay. Well, let's back up just a little bit. Okay? Who is Chris??
 C My stepdad
 I He came into your house. Was this during the day or at night, or when was it?
 C Umm, bedtime, I think.
 I Okay. Had he been out? You said he came in, so had he been out somewhere?
 C [Shakes head no]
 I Where was he then?
 C In the kitchen.
 I But other people were home, right?
 C No one.
 I Okay.
 C I forgot anyway.
 I Okay. When you told – when you took your clothes off, were you laying down at that point, or were you standing up, or –
 C Under.
 I Oh, under what?
 C The covers.
 I Okay. What were you thinking--do you have any idea? What did you think he wanted you to do?
 C [Shrugs]
 I You were laying down.
 C [Nods yes].
 I And did--was he laying in the bed under the covers or over the covers or
 C Under.
 I Underneath the covers, okay. What happened next?
 C He touched my leg.

I Okay. Then what?
C Then he touched my peepee. And
I Uhm, do you remember what he -- he was saying, or was he saying anything to you, or -
C Yeah. Does it feel good.
I Okay. Anything else?
C Umm.
I Can you tell me?
C Umm, and I--I said no.
I Okay. Did he say anything else?
C Maybe.
I Then what happened?
C He touched his peepee too. He did that for a long time.
I Then what?
C He stopped.
I Then what happened?
C He got up.
I Okay. How were you feeling though?
C [Shrugs] Scared.
I Did he hurt you when he was doing that?
C Sometimes it hurted.
I Okay. But that--not so bad that you hurt afterwards or anything like that?
C [Shakes head no]
I Did you know how long that went on before he left?
C [Shrugs]
I Then what did you do?
C Uhm, I put my pants on.
I And where was Chris?
C [Shrugs]
I Did he come back?
C [Nods yes] And said don't tell Mommy.
I Okay.
C Uhm, he said, I was just showing you.
I Okay.
C I falled asleep.
I Okay. What else can you tell me?
C Every time like that.
I Okay.
C At new places.
I Now, can you remember at all when did you see your Mom after this incident, after you woke up, or did you see her?
C Next day.
I And then you -- you -- you didn't say anything to her?
C [Shakes head no]
I Okay. Uhm, just how long was it before it happened again? When did it happen again?
C I don't know.
I Don't know? Okay. And what happened then?

C Same thing. Mommy was gone.
I Do you have any idea how many times it might have happened?
C [Shakes head no]
I Okay. You told your Mom about this?
C [Nods yes]
I Did you tell her about everything or just part of it, or what did you tell her about the -
C First, all—after this.
I Okay.
C Uhm, we went to Grandma’s.
I What did she say? Do you think she believed you?
C [Shrugs]
I Um-hum. Okay.
C She did.
I She did? Did you tell her about anything —everything, I mean, when she – when she – the
first time you talked about it?
C No.
I You just told her about part of it?
C Um-hum. What happened.
I Okay. What else can you tell me about that?
C And the rest.
I Okay. So, Chris doesn’t come around you anymore?
C Nope.
I Okay. All right. How does that make you feel?
C Better.
I Okay. Do you remember anything else about Chris?
C No.
I What--what--what would you like to say to Chris about what he did to you? What do you
want to say to him?
C I don’t wanna—talk. He--he ain’t going to be near me.
I I want you to know that it’s really important for you to tell me things that people did to
you that made you feel uncomfortable, and it’s really, really, really important for me to
know.
C [Nods yes]
I Are the things that we’re talking about the truth?
C [Shrugs] [Nods yes]
I They’re the truth. Has anybody told you to come down here and say any of this stuff?
C Ummm... [Shakes head no]
I Is there anything else you can remember about what Chris did to you that you need to
talk to me about?
C No.
I No. Do you think you told me just about everything?
C [Nods yes]
I Okay. So, I appreciate your coming in and talking to me. It wasn’t so bad, was it?
C [Shakes head no]

Appendix J

Interview Transcript 6

The following is a “typical” interview transcript and shows the younger age manipulation and the child victim that has been diagnosed with Autism Spectrum Disorder.

- I Hello, my name is Nora Smith, and I’m a police officer. Part of my job is to talk to children about things that have happened to them. Can you tell me your whole name?
- C Jason
- I Jason what?
- C [No response]
- I What’s your last name?
- C Wilson
- I Jason Wilson. Okay. Now, how old are you, Jason?
- C [Holds up five fingers]
- I Five years old. Uhhh, you’re a big boy. Okay. Tell me a little bit about yourself and about your family. Do you live with your Mommy?
- C [Nods yes]
- I Do you have any pets?
- C A doggy.
- I What do you like to do for fun?
- C Play.
- I Do you see your grandparents?
- C [Nods yes]
- I Okay. What do you like to do in school? You go to kindergarten, right?
- C [Nods yes]
- I What’s your teacher’s name?
- C Miss Johnson.
- I Does she help you?
- C [Nods yes] I have Autism.
- I Okay. Tell me some of the things you are doing?
- C Coloring pictures.
- I Do you have lots of friends at school?
- C [Shrugs]
- I What do you do with your friends?
- C Play.
- I Well, now that we know each other a little better, I want to talk about the reason that you are here today. Have you ever been touched inappropriately?
- C Ummm...[Shrugs]
- I You don’t know? Has anybody every touched you in a way that made you feel bad? We want to--we want to find out the whole story and make sure you kids are safe, okay?
- C [Nods yes]
- I Yes? There have been some things going on with you that’s been making you feel really uncomfortable, right?

C No.

I What are you here to talk to me about?

C Mommy made me come.

I Why?

C Because of Chris.

I What about Chris?

C Uhm, Chris touching me.

I Chris touched you? Do you think-- where did Chris touch you?

C I don't know.

I What?

C [Shrugs] I forgot.

I You don't know? Can you tell me where Chris touched you?

C Umm, [shrugs] [Points to his own crotch]

I Touched you down there?

C [Nods yes]

I And what do you call that part of your body?

C Umm, my peepee.

I Okay. Can you tell me more about that? Did your Mommy tell you to come in here and tell me about this?

C [Shrugs]

I You don't know?

C No.

I Can you tell me more about what happened?

C And, uh, he gets me stuff.

I Who? Who gets you stuff?

C Chris.

I Um-hum. And what did you--tell me more about that.

C Let him. --I did it.

I Did what?

C I don't know.

I You can tell me what you did.

C Pulled down my bottoms.

I And what did Chris touch you with?

C [Shrugs]

I Tell me what he touched you with.

C Ummm--fingers.

I His fingers?

C [Nods yes]

I Okay. Did he take your pants off, or did you take your pants off?

C Uhm, me.

I You took them off?

C [Nods yes]

I Did this happen one time or more than one time?

C [Shrugs] Umm, lots.

I Oh, okay. Do you--well, just go ahead and tell me what else you can first remember.

C Huh?

I About the first time it happened.
 C Umm, Chris came in.
 I Can you tell me what happened then?
 C Said--said get in bed.
 I Okay. Then what?
 C I guess I got in my bed.
 I Your bed? Okay. Did something happen after that??
 C I forgot the rest.
 I Do you remember anything else?
 C Uhm. He moved next to me.
 I Okay. Then what?
 C I moved away.
 I Um-hum. What was he doing?
 C He said take your, uhm, pants off.
 I Um-hum. What did you do?
 C I did. He--well.
 I You did? Okay. Well, let's back up just a little bit. Okay? Who is Chris??
 C My stepdad
 I He came into your house. Was this during the day or at night, or when was it?
 C Umm, night, I think.
 I Okay. Had he been out? You said he came in, so had he been out somewhere?
 C [Shakes head no]
 I Where was he then?
 C In the kitchen.
 I But other people were home, right?
 C [Shakes head no]
 I Okay.
 C I forgot anyway.
 I Okay. You don't--what kind of clothes you had on at that time?
 C I don't remember.
 I Okay. When you told -- when you took your clothes off, were you laying down at that point, or were you standing up, or --
 C Under.
 I Oh, under what?
 C The covers.
 I Okay. What were you thinking--do you have any idea? What did you think he wanted you to do?
 C [Shrugs]
 I You were laying down.
 C [Nods yes].
 I And did--was he laying in the bed under the covers or over the covers or
 C Under.
 I Underneath the covers, okay. What happened next?
 C He touched my leg.
 I Okay. Then what?
 C Then he touched my peepee.

I Uhm, do you remember what he -- he was saying, or was he saying anything to you, or
C Yeah. Does it feel good.
I Okay. Anything else?
C Umm.
I Can you tell me?
C Umm, and I--I said no.
I Okay. Did he say anything else?
C Maybe.
I Then what happened?
C He touched his peepee too. For a long time.
I Then what?
C He stopped.
I Then what happened?
C He got up.
I Okay. How were you feeling though?
C [Shrugs] Scared.
I Did he hurt you when he was doing that?
C Sometimes it hurted.
I Okay. But that--not so bad that you hurt afterwards or anything like that?
C [Shakes head no]
I Did you know how long that went on before he left?
C [Shrugs]
I Then what did you do?
C Uhm, I put my pants on.
I And where was Chris?
C [Shrugs]
I Did he come back?
C [Nods yes] And said don't tell Mommy.
I Okay.
C I falled asleep.
I Okay. What else can you tell me?
C Every time like that.
I Okay. Now, can you remember at all when did you see your Mom after this incident,
after you woke up, or did you see her?
C After that. I don't know when.
I And then you -- you -- you didn't say anything to her?
C [Shakes head no]
I Okay. Uhm, just how long was it before it happened again? When did it happen again?
C I don't know.
I Don't know? Okay. And what happened then?
C Same thing. Mommy was gone.
I Do you have any idea how many times it might have happened?
C [Shakes head no]
I Okay. You told your Mom about this?
C [Nods yes]
I Did you tell her about everything or just part of it, or what did you tell her about the

C I don't remember.
I Okay.
C Uhm, we went to Grandma's.
I What did she say? Do you think she believed you?
C [Shrugs]
I Um-hum. Okay. You just told her about part of it?
C [Nods yes]
I Okay. What else can you tell me about that?
C And the rest.
I Okay. So, Chris doesn't come around you anymore?
C Nope.
I Okay. All right. How does that make you feel?
C Better.
I Okay. Do you remember anything else about Chris?
C [Shakes head no]
I What--what--what would you like to say to Chris about what he did to you? What do you want to say to him?
C I don't wanna talk.
I I want you to know that it's really important for you to tell me things that people did to you that made you feel uncomfortable, and it's really, really, really important for me to know.
C [Nods yes]
I Are the things that we're talking about the truth?
C [Shrugs] [Nods yes]
I They're the truth. Has anybody told you to come down here and say any of this stuff?
C Ummm... [Shakes head no]
I Is there anything else you can remember about what Chris did to you that you need to talk to me about?
C No.
I No. Do you think you told me just about everything?
C [Nods yes]
I Okay. So, I appreciate your coming in and talking to me. It wasn't so bad, was it?
C [Shakes head no]

Appendix K

Interview Transcript 7

The following is a “typical” interview transcript and shows the older age manipulation and the child victim that has not been diagnosed with Autism Spectrum Disorder.

- I Hello, my name is Nora Smith, and I’m a police officer. Part of my job is to talk to children about things that have happened to them. Can you tell me your whole name?
- C Jason Wilson
- I Jason Wilson? Okay. Now, how old are you, Jason?
- C Eight
- I Eight years old? Okay. Tell me a little bit about yourself and about your family. Do you live with your Mom?
- C Um-hum.
- I Do you have any pets?
- C I have a dog.
- I What’s your dog’s name?
- C Baxter.
- I Do you see your grandparents?
- C Uhm—yes.
- I Okay. What do you like to do in school? What grade are you in?
- C I am in the 3rd grade.
- I Third grade. Do you like school?
- C Yeah, pretty much.
- I What’s your teacher’s name?
- C Miss Johnson.
- I What does she teach?
- C She teaches science and spelling.
- I Tell me some of the things you are doing in science?
- C We’re studying about weather.
- I Do you have lots of friends?
- C Yes.
- I Well, now that we know each other a little better, I want to talk about the reason that you are here today. Have you ever been touched inappropriately?
- C Um-hum.
- I We want to--we want to find out the whole story and make sure you kids are safe, okay?
- C [Nods]
- I There have been some things going on with you that’s been making you feel really uncomfortable, right?
- C No.
- I What are you here to talk to me about?
- C My mom made me come and wants me to talk to you about Chris.
- I What about Chris?
- C Him touching me.

I Chris touched you? Do you think-- where did Chris touch you?
C I don't know.
I You don't know? Can you tell me where Chris touched you?
C I think he touched me down there. [Points to his own crotch].
I Um-hum. And what do you call that part of your body?
C My privates.
I Okay. Did your Mom tell you to come in here and tell me about this?
C [Shrugs]
I You don't know.
C No.
I What else can you tell me about what happened?
C And, uh, he always buys me stuff.
I Who? Who buys you stuff?
C Chris.
I Um-hum.
I And what did you—tell me more about that. What else happened?
C I would let him do it. I did it.
I Did what?
C Pulled my pants down.
I Okay. You pulled your pants down?
C [Nods yes]
I And what did Chris touch you with?
C [Shrugs] His fingers.
I Okay. Did he take your pants off, or did you take your pants off?
C Uhm, me.
I You took them off?
C [Nods yes]
I Did this happen one time or more than one time?
C Lots of times.
I Oh, okay. Do you--well, just go ahead and tell me what else you can first remember.
C Uhm, one day Chris came in--came into the bedroom and he told – told me to get in the bed. So, I guess I did. He said, take your, uhm, pants off. I said, no! He said, take your pants off. So, I did, and he--well--
I Okay. Well, let's back up just a little bit. Okay? Chris is your stepdad?
C Yes
I Okay. He came into your bedroom. Was this during the day or at night?
C Night, I think.
I Night. Okay. Had he been out? You said he came in, so had he been out somewhere?
C [Shakes head no]
I Where was he then?
C In the kitchen.
I Okay, he was in the kitchen. Other people were home, right?
C No.
I Okay. And, so, he came into your bedroom in the nighttime.
C [Nods yes]
I Where was your Mom?

C She was on a trip.
I Okay. So, it was just you and Chris in the house?
C [Shakes head yes]
I Okay. So, I think you said you were in – I didn't catch, was it his bedroom or your bedroom?
C Uhm, I think it was my bedroom.
I Your bedroom? Okay. He told you to go lay down in your bedroom?
C [Nods yes]
I Okay. And then what?
C He was standing right there. He got into my bed too.
I Okay. When you told – when you took your pants off, were you laying down at that point, or were you standing up, or --
C I was under the covers.
I Okay. Do you know what you were thinking? What did you think he wanted you to do?
C I don't know.
I And did--was he laying in the bed under the covers or over the covers or
C Under.
I What happened next?
C He touched my leg. Then he touched my privates.
I Okay. Uhm, do you remember what he was doing with his hands, or do you remember what he-- he was saying, or was he saying anything to you, or
C Yeah. Does it feel good.
I Okay.
C And I--I was saying no, but he kept asking.
I Okay. What else happened?
C And then he touched his own privates. Then he stopped and got up and left my room.
I Did you put your pants back on?
C Uhm, yes.
I Okay, and then you laid down?
C [Nods yes]
I Okay. How were you feeling? Were you --
C Scared.
I You were scared? Did he hurt you when he was doing that?
C It hurt.
I Okay. But that--not so bad that you hurt afterwards or anything like that?
C [Shakes head no]
I Okay. Did you know how long that went on before he left?
C A couple minutes.
I Okay.
C [Shrugs] And then he came back and he calls me, --and he said don't tell Mom.
I Okay.
C Uhm, he said, I was just showing you. So, I said [shrugs], you know, I was like that, and so I rolled over and I pulled the covers over my head and then --
I Okay. And then you went to sleep?
C [Nods yes] And it just happened every time like that.
I Okay.

C At different places.

I Okay. Now, can you remember at all when did you see your Mom after this incident, after you got up, or did you see her?

C I saw her after she came back.

I And then you – you – you didn't say anything to her?

C [Shakes head no]

I Okay. Uhm, just how long was it before the second incident happened then?

C I don't know. The next time Mom left.

I Okay. And what happened then?

C Same thing.

I Okay. The same thing that your Mom was gone?

C Yeah, my mom was on a trip.

I Okay. Do you know how – for how long it went on?

C [Shakes head no]

I Do you have any idea how many times it might have happened?

C [Shakes head no]

I Okay. You told your Mom about this?

C [Nods yes]

I What did you tell her about this?

C At first, I told her all about it--after this happened for a while. When I told my Mom what was going on, we went to grandma's.

I Okay. What did she say? Do you think she believed you?

C At first, I don't think so, but I'm not sure.

I Um hum.

C Then she acted kind of surprised, but--and then about five minutes later, she knew I was serious.

I Okay. Did you tell her about anything--everything, I mean, when she--when she--the first time you talked about it?

C No.

I You just told her about part of it?

C Um-hum. About what was going on.

I Okay.

C And then just a little while ago I told her the rest.

I Okay.

C So, I think she knows everything that you know.

I Okay. So, Chris doesn't come around you anymore?

C Nope.

I Okay. All right. How does that make you feel?

C Better.

I Okay. That's all you remember? Do you remember anything else about Chris?

C No.

I What--what--what would you like to say to Chris about what he did to you? Do you have anything that you want to say to him?

C Well, maybe. I don't really want to talk to him--talk and I'm going to start a brand-new life now, and he--he ain't going to be part of my life.

I Okay. I want you to know that it's really important for you to tell me things that people did to you that made you feel uncomfortable, and it's really, really, really important for me to know. So, always do that, okay?

C [Nods yes]

I Are the things that we're talking about the truth?

C I think so.

I They're the truth? Has anybody told you to come down here and say any of this stuff?

C [Shrugs] [Shakes head no]

I Is there anything else you can remember about what Chris did to you that you need to talk to me about?

C No.

I No? Do you think you told me just about everything?

C [Nods yes]

I Okay. So, I appreciate your coming in and talking to me. It wasn't so bad, was it?

C [Shakes head no]

Appendix L

Interview Transcript 8

The following is a “typical” interview transcript and shows the older age manipulation and the child victim that has been diagnosed with Autism Spectrum Disorder.

- I Hello, my name is Nora Smith, and I’m a police officer. Part of my job is to talk to children about things that have happened to them. Can you tell me your whole name?
- C Jason Wilson
- I Jason Wilson? Okay. Now, how old are you, Jason?
- C Eight
- I Eight years old? Okay. Tell me a little bit about yourself and about your family. Do you live with your Mom?
- C [Nods yes]
- I Do you have any pets?
- C A dog.
- I What’s your dog’s name?
- C Baxter.
- I Do you see your grandparents?
- C Uhm—yes.
- I Okay. What do you like to do in school? What grade are you in?
- C I am in the 3rd grade.
- I Third grade. Do you like school?
- C Yeah, pretty much.
- I What’s your teacher’s name?
- C Miss Johnson.
- I What does she teach?
- C She works with me because I have Autism.
- I Do you have lots of friends?
- C [Nods yes]
- I Well, now that we know each other a little better, I want to talk about the reason that you are here today. Have you ever been touched inappropriately?
- C Um-hum.
- I We want to--we want to find out the whole story and make sure you kids are safe, okay?
- C [Nods]
- I There have been some things going on with you that’s been making you feel really uncomfortable, right?
- C No.
- I What are you here to talk to me about?
- C My mom made me come and wants me to talk about Chris.
- I What about Chris?
- C Him touching me.
- I Chris touched you? Do you think-- where did Chris touch you?
- C I don’t know.

I You don't know? Can you tell me where Chris touched you?
 C I think he touched me down there. [Points to his own crotch].
 I Um-hum. And what do you call that part of your body?
 C My privates.
 I Okay. Did your Mom tell you to come in here and tell me about this?
 C [Shrugs]
 I You don't know.
 C No.
 I What else can you tell me about what happened?
 C And, uh, he always buys me stuff.
 I Who? Who buys you stuff?
 C Chris.
 I Um-hum.
 I And what did you—tell me more about that. What else happened?
 C I would let him do it. I did it.
 I Did what?
 C Pulled my pants down.
 I Okay. You pulled your pants down?
 C [Nods yes]
 I And what did Chris touch you with?
 C [Shrugs] His fingers.
 I Okay. Did he take your pants off, or did you take your pants off?
 C Uhm, me.
 I You took them off?
 C [Nods yes]
 I Did this happen one time or more than one time?
 C Lots of times.
 I Oh, okay. Do you--well, just go ahead and tell me what else you can first remember.
 C Uhm, Chris came in--came into the bedroom and he told – told me to get in the bed. So, I guess I did. He said, take your, uhm, pants off. So, I did, and he--well--
 I Okay. Well, let's back up just a little bit. Okay? Chris is your stepdad?
 C Yes
 I Okay. He came into your bedroom. Was this during the day or at night?
 C Night, I think.
 I Night. Okay. Had he been out? You said he came in, so had he been out somewhere?
 C [Shakes head no]
 I Where was he then?
 C The kitchen.
 I Okay, he was in the kitchen. Other people were home, right?
 C [Shakes head no]
 I Okay. And, so, he came into your bedroom in the nighttime.
 C [Nods yes]
 I Where was your Mom?
 C On a trip.
 I Okay. So, it was just you and Chris in the house?
 C [Shakes head yes]

I Okay. So, I think you said you were in – I didn't catch, was it his bedroom or your bedroom?

C Uhm, I think mine.

I Your bedroom? Okay. He told you to go lay down in your bedroom?

C [Nods yes]

I Okay. And then what?

C He got into my bed too.

I Okay. When you told – when you took your pants off, were you laying down at that point, or were you standing up, or –

C I was under the covers.

I Okay. Do you know what you were thinking? What did you think he wanted you to do?

C I don't know.

I And did--was he laying in the bed under the covers or over the covers or

C Under.

I What happened next?

C He touched my leg. Then my privates.

I Okay. Uhm, do you remember what he was doing with his hands, or do you remember what he -- he was saying, or was he saying anything to you?

C Yeah. Does it feel good.

I Okay.

C And I--I was saying no.

I Okay. What else happened?

C And then he touched his own privates. Then he stopped and got up and left.

I Did you put your pants back on?

C Uhm, yes.

I Okay, and then you laid down?

C [Nods yes]

I Okay. How were you feeling? Were you -

C Scared.

I You were scared? Did he hurt you when he was doing that?

C It hurt.

I Okay. But that--not so bad that you hurt afterwards or anything like that?

C [Shrugs]

I Okay. Did you know how long that went on before he left?

C I don't remember.

I Okay.

C [Shrugs] And then he came back and --and he said don't tell Mom.

I Okay.

C Uhm, he said, I was just showing you.

I Okay. And then you went to sleep?

C [Nods yes] Happened every time like that.

I Okay.

C At different places.

I Okay. Now, can you remember at all when did you see your Mom after this incident, after you got up, or did you see her?

C After she came back.

I And then you – you – you didn't say anything to her?
 C [Shakes head no]
 I Okay. Uhm, just how long was it before the second incident happened then?
 C I don't know. The next time Mom left.
 I Okay. And what happened then?
 C Same thing.
 I Okay. The same thing that your Mom was gone?
 C Yeah.
 I Okay. Do you know how – for how long it went on?
 C [Shakes head no]
 I Do you have any idea how many times it might have happened?
 C [Shakes head no]
 I Okay. You told your Mom about this?
 C [Nods yes]
 I What did you tell her about this?
 C At first, I told her all about it--after this happened for a while. When I told my Mom what was going on, we went to grandma's.
 I Okay. Did you tell her about anything--everything, I mean, when she--when she--the first time you talked about it?
 C No.
 I You just told her about part of it?
 C Um-hum.
 I Okay.
 C And then I told her the rest later.
 I Okay. So, Chris doesn't come around you anymore?
 C Nope.
 I Okay. All right. How does that make you feel?
 C Better.
 I That's all you remember? Okay. Do you remember anything else about Chris?
 C No.
 I What--what--what would you like to say to Chris about what he did to you? Do you have anything that you want to say to him?
 C I don't really want to talk to him
 I Okay. I want you to know that it's really important for you to tell me things that people did to you that made you feel uncomfortable, and it's really, really, really important for me to know. So, always do that, okay?
 C [Nods yes]
 I Are the things that we're talking about the truth?
 C I think so.
 I They're the truth? Has anybody told you to come down here and say any of this stuff?
 C [Shrugs] [Shakes head no]
 I Is there anything else you can remember about what Chris did to you that you need to talk to me about?
 C [Shakes head no]
 I No? Do you think you told me just about everything?
 C [Nods yes]

I Okay. So, I appreciate your coming in and talking to me. It wasn't so bad, was it?
C [Shakes head no]

Appendix M

Interview Transcript 9

The following is a “poor” interview transcript and shows the younger age manipulation and the child victim that has not been diagnosed with Autism Spectrum Disorder.

- I Hello, my name is Nora Smith, and I’m a police officer. Part of my job is to talk to children about things that have happened to them. Can you tell me your whole name?
- C Jason
- I Jason what?
- C [No response]
- I What’s your last name?
- C Wilson
- I Jason Wilson. Okay. Now, how old are you, Jason?
- C [Holds up five fingers] Five.
- I Five years old. Uhhh, you’re a big boy. I was told that Chris touched you in a bad way. Is that true?
- C Um-hum. [Nods yes]
- I Someone touched you in a way that made you feel bad, right?
- C [Shrugs]
- I There have been some things going on with you that’s been making you feel really bad, right? Isn’t someone making you feel bad?
- C No
- I Do you think Chris might be doing something bad to you?
- C [Nods yes] Mommy made me come.
- I Does she want you to tell me about Chris touching you?
- C Uhm, Chris touching me.
- I Chris touched you? Did he touch you somewhere he wasn’t supposed to? Where do you think Chris touched you?
- C I don’t know. He never did it.
- I Did what? You can tell me what he did that hurt you.
- C I forgot.
- I Can you help me and tell me where Chris touched you?
- C Umm, [Shrugs] down there. [Points to his crotch]
- I You’re such a good help. You’re going to help me figure out what happened. Did your Mommy tell you to come in here and tell me about this?
- C [Shrugs]
- I You don’t know?
- C No.
- I Can you tell me more about the bad things Chris did? Did he say that he would give you something if you let him touch you?
- C Um-hum.
- I Who? Chris gets you stuff, right?
- C Chris.

I Um-hum. And what did you--what did you do?
C I did it.
I Okay. You pulled your pants down?
C I don't know. [Nods yes]
I And Chris touched you with his fingers, right? What did Chris touch you with?
C [Shrugs]
I You can tell me.
C Umm, his fingers.
I His fingers?
C [Nods yes]
I Okay. Did you take your pants off or did Chris take them off?
C Uhm, me.
I You took them off yourself, didn't you?
C [Nods yes]
I This happened more than one time, right?
C [Shrugs] Umm, lots.
I Okay. When this happened, did you--Chris came in, right?
C Umm, Chris came in
I What did he say to you?
C Said--said get in bed.
I So you got in bed then, right?
C I guess I got in my bed
I Then what did he do to you?
C Ummm...
I Think hard. What did he say next?
C He said, take your, uhm, pants off.
I Did you tell him no?
C [Nods yes]
I What did he say?
C Take your pants off.
I Um-hum. So, you took your pants off, right?
C [Nods yes] He--well
I Okay. Well, let's back up just a little bit. Okay? Chris is your stepdad, right??
C Yes.
I Okay. This was during the night, right?
C Umm, yes.
I Bedtime? Okay. Had he been out? You said he came in, so had he been out?
C [Shakes head no]
I Where had he been?
C In the kitchen.
I But there were other people at home with you, right?
C No one.
I So, it was just you and Chris in the house?
C [Shakes head yes]
I Okay. So, I think you said you were in--I didn't catch was it your bedroom?
C I think it was mine.

I Okay. He told you to go lay down in your bed?
C [Nods yes]
I Okay. When you told--when you took your clothes off, were you lying down at that point, under the covers?
C Under.
I Okay. What were you thinking? Do you have any idea? What did you think he wanted you to do? I know it's hard for you to talk about, but you can tell me.
C [Shrugs]
I You were laying down. What happened next? Did he touch you then?
C [Nods yes]
I And did--was he laying under the covers
C Under.
I Underneath the covers, okay. What did he do with his hands? He must have done something else.
C He touched my leg.
I Okay.
C And then my peepee.
I Uhm, do you remember what he--he was saying something, wasn't he?
C Yeah. Does it feel good.
I Okay. Anything else?
C Umm.
I Okay. And you said something? Weren't you talking, too?
C Umm, and I--I said no.
I Okay. He did something else too, right?
C He touched his peepee too. For a long time.
I Then he stopped?
C [Nods yes] Stopped and left.
I What did you do? Did you put your clothes on?
C Uhm. [Nods yes]
I Okay. You're doing very good. I know it's hard to talk about, but you are telling me the bad things Chris did to you, right? That's just what I want you to do. You are really helping me out. Were you scared?
C [Shrugs] Um-hum.
I You were scared? Did he hurt you when he was doing that?
C Sometimes.
I Okay. But that--not so bad that you hurt afterwards or anything like that?
C [Shakes head no]
I How long did that go on before he left? It wasn't very long, was it?
C [Shrugs]
I Did he say anything to you later? Did he talk to you or threaten you?
C [Nods yes] And calls me and now he's--has
I Okay. What did he say? Didn't he tell you not to tell anyone?
C Don't tell Mommy. And
I And um-hum. Do you think he might have said something else?
C Uhm, said, I was just showing you.
I Um-hum. Okay. So, what did you do?

C Failed asleep, and then
I It happened just like that every time?
C Um-hum.
I Okay. Where did it happened? In your room or other places, too?
C At new places.
I Okay. Now, can you remember at all when did you see your Mom after this incident, after you woke up, or did you see her? Do you think you might have seen your Mommy after Chris did this?
C After that.
I And then you--you--you didn't say anything to her?
C [Shakes head no]
I Okay. Uhm, just how long was it before it happened then? Your Mommy said you told her that it happened a couple of days later. Is that what happened?
C I don't know.
I Don't know? Okay. How many times do you think this might have happened?
C [Shrugs].
I Okay. How--for how long did it go on?
C [Shakes head no]
I Do you have any idea how many times it might have happened? What do you think?
C [Shakes head no]
I Okay. You told your Mom about this, right?
C [Nods yes]
I Didn't you tell her everything about it?
C First, all--after this.
I What did she do then?
C Uhm, we went to Grandma's.
I Okay. What did she say? Do you think she believed you?
C [Shrugs]
I Um-hum. Okay. That's good
C She did.
I Do you think you told her about anything--everything, I mean, when she--when she--the first time you talked about it?
C No.
I You just told her about part of it?
C Um-hum. And
I Okay. Did you tell her anything else later on?
C And the rest.
I Okay. She knows everything now, doesn't she?
C [Nods yes]
I So, Chris doesn't come around you anymore?
C Nope.
I Okay. All right. How does that make you feel? That makes you feel better, doesn't it?
C Um-hum.
I That' all you remember? Okay. Can't you remember anything else about Chris?
C No.

I What--what--what would you like to say to Chris about what he did to you? Do you want to talk to him?

C I don't wanna talk

I Does he come around you anymore? He doesn't, does he?

C [Shakes head no] He--he ain't going to be near me.

I Okay. I want you to know that it's really important for you to tell me things that people did to you that made you feel uncomfortable, and it's really, really, really important for me to know. So, always do that, okay?

C [Nods yes]

I The things we're talking about are the truth, right?

C [Shrugs] [Nods yes]

I Nobody told you to come down here and say any of this stuff, right?

C Ummm. [Shakes head no]

I Do you think you told me just about everything?

C [Nods yes]

I Okay. So, I appreciate your coming in and talking to me. It wasn't so bad, was it?

C [Shakes head no]

Appendix N

Interview Transcript 10

The following is a “poor” interview transcript and shows the younger age manipulation and the child victim that has been diagnosed with Autism Spectrum Disorder.

- I Hello, my name is Nora Smith, and I’m a police officer. Part of my job is to talk to children about things that have happened to them. Can you tell me your whole name?
- C Jason
- I Jason what?
- C [No response]
- I What’s your last name?
- C Wilson
- I Jason Wilson. Okay. Now, how old are you, Jason?
- C [Holds up five fingers]
- I Five years old. Uhhh, you’re a big boy. I was told that Chris touched you in a bad way. Is that true?
- C [Nods yes]
- I Someone touched you in a way that made you feel bad, right?
- C [Shrugs]
- I There has been some things going on with you that’s been making you feel really bad, right? Isn’t someone making you feel bad?
- C No
- I Do you think Chris might be doing something bad to you?
- C [Nods yes] Mommy made me come.
- I Does she want you to tell me about Chris touching you?
- C Uhm, Chris touching me.
- I Chris touched you? Did he touch you somewhere he wasn’t supposed to? Where do you think Chris touched you?
- C I don’t know.
- I You can tell me what he did that hurt you.
- C [Shrugs]
- I Can you help me and tell me where Chris touched you?
- C Umm, [Shrugs] [Points to his crotch]
- I You’re such a good help. You’re going to help me figure out what happened. Did your Mommy tell you to come in here and tell me about this?
- C [Shrugs]
- I You don’t know?
- C No.
- I Can you tell me more about the bad things Chris did? Did he say that he would give you something if you let him touch you?
- C [Nods yes]
- I Who? Chris gets you stuff, right?
- C Chris.

I Um-hum. And what did you--what did you do?
 C I did it.
 I Okay. You pulled your pants down?
 C I don't know. [Nods yes]
 I And Chris touched you with his fingers, right? What did Chris touch you with?
 C [Shrugs]
 I You can tell me.
 C Umm, his fingers.
 I His fingers?
 C [Nods yes]
 I Okay. Did you take your pants off or did Chris take them off?
 C Uhm, me.
 I You took them off yourself, didn't you?
 C [Nods yes]
 I This happened more than one time, right?
 C [Shrugs]
 I Okay. When this happened, did you--Chris came in, right?
 C Yeah
 I What did he say to you?
 C Said--said get in bed.
 I So you got in bed then, right?
 C I guess I got in my bed
 I Then what did he do to you?
 C Ummm...
 I Think hard. What did he say next?
 C He said, take your, uhm, pants off.
 I Did you tell him no?
 C [Nods yes]
 I What did he say?
 C Take your pants off.
 I Um-hum. So, you took your pants off, right?
 C [Nods yes] He--well
 I Okay. Well, let's back up just a little bit. Okay? Chris is your stepdad, right??
 C Yes.
 I Okay. This was during the night, right?
 C Umm, yes.
 I Bedtime? Okay. Had he been out? You said he came in, so had he been out?
 C [Shakes head no]
 I Where had he been?
 C In the kitchen, I think.
 I But there were other people at home with you, right?
 C No one.
 I So, it was just you and Chris in the house?
 C [Shakes head yes]
 I Okay. So, I think you said you were in--I didn't catch was it your bedroom?
 C I think it was mine.

I Okay. He told you to go lay down in your bed?
C [Nods yes]
I Okay. When you told--when you took your clothes off, were you laying down at that point, under the covers?
C Under.
I Okay. What were you thinking? Do you have any idea? What did you think he wanted you to do? I know it's hard for you to talk about, but you can tell me.
C [Shrugs]
I You were laying down. What happened next? Did he touch you then?
C [Nods yes]
I And did--was he laying under the covers
C Under.
I Underneath the covers, okay. What did he do with his hands? He must have done something else.
C He touched my leg.
I Okay.
C And then my peepee.
I Uhm, do you remember what he--he was saying something, wasn't he?
C [Nods yes] Does it feel good.
I Okay. Anything else?
C Umm.
I Okay. And you said something? Weren't you talking, too?
C Umm, and I--I said no.
I Okay. He did something else too, right?
C I don't remember.
I Then he stopped?
C [Nods yes] Stopped and left.
I What did you do? Did you put your clothes on?
C Uhm. [Nods yes]
I Okay. You're doing very good. I know it's hard to talk about, but you are telling me the bad things Chris did to you, right? That's just what I want you to do. You are really helping me out. Were you scared?
C [Shrugs] Um-hum.
I You were scared? Did he hurt you when he was doing that?
C Sometimes.
I Okay. But that--not so bad that you hurt afterwards or anything like that?
C [Shakes head no]
I How long did that go on before he left? It wasn't very long, was it?
C [Shrugs]
I Did he say anything to you later? Did he talk to you or threaten you?
C [Nods yes] And comes back and now he's--has
I Okay. What did he say? Didn't he tell you not to tell anyone?
C Don't tell Mommy. And
I And um-hum. Do you think he might have said something else?
C I don't remember.
I Um-hum. Okay. So, what did you do?

C Failed asleep, and then
I It happened just like that every time?
C [Nods yes]
I Okay. Where did it happened? In your room or other places, too?
C New places, I think.
I Okay. Now, can you remember at all when did you see your Mom after this incident, after you woke up, or did you see her? Do you think you might have seen your Mommy after Chris did this?
C After that.
I And then you--you--you didn't say anything to her?
C [Shakes head no]
I Okay. Uhm, just how long was it before it happened then? Your Mommy said you told her that it happened a couple of days later. Is that what happened?
C I don't know.
I Don't know? Okay. How many times do you think this might have happened?
C [Shrugs].
I Okay. How--for how long did it go on?
C [Shakes head no]
I Do you have any idea how many times it might have happened? What do you think?
C [Shakes head no]
I Okay. You told your Mom about this, right?
C [Nods yes]
I Didn't you tell her everything about it?
C First, all--after this.
I What did she do then?
C Uhm, we went to Grandma's.
I Okay. What did she say?
C [Shrugs]
I Do you think you told her about anything--everything, I mean, when she--when she--the first time you talked about it?
C No.
I You just told her about part of it?
C Um-hum.
I Okay. Did you tell her anything else later on?
C And the rest.
I Okay. She knows everything now, doesn't she?
C [Nods yes]
I So, Chris doesn't come around you anymore?
C Nope.
I Okay. All right. How does that make you feel? That makes you feel better, doesn't it?
C Um-hum.
I That' all you remember? Okay. Can't you remember anything else about Chris?
C No.
I What--what--what would you like to say to Chris about what he did to you? Do you want to talk to him?
C I don't wanna talk

I Does he come around you anymore? He doesn't, does he?
C [Shakes head no]
I Okay. I want you to know that it's really important for you to tell me things that people did to you that made you feel uncomfortable, and it's really, really, really important for me to know. So, always do that, okay?
C [Nods yes]
I The things we're talking about are the truth, right?
C [Shrugs] [Nods yes]
I Nobody told you to come down here and say any of this stuff, right?
C Ummm. [Shakes head no]
I Do you think you told me just about everything?
C [Nods yes]
I Okay. So, I appreciate your coming in and talking to me. It wasn't so bad, was it?
C [Shakes head no]

Appendix O

Interview Transcript 11

The following is a “poor” interview transcript and shows the older age manipulation and the child victim that has not been diagnosed with Autism Spectrum Disorder.

- I Hello, my name is Nora Smith, and I’m a police officer. Part of my job is to talk to children about things that have happened to them. Can you tell me your whole name?
- C Jason Wilson
- I Jason Wilson. Okay. Now, how old are you, Jason?
- C Eight
- I Eight years old. I was told that Chris touched you inappropriately. Is that true?
- C Um-hum. [Nods yes]
- I There has been some things going on with you that’s been making you feel really uncomfortable, right? Isn’t someone making you feel uncomfortable?
- C No
- I Do you think Chris might be doing something bad to you?
- C [Nods yes] My Mom made me come and wants me to talk to you about Chris.
- I Chris touched you? Did he touch you somewhere he wasn’t supposed to? Where do you think Chris touched you?
- C I don’t know.
- I Can you help me and tell me where Chris touched you?
- C I think he touched me down there. [Points to his own crotch]
- I Um-hum. And what do you call that part of your body?
- C My privates.
- I You’re such a good help. You’re going to help me figure out what happened. Did your Mom tell you to come in here and tell me about this?
- C [Shrugs]
- I You don’t know?
- C No.
- I Can you tell me more about the bad things Chris did? Did he say that he would give you something if you let him touch you?
- C Uh, he always buys me stuff.
- I Who? Chris buys you stuff, right?
- C Chris.
- I Um-hum. And what did you--what did you do? You let him do it?
- C I did it.
- I You pulled your pants down?
- C [Nods yes]
- I And Chris touched you with his fingers?
- C [Shrug]
- I You can tell me.
- C His fingers.
- I Did you take your pants off or did Chris take them off?

C Uhm, me.

I You took them off yourself, didn't you?

C [Nods yes]

I This happened more than one time, right?

C Lots of times.

I Oh, okay. Okay. When this happened, did you--Chris came in, right?

C Uhm, one day Chris came in

I What did he say to you?

C He told--told me to get in the bed.

I So you got in the bed then, right?

C I guess I got in my bed

I Then what did he do to you?

C Ummm...

I Think hard. What did he say next?

C He said, take your pants off. So, I did, and he--well

I Okay. Well, let's back up just a little bit. Okay? Chris is your stepdad, right?

C Yes.

I Okay. This was during the night, right?

C Bedtime, I think.

I Okay. Had he been out? You said he came in, so had he been out?

C [Shakes head no]

I Where had he been?

C In the kitchen.

I But there were other people at home with you, right?

C No. My mom was on a trip.

I Okay. So, I think you said you were in--I didn't catch, was it your bedroom?

C I think it was mine.

I Okay. He told you to go lay down in your bed?

C [Nods yes]

I Okay. When you told--when you took your pants off, were you laying down at that point, under the covers?

C I was under the covers.

I Okay. What were you thinking? Do you have any idea? What did you think he wanted you to do?

C I don't know.

I What happened next? Did he touch you then?

C [Nods yes]

I And did--was he laying under the covers

C Under.

I What did he do with his hands? He must have done something.

C He touched my leg. And then he touched my privates.

I Uhm, do you remember what he -- he was saying something, wasn't he?

C Yeah. Does it feel good.

I Okay. And you said something? Weren't you talking, too?

C And I--I was saying no, but he wasn't listening.

I Okay. He did something else too, right?

C He touched his privates too.
I Then he stopped?
C Um-hum, he left.
I What did you do? Did you put your pants on?
C Uhm. [Nods yes]
I You're doing very good. I know it's hard to talk about, but you are telling me the bad things Chris did to you, right? That's just what I want you to do. You are really helping me out. Were you scared?
C Um-hum
I You were scared? Did he hurt you when he was doing that?
C It hurt.
I Okay. But that--not so bad that you hurt afterwards or anything like that?
C [Shakes head no]
I Okay. How long did that go on before he left? It wasn't very long, was it?
C About a minute.
I Did he say anything to you later? Did he talk to you or threaten you?
I He came back again, and now he's--has
I What did he say? Didn't he tell you not to tell anyone?
C He said, don't tell Mom. And
I And um-hum. Do you think he might have said something else?
C Uhm, he said, I was just showing you.
I Um-hum. Okay. So, what did you do?
C I laid down on my bed and fell asleep.
I It happened just like that every time?
C Just like that.
I Okay. Where did it happen? In your room or other places, too?
C At different places.
I Now, can you remember at all when did you see your Mom after this incident, after you got up, or did you see her? Do you think you might have seen your Mom after Chris did this?
C I saw her after she came back.
I And then you--you--you didn't say anything to her?
C [Shakes head no]
I Okay. Uhm, just how long was it before the second incident happened then? Your Mom said you told her that it happened a couple of weeks later. Is that what happened?
C Maybe about two weeks after.
I Okay. How many times do you think this might have happened?
C I'm not sure.
I Okay. How--for how long did it go on?
C [Shrugs]
I Do you have any idea how many times it might have happened? What do you think?
C [Shakes head no]
I Okay. You told your Mom about this, right?
C [Nods yes]
I Didn't you tell her everything about it?

C At first, I told her all about it--after this happened for a while. When I told my Mom what was going on, we went to Grandma's.

I Okay. What did she say? Do you think she believed you?

C At first, I don't think so, but I'm not sure.

I Do you think you told her about anything--everything, I mean, when she--when she--the first time you talked about it?

C No.

I You just told her about part of it?

C Um-hum. And

I You told her what happened, right?

C [Nods yes] About what was going on.

I Okay. Did you tell her anything else later on?

C Then just a little while ago I told her the rest.

I Okay. She knows everything now, doesn't she?

C Yeah, I think she knows everything that you know.

I Okay. So, Chris doesn't come around you anymore?

C Nope.

I All right. That makes you feel better, doesn't it?

C Better.

I What--what--what would you like to say to Chris about what he did to you? Do you have anything that you want to say to him?

C Well, maybe. I don't really want to talk to him--talk and

I Does he come around you anymore? He doesn't, does he?

C No, I'm going to start a brand-new life now, and he--he ain't going to be part of my life.

I Okay. I want you to know that it's really important for you to tell me things that people did to you that made you feel uncomfortable, and it's really, really, really important for me to know. So, always do that, okay?

C Okay.

I The things we're talking about are the truth, right?

C I think so.

I Nobody told you to come down here and say any of this stuff, right?

C [Shrugs] [Shakes head no].

I Do you think you told me just about everything?

C [Nods yes]

I Okay. So, I appreciate your coming in and talking to me. It wasn't so bad, was it?

C [Shakes head no]

Appendix P

Interview Transcript 12

The following is a “poor” interview transcript and shows the older age manipulation and the child victim that has been diagnosed with Autism Spectrum Disorder.

- I Hello, my name is Nora Smith, and I’m a police officer. Part of my job is to talk to children about things that have happened to them. Can you tell me your whole name?
- C Jason Wilson
- I Jason Wilson. Okay. Now, how old are you, Jason?
- C Eight
- I Eight years old. I was told that Chris touched you inappropriately. Is that true?
- C [Nods yes]
- I There has been some things going on with you that’s been making you feel really uncomfortable, right? Isn’t someone making you feel uncomfortable?
- C No
- I Do you think Chris might be doing something bad to you?
- C [Nods yes] My Mom made me come and wants me to talk about Chris.
- I Chris touched you? Did he touch you somewhere he wasn’t supposed to? Where do you think Chris touched you?
- C I don’t know.
- I Can you help me and tell me where Chris touched you?
- C I think he touched me down there. [Points to his own crotch]
- I Um-hum. And what do you call that part of your body?
- C My privates.
- I You’re such a good help. You’re going to help me figure out what happened. Did your Mom tell you to come in here and tell me about this?
- C [Shrugs]
- I You don’t know?
- C No.
- I Can you tell me more about the bad things Chris did? Did he say that he would give you something if you let him touch you?
- C Uh, he buys me stuff.
- I Who? Chris buys you stuff, right?
- C Chris.
- I Um-hum. And what did you--what did you do? You let him do it?
- C I did it.
- I You pulled your pants down?
- C [Nods yes]
- I And Chris touched you with his fingers?
- C [Shrug]
- I You can tell me.
- C His fingers.
- I Did you take your pants off or did Chris take them off?

C Uhm, me.

I You took them off yourself, didn't you?

C [Nods yes]

I This happened more than one time, right?

C Lots of times.

I Oh, okay. Okay. When this happened, did you--Chris came in, right?

C Uhm, one day Chris came in

I What did he say to you?

C He told--told me to get in the bed.

I So you got in the bed then, right?

C I guess I got in my bed

I Then what did he do to you?

C Ummm...

I Think hard. What did he say next?

C He said, take your pants off. So, I did, and he --

I Okay. Well, let's back up just a little bit. Okay? Chris is your stepdad, right?

C Yes.

I Okay. This was during the night, right?

C Yeah, I think.

I Okay. Had he been out? You said he came in, so had he been out?

C [Shakes head no]

I Where had he been?

C The kitchen.

I But there were other people at home with you, right?

C No. My mom was on a trip.

I Okay. So, I think you said you were in--I didn't catch, was it your bedroom?

C I think it was mine.

I Okay. He told you to go lay down in your bed?

C [Nods yes]

I Okay. When you told--when you took your pants off, were you laying down at that point, under the covers?

C Under the covers.

I Okay. What were you thinking? Do you have any idea? What did you think he wanted you to do?

C I don't know.

I What happened next? Did he touch you then?

C [Nods yes]

I And did--was he laying under the covers?

C Under.

I What did he do with his hands? He must have done something.

C He touched my leg. Then my privates.

I Uhm, do you remember what he -- he was saying something, wasn't he?

C Yeah. Does it feel good.

I Okay. And you said something? Weren't you talking, too?

C And I--I was saying no.

I Okay. He did something else too, right?

C He touched his privates too.

I Then he stopped?

C Um-hum, he left.

I What did you do? Did you put your pants on?

C [Nods yes]

I You're doing very good. I know it's hard to talk about, but you are telling me the bad things Chris did to you, right? That's just what I want you to do. You are really helping me out. Were you scared?

C Um-hum

I You were scared? Did he hurt you when he was doing that?

C It hurt.

I Okay. But that--not so bad that you hurt afterwards or anything like that?

C [Shakes head no]

I Okay. How long did that go on before he left? It wasn't very long, was it?

C I don't remember.

I Did he say anything to you later? Did he talk to you or threaten you?

I He came back again, and now he's--

I What did he say? Didn't he tell you not to tell anyone?

C He said, don't tell Mom.

I Um-hum. Do you think he might have said something else?

C I don't remember.

I Um-hum. Okay. So, what did you do?

C I laid down and fell asleep.

I It happened just like that every time?

C Like that.

I Okay. Where did it happen? In your room or other places, too?

C At different places.

I Now, can you remember at all when did you see your Mom after this incident, after you got up, or did you see her? Do you think you might have seen your Mom after Chris did this?

C I saw her later.

I And then you--you--you didn't say anything to her?

C [Shakes head no]

I Okay. Uhm, just how long was it before the second incident happened then? Your Mom said you told her that it happened a couple of weeks later. Is that what happened?

C I don't remember. The next time mom left.

I Okay. How many times do you think this might have happened?

C I'm not sure.

I Okay. How--for how long did it go on?

C [Shrugs]

I Do you have any idea how many times it might have happened? What do you think?

C [Shakes head no]

I Okay. You told your Mom about this, right?

C [Nods yes]

I Didn't you tell her everything about it?

C At first, I told her -- after this happened for a while. When I told my Mom, we went to Grandma's.

I Do you think you told her about anything--everything, I mean, when she--when she--the first time you talked about it?

C No.

I You just told her about part of it?

C Um-hum.

I You told her what happened, right?

C [Nods yes]

I Okay. Did you tell her anything else later on?

C Then later I told her the rest.

I Okay. She knows everything now, doesn't she?

C Yeah.

I Okay. So, Chris doesn't come around you anymore?

C Nope.

I All right. That makes you feel better, doesn't it?

C Better.

I What--what--what would you like to say to Chris about what he did to you? Do you have anything that you want to say to him?

C I don't really want to talk to him.

I Does he come around you anymore? He doesn't, does he?

C [Shakes head no]

I Okay. I want you to know that it's really important for you to tell me things that people did to you that made you feel uncomfortable, and it's really, really, really important for me to know. So, always do that, okay?

C Okay.

I The things we're talking about are the truth, right?

C I think so.

I Nobody told you to come down here and say any of this stuff, right?

C [Shrugs] [Shakes head no].

I Do you think you told me just about everything?

C [Nods yes]

I Okay. So, I appreciate your coming in and talking to me. It wasn't so bad, was it?

C [Shakes head no]

Appendix Q

Children's General Believability Scale

1. A child would probably falsely report sexual abuse just to "go along with" a policeperson or therapist who believed that the child was molested.

Strongly Disagree Disagree Somewhat Disagree Neutral Somewhat Agree Agree Strongly Agree

2. Children are not capable of inventing stories of sexual abuse.

Strongly Disagree Disagree Somewhat Disagree Neutral Somewhat Agree Agree Strongly Agree

3. Regardless of what the law says, conviction for child sexual abuse should not be based solely on a child's testimony.

Strongly Disagree Disagree Somewhat Disagree Neutral Somewhat Agree Agree Strongly Agree

4. Children don't really understand the difference between fantasy and reality, so it's not surprising that they'd make false reports of sexual abuse.

Strongly Disagree Disagree Somewhat Disagree Neutral Somewhat Agree Agree Strongly Agree

5. Children sometimes misunderstand adults' intentions, thinking that adults' innocent behavior is sexually abusive.

Strongly Disagree Disagree Somewhat Disagree Neutral Somewhat Agree Agree Strongly Agree

6. Children do not lie about sexual abuse.

Strongly Disagree Disagree Somewhat Disagree Neutral Somewhat Agree Agree Strongly Agree

7. Many innocent people have probably been falsely convicted of child sexual assault.

Strongly Disagree Disagree Somewhat Disagree Neutral Somewhat Agree Agree Strongly Agree

8. Children don't know enough about sex to be able to make up stories of sexual abuse.

Strongly Disagree Disagree Somewhat Disagree Neutral Somewhat Agree Agree Strongly Agree

9. Children usually tell the truth.

Strongly Disagree Disagree Somewhat Disagree Neutral Somewhat Agree Agree Strongly Agree

10. Even if a mother was in a custody battle with her husband and wanted to get back at him, it would be hard for the mother to convince her child to make a false report of sexual abuse against him.

Strongly Disagree Disagree Somewhat Disagree Neutral Somewhat Agree Agree Strongly Agree

11. I would not want my fate to rest on the testimony of a child witness.

Strongly Disagree Disagree Somewhat Disagree Neutral Somewhat Agree Agree Strongly Agree

12. Children do not claim to be sexually abused just to get attention.

Strongly Disagree Disagree Somewhat Disagree Neutral Somewhat Agree Agree Strongly Agree

Appendix R

Child Credibility Assessment Scale

How would you rate the child's:

1) ability as a witness

1 Low 2 3 4 5 6 7 High

2) ability to remember and answer questions

1 Low 2 3 4 5 6 7 High

3) accuracy in describing/reporting events

1 Low 2 3 4 5 6 7 High

4) adequacy in recounting events

1 Low 2 3 4 5 6 7 High

5) communication skills

1 Low 2 3 4 5 6 7 High

6) likelihood that accuracy is affected by stress

1 Low 2 3 4 5 6 7 High

7) honesty

1 Low 2 3 4 5 6 7 High

8) likelihood of reporting things that did not really happen

1 Low 2 3 4 5 6 7 High

9) likelihood of being influenced by adult's questions

1 Low 2 3 4 5 6 7 High

10) likelihood of forgetting to report things that really happened

1 Low 2 3 4 5 6 7 High

11) likelihood of lying

1 Low 2 3 4 5 6 7 High

12) likelihood of making up the event

1 Low 2 3 4 5 6 7 High

13) likelihood of being misled by the adult asking questions

1 Low 2 3 4 5 6 7 High

14) ability to recall events

1 Low 2 3 4 5 6 7 High

15) reliability of memory

1 Low 2 3 4 5 6 7 High

Appendix S

Perception of Interview Rating Questionnaire

Rate the interviewer on the following characteristics:

1) Smooth

1 Not at all 2 3 4 5 Very

2) Bored

1 Not at all 2 3 4 5 Very

3) Awkward

1 Not at all 2 3 4 5 Very

4) Friendly

1 Not at all 2 3 4 5 Very

5) Active

1 Not at all 2 3 4 5 Very

6) Positive

1 Not at all 2 3 4 5 Very

Rate the interaction between the interviewer and the interviewee on the following characteristics:

7) Well-Coordinated

1 Not at all 2 3 4 5 Very

8) Cooperative

1 Not at all 2 3 4 5 Very

9) Harmonious

1 Not at all 2 3 4 5 Very

10) Cold

1 Not at all 2 3 4 5 Very

11) Intense

1 Not at all 2 3 4 5 Very

12) Awkward

1 Not at all 2 3 4 5 Very

Please answer the following questions:

13) How specific were the interviewer's questions?

1 Low 2 3 4 5 6 7 Very S

14) How structured were the interview questions?

1 Low 2 3 4 5 6 7 High

15) How suggestive/leading were the interview questions?

1 Low 2 3 4 5 6 7 High

16) Did you consider the way the interviewer questioned the victim in your verdict decision?

1 Low 2 3 4 5 6 7 High