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Juror's Perception of Recovered Memory, Type of Trauma and Adult Witness Demeanor

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Running head: RECOVERED MEMORY AND Demeanor

JUROR'S PERCEPTION OF RECOVERED MEMORY, TYPE OF TRAUMA
AND ADULT WITNESS Demeanor

by

Donna Marie Vigilante

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In partial fulfillment of the requirements for the degree of
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UNIVERSITY OF NORTH FLORIDA
COLLEGE OF ARTS AND SCIENCES

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Dedication

First, I would like to thank my mentor and research advisor, Linda A. Foley Ph.D. for her countless hours of dedicated guidance and assistance. Her reassuring encouragement, openness to diverse ideas, and her joy in my success, has left an indelible imprint on my future.

I am certain than my Master's thesis would have taken much longer without the help of my research assistant, Jennifer Ralph. I am indebted to Jennifer for the many hours of advice and assistance in running this project. Her devotion, kind words, warm hugs, and a shoulder to lean on are also appreciated. Many thanks are deserved.

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Abstract

College students judged the testimony in a civil trial in which a childhood memory had been recovered after 20 years. Participants were 108 students (n = 79 female and 29 male) enrolled in undergraduate psychology courses. The design was a 2 X 2 X 2 between subjects factorial design which investigated effects of the type of incident (sexual abuse/hit-and-run), how the memory was recovered (therapy/wedding), and type of testimony (assertive/emotional). The study determined that mock jurors were likely to perceive the plaintiff's testimony as credible when she testified she was sexually abused as a child rather than when she was a victim of a hit-and-run accident. The results also indicated that testimonial demeanor had a significant effect on mock jurors' perception of the plaintiff's credibility and that if a female victim testifies with a nonemotional stereotypical masculine demeanor, the jurors may react in a negative manner.

Juror's Perception of Recovered Memory, Adult Witness
Demeanor, and Type of Trauma

Introduction

In the past 25 years, we have witnessed a dramatic transformation in public and professional awareness of the high prevalence and psychological harmfulness of childhood sexual abuse. These same years have also seen significant reforms in the kind and quality of treatment afforded victims by medical, mental health, and criminal justice practitioners (Harvey & Herman, 1992). Included among these reforms in many states are statutes that extend to victims of childhood trauma the option of filing criminal or civil charges. The civil statute of limitation for sexual abuse varies from state to state. In approximately half of the states the statute of limitations has been extended to speak to the concerns of adults who recovered the memory of abuse in childhood (Quirk & DePrince, 1996).

Contrary to popular myth, victims of sexual violence have not come in droves to seek justice from the courts. Nevertheless, recently secured legal reforms provide new access to legal redress, and some adult survivors have made use of these reforms to seek the criminal prosecution of their alleged offenders or to bring civil suits against them. With these court cases have come the litigation stories, and with these stories have come their memories. Some memories are based on clear and continuous recall of childhood events, other memories involve a painful reassessment of long-remembered events, and still other memories are based on delayed recall following a

period of full or partial amnesia (Harvey and Herman, 1994). As others hear about these memories, they raise questions concerning the accuracy, authenticity, and credibility of adult memories of childhood trauma; questions concerning the reality of repression; and questions concerning the nature and defining attributes of traumatic memory (Lindsay & Read, 1995; Loftus, 1993; Loftus, Polansky, & Fulilove, 1994; Pezdek, Finger, & Dodge, 1997; Pope & Brown; Schacter, 1996). Despite evidence that substantial proportions of officially identified and self-identified sexual abuse survivors have reported periods when they partially or completely forgot the abuse (Bierre & Conte, 1993; Elliott, 1997; Elliott & Bierre, 1997; Elliott & Bierre, 1995; Feldman-Summers & Pope, 1994; Herman & Harvey, 1997; Melchert, 1996; Williams, 1994), the issue of the validity of recovered memories has in the last decade become a heated controversy (Lindsay & Read, 1995; Loftus, 1993; Loftus, Polansky, & Fulilove, 1994; Pezdek, Finger, & Dodge, 1997).

The accuracy of memory for childhood sexual abuse is a central issue in an escalating number of legal cases, often concerning incidents going back decades. Judges and juries are now faced with evaluating the credibility of adults with recovered memories of being molested as children. The courts have a mixed view on recovered memories.

In Shahzade v. Gregory (1996) the court found the theory of repressed memory to be both validated and generally accepted (Erwing, 1996). However, in two other cases, the courts expressed skepticism about the authenticity of recovered

memories. In the first case, the U. S. Supreme court let stand the ruling of the U. S. Court of Appeals for the Second Circuit in Borawick v. Shay (1995) that hypnosis when used to retrieve forgotten memories did not provide sufficient safeguards to protect the individual from being susceptible to suggestion. In the second case the Texas Supreme Court (S. V. v R. V., 1996) did not find the science underlying the recovery of repressed memories to be valid (Erwing, 1996).

According to Smith (1991) ordinary jurors in recovered memory trials have to evaluate the validity of those memories. Jury researchers have long noted that potential jurors bring with them certain preconceptions, which often play a determining role in their decision making. Researchers are now beginning to examine the jurors' perceptions and judgements of recovered memories (Smith, 1991).

Anecdotally, it appears that there is an increase in juror skepticism with respect to recovered memories (Golding, Segó, Sanchez, & Hasemann, 1995). However, with respect to laboratory research, the majority of the jurors, as indicated by their verdicts, accept the validity of recovered memories. Although the evidence suggests jurors may be more skeptical of repressed memories than non-repressed memories of abuse, this skepticism does not seem to affect their verdicts (Clark & Nightingale, 1997). Do jurors in laboratory research about recovered memory accept the validity of recovered memory as Clark and Nightingale (1997) posit? Historically, the pendulum has swung in both directions.

Hysteria

Three times over the last century or so, psychological trauma has reached public awareness. The first appearance was in the late 1800s when both Pierre Janet and Sigmund Freud separately recognized that the somatic systems of hysteria represented disguised representations of intensely distressing events which had been banished from memory (van der Kolk, Weisaeth, & van der Hart, 1996).

By the mid 1890s these investigators had also discovered that hysteria systems could be alleviated when traumatic memories were recovered and put into words. By 1896 Freud believed he had found the source of hysteria. In a report based on 18 case studies, entitled The Aetiology of Hysteria, he made a dramatic claim that hysteria was due to premature sexual experience, better known today as childhood sexual abuse (Freud, 1896). A century later, this paper still rivals contemporary clinical descriptions of the effects of childhood sexual abuse (van der Kolk, et al., 1996)

The publication of The Aetiology of Hysteria was the end of this line of inquiry by Freud. Within a year, Freud had privately repudiated the theory due to the radical social implications. Hysteria was so common in women that if his theory was valid, he would be forced to conclude these perverted acts against children were endemic. For the medical and political community this idea was simply unacceptable (Herman, 1992).

Freud had concluded that his hysteria patients' accounts

of childhood sexual abuse were untrue: "I was at last obliged to recognize that these scenes of seduction had never taken place, and that they were only fantasies which my patients had made up" (Freud, 1925, p. 34). By contrast, Janet proposed that traumatic experiences were incapable of being incorporated into personal awareness. The process Janet called dissociation rivaled Freud's concept of repression (van der Kolk, et al., 1996). The rivalry between Freud and Janet degenerated into a life long animosity. Interestingly enough the work of Janet who studied this dissociative process of traumatic memory was all but forgotten.

Shell Shock

The reality of psychological trauma was forced into public consciousness for a second time by the catastrophe of the First World War. In this cataclysmic war, over eight million men died in four years. One of the many casualties of the war's devastation was the illusion of manly honor and glory in battle. Under conditions of unrelenting exposure to the horrors of trench warfare men began to break down in shocking numbers. Confined and rendered helpless, subjected to constant threat of annihilation, and forced to witness the mutilation and death of their fellow soldiers without any hope of reprieve, many soldiers began to act like "hysterical women" (Showalter, 1985). They displayed all the symptoms of psychological trauma, including uncontrollable weeping. They froze and could not move. They became mute and unresponsive and lacked the ability to feel. Many lost their memories. According to one estimate,

mental breakdowns represented 40 percent of British battle casualties (Kardiner & Spiegel, 1947).

Socially, during this time, hysteria implied that the subject was a pathetic individual, trying to get something for nothing. The victim of such a neurosis was, therefore, undeserving of sympathy from his physicians, who often took "hysterical" to mean that the individual was suffering from a persistent form of wickedness, perversity, or weakness of will. It took some time of attempting to find physical causes for the soldiers' behavior before psychiatrists were willing to consider psychological factors (Showalter, 1997). However, gradually military psychiatrists were forced to acknowledge that the symptoms of shell shock were due to psychological damage (Kardiner & Spiegel, 1947). Once the war was over, psychiatry once again abandoned the understanding of how traumatic events affect individuals and their memories.

With the advent of the Second World War came a revival of medical interest in combat neurosis. The treatment strategies that evolved during the war were designed to be a brief intervention as close as possible to the battle lines, with the goal of rapidly returning the soldier to his fighting unit (Grinker & Spiegel, 1945). In their quest for a quick and effective method of treatment, military psychiatrists rediscovered the mediating role of altered states of consciousness in psychological trauma. They also found that artificially induced altered states could be used to gain access to traumatic memories. Kardiner and Spiegel used

hypnosis to induce an altered state, while Grinker and Spiegel used sodium amytal, a technique they called "narcosynthesis." As in earlier work on hysteria, the focus of the "talking cure" for combat neurosis was on the recovery and cathartic reliving of traumatic memories, with all their attendant emotions of terror, rage, and grief (Grinker & Spiegel, 1945; Kardiner & Spiegel, 1947).

Post Traumatic Stress Disorder

Systematic, large-scale investigation of the long-term psychological effects of combat was not undertaken until after the Vietnam War. This time the motivation for study came not from the military or the medical establishment, but from the organized efforts of soldiers traumatically affected by the war and left to their own devices (Lifton, 1973). By the mid-1970s, the political pressure from veterans' organizations resulted in a legal mandate for a psychological treatment program, called Operation Outreach. Over a hundred outreach centers were organized and staffed by veterans. The treatment was based on the self-help, peer-counseling model of care. The insistent organizing of veterans also provided the impetus for systematic psychiatric research. In the years following the Vietnam War, the Veterans' Administration commissioned comprehensive studies tracing the impact of wartime experiences on the lives of returning veterans. For the first time in 1980, the characteristic syndrome of psychological trauma became a real diagnosis. In that year the American Psychiatric Association included in its official manual of mental disorders a new

category, called "post-traumatic stress disorder" (APA, 1980). The clinical features of this disorder were congruent with the traumatic neurosis that Kardiner had outlined forty years before called shell shock (van der Kolk, et al, 1996). Thus the syndrome of psychological trauma, periodically forgotten and periodically rediscovered throughout the previous century, finally attained formal recognition.

Childhood Sexual Abuse

Today, we are now faced with confronting the credibility of victims who claim in court that traumatic sexual events of childhood have been recovered in memory as adults. Members of both sides of the recovered memory debate cite numerous empirically derived arguments to support their claim that recovered memories are frequently based on fact or fantasy depending on their point of view. As an example, consider the challenges to the validity of recovered memories articulated by cognitive psychologist Elizabeth Loftus (1993; Loftus & Ketcham, 1994), a prolific and vocal member of the professional advisory board of the False Memory Syndrome (FMS) Foundation. On the basis of her review, Loftus (1993) argued there is absolutely no experimental evidence for the process of repression, the Freudian defense assumed to underlie recovered memories. Although Loftus may be correct, clinicians who study trauma and child abuse (Enns, McNeilly, Cordery, & Gilbert, 1995; Herman, 1992; van der Kolk & van der Hart, 1989, 1991) suggest that it is the Janetian process of dissociation rather than repression that is primarily responsible for the nature of

adults' memories of child abuse. For a discussion of traumatic memory, see A Feminist Clinician's Guide to the Memory Debate (Hovdestad & Kristiansen, 1996).

Loftus also asserts that, if recovered memories do occur, they occur rarely. Only 31% of Loftus, Polonsky and Fullilove's (1994) sample of 57 women attending a substance abuse program and already identified as survivors of sexual abuse, reported forgetting all or some of their abuse. Studies by advocates for the veracity of recovered memories, on the other hand, report estimates of partial or complete memory loss ranging from 59% (Briere & Conte, 1993) to 64% (Herman & Schatzow, 1987). In view of their discrepant estimate, Loftus et al. (1994) speculated that Herman and Schatzow's and Briere and Conte's clinical samples may have reported more forgetting because they were complying with their therapists' suggestions that people forget child abuse. The likelihood of the explanation, however, is contested by Belicki, Correy, Boucock, Cuddy and Dunlop's finding (as cited in Kristiansen, Felton & Hovdestad, 1996) that 45% of their nonclinical sample of 68 university students reported at least some amnesia for their abuse, amnesia that was independent of their therapy experience. Loftus et al. (1994) also hypothesized that differences in the wording of memory questions across studies might explain the divergent finding. This explanation also seems unlikely in view of the fact that 58% of Felton, Kristiansen, Allard and Hovdestad's (as cited in Kristiansen, Felton & Hovdestad, 1996) community sample of 112 women reported forgetting either part or all of

their childhood sexual abuse, as assessed using Loftus et al.'s (1994) memory item. Thus, most studies report that over 50% of survivors experience some degree of amnesia for their abuse, a frequency one could hardly call rare.

To date, the persuasive evidence for the ability to implant false memories for events that never happened comes from Loftus et al. (1994; 1995). Family members of 24 research participants cooperated in her study by providing one paragraph descriptions of three events that involved the participant and the family member when the participant was less than ten years old and a fictitious event fabricated by the family member (e.g., of the participant having been lost in a shopping mall). Participants were asked to write about each of the four events in detail and then, about a week later, discussed the events in the first of two weekly interviews. After the interview, 10% of the 24 participants expressed an elaborated memory for the fabricated event and an additional 15% said they felt a vague sense of the event. Fully 75% of these participants, however, did not manufacture a false memory in response to their relatives' suggestions. Thus even trusted family members who claim to have witnessed an event are usually unable to implant memories about their relatively benign, and perhaps affectively familiar, experiences.

In summary, while such studies suggest that it is sometimes possible to install false memories of inconsequential everyday events, they do not speak to memories of overwhelming trauma. As Herman (1992, p. 33) wrote, "traumatic events are

extraordinary, not because they occur rarely, but rather because they overwhelm the ordinary human adaptations to life. . . . The common denominator of psychological trauma is a feeling of intense fear, helplessness, loss of control, and threat of annihilation." In view of increasing evidence that the processes underlying memories for traumatic and nontraumatic events differ in fundamental ways (see Hovdestad & Kristiansen, 1996), experimental studies of everyday memories such as having been lost as a child have little relevance for our understanding of the memory processes underlying traumatic childhood sexual abuse. Thus one can only conclude that, while there is evidence that suggestions can induce some people to develop erroneous memories of nontraumatic events, there is no experimental evidence that adults can develop false memories of traumatic childhood sexual abuse. Furthermore, the proponents of both sides of the debate agree that ethical constraints prohibit the likelihood of ever obtaining definitive evidence regarding the accuracy of recovered memories of trauma (Briere, 1995; Schacter, 1995).

Current Psychological Research

In light of the ongoing interest in repressed memories, the question arises as to how people in general and jurors in particular react to repressed memory cases. Loftus (1993) raised this question in her examination of the psychological reality of repressed memories of childhood sexual abuse and physical abuse. She stated that answering this question has an important theoretical implication since lay people's intuitive

theories about repressed memories guide society's thinking on this topic. In addition, she stated that there are important practical implications of intuitive theories of repression:

Plaintiff's lawyers who are deciding whether to file repressed memory cases are eager to know the likelihood of a successful outcome. Defense lawyers also care, because such subjective probabilities affect their decisions about whether to proceed to trial or to settle a case early. (p. 522)

The purpose of the present study is to investigate mock jurors' perception of recovered memory. This experiment has varied the way in which the alleged victim's memory was recovered, the type of trauma she experienced, and the demeanor of the plaintiffs during her testimony. This was a mock civil trial and the participants were mock jurors.

There have been relatively few studies of how individuals react to repressed memory cases. One of the first was Loftus, Weingardt, and Hoffman (1993) who presented mock jurors with the case of a 20-year-old woman who accused her father of sexual assault which had occurred when she was 10 years old. One group of participants was informed that the woman had repressed the memory of the assault for 10 years, and that it came back to her during therapy. The other group of subjects was informed that the woman had remembered the event for the last ten years, but only after being in therapy did she decide to file charges against her father. Loftus et al. (1993) found that participants were more skeptical about the case involving

the repressed memory than those presented with the nonrepressed memory case. This result was found for both males and females, although the males were more skeptical overall. Loftus et al. (1993) noted that, in general, the majority of the subjects believed the claims of the woman were "true and accurate."

Golding, Segó, Sanchez, and Hasemann (1995) found that delayed reporting of child sexual abuse was associated with lower believability of the alleged victim. Mock jurors were presented with a fictional civil trial summary of the sexual assault of a 6-year-old. There were three conditions: a) child condition - reported the memory of the assault the same year the assault occurred; b) repressed condition - reported the assault 20 years later when it was remembered for the first time; and c) non-repressed condition - reported the assault 20 years later, but had memory of the event the entire time. The testimony of the plaintiff was believed in all the conditions to some extent, however, the child condition was believed the most, with more decisions against the defendant.

In another study conducted by Key, Warren, and Ross (1996), college students were presented with a trial summary of a sexual abuse case. The plaintiff either claimed in the first condition that her memory for the abuse had been repressed for 20 years and only recently been recovered during therapy. In the second condition, the plaintiff testified that she consciously remembered the abuse for 20 years, yet had never discussed it until recently in therapy. When the testimony was described as repressed only 58% convicted the defendant

whereas, 67% voted for a conviction under the non-repressed condition.

Golding, Sanchez, and Segó (1999) conducted an experiment similar to their earlier 1995 study. They found that a delay in reporting adversely affected believability of the plaintiff and led to fewer rulings in her favor. A finding was similar to Loftus et al. (1993) where men generally rated believability of the alleged victim lower than women.

In all the studies mentioned above the memories were either repressed or remembered for an extended amount of time. Mock jurors had a harder time believing the repressed condition over the non-repressed. However, a number of questions need to be addressed: a) do mock jurors evaluate the believability of the victim based on how she recovers her memory? b) Would the type of traumatic event affect mock juror's assessment of the plaintiff's credibility? and c) does the demeanor of the alleged victim have an effect on her credibility?

Memories Repressed

In the present study, participants were presented with an audiotape testimony of a fictitious trial summary describing the sexual assault by an adult male on a 8-year-old female. The audiotape summary included the testimony of the alleged victim and that of the defendant. In general, research has shown that non-repressed memories are more believable than repressed memories (Loftus et al. 1993; Golding et al. 1995; Key et al. 1996; Golding et al. 1999). It is unclear whether differences in how the alleged victim recovers her memory affects mock

juror's decisions about her credibility. In this experiment the alleged victim either a) recovers her memory of the traumatic event in therapy 20 years after it occurred; or b) recovers her memory 20 years after it occurred by talking about childhood memories. Much of the conflict surrounding recovered memory focuses on therapists eliciting memories of childhood sexual abuse (Lindsay & Read, 1995; Loftus, 1993; Loftus, Polansky, & Fulilove, 1994; Pezdek, Finger, & Dodge, 1997; Pope & Brown; Schacter, 1996). Are memories more believable if she spontaneously recalls events? It is predicted that the alleged victim who recovered her memory while talking about childhood events will be seen as more credible than the alleged victim who recovered her memory in therapy.

Type of Trauma

Although less systematically studied, clinical and research data suggest that the occurrence of partial or complete loss of memory is not limited to sexual abuse but exists across a wide variety of traumas. Such memory difficulties have been observed in individuals who were children in the Holocaust (e.g., Mazor, Gampel, Enright, & Orenstein, 1990), children who have been terrorized (e.g., Terr, 1994), victims of rape (e.g., Resick, 1993), and war veterans (Bremner, Southwick, Brett, Fontanna, Rosenheck, & Charney, 1992).

There has only been one published investigation to examine the issue of delayed recall of different types of traumatic events in a random sample on the general population (Elliott, 1997). The findings suggested that a history of trauma is

common in the United States. For example, 40% of respondents experienced a major car accident or natural disaster, 43% witnessed violence, and 50% had been victims of interpersonal violence. The findings also indicated that delayed recall of traumatic experiences may not be uncommon, with some proportion of individuals reporting impaired recollection for virtually every type of trauma. This phenomenon was reported to be more common among events considered particularly upsetting or distressing (e.g., childhood sexual abuse, witnessing a murder or suicide of a loved one, and witnessing combat injury) and less common for events that contained no interpersonal violence (e.g., major car accidents and natural disasters).

In the present study, the alleged victim was either sexually abused as an 8-year-old or she was the victim of a hit-and-run car accident. It is predicted that the plaintiff will be seen as more credible by jurors in the hit-and-run condition than the sexual abuse condition. It is also predicted that the jurors will find her more traumatized by the sexual abuse than the hit-and-run. Furthermore, it is predicted that she will be held more responsible for the sexual abuse than the hit-and-run condition.

Witness Demeanor

According to Miller and Burgoon (1982) attorneys are concerned with clients' self-presentational skills. When a witness testifies on his or her own behalf, jurors are obviously aware that the defendant has a vested interest in the trial's outcome. Thus, they are apt to carefully scrutinize the

defendant's presentation for vocal signs of credibility. According to Lambert (1981) the style and patterns in a witness' speech are most significant in determining the credibility of the testimony.

An analyses of courtroom discourse conducted by Conley, O'Barr, and Lind (1978) helped delineate variables in speech patterns that influence the credibility of a witness-namely "powerful" versus "powerless" speech styles. A powerful speech style is one in which the witness speaks without hedging ("It seemed like") and without hesitation ("Well, uhm). In their experiment, the power of these speech styles was manipulated. Men and women who testified by omitting these "powerless" features from their own speech were rated as more credible.

According to other research in criminal cases, when the decision making in a case revolves around a single female or male witness, the presence or absence of powerless speech styles in that witness' testimony may be crucial (Erickson, Lind, Johnson & O'Barr, 1978). Also, subtle variations in styles of speech can influence the decision making of jurors and it is more likely to be women in general and low-status men who use this style. However, what would happen in a civil trial? Do the same variables of "powerful" and "powerless" have the same effect?

In the present study, the plaintiff always delivered the same summary of information on audiotape; she did so in either of two ways. In the emotional testimony (powerless) the plaintiff demonstrated verbal behaviors of sobbing and

hesitation in her testimony. In contrast, in the assertive testimony (powerful) the plaintiff displayed verbal behaviors of a confident voice along with an emotionally detached presentation. It is predicted the plaintiff who testifies in an emotional manner will receive higher damage awards than the plaintiff who testifies in an assertive testimony.

Method

Participants

Participants were 108 students enrolled in undergraduate psychology courses at a mid-sized university in the southeast. They volunteered to participate as one option for extra course credit. There were 79 female and 29 male participants. They varied in age from 18 to 57 ($M = 22.59$, $SD = 6.84$). Most participants were unmarried ($n = 84$), while some were married ($n = 13$), or divorced ($n = 3$). A small percentage ($n = 10$) had children.

Design and Procedures

The design was a 2 X 2 X 2 between subjects factorial design with the type of incident (childhood sexual abuse/hit-and-run as a child), how the plaintiff recalls her memory (in therapy/talking about childhood memory), and the demeanor in which the plaintiff testifies (emotional congruent testimony/ or assertively incongruent testimony) as the independent variables. In the emotional testimony the plaintiff hesitated during her testimony. In the assertive testimony the plaintiff spoke assertively and confidently without hesitation.

The dependent variables, were a 16-item questionnaire

evaluating participants' perceptions of the trial and the amount of monetary damages awarded to the plaintiff.

Participants came to the lab in groups of one to eight. Groups were randomly assigned to one of eight conditions. Participants received an experimental pamphlet containing instructions, either informed consent A or B (See Appendix A for hit-and-run, and Appendix B for sexual abuse), debriefing form (See Appendix C), demographics (See Appendix D), and the dependent measures (See Appendix E). After listening to a taped recording of the plaintiff's and the defendant's testimony, the jurors were asked to individually complete the experimental pamphlet of questions.

Scenarios

Both scenarios involved a 28-year-old woman who remembers a traumatic event 20 years after the incident. In the scenarios, the father of the child's best friend is alleged to be the perpetrator. The plaintiff who was a child at the time had either been sexually abused or hit by a car and left at the scene of the accident (See Appendix F).

Audiotape Stimulus

A 53-year-old man (untrained in theater) taped the voice of the defendant. A 38-year-year old female from a local Theatre group volunteered to tape the voice of the plaintiff. The male volunteer provided two different versions of the testimony, one for the sexual abuse case and one for the hit and run case. The two versions of the defendant's testimony were as similar as possible and were congruent with the male gender-role. The

female volunteer made eight tapes of her testimony to represent each level of the three independent variables. In half of the audiotapes the plaintiff spoke in an emotional manner. In the other half of the tapes the plaintiff spoke in an assertive manner. Content varied slightly for the plaintiff testimony depending on whether she was testifying about the sexual abuse or the hit-and-run scenario.

Results

A MANOVA was run with type of incident (sexual abuse or hit-and-run), type of recovery (therapy or spontaneous), and type of testimony (emotional or assertive) as the independent variables and questions about perceptions of the victim's credibility as the dependent variables. A Pillai's Trace test of the model found type of testimony [$F(6, 90) = 2.27, p = .043$], and type of incident [$F(6, 90) = 8.20, p < .0001$] were statistically significant. However, type of recovery was not statistically significant [$F(6, 90) = 1.97, p = .078$].

Follow-up univariate F tests indicated the type of incident had a statistically significant impact on the following perceptions of the plaintiff: I found Carolyn Barnes to be a very credible witness [$F(1, 103) = 11.04, p = .001$]; I trust Carolyn Barnes' testimony [$F(1, 103) = 17.82, p < .001$]; I believe Carolyn Barnes really remembers the incident in question [$F(1, 103) = 22.60, p < .001$]; The testimony of the plaintiff, Carolyn Barnes, appears convincing [$F(1, 103) = 21.27, p < .001$]; I believe that the plaintiff, Carolyn Barnes is responsible for the incident [$F(1, 103) = 34.86,$

$p < .001$]; and the incident occurred in the manner remembered by the plaintiff, Caroline Barnes [$F(1, 103) = 12.97, p = .001$]. (see Table 1 for means).

Table 1

Mean Responses to Perceptions of Victim by Type of Incident

Variable	Sexual Abuse			Hit and Run		
	<u>M</u>	<u>N</u>	<u>SD</u>	<u>M</u>	<u>N</u>	<u>SD</u>
Credible witness	4.30	54	1.51	3.31	51	1.30
Trust testimony	4.28	54	1.47	3.18	51	1.26
Remembers incident	4.21	53	1.41	3.02	51	1.29
Convincing testimony	4.65	54	1.32	3.47	51	1.30
Responsible for incident	1.51	53	1.09	2.84	51	1.19
Occurred as remembered	4.17	54	1.41	3.31	51	1.30

Note: Perceptions of the victim were made on 6-point scales (1 = strongly disagree, 6 = strongly agree).

Follow-up univariate F tests indicated type of testimony had a statistically significant impact on the following perceptions of the plaintiff: I found Carolyn Barnes to be a very credible witness [$F(1, 103) = 1.62, p = .21$]; I trust Carolyn Barnes' testimony [$F(1, 103) = 3.91, p = .05$]; I believe Carolyn Barnes really remembers the incident in question [$F(1, 103) = 4.74, p < .03$]; The testimony of the plaintiff, Carolyn Barnes, appears convincing [$F(1, 103) = 4.3, p < .04$]; I believe that the plaintiff, Caroline Barnes is responsible for the incident [$F(1, 103) = 6.91, p < .01$]; The incident occurred in the manner remembered by the plaintiff, Caroline Barnes [$F(1, 103) = 7.7, p = .007$]. (see

Table 2 for means).

Table 2

Mean Responses to Perceptions of Victim by Type of Testimony

Variable	Emotional			Assertive		
	<u>M</u>	<u>N</u>	<u>SD</u>	<u>M</u>	<u>N</u>	<u>SD</u>
Credible witness	4.02	56	1.48	3.59	49	1.48
Trust testimony	3.98	56	1.46	3.47	49	1.46
Remembers incident	3.84	56	1.52	3.38	48	1.38
Convincing testimony	4.30	56	1.35	3.82	49	1.50
Responsible for incident	1.95	56	1.17	2.42	48	1.44
Occurred as remembered	4.02	56	1.29	3.45	49	1.51

Note: Perceptions of the victim were made on 6-point scales (1 = strongly disagree, 6 = strongly agree).

Further follow-up F test found no significant difference in the damage awards between the plaintiff who testified in an emotional manner and the plaintiff who testified in an assertive manner [F (1, 50) = .630, p = .431].

Discussion

In addressing the current controversy about how people in general and jurors in particular perceive testimony on repressed memory, the present study investigated the relative effects of the type of incident, how the memory was recovered, and type of testimony. The study determined that mock jurors were more likely to perceive the plaintiff's testimony as credible when she testified that she was sexually abused as a child rather than when she testified that she was a victim of a hit-and-run accident on her bicycle as a child. These data

support the assumption that the type of trauma evaluated influences jurors' perceptions. However, these findings contradict the original hypothesis, which predicted that the plaintiff would be seen as more credible in the hit-and-run condition rather than the sexual abuse condition. The initial reasoning was based on Clark and Nightingale's (1997) article suggesting that jurors may be more skeptical of repressed memories than non-repressed memories of abuse. Given that this experiment contained only repressed memory retrieval, it was thought that because of the controversy concerning false memory of child sexual abuse, the plaintiff would be seen as more credible testifying about a less emotional and controversial issue.

These data support a line of inquiry by Elliot (1997) in which he found that delayed recall of traumatic events could be documented for virtually every type of trauma. However, the phenomenon appeared to be more common among people who had experienced particularly distressing or emotionally traumatic events (e.g., childhood sexual abuse survivors, those who witnessed the murder or suicide of a loved one, and veterans who witnessed combat injury) and less common for people who experienced events that contained no interpersonal violence (e.g., major auto vehicle accidents and disasters). It is possible that our mock jurors could be using their own life experiences to evaluate the current case. In other words most people remember being in car accidents and natural disasters and are not reluctant to talk about them. In contrast, people

tend not to discuss childhood sexual abuse and thus observers might find it more believable that people would repress at least part of what happened in those cases. However, Golding et al. (1995) found that mock jurors rated a 6 year old who reported alleged sexual abuse immediately after its occurrence as significantly more believable than an adult who alleged that she had been abused at the age of 6, but had waited to report the abuse for 20 years. Although, this variable was not addressed in the present research, future investigations may shed more light on this issue.

The results also indicate that testimonial demeanor had a significant effect on mock jurors' perception of the plaintiff's credibility. When the plaintiff testified in the emotional condition (powerless) she was found to be more credible; whereas, when the testimony was assertive (powerful) she was perceived as less believable. When the plaintiff's testimony was emotional (powerless) mock jurors were more likely to trust the plaintiff, believe her testimony, believe her to be more convincing, and believe she remembered the incident in the manner in which it occurred. Also, they found her less responsible for the event than when she testified in the assertive condition. However, when asked on the questionnaire to rate her overall credibility there was no difference in responses by participants between the two conditions. In general, then, these findings suggest that mock jurors were not willing to openly state that the more assertive testimony was less credible than the emotional testimony even

though the data indicated otherwise. This is not to say they were being hypocritical, perhaps they were unaware of their own deeper feelings or not willing or able to recognize them.

A classic study conducted in the 1970s (Broverman, Vogel, Broverman, Clarkson, & Rosenkrantz, 1972) identified several traditional stereotypes for males and females. In the study, a group of male and female college students were given a list of traits and were asked to indicate which were more appropriate for the typical male and for the typical female. Results showed that the traits fell into two clusters, one relating to competence and one relating to warmth and expressiveness. The students judged traits relating to warmth and expressiveness as most appropriate for females and competency traits as most appropriate for males.

This present study suggests that if a female victim testifies with a nonemotional stereotypically masculine demeanor, the jurors may react in a negative manner. Given that many of the victims of childhood sexual abuse are women, it could be suggested that people's beliefs might also, in a more covert way, be tied to their attitudes towards women. Clearly, these unacknowledged reactions may negatively affect the outcome of a trial in which a female victim gives an assertive testimony. Perhaps the less emotional testimony led jurors to believe the plaintiff could not have endured the trauma without showing an emotional impact when describing it.

It was predicted that the plaintiff who gave emotional testimony would receive higher damage awards than the plaintiff

who gave assertive testimony would. The damages awarded when the emotional testimony was given averaged 32 million dollars, while the damages awarded when the testimony was assertive averaged one percent of that (\$329,000). Although the actual differences between the damage awards given in the emotional and assertive conditions were not significant, the means of these respective awards differ greatly and differ in the direction of the predicted hypothesis. The fact that the findings were not significant could be attributed to missing data. Out of 103 participants, this particular question was the only one left unanswered by 53 students. Clearly, many students had trouble quantifying damages monetarily. Also, the large standard deviation could account for the differences not being statistically significant.

The hypothesis regarding jurors' perception of the plaintiff's credibility based on the type of recovery was not supported. The difference in the way the plaintiff recovered her memory did not have a direct effect on jurors' perception of credibility. Contrary to the hypothesis memories were not found to be more believable when the plaintiff testified that she recalled the event in question spontaneously than if she recovered her memory with the aid of a guided regression. This hypothesis was based on earlier studies, which compared recovered memory to retained memory (Loftus et al. 1993; Golding et al. 1995; Key et al. 1996; Golding, 1999). In these studies memories were either repressed or remembered for an extended period of time. All of the above mentioned studies

showed that mock jurors had a harder time believing the person who reported the repressed memories than the person who reported the nonrepressed memories. However, it is clear from questioning the participants that they did not see repressed memories as important to the issue at hand. One possible explanation for this is found in prior research (Loftus et al. 1993), which tested whether people thought repressed memories or retained memories were more valid. Their research found that participants were more skeptical about the case involving the repressed memory than those presented with the nonrepressed memory case. Having both conditions in the present study containing repressed memories may have changed the focus of importance for the participants.

As with all research endeavors a number of limitations must be discussed. First, it is important to recognize that, like many researchers interested in juror perceptions of various aspects of courtroom procedure, this study utilized young, college educated participants not representative of the population. Furthermore, the participants were psychology majors, who may tend to be more open to the idea of repressed memories than the general population.

The second issue concerns ecological validity and may be particularly hard to overcome. The decisions made by mock jurors in laboratory studies do not affect any actual victims or defendants. It may be more difficult to place one's faith in the credibility of the plaintiff, when it could result in the defendant serving time in prison and/or suffering significant

monetary retribution. Thus, regardless of the findings of this research, in an actual case the fear of convicting an innocent person 20 years after the incident may make jurors more likely to question the plaintiff's credibility and view her testimony with more skepticisms.

One final limitation must also be addressed. The reliance upon audiotaped testimony enabled the study to manipulate the variables (incident, recovery, and demeanor) while controlling for others; however, it also resulted in the loss of a certain degree of experimental realism. Future research might provide a more realistic test of the hypothesis, perhaps by utilizing a videotaped reenactment of courtroom testimony between the plaintiff (victim) and the defendant.

In summary, all victims have much to lose by acknowledging childhood sexual abuse. It is important that adults who remember child sexual abuse, even in a delayed fashion, not be misperceived. While keeping in mind that false reports are possible; we need to remember that child sexual abuse is a pervasive problem in this country. We should not therefore create an expectation that adults could not have been abused, especially if their memories are absent, fragmentary, or delayed. Judicial proceedings, therapists, researchers, and the general public should not contribute to the undermining of the validity of the victim's perceptions as we struggle with the issue of delayed memory. The judicial or trial process is not an efficient forum for the arbitration of competing scientific theories of recovered memory. The court's function is to settle

legal disputes. It cannot await perfection in science. Thus, the courts have become the stage of a drama that has tested their capacity to administer justice and redress wrongs.

Appendix A
Informed Consent

Principal Investigator: Donna Marie Vigilante
Department of Psychology
620-2807

Faculty Advisor: Dr. Linda Foley

Project Title: Recovered Memory and Mock Juror's
Decisions

Description of Study: You will be asked to listen to a taped testimony of a childhood trauma (hit and run) in a civil case involving damages. When you have finished listening to the case, you will be asked to decide individually the level of credibility of the victim and the liability of the defendant. You will be asked to complete some questionnaires. We do not anticipate any physical risks to you during the study. However, because some of the questionnaires are of a personal nature, some people may experience temporary discomfort while filing them out. Remember that you can stop responding at any time without penalty. The entire process should take approximately one hour. If you have any questions concerning the procedures, we will be happy to answer them. You are free to withdraw your consent and to discontinue participation in the project at any time without prejudice. There will be no monetary compensation for your participation.

I have read and I understand the procedures described above. I agree to participate in the study and I have received a copy of this description. I attest that I am at least 18 years of age. If you have any questions or concerns concerning this study please feel free to contact the Psychology Department at (904) 620-2807.

Subject	Date	Witness	Date
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Principal Investigator	Date
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Appendix B
Informed Consent

Principal Investigator: Donna Marie Vigilante
 Department of Psychology
 620-2807

Faculty Advisor: Dr. Linda Foley

Project Title: Recovered Memory and Mock Juror's
 Decisions

Description of Study: You will be asked to listen to a taped testimony of a childhood trauma (sexual abuse) in a civil case involving damages. When you have finished listening to the case, you will be asked to decide individually the level of credibility of the victim and the liability of the defendant. You will be asked to complete some questionnaires. We do not anticipate any physical risks to you during the study. However, because some of the questionnaires are of a personal nature, some people may experience temporary distress while filling them out. Remember that you can stop responding at any time without penalty. The entire process should take approximately one hour. If you have any questions concerning the procedures, we will be happy to answer them. You are free to withdraw your consent and to discontinue participation in the project at any time without prejudice. There will be no monetary compensation for your participation.

I have read and I understand the procedures described above. I agree to participate in the study and I have received a copy of this description. I attest that I am at least 18 years of age. If you have any questions or concerns concerning this study please feel free to contact the Psychology Department at (904) 620-2807.

Subject	Date	Witness	Date
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Principal Investigator	Date
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Appendix C
Debriefing Form

Thank you for participating in this study. The study's objective is to examine the perception of witness credibility. To accomplish this goal, you were asked to listen to the testimony of an alleged victim and the alleged perpetrator and then answer a series of questionnaires. All participants were asked to fill out the same set of questionnaires.

As a reminder, your answers will be kept strictly confidential. If you have any questions, please ask the experimenter. Please do not discuss this experiment with anyone, as we will be conducting it throughout the semester and any prior knowledge by a participant could confound the results. If you would like to contact Dr. Foley (faculty advisor), she can be reached at (904) 620 - 2807. If you would like a copy of the results please give me your name and address.

Below is a list of agencies that address issues of concern to some college women:

- 1) UNF Women's Center (904) 620-2528
- 2) UNF Counseling Center (904) 620-2602
- 3) UNF CARE Team (general emergency): (904) 620-1010
- 4) Jacksonville Women's Center (904) 356-3300
- 5) Jacksonville Victims Services Center (904) 630-6300
- 6 Jacksonville Crisis Hotline (sexual assault)
(904) 355-7273
- 7) First Call (community referral for services)
(904) 632-0600
- 8) Hubbard House (domestic violence) (904) 354-3114

Appendix D
Demographics

Please answer the following questions by circling the numbers that correspond to your answer or fill in the blanks provided.

1. Age _____

2. Gender

- 1) Female
- 2) Male

3. Education

- 1) Freshman
- 2) Sophomore
- 3) Junior
- 4) Senior
- 5) Graduate

4. How would you describe your political attitudes?

- 1) Liberal
- 2) Somewhat liberal
- 3) Somewhat conservative
- 4) Conservative

5. What is your political party affiliation?

- 1) Democrat
- 2) Republican
- 3) Independent
- 4) Other _____

6. Ethnic Background

- 1) African American
- 2) Asian American
- 3) Caucasian/White
- 4) Hispanic
- 5) Native American
- 6) Other _____

7. Marital Status

- 1) Single
- 2) Cohabiting
- 3) Married
- 4) Divorced
- 5) Widowed

8. Number of Children _____

9. Employment Status

- 1) Employed full-time
- 2) Employed part-time
- 3) Unemployed
- 4) Disabled
- 5) Retired

10. Occupation _____

11. Have you, any member of your family, or a close friend ever been the victim of actual or attempted childhood sexual abuse?

- 1) Yes
- 2) No

12. Have you, any member of your family, or a close friend ever been the victim of a hit and run accident?

- 1) Yes
- 2) No

13. Have you, any member of your family, or a close friend ever been accused of childhood sexual abuse?

- 1) Yes
- 2) No

14. Have you, any member of your family, or close friend ever been accused of a hit and run accident?

- 1) Yes
- 2) No

Appendixes E
DM-1

Now that you have heard the facts of the case and the applicable law, please answer the questions in this section only.

- 1. How responsible do you find each of the parties, i.e., the defendant, Charles Fontaine, and the plaintiff, Carolyn Barnes? Use percentages below to allocate responsibility (keeping in mind that the total must equal 100%).

Percentage of responsibility

Defendant: Charles Fontaine _____%

Plaintiff: Carolyn Barnes _____%

= 100%

- 2. What monetary sum, if any, would you award to the plaintiff, Carolyn Barnes?

\$ _____

Please indicate below to what degree the following statements express your views.

- 3. I found Carolyn Barnes to be a very credible witness.

Strongly Disagree	Somewhat Disagree	Slightly Disagree	Slightly Agree	Somewhat Agree	Strongly Agree
1	2	3	4	5	6

- 4. I trust Carolyn Barnes' testimony.

Strongly Disagree	Somewhat Disagree	Slightly Disagree	Slightly Agree	Somewhat Agree	Strongly Agree
1	2	3	4	5	6

- 5. I believe that Carolyn Barnes really remembers the incident in question.

Strongly Disagree	Somewhat Disagree	Slightly Disagree	Slightly Agree	Somewhat Agree	Strongly Agree
1	2	3	4	5	6

6. The testimony of the plaintiff, Carolyn Barnes, appears convincing.

Strongly Disagree	Somewhat Disagree	Slightly Disagree	Slightly Agree	Somewhat Agree	Strongly Agree
1	2	3	4	5	6

7. I believe that the plaintiff, Carolyn Barnes, was traumatized by the incident.

Strongly Disagree	Somewhat Disagree	Slightly Disagree	Slightly Agree	Somewhat Agree	Strongly Agree
1	2	3	4	5	6

8. The plaintiff, Carolyn Barnes, is still traumatized because of the incident.

Strongly Disagree	Somewhat Disagree	Slightly Disagree	Slightly Agree	Somewhat Agree	Strongly Agree
1	2	3	4	5	6

9. I believe that it is possible to forget a traumatic experience.

Strongly Disagree	Somewhat Disagree	Slightly Disagree	Slightly Agree	Somewhat Agree	Strongly Agree
1	2	3	4	5	6

10. I believe that the plaintiff, Carolyn Barnes, is responsible for the incident.

Strongly Disagree	Somewhat Disagree	Slightly Disagree	Slightly Agree	Somewhat Agree	Strongly Agree
1	2	3	4	5	6

11. People cannot remember traumatic events that really did not occur.

Strongly Disagree	Somewhat Disagree	Slightly Disagree	Slightly Agree	Somewhat Agree	Strongly Agree
1	2	3	4	5	6

12. This incident occurred in the manner remembered by the plaintiff, Carolyn Barnes.

Strongly Disagree	Somewhat Disagree	Slightly Disagree	Slightly Agree	Somewhat Agree	Strongly Agree
1	2	3	4	5	6

13. I believe that Carolyn Barnes imagined the entire incident.

Strongly Disagree	Somewhat Disagree	Slightly Disagree	Slightly Agree	Somewhat Agree	Strongly Agree
1	2	3	4	5	6

14. I regard Charles Fontaine as a credible witness.

Strongly Disagree	Somewhat Disagree	Slightly Disagree	Slightly Agree	Somewhat Agree	Strongly Agree
1	2	3	4	5	6

15. I trust Charles Fontaine's testimony.

Strongly Disagree	Somewhat Disagree	Slightly Disagree	Slightly Agree	Somewhat Agree	Strongly Agree
1	2	3	4	5	6

16. I regard as truthful the testimony of the defendant, Charles Fontaine.

Strongly Disagree	Somewhat Disagree	Slightly Disagree	Slightly Agree	Somewhat Agree	Strongly Agree
1	2	3	4	5	6

17. I regard as truthful the testimony of the defendant, Charles Fontaine.

Strongly Disagree	Somewhat Disagree	Slightly Disagree	Slightly Agree	Somewhat Agree	Strongly Agree
1	2	3	4	5	6

18. The incident occurred in the manner remembered by the defendant, Charles Fontaine.

Strongly Disagree	Somewhat Disagree	Slightly Disagree	Slightly Agree	Somewhat Agree	Strongly Agree
1	2	3	4	5	6

19. I believe Charles Fontaine.

Strongly Disagree	Somewhat Disagree	Slightly Disagree	Slightly Agree	Somewhat Agree	Strongly Agree
1	2	3	4	5	6

Appendixes F
Scenario 1

After I started to remember that night, I lost a couple of jobs because I could not handle being in the outside world. I virtually did not leave my house for three months. I knew Tanya and I were good childhood friends but strangely enough I had not been able to remember anything since just before she had moved. I had hoped that seeing my old friend Tanya would help trigger some of my forgotten childhood memories. I did not remember anything until I was at Tanya's wedding with my sister. I remember we were talking about being 20, and then 15 and when we got to seven all of sudden I thought I was going to throw up. I ran to the bathroom, and then I really started to sob. I saw a scene from long ago. I had always had these dreams of being sexually molested; however, there was never a face to go with the perpetrator. All of a sudden I cracked - It was like a lightning bolt hit me and my head opened up. And I knew who molested me that evening. That night I did not sleep. I kept the light on all night, and just remembered. I had no control over the memories. I could now see his face clearly and could see everything that happened so long ago. I had gone to stay overnight with my best friend, Tanya, who was my neighbor. Tanya and I played till around nine that evening and then went to bed. I was asleep in the spare bedroom. Tanya's father came into my room and laid down next to me. He put his hand down my pajama pants and started playing with my vagina. It woke me up and I tried to turn from him but he would not let me. His penis was being shoved down my throat. The impact of it thrust my head back and literally cut off my wind and I thought I was dying. I did not know what was in my mouth. At the time, I did not know what a penis was. I just knew that I was suffocating and gagging. The next morning I convinced myself that it was a bad dream. A few months later Tanya's family moved away.

Scenario 2

After I started to remember that night, I lost a couple of jobs because I could not handle being in the outside world. I virtually did not leave my house for three months. I knew Tanya and I were good childhood friends but strangely enough I had not been able to remember anything about her since just before she had moved. I had been with my therapist for almost a year when she suggested regression therapy to help recover some of my childhood memories. She told me that under her guidance it was possible to go back to earlier times and retrieve lost memories. She began by asking me to remember being 20, and then 15, all the way back to seven and all of a sudden I thought I was going to throw up. I ran to the bathroom, and then I really started to sob. I saw a scene from long ago. I had always had these dreams of being sexually molested; however, there was never a face to go with the perpetrator. All of a sudden I cracked - It was like a lightning bolt hit me and my head opened up. And I knew who molested me that evening. That night I did not sleep. I kept the light on all night and just remembered. I had no control over the memories. I could now see his face clearly and could see everything that happened so long ago. I had gone to stay overnight with my best friend, Tanya, who was my neighbor. Tanya and I played till around nine that evening and then went to bed. I was asleep in the spare bedroom. Tanya's father came into my room and lay down next to me. He put his hand down my pajama pants and started playing with my vagina. It woke me up and I tried to turn from him but he would not let me. His penis was being shoved down my throat. The impact of it thrust my head back and literally cut off my wind and I thought I was dying. I did not know what was in my mouth. At the time, I did not know what a penis was. I just know that I was suffocating and gagging. The next morning I convinced myself that it was a bad dream. A few months later Tanya's family moved away.

Scenario 3

After I started to remember that night, I lost a couple of jobs because I could not handle being in the outside world. I virtually did not leave my house for three months. I knew Tanya and I were good childhood friends but strangely enough I had not been able to remember anything since just before she had moved. I had hoped that seeing my old friend Tanya would help trigger some of my forgotten childhood memories. I did not remember anything until I was at Tanya's wedding with my sister. I remember we were talking about being 20, and then 15 and when we got to seven all of sudden I thought I was going to throw up. I ran to the bathroom, and then I really started to sob. I saw a scene from long ago. I had always had these dreams of being hit by a car; however, there was never a face to go with the perpetrator. All of a sudden I cracked - It was like a lightning bolt hit me and my head opened up. And I knew it who was driving the car that hit me that evening. That night I did not sleep. I kept the light on all night, and just remembered. I had no control over the memories. I could now see his face clearly and could see everything that happened so long ago. I had gone to play with my best friend, Tanya, who was my neighbor. Tanya and I played till around seven that evening and then I got on my red bike to go home. I was riding my bike the short distance across the street when a large black car came speeding towards me. I was unable to get out of its way. The next thing I heard was the thump of the car hitting my bike and body sickeningly resounding through the early evening stillness. The impact of it thrust my head back as I skidded across the asphalt and crashed into the curb. My wind was cut off and I thought I was dying. I looked up and saw Tanya's father standing over me. The last thing I remember was losing consciousness. The next morning I could not remember the accident and my parents told me that the driver did not stop. A few months later Tanya's family moved away.

Scenario 4

After I started to remember that night, I lost a couple of jobs because I could not handle being in the outside world. I virtually did not leave my house for three months. I knew Tanya and I were good childhood friends but strangely enough I had not been able to remember anything about her since just before she had moved. I had been with my therapist for almost a year when she suggested regression therapy to help recover some of my childhood memories. She told me that under her guidance it was possible to go back to earlier times and retrieve lost memories. She began by asking me to remember being 20, and then 15, all the way back to seven and all of a sudden I thought I was going to throw up. I ran to the bathroom, and then I really started to sob. I saw a scene from long ago. I had always had these dreams of being hit by a car; however; there was never a face to go with the perpetrator. All of a sudden I cracked - It was like lighting bolt hit me and my head opened up. And I knew who was driving the car that hit me that evening. That night I did not sleep. I kept the light on all night, and just remembered. I had no control over the memories. I could now see his face clearly and could see everything that happened so long ago. I had gone to play with my best friend, Tanya, who was my neighbor. Tanya and I played till around seven that evening and then I got on my red bike to go home. I was riding my bike the short distance across the street when a large black car came speeding towards me. I was unable to get out of its way. The next thing I heard was the thump of the car hitting my bike and body sickeningly resounding through the early evening stillness. The impact of it thrust my head back as I skidded across the asphalt and crashed into the curb. My wind was cut off and I thought I was dying. I looked up and saw Tanya's father standing over me. The last thing I remember was losing consciousness. The next morning I could not remember the accident and my parents told me that the driver did not stop. A few months later Tanya's family moved away.

Scenario 5

In his own defense, Charles Fontaine testified that he is a fireman with the Jamestown Fire Department. He denies charges that he hit Carolyn and left the scene when she was eight years old.

On the night in question, Mr. Fontaine stated that he had gone out to dinner with some of his friends. "I had a couple of beers with dinner and coffee afterwards. It was about 7:00 or 7:15 p.m. when I left the restaurant and headed home. I went my usual route, which takes about 15 minutes. As I was driving to the house I could see the police and ambulance lights flashing and all of our neighbors gathered. I instantly panicked because it was near my house. That's when I saw Carolyn's mangled bicycle lying near the curb. My daughter Tanya was crying and told me that someone had hit Tanya and left her there."

Scenario 6

In his own defense, Charles Fontaine testified that he is a fireman with the Jamestown Fire Department. He denies charges that he sexually assaulted Carolyn when she was eight years old.

On the night in question, Mr. Fontaine stated that Carolyn did spend the night with his daughter Tanya. "Carolyn slept in the spare bedroom. I sat around and watched television until around 11:00 and then locked up. Around 11:30 p.m. before going to bed I went to check on Tanya and heard strange noises coming from Carolyn's room and looked in on her also. From what I can remember she was having a nightmare and I tried to comfort her by gently soothing her hair and telling her that it was going to be all right. I did not touch Carolyn inappropriately. I simply sat on the edge of the bed and told her everything would be fine."

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Vigilante, D. M. (1999). Senior Honors Thesis: The relations between trauma, posttraumatic symptomatology, and visual and auditory memory in college women.

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