We presented participants with syndromal, witness credibility, or anatomically detailed doll evidence to determine (a) whether these different types of expert evidence exert differential influence on participants' judgments and (b) whether the influence of this evidence could be better explained by the relative scientific status or the probabilistic qualities of the research presented. Additionally, we investigated whether a strong or weak cross-examination of the expert would be more successful in discrediting the information provided in the expert's testimony. Findings suggest that participants are less influenced by expert testimony based on probability data (i.e., syndromal evidence) than by expert testimony based on case history data (i.e., credibility or anatomically detailed doll evidence). Participant responses did not differ as a function of the strength of the cross-examination of the expert. As expected, women were more likely to respond in a pro-prosecution direction than were men. Implications for the use of expert evidence in child sexual abuse cases are discussed.

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Psychological and legal scholars have begun to examine the legal and scientific status of expert testimony in child sexual abuse cases (e.g., Doris, 1991; McCord, 1986; Roe, 1985; Serrato, 1988). In particular, scholars have discussed the admissibility and possible effects of different types of testimony (e.g., syndromal, witness credibility, or behavioral evidence) that could be offered by an expert psychological witness in the context of a child sexual abuse trial (e.g., Levy, 1989; Sagatun, 1991). These different types of testimony vary in their scientific status within the field of psychology, and to the extent that beliefs shape our perceptions of evidence, differential juror perceptions of scientific status may result in differential effects of expert testimony on legal decision making.

One type of expert testimony—testimony about child sexual abuse accommodation syndrome (Summit, 1983)—is frequently used to explain children’s reactions to child sexual abuse. An assumption of this syndromal approach is that children who have been victimized exhibit prototypical responses such as delays in reporting the abuse, a fear of men, and nightmares with assaultive content. If a child exhibits these prototypical behaviors, a psychologist may infer that abuse has occurred. Although the admissibility of this form of syndromal testimony has been upheld in some appealed criminal cases (e.g., Keri v. State, 1986; People v. Gray, 1986; People v. Luna, 1988; People v. Payan, 1985; State v. Kim, 1982; State v. Myers, 1984), several courts have judged syndromal testimony to be inadmissible (e.g., In re Amber B., 1987; Johnson v. State, 1987; Lantrip v. Commonwealth, 1986; People v. Bowker, 1988; People v. Bledsoe, 1984; People v. Roscoe, 1985). Levy (1989) has argued that the behavioral responses related to the syndrome are broad in scope and difficult to measure. And although a recent review of the literature comparing sexually abused and nonabused children found that abused children generally exhibited more symptoms than nonabused children (Kendall-Tackett, Williams, & Finkelhor, 1993), the authors of that review concluded that no one symptom was exhibited by a majority of abused children. In essence, critics have argued that a syndrome developed to provide clinicians with a diagnostic tool is currently being relied upon in legal proceedings to prove whether abuse has occurred without appropriate scientific data on its discriminant validity (Levy, 1989; Melton & Limber, 1989).

Although the admissibility of expert testimony on witness credibility is controversial (Baker, 1990), such testimony has been admitted in child sexual abuse cases (e.g., State v. Kim, 1982). In this type of testimony, an expert directly vouches for the alleged victim’s credibility as a witness. The assumption underlying the introduction of credibility testimony is that clinicians’ vast experience in dealing with child sexual abuse victims provides a better foundation for making judgments of credibility than does the foundation provided solely by the common experience of the jury. However, Faust and Ziskin (1988) have argued that professional clinicians are no more accurate than lay people in their judgments of witness credibility or detection of malingering, and therefore, such testimony invades the province of the jury. More often than not, courts have found credibility testimony inadmissible on these grounds (e.g., People v. Bledsoe, 1984; People v. Roscoe, 1985; State v. Erickson, 1990; State v. Holloway, 1986; State v. Mueller, 1983; State v. Myers, 1984).