

What Does It Mean to Forget Child Sexual Abuse? A Reply to Loftus, Garry, and Feldman (1994)

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This reply to the comment article of E. Loftus, M. Garry, and J. Feldman (1994) focuses primarily on responding to major points raised by these authors. E. Loftus et al. agreed with the conclusion that the best scientific evidence shows that people can and do forget child sexual abuse. The present reply elaborates on this. Apparently, forgetting can take place even when the abuse occurred when the child was older, had experienced dramatic events surrounding the abuse, or had suffered repeated molestation. It is argued here that research suggests that memory of child sexual abuse may be influenced by more than the "simple forgetting" that E. Loftus et al. suggested.

Loftus, Garry, and Feldman (1994) suggest some important cautions in interpreting the findings from my study of women's memories of child sexual abuse (Williams, 1994); unfortunately, they ignore much of their own advice. Although Loftus et al. do not dispute that my findings demonstrate that a significant minority of women sexually abused in childhood have forgotten the abuse when reinterviewed years after the initial report, they correctly note that the duration, persistence, and, most importantly, the actual mechanism for the forgetting by the women in my sample is not known. They criticize some clinicians, researchers, and commentators who have suggested that my findings provide direct evidence for certain theories about the actual mechanism or mechanisms for the empirically confirmed forgetting. Loftus et al., however, make the same mistake they criticize by making assumptions about the mechanism by which the forgetting occurred. They suggest that the women simply are exhibiting "normal forgetting" and argue against any specific psychological mechanisms associated with abuse or other forms of traumatic stress. However, the basis for their assertion is never developed and, in my opinion, reflects dismissal of the growing body of scientific evidence on the psychological effects and memories of abuse (Briere & Conte, 1993; Herman & Schatzow, 1987) and the clinical literature on survivors of child sexual abuse (see, e.g., Briere, 1992; Herman, 1992; Terr, 1988, 1990, 1991; van der Kolk, in press).

Is It "Simple Forgetting" or Something Else?

Research on memories of child sexual abuse provides support for trauma theory, which suggests that forgetting abuse reflects the use of psychological mechanisms such as cognitive

avoidance, dissociation, or repression as coping strategies for the psychological distress associated with previous traumatic events. Although my study does not explore the specific mechanisms for the forgetting, the findings do suggest that, for some women, having no recall of the abuse is based on more than just ordinary forgetting associated with the passage of time, their young age when abused, or lack of salience of the event.

Because any examination of memories of traumatic events can only rely on observed behavior, there may never be conclusive proof that a specific mechanism is responsible for the observable forgetting. However, the variables found to be associated with forgetting in my study are consistent with the hypothesis that more complex psychological processes affect memories of child sexual abuse. For example, women in my sample who had been abused by someone with whom they had had a close relationship, a variable often associated with greater psychological distress, were more likely to have forgotten the abuse, even when abuse severity and age at time of abuse were controlled. Other research has demonstrated that abuse by a family member is associated with higher levels of psychological distress focused on issues of betrayal and stigmatization (see Finkelhor & Browne, 1985). If one views certain psychological mechanisms such as repression, dissociation, and cognitive avoidance as coping strategies, then my findings are exactly what would be predicted.

Consistent with available research, the clinical literature on adult survivors of child sexual abuse also suggests that the aversiveness of the experience may lead some victims to engage in active strategies to avoid reminders of traumatic events and, ultimately, memories of the event. Over time, coping mechanisms may cause the experience to recede until it is only accessible with certain stimuli (Briere, 1992). Similarly, the aversiveness of a severe trauma such as an automobile accident in which someone was injured may lead to the forgetting of the event over time (and possibly explain the findings by Cash & Moss, 1972, cited in Loftus et al., 1994). There is some reason to believe that the process of forgetting child sexual abuse may differ from forgetting other traumatic events of childhood. After all, most child sexual abuse, even the abuse suffered by the women in my sample, occurred in secret. The sexual contact may be associated with shame and guilt, and frequently, the responses of others

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who learn about the abuse do little to assure comfort and unconflicted memories of the event because their responses often convey shock, disbelief, and denial (Berliner & Conte, 1990; Browne & Finkelhor, 1986). Memories of sexual abuse may be encoded, stored, and retrieved differently from other memories, especially when the abuse occurs under circumstances of high arousal, terror, extreme ambivalence, where escape is impossible, or when the meaning of the abuse could be devastating if confronted (van der Kolk, in press). If a child feels that there is no way out of a distressing situation or is subjected to repeated chronic trauma (more likely with a known perpetrator), she may become adept at altering her state of consciousness (Herman, 1992).

Case examples from my study dovetail nicely with this clinical literature. Unfortunately, space limitations preclude presentation of more than a few brief illustrative notes (Details have been changed to protect the identity and confidentiality of the participants): Nadine forgot that she had been abused by her uncle, despite the fact that her report of the abuse (at age 4 years, 6 months) had resulted in his violent death and his funeral, which she attended; Mary forgot that she was raped at age 12 by her father; June forgot multiple incidents of sexual abuse and rape (from age 5 to age 7) by her three male cousins. Forgetting apparently can take place even if the abuse happened at an age above that which is normally considered to be the cutoff point for infantile amnesia (Usher & Neisser, 1993) and regardless of the fact that dramatic events or repeated molestation occurred.

Loftus et al. appear to ignore this relevant research and clinical evidence. They say that my findings demonstrate only "simple forgetting," but it is difficult to make this argument about the experiences of the women in my sample. The findings from my research place one more piece of evidence on the scale in support of more complex psychological explanations for the forgetting of child sexual abuse. Obviously, more research is needed to test specific hypotheses generated by trauma and clinical theories concerning memories of child sexual abuse and the specific mechanisms by which memories are lost.

Should This Forgetting Be Called "Amnesia?"

Much of Loftus et al.'s commentary reflects a semantic battle over what terms should be used to refer to the forgetting and specifically the term *amnesia*. Although I do not use the term *amnesia* in the article to which Loftus et al. are responding (and their reason for raising this issue is unclear), simple forgetting does not describe adequately what appears to be a more complex psychological process affecting memories of child sexual abuse. Likening having no memory of a severe trauma such as child sexual abuse to forgetting to buy a bottle of aspirin on a shopping trip (Loftus et al., 1994) seems to ignore the psychological significance of such events and the resulting distress often experienced by many victims. Because at this point, theory is the only guide we have to predicting the mechanism of forgetting, in my view the most reasonable theory suggests that being sexually abused is a qualitatively different life experience from thinking about purchasing a bottle of aspirin, and forgetting is likely to involve different psychological mechanisms.

Taking the position that some women are amnesic for the abuse does not mean that all or even most victims of child sex-

ual abuse forget. Loftus has asserted in many public forums (e.g., *60 Minutes* [Hassler, 1994] and the Vancouver Conference on Repressed Memories [Loftus, 1994]) that the biggest problem for people traumatized in childhood is that they cannot forget about it. This assertion appears to be true for most victims of child sexual abuse. Indeed, most of the women in my sample recalled their abuse. Clinical reports indicate that child sexual abuse is often vividly remembered by its survivors and that they commonly find the memories highly disturbing. It is no surprise when people recall their abuse. However, the handful of studies that have examined memories of abuse have raised very interesting questions about forgetting for future research: What accounts for forgetting some parts versus all of the abuse? What accounts for short periods versus long periods of forgetting? What accounts for complete lack of recall and never remembering the abuse? Do similar patterns of forgetting occur with other traumatic events, such as motor vehicle accidents or nonaccidental injury resulting from child abuse or other violent crime? Also, what is the association between such patterns of forgetting and recall and social and psychological functioning in adulthood? These and other questions about the phenomenology and mechanism of forgetting about child sexual abuse and other childhood trauma require further research.

What Is Known About Fabrication of Child Sexual Abuse by Adults?

I suggest that large community-based retrospective studies may miss information about a significant proportion of women who were sexually abused in childhood. The findings of my study lend support to the notion that the true prevalence of child sexual abuse is understated in studies based on adults' retrospective accounts. Loftus et al. (basing their argument on Dawes, 1994) are correct that the net effect of erroneous reports on prevalence rates cannot be determined without an estimate of the proportion of false positives (i.e., the proportion of non-abused persons who erroneously report that they were abused). However, it is important to recognize that there is now evidence from my research that there are a substantial proportion of victims who do not report their abuse experiences in response to questions typically asked in retrospective studies. Twelve percent of the women in my sample reported no child sexual abuse experiences despite evidence of such abuse in their hospital records.

On the other hand, the possibility that some adults provide researchers with false or fabricated accounts of child sexual abuse has been argued and is an obvious theoretical possibility that must be taken into account. Despite the often emotional reference to false reports, no empirical evidence ever has been marshaled describing how frequently such false positives actually occur, and no information is available that reasonably would allow an estimation of the magnitude of the problem. Research on fictitious reports of abuse by children or their parents suggests a fabrication rate of 4% to 8% (for a review, see Everson & Boat, 1989), and 3 (2%) of the 136 women interviewed in my study reported that they or others had fabricated the report of child sexual abuse. There is no evidence, however, that fabrication occurs at even this rate when adults are asked about whether they were sexually abused in childhood. This fre-

quently raised issue will remain only a theoretical one until specific research is conducted to assess its frequency.

A weighing of the available scientific evidence suggests that researchers' and policy makers' concerns are appropriately directed toward the possibility that adults who were sexually abused in childhood do not report such abuse in community surveys. The weight of the scientific evidence suggests that a significant minority of those sexually abused in childhood forget that the abuse happened. On the other hand, there is no scientific evidence that adults commonly make purely fabricated allegations of abuse in childhood when surveyed using standard victimization screening techniques.

The Evolution of Research on Child Sexual Abuse and Memory

Loftus et al. searched for descriptions of child sexual abuse cases in the book that reports the findings from the first wave of this research (McCahill, Meyer, & Fischman, 1979) but missed the point about how knowledge about child sexual abuse has evolved. The initial study focused on the consequences of rape, a crime which, in 1972 when the research began, was assumed to involve primarily adult female victims assaulted by male strangers. The first wave of this research demonstrated some facts that, in 1994, still make headline news (Sniffen, 1994)—that a large proportion of “rape” victims are children. Over two fifths of the 790 rape victims involved in the first wave of the study were under age 18, and, according to a national survey, 62% of the rape victims were children (Kilpatrick et al., 1992). No one anticipated that so many sexual assault victims are so young. This study, therefore, in a small way, contributed to the “discovery” of child sexual abuse.

Because the research was not intended to focus on child victims, for the most part the children's stories were not reported in the book, *The Aftermath of Rape* (McCahill, Meyer, & Fischman, 1979). In fact, the case example that Loftus et al. discuss in their commentary is not representative of cases from the study and was actually a fictitious, simplified scenario (McCahill et al., 1979, p. 147) and used only for illustrative purposes to describe the police decision-making process. There is one actual case example of a sexually abused child in the text. In the context of a discussion of the possible delayed effects of child sexual abuse, it was reported that one child said, “When I remember about it (the rape) I keep trying to think about good things like Christmas and it goes away” (McCahill et al., 1979, p. 44). It is interesting that this lone example presages the current focus of the research on memories of the abuse.

As was the case with the first wave of this study, the second wave of research yielded unanticipated findings. The second wave of the study was designed to examine the long-term consequences of child sexual abuse and, only incidentally, to explore the women's memories of these experiences. Finding that such a large proportion of women had forgotten about the abuse was dramatic and surprising to the researchers. At the time that the second wave of this research was begun (late 1989), no one expected that 38% of the women would have forgotten the abuse, especially in light of the fact that all of the victimization experiences had been reported to the authorities. Just as in the 1970s, when researchers were surprised by the large number of chil-

dren who were raped, what would be learned from this sample had not been anticipated.

This account of the evolution of this study may help place the present analysis in proper perspective. This research represents only a modest beginning in the understanding of memories of child sexual abuse. For knowledge to continue to evolve, collaborative efforts must be encouraged among child abuse, trauma, and memory researchers. To enhance the applicability of research on memory to adults' memories of child sexual abuse, researchers need to attend to the ecological validity of the studies and also move beyond reliance on anecdotal accounts, examples from the media and the courtroom, and small convenience samples (see Berliner & Williams, 1994). Child-abuse-focused studies must find better ways to document the processes that affect the memories of survivors while addressing the considerable methodological and ethical challenges of such research.

What Can Be Said About Memory Recovery?

The answers to the numerous questions about recovery of memory of child sexual abuse goes beyond the scope of the articles published here, but because Loftus et al. raise this issue in their commentary, I will address it briefly. Among the women in my sample I have, in fact, explored recovery of memories of child sexual abuse. In another article, currently being prepared for publication, I present findings that indicate that of the women who do recall the abuse that was documented in their 1970s records, approximately one in six report some previous period when they forgot. When current accounts of the abuse and the records from the 1970s were compared, I found that the women with recovered memories had no more discrepancies in their accounts than did those women who reported that they always remembered the abuse (Williams, 1993). Some women, it appears, do reliably recover memories of child sexual abuse.

Loftus et al. ask what do the data say about remembering and repressing repeated or secretive incestuous abuse. These are the types of “recovered memory” cases that have been extensively reported in the media, some of which have resulted in civil suits or criminal charges (Loftus, 1993; Loftus & Rosenwald, 1993). These types of cases appear to be of most concern to the False Memory Syndrome Foundation (1992). Loftus et al. suggest that my research is not relevant to these cases.

However, my findings do not apply only to forgetting of solitary incidents of sexual molestation by nonfamily members. Although the abuse perpetrated on the women in my sample was varied—encompassing a wide range of perpetrators and abuse experiences—my sample did include cases of secretive, incestuous abuse and cases in which the abuse appeared to have gone on for some period of time before it was disclosed. I have explained that the 1970s data file did not include coded or systematically recorded information on the duration and repetition of the abuse and, therefore, I cannot run statistical analyses using these variables. When the details in the case records are examined, however, it is clear that some women who experienced repeated or incestuous abuse did forget. For example, the records from 1973 show that Maria was abused by her father at least six times. The last time was when she was 12. She now reports no memory of it. June was abused by three of her cous-

ins over a 2-year period. She was 7 years old at the time of the last abuse and now reports no memory of it. Contrary to skepticism about how someone could forget such abuse, there is reason to believe that the dynamics of incestuous abuse—which may involve grooming the child to accept the advances of the perpetrator, the use of adult authority, and a progression (confusing to the child) from acts of affection to physically invasive sexual penetration and rape (Berliner & Conte, 1990; Conte, Wolf, & Smith, 1989; Finkelhor & Williams, 1994; Williams & Finkelhor, 1992)—may be associated with memory problems. Recall that women in my sample were more likely to forget abuse by someone to whom they were close.

One other issue with which Loftus et al. are concerned is the role of therapy in recovering memories of abuse. My research was not designed to examine the usefulness of what Loftus et al. call “therapeutic digging” for lost memories of child sexual abuse. My findings do support clinicians’ impressions that some people who have been abused present for treatment with no recollection of their history of child sexual abuse. Because abuse in childhood has been linked to a wide variety of negative psychological sequelae (Bagley, 1990; Briere & Runtz, 1987; Browne & Finkelhor, 1986; Saunders et al., 1992), knowledge of a client’s abuse history may be helpful for diagnosis and planning the course of therapy. Therapists need to be aware of the possibility that their clients do not recall their victimization. It is unclear what Loftus et al.’s point is here. If they are suggesting that clinicians should not conduct adequate victimization screening in their clinical evaluations, such a suggestion could lead to misdiagnosis and treatment and ultimately be harmful to clients. However, pressing people until they admit they were abused is an equally detrimental practice. My research simply suggests that some clients who do have histories of child sexual abuse may not report such histories on initial clinical examination and that clinicians need to be aware of that.

Conclusion

Loftus et al. share their (and Pope & Hudson’s [1994]) curiosity about why, if there are so many victims of child sexual abuse in the United States and if even 10% have repressed their memories, “there are no published studies of groups of patients exhibiting well-documented cases of total repression and reliable recovery later” (Loftus et al., 1994, p. 1180). Their question ignores the ample evidence from multiple clinical reports that thousands of adults with partial, fragmented, and recovered memories of abuse are referred to and engage in therapy (Briere, 1992; Briere & Conte, 1993; Gold, Hughes, & Hohnecker, 1994; Herman, 1992; Waltz & Berliner, 1994). It is unlikely, however, that more than a handful of such patients’ histories are well documented. There is a simple reason for this: Child sexual abuse takes place in private (it requires privacy and secrecy, especially if it is to be repeated), it is usually not reported to the authorities, and it goes undetected by other adults (Finkelhor, 1979; Finkelhor, Hotaling, Lewis, & Smith, 1990; Kilpatrick, Edmunds & Seymour, 1992; Russell, 1986; Saunders, 1992). Offenders have described ways in which they have achieved these prerequisites (Conte, Wolf, & Smith, 1989). Less than 20 years ago, the existence of child sexual abuse was barely recognized.

Most of the adults coming to the attention of the legal authorities because of their reports of recovered memories of child sexual abuse were molested more than 20 years ago, at a time when child sexual abuse was still a “best-kept” secret (Rush, 1980). Perhaps this phenomenon will change when more recent cohorts of child sexual abuse victims—those molested since there has been more attention paid to child victims—reach adulthood. Public attention to the problem and intervention with the children may decrease the likelihood that the abuse will be forgotten.

Obviously, we still have much to learn about memories of child sexual abuse. Future research may provide more information. Because such research is difficult and expensive to conduct and because almost no one was doing research on or even documenting child sexual abuse 20 years ago, for now the 129 women in my sample may have to speak as best they can for many hundreds whose stories Loftus, Garry, Feldman, Pope, and Hudson want to hear.

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