

Patterns of Recall of Childhood Sexual Abuse as Described by Adult Survivors

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Issues concerning the phenomenon of delayed recall of childhood trauma have arisen in forensic settings. For example, the courts have had to address the issue of delayed recall because of legislation extending the statute of limitations for bringing lawsuits related to childhood sexual abuse. Many states now allow victims to bring suit for up to three years after their memory returns. This paper describes patterns of recall of childhood sexual abuse as recounted by 30 adult women survivors in a nonforensic setting. Eleven of the women described remembering their childhood sexual abuse after a period of amnesia. Examples are given of the types of circumstances that were associated with the delayed recall of the abuse. Implications for assessment in clinical and forensic settings are discussed.

Issues concerning delayed recall of childhood trauma have arisen in forensic settings. For example, this issue was addressed in the recent California case of George Franklin who was convicted of murdering his daughter's playmate when, 20 years after the fact, his daughter claimed she suddenly remembered the crime. The daughter testified that

she had repressed the memory until an expression on her own daughter's face brought it all back.¹ In addition, the courts have needed to address the issue of delayed recall of childhood trauma when dealing with the statute of limitations for bringing lawsuits related to childhood sexual abuse. Until 1988 in most states, the statute of limitations for sexual abuse in civil suits was three years after the child reached maturity, usually at age 21. In 1988, in Washington State, Patti Barton, who was in her 30s, remembered being abused by her father when she was a child. She lobbied to extend the statute of limitations and, in 1988, Washington became the first state to allow victims to bring suit for up to three years after their memory returns. Since then, many other states have passed similar laws extending the statute

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of limitations to accommodate childhood sexual abuse victims who claim that the trauma they suffered prevented them from remembering the events or linking them to their present problems.²

Because criminal and civil cases are using testimony based on delayed recall of trauma, it is important for forensic psychiatrists to gain information about this phenomenon. Normative data about nonforensic patients may be especially helpful in assessing the validity of reports that arise in the forensic setting. For example, it would be important to understand characteristic patterns of recall to help evaluate the plausibility of forensic claims about delayed recall.

There are few studies about patterns of recall, and their results are inconsistent. For example, there is controversy about the extent to which repression and subsequent recovery of traumatic memories occur. Some studies report that from 18 percent to 59 percent of victims of childhood sexual abuse report that there was some period in their lives when they had no memory of the abuse and then regained the memory.^{2, 3} Some studies state that amnesia of the event is more likely with earlier molestation onset, longer abuse duration, and more violent abuse experiences.³⁻⁵ Other studies did not find a correlation between the violence of the abuse and forgetting the abuse for a period of time.²

The purpose of this study is to describe a group of adult survivors of childhood sexual abuse in reference to their patterns of recall of the abuse. These survivors were recruited in a nonforensic setting. In the forensic context, the issue

of possible secondary gain, e.g., monetary compensation in the civil arena, arises as a possible explanation of why these memories were recalled. In the sample reported in this study, none of the subjects had attempted to obtain monetary compensation. In this study, women who described a period of amnesia for the event will be contrasted with women who did not have amnesia for the event. Although the authors did not attempt to assess the validity of the subjects' childhood sexual abuse memories, a brief review of the literature about assessing the validity of similar memories will be presented.

Method

The subjects described in this study were recruited as part of a larger project that examined the issue of adaptive coping in women who were adult survivors of childhood sexual abuse.⁶ Most of the earlier studies that described the devastating long-term effects of childhood sexual abuse were done on psychiatric inpatients, outpatients, prostitutes, and prison populations.⁷⁻¹⁴ To better delineate protective factors that mitigate the psychological sequelae after childhood sexual abuse, our study utilized a non-patient community sample of women who identified themselves as being relatively psychologically healthy. Potential subjects were recruited from self-help groups for incest survivors and from advertisements in local newspapers. Inclusion criteria were that the woman was 18 or older and had been a victim of childhood sexual abuse as defined in the literature,¹⁵ i.e., forced sexual behavior

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(ranging from fondling to intercourse) imposed during childhood (prior to age 18) or sexual activity between a child (prior to age 18) and a person who was at least five years older, or by a family member at least two years older. The subjects were also screened on the telephone by one of the researchers (RLB) as to their current functioning, with an attempt to exclude subjects with severe psychopathology. The subjects were interviewed for several hours by a psychiatrist (RLB or RLG), and details of the sexual abuse, as well as when it had been remembered, were elicited.

Results

Demographic Information At the time of the interviews, the 30 subjects had a mean \pm SD age of 38 ± 9.4 years (range = 21 to 54 years); 63 percent ($n = 19$) were divorced or separated, 20 percent ($n = 6$) were never married, and 17 percent ($n = 5$) were married or in a living together arrangement; 83 percent ($n = 25$) were white, 13 percent ($n = 4$) were African-American, and three percent ($n = 1$) were Asian-American; 97 percent ($n = 29$) had completed at least part of college, and 93 percent ($n = 28$) were employed.

Ninety percent ($n = 27$) of the women had received some form of psychotherapy for periods ranging from one year to 12 years, and 33 percent ($n = 10$) had participated in self-help groups for survivors of childhood sexual abuse.

Information About the Abuse The mean age of the women when they were first abused was six years (range = six months to 14 years); 97 percent ($n = 29$)

of the women were abused multiple times with the mean duration of the abuse being one year (range = one day to 15 years). Perpetrators included the subject's father ($n = 13$), neighbor ($n = 8$), uncle ($n = 8$), brother ($n = 5$), stepfather ($n = 3$), other relative ($n = 6$), babysitter ($n = 2$), and stranger ($n = 1$), with the age range of the perpetrator being 10 to 70 years. Fully 67 percent ($n = 20$) of the survivors reported that physical force had been used in at least one of the incidents of abuse that they experienced. For 37 percent ($n = 11$) of the survivors, the abuse included vaginal intercourse; for 10 percent ($n = 3$) anal intercourse occurred; and for 43 percent ($n = 13$) digital penetration occurred.

Recall Patterns and Comparisons of Women With and Without Amnesia Of the 30 subjects, 57 percent ($n = 17$) never experienced a period of amnesia for the childhood sexual abuse, 39 percent ($n = 11$) had some period of amnesia for the abuse, and seven percent ($n = 2$) had a combination of these two patterns of recall. Those who had some period of amnesia first recalled their childhood sexual victimization after a mean \pm SD of 25.8 ± 10 years (range = 10 to 46 years) following the abuse. No significant differences were observed between subjects with and without amnesia in the age when their abuse started, 5.2 and 6.7 years, respectively ($t = 1.12$, $df = 28$, n.s.), the number of years over which the abuse continued, 3.6 and 4.9 years, respectively ($t = 0.73$, $df = 28$, n.s.), who the perpetrators were, whether or not physical force was used, what specific sex acts were done, or their cur-

rent age, 38.0 and 39.4, respectively ($t = 0.34$, $df = 27$, n.s.).

This paper will initially focus on the 11 women who described having had a period of time during which they did not have any memories of their prior childhood sexual abuse. These women stated that the memories of the abuse surfaced under a variety of circumstances. Three remembered the abuse in the context of psychotherapy, two remembered during nontraditional therapy, one remembered during an incest survivor support group, one remembered in the context of adult sexual experience, two remembered during adult physical or psychological trauma, one remembered when writing a book, and one remembered spontaneously without clear precipitation. Case vignettes of illustrative cases will be presented to demonstrate each of the circumstances described by the women. Details will be given about the length of amnesia, the circumstances of recall, circumstances under which there was no recall, e.g., prior psychotherapy, details of the abuse, and follow-up or attempts at corroboration when available. The purpose of giving these details is to begin to establish normative data that psychiatrists can use in their clinical and forensic assessments.

Memories Recalled in Context of Psychotherapy Ms. A is a 45-year-old divorced dental technician. She had no memories of childhood sexual abuse until she was 40. At the age of 40, Ms. A entered therapy because of problems in her relationship with her incarcerated husband. In the course of therapy, she remembered multiple episodes of child-

hood sexual abuse by her father when she was between the ages of one and one-half and three and one-half. She stated that she remembers being thrown out of her crib and being gagged and placed in excrement. She remembers feeling pain when her father penetrated her with his fingers. Since remembering her abuse, Ms. A has started cutting her wrists.

Memories Recalled in the Context of Nontraditional Types of Therapy Ms. B is a 42-year-old divorced unemployed woman. She had no memories of childhood sexual abuse until the age of 40. When she was 40, she realized that she "felt numb" and also had no memories of the first 15 years of her life. She went to a hypnotherapist and began to remember vague images and sensations. She subsequently also saw a "somatic" therapist who, according to Ms. B, used the techniques of "touch and energy." She indicated that she started to remember being six years old and having her hands and feet tied up. She related that one man was masturbating her and another had his penis in her mouth. Ms. B said that she had "emotional flashbacks" where she would feel as if she were six years old and being raped. She also experienced "vaginal flashes" during sexual intercourse and images of her much older brother lying on top of her and raping her when she was nine years old.

Ms. C is a 47-year-old never married photographer. She had no memories of childhood sexual abuse until she was 40 years old. At that time, she entered therapy with a dream therapist because of feelings of inadequacy and fears of men.

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She told her therapist about her nightmares of being chased and her dreams about a nude little girl with a stomach ache. Her therapist hypnotized her and Ms. C remembered being raped twice by her uncle at age five and age nine. She also recalled her uncle putting a pillow over her face and calling her names. She remembered feeling pain between her legs and through her body. After Ms. C recalled these incidents, her dreams changed in that the little girl's symptoms went away.

Memories Recalled in Context of a Support Group for Survivors of Childhood Sexual Abuse Ms. D is a 53-year-old divorced travel agent. She had no memories of childhood sexual abuse until she was 49 years old. She had been in therapy three different times for brief periods after undergoing different life crises (a miscarriage, a bus accident, and a divorce eight years earlier) but never remembered the childhood sexual abuse. She always had retained memories of how her father had been violent to her and her siblings and her mother. When she was 49 years old, she began writing a book which included the theme of women taking care of themselves. As she was writing, she started crying uncontrollably. Ms. D saw a psychiatrist four times and spoke of how upset she was about sexual violence in society. Her psychiatrist referred her to a self-help group for survivors of childhood sexual abuse. After attending several meetings, she woke up in the middle of the night and for the first time remembered two episodes of abuse from her childhood: The first one occurred when she was four

years old. She stated that she was resting in the back seat of a car and her father adjusted her blanket and fondled her genitals. She pretended she was asleep. Ms. D also remembered that when she was eleven, and resting on a couch, her father approached her to give her a massage. He pulled up her blouse, rubbed her back and then started rubbing her breasts. She stated that she got up and walked away. Ms. D discussed this with her older sister and her sister related that she remembered being four years old and watching their father masturbate in front of her and saying that he was showing her how he did it. Ms. D said that both she and her sister recently confronted their father. He admitted masturbating in front of the older sister but denied the other incidents had occurred.

Memories Recalled During Adult Sexual Experience Ms. E is a 35-year-old, divorced piano teacher. She had no memories of childhood sexual abuse until she engaged in sexual activities as an adult. At that time, she remembered being repeatedly sexually abused by her father from age six to ten. She remembered how he attempted sexual intercourse, twisted her nipples, and held his hand over her mouth.

Memories Recalled in Context of Adult Traumatic Events Ms. F is a 30-year-old, never-married store manager. She had no memories of childhood sexual abuse until age 29. Since age 17, Ms. F had been in psychotherapy, and had described the beatings she underwent at the hands of her brother who was 15 years older than she. When she was 29, she lived with an alcoholic man who

became violent. For three months during that year, she also received obscene phone calls and letters from a repairman. Then Ms. F started to have flashbacks of her brother sexually abusing her between the ages of seven and 16. For the first time, she remembered her brother pinning her down, lying on top of her, and fondling her genitals. She also remembered her brother repeatedly grabbing her breasts and her buttocks, and how he would walk around the house only partially clothed and with an erection.

The previous case vignettes have provided examples of the 11 women who had a period of amnesia for the abuse. As stated earlier, 17 of the women in this study never experienced amnesia. In addition, two women had a combination of these two phenomena. They will be described in the next two vignettes. Ms. G is an example of a woman who remembered different episodes of prior abuse in different circumstances. Ms. H is an example of a woman who had periods of amnesia for some events and no amnesia for others. She is also an example of a woman who had corroborated abuse at the same time as describing having had unusual experiences that most people would find implausible. This will be further commented on in terms of the assessment of the validity of memories.

Combination of Some Episodes of Abuse for Which There Was No Amnesia and Others That Were Only Recalled After Various Triggers Ms. G is a 50-year-old, divorced dressmaker who described six periods of childhood sexual

abuse. She always remembered details of three of them and three others were only remembered within the last five years. The first of the three episodes that were always remembered was of being molested by three men on a beach when she was approximately 12 years old. The men performed oral sex and digital penetration. The second series of episodes occurred repeatedly between the ages of 15 and 16½, when the leader of a church youth group drove her home from babysitting each weekend and masturbated her and had her play with his penis. Ms. G stated that her real father found a letter from the perpetrator to her, and then the abuse stopped. The third series of always-remembered abuse occurred repeatedly when she was between the ages of 15 and 17. During this time her stepfather would repeatedly pull her hair and stick his penis down her throat. Ms. G stated that she has flashbacks of this abuse when she goes to a dentist and during oral sex.

Ms. G stated that she more recently has remembered three additional episodes of abuse. She related that the first of these incidents was remembered at age 48 when she started having dreams and would wake up gasping. She then remembered being six months old and wearing white booties and a white bonnet and having her uncle put his mouth over hers so that she couldn't breathe. Once she articulated this memory, her dreams stopped.

The second more recent memory was recalled when she was 45 years old. Ms. G related that she was seeing a massage therapist and kept having pain in her left

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arm. The massage therapist noted that Ms. G had much difficulty in relaxing her left arm. Subsequently, Ms. G recalled that she had been repeatedly molested by her mother between the ages of three and seven. Her mother would put her in the bathtub, hold her by the left arm and stick her fingers in Ms. G's vagina. Ms. G stated that once she verbalized these memories, her left arm pain disappeared and she was able to relax.

The third recent memory was recalled when Ms. G was 47 and went on a walk in her old neighborhood. She stated that she passed a house that stirred the memory. She suddenly remembered being 12 years old and being invited into the garage by the grandfather of one of her girlfriends. She recalled that the man undressed her, tied her to a chair, and then stuck objects up her rectum.

Ms. H is a 39-year-old telephone operator who has always remembered some of her abuse and only recently remembered other episodes. She always remembered having been sexually abused by her babysitter between the ages of five and eight. She related that the babysitter performed anilingus, cunnilingus and attempted vaginal intercourse. He also forced her to perform fellatio and threatened her if she did not keep the abuse a secret. Ms. H related that she eventually told her mother about the abuse, and the man was convicted of child molestation and sent to prison.

In the last five years, Ms. H has attended meetings of a self-help group for survivors of sexual abuse. Since that

time, she has recalled memories of her father molesting her when she was two to four years old. She remembers him putting his fingers in her vagina and anus. She also remembers sleeping in his bed and taking showers with him.

Ms. H relates other unusual events that have happened to her. She states that as an adult she has experienced "astral projection" and has been able to fly. She also relates that she has seen a flying saucer.

Validity of Memories

In this study, no attempt was made to corroborate the memories of the subjects. Partial corroboration was available in only one of the cases of delayed recall; i.e., Ms. D and her sister confronted their father, who acknowledged the accuracy of some of her sister's memories. The case of Ms. H is interesting because she was the only subject to have implausible beliefs such as being able to fly and yet was the only case in which there was arrest and conviction of the perpetrator. Thus, the presence of implausible beliefs as an adult does not mean that childhood memories are invalid.

Studies on the reliability and validity of memories show that memories are malleable. False memories can be created by hypnosis, by a suggestion from a trusted family member, by hearing someone lie, by suggestions of therapists, or by incorporation of the experiences of others into one's own autobiography.^{2, 16-20} Both clinical and experimental examples also show that genuinely experienced memories can have inaccurate details.^{2, 20} Reconstruction of

events is unreliable and influenced by guilt, rage, competitiveness, cultural patterns, and expectations.²⁰

In addition, true experiences are often forgotten. For example, Loftus² summarized a study in which 1,500 people discharged from a hospital within the previous year were interviewed. More than 25 percent did not remember the hospitalization a year later. Similarly, in a study of 590 persons known to have been in injury-producing motor vehicle accidents who were interviewed one year after the accident, 14 percent of the subjects did not remember the accident.²

Thus, false memories can be created, and true memories can be forgotten or distorted. Forensic psychiatrists are often asked to make judgments about the validity of recovered memories. As demonstrated by the cases in this study, there is usually little corroboration of events that occurred decades earlier. However, a few guidelines may be helpful in assessing the validity of recovered memories. First, the age of the occurrence of the sexual abuse is important information. Most empirical studies of childhood amnesia suggest that people's earliest recollection does not date back before the age of three or four.² Although there may be some partial earlier memories, verbal memories of infancy should be suspect. In addition, the validity of delayed memories is increased when the recall is of a single dramatic event (and therefore confusion with other events is unlikely), the identity of the main actors is well known to the witness (and therefore the risk of misidentification is decreased), and the witness is not subject

to outside efforts to influence her testimony.¹

Discussion

The phenomenon of delayed recall of childhood trauma will continue to surface in clinical as well as forensic settings. As public figures and actresses come forward to disclose that they are survivors of childhood sexual abuse, it has become more acceptable to talk about these experiences.^{21, 22} In the future, we can expect even more women to relate these types of memories.

This paper has described patterns of recall of childhood sexual abuse as related by adult survivors in an attempt to begin to establish descriptive data about patterns of recall. These women were selected from a nonpatient community sample and were not involved in the legal system as plaintiffs or witnesses. In contrast to earlier reports in the literature,³⁻⁵ no differences were found between those survivors with and without amnesia in terms of the age of onset of the abuse, duration of abuse, or the violence of abuse. In addition, no differences were found between amnesic and nonamnesic subjects in terms of who the perpetrators were, or the current age of the survivor.

As summarized in this paper, reliable tools to distinguish false and true memories of abuse have yet to be demonstrated. Memories are malleable and may be partially true, totally true, or totally false. An individual's report of delayed recall, by itself, does not elucidate whether or not the childhood sexual abuse occurred as described.

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As has been pointed out by other authors, some workers in the child sexual abuse field are biased toward believing that all reports are valid, whereas others are prejudiced against believing children's allegations of sexual abuse.²³ The last case report demonstrates how it is a mistake to discount an adult woman's report of childhood sexual abuse because of the presence of other implausible ideas. In medicine, it is accepted that patients with psychopathology can have true medical illnesses. If a patient complains of vague abdominal pain, a complete medical work-up is done even though she may also believe that she is an alien from outer space. Similarly, the last case shows that implausible beliefs can coexist with a history of childhood sexual abuse; and it would be unfortunate if attorneys and expert witnesses were to use these beliefs as a basis of invalidating her claims in the legal arena.

The women interviewed in this study were all convinced that they had suffered from childhood sexual abuse. In addition, they had all come in contact with other individuals who supported their convictions. Further study of patterns of adult survivors who are not forensically involved is important to develop normative data about the circumstances of delayed recall of childhood trauma as a basis for assisting forensic psychiatrists in their assessments for the courts.

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