

# RESEARCH

## Adult Memories of Childhood Abuse: Preliminary Findings from a Longitudinal Study

—by Linda Meyer Williams

Most of our current knowledge about child sexual abuse comes from studies like those of Russell (1986), Finkelhor (1979; 1984), Briere and Runtz (1985), Bagley and Ramsay (1985) and Wyatt (1985). These studies survey adults in the community and ask them to report whether they were sexually abused as a child. Based on these retrospective studies, we know that child sexual abuse is more common than was once believed. The best community surveys indicate that at least 1 in 4 girls and 1 in 6 boys are sexually abused before the age of 18. Because a high proportion of child sexual abuse cases go unreported, official records do not provide an accurate picture of its incidence or prevalence.

But these community studies are subject to questions about the validity of retrospective reports. Some skeptics dismiss such studies as seriously distorted over-reporting based on women's fantasies about sexual abuse, or researchers and clinicians who ask leading questions. It is more likely, however, that despite the alarming prevalence of child sexual abuse suggested by existing research, our figures are still an underestimate because a number of women do not remember the abuse or chose not to tell. Correction of such an underestimation would not only change our calculation of the prevalence of child sexual abuse, but also would have implications for our understanding of the long-term consequences of abuse. If many victims do not disclose their abuse in retrospective surveys, then comparisons made of the differences in the functioning of victims and "non-victims" may underestimate or overestimate the true effect of the abuse. Some members of the supposed "non-victim" group will have, in fact, been abused. Abused women who do not report their abuse may be experiencing increased social and psychological difficulties. If they were included in the victim group, the magnitude of the differences between abused and not abused would *increase*. On the other hand, abused women who do not report their abuse in retrospective studies may be experiencing fewer difficulties and, if included in the victim group, they would *decrease* the magnitude of the effects.

There is much evidence from clinical samples that many women sexually abused as children experience periods when they cannot remember the abuse. Briere and Conte (in press) found that 59% of 450 women in treatment had at some time forgotten the sexual abuse they suffered during childhood. Herman and Schatzow (1987) report amnesia for abuse in 28% of their clinical sample. But, these were clinical samples and we do not know how common amnesia is in a community sample.

This study provides one of the first opportunities to evaluate whether some women who reported sexual abuse in childhood will fail to disclose the abuse when asked about it 17 years later. This study follows a group of 200 females (aged infant to 12 years old at the time of abuse) who reported sexual

abuse in the early 1970's. Details of the sexual abuse were recorded as part of a National Institutes of Mental Health study of the immediate consequences of abuse shortly after the abuse was reported and, thus, are not subject to recall biases. The results of interviews with these women, now 17 years older, can help determine how widespread non-disclosures are in retrospective self-report surveys and the association between amnesia for the abuse and social and psychological difficulties. This brief report will share some preliminary findings.

### Method

These preliminary data are based on interviews with 100 women who reported sexual abuse in childhood in 1973, 1974, or 1975. In the 1970's, all reported victims of sexual abuse in a major northeastern city were brought to the city hospital emergency department for treatment and collection of forensic evidence, even when there was no physical trauma present. The girls and their family members were interviewed and information about the abuse was carefully documented in medical records and interviews with research staff shortly after the girls were seen in the emergency department. In 1990 and 1991, these women were relocated and interviewed. At the time of reinterview, the women ranged from age 18 to 31. The majority of the women are African-American.

The sexual abuse ranged from sexual intercourse (36%) to touching and fondling (33%). In 55% of the cases, the perpetrator was 10 or more years older than the victim. All of the perpetrators were males. In 14% of the cases, the offender was a member of the immediate family, in 18% he was an extended family member, 29% a friend of the child or of the family, in 30% of the cases a casual acquaintance was involved, and in 22% a stranger. In 21% of the cases, there were multiple perpetrators.

The women were contacted by the researchers and asked to participate in an important follow-up study looking at the lives and health of women who received medical care at the city hospital. We emphasized the importance of the study and paid them for their time and travel expenses. If they asked how we got their name, we said that it was selected from the records of people who went to the city hospital in 1973-1975.

The subjects were asked about childhood experiences with sex to elicit their responses about sexual victimization. A large number of separate screening questions about experiences with sexual abuse were included, following the approach of Russell (1986). To elicit information about events they did not now define as abuse, but which may have precipitated a report, the women were also asked about reports of sexual abuse which were made by them or by others, but the reported abuse did not actually occur. They were also asked if anyone in their family ever got in trouble for his/her sexual activities. Because all of the women were examined at the city hospital, those who

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did not report the abuse during the follow-up interview were asked if they recollected going to the hospital as a child.

It is important to take into account the problems with generalizing based on this sample. These cases over-represent poor and African-American victims whose family members had to turn to hospitals for treatment instead of utilizing private physicians. But the best evidence suggests little difference in the consequences of sexual abuse for women of color and white women (Wyatt, 1990). There is no research, however, about differential rates of amnesia for child sexual abuse among samples of African-American and white women. Also, the sample does not include unreported cases (although some women now maintain that the abuse known to the researcher was never reported and some have experienced other, unreported abuse). The findings may not apply to females who do not disclose sexual abuse.

## Findings

Thirty-eight percent of the women were amnesic for the abuse or chose not to report the abuse to our interviewers 17 years later. Qualitative analysis of these reports and non-reports suggests that the vast majority of the 38% were women who did not remember the abuse. Detailed probing, but sensitive questions were used in the course of a two-hour interview. Rapport with each subject was carefully established. Most of these women told us about numerous other very personal matters, so it is unlikely that embarrassment was the reason for their silence. In fact, over one-half (53%) of the women amnesic for the abuse reported other childhood sexual victimizations.

Some women gave dramatic indications that they were amnesic for the abuse and would have told us if they had "known." For example, in one instance the young woman told the interviewer that she was

never sexually abused as a child, and she repeatedly and calmly denied any sexual abuse experiences throughout the detailed questioning. She was also asked if anyone in her family had ever gotten into trouble for his/her sexual behavior and she said, "No," and then added, "Oh, wait a minute, could this be some-

thing that happened before I was born?" When told, "yes," she said, "My uncle sexually assaulted someone." Later, in response to another question about any concerns she has had about her daughter's safety from sexual victimization, she said, "I never met my uncle (my mother's brother), he died before I was born. My mother told me this story. You see, he molested a little girl. When the little girl's mother found out that her daughter was molested, she took a butcher knife and stabbed him in the heart, killing him." The interviewer (blind to the circumstances of

this woman's victimization) recorded the details of this account of the uncle's death and completed the interview. Comparison with the original account of the abuse in the medical records reveals that this subject (age 4), her sister (age 7) and her female playmate (age 4) were abused by the uncle. Our records reveal that when this subject told her mother about the abuse, her mother, in turn, informed the mother of the playmate. The mother of the playmate, according to newspaper accounts available in the case files, armed herself with a knife and went looking for the uncle. She stabbed him five times. Hospitalized, he died of his injuries five days later. The mother of our subject took both her daughters to the funeral. The sister, who was seven at the time of the abuse, on reinterview in 1991, also reported no child sexual victimization and did not ever allude to the uncle or to his death.

These preliminary findings suggest that amnesia for sexual abuse in a community sample is not an uncommon event. Over one-third of the women failed to report victimization which occurred 17 years earlier, and most who did not report appear to be amnesic for the abuse.

Thirty-eight percent represents a very large proportion of victimized women who are amnesic for or fail to report their childhood sexual victimization. It suggests that retrospective studies which rely on self-reports of childhood experiences of sexual victimization are likely to result in an underestimation of the true prevalence of such abuse. Because 53% of the women who failed to report this index event (the abuse which brought them into the study) did report a (different) sexual abuse experience which occurred at some other time during their childhood, only 17% of the abused women in a retrospective study would have been wrongly classified as not abused. This suggests that for every five women who retrospectively report sexual victimization in childhood, there is one additional woman who was victimized in childhood but does not report. While only 17% of the abused women are misclassified as non-abused, at least 38% of the abused women are amnesic for or fail to report some of the child sexual abuse which was perpetrated against them. This would affect compilation of information on the number, severity, and nature of child sexual abuse experienced by women.

It is possible that the women in this study, because they reported their childhood abuse to the authorities, were more likely to remember the abuse than women who during childhood never told of the abuse. This suggests that the figure of 38%, based on this sample, is a conservative estimate of the proportion of women who do not disclose their childhood sexual abuse.

Despite the problems of generalizability, this study was uniquely able to help us understand the problems of non-reporting in retrospective studies of child sexual abuse. More than one-third of the child

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# OPINION Misplaced Attention to Delayed Memory

—by Roland C. Summit

The phenomenon of delayed memory provides another bullet for the bushwhackers of the backlash. With a popular mindset that the most important events should be the most vividly memorable, there is predictable distrust toward someone who claims to remember salient trauma after years of amnesia. With various experts already mobilized to discredit children who allege sexual assault, experts who have publicized a supposed witch hunt by nefarious child abuse "validators," any clinician who helps an adult discover lost memories is at risk of being ambushed by established opposition. The delayed discovery of child sexual abuse in the seventies had some ten years of relatively unprejudiced exploration before the explorers were themselves attacked. The discovery of delayed memory offers made-to-order ammunition to a growing army of professional skeptics, attracting opposition even from highly respected authorities who had previously been at least passively supportive of a child victim's right to complain and of a clinician's right to explore.

*Before these enigmas can be resolved in adversarial disputes we must appreciate the profound gaps in our available knowledge.*

The major ingredients of this escalating conflict are the use of the courts as the beachhead, the high financial stakes of civil litigation, and the increasing invasion against constitutional rights to due process. The emerging battle of the experts could end in the rout of well-intentioned victim advocates

by equally righteous defenders of civil rights, losing in that process the vital opportunity to explore and define the last frontier of human consciousness.

I believe this is the time to cap a century of progress with a monumental achievement in awareness. We must cherish and develop the concept that what we don't know can hurt us. We can establish, for the first time, that our lives and even the nature of

our society can be shaped by experiences so terrible that they are, in the words of Josef Breuer a century ago, "forbidden to consciousness" (1895, p. 225). We may learn that huge chunks of oppositional thought, cruelty, perversity, helplessness, self-destruction and mental illness are derived from this hidden reservoir of suffering, and we could inspire unprecedented achievements in healing, prevention and enlightened peacemaking. Such gains will not be made through battle, and such enlightenment will not come from impertinent opinion. The great victory for humankind could emerge only from new coalitions of clinical exploration and dedicated research. A magnificent opportunity will fade into the next century, once again unheeded, if we sacrifice our credibility to the demands of adversarial pretense in pecuniary skirmishes.

The purpose of this article is not to predict the future of research nor to discourage appropriate support for present-day survivors. Rather, it is to urge caution against a premature rush to judgment and to focus on the importance of what we might learn tomorrow as opposed to what we might be asked to prove today.

## Dissociation

In order to understand what it means for an adult to access something unremembered from childhood, it is essential to understand what it means for a child in the midst of trauma to de-access that experience. Consider the report of Marilyn Van Derbur, Miss America of 1958, who describes sexual victimization from ages 5 to 18:

*In order to survive, I split into a day child, who giggled and smiled, and a night child, who lay awake in a fetal position, only to be pried apart by my father. Until I was 24, the day child had no conscious knowledge of the night child. During the day, no embarrassing or angry glances ever passed between my father and me . . . because I had no conscious knowledge of*

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sexual abuse that took place in the lives of 100 women is missed in a retrospective study designed to maximize reporting. Further analyses will explore the nature of the sexual abuse which is forgotten and thus missed by retrospective studies, and the abuse and victim characteristics associated with amnesia for the abuse.

These preliminary findings confirm the reports from clinical samples that a large proportion of women do not recall childhood sexual victimization experiences. The relationship of amnesia for the abuse to adult social and psychological functioning will be the subject of further analysis.

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