

MEMORIES OF CHILDHOOD SEXUAL ABUSE

Remembering and Repressing

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Women involved in out-patient treatment for substance abuse were interviewed to examine their recollections of childhood sexual abuse. Overall, 54% of the 105 women reported a history of childhood sexual abuse. Of these, the majority (81%) remembered all or part of the abuse their whole lives; 19% reported they forgot the abuse for a period of time, and later the memory returned. Women who remembered the abuse their whole lives reported a clearer memory, with a more detailed picture. They also reported greater intensity of feelings at the time the abuse happened. Women who remembered the abuse their whole lives did not differ from others in terms of the violence of the abuse or whether the violence was incestuous. These data bear on current discussions concerning the extent to which repression is a common way of coping with childhood sexual abuse trauma, and also bear on some widely held beliefs about the correlates of repression.

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There is little doubt that childhood sexual abuse is tragically common. Just how common is a matter of how sexual abuse is defined. In one sample of San Francisco women, 38% reported sexual abuse involving physical contact before age 18, with an even larger figure reported (54%) when experiences involving noncontact were included (Russell, 1983, 1986). More recent studies have shown slightly different figures. Taking into consideration four major studies of sexual abuse in the general population, Pope and Hudson (1992) captured the variability in estimation: "prevalence rates of 27%–51% for narrowly defined childhood sexual abuse by an older perpetrator and 31%–67% if noncontact experiences are included" (p. 460). Many factors contribute to the variability, but even those who claim that the statistics are exaggerated, still agree that child abuse constitutes a serious social problem (Kutchinsky, 1992).

We do not question the prevalence of childhood sexual abuse itself, but ask here about how the abuse is recalled in the mind of grown adults. In particular, how common is it to *repress* memories of childhood sexual abuse? Of course, the answer to this question must depend on how repression is defined. Repression, often called "the queen of the defenses," has been defined in myriad ways. In a very general way, it refers to a warding off of any conscious experience of a frightening memory, wish, or fantasy, or of unwanted emotions (Singer, 1990). When discussed in the context of child sexual abuse, the extent of banishment from consciousness assumed in some definitions of repression is virtually total. For example, Ofshe and Singer (1993) have noted that some of the claims about repression assume a mechanism that supposedly causes a child's awareness of sexual molestation to be driven entirely from consciousness in immediate reaction to the assaultive event. Courtois (1992) quotes an eloquent client talking about this kind of "fierce" repression:

This is about memory. A kind of memory that a great many of us have fiercely repressed. A kind of memory that we have no awareness of. That profoundly shapes our intimate lives without our understanding. Without our assent. . . . This memory is the interface (inner face) of a self-induced amnesia (p. 23).

When the client talks about fiercely repressing, perhaps she is referring to what Briere (1992) calls "total repression," or what Ofshe and Singer (1993) call "robust repression." The concept of total repression or robust repression is being invoked to explain how endless numbers of traumatic events, spanning years of one's life, can be banished completely from awareness leaving an individual who professes a relatively happy childhood.¹

One goal of some therapeutic approaches is to seek out repressed memories, and there is a well-articulated rationale for why. Courtois lets the client speak first: "So, you've happened to build your house on top of a

toxic waste deposit; just don't dig around, stir things up, or plant a garden. Sell and don't tell. Not possible" (p. 23). Then Courtois expands on the metaphor as she explains that the reason for seeking out the memory is to "shore up her [client's] foundation" in order to achieve a sense of wholeness, to help the client recapture lost parts of herself.

Claims about the prevalence of repressed memories give the sense of a phenomenon that is extraordinarily common. For example, Ratican (1992) claims that sexual abuse memories are "often repressed" (p. 33). Blume (1990) claims that "half of all incest survivors do not remember that the abuse occurred" (p. 81). Fredrickson (1992), a psychotherapist with 18 years of experience, claims that "millions of people have blocked out frightening episodes of abuse, years of their life, or their entire childhood" (p. 15). Later she tells readers that "sexual abuse is particularly susceptible to memory repression" (p. 23).

Beliefs about the prevalence of repressed memories have been used to make clinical recommendations. For example, Briere (1992) argued that one obvious clinical implication is that some psychotherapy clients might deny a history of child abuse but be suffering from postabuse trauma. Therapists may have to work hard to melt away the resistance to remembering.

Beliefs about the prevalence of repressed memories not only are expressed by those in the therapeutic community but also have made their way into the popular media. For example, John Bradshaw (1992) told readers of *Lear's Magazine*: Something in the neighborhood of 60% of all incest victims don't remember the sexual abuse for many years after the fact. This characteristic—the delayed emergence of long-repressed memories—has now been widely reported in incest cases (p. 43).

Beliefs about the prevalence of repressed memories have also been expressed by legal scholars who have used these beliefs to argue for changes in legislation. For example Lamm (1991) argued in favor of legislation that would ease access to the courts for victims of childhood sexual abuse. She applauded legislation such as that enacted in California in 1991 that allows victims, no matter how old they are, to sue within 3 years after discovering their injuries, or 8 years after reaching majority, whichever date occurs later. As part of her argument that victims should have more time to file claims against their abusers, she expressed a view about repression: "total repression of memories of abuse is common" (p. 2198). She then advocated an expansion of the relaxation of the statute of limitations to also allow access to plaintiffs who have not repressed their memories.

Despite the confidence that characterizes assertions about the prevalence of repression, there are few studies that provide direct evidence of the extent to which repression occurs. One widely cited study is that of Briere and Conte (1989, 1993). These researchers sampled 450 adult clinical clients who had reported sexual abuse histories. The researchers asked

clinicians to distribute a questionnaire to their individual clients or group clients who reported histories of childhood sexual abuse. Several criteria had to be met before a client was included in the data analysis: "psychologically or physically forced sexual contact between a child 16 or younger, and a person 5 or more years older." The specific question asked was this: "During the period of time between when the first forced sexual experience happened and your 18th birthday was there ever a time when you could not remember the forced sexual experience?" The main result obtained in this largely female (93%), largely Caucasian (90%) sample was that 59% said "yes." A yes response was more likely in cases involving violent abuse (physical injury, multiple perpetrators, fears of death if abuse was disclosed) as opposed to nonviolent. Reported amnesia was more likely with early molestation onset, and longer abuse, and greater current symptomatology. Based on these findings, the authors concluded that amnesia for abuse was a common phenomenon.

The Briere and Conte result has been taken by others as evidence of the widespread extent of repression. For example, Summit (1992) interpreted the 59% yes rate as evidence that this proportion of people "went through periods of amnesia when they were not aware of their prior abuse" (p. 22). He used the finding to argue for the commonness of childhood dissociation. Courtois (1992) cited the Briere and Conte study as showing "some amnesia for abuse which occurred before age 18" (p. 19). She also cited this study for its identification of a number of variables that were particularly related to repression, namely occurrence at an early age, number of symptoms, and degree of violence associated with the abuse. Bradshaw (1992) may have been making reference to this finding when he began his essay for *Lear's Magazine* with the assertion that "Something in the neighborhood of 60 percent of all incest victims don't remember the sexual abuse for many years after the fact" (p. 43) as the two percentages are suspiciously close.

How shall we interpret the Briere and Conte results? One problem in interpretation is that it obviously depends on how the respondent understands the eliciting question. The question, recall, contained the phrase "was there ever a time when you could not remember?" A yes response to this question could be interpreted in a variety of ways other than "I repressed my memory for abuse." For example, a yes response could mean "Sometimes I found it too unpleasant to remember, so I tried not to" or "There were times when I could not remember without feeling terrible" or "There were times I could not bring myself to remember the abuse because I would rather not think about it." No question is free of the possibility of multiple interpretations, however, the great potential for misinterpretation by respondents to the particular wording used here warrants a further examination of the issue with a different eliciting question.

A further problem with the Briere and Conte study is that the respondents were all in therapy. Thus, the therapists could have influenced the

reports in a variety of ways. If genuine repression of memory has occurred in some clients, along with genuine recovery of memory in therapy, then these cases might be overrepresented in the Briere/Conte study compared with a sample that had never been in therapy. A second way that the therapists could influence the data is by communicating their beliefs and ideas about repression to their clients. If some of these clinicians believed that repression of memory is highly prevalent, then they may have suggested this belief to their clients. A client could readily infer that if repression of memory is so common, it is likely to have happened to her, thus the answer to the question is probably yes. A client who genuinely was abused but never actually forgot it might be led to believe that some repression actually had occurred. This would, of course, inflate the reporting of the prevalence of repression. Finally, the therapist who strongly believes that repressed memories of childhood sexual abuse must be at the root of certain symptoms could inadvertently suggest false memories. This could leave the client with the impression that abuse had occurred in her past and was repressed for a period of time (Ganaway, 1989).

Another study, conducted for a different purpose, produced a much lower estimate for the frequency with which memories of childhood sexual abuse are repressed (Herman & Schatzow, 1987). These investigators gathered data from 53 women who were organized into therapy groups for incest survivors in the Boston area. The sample was mostly White and mostly single. "All patients reported either that they had been sexually abused by a relative or that they strongly suspected that this was the case but could not remember clearly" (pp. 3-4). The investigators identified three levels of memory: (a) full, (b) mild/moderate memory deficits, and (c) severe memory deficits. The "severe" category was used when the woman could recall very little from childhood, or if she showed a recent "eruption into consciousness or memories that had been entirely repressed, or if this kind of recall occurred during the course of group treatment" (p. 4). Of the 53 cases, just over a quarter reported severe memory deficits.² Severe memory problems were most likely to be reported in cases of abuse that began early in childhood and ended before adolescence. In addition, these investigators claimed that violent or sadistic abuse was associated with "massive repression as a defense" (p. 5).

The Herman and Schatzow study had been taken by others as evidence for the widespread extent of repression. For example, Courtois (1992) cited the study as evidence for severe memory deficits and for its identification of a number of variables that were particularly related to repression, namely occurrence at an early age and greater degree of violence. Briere (1992) added to the quarter of the sample with severe memory problems those who had mild/moderate memory deficits to produce an estimate of 64% having some memory problems. He then used the two studies to support the high incidence, in clinical sexual abuse survivors, of incom-

plete or totally absent abuse-specific memories at some point after childhood victimization.

One obvious problem with the frequencies reported by Herman and Schatzow is revealed when one considers the makeup of the group. Women could become members of the group if they "strongly suspected that [they had been sexually abused] but could not remember clearly." Undoubtedly many of these women became part of the severe category. One cannot help but wonder how these women, who were unable to remember abuse but only suspected it, could say anything about the age of onset of the abuse or the sadistic nature of it. A further problem is this: What if, in actuality, the individuals who suspected but could not remember had not experienced abuse at all? These individuals would inflate the frequency data, leading to an overestimation of the extent to which repression of memory for abuse occurs. A final problem is that respondents were in therapy with clinicians who apparently believe strongly in the extent of repression, and in the "therapeutic function of recovering and validating traumatic memories" (p. 1). Could these beliefs have influenced the classification of women into the three memory categories? Even more problematic is a concern raised by Ofshe and Singer (1993): Some patients who had always known of their abuse might have recollected additional details in the group, or may have shared new information that was not previously disclosed. They would count as having mild/moderate memory deficits, but they do not constitute evidence for fierce repression. Herman and Schatzow asserted that the majority of patient accounts were corroborated. They did not specify the criteria that define corroboration, nor did they independently obtain it. Moreover, it is impossible to determine from the published research whether any of those classified in the severe memory category were able to obtain corroboration.

Another study, using a longitudinal approach (Williams, 1992), involved interviews with 100 women, mostly African-American. These women, 17 years earlier, were girls aged infant to 12 years old when they were brought to a city hospital emergency department for treatment and collection of forensic evidence related to childhood sexual abuse (even when there was no physical trauma present). The sexual abuse ranged from sexual intercourse (in about a third of the cases) to fondling (also about a third of the cases). Without revealing the true purpose of the follow-up interview, the women were asked about childhood experiences with sex to elicit the sexual abuse victimization. The results showed that 38% were amnesic for the abuse or chose not to report it. The bulk of the nonreports were thought to be attributed to women who did not remember rather than chose not to report. This conclusion was warranted in part because many of the women were willing to report other sexual victimizations, although not the one in the hospital record.

The 38% figure has been taken as evidence for the prevalence of repres-

sion, but this conclusion is unwarranted. Recall that the girls were ages infant to 12 when their reported abuse happened. Thus, for some percentage of victims, the abuse would have happened so early in life, before the offset of childhood amnesia, that as adults they would not be expected to remember the experience no matter whether it was abuse or some other experience. For example, significant numbers of adults were unable to remember making a family move, or the birth of a younger sibling, if the event occurred when the person was younger than 5 (Usher & Neisser, 1993). This failure to remember would not be described as evidence of repression. Other investigators (Brewin, Andrews, & Gotlib, 1993) have similarly noted the difficulty of interpreting lack of memory for events that occurred early in life: "Research with adults has found a falloff in the retrieval of memories for events occurring before the age of 5 years, even when normal retention and forgetting processes are taken into account" (p. 86).

Williams (1992) does not report the age distribution of the sample. Presumably many of the women interviewed were over 5 years of age when their abuse occurred, and would still fail to report abuse when interviewed 17 years later. Does this mean that they repressed their memories? Not necessarily. Normal forgetting of all sorts of events is a fact of life, but is not thought to involve some special repression mechanism. Forgetting of all sorts of events happens, even significant or traumatic ones, but this forgetting is not thought to involve a repression mechanism. For example, studies have shown that people routinely fail to remember significant life events even a year after they have occurred. One study consisted of interviews with 590 persons known to have been in injury-producing motor vehicle accidents during the previous year. Approximately 14% did not remember the accident a year later. Another study consisted of interviews with 1,500 people who had been discharged from a hospital within the previous year. Over 25% did not remember the hospitalization a year later (Government studies, cited in Loftus, 1982). Finally, some small percentage of the classifications of abuse in the Williams study could have been in error, thus a failure to remember would reflect an accurate recollection not an erroneous one.

Given the interpretive difficulties associated with previous attempts to explore the extent to which repression of childhood sexual trauma occurs, we took another approach. As part of a larger project on the association between reports of traumatic life events and clinical diagnoses, women in out-patient treatment for substance abuse in a New York City hospital were interviewed about their memories of childhood sexual abuse. We interviewed the women at length about their personal experiences with traumatic events in general, and childhood sexual abuse in particular. Our procedure allowed the women themselves to classify their memories of childhood sexual abuse, according to whether the memory persisted their whole lives or whether they forgot it for a time. After we received

their report on the persistence of their memories for sexual abuse, we probed in detail the characteristics of the sexual abuse memories. This approach permitted an analysis of the ways in which abuse memories that persisted throughout life differed from memories that did not. If people have forgotten childhood trauma and recalled it later, what is the quality of the memory? Is it preserved intact? Our data provide some initial answers to these questions.

METHOD

Participants

The participants were 105 women recruited for a study of the role that stressful events play in the lives of women who have previously used drugs. The study was conducted at the Lincoln Medical and Mental Health Center Substance Abuse Division (SAD). SAD provides its clients with outpatient services including detoxification, 12-step programs, and individual and group counseling. For further information on the characteristics of the SAD programs, see Fullilove et al. (in press). After we gained informed consent from the women who participated, they were interviewed and paid \$20 for their time.

In terms of demographics, 46% of the women were between the ages of 20 and 30 years, the remainder were between ages 31 and 53 years. The majority had never married (67%), although 96% of them had one or more children. Only 19% of the participants had gone beyond grade 12 in school. The vast majority of the sample was African-American (80%), whereas 16% were Hispanic, 1% White, and 3% other. The participants had previously been addicted to alcohol (30%), crack (74%), cocaine (46%), and heroin (20%), and 69% participated in the program after being mandated to treatment as a result of a court order. The remainder entered voluntarily because of an awareness of their drug problem. They were free of drug use at the time of the study, however, and 85% had been so for at least a week.

Procedure

The participants were interviewed face-to-face for approximately 1.5 hr. The shortest interview was 45 min and the longest was 3.0 hr. The interview was conducted by mental health professionals, all of whom were trained in the use of the survey instrument. Extensive training and supervision maximized the quality of the data collected.

Participants provided demographic information, current problems and complaints, sexual and reproductive history, traumatic life events, and drug use and drinking history before answering questions about their memories of childhood sexual abuse.

The questions about childhood sexual abuse began with this introduction:

It is now generally realized that many women, while they were children or adolescents, have had sexual experiences with an adult or someone older than themselves. By sexual, I mean behaviors ranging from exposing his/her genitals to you, to someone having intercourse with you. These experiences may have involved a relative, a friend of the family, or a stranger. Some experiences are very upsetting and painful, others are not, and some may have occurred without your consent.

Now I'd like you to think back to childhood and adolescence—that is, when you were 18 or younger—and remember if you had any sexual contact with a relative, a family friend, or stranger who was more than five years older than you were.

A list of 11 possible events was read to the participant in question form, while the interviewer coded the participant's response as either "yes," "no," or "don't know." For example, questions such as "Did anyone ever show you their sexual private parts?", "Did anyone have intercourse with you?", and "Did anyone ever put their penis or another object in your butt or behind?" were asked. The full list is given in Table 1.

If the respondent said yes to one of the 11 questions, she was asked if the abuse happened on one or more than one occasion, whether it was committed by one or more than one person, and what the relationship of that person was to her. Next, the memories of those respondents who recalled an instance of childhood sexual abuse were probed in detail. If a woman recalled more than one episode of sexual abuse, she was asked to describe her memories about the worst event. These preliminary instructions were given:

People differ in terms of how they remember their abuse. Which of the following experiences best characterizes your memory?

1. Some people have always remembered their abuse throughout their lives, even if they never talked about it.
2. Some people have remembered parts of the abuse their whole lives, while not remembering all of it.
3. Some people forget the abuse for a period of time, and only later have the memory return.

This question is intended to measure a variable that we call persistence of memory.

Afterwards, respondents were asked: "When you think about your memory for your abuse, how would you describe the memories?" The respondents told us more about the nature of their memories by marking in a patient booklet. They were given a number of scales, ranging from 1 to 10, and they marked where appropriate. They indicated how clear their memory was (ranging from "not very clear" to "sharp/clear"). They rated the pictures they had from "no detail" to "lots of detail." They indicated the presence of sounds and smells in their memory from "not

very clear" to "sharp/clear." They rated memory for the order in which things happened from "doesn't make sense" to "does make sense." They were asked: "Overall, when you put the pictures, sounds, smells, touch and the order together, is the memory confusing or very clear?" They then rated their overall memory from "confusing" to "very clear." Four scales were used to gather information about their feelings. The participants rated their feelings at the time and their feelings today from "negative" to "positive" and from "not intense" to "very intense."

The respondent was then asked how often since the abuse the respondent had talked about the abuse, ranging from "not at all" to "often." Finally, the respondent was asked how much the abuse had affected her life, ranging from "none" to "quite a lot." Many of these items were taken from research on autobiographical memory by Suengas and Johnson (1988).

Statistical Analysis

For ease of understanding the results, a few preliminary remarks about definitions and statistical analysis will be helpful. For purposes of analysis, incest was defined as abuse by any family member. "Violent" sexual abuse included the three items that asked about completed vaginal intercourse, oral sex, and anal sex. "Nonviolent" included all other types of abuse. The data were analyzed using SPSS run on an IBM 4381.

One-way analysis of variance was conducted to compare those who always remembered, those with partial memories, and those who forgot for a period. The various components of memory (such as smell, touch, and sounds) served as outcome variables. Contrasts were performed using Scheffé's method. Because multiple contrasts were undertaken, Bonferroni's correction was employed to set alpha at .004. Subsequently, the sample was divided into two groups (always remembered and some/complete forgetting). Chi-square analysis with Yates's correction was employed to assess the differences between the groups on history of incest, violent abuse, and frequency of abuse. One-way analysis of variance was used to compare the groups on mean number of reported abusers.

RESULTS

Frequency of Abuse

Overall, 57 of the 105 women (54%) said yes to at least one item indicating they had experienced some form of childhood sexual abuse.³ The frequencies for each type reported are shown in Table 1. More than one activity may have occurred to a woman during an episode of childhood sexual abuse, thus the percentages total more than 100. Photographing and anal intercourse were relatively rare, occurring in 9% and 5% of the cases, respectively. Attempted sex, exposing private parts, and sexual touching were the most common, occurring in approximately 40% of the cases.⁴

Table 1
Frequency of types of childhood sexual abuse ($n = 105$)

<i>Type of Abuse</i>	<i>Number (%)</i>
Did anyone show you their private parts?	41 (39)
Did anyone masturbate in front of you?	19 (18)
Did anyone ever touch your body . . . in a sexual way?	41 (39)
Did anyone try to have you touch them . . . in a sexual way?	31 (30)
Did anyone rub their private parts against your body?	37 (35)
Did anyone attempt to have sex with you?	44 (42)
Did anyone have intercourse with you?	32 (31)
Did anyone ever put their penis in your mouth?	12 (11)
Did anyone ever put their penis in your butt?	5 (5)
Did anyone ever take pictures of you?	9 (9)
Did you have any other sexual contact?	8 (8)

Table 2 presents further characteristics of the reported abuse. In about a third of the cases, the abuse happened on only one occasion. Who was committing abuse? Fifty-five percent of the sample reported abuse by a member of the family, with distant relatives (38%) more commonly reported than immediate relatives such as parents and siblings (9%). Family friends (38%) and strangers (49%) were commonly reported.

Memory for Abuse

Of major interest to the present study is the subjective memory of abuse, a variable we refer to as the persistence of memory. Only 52 out of the 57

Table 2
Characteristics of abuse

	<i>Number (%)</i>
Frequency of abuse ($n = 55$)	
Once	19 (35)
Several times	27 (49)
Many times	9 (16)
Relationship of abuser to victim ($n = 55$)	
Parent	5 (9)
Stepparent	8 (15)
Sibling	5 (9)
Other relative	21 (38)
Friend of the family	27 (49)
Stranger	21 (38)
Any family member	30 (55)
Number of abusers ($n = 46$)	
Mean	1.5
Range	1-5

Table 3
Components of memory by persistence of memory

	<i>All</i> (<i>n</i> = 52)		<i>Group 1</i> <i>Always</i> (<i>n</i> = 36)		<i>Group 2</i> <i>Partial</i> (<i>n</i> = 6)		<i>Group 3</i> <i>Forgot</i> (<i>n</i> = 10)	
	<i>Mean</i>	<i>(SD)</i>	<i>Mean</i>	<i>(SD)</i>	<i>Mean</i>	<i>(SD)</i>	<i>Mean</i>	<i>(SD)</i>
<i>Components of memory</i>								
Clear	8.7	(2.0)	9.5	(1.0)	7.8	(3.0)	7.1	(3.0) ^a
Picture	8.2	(2.8)	9.1	(1.8)	7.0	(4.2)	5.5	(3.2) ^b
Sounds	6.6	(3.5)	7.3	(3.6)	3.0	(2.1)	6.1	(3.2)
Smells	4.3	(3.7)	5.1	(4.0)	1.6	(0.9)	2.5	(1.5)
Touch	7.4	(3.5)	8.1	(3.3)	6.2	(3.9)	5.6	(3.7)
Order of events	7.1	(3.5)	7.9	(3.4)	6.2	(2.4)	5.0	(3.5)
Overall	8.1	(3.0)	8.9	(2.6)	7.6	(3.9)	5.4	(2.6) ^a
Emotional valance of feelings (then)	2.1	(2.1)	2.2	(2.0)	1.6	(1.3)	2.4	(2.9)
Intensity of feelings (then)	7.8	(3.0)	8.8	(2.1)	8.8	(2.1)	4.3	(3.2) ^c
Emotional valance of feelings (now)	2.5	(2.5)	2.2	(2.1)	3.2	(3.0)	3.0	(3.6)
Intensity of feelings (now)	7.3	(3.4)	7.6	(3.3)	8.4	(2.3)	5.8	(3.8)
How often have you talked about abuse?	3.8	(3.0)	3.4	(3.0)	3.8	(2.7)	4.9	(3.1)
How much has abuse affected your life?	7.3	(3.4)	7.5	(3.4)	6.6	(4.0)	7.1	(3.4)

^a Difference between Group 3 and Group 1 significant at $p < .004$.

^b Difference between Group 3 and Group 1 significant at $p < .001$.

^c Difference between Group 3 and Groups 1 and 2 significant at $p < .001$.

women who reported abuse answered the question about the persistence of memory.

The majority ($n = 39$, 69%) of those answering the question claimed that they always remembered the abuse. A smaller percentage of women claimed to remember parts but not all of the abuse ($n = 6$, 12%). Just under a fifth of the women ($n = 10$, 19%) claimed that they forgot for a time and then later recalled the memory.⁵

Memories are examined by components in Table 3. The first column presents the mean rating, regardless of how the abuse was remembered, that is, regardless of the persistence of the memory. The components that received the highest ratings—that is, remembered most clearly—were clarity and picture. The overall rating was also high, as was the remembered intensity of feelings at the time of the abuse. On the other hand, the emotional valance of the memories was quite negative, rating a 2.1 for feelings then and 2.5 for feelings now on a scale that ranged from 1.0 (negative) to 10.0 (positive).

To see how the three types of rememberers differentially characterize the quality of their memories, consider the data in last three columns of Table 3. Group 3 (those who forgot for a period of time) differed from Group 1 (those who always remembered) on clarity ($p < .01$), picture ($p < .001$), overall memory ($p < .01$), and the intensity of the feelings at the time of the abuse ($p < .01$). The "forgot" group also differed from Group 2, those with some loss of memory, on the intensity of the feelings at the time of the abuse ($p < .01$). Groups 1 and 2 did not differ significantly on any of the measures of memory. Loss of memory may have dimmed the past pain for members of Group 3, as compared to others in Groups 1 and 2. However, there were no differences between the groups on ratings of the effect of the abuse on the woman's life or on her current feelings about it.

Those who always remembered their abuse did not differ from those with some or full forgetting on measures of the number of abusers, the frequency of abuse, whether or not the abuse was incestuous, or whether or not the abuse was violent. Of those who provided complete data for this analysis, 69% claimed to have always remembered their abuse completely, and 31% fell into the other two memory categories. Of those who always remembered the abuse, 58% characterized the abuse as violent. Of those with at least partial forgetting, 63% characterized the abuse as violent, a nonsignificant difference. Of those who always remembered their abuse, 56% claimed their experience involved incest. Of those with some degree of forgetting, 47% claimed it involved incest.

DISCUSSION

Over half of the women in this study reported memories of childhood sexual abuse. They varied in how they remembered their abuse, with 69% claiming to remember their abuse their whole lives, 12% claiming to remember parts but not all of the abuse, and 19% claiming that they forgot the abuse for a period of time and later regained the memory.

Forgetting abuse for a period of time was associated with a different quality of memory, compared to those who did not forget. Forgetting was associated with a current memory that was deteriorated in some respects. The deteriorated memory was less clear; it contained less of a "picture," and the remembered intensity of feelings at the time of the abuse was less. However, the regained memory can be said to carry a present horror that is undimmed. Current feelings about the abuse are as intense in this group as in those who always remembered, and the abuse is thought to have affected the woman's life as much.

Another important finding from our research is that whether a woman remembers her abuse throughout her whole life or forgets then regains the memory is unrelated to a number of important factors, such as whether

the abuse was violent or incestuous. Prior findings have led investigators to conclude that violent or incestuous abuse is especially likely to be repressed. Of course, one difference between our study and prior ones may be that violence is defined differently. We defined violence as any act involving any vaginal, oral, or anal sex, whereas others appear to define violence as involving sexual assault involving physical injury, fear of death, etc. We hope future research will shed light on the extent to which the differing ways of defining forgetting, violence, or other concepts were responsible for the different research outcomes.

To reiterate, 12% of our sample claimed to remember parts but not all of their abuse, and 19% claimed that they forgot for a period of time. What do these figures suggest about the prevalence of repression? It depends completely, of course, on how you define repression. Some researchers prefer to use the term repression to refer to people who display any memory difficulties whatsoever. For example, Briere & Conte (1989) talks of "partial" repression and includes in that category any individuals who show incomplete memory for their abuse. So, for example, when he discusses the Herman/Schatzow study, he combines the mild/moderate and severe memory groups to produce a figure of 64% reporting "incomplete or total absence of abuse-specific memories" (Briere, 1992, p. 39). Using the very liberal definition of repression to include anyone who does not claim they remembered the abuse their whole lives, the percentage in our sample was 31%. One might, then, conclude that a sizable minority of our sample showed at least partial repression.

Suppose instead we define repression more conservatively to include only those cases in which a person's awareness of the sexual exploitation is "driven" entirely from consciousness, in other words, total, robust, or fierce repression. Then, of course, the percentage in our sample was much lower. Just under one fifth of the women reported that they forgot the abuse for a period of time and later regained the memory. One could argue that this means that robust repression was not especially prevalent in our sample.

Some might also argue that the 19% figure would be larger but for women in the sample who continue to have memory loss that is organic or related to blackouts. We cannot rule out this possibility. Some might argue that the 19% figure is an underestimate because there could be many more women in the sample who were sexually abused, repressed the memory, and have not yet regained it. We cannot rule out this possibility, although it assumes a belief in the controversial mechanism of robust repression. It is still possible, however, that some women may have been abused but forgot about it through normal processes of forgetting. For the sake of argument, suppose that fully half of the women who said they had not been sexually abused as children had, in fact, been abused but had forgotten it. Then, the percentage of abuse survivors who reported that they had always remembered at least part of their abuse would still be

substantially greater than the percentage who had forgotten being abused. Put another way, robust repression would still not be the dominant experience.

There is a reason to believe that the 19% figure we obtained in the current study may actually be an overestimate of the extent to which repression occurs. The reason is that a woman could classify her memory in this way without it being a clear case of repression. A woman could classify her memory as "forgot then regained" if she spent a period of her life deliberately trying not to think about the abuse because it was too unpleasant to do so. Or, if she thought, "I spent one nice summer in Europe where I didn't think about the abuse at all," she might feel the "forgot then regained" category was the appropriate one to choose.

In retrospect we might have designed our classification alternatives to rule out these alternative interpretations. We did not want to use the words "repress" or "repression" because they have so many meanings to laypeople—meanings that go way beyond those originally intended by Freud. Freud claimed that repression begins when: "A hysterical subject seeks intentionally to forget an experience or forcibly repudiates, inhibits and suppresses an intention or idea" (Freud, 1892/1940, p. 153). At least this was one of Freud's many definitions; he used the term "repression" differently on different occasions (Holmes, 1990). To forget and regain a memory includes a larger set of possibilities.

Future research would profitably seek a question that had less ambiguity to it than the one we used. To assess the occurrence of robust repression, we might consider adding categories such as "There was a time when I would not have been able to remember the abuse, even if I had been directly asked about it," or "There was a time when I would not have been able to report the abuse because I had no idea that it had even happened to me." If respondents reported that they recovered memories after a period of having no awareness of having been abused, it would be fruitful to probe further to find out how and when that recovery came about.

The various attempts to understand how people remember childhood sexual victimization must grapple with one remaining problem, namely the problem of people who report abuse when in fact the abuse did not happen. To see how this group of people can muddy interpretive waters, consider once again the study by Williams (1992). Williams found that 38% of women interviewed nearly two decades after being treated for sexual abuse did not recall their abuse. We have already noted possible reasons for report failures other than the existence of repression. Based upon her findings, Williams concluded that "self-reports of childhood experiences of sexual victimization are likely to result in an underestimation of the true prevalence of such abuse" (p. 20). Dawes (personal communication, December 10, 1992) aptly noted that this conclusion is warranted only if the proportion of nonabused people who claim that they were

abused is near zero. If that proportion were in the range of 8%–10% (or higher), then the Williams's findings would be perfectly consistent with the possibility that retrospective reports result in an overestimation of the true prevalence of abuse.⁶ The present research also suffers from the problem that we have no estimate for the proportion of nonabused people who "remember" abuse.

How prevalent are repressed memories of childhood abuse? Our analysis suggests that there is no absolute answer available. There are few satisfying ways to discover the answer, because we are in the odd position of asking people about a memory for forgetting a memory. Any estimate is likely to depend on just how the elusive concept of repression is being defined. If we set aside for a moment the confusing issue of the definition of repression, our data suggest that remembering abuse is more common than forgetting it.

NOTES

1. There is much confusion in the literature about the use of the terms repression, amnesia, and forgetting. But, the term repression is supposed to connote something beyond the realm of ordinary forgetting (Schacter & Kihlstrom, 1989).
2. The text of the article states that 28% reported severe memory defects. However, the tables of data show that only 14 women were classified with severe memory defects, which is 26%.
3. Earlier in the interview, the women had been asked about a wide variety of traumatic events that may have happened to them, such as fires, killings, and homelessness. One item in that list asked about "sexual assault or rape as a child." To that item, 44 women (42%) responded yes. Later in the interview, all women were asked about abuse using the very specific questions itemized in Table 1. Now, 57 women (54%) said yes. This is further evidence, of course, for the effect on prevalence estimates of precisely how the question is asked.
4. These figures are at the higher end of the range of estimates for sexual abuse in the general population, as summarized by Pope and Hudson (1992).
5. Elsewhere the figure 18%, rather than 19%, has been quoted (Briere, 1993; Loftus, 1993, p. 522). When the percentage of women who claimed some absence of memory was calculated by using the total number of self-reported abuse victims as the denominator (i.e., 10/57), the calculation resulted in the figure of 17.5%. When the percentage was calculated using as the denominator the percent who answered questions about the persistence of memory (10/52), the calculation resulted in the figure of 19.2%.
6. To appreciate Dawes's logic, assume 24% of women are abused and a quarter of these forget. This means 6% of the total sample of women would be contributing to an underestimate. Now assume that 8% of the nonabused group erroneously reports abuse. This means that 6% of the total sample of women ($8\% \times 76\% = 6\%$) would be contributing to an overestimate. The two errors would balance one another and the prevalence estimates would then be accurate.

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