

POSITION STATEMENT

Adult Recovered Memories of Childhood Sexual Abuse

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Background

Sexual abuse of children is a serious and common problem in our society, although exact estimates of its frequency are understandably difficult to obtain. Sexual abuse involves both girls and boys, but all population studies concur in finding that girls are more frequently affected. Broad definitions of sexual abuse include incidents of exhibitionism and touching nongenital areas of the body. More narrow definitions are confined to incidents of unwanted genital touching or penetration by significantly older persons. Until recently, attention to these problems was limited, and their scope was not recognized.

Sexual abuse, like other types of abuse or trauma, is now considered to be a nonspecific risk factor for many psychiatric conditions. These include disorders of anxiety, mood, dissociation, personality, and substance abuse. Although many sexually abused persons do not become psychiatric patients, studies of inpatient and outpatient psychiatric populations have found a higher than expected incidence of a history of sexual abuse. The psychiatric profession is acutely aware of the need for the prevention of sexual abuse and the treatment of victims.

There are many survivors of childhood sexual abuse. This position statement does not refer to survivors of childhood sexual abuse with continuous memories of their ill-treatment, nor does it deal with individuals who have recovered memories that have been corroborated. Serious concern exists about uncorroborated memories recovered in the course of therapy that is narrowly focussed on the enhancement of memory of what is hypothesized to be repressed sexual abuse. Differences of opinion have emerged about the frequency and the veracity of such recovered memories of sexual abuse, which have also been referred to as part of a "false memory syndrome." A further important concern is that poorly trained or misguided therapists have been urging patients, as a specific part of their therapy, to confront and accuse the alleged

perpetrators of the abuse once they have been identified. As a consequence of this type of therapy, members of the patient's family are most often identified and accused. When recovered memories are found to be false, family relationships are unnecessarily and often permanently disrupted. Furthermore, such therapists have been sued for malpractice.

In well-conducted psychotherapy, the focus is on the patient's perceived experience, and a search for proof of the veracity of memories has not been customary. However, when others are publicly accused, especially if legal action is undertaken, the veracity of memory becomes a fundamental issue. The issue then is whether or not recollections of earlier events can be relied upon when they appear after an interval of time (usually years) during which they were not available in consciousness until questions, pressure to recall, suggestions of abuse, or "memory recovery techniques" like hypnosis or narcoanalysis were employed. It is argued that these memories are less reliable than memories that have always been available in consciousness.

Developmental psychology casts doubt upon the reliability of recovered memories from early childhood. The older the child at the time of the event, the more reliable is the memory. Cognitive psychology further finds that memory is an active process of reconstruction that is susceptible to fluctuating external events and to internal effort or drives. If memories of events have not been revisited and cognitively rehearsed in the interval between the occurrence of the events and attention being paid to them some years later, it is not clear that such memories can endure, be accessible, or be reliable.

The controversy over recovered memory has been compounded by certain therapists who use a list of symptoms that are said to indicate the likelihood of individuals having been abused. Common symptoms such as depression, anxiety, anorexia or overeating, poorly explained pains, and other bodily complaints have all been used as proof of alleged

sexual abuse. There is no support for such propositions. Psychotherapy based on these assumptions may lead to deleterious effects. Increases in self-injury and suicide attempts have been reported in some patients given recovered memory treatment.

In response to this controversy, at least four separate bodies have issued statements. These include the American Psychiatric Association (December 12, 1993), the Australian Psychological Society Ltd (Board of Directors, October 1, 1994), the American Psychological Association (November 11, 1994), and the American Medical Association (1994 Annual Meeting). All of these statements recognize and emphasize the seriousness of childhood sexual abuse and of false accusations of childhood sexual abuse. The American Medical Association took the view that it is not yet known how to distinguish true memories from imagined events and that few cases in which adults make accusations of childhood sexual abuse based on recovered memories can be proved or disproved.

The present position statement of the Canadian Psychiatric Association offers brief advice to all members involved in circumstances where recovered memories of sexual abuse play a role. This advice is set out in the form of conclusions and recommendations.

Conclusions and Recommendations

- Sexual abuse at any age is deplorable and unacceptable and should always be given serious attention. All spontaneous reports should be treated with respect and concern and be carefully explored. Psychiatrists must continue to treat patients who report the recollection of childhood sexual abuse, accepting the current limitations of knowledge concerning memory, and maintain an empathic, nonjudgmental, neutral stance.
- Lasting serious effects of trauma at an early age very probably occur, but children who have been sexually abused in early childhood may be too young to accurately identify the event as abusive and to form a permanent explicit memory. Thus, without intervening cognitive rehearsal of memory, such experiences may not be reliably recalled in adult life.
- Reports of recovered memories of sexual abuse may be true, but great caution should be exercised before acceptance in the absence of solid corroboration. Psychiatrists should be aware that excessive emphasis on recovering memories may lead to misdirection of the treatment process and unduly delay appropriate therapeutic measures.
- Routine inquiry into past and present experience of all types of abuse should remain a regular part of psychiatric assessment. Psychiatrists should take particular care, however, to avoid inappropriate use of leading questions, hypnosis, narcoanalysis, or other memory enhancement techniques directed at the production of hypothesized hidden or lost material. This does not preclude traditional supportive psychotherapeutic techniques, based on strengthening coping mechanisms, cognitive psychotherapy, behaviour therapy, or neutrally managed exploratory psychodynamic or psychoanalytic treatment.
- Since there are no well-defined symptoms or groups of symptoms that are specific to any type of abuse, symptoms that are said to be typical should not be used as evidence thereof.
- Reports of recovered memories that incriminate others should be handled with particular care. In clinical practice, an ethical psychiatrist should refrain from taking any side with respect to their use in accusations directed against the family or friends of the patient or against any third party. Confrontation with alleged perpetrators solely for the supposed curative effect of expressing anger should not be encouraged. There is no reliable evidence that such actions are therapeutic. On the contrary, this type of approach may alienate relatives and cause a breakdown of family support. Psychiatrists should continue to protect the best interests of their patients and of their supportive relationships.
- Further education and research in the specific areas of childhood sexual abuse and memory are strongly recommended.