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MEMORIES OF CHILDHOOD SEXUAL ABUSE: A SURVEY OF YOUNG ADULTS

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ABSTRACT

Objective: To explore the prevalence of, characteristics of, and factors associated with forgetting of childhood sexual abuse memories in a large non-clinical sample ($N = 1712$).

Method: Using an anonymous survey, we asked respondents about (a) the nature and severity of their childhood abuse; (b) the continuity of their abuse memories; and (c) their experiences with others suggesting to them that they might have been abused.

Results: A substantial minority of victims in our sample reported having temporarily forgotten their childhood sexual abuse. Forgetting was largely unassociated with victim or abuse characteristics. Compared to individuals who always remembered their abuse, however, individuals who temporarily forgot were more likely to report that someone had suggested to them that they might have experienced abuse. Those who received such suggestions were particularly likely to suspect that they may have experienced childhood sexual abuse that they do not yet remember.

Conclusion: Forgetting may be less common than implied by earlier estimates from clinical samples, yet it is not uncommon. Also, a sizable minority of the population is wondering whether they have experienced unremembered abuse, and these suspicions are linked to having encountered suggestions from others. We discuss the implications of these findings for understanding the phenomenon sometimes labeled repression. © 1998 Elsevier Science Ltd

Key Words—Child sexual abuse, Repressed memory, Memory, Repression, Forgetting, Adult survivor.

A GREAT DEAL of public and professional attention has recently focused on adults' memories of childhood sexual abuse, particularly memories that allegedly surface after many years of repression. Freud originally conceptualized repression as an unconscious process that keeps emotionally laden thoughts out of conscious awareness, resulting in amnesia for the trauma-inducing experience (Freud, 1920/1966). Thus, otherwise debilitating memories of trauma are avoided due to their painful content and sometimes eventually repressed from conscious awareness. Some maintain that these repressed memories remain relatively intact in the unconscious from which they may be recovered later in life, and that recovery of these traumatic memories is important in obtaining relief from anxiety the memories bring about (e.g., Bass & Davis, 1988; Terr, 1994).

Recent surveys reveal that the basic psychoanalytic concept of repression is accepted among many practicing therapists (Bottoms, Diviak, Goodman, Tyda, & Shaver, 1995; Polusny & Follette, 1996; Poole, Lindsay, Memon, & Bull, 1995; Yapko, 1994). But others contend that some recovered memories (particularly those involving unlikely claims of UFO abduction or satanic

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ritual abuse, Bottoms, Shaver, & Goodman, 1996; Newman, 1997) may be falsely created in response to various sources of suggestion, including popular press books, the media, and some therapists who use highly suggestive memory recovery techniques such as hypnotic age regression and guided imagery (e.g., Bottoms & Davis, 1997; Lindsay & Read, 1995; Loftus, 1993). These critics do not deny the possibility that actual abuse could be forgotten, then later remembered. Instead, it is argued that there is little scientific evidence supporting the classic psychoanalytic concept of repression (e.g., Holmes, 1990; Kihlstrom, 1996; Lindsay & Read, 1994) and that common cognitive processes may account for forgetting and subsequent recall of childhood abuse (Kihlstrom, 1995, 1996).

Given the current controversy, it is critically important that researchers investigate victims' reports of childhood sexual abuse memories. On the one hand, the clinical and legal implications of embracing false memories of childhood abuse are potentially serious: Clients may come to believe they have suffered terrible abuses that never actually occurred, and innocent individuals may be falsely accused and convicted of crimes they never committed. On the other hand, maligning the credibility of victims who actually experienced abuse and thereby thwarting their clinical recovery and legal retribution is an equally troubling prospect.

An important first step toward understanding the repressed memory phenomenon is to explore the prevalence of reports of recovered abuse memories, the demographic profile of alleged victims, and correlates of forgetting in the general population. Is the experience of temporarily forgetting abuse common? Who reports recovered abuse memories? Do abuse experiences that are never forgotten differ from those that are temporarily forgotten or repressed? Can such differences provide insight about the validity of psychoanalytic theories of forgetting? We sought answers to these questions and others by surveying a large, non-clinical sample of young adults about their experiences with and memories of childhood sexual abuse. In this article, we provide a comprehensive review of existing studies that informed our research, describe our methods and findings, discuss the implications of our results for understanding sexual abuse memories, and suggest future directions for research on this important topic.

The Prevalence of Temporarily Forgotten Memories of Child Sexual Abuse

There is a small, but growing body of research investigating the prevalence of forgotten childhood sexual abuse. Methodologies and findings are mixed (hence one impetus for our own study). Research with clinical samples suggests a high prevalence. Herman and Schatzow (1987) found that 64% of their clinical sample of female incest survivors reported at least "some degree of amnesia" for their abuse. (See Table 1 for exact criterion used to assess forgetting and a summary of the results of each study we review.) Briere and Conte (1993) reported that 59% of their mixed-gender sample of adults in treatment for sexual abuse reported experiencing some time "when they could not remember" their abusive experience. In Cameron's (1996) survey of women abuse victims referred by therapists, 53% had no memory of their abuse for a discrete period of time. Loftus, Polonsky, and Fullilove (1994) reported a somewhat lower rate: 31% of their sample (women abuse survivors in treatment for substance abuse) reported experiencing at least "some forgetting" of childhood sexual abuse.

In a study that is particularly commendable because it did not rely on unsubstantiated retrospective reports, Williams (1992, 1994) interviewed 129 women for whom a target incident of childhood sexual abuse was documented during a hospital visit 17 years earlier. When asked to describe all their childhood abuses, 38% failed to report the target incident from the hospital records (which was not specifically mentioned by the interviewer), even though most of those women reported other abuse experiences that were as traumatic or embarrassing. Further, 16% ($N = 12$) of the 75 women who did report the target abuse said they had experienced a "time when they did not remember that the abuse had happened to them" (Williams, 1995). As others have

Table 1. Previous Studies of the Prevalence of Forgetting Childhood Abuse Experiences

Study	Forgetting Criterion	Total <i>N</i>	Total <i>N</i> Abused	Percent Endorsed
Briere & Conte (1993) ^a	During the period of time between when the first forced sexual experience happened and your eighteenth birthday was there ever a time when you could not remember the forced sexual experience?	450	450	59
Cameron (1994) ^b	No memory of the abuse for a discrete period of time. Recovered memories prior to treatment.	46	46	53
Elliott & Briere (1995) ^a	Complete amnesia—Was there ever a period of time when you had no memory of this event?	505	116	22
	Partial amnesia—Was there ever a period of time when you had less memory of this event than you do now?	505	116	20
Feldman-Summers & Pope (1994) ^b	Whether there had been a period of time when the participant could not remember some or all of the abuse.	330	72	35
Herman & Schatzow (1987) ^b	Severe amnesia: could recall very little from childhood, reported recent eruption into consciousness of memories that had been entirely repressed, or recall occurred during the course of group treatment.	53	53	28
	Mild to moderate amnesia: not aware of major gaps in memory but reported recent recall of new memories or recovered some additional memories during group treatment.	53	53	36
Melchert (1996) ^a	Was there ever a time when you had no memories of your sexual abuse, and then later the memories came back to you?	553	74	18
Loftus et al. (1994) ^a	Which of the following experiences best characterized your memory?			
	Some people have remembered parts of the abuse their whole lives, while not remembering all of it.	105	57	12
Polusny & Follette (1996) ^b	Some people forget the abuse for a period of time, and only later have the memory return.	105	57	19
	Had only partial memories of abuse that existed before participating in any therapy	223	58	31
Sheiman (1993) ^b	Had no memories of abuse before entering therapy and subsequently recalled such memories during therapy	223	58	3
	Whether there had ever been a time when they had been unable to remember their abuse.	196	23	48
Williams (1995) ^a	Was there ever a time when you did not remember that this had happened to you?	75	75	16

^a Exact wording of eliciting question used to assess forgetting.

^b Criterion used to assess forgetting. (Exact wording unavailable from published report.)

noted (e.g., Pope & Hudson, 1995), the 38% may include women who had various reasons for failing to report the abuse. For example, unless these women subsequently retrieve their abuse memories, they may only have experienced common forgetting, not the repression/recovery process popularized in the media and clinical literature (Loftus, Garry, & Feldman, 1994). Findings from a study by Femina, Yeager, and Lewis (1990) suggest other possibilities: Of 69 individuals interviewed during adolescence and again 9 years later about negative childhood experiences, 38% reported information that differed at each interview. Specifically, 18 participants denied physical and/or sexual abuse during the second interview that was documented during the first interview, and 8 participants reported abuse at the second interview that they had denied during the first

interview. When Femina and colleagues (1990) challenged their participants with what they knew to be true, the individuals reported a range of reasons for their failure to report including embarrassment, a desire to protect the perpetrator, and a desire to forget the experiences.

There have been two surveys of practice-oriented American Psychological Association (APA) division members who were victimized as children. Feldman-Summers and Pope (1994) found that 49% of therapists who experienced childhood sexual abuse reported experiencing a time period during which they “forgot some or all of” the abuse. Polusny and Follette (1996) reported that, prior to entering therapy, 31% of therapists had only partial memory and 3% ($N = 2$) had no memory of their own sexual abuse.

Three surveys of college students have yielded discrepant estimates of forgetting: Sheiman (1993) found that 48% of victims in a very small sample of college students reported experiencing temporary “amnesia” for abuse memories. In contrast, only 18% of sexually abused students from a larger sample studied by Melchert (1996) reported periods of forgetting. Using a somewhat different methodology, Golding, Sanchez, and Segó (1996) found that 13% of 613 students reported that they “had recalled a repressed memory” of any kind. The most often cited repressed event was sexual abuse (for 23%, or approximately 18, of the 13% who repressed a memory of any kind).

Finally, in the only survey of a community sample, Elliott and Briere (1995; see also Elliott, 1997) found that 42% of victims reported experiencing some period during which they “had less memory” of their sexual abuse than they did at the time of the survey.

In summary, a significant number of childhood sexual abuse victims report forgetting their abuse at some time, then later remembering it. But the discrepancies among results preclude drawing accurate estimates of the real prevalence of forgetting. The discrepancies are probably attributable to different methodologies and specialized or small samples. Clearly, additional studies of larger, more representative samples are needed. In the present study, we examine the prevalence of sexual victimization and forgetting in the largest, non-clinical sample of young adults surveyed to date.

Correlates of Forgetting

Why do some, but not all, victims report forgetting? Victim and abuse characteristics are two possible avenues of investigation, the former having received less attention than the latter.

Victim characteristics: Race and gender. Should we expect differences in forgetting and recovering memories as a function of victim characteristics such as race or gender? Previous research has found no differences in child sexual abuse victimization rates as a function of race or ethnicity (Elliott & Briere, 1995; Finkelhor & Baron, 1986; Russell, 1986; Wyatt, 1985). However, if recovery of memories (true or false) is triggered by therapy, then ethnic and gender differences might exist in reported rates of recovering memories, if only because there are individual differences in utilization of mental health services: African Americans obtain outpatient treatment more often than Caucasians, while Hispanics and Asian Americans use these services less (Hough, Landsverk, Karno, Burnam, Timbers, Escobar, & Regier, 1987; Snowden & Cheung, 1990; Sue, Fujino, Hu, Takeuchi, & Zane, 1991). Further, compared to men, women are more likely to seek therapy for emotional problems (Shapiro et al., 1984) and to have suffered childhood abuse (e.g., Finkelhor & Baron, 1986), which may lead one to seek therapy.

Although some researchers have included significant numbers of minorities in their samples (i.e., the samples of Loftus et al., 1994 and Williams, 1994, 1995 were mostly African American), only Elliott and Briere (1995) examined rates of forgetting as a function of race. They found no significant differences between African American and Caucasian participants. Among studies including both men and women, findings have been mixed in terms of statistical significance (probably because of small sample sizes), but not in terms of the direction of findings. Golding and

colleagues (1996) found that significantly more women (14%) than men (9%) reported repressing a memory of any kind, and the difference between the rates of women's and men's reported forgetting of sexual abuse was marginally significant (i.e., 29% of women and 6% of men who reported a repressed memory of any kind). Polusny and Follette (1996) found rates of 33% for women and 25% for men, a difference that did not reach statistical significance. Neither Melchert (1996) nor Feldman-Summers and Pope (1994) reported significant gender differences, but neither reported the rates of forgetting of sexual abuse as a function of gender. Finally, Bottoms and colleagues (1995) found that APA-member therapists report that the majority of their clients who recover sexual abuse memories in their practices are women (88%), concurring with reports that women make most of the childhood sexual abuse claims reported by accused parents to the US False Memory Syndrome Foundation (90%; Wakefield & Underwager, 1992) and the British False Memory Syndrome Foundation (87%; Gudjonsson, 1997). Thus, when there are gender differences, they are in the direction of women being more likely than men to report forgetting of their abuse. Statistical significance may not be the best indicator of differences due to the small number of participants in previous studies. We used a large sample that was diverse in terms of gender and ethnicity to further explore the relation between victim characteristics and forgetting.

Abuse characteristics. From a classic psychoanalytic perspective, forgetting should be most likely in cases involving the most traumatic, emotionally disturbing instances of abuse, because the function of repression is to guard against anxiety-producing memories. Thus, severe abuse should be more likely to be temporarily forgotten than less severe abuse. Markers of emotional severity may include abuse characteristics such as emotional closeness of perpetrator to victim (Freyd, 1996), repeated incidence, early age of onset, and perceived emotional scarring. Findings from recent studies of the relation of severity to forgetting are mixed. Consistent with a psychoanalytic perspective, some have found that forgetting is associated with more severe abuse: abuse that has an early age of onset (Briere & Conte, 1993; Cameron, 1996; Herman & Schatzow, 1987; Williams, 1995), is repeated over a long period of time (Briere & Conte, 1993), and is perceived as emotionally scarring (Elliott & Briere, 1995). In an examination of allegations of religion-related and ritualistic child sexual abuse encountered by (and reported by) clinicians, Qin, Goodman, Bottoms, and Shaver (1998) found that, compared to cases in which repression was not indicated, cases with allegations of repressed memory involved more bizarre and serious allegations, more perpetrators and victims, and an earlier age of onset and longer duration of abuse. However, Qin and colleagues also concluded that those cases were less likely to be true than cases not involving repression.

Interestingly, as many studies have found no relation between abuse severity and forgetting in terms of closeness to perpetrator (Loftus et al., 1994; Qin et al., 1998), early age of onset (Elliott & Briere, 1995; Melchert, 1996), emotional impact (Williams, 1995), number of reported incidents (Melchert, 1996), or duration of abuse (Cameron, 1996; Elliott & Briere, 1995). Also in contrast to a strict psychoanalytic perspective, researchers have found that children retain memories of nonsexual but extremely traumatic events such as being involved in a sniper attack (Pynoos & Nader, 1989), concentration camps (Chodoff, 1970), or kidnapping (Terr, 1979). To explain this discrepancy, some argue that sexual abuse is more secretive and embarrassing than events such as kidnapping, thus may be forgotten or repressed for reasons other than the level of trauma (Fredrickson, 1992), but we know of no empirical support for this theory. Terr (1994) has proposed another explanation, specifically, that events such as kidnapping are unlikely to be repressed because repeated or longstanding traumas ("Type II traumas") have an increased likelihood of leading to denial and repression than traumas that are experienced only once ("Type I traumas"). Although this may explain the fact that the children of the Chowchilla, California kidnapping (whom Terr studied) retained vivid memories of the abduction, it does not explain the consistent memories of those who suffered repeatedly in concentration camps. Further, there is little empirical support for Terr's (1994) distinction between Type I and Type II traumas

(Loftus & Ketcham, 1994) and the theory is counter to a more traditional cognitive model of memory, wherein frequency of exposure to a stimulus or event is correlated with better, not worse, memory for an event or an event script (e.g., Klatzky, 1980; Schank & Abelson, 1977; see Lindsay & Read, 1995, for discussion).

Methodological Concerns in Prevalence Studies

Critics have raised several methodological concerns about previous investigations of the prevalence and correlates of forgetting (e.g., Pope & Hudson, 1995). For example, the generalizability of studies relying on clinical or otherwise specialized samples may be suspect. The APA-member psychologist samples (i.e., Feldman-Summers & Pope, 1994; Polusny & Follette, 1996) included only highly educated individuals who, because of psychological training, may label more or different experiences as childhood sexual abuse than would the general population. Studies of individuals who are in treatment for childhood sexual abuse (e.g., Briere & Conte, 1993; Cameron, 1996; Herman & Schatzow, 1987) may underestimate the prevalence of forgetting: Individuals who have not sought treatment may have forgotten and not yet remembered their abuse. Alternatively, results from clinical samples may overestimate forgetting: Compared to members of the general population who have not sought therapy, therapy clients may have been more disturbed by their abuse, and in turn, more likely to forget the abuse. Further, some research suggests that therapy is often the trigger for recovery of previously forgotten sexual abuse memories (Bottoms et al., 1995), either because therapy provides appropriate memory retrieval cues, or because it exposes clients to misleading suggestions (Dawes, 1994; Lindsay & Read, 1994; Loftus, 1993; Pruitt & Kappius, 1992). If the latter is true, prevalence rates from clinical samples may be inflated by the inclusion of false memories of abuse. Other research, however, fails to find that the recovery of sexual abuse memories is triggered by therapy more than by other potential cues (Elliott, 1997; Polusny & Follette, 1996). At any rate, all of these possibilities indicate that caution should be exercised in generalizing clinical findings to the general population.

Studies of college samples (Golding et al., 1996; Melchert, 1996; Sheiman, 1993) and community samples (Elliott & Briere, 1995) may be more representative. But, one of these (Golding et al., 1996) did not specifically measure the percentage of victims who forgot sexual abuse, and estimates from the remaining studies vary widely (from 18% to 48%). Although some variance among studies may be attributable to differences in question wording, sample size may also be a potential explanatory factor. As shown on Table 1, several of the studies had very small samples, which threatens the validity of their prevalence estimates. For example, Sheiman (1993) had only 23 victims in her college sample. Sample size is particularly important when isolating correlates of forgetting—one must obtain a sizeable number of participants who both experienced childhood sexual abuse *and* forgot part or all of the incident for some time period. Of Sheiman's 23 victims, only 11 reported forgetting, precluding investigation of factors associated with forgetting. Melchert's (1996) sample was larger, but included only 74 victims. Only Briere and Conte's (1993) sample included a substantial number of victims ($N = 450$), yet it was a clinical sample. All other studies included between 23 and 116 abuse victims who, as a group, were often too homogeneous to support comparisons across race and gender. Larger scale studies of non-specialized samples are needed to determine whether previous findings accurately represent: (a) the prevalence of forgetting childhood sexual abuse memories; (b) characteristics of individuals who never forget and those who temporarily forget their abuse; and (c) characteristics of abuse that is and is not forgotten. We conducted the present study to meet these needs.

Suspicious and Suggestions of Abuse

Information about repression and memory recovery has begun to saturate the lay culture (Bottoms & Davis, 1997; Lindsay & Read, 1995). Bookstores are filled with popular-press self-help

books that sell the public on concepts such as repression and the importance of memory recovery for resolving all sorts of current life difficulties. Television shows, films, and novels also depict repression and memory recovery as psychological fact (e.g., Carter, 1993; Smiley, 1992). Golding and colleagues (1996) found that one correlate of media exposure is a significant degree of belief in the validity of repression, particularly among women, at whom many of the self-help books are aimed (e.g., Bass & Davis, 1988; Frederickson, 1992). Increased media attention to repressed memory may also be responsible for an increase in the number of people who believe they have recovered a repressed memory of any kind (13% of undergraduates surveyed by Golding and colleagues reported recovering some type of memory, and 22% said they knew someone else who had). Have a significant portion of the public also begun to worry that they may be victims of unremembered sexual abuse? This question has important implications. Some individuals (particularly those troubled by diffuse psychological problems) may be driven by cultural suggestions to suspect that they experienced unremembered abuse, and to believe that the memories must be recovered to resolve current psychological symptoms. They may read books or seek therapy that is supportive of these beliefs, and in turn, may “recover” abuse that never really happened. Thus, it is important to determine whether members of the general population suspect that they have suffered abuses that they do not (yet) remember. We examined the prevalence of such suspicions in our sample.

We also investigated whether recovering abuse memories or having suspicions of an unremembered abuse history are related to having received suggestions from others regarding abuse. Specifically, suggesting to someone that he or she might have been abused may lead that person to think about the possibility of past abuse and to suspect that he or she may have been abused. In turn, it might lead one to actually recover a memory of abuse (Lindsay & Read, 1995). If created after protracted rumination initiated by the suggestion, that recovered memory might be false, especially if the person making the suggestion is a trusted authority figure such as a relative or therapist. Alternatively, the memory might be accurate, remembered in response to the suggestion which simply served as a necessary retrieval cue (for discussion of cuing or context reinstatement, see Anderson, 1990; Kihlstrom, 1995; Klatzky, 1980). To our knowledge, we are the first to explore the relation between suggestion and remembering or suspecting personal abuse.

OVERVIEW AND HYPOTHESES

We explored reports of abuse and subsequent forgetting in a large, culturally diverse, mixed-gender sample of university students—the youngest current cohort of adults abused as children. Although students may not be an entirely representative sample of the entire population, such a sample allows greater generalizability than many specialized and clinical samples, because it includes many individuals not in treatment and a fairly representative mix in terms of gender and ethnicity. Using an anonymous survey, we asked respondents about their experiences with and memories of childhood sexual abuse. Specifically, we asked about the nature and severity of their abuse experiences and the continuity of their memories for the abuse. In addition, we asked whether respondents suspected that they had been abused and whether anyone had suggested to them that they had been abused.

Our research was motivated by the need to determine whether previous findings concerning the prevalence and correlates of forgetting would replicate in a large, representative sample, and to determine the relation between suggestions of abuse and forgetting or suspecting that one might have been abused. We predicted that the rate of victimization and demographic correlates of victimization in our sample would replicate established estimates (e.g., Finkelhor & Baron, 1986), and that the rate of forgetting abuse among victims would be in the range of 18% to 42% (closest to estimates derived from the most representative samples to date: Briere & Elliott, 1995, and

Melchert, 1996). We expected that more women than men would report both abuse and forgetting of abuse, and that these findings would generalize across participant race/ethnicity.

In light of discrepancies in the literature concerning the relation between abuse characteristics and forgetting, we were hesitant to make specific predictions concerning the profile of abuse that would be associated with forgetting. A psychoanalytically oriented perspective would predict that temporarily forgotten abuse would be perceived by victims to be most severe in terms of young age of onset, high frequency of abuse, close emotional relationship to perpetrator, and significant emotional scarring.

Finally, given the recent popularization of the belief that repression can occur and that recovering abuse memories relieves negative psychological symptoms, we predicted that a significant minority of participants (more women than men) would report suspecting that they had experienced unremembered abuse and that they had received suggestions from others concerning the possibility that they had been abused in the past. We expected that both temporarily forgetting then recovering an abuse memory and having suspicions of unremembered abuse would be associated with having received suggestions that one has been abused.

METHOD

Participants

We surveyed 1,712 students (772 men and 940 women) from the University of Illinois at Chicago, a large, urban university. Students participated anonymously in return for Introductory Psychology course credit. The sample was culturally diverse (12% African American, 18% Hispanic, 18% Asian American, 48% Caucasian, and 4% other) and ranged in age from 18 to 49 years old ($M = 20$ years). Mean and median parental income was in the \$40,000 to \$49,000 range ($mode = \$30,000$ to \$39,000), and 66% had at least one parent who had attended some college.

Materials

Demographic Questionnaire. This questionnaire was used to gather demographic information about participants: gender, race, and parental education and income levels. Parental income was measured with a 9-point scale that represented various income brackets ranging from 1 (\$0,000–\$9,999) to 9 (over \$80,000). Maternal and paternal educational levels were measured separately using 5-point scales ranging from 1 (some high school) to 5 (post-college study). Respondents were asked to record their mother's and father's occupations, which were coded based on the Hollingshead 9-point Occupational Scale (Hollingshead, 1975).

Sexual Abuse Questionnaire. This questionnaire was designed to collect information about the childhood sexual abuse experiences of respondents. It was purposely designed to allow for comparisons to previous studies. Participants were first asked, "Have you yourself ever been the victim of child sexual abuse; that is, as a child, 17 years old or younger, did you have sexual contact that you did not want?" Those who had suffered abuse were asked to indicate how old they were when it first happened to them, the frequency with which they experienced the abuse on a scale ranging from 1 (*once*) to 7 (*repeatedly*), their relationship to the perpetrator on a scale ranging from 1 (*parent or close relative*) to 7 (*stranger*), and the degree to which they were emotionally scarred by the abuse on a scale ranging from 1 (*not at all*) to 7 (*a great deal*). To measure forgetting, victimized participants were asked, "Was there ever a time when you could not remember this abuse experience?" This question was modeled after questions used by previous researchers, including Briere and Conte (1993), Feldman-Summers and Pope (1994), and Williams (1995). (For one of the five subsamples, the question used to assess forgetting differed slightly, ending with the

additional tag, “. . . even if you tried to?” There were no significant differences between rates of forgetting in each subsample, $\chi^2(4, N = 271) = 7.46, p > .05$.) Finally, all participants were asked, “Have you ever suspected that you experienced child sexual abuse that you do not remember?” “How strongly do you suspect this?” (answered on a scale from 1 *only slightly* to 7 *very strongly*), and “Has anyone ever suggested to you that you may have experienced sexual abuse in your past that you do not remember?”

Procedure

Participants completed the anonymous survey in mixed-gender groups of approximately 10 to 25 students during the course of five unrelated experiments (mock jury simulations in which participants made judgments about a mock child sexual abuse case as if they were actual jurors).

RESULTS

We first describe characteristics of the childhood sexual abuse reported by our participants, then we consider our central questions concerning experiences of forgetting: (a) prevalence rates of forgetting; (b) abuse and victim characteristics associated with forgetting; (c) prevalence of suspecting one has suffered abuse that one does not remember; and (d) the relation between victims' experiences with others' suggestions, forgetting, and suspicion of unrecovered abuse memories.

Child Sexual Abuse Victimization: Prevalence and Risk Factors

Overall, 17% ($N = 283$) of our sample reported that they had experienced unwanted sexual contact prior to age 18. We used separate chi-square analyses to test for differences in reporting of child sexual abuse as a function of gender, socioeconomic indicators, and ethnicity/race. As expected, more women (26%, $N = 234$) than men (7%, $N = 49$) reported victimization, $\chi^2(1, N = 1651) = 107.99, p < .001$. These percentages are consistent with previous findings that childhood sexual victimization is reported by approximately one in four women (e.g., Elliott & Briere, 1995 [30%]; Finkelhor, Hotaling, Lewis, & Smith, 1990 [27%]; Martin, Anderson, Romans, Mullen, & O'Shea, 1993 [25%]) and by fewer men (Elliott & Briere, 1995 [14%]; Haugaard & Emery, 1989 [5%]).

Although the victimization literature reveals that physical abuse is related to parental class and socioeconomic status (e.g., Pelton, 1981; Straus, Gelles, & Steinmetz, 1980; Straus, 1994), sexual abuse generally is not (e.g., Elliott & Briere, 1995; Finkelhor & Baron, 1986; Russell, 1986). This was largely supported in our sample: There were no significant differences in victimization rates as a function of parental income, $\chi^2(8, N = 1532) = 5.56, p > .05$, or maternal education level (for victims, $M = 2.93$; for nonvictims, $M = 2.80$; $F[1, 1565] = 2.50, p > .05$). Victims did, however, report significantly higher paternal education levels ($M = 3.22$) than nonvictims ($M = 2.95$), $F(1, 1503) = 8.30, p < .01$; specifically, 48% of victims' fathers and 38% of nonvictims' fathers completed college. This finding may illustrate that individuals from educated families are more likely to report victimization on surveys than individuals from less educated families (Sparks, 1981).

There was a significant difference in abuse rates as a function of race/ethnicity, $\chi^2(3, N = 1,488) = 14.72, p < .01$. African Americans reported the highest frequency of childhood victimization (26%, $N = 47$), while Caucasians reported the lowest (14%, $N = 106$). Hispanics (17%, $N = 50$) and Asian Americans (17%, $N = 48$) had rates that fell between the two extremes. (The 4% who reported their race to be “other” were excluded from these analyses.) The effect of race remained significant after controlling for gender and for parental income, educational levels, and occupa-

tional status in a logistic regression predicting reporting of sexual abuse, $Wald = 8.97, p < .05$. This finding is surprising because previous research has found no differences in sexual abuse victimization rates as a function of race or ethnicity (Elliott & Briere, 1996; Finkelhor & Baron, 1986; Russell, 1986; Wyatt, 1985) and because African Americans tend to underreport other potentially stigmatizing experiences such as drug use and bisexuality (Fendrich & Vaughn, 1994; Fendrich & Xu, 1994; Stokes, McKirnan, Doll, & Burzette, 1996). Our finding could indicate a higher rate of childhood victimization for this cohort of African Americans. Alternatively, it could indicate that African Americans are more willing to report victimization. For example, because they are more likely to utilize mental health services than other racial groups (e.g., Snowden & Cheung, 1990; Sue et al., 1991), they may be less likely to feel stigmatized by reporting victimization or more likely to label their experiences as abuse. Regardless, without replication, we are reluctant to conclude that we have uncovered a meaningful racial difference that will generalize to other samples.

Prevalence and Correlates of Forgetting

We asked the 283 alleged victims in our sample to tell us if they had experienced “a time when they could not remember their abusive experience.” Eighteen (6%) of the victims failed to respond to this question, and 80 responded affirmatively. Thus, 30% of those who responded reported temporary forgetting. Chi-square analyses revealed no significant difference in rates of forgetting as a function of ethnicity, $\chi^2(3, N = 250) = 1.61, p > .05$, and only a marginally significant difference as a function of gender, $\chi^2(1, N = 271) = 2.57, p = .10$. Men’s rate of forgetting (20%, $N = 10$) was somewhat lower than women’s (32%, $N = 71$).

The relation between temporary forgetting and abuse characteristics was examined in a series of separate 2 (gender) \times 2 (forgetting: not forgotten or temporarily forgotten) between-subjects analyses of variance (ANOVAs). We collapsed across race/ethnicity for all analyses, because preliminary 2 (gender) \times 4 (race: African American, Asian American, Caucasian, or Hispanic) and separate 2 (forgetting) \times 4 (race) ANOVAs revealed no significant main effects or interactions involving race. (There were not enough participants to support valid ANOVAs testing simultaneously for race, gender, and forgetting.)

Age of abuse onset. Victims reported first experiencing childhood sexual abuse when they were, on average, 9½ years old ($range = 1$ to 17 years). Consistent with other research (Anderson, Martin, Mullen, Romans, & Herbison, 1993; Finkelhor & Baron, 1986), about 35% reported victimization beginning between ages 4 and 7, and 36% reported victimization beginning between ages 8 and 12. Four people (1.5%) reported experiencing the onset of their abuse before age 3 (one at age 1 and three at age 2), ages thought to be within the boundary of infantile amnesia (Kihlstrom & Harackiewicz, 1982; Pillemer & White, 1989). All four were women, three of whom reported temporary forgetting. Research on the pervasiveness of infantile amnesia provides good reason to be skeptical of abuse allegations supposedly recalled from such young ages (Howe & Courage, 1993). However, because the question we asked respondents concerned abuse onset, not duration, we cannot be sure that these individuals experienced the abuse entirely before their third birthday; that is, the abuse could have begun at age 1 or 2 and extended throughout later years of childhood. Even so, we conducted all analyses twice: once with these individuals, and once without them. The analyses we report below include these four individuals, because there was only one difference in the patterns of significance. Specifically, the gender \times forgetting interaction we describe next became only marginally significant, $F(1, 255) = 3.55, p < .06$, when the four individuals were dropped from the sample.

Always-remembered abuse had a later age of onset ($M = 10$ years) than temporarily forgotten abuse ($M = 8$ years), $F(1, 259) = 15.95, p < .001$ (see Table 2). However, a significant gender \times

Table 2. Mean Ratings of Various Abuse Severity Indicators as a Function of Gender and Whether the Abuse Was Ever Forgotten

Was Abuse Forgotten?	Gender		<i>M</i>
	Women	Men	
Age of Abuse Onset (in Years) ^{a,b}			
Forgotten	7.74	9.40	7.95
Not forgotten	10.25	8.92	10.03
<i>M</i>	9.49	9.02	
Relationship to Perpetrator (Ranging from 1 <i>Parent or Close Relative</i> to 7 <i>Stranger</i>)			
Forgotten	2.90	3.60	2.96
Not forgotten	3.17	3.64	3.29
<i>M</i>	3.10	3.63	
Frequency of Abuse (Ranging from 1 <i>Once</i> to 7 <i>Repeatedly</i>)			
Forgotten	3.07	3.30	3.10
Not forgotten	2.97	2.74	2.92
<i>M</i>	3.00	2.87	
Emotional Scarring (Ranging from 1 <i>No, Not at All</i> to 7 <i>Yes, a Great Deal</i>) ^c			
Forgotten	4.91	3.90	4.79
Not forgotten	5.14	3.89	4.89
<i>M</i>	5.07	3.89	

^a Significant main effect of forgetting, $F(1, 259) = 15.95, p < .001$.

^b Significant interaction of gender and forgetting, $F(1, 259) = 4.02, p < .05$.

^c Significant main effect of gender, $F(1, 258) = 14.60, p < .001$.

forgetting interaction, $F(1, 259) = 4.02, p < .05$, revealed that this was true only for women (simple effects $F[1, 214] = 19.94, p < .001$). Consistent with previous research (e.g., Finkelhor et al., 1990; but see Pierce & Pierce, 1985), there was no significant main effect of gender, $F(1, 259) = 1.19, p > .05$.

Relationship to perpetrator. As is generally true (e.g., US Department of Health and Human Services, 1996), victims were more often abused by individuals closely related to them than by strangers (see Table 2). There was no significant difference in emotional closeness of the victim-perpetrator relationship as a function of gender, $F(1, 259) = 2.50, p > .05$, or whether the abuse had been forgotten, $F(1, 259) = 1.23, p > .05$, and there was also no significant interaction, $F(1, 259) = .15, p > .05$.

Frequency of abuse. Generally, individuals were more likely to report that their abuse happened only once (36%) than repeatedly (14%). There was no difference in frequency as a function of gender, $F(1, 252) = .11, p > .05$, nor whether the abuse was temporarily forgotten or not, $F(1, 252) = .35, p > .05$ (see Table 2). There was no significant interaction between these two variables, $F(1, 252) = .29, p > .05$.

Emotional scarring of abuse. The level of perceived emotional scarring reported by individuals who temporarily forgot their abuse did not differ from the scarring reported by individuals who always remembered their abuse, $F(1, 258) = .57, p > .05$ (see Table 2). However, women reported being significantly more emotionally scarred by their abuse experiences than did men, $F(1, 258) = 14.60, p < .001$. There was no significant interaction effect, $F(1, 258) = .10$. The types of abuse experienced by men and women may have differed in severity (as found by Briere, Evans, Runtz, & Wall, 1988), but we cannot be sure because we did not ask participants to specify the type of abuse they experienced.

Alternatively, women may be more likely to admit the degree to which they find their abusive

experiences upsetting and men may try to minimize their victimization, as has been shown in research by Varia, Abidin, and Dass (1996). Finally, although it may be the least plausible alternative, men may be less traumatized by their past abusive experiences than are women, as suggested by some (Sigmon, Greene, Rohan, & Nichols, 1996), but not other (Briere et al., 1988) research.

Suspicion and Suggestion of Abuse Memories

Ten percent ($N = 169$) of all respondents indicated that they “suspected that they had experienced childhood sexual abuse that they do not remember” and 5% ($N = 73$) indicated that someone had at some time “suggested to them that they may have experienced sexual abuse in their past that they do not remember.” The mean strength of their suspicions was 3.89, with ratings evenly distributed across our 7-point strength scale.

Individuals who received suggestions from others were significantly more likely to report having been victimized as a child (41%, $N = 30$) than individuals who received no such suggestions (16%, $N = 222$), $\chi^2(1, N = 1458) = 30.48, p < .001$. And, of those reporting victimization, those who received suggestions were twice as likely to report that they had experienced temporary forgetting of their abuse (57%, $N = 17$) than individuals who received no suggestions (27%, $N = 59$), $\chi^2(1, N = 252) = 11.36, p < .001$. Finally, individuals who received suggestions ($N = 73$) were seven times more likely to suspect that they had experienced unremembered abuse (63%, $N = 46$) than individuals who received no suggestions (9%, $N = 118$), a statistically significant difference, $\chi^2(1, N = 1449) = 204.68, p < .001$.

As we predicted, there were gender differences in the likelihood of receiving abuse suggestions and suspecting a forgotten history of sexual abuse. Significantly more women (6%, $N = 51$) than men (3%, $N = 22$) reported that someone had suggested abuse to them, $\chi^2(1, N = 1462) = 7.30, p < .01$, and three times more women (15%, $N = 131$) than men (5%, $N = 38$) reported that they had at some time suspected having a history of abuse that they could not currently remember, $\chi^2(1, N = 1565) = 40.45, p < .001$. However, a 2 (gender) \times 2 (abuse status: reported victimization or not) ANOVA revealed that women’s suspicions were not significantly stronger ($M = 4.10$) than were men’s ($M = 3.16$), $F(1, 164) = 2.54$. Finally, those who reported victimization were more confident in their suspicions, $M = 5.10$, than were those who did not report childhood victimization, $M = 3.05$, $F(1, 164) = 41.41, p < .001$.

DISCUSSION

To summarize our results, a substantial minority (30%) of childhood sexual abuse victims in our sample experienced time periods during which they forgot their abuse. Our results suggest that forgetting may not be as widespread as initially thought based on estimates obtained from earlier, often-cited studies of clinical samples (e.g., Briere & Conte, 1993). As expected, our rate falls midway between rates obtained in the two most representative studies to date (i.e., Elliott & Briere, 1995; Melchert, 1996). Contrary to psychoanalytic theory, temporary forgetting was generally not explained by abuse or victim characteristics. Finally, our hypotheses regarding suspicions and suggestions were confirmed: Some of our participants (more women than men) reported suspecting they had experienced abuse that they do not yet remember and that they had received suggestions from others concerning the possibility that they had been abused in the past. Those who received suggestions were far more likely than other individuals to suspect that they had suffered unremembered abuse. We now consider the implications of our findings for theory, practice, and future research.

The Correlates of Forgetting

Although the literature has been quite mixed, our data suggest that victim and abuse characteristics explain little about temporary forgetting of abuse memories. As expected, there were no reliable differences across victim race. We found only a marginal gender effect in forgetting, yet this difference was in the expected direction: Men were less likely to report temporary forgetting than women, who also reported being more emotionally scarred by their abuse. (We discuss the role of gender in the repressed memory controversy in more detail below.)

Contrary to psychoanalytic predictions, forgetting was unrelated to abuse severity in terms of frequency of abuse, emotional closeness of perpetrator, or degree of emotional scarring. Specifically, in contrast to the findings of Briere and Conte (1993), but in keeping with the findings of Cameron (1996), Elliott and Briere (1995), and Melchert (1996), we found no relation between frequency of abuse and forgetting. Our data do not support Terr's (1994) psychoanalytic proposal that repetition leads to increased psychological trauma, which in turn increases the likelihood of repression or forgetting. This gender effect might have reached statistical significance had our sample included more males who forgot their abuse. (Our sample only included 10, even though we had a very large total sample.)

As did Loftus and colleagues (1994), Qin and colleagues (1998), and Williams (1995), we also failed to find a statistically significant relation between forgetting and the emotional relationship of victims to their abusers. We did, however, find that abuse occurring at a younger age was more likely to be temporarily forgotten than abuse with later onset. This is consistent with some (Briere & Conte, 1993; Cameron, 1996; Herman & Schatzow, 1987; Qin et al., 1998; Williams, 1995) but not other (Elliott & Briere, 1995; Melchert, 1996) previous studies, and supports the psychoanalytic notion that individuals abused at younger ages may have few defenses against trauma and may resort to repression more often than older victims (Herman & Schatzow, 1987). It is also consistent with the basic fact that memory deteriorates over time (e.g., Baddeley, 1976), thus, more forgetting might be predicted for individuals who were abused at younger ages as compared to individuals abused at older ages (but subsequent recovery of lost details would not be expected). Another possibility is that younger abuse victims may lack the cognitive sophistication necessary to label their experiences as abuse, and thus, may not have thought about the experiences as abuse until they were older. This experience is not correctly labeled "forgetting" or "repression," yet it may have accounted for some of the respondents' reports of forgetting with subsequent recovery.

Finally, our most specific measure of trauma severity, perceived emotional scarring, was unrelated to forgetting. Emotional severity was also unrelated to forgetting in studies by Williams (1995) and Melchert (1996) (but see Elliott & Briere, 1995). The relation between stress and memory is currently of great interest in the field of psychology, and the discipline will surely be informed in the near future by the rapidly growing number of empirical studies currently underway. But based on findings to date, barring some inconsistencies, the preponderance of evidence suggests that stress does not generally lead to decreased memory (e.g., Goodman, Bottoms, Schwartz-Kenney, & Rudy, 1991; Goodman, Hirschman, Hepps, & Rudy, 1991), especially not to complete amnesia for an event (Goodman, Quas, Batterman-Faunce, Riddlesberger, & Kuhn, 1994; Koss, Tromp, & Tharan, 1995; Pynoos & Nader, 1989).

Even though we found no relation between trauma severity and forgetting, the inconsistencies in the literature are too large to be ignored. Why have some studies revealed significant relations between trauma and forgetting, and others not? It may be naive to think that stress plays no role in the formation or storage of memories, but perhaps equally naive to think stress has a simple main effect on memory. As suggested by Elliott and Briere (1995), it is possible that trauma severity has a role in determining the likelihood of forgetting versus remembering, but only in interaction with important individual difference variables. For example, Briere's (1996) self-trauma model proposes that an individual's emotional reaction to traumatic stressors is determined by a victim's internal

coping resources or coping style (i.e., how an individual reacts to an experience and deals with trauma and associated memories and affect). Individuals with adequate internal coping resources display a strong sense of personal identity and can generally tolerate negative affect and deal effectively with traumatic stressors. Individuals with weaker coping resources may have more avoidant coping styles, which may be characterized by attempts to avoid acknowledgment of traumatic experiences and efforts to evade associated affect and memories, either through processes such as denial or suppression (Briere, 1996), or dissociation (Briere, 1996; Chu & Dill, 1990; Sandberg & Lynn, 1992).

Thus, abuse severity may not solely dictate cognitive avoidance and subsequent forgetting; instead, the relation between trauma severity and forgetting may be moderated by an individual's use of particular cognitive coping styles. That is, forgetting should occur only when an individual experiences a highly stressful event and exhibits weak coping styles (e.g., avoidant coping responses such as dissociation). This could explain why some individuals who experience abuse temporarily forget their experiences while others do not. In turn, this could account for inconsistent findings in previous literature exploring the relation between trauma severity and forgetting. We know of no published data supporting this specific interaction between severity and coping style, and only one study examining the relation between forgetting and coping style: Sheiman (1993) found that victims who reported temporary forgetting scored significantly higher on a measure of dissociation than did victims who had continuous memories. In light of the promise of this theoretical approach for explaining discrepancies in the literature, we are currently continuing our research program by examining the relation between various individual difference factors and forgetting (Epstein, Bottoms, & Stevoff, 1998).

Estimating Forgetting: Methodological Concerns

Why have different studies produced such a wide range of estimates of the prevalence of forgetting? Methodological differences, in particular, how abuse or forgetting are defined may account for differences in prevalence estimates. For example, we defined sexual abuse very broadly to capture any and all abuse episodes that were personally meaningful to the respondent. Other definitions might have produced somewhat different estimates (Gorey & Leslie, 1997). Our question eliciting forgetting was also fairly non-specific, purposely modeled after questions used in other prevalence studies so that we could draw conclusions about whether prevalence estimates are sensitive to sample differences. For example, using nearly the same forgetting question as Briere and Conte (1993), we found an estimate (30%) that was half as large as theirs (59%). In fact, the highest rates of forgetting have been found in clinical samples of abuse victims (i.e., Briere & Conte, 1993; Cameron, 1996; Herman & Schatzow, 1987). Because we used similar eliciting questions, this difference in prevalence is surely attributable to sample differences, and 30% or less may be a more reliable estimate of the prevalence of forgetting in the general population.

What is unique about clinical samples that might account for this difference in forgetting rates? There are many possibilities. First, it might be argued that clinical samples include more extreme instances of abuse, which are more likely to be forgotten. As just discussed, abuse severity may not be linked to forgetting in a simple way, but it is possible that clients in therapy have both experienced particularly traumatic abuse and possess fewer coping resources. This combination may lead to an increased probability of forgetting (Briere, 1996). Second, individuals in therapy are exposed to a supportive socioemotional context with an empathic, perceptive listener. This setting may be particularly conducive to recovering real memories of abuse, implying that the actual rate of forgetting is underestimated by studies of nonclinical samples. However, that would also imply that basic victimization rates are underestimated by studies of nonclinical samples, which has not been the case. (In our sample, we replicated established estimates of victimization prevalence.) Third, prevalence estimates from clinical samples may be spuriously inflated by a subset of false

memories “recovered” during suggestive therapy sessions. Given current research on suggestibility and memory malleability, this probably accounts for some of the inflation, but not all. Although some therapists do use coercive, misguided “memory recovery” techniques, most do not (Bottoms et al., 1995; Poole et al., 1995). Finally, by definition, a clinical sample includes individuals who are more psychologically troubled than many members of the general population. This may lead to overestimation of both true and false memories. That is, individuals with psychological disorders may be more prone to memory disruptions, but also to heightened suggestibility which may leave them vulnerable to adopting false memories (e.g., dissociative disorders are linked both to memory disruption and suggestibility, Ganaway, 1989).

It is important to note that even though we had a specific reason for using our eliciting question to assess forgetting, the kind of wording we and most other researchers have used is open to criticism. As others have noted, questions like “Was there ever a time when you could not remember this abuse experience?” may be interpreted in various ways by respondents (Lindsay & Read, 1995; Schooler, Bendixsen, & Ambadar, 1997; Schooler & Hyman, 1997). Perhaps the most popular and controversial interpretation of the affirmative answers has been that the respondents experienced complete and robust repression followed by memory recovery. But there are several plausible alternatives, as illustrated in the Femina and colleagues (1990) study discussed earlier. For example, some respondents may not have been able to remember their abuse because they purposely chose not to think about it (i.e., directed forgetting, Bjork, 1989), not because the memories were really unavailable and unconsciously blocked (Lindsay & Read, 1995; Loftus, 1993). Alternatively, individuals who responded affirmatively may have forgotten only portions—not all—of their abuse. Other individuals might have experienced common memory processes. That is, we constantly lose from working memory things we have experienced or learned until we encounter an appropriate retrieval cue necessary for “recovering” the memory (Kihlstrom, 1995; Klatzky, 1980). Such memories are not unavailable, thus, they are not “repressed” or even “forgotten.” We are currently investigating this critically important issue in detailed survey research with victims from a non-clinical sample. Our preliminary findings confirm our suspicions that many individuals use “forgetting” or “failing to remember” as a label for various non-repression-related cognitive processes such as those above (Bottoms, 1997). Melchert (1996) has reported similar findings.

Suggestion and Forgetting

Our data indicate that about 10% of the population suspect that they may have been abused without actually remembering it. Similarly, Sheiman (1993) found that 7% of a small college-student sample “wondered” whether they had ever experienced physical or sexual abuse (and those students scored higher than others on measures of dissociation, which is highly correlated with suggestibility, Spiegel, 1993). Further, 5% of our sample reported that someone else had suggested to them that they might have been abused in their past. Most striking is the relation between suspicions, suggestions, and perceptions of experience: Compared to individuals who did not encounter suggestions, those who did were twice as likely to report a forgotten abuse memory, and *seven times* more likely to suspect that they had experienced abuse that they currently did not remember.

As previously noted, suggestions may be a critical precursor to the creation of false memories, particularly if they come from authoritative sources in persuasive contexts. Thus, some of the temporarily forgotten abuse memories reported to us may be false. Suspicion driven by others’ suggestions may be a powerful motivation for individuals (particularly troubled individuals) to search for memories. In today’s society, such a search easily brings individuals into contact with a host of highly suggestive sources such as victim support groups, therapists who specialize in memory recovery techniques including guided imagery and dream work, and popular press books

(e.g., Fredrickson, 1992) that stress memory recovery as the key to personal growth and happiness (Bottoms & Davis, 1997). Rumination on the ideas encountered through such persuasive sources may in turn lead vulnerable individuals to imagine, dream about, and gradually to become confident in personal memories of abuse that are false (Loftus, 1993).

Alternatively, suggestions may simply serve as the specific retrieval cue necessary for a real victim to recall an actual memory of childhood abuse. For example, suggestions may come from an insightful therapist who is simply testing one of many possible hypotheses about the underlying cause of a troubled individual's distress. Is this appropriate? Schooler (1997) wisely warns that "if such memories are to be sought, the critical challenge is to find ways of cautiously encouraging individuals to search their memory for possible incidents of sexual abuse without introducing the very dangerous presupposition that such events are likely to have occurred" (p. 132).

Ultimately, our conclusions are necessarily speculative, because we did not gather information about the source of the suggestions reported by our participants (something we are currently pursuing). Even so, to the extent that suggestions and subsequent ruminations may trigger false abuse memories, our findings that a sizable minority of the population is wondering about unremembered abuse and that this suspicion is linked to encountering suggestions are disturbing.

Women, Abuse, and Repression

The repressed memory controversy is linked to gender in interesting ways that are yet to be fully understood. Although we failed to find a significant relation between gender and forgetting, there was a trend for more women (32%) than men (20%) to report forgetting, a trend also observed in other studies (Golding et al., 1996; Melchert, 1996; Polusny & Follette, 1996). Media and other accounts of the adult-survivor phenomenon reveal more extreme gender differences, portraying women as the quintessential accusers: For example, women made 90% of the child sexual abuse claims reported by accused parents to the False Memory Syndrome Foundation (Wakefield & Underwager, 1992) and 87% of claims reported to the British False Memory Syndrome Foundation (BFMSF; Gudjonsson, 1997). Similarly, Bottoms and colleagues (1995) found that 88% of repressed memory allegations encountered by a sample of APA-member psychologists were made by women. The greater magnitude of the gender difference in the latter samples may be linked to the involvement of therapy in the memory retrieval process. That is, in most of the cases highlighted in the media (usually because they have reached the legal arena) or reported to false memory societies, accusations arise in conjunction with the accuser having been in therapy (e.g., 93% of Gudjonsson's BFMSF sample). Although we did not measure whether our respondents had recovered their memories while in therapy, we can safely assume the percentage is far lower in this non-clinical sample of college students. As discussed below, women are more likely than men to seek therapy, and therapy may be the source of increased retrieval of abuse memories—true or false.

We also found that women were more likely than men to report that others had suggested to them that they might have been victimized and that they suspected they might have suffered unremembered sexual abuse. Other researchers have found gender differences in various attitudes and experiences related to repressed abuse memories—nearly all indicating that women are more open and less skeptical about the phenomenon than are men (as women are about claims of child sexual abuse generally; Bottoms, 1993; Gabora, Spanos, & Joab, 1993). For example, compared to men, women are generally more believing of repressed memories, less likely to think that therapists could implant false memories, and less skeptical about the courts' reliance on repressed memory testimony (Golding et al., 1996; Golding, Sego, Sanchez, & Hasemann, 1995). There is even emerging evidence of gender differences among therapists: Polusny and Follette (1996) found that women therapists were more likely than men to believe that repressed memories are accurate and to deny that media influences could induce false memories. Bottoms and Davis (1997) and Bottoms

and colleagues (1995) reported that women therapists are somewhat more likely than men to believe in the reality of repressed memory. On balance, researchers have found no differences between men and women therapists' use of suggestive memory recovery techniques (Poole et al., 1995; Polusny & Follette, 1996) or beliefs about the importance of recovering memories for regaining psychological well being (Polusny & Follette, 1996).

Why would women be more prone than men to report forgetting? Women are more likely than men to be sexually victimized and to report victimization (e.g., Finkelhor & Baron, 1986). Societal recognition of this victimization came only after decades of denial that has understandably left women sensitive to abuse issues, especially to any denial of victims' allegations (Tavris, 1993). The issue of repression has become completely entangled with issues of sexual abuse, thus similarities are to be expected in women's attitudes toward both subjects. The gender difference in sexual victimization rates might also suggest that women's elevated rate of reporting forgotten abuse accurately reflects gender differences in the prevalence of childhood abuse, but women are not nine times more likely to be victimized, as suggested by estimates obtained from the false memory society surveys and the Bottoms and colleagues' (1995) therapist survey. We suspect that one key to understanding the gender link is the fact that the repressed memory controversy has become focused on women, perhaps because of a societal bias to see women as fragile and psychologically weak and to place more emphasis on addressing the detrimental effects of abuse for women than for men (Dawes, 1994), or perhaps because of women's increased interest in the topic given society's historical denial of their sexual victimization. As a result, women in our society are more likely than men to encounter suggestions about abuse and repression. Many suggestive sources—from self-help books on memory recovery (e.g., Bass & Davis, 1988; Fredrickson, 1992) to daytime television talk shows on the topic—are aimed specifically at women. Further, women are more likely than men to seek therapy (Shapiro et al., 1984), and some therapists (particularly women therapists) may be more prone to label women than men as childhood sexual abuse victims and to attribute more importance to addressing abuse issues for women than for men (Holmes & Offen, 1996). Differential exposure to suggestion may in turn lead to unequal rates of recovering memories. Of course, any of these sources may serve as retrieval cues for actual memories or as a catalyst for the creation of false memories. Both probably occur. A priority for future research should be to clarify gender issues in the debate surrounding memories of past abuse.

Are Repressed Memories Real?

Can abuse victims really repress abuse memories—not think about them for years—then dramatically recover them all of a sudden after a significant delay? Any answer to this is necessarily clouded by the definitional issues discussed previously, but if we replace the word “repress” with some other less controversial and perhaps more accurate term such as “forget” or “purposely avoid,” the basic answer must be “yes.” That is, regardless of the underlying mechanism, it is important to acknowledge that it is certainly possible to forget (or not think about) and then remember abuse (and all kinds of other experiences), as therapists have attested to for years. To understand that this is possible, even the most skeptical need only consider some of the published documented examples of memories coming back to individuals after an extended time (Corwin & Olafson, 1997; Wakefield & Underwager, 1995, pp. 323–326).

On balance, there is an equally important question: Can people falsely remember abuse that never occurred? It is equally important to acknowledge that the answer to this question may also be “yes.” A growing body of research illustrates that it is fairly easy for some people to be led to incorporate false plausible events into their memories (Hyman, Husband, & Billings, 1995; Loftus, 1997a). Even so, Pezdek and Hodge (1998) have illustrated difficulty in leading people to adopt memories of false stressful events. Perhaps the best evidence for false memories of sexual abuse is anecdotal (and may always be because of ethical considerations). Specifically, individuals who

once claimed to have recovered a repressed memory of abuse, then recanted their stories (“retractors”), sometimes give detailed explanations of how they think they came to believe in a personal history of abuse they later believe is false (deRivera, in press; Ewing, 1998; Pendergrast, 1995). Although we can never know for certain that these retractors’ recantations are accurate, their stories are compelling evidence that at least some individuals may develop inaccurate memories about past abuse.

CONCLUSION

Findings from previous survey studies of clinical samples (e.g., Briere & Conte, 1993; Herman & Schatzow, 1987) have led many to contend that repression is a fairly common experience that drastically alters an individual’s memory for a discrete time period. Such interpretations have had significant influence on society, in terms of both legislation and clinical practice. For example, state legislatures have passed special statute-of-limitations amendments to accommodate long-delayed criminal investigations involving repressed memories (Bowman & Mertz, 1996). In turn, many who claim to have recovered abuse memories have entered into civil and criminal litigation against their alleged victimizers (Spiegel & Schefflin, 1994). Further, belief in the widespread prevalence of repressed abuse memories has led some therapists use suggestive retrieval techniques to dislodge forgotten abuse memories, memories thought to be responsible for clients’ current psychological problems (Bottoms et al., 1995; Poole et al., 1995).

Our research suggests that forgetting may be somewhat less common than earlier estimates imply. Because of the direct implications for law and practice, the field clearly needs to continue with research aimed at examining issues surrounding the repressed memory controversy. We have already outlined several directions this research should take. There are myriad others; for example, we know of no scientific evidence supporting the assumption that individuals who recover previously forgotten sexual abuse memories experience more symptom abatement than individuals who do not recover memories but obtain treatment for their symptoms. In fact, there is some evidence that memory recovery therapy leads to significant harm (Loftus, 1997b; McElroy & Keck, 1995). Without evidence supporting the use of memory recovery techniques, we think it is hard to justify therapy methods that require suggestive probing for unremembered abuse, when there is the potential for creating false memories.

As the field has witnessed in recent years, false claims of abuse undermine the credibility of real victims, fuel backlash against child protection, and cast an ominous shadow over the reputation of scientific psychology generally. We need to identify ways psychology can guard against false allegations while being of service to real victims.

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REFERENCES

- Anderson, J. R. (1990). *Cognitive psychology and its implications*. New York: W. H. Freeman.
- Anderson, J., Martin, J., Mullen, P., Romans, S., & Herbison, P. (1993). Prevalence of childhood sexual abuse experience in a community sample of women. *Journal of the American Academy of Child Adolescent Psychiatry*, *32*, 911–919.
- Baddeley, A. D. (1976). *The psychology of memory*. New York: Basic.
- Bass, E., & Davis, L. (1988). *The courage to heal: A guide for women survivors of child sexual abuse*. New York: Harper & Row.
- Bjork, R. A. (1989). Retrieval inhibition as an adaptive mechanism in human memory. In H. L. Roediger & F. I. M. Craik (Eds.), *Varieties of memory and consciousness: Essays in honor of Endel Tulving* (pp. 309–330). Hillsdale, NJ: Erlbaum.

- Bottoms, B. L. (1993). Individual differences in perceptions of child sexual assault victims. In G. S. Goodman & B. L. Bottoms (Eds.), *Child victims, child witnesses* (pp. 229–261). New York: Guilford.
- Bottoms, B. L. (1997, August). *Understanding child abuse claims involving religion, rituals, or repression: Implications for psychological theory and law*. Invited address given at the annual meeting of the American Psychological Association, Chicago, IL.
- Bottoms, B. L., & Davis, S. L. (1997). The creation of satanic ritual abuse. *Journal of Social and Clinical Psychology, 16*, 112–132.
- Bottoms, B. L., Diviak, K. R., Goodman, G. S., Tyda, K. S., & Shaver, P. R. (1995). Clinical cases involving allegations of repressed memory: Therapists experiences and attitudes. In B. L. Bottoms (Chair), *Clinical and lay perceptions of claims of recovered repressed memories of abuse*. Symposium conducted at the annual meeting of the American Psychology Society, New York.
- Bottoms, B. L., Shaver, P. R., & Goodman, G. S. (1996). An analysis of ritualistic and religion-related child abuse allegations. *Law and Human Behavior, 20*, 1–34.
- Bowman, C. G., & Mertz, E. (1996). A dangerous direction: Legal intervention in sexual abuse survivor therapy. *Harvard Law Review, 190*, 549–639.
- Briere, J. (1996). A self-trauma model for treating adult survivors of severe child abuse. In J. Briere, L. Berliner, J. Bulkey, C. Jenney, & T. Reid (Eds.), *The APSAC handbook of child maltreatment* (pp. 140–157). Newbury Park, CA: Sage.
- Briere, J., & Conte, J. (1993). Self-reported amnesia for abuse in adults molested as children. *Journal of Traumatic Stress, 6*, 21–31.
- Briere, J., Evans, D., Runtz, M., & Wall, T. (1988). Symptomatology in men who were molested as children: A comparison study. *American Journal of Orthopsychiatry, 58*, 457–461.
- Cameron, C. (1996). Comparing amnesic and nonamnesic survivors of childhood sexual abuse: A longitudinal study. In K. Pezdek & W. P. Banks (Eds.), *The recovered memory/false memory debate* (pp. 41–68). San Diego, CA: Academic Press.
- Carter, C. (Producer). (1993). *The X files*. Los Angeles: Fox Network.
- Chodoff, P. (1970). The German concentration camp as a psychological stress. *Archives of General Psychiatry, 22*, 78–87.
- Chu, J. A., & Dill, D. L. (1990). Dissociative symptoms in relation to childhood physical and sexual abuse. *American Journal of Psychiatry, 147*, 887–892.
- Corwin, D., & Olafson, E. (1997). Videotaped discovery of a reportedly unrecalable memory of child sexual abuse: Comparison with a childhood interview videotaped 11 years before. *Child Maltreatment, 2*, 91–112.
- Dawes, R. (1994). *House of cards: The collapse of modern psychotherapy*. New York: Free Press.
- deRivera, J. (in press). The construction of False Memory Syndrome: The experience of retractors. *Psychological Inquiry*.
- Elliott, D. M. (1997). Traumatic events: Prevalence and delayed recall in the general population. *Journal of Consulting and Clinical Psychology, 65*, 811–820.
- Elliott, D. M., & Briere, J. (1995). Posttraumatic stress associated with delayed recall of sexual abuse: A general population study. *Journal of Traumatic Stress, 8*, 629–647.
- Epstein, M. A., Bottoms, B. L., & Stevoff, N. (1998, May). *Cultural suggestions and personal suspicions of repressed memories of abuse*. Presentation at the annual meeting of the Midwest Psychological Association, Chicago, IL.
- Ewing, C. P. (1998). Indictment fuels repressed memory debate. *The Monitor, 29*, 52. Washington, DC: American Psychological Association.
- Feldman-Summers, S., & Pope, K. S. (1994). The experience of “forgetting” childhood abuse: A national survey of psychologists. *Journal of Consulting and Clinical Psychology, 62*, 636–639.
- Femina, D. D., Yeager, C. A., & Lewis, D. L. (1990). Child abuse: Adolescent records versus adult recall. *Child Abuse & Neglect, 14*, 227–231.
- Fendrich, M., & Vaughn, C. M. (1994). Diminished lifetime substance use over time: An inquiry into differential underreporting. *Public Opinion Quarterly, 58*, 96–123.
- Fendrich, M., & Xu, Y. (1994). The validity of drug use reports from juvenile arrestees. *The International Journal of the Addictions, 29*, 971–985.
- Finkelhor, D., & Baron, L. (1986). High risk children. In D. Finkelhor (Ed.), *A sourcebook on child sexual abuse* (pp. 60–88). Newbury Park, CA: Sage Publications.
- Finkelhor, D., Hotaling, G., Lewis, I. A., & Smith, C. (1990). Sexual abuse in a national survey of adult men and women: Prevalence, characteristics, and risk factors. *Child Abuse & Neglect, 14*, 19–28.
- Fredrickson, R. (1992). *Repressed memories: A journey to recovery from sexual abuse*. New York: Simon & Schuster.
- Freud, S. (1920/1966). *Introductory lectures on psycho-analysis*. New York: W. W. Norton.
- Freyd, J. (1996). *Betrayal trauma: The logic of forgetting childhood abuse*. Cambridge, MA: Harvard University Press.
- Gabora, N. J., Spanos, N. P., & Joab, A. (1993). The effects of complainant age and expert psychological testimony in a simulated child sexual abuse trial. *Law and Human Behavior, 17*, 103–119.
- Ganaway, G. (1989). Historical versus narrative truth: Clarifying the role of exogenous trauma in the etiology of MPD and its variants. *Dissociation, 2*, 205–220.
- Golding, J. M., Sanchez, R. P., & Segó, S. A. (1996). Do you believe in repressed memories? *Professional Psychology: Research and Practice, 27*, 429–437.
- Golding, J. M., Segó, S. A., Sanchez, R. P., & Hasemann, D. (1995). The believability of repressed memories. *Law and Human Behavior, 19*, 569–592.
- Goodman, G. S., Bottoms, B. L., Schwartz-Kenney, B. M., & Rudy, L. (1991). Children’s testimony about a stressful event: Improving children’s reports. *Journal of Narrative and Life History, 1*, 69–99.
- Goodman, G. S., Hirschman, J. E., Hepps, D., & Rudy, L. (1991). Children’s memory for stressful events. *Merrill-Palmer Quarterly, 37*, 109–158.

- Goodman, G. S., Quas, J. A., Batterman-Faunce, J. M., Riddlesberger, M. M., & Kuhn, J. (1994). Predictors of accurate and inaccurate memories of traumatic events experienced in childhood. *Consciousness and Cognition*, **3**, 269–294.
- Gorey, K. M., & Leslie, D. R. (1997). The prevalence of child sexual abuse: Integrative review adjustment for potential response and measurement biases. *Child Abuse & Neglect*, **21**, 391–398.
- Gudjonsson, G. H. (1997). Accusations by adults of childhood sexual abuse: A survey of the members of the British False Memory Society. *Applied Cognitive Psychology*, **11**, 3–18.
- Haugaard, J. J., & Emery, R. E. (1989). Methodological issues in child sexual abuse. *Child Abuse & Neglect*, **13**, 89–100.
- Herman, J. L., & Schatzow, E. (1987). Recovery and verification of memories of childhood sexual trauma. *Psychoanalytic Psychology*, **4**, 1–14.
- Hollinshead, A. B. (1975). *Four factor index of social status*. Unpublished manuscript.
- Holmes, D. S. (1990). The evidence for repression: An examination of sixty years of research. In J. L. Singer (Ed.), *Repression and dissociation: Implications for personality, psychopathology, and health* (pp. 85–102). Chicago, IL: University of Chicago Press.
- Holmes, G., & Offen, L., (1996). Clinicians' hypotheses regarding clients' problems: Are they less likely to hypothesize sexual abuse in male compared to female clients? *Child Abuse and Neglect*, **20**, 493–501.
- Hough, R. L., Landsverk, J. A., Karno, M., Burnam, A., Timbers, D. M., Escobar, J. I., & Regier, D. A. (1987). Utilization of health and mental health services by Los Angeles Mexican-Americans and nonHispanic Whites. *Archives of General Psychiatry*, **44**, 702–709.
- Howe, M. L., & Courage, M. L. (1993). On resolving the enigma of infantile amnesia. *Psychological Bulletin*, **113**, 305–326.
- Hyman, I. E., Jr., Husband, T. H., & Billings F. J. (1995). False memories of childhood experiences. *Applied Cognitive Psychology*, **9**, 181–197.
- Kihlstrom, J. F. (1995). The trauma-memory argument. *Consciousness and Cognition*, **4**, 63–67.
- Kihlstrom, J. F. (1996). The trauma-memory argument and recovered memory therapy. In K. Pezdek & W. P. Banks (Eds.), *The recovered memory/false memory debate* (pp. 297–312). San Diego, CA: Academic Press.
- Kihlstrom, J. F., & Harackiewicz, J. M. (1982). The earliest recollection: A new survey. *Journal of Personality*, **50**, 134–148.
- Klatzky, R. L. (1980). *Human memory: Structures and processes*. New York: W. H. Freeman.
- Koss, M. P., Tromp, S., & Tharan, M. (1995). Traumatic memories: Empirical foundations, forensic and clinical implications. *Clinical Psychology: Science and Practice*, **2**, 111–132.
- Lindsay, D. S., & Read, J. D. (1994). Psychotherapy and memories of childhood sexual abuse: A cognitive perspective. *Applied Cognitive Psychology*, **8**, 281–338.
- Lindsay, D. S., & Read, J. D. (1995). "Memory work" and recovered memories of childhood sexual abuse: Scientific evidence and public, professional, and personal issues. *Psychology, Public Policy, and Law*, **4**, 846–908.
- Loftus, E. F. (1993). The reality of repressed memories. *American Psychologist*, **48**, 518–537.
- Loftus, E. F. (1997a). Memory for a past that never was. *Current Directions in Psychological Science*, **6**, 60–65.
- Loftus, E. F. (1997b). Repressed memory accusations: Devastated families and devastated patients. *Applied Cognitive Psychology*, **11**, 25–30.
- Loftus, E. F., Garry, M., & Feldman, J. (1994). Forgetting sexual trauma: What does it mean when 38% forget? *Journal of Consulting and Clinical Psychology*, **62**, 1177–1181.
- Loftus, E. F., & Ketcham, K. (1994). *The myth of repressed memory: False memories and allegations of sexual abuse*. New York: St. Martin's.
- Loftus, E. F., Polonsky, S., & Fullilove, M. T. (1994). Memories of childhood sexual abuse: Remembering and repressing. *Psychology of Women Quarterly*, **18**, 67–84.
- Martin, J., Anderson, J., Romans, S., Mullen, P., & O'Shea, M. (1993). Asking about child sexual abuse: Methodological implications of a two stage survey. *Child Abuse & Neglect*, **17**, 383–392.
- Melchert, T. P. (1996). Childhood memory and a history of different forms of abuse. *Professional Psychology: Research and Practice*, **27**, 438–446.
- McElroy, S. L., & Keck, P. E. (1995). Misattribution of eating and obsessive-compulsive disorder symptoms to repressed memories of childhood sexual or physical abuse. *Biological Psychiatry*, **37**, 48–51.
- Newman, L. S. (1997). Intergalactic hostages: People who report abduction by UFOs. *Journal of Social and Clinical Psychology*, **16**, 151–177.
- Pelton, L. H. (Ed.). (1981). *The social context of child abuse and neglect*. New York: Human Sciences Press.
- Pendergrast, M. (1995). *Victims of memory: Incest accusations and shattered lives*. Hinesburg, VT: Upper Access.
- Pezdek, K., & Hodge, D. (1998, March). Planting false childhood memories in children: The role of event plausibility. In B. L. Bottoms & J. A. Quas (Chairs), *Situational and individual sources of variability in children's suggestibility and false memories*. Symposium conducted at the biennial meeting of the American Psychology/Law Society, Redondo Beach, CA.
- Pierce, R., & Pierce, L. H. (1985). The sexually abused child: A comparison of male and female victims. *Child Abuse & Neglect*, **9**, 191–199.
- Pillemer, D. B., & White, S. H. (1989). Childhood events recalled by children and adults. *Advances in Child Development and Behavior*, **21**, 297–340.
- Polusny, M. A., & Follette, V. M. (1996). Remembering childhood sexual abuse: A national survey of psychologists' clinical practices, beliefs, and personal experiences. *Professional Psychology: Research and Practice*, **27**, 41–52.
- Poole, D. A., Lindsay, D. S., Memon, A., & Bull, R. (1995). Psychotherapy and the recovery of memories of childhood

- sexual abuse: US and British practitioners' opinions, practices, and experiences. *Journal of Consulting and Clinical Psychology*, **63**, 817–845.
- Pope, H. G., Jr., & Hudson, J. I. (1995). Can memories of childhood sexual abuse be repressed? *Psychological Medicine*, **25**, 121–126.
- Pruitt, J. A., & Kappius, R. E. (1992). Routine inquiry into sexual victimization: A survey of therapists' practices. *Professional Psychology: Research and Practice*, **23**, 474–479.
- Pynoos, R. S., & Nader, K. (1989). Children's memory and proximity to violence. *Journal of the American Academy of Child and Adolescent Psychiatry*, **28**, 236–241.
- Qin, J., Goodman, G. S., Bottoms, B. L., & Shaver, P. R. (1998). Repressed memories of ritualistic and religion-related child abuse. In S. Lynn & N. Spanos (Eds.), *Truth in memory* (pp. 260–283). New York: Guilford.
- Russell, D. E. H. (1986). *The secret trauma: Incest in the lives of girls and women*. New York: Basic Books.
- Sandberg, D. A., & Lynn, S. J. (1992). Dissociative experiences, psychopathology and adjustment, and child and adolescent maltreatment in female college students. *Journal of Abnormal Psychology*, **101**, 717–723.
- Schank, R. C., & Abelson, R. P. (1977). *Scripts, plans, goals, and understanding: An inquiry into human knowledge structures*. Hillsdale, NJ: Lawrence Erlbaum.
- Schooler, J. W. (1997). Reflections on a memory discovery. *Child Maltreatment*, **2**, 126–133.
- Schooler, J. W., & Hyman, I. E. (1997). Investigating alternative accounts of veridical and non-veridical memories of trauma. In J. D. Read & D. S. Lindsay (Eds.), *Recollections of trauma: Scientific evidence and clinical practice* (pp. 531–540). New York: Plenum.
- Schooler, J. W., Bendixen, M., & Ambadar, Z. (1997). Taking the middle line: Can we accommodate both fabricated and recovered memories of sexual abuse? In M. A. Conway (Ed.), *Recovered memories and false memories* (pp. 251–291). Oxford, UK: Oxford University Press.
- Shapiro, S., Skinner, E. A., Kessler, L. G., Von Kroff, M., German, P. S., Tischler, G. L., Leaf, P. J., Benham, L., Cottler, L., & Regier, D. A. (1984). Utilization of health and mental health services: Three epidemiologic catchment area sites. *Archives of General Psychiatry*, **41**, 971–978.
- Sheiman, J. A. (1993). "I've always wondered if something happened to me:" Assessment of child sexual abuse survivors with amnesia. *Journal of Child Sexual Abuse*, **2**, 13–21.
- Sigmon, S. T., Greene, M. P., Rohan, K. J., & Nichols, J. E. (1996). Coping and adjustment in male and female survivors of childhood sexual abuse. *Journal of Child Sexual Abuse*, **5**, 57–75.
- Snowden, L. R., & Cheung, F. K. (1990). Use of inpatient mental health services by members of ethnic minority groups. *American Psychologist*, **45**, 347–355.
- Smiley, J. (1992). *A thousand acres*. New York: Ballantine.
- Sparks, R. F. (1981). Surveys of victimization—An optimistic assessment. In M. Tonry & N. Morris (Eds.), *Crime and justice: An annual review of research* (pp. 1–60). Chicago, IL: University of Chicago Press.
- Spiegel, D. (Ed.). (1993). *Dissociative disorders: A clinical review*. Lutherville, MD: Sidran.
- Spiegel, D., & Schefflin, A. W. (1994). Dissociated or fabricated? Psychiatric aspects of repressed memory in criminal and civil cases. *International Journal of Clinical and Experimental Hypnosis*, **42**, 411–432.
- Stokes, J. P., McKirnan, D. J., Doll, L., & Burzette, R. G. (1996). Female partners of bisexual men: What they don't know might hurt them. *Psychology of Women Quarterly*, **20**, 267–284.
- Straus, M. A. (1994). *Beating the devil out of them: Corporal punishment in American families*. New York: Lexington Books.
- Straus, M. A., Gelles, R., & Steinmetz, S. (1980). *Behind close doors: Violence in the American family*. Garden City, NY: Doubleday.
- Sue, S., Fujino, D. C., Hu, L., Takeuchi, D. T., & Zane, N. W. S. (1991). Community mental health services for ethnic minority groups: A test of the cultural responsiveness hypothesis. *Journal of Consulting and Clinical Psychology*, **59**, 533–540.
- Tavris, C. (1993, Jan. 3). *Beware the incest survivor machine*. New York Times Book Review.
- Terr, L. C. G. (1979). Children of Chowchilla: A study of psychic trauma. *Psychoanalytic Study of the Child*, **34**, 547–623.
- Terr, L. C. G. (1994). *Unchained memories: True stories of traumatic memories, lost and found*. New York: Basic Books.
- US Department of Health and Human Services. (1996). *Child maltreatment 1994: Reports from the states to the National Center on Child Abuse and Neglect*. Washington DC: US Government Printing Office.
- Varia, R., Abidin, R. R., & Dass, P. (1996). Perceptions of abuse: Affects on adult psychological and social adjustment. *Child Abuse & Neglect*, **20**, 511–526.
- Wakefield, H., & Underwager, R. (1992). Recovered memories of alleged sexual abuse: Lawsuits against parents. *Behavioral Sciences and the Law*, **10**, 483–507.
- Wakefield, H., & Underwager, R. (1995). *Return of the furies: An investigation into recovered memory therapy*. Chicago, IL: Open Court.
- Williams, L. M. (1992). Adult memories of childhood sexual abuse: Preliminary findings from a longitudinal study. *The American Professional Society of the Abuse of Children Advisor*, **5**, 19–21.
- Williams, L. M. (1994). Recall of childhood trauma: A prospective study of women's memories of child sexual abuse. *Journal of Consulting and Clinical Psychology*, **62**, 1167–1176.
- Williams, L. M. (1995). Recovered memories of abuse in women with documented child sexual victimization histories. *Journal of Traumatic Stress*, **8**, 649–673.
- Wyatt, G. E. (1985). The sexual abuse of African American and White American women in childhood. *Child Abuse & Neglect*, **9**, 507–519.
- Yapko, M. D. (1994). *Suggestions of abuse*. New York: Simon & Schuster.

RÉSUMÉ

Objectif: Explorer dans un échantillon non-clinique de 1.712 personnes, la prévalence, les caractéristiques et les facteurs reliés à la perte de mémoire concernant des expériences d'agressions sexuelles vécues en enfance.

Méthode: Par le biais d'un sondage anonyme, les auteurs ont interrogé les sujets de l'étude sur (a) la nature et la sévérité des mauvais traitements en enfance, (b) la continuité dans leurs souvenirs et enfin (c) leurs expériences avec d'autres personnes qui leur auraient suggéré la possibilité qu'ils furent jadis des victimes de mauvais traitements.

Résultats: Une minorité considérable de victimes dans l'échantillon disent avoir oublié de façon temporaire leurs expériences d'abus sexuels. La perte de mémoire n'était pas associée aux caractéristiques de la victime ni à celles des mauvais traitements. Les victimes qui avaient des pertes de mémoire temporaires, lorsque comparées aux personnes qui se sont toujours souvenues des mauvais traitements perpétrés à leur égard, étaient plus aptes à signaler que quelqu'un leur avait suggéré la possibilité d'une agression sexuelle passée, dont ils ne se souvenaient pas.

Conclusions: La perte de mémoire serait moins prévalente que présumée auparavant dans des échantillons cliniques, pourtant elle n'est pas infrequente. De plus, une minorité considérable de la population se demande s'ils auraient été victimes d'agressions dont ils ne se souviennent pas et ces doutes seraient liés à des suggestions faites par d'autres quant à la possibilité d'agressions sexuelles passées. Les auteurs discutent des conséquences de ces observations par rapport au phénomène qu'on nomme parfois répression.

RESUMEN

Spanish abstract was not available at time of publication.