Clinical Psychology and Psychotherapy
Clin. Psychol. Psychother. **7**, 220–229 (2000)

Forgetting Child Abuse: Feldman-Summers and Pope's (1994) Study Replicated Among Dutch Psychologists

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In a replication of Feldman-Summers and Pope's (1994) national survey of American Psychologists on 'forgetting' childhood abuse, a Dutch sample of 500 members of the Netherlands Institute of Psychologists (NIP), were asked if they had been abused as children, and, if so, whether they had ever forgotten some or all of the abuse for some significant period of time. As compared to the 23.9% in the original study, 13.3% reported childhood abuse. Of that subgroup, 39% (as compared to 40% in the original study) reported a period of forgetting some or all of the abuse for a period of time. Both sexual and non-sexual physical abuse were subject to forgetting which in 70% of cases was reversed while being in therapy. Almost 70% of those who reported forgetting also reported corroboration of the abuse. The forgetting was not related to gender or age, but was associated with the reported early abuse onset. These results were remarkably similar to the results of Feldman-Summers and Pope's original study. Copyright © 2000 John Wiley & Sons, Ltd.

INTRODUCTION

In the current debate on delayed memories of childhood sexual abuse, some participants have taken the position that such memories are by definition false (Gardner, 1993; Ofshe and Watters, 1994) or that insufficient evidence exists for forgetting such abuse (Kihlstrom, 1995; Pope and Hudson, 1995). However, a vast range of retrospective and prospective studies into memory of childhood abuse, in particular sexual abuse, has documented that a significant proportion of adults in clinical and nonclinical samples report period of forgetting some or all of the abuse (see Brown *et al.* 1998) for an overview).

Aiming to assess whether this forgetting relates to an authentic inability to recall trauma or other factors, some retrospective studies have inquired whether confrontation with the facts of the abuse would have provoked recall. Applying this approach, Van der Hart *et al.* (1999) found that among a sample of nonclinical women recalling childhood sexual abuse, 62.5% reported total forgetting, and 15.6% reported partial forgetting of at least one index traumatic incident for a significant period of time which, according to the subjects, would have persisted in the face confrontation.

Prospective longitudinal research with non-

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clinical subjects has revealed substantial underreporting of documented childhood sexual abuse (Williams, 1994a, 1995; Widom and Morris, 1997) and childhood physical abuse (Widom and Shepard, 1996). This underreporting may have been due to several factors, including denial, embarrassment, and loss of memory. Considering that several adult respondents who failed to report the index childhood traumatic event did report other traumatic events as well as personal and embarrassing events such as abortion and prostitution, Williams (1994a) concluded that denial and shame cannot account for all underreporting of documented trauma. A reasonable conclusion from the literature is that while complete or partial temporary forgetting of childhood sexual and other trauma occurs in a proportion of cases, its prevalence, mechanisms, and mediating factors require further study (Brown *et al.*, 1998).

In a retrospective study with a sample of psychologists listed in the Membership Register of the American Psychological Association (APA), Feldman-Summers and Pope (1994) found that 40% reported forgetting of sexual abuse and/or physical abuse. For several reasons it seemed important to repeat this study. First, because no differentiation was made between partial and complete temporary forgetting of the reported childhood abuse, the study precluded estimating the extent of the forgetting of the abuse. Second, no attempt was made to assess the severity of the reported abuse. Yet, trauma severity may relate to forgetting the abuse (for a review see Brown *et al.*, 1998). Third, it has been suggested that the reported forgetting of severe trauma may be a phenomenon which depends on North-American (middle-class) culture (J. Haaken, unpublished data, quoted in Brown *et al.*, 1998). Although two Dutch retrospective studies (Draijer, 1990; Albach, 1993) have documented partially or completely forgetting childhood abuse, a modified replication of the study among a sample of Dutch psychologists which is quite similar to the sample of Feldman-Summers and Pope, still seemed worthwhile.

Thus, the current modified replication study aimed to assess 1) to what extent, if at all, episodes of non-sexual as well as sexual abuse during childhood were subject to being totally or partially forgotten for some period of time; (2) the conditions or events most commonly reported as 'triggering', or leading to the recall of the forgotten abuse; (3) corroboration of temporarily forgotten abuse memories, as well as the most frequently reported types of corroboration; and (4) the extent to which forgetting was related to gender and age of the respondent, and to the reported duration or severity of abuse.

METHOD

To allow for comparisons with the study of Feldman-Summers and Pope (1994) (to be called 'the original study' in the remainder of this article), we applied the same methods of sampling and data collection. An invitational letter, a questionnaire, and a stamped, addressed envelope for returning the completed questionnaire were mailed to 250 men and 250 women, who were randomly selected from th Membership Register of the Netherlands Institute of Psychologists (NIP), i.e. the Dutch sister organization of the APA. Student members were not included in the sample. The respondents were asked to list the specific NIP division they joined and to state whether they were licensed to practice or whether they were retired.

Participants also completed items regarding their age group (i.e. under 45, 45 years or older), gender, and experienced sexual or non-sexual physical abuse before their 18th birthday. Those who answered 'no' to the latter question were thanked and asked to return the form. Those who answered 'yes' were asked to provide additional information, including the extent of the abuse (a one-time occurrence or long-term abuse: a distinction not made in the original study), their age when the abuse started and stopped, the form of the abuse (sexual and/or physical abuse), relationship to the perpetrator(s) (relatives/non-relatives), and whether there had been a significant period of time when the participant could not remember the abuse, either partially, or totally.

Participants who reported a period when they could not remember the abuse were asked to report (a) the kind(s) of abuse they had not remembered; (b) when the period of forgetting began and ended; (c) events, experiences or circumstances, if any, which had helped them remember the abuse; and (d) the sources, if any, that supported, corroborated, or confirmed their memory of the abuse.

Accompanying the question concerning events or circumstances leading to recall was a checklist of specific response categories, such as 'a book, article, lecture, movie or TV show reminded me', or 'in therapy the memory began to return'. It also included an open-ended category, as well as the statement, 'nothing seemed to be related to my remembering the abuse'.

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Accompanying the corroboration item was a checklist of specific categories, such as 'the abuser(s) acknowledged some or all of the remembered abuse', or 'medical records referred to or described the abuse', apart from the statements 'support, corroboration or confirmation have not been found' and 'support, corroboration or confirmation have not been searched for'. Words such as 'repression', 'repressed memory' or 'amnesia' were not included in the questionnaire or in the accompanying cover letter.

RESULTS

Three hundred and eight participants (150 men, 158 women) returned usable questionnaires, for an effective return rate of 62% (as compared to 66% in the original study). Sixty-two per cent of the participants were under 45 years old (original study: 40%). Of all participants, 79% were still practising as psychologists, in divisions comparable to those in the APA, i.e. APA Divisions 12, 17, 29, 37, 39, 42, and 43.

Reported Abuse

Childhood abuse (either sexual or non-sexual) was reported by 18% of the female participants and by 9% of the male participants, i.e. 13% ($n = 41$) of the sample (original study: 24%). Sexual abuse was reported by 9.1% ($n = 28$), non-sexual physical abuse was reported by 4% ($n = 11$), and the occurrence of both types of abuse was reported by 0.6% ($n = 2$). These findings differ markedly from comparable findings in the original study, where 16.4% ($n = 54$) reported sexual abuse, 4% ($n = 13$) reported physical abuse, and 4% ($n = 12$) reported both types of abuse.

Frequency of Types of Abuse

Table 1 presents the types of abuse for male and female participants who reported abuse. Five participants in the current study reported physical abuse by a non-relative; in contrast, there were no reports of such abuse in the original study. Of the 41 respondents who reported some type of abuse, 18 (43.9%) mentioned a one-time occurrence.

Table 2 specifies the frequencies of one-time abuse and chronic abuse.

Duration of the Abuse

The age at which the reported abuse began ranged from 1.5 to 14 years. The mean was 8.1 years, SD = 3.63 (median 8 years). The age at which the abuse ended ranged from 2 to 19 years. Both the mean and the median were 10.5 years. The duration varied from 0 (one-time abuse) to 12 years. The mean duration was 4 years and 3 months (median 3 years); these findings are similar to those in the original study.

Forgotten Abuse

Of the 41 participants who reported having experienced some form of childhood abuse, 16 (39%; 14 women, 2 men) reported that there was some period of time when they did not remember some or all of the abuse. Nine participants reported totally forgetting the abuse and seven subjects reported partial forgetting. Thus, 22% of the 41 participants who reported some form of abuse totally forgot the abuse for a period of time, whereas 17% of this subgroup forgot it to a certain extent (original study: 41% ($n = 32$; 21 women, 11 men) forgot all or some of the abuse). One of the nine males (11%), as compared to eight out of 21 females (38%), reported having forgotten the sexual abuse; and one out of five males (20%), versus six out of eight females (75%), reported forgetting the physical abuse.

Table 3 presents the types of abuse for male and female participants in the current study who reported some significant period of time when they could not remember some or all of the abuse. Of the 16 respondents who reported temporary for-

Table 1. Frequencies of types of abuse by gender

Type of abuse	Westerhof *et al.* (2000)			Feldman-Summers and Pope (1994)		
	Male *n*	Female *n*	Total ($n = 41$)	Male *n*	Female *n*	Total ($n = 79$)
Sexual abuse by more relative(s)	1	14	36.6%	10	26	45.6%
Sexual abuse by more non-relative(s)	8	7	36.6%	14	22	45.6%
Physical abuse by more relative(s)	2	6	19.5%	7	18	31.6%
Physical abuse by more non-relative(s)	3	2	12.2%	0	0	0.0%

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Table 2. Frequencies of types of abuse; one-time versus chronic abuse (only measured in our study)

Type of abuse ($n = 41$)	One-time abusers n	Chronic abuse n
Sexual abuse	14 (34%)	14 (31.3%)
Physical abuse	2 (4.9%)	9 (37.5%)
Sexual and physical abuse	2 (4.9%)	0 (0.0%)

Table 3. Frequencies of types of forgotten abuse by gender (only measured in our study)

Type of forgotten abuse	Male n	Female n	Total ($n = 16$)
Sexual abuse by one or more relative(s)	0	6	37.5%
Sexual abuse by one or more non-relative(s)	1	2	18.8%
Physical abuse by one or more relative(s)	0	5	31.3%
Physical abuse by one or more non-relative(s)	1	1	12.5%

Table 4. Frequencies of types of forgotten abuse: one-time versus chronic abuse (only measured in our study)

Type of forgotten abuse ($n = 16$)	One-time abuse n	Chronic-abuse n
Sexual abuse	4 (25.0%)	5 (31.3%)
Physical abuse	1 (6.3%)	6 (37.5%)
Sexual and physical abuse	0 (0.0%)	0 (0.0%)

Table 5. Age(s) (years) at, or age ranges during which the reported abuse occurred, and type of forgetting

	Sexual abuse	Physical abuse
Total forgetting	2, 4, 3–5, 5–6, 8, 10	1.5–4.5, 4–16, 4.75–7
Partial forgetting	2–13, 7, 12–13	5–12, 7–16, 10–12, 12–19

getting, five (31%) stated that it concerned a one-time occurrence of sexual abuse.

Table 4 specifies how often one-time abuse and chronic abuse were forgotten.

Table 5 details the age or ages at which the reported abuse occurred.

Recollection of Forgotten Abuse

Of those who reported a period of forgetting, 94% (original study: 90%) reported at least one event or circumstance that was believed to have triggered a recollection of the abuse. Table 6 presents a comparison of the results of both studies concerning the events, experiences, and circumstances that participants reported as helping them remember previously forgotten abuse.

As in the original study, nine participants reported that 'some other event seemed to trigger or elicit the memory'. In the original study these events were described as 'working with abused children' ($n = 4$); 'learning that a friend or relative has been abused' ($n = 3$); and a 'personal experience with a lover' ($n = 2$). In the current study

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Table 6. Events, experiences, or circumstances that triggered recovery of the memories of abuse

	Westerhof *et al* (2000)		Feldman-Summers and Pope (1994)	
	n	% (*n* = 16)	*n*	% (*n* = 32)
A book, article, lecture of TV show reminded me	4	25	8	25
Someone who knew about the abuse reminded me	1	6.3	6	18.8
In therapy the memory began to return	11	68.8	18	56.2
In a self-help or peer-group (i.e. not a therapy group) the memory began to return	0	0.0	2	6.2
Some other event seemed to trigger or elicit the memory (please describe)	9	56.3	9	28.1
Nothing seemed to be related to my remembering the abuse	1	6.3	3	9.4

'sexual relationships' ($n = 1$) and 'a sister in therapy with the same experience' ($n = 1$) were also mentioned. Other memory reactivating events were: 'misuse of trust by a colleague in the workplace', 'physical complaints' (sore throat and nausea)'; 'self-hypnosis and self-research'; 'certain smells and facial expressions, e.g. tonations'; 'a brother who was found guilty of sexually abusing his children'; 'teasing by the perpetrators'; and 'the necessity of getting in contact again with the perpetrators for family emergencies'.

Sixty-eight per cent of the respondents (original study: 56%) reported that therapy was associated with recollection. However, only 19% ($n = 3$; original study: 25%) reported that the recollection was triggered by therapy alone.

Corroboration

Of the participants who reported forgotten abuse, 69% ($n = 11$) reported that they had found some corroboration of the abuse. Seven participants (44%) reported more than one type of corroboration. In the original study, 47% ($n = 15$) reported some type of corroboration of their abuse, with five participants (16%) reporting more than one type of corroboration. The types of corroboration reported in both studies are shown in Table 7.

Comparisons Between Participants Who Did and Did Not Report Forgetting

In this study an alpha of 0.05 was used for all statistical tests. Of the 13 men who reported abuse, 15% had a period of forgetting. This is substantially less than the 43% in the original study. Of the 28 women who mentioned abuse, 50% reported a period of forgetting: substantially more than in the 39% in the original study. However, as in the original study, the difference in forgetting between men and women was not statistically significant (Fisher's exact test (df = 1, $n = 41$), $p = 0.079$).

Among the younger group (under age 45 years) who reported abuse, 30% had a period of forgetting. Among the older group, 50% reported a period of forgetting. Again, as in the original study, this difference is not significant (Fisher's exact test (df = 1, $n = 41$), $p = 0.335$).

Participants who reported more than one type of abuse ($n = 2$) were not more likely to forget the abuse than those who reported only one type of abuse. In the original study, among those who reported forgotten abuse, 41% reported both sexual and physical abuse. In the current study, only two respondents (12.5%) reported both types of abuse, which neither of them forgot.

There was a statistically nonsignificant tendency for those who had partially or totally forgotten the abuse, as compared with those who had never forgotten it, to be physically abused rather than sexually abused (Fisher's exact test (df = 1, $n = 38$), $p = 0.07$). Those who had forgotten the abuse were significantly younger when the abuse occurred (*t*-test, $t = 3.27$, df = 38, $p = 0.002$). The duration of the abuse was not significantly longer for those who had forgotten the abuse as compared with those who had never forgotten it (Levene test, $t = 1.61$, df = 38, $p = 0.115$). In the original study, there was a statistically nonsignificant tendency for those who had forgotten the abuse to be younger when the abuse occurred and to report that the abuse occurred over a longer period of time.

DISCUSSION

Forgotten Abuse

Virtually the same percentages of Dutch (39%) and US psychologists (41%; Feldman-Summers and

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Table 7. Sources that support, corroborate, or confirm the memory of the abuse

	Westerhof *et al* (2000)		Feldman-Summers and Pope (1994)	
	f	% ($n = 16$)	*f*	% ($n = 32$)
The abuser(s) acknowledged some or all of the remembered abuse	4	25.0	5	15.6
Someone who knew about the abuse told me	4	25.0	7	21.9
Journals of diaries kept by the abuser(s) described or referred to the abuse	0	0.0	0	0.0
My own journals or diaries (that I had forgotten about) described or referred to the abuse	4	25.0	2	6.2
Someone else reported abuse by the same perpetrator	4	25.0	5	15.6
Medical records referred to or described the abuse	1	6.3	2	6.2
Court or legal records referred to or described the abuse	0	0.0	0	0.0
Other sources (describe, please ...)	4	25.0	–	–
I did not search for support, corroboration or conformation	4	25.0	–	–
No support, corroboration, or confirmation has been found	1	6.3	16	50.0

Pope, 1994) reported some significant period of forgetting abuse. The results of both studies support the hypothesis that a substantial number of adults reporting childhood sexual and/or physical abuse have experienced a period of forgetting some or all of the abuse.

Unlike Feldman-Summers and Pope (1994), we distinguished between total and partial forgetting of the abuse. Total and partial forgetting of the abuse for some time were about as common (22 and 17% respectively). These percentages are highly similar to the rates of forgetting among Elliot's general population sample (Elliott, 1997). She found that 23% of the subjects who reported childhood sexual abuse had complete memory loss, and that 22% had partial memory loss.

In the current study, the participants who reported sexual abuse as children were not more likely to report some period of total forgetting of the abuse than those who recalled childhood physical abuse. In some studies similar levels of totally forgetting childhood sexual abuse were reported. For instance, Herman and Schatzow (1987) found that 28% of their clinical sample completely forgot the abuse, and the clinical subjects studied by Albach (1993) reported a percentage of 29%. Consistently higher rates of memory loss have been found among clinical samples as compared to non-clinical samples (Brown *et al.*, 1998). For example, in a longitudinal study, Cameron (1996) found that among 60 women who were sexually abused as a child, 23% reported partial forgetting, and 43% total forgetting. However, not all studies have distinguished between totally or partially forgetting childhood sexual abuse (e.g. Briere and Conte, 1993).

Forgetting of childhood sexual abuse has been more systematically studied and it may be more common than forgetting other types of trauma. Yet, there exists ample evidence for its occurrence in these instances as well (for a review see Brown *et al.*, 1998), ranging from natural disasters (Lifton and Olson, 1976; Madakasira and O'Brien, 1987) to massive Holocaust trauma (van der Hart and Brom, 2000). In her general population study on prevalence and recall of forms of non-interpersonal trauma, witnessed trauma, and experienced interpersonal violence, Elliott (1997) found an average of 17% partial memory loss and 15% complete memory loss. These phenomena were most common among subjects who observed the murder or suicide of a family member, sexually abused individuals, and combat veterans.

The current study does not allow any conclusions to be drawn regarding the psychological mechanisms underlying the reported forgetting of childhood abuse experiences. While psychoanalytically-oriented authors related this phenomenon to repression (e.g. Herman and Schatzow, 1987), the current trend among clinically-oriented researchers is more in terms of dissociation (Briere and Conte, 1993; Van der Hart and Nijenhuis, 1995; Van der Kolk and Fisler, 1995). Some researchers outside the clinical field prefer the explanation of 'normal forgetting' (e.g. Loftus *et al.*, 1994), but this interpretation is inconsistent with the finding that 'remarkable autobiographical memories are extremely well retained over long time intervals' (Brown *et al.*, 1998, p. 139). It is stretching the argument to state that abuse would not qualify as a remarkable personal event. Still another explanation is intentional memory avoidance. In studies

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designed to study the explanations for forgetting abuse that subjects themselves offer, 'normal forgetting' was the least likely principle endorsed; most indicated that both unconscious blocking (such as repression or dissociation) and cognitive avoidance were involved (Melchert, 1996; Melchert and Parker, 1997; Dale and Allen, 1998). In a recent study, Melchert (1999) found that among a large sample of normal college students, the participants who forgot their abuse memories for a period of time endorsed a variety of descriptions of their recovered memories, many of which did not suggest a lack of conscious access to the memories. Many reported recovering memories from their childhood in general and dissociative traits were weakly associated with recovering abuse memories. It seems that forgetting abuse can be due to various factors, and that the factors involved may depend on the population studied. For example, dissociation may be associated with recovered abuse memories among clinical samples more strongly.

Differences Between Those Who Did and Did Not Forget

Like Feldman-Summers and Pope, we found that men reporting childhood abuse were no less likely to report a period of forgetting than were women. Similarly, no age differences emerged. Several studies indicated that the likelihood of forgetting was positively correlated with the severity of the abuse (Herman and Schatzow, 1987; Draijer, 1990; Briere and Conte, 1993; Cameron, 1996). Severity of the abuse referred to the age at which the abuse began, the relation to the perpetrator (relative or non-relative), the number of perpetrators, the duration of the abuse, and the combination of sexual abuse and physical violence. Like Williams (1994a), Elliott and Briere (1995) did not find a relationship between actual violence and self-reported delayed memory. Instead, their data suggest that forgetting is related to the *threat* of violence and the subject's perceived level of distress at the time of the abuse. In her prospective study, Williams (1994b, 1995) found that repeated episodes of abuse by family members were more often forgotten. In the study of Feldman-Summers and Pope (1994), participants who had experienced more than one type of childhood abuse (and suffered greater trauma) were more likely to report a period of forgetting than were participants who had experienced only one type of abuse. In the current study only an association with age of onset was found: participants reporting forgetting of the abuse were younger when the abuse began. As their memories of abuse were recalled in a later phase, this forgetting cannot be attributed to infantile amnesia (cf. Williams, 1995), a phenomenon to be considered irreversible.

The Role of Psychotherapy in Recall

In the present study, some 68% (as compared to the 56% in Feldman-Summers and Pope's original study) of the respondents reported that therapy was associated with recollection, although only 19% (and 25% in the original study) reported that recollection was triggered by therapy alone. These percentages are higher than those reported in other studies. For example, a total of 73% of the 60 women Cameron (1996) followed in a longitudinal study recovered memories of childhood sexual abuse before entering psychotherapy. In Elliott's (1997) general population sample, only 14% of the sexually abused subjects recalled the abuse in psychotherapy (as compared to 67% in cases of witnessing the death of a child under the age of 18 years, or 25% in cases of witnessed combat injuries).

The reason for indicating therapy so often as a trigger in both the original study and the present sample may be that the respondents were psychologists: compared with other subjects, their lifetime exposure to psychotherapy is likely to be considerably higher (cf. Elliott and Guy, 1993). Feldman-Summers and Pope (1994) offered several explanations for the role of psychotherapy in recall. First, appropriately conducted psychotherapy provides an atmosphere of safety, support, and privacy which will enhance a client's capacity to explore freely all mental contents without censure, and thus may indirectly facilitate the recall of childhood traumata. Second, people who enter therapy may be more likely than other people to be introspective or to be willing to explore their history. Third, some therapists may inquire directly about a history of abuse, raise the possibility of abuse, or encourage clients to explore childhood experiences and memories that may be related to forgotten memories of abuse.

In support of those who assert that they have been falsely accused of child sexual abuse, individuals and groups have contended that some therapists unduly persuade clients to believe they have been abused when they have not. This persuasion is alleged to take place through intentional or unintentional leading and suggestive techniques by overzealous and/or poorly trained therapists

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(cf. Loftus, 1993). While this seems true in some documented instances (McElroy and Keck, 1995; Elzinga *et al.*, 1998, Feldman-Summers and Pope (1994) rightly stated that this explanation seems unlikely to account for many of the reports in their study because participants who reported that therapy was a factor in recalling the abuse were no less likely to report finding corroboration of their memories than were participants whose recollection were triggered by circumstances exclusive of therapy. The same notion applies to the current study.

Furthermore, several studies addressing the accuracy of memories recovered in therapy found that they were no less accurate than continuous memories of abuse (Dalenberg, 1996; Kluft, 1996). The same was true for memories recovered outside of therapy (Williams, 1995). Finally, the therapy-based iatrogenesis explanation does not account for the fact that still a large proportion of respondents in both studies reported delayed recall through means other than psychotherapy, in Cameron's (1996) and Elliott's (1997) studies this even occurred in the majority of cases (73 and 86% respectively).

Taken together, these findings support Berliner and Williams' (1994) position that the opinion about the recovery of abuse memories being due to suggestive probing by therapists is not supported by systematic, empirical, and ecologically valid evidence. However, they should not be used to undermine the important clinical guideline that therapists should take appropriate precautions in avoiding direct and indirect suggestiveness when interviewing clients (Van der Hart and Nijenhuis, 1995; Brown, 1995; Kluft, 1996; Llewelynn, 1997). The clinical importance of these findings is formulated well by Loftus (Loftus and Yapko, 1995), thereby correcting her previously held belief that recovered memories of childhood sexual abuse are most likely false and resulting from therapists' suggestions: 'If one asks neutral questions (non-leading questions), and a client comes up with a previously unrecalled memory of abuse, then the therapist should consider treating it as authentic, but still be open to the possibility of other sources of influence' (p. 187).

Limitations

As a replication of Feldman-Summers and Pope's study, the same limitations apply to the present study. Self-reporting childhood abuse is subject to distortion or misrepresentation. Ideally there should be independent confirmation of the reported sources of corroboration. However, this is virtually impossible in both studies in which anonymity is promised to the participants.

A further limitation is that we, like Feldman-Summers and Pope (1994), did not gather detailed information about the circumstances of the abuse and the circumstances at home at the time of the abuse, which could be a factor in remembering or forgetting the traumatic experience. Nor did we study the specific aspects of psychotherapy which respondents may have perceived as facilitating or triggering recollection of childhood abuse. This is an area in need of further study. Another limitation is that Feldman-Summers and Pope did not provide definitions of central concepts of abuse and (partial) forgetting. Despite the fact that respondents may have had different interpretations of these concepts, for the sake of comparability of both studies, we felt bound to follow their instructions.

Still another limitation is that this study, like most existing studies on forgetting childhood abuse, lack a control-condition of temporary forgetting of non-traumatic memories. In a unique study with a nonclinical sample, Read (1997) included such a control-condition. He found that forgetting is not unique to childhood sexual abuse or to trauma in general (in our study temporary forgetting was also reported for physical abuse), but occurs also for other meaningful childhood experiences. However, the emotional crisis which usually accompanies the recovery of trauma memories, as well as the difference between narrative memories of personal events of impact and traumatic memories indicate that both types of delayed recall represent widely different psychological phenomena (Brown *et al.*, 1998).

We corrected the limitation in the original study with regard to not differentiating between forgetting some or all of the abuse. However, it would be of importance to study the characteristics of partial forgetting of childhood abuse. Does it pertain to the so-called peripheral aspects or to the central, most threatening aspect of the abuse (cf. Christianson, 1992; Christianson and Engelberg, 1997)? Such findings may shed more light on theoretical questions such as whether ordinary or abnormal processes of information processing and forgetting were at play.

In conclusion, while the findings must be qualified in the light of self-report and other methodological limitations, the current study converges with the US survey it replicates and extends. It

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supports the hypothesis that people can forget and later recall both sexual and nonsexual abuse, and shows that this phenomenon is not bound to the North American culture.

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