



## Memories of Childhood Abuse

### ▼ **Can a memory be forgotten and then remembered? Can a 'memory' be suggested and then remembered as true?**

These questions lie at the heart of the memory of childhood abuse issue. Experts in the field of memory and trauma can provide some answers, but clearly more study and research are needed. What we do know is that both memory researchers and clinicians who work with trauma victims agree that both phenomena occur. However, experienced clinical psychologists state that the phenomenon of a recovered memory is rare (e.g., one experienced practitioner reported having a recovered memory arise only once in 20 years of practice). Also, although laboratory studies have shown that memory is often inaccurate and can be influenced by outside factors, memory research usually takes place either in a laboratory or some everyday setting. For ethical and humanitarian reasons, memory researchers do not subject people to a traumatic event in order to test their memory of it. Because the issue has not been directly studied, we can not know whether a memory of a traumatic event is encoded and stored differently from a memory of a nontraumatic event.

Some clinicians theorize that children understand and respond to trauma differently from adults. Some furthermore believe that childhood trauma may lead to problems in memory storage and retrieval. These clinicians believe that dissociation is a likely explanation for a memory that was forgotten and later recalled. Dissociation means that a memory is not actually lost, but is for some time unavailable for retrieval. That is, it's in memory storage, but cannot for some period of time actually be recalled. Some clinicians believe that severe forms of child sexual abuse are especially conducive to negative disturbances of memory such as dissociation or delayed memory. Many clinicians who work with trauma victims believe that this dissociation is a person's way of sheltering himself or herself from the pain of the memory. Many researchers argue, however, that there is little or no empirical support for such a theory.

### ► **What's the bottom line?**

First, it's important to state that there is a consensus among memory researchers and clinicians that most people who were sexually abused as children remember all or part of what happened to them although they may not fully understand or disclose it.

Concerning the issue of a recovered versus a pseudomemory, like many questions in science, the final answer is yet to be known. But most leaders in the field agree that although it is a rare occurrence, a memory of early childhood abuse that has been forgotten can be remembered later. However, these leaders also agree that it is possible to construct convincing pseudomemories for events that never occurred.

The mechanism(s) by which both of these phenomena happen are not well understood and, at this point it is impossible, without other corroborative evidence, to distinguish a true memory from a false one.

### ► **What further research is needed?**

The controversy over the validity of memories of childhood abuse has raised many critical issues for the psychological community. Many questions are at this point unanswered. This controversy has demonstrated that there are areas of research which should be pursued; among them are the following:

- Research to provide a better understanding of the mechanism by which accurate or inaccurate recollections of events may be created;
- Research to ascertain which clinical techniques are most likely to lead to the creation of pseudomemories and which techniques are most effective in creating the conditions under which actual events of childhood abuse can be remembered with accuracy;
- Research to ascertain how trauma and traumatic response impact the memory process;
- Research to ascertain if some people are more susceptible than others to memory suggestion and alteration and if so, why.

Much of this research will profit from collaborative efforts among psychologists who specialize in memory research and those clinicians who specialize in working with trauma and abuse victims.

### ► **If there is so much controversy about childhood memories of abuse, should I still seek help from a mental health provider if I believe I have such a memory?**

Yes. The issue of repressed or suggested memories has been overreported and sensationalized by the news media. Media and entertainment portrayals of the memory issue have succeeded in presenting the least likely scenario (that of a total amnesia of a childhood event) as the most likely occurrence. The reality is that most people who are victims of childhood sexual abuse remember all or part of what happened to them. Also true is the fact that thousands of people see a psychologist every day and are helped to deal with such things as issues of personal adjustment, depression, substance abuse and problems in relationships. The issues of childhood abuse or questionable memory retrieval techniques never enter into the equation in the great majority of therapy relationships.

► **What should I know about choosing a psychotherapist to help me deal with a childhood memory or any other issue?**

The American Psychological Association has released to the public the following advice to consider when seeking psychotherapy services.

First, know that there is no single set of symptoms which automatically indicates that a person was a victim of childhood abuse. There have been media reports of therapists who state that people (particularly women) with a particular set of problems or symptoms must have been victims of childhood sexual abuse. There is no scientific evidence that supports this conclusion.

Second, all questions concerning possible recovered memories of childhood abuse should be considered from an unbiased position. A therapist should not approach recovered memories with the preconceived notion that abuse must have happened or that abuse could not possibly have happened.

Third, when considering current problems, be wary of those therapists who offer an instant childhood abuse explanation, and those who dismiss claims or reports of sexual abuse without any exploration.

Fourth, when seeking psychotherapy, you are advised to see a licensed practitioner with training and experience in the issue for which you seek treatment. Ask the therapist about the kinds of treatment techniques he or she uses and how they could help you.

► **How can I expect a competent psychotherapist to react to a recovered memory?**

- A competent psychotherapist will attempt to stick to the facts as you report them. He or she will be careful to let the information evolve as your memory does and not to steer you toward a particular conclusion or interpretation.
- A competent psychotherapist is likely to acknowledge that current knowledge does not allow the definite conclusion that a memory is real or false without other corroborating evidence.

### ▶ **What credentials should I look for when selecting a mental health provider?**

You should choose a mental health professional as carefully as you would choose a physical health provider. For example, licensed psychologists have earned an undergraduate degree and have completed 5-7 years of graduate study culminating in a doctoral degree and including a one-year, full-time internship. All psychologists are required to be licensed or certified by the state in which they practice and many states require that they keep their training current by completing continuing education classes every year. Members of the American Psychological Association are also bound by a strict code of ethical standards.

Once the provider's competency has been established, his or her experience dealing with the issues you want help with is important. Also important is your level of comfort with the provider. Psychotherapy is a cooperative effort between therapist and patient, so a high level of personal trust and comfort is necessary. However, you should be concerned if your therapist reports to you that a large number of his or her patients recover memories of childhood abuse while in treatment.

There are a number of good ways to get a referral to a mental health professional. Your state psychological association will be able to provide you with referrals to psychologists in your community. Many state associations are located in their state capital. Also, because so many physical ailments have psychological components, most family physicians have a working relationship with a psychologist. Ask your doctor about a referral. Your church or synagogue and school guidance program or university counseling centers also usually maintain lists of providers in the community.

APA also has published a brochure of advice about the selection of a mental health provider entitled *How to Choose a Psychologist*.

**Editor's note:** *This document is being released at the direction of the APA Board of Directors. It is based on numerous reports and documents, including, but not limited to, the work of the APA Working Group on the Investigation of Memories of Childhood Abuse.*

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 The content I just read:  **IS RELEVANT**  **MAY NEED AN UPDATE**

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