ADULT SURVIVORS OF CHILDHOOD SEXUAL ABUSE: FORGETTING AND REMEMBERING.

By

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PANEL DECLARATION

Statement of Original Authorship

The work contained in this thesis has not been previously submitted for a degree or diploma at any other higher education institution. To the best of my knowledge and belief, the thesis contains no material previously published or written by another person except where due reference is made.

Name: Leigh Hodder-Fleming

Signed: ……..

Date: …….…….

I, Leigh Ann Hodder-Fleming a candidate for the degree of Doctor of Philosophy at Queensland University of Technology, have not been enrolled for another tertiary award during the term of my PhD candidature without the knowledge and approval of the University's **Research Degrees Committee**.

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Candidate's Signature

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KEYWORDS

Childhood Sexual Abuse; Forgetting; Remembering; Adult Survivors; Trauma; Memory; Post-Traumatic Stress Disorder; Dissociation.

ABSTRACT

Past research on adult memory for childhood sexual abuse (CSA) has provided support for the phenomenon of forgetting and subsequent recovery of the memories, after a period of time. This phenomenon, however, remains a source of debate and is still not fully understood by researchers and psychological and legal practitioners. The research has provided conflicting evidence about the factors which are thought to lead to CSA forgetting for extensive periods of time, in addition to the processes involved in forgetting, triggering and later remembering of the abuse memories by adult survivors.

This study utilised a mixed method to investigate and explore the factors and processes associated with CSA forgetting, triggering and later remembering, in a sample of Australian adult CSA survivors (N = 77). Participants were asked to complete a test booklet, containing the Traumatic Events Questionnaire (TEQ), Symptom Checklist-90-Revised (SCL-90-R), Dissociative Experiences Scale II (DES II), Impact of Events Scale – Revised (IES-R), a scale designed to measure persistence of memory (Loftus), and a scale designed to measure emotional intensity at the time of the abuse and now (Williams). Participants were then asked to participate in a semi-structured interview. Seventy-one participants completed the interview process. Five separate analyses were conducted on the data.

Methodological issues, such as the use of retrospective data and corroboration of the abuse were outlined. All participants were asked to provide details about any corroboration they had received that the abuse had occurred.
The participants were streamed into one of three categories of forgetting (Always Remembered, n = 28; Partial Forgetting, n = 16; and Extensive Forgetting, n = 33). The first analysis (Stage One Analysis One) examined the factors thought to be associated with CSA forgetting, such as abuse parameters (TEQ), current psychological functioning (SCL-90-R), persistence of memory (Loftus), emotional intensity at the time of the abuse and now (Williams), the trauma response experienced at the time of the abuse (IES-R), and current dissociation (DES II), to determine the significant differences between the three groups.

A significant difference was found regarding the age at which the abuse commenced, with the Extensive Forgetting group reporting an earlier age at which the abuse commenced. Significant differences were found on the variable that related to being abused by an aunt or uncle, and on the current experience of hostility (SCL-90-R sub-scale), and on the current levels of anger (Williams Emotional Intensity) experienced by the participants. Significant differences between the groups were also found on two of the Persistence of Memory items, namely clarity of memory and participants' memory of the tastes related to the abuse. Finally, a significant difference was found on the participants' current dissociation levels, with the Extensive Forgetting group reporting higher levels of current dissociation than the other two groups. Statistical profiles for each of the three groups were constructed, based on the mean scores of the SCL-90-R, IES-R and DES II, for use in the Stage Two, Analysis Two, profile comparison.

Stage Two, Analysis One, provided a qualitative analysis relating to the experience of always remembering the abuse. The aim of this analysis was to provide a deeper understanding of why some participants (n = 23) did not forget about their abuse, when other participants reported being able to forget for a period of time. The results indicated that participants' responses formed clusters, such as older age at abuse onset, failed dissociative mechanisms, constant reminders, and others.

Stage Two, Analysis Two, presented and compared each participant's profile against the statistical profiles constructed in Stage One. The participant's profiles included a summary of their TEQ responses and interview responses, in addition to their Stage One test booklet scores. The comparison was made, firstly, on a specific basis against the mean scores obtained by each category of forgetting, and secondly, on a broader basis, against the score range for each measure of the statistical profile. This was done to determine if there was a "typical" member of each category of forgetting and to investigate the within-group differences. The specific profile comparison demonstrated that there was no "typical" member of any of the three groups, with participants varying widely in their scores and patterns of scores. However, when the profile comparison was broadened to include score ranges, 61% of participants, who always remembered the abuse, 44% of participants who partially forgot the

abuse, and 47% of participants who extensively forgot their abuse, matched the profile of a "typical" member of their relevant category of forgetting.

Stage Two, Analysis Three, provided an in-depth qualitative exploration on the process involved in CSA forgetting, triggering and later remembering, for a selection of participants who reported partially forgetting the abuse (n = 6), and extensively forgetting the abuse (n = 10). Participants' interview responses were transcribed verbatim and analysed, using Interview Analysis. This analysis explored the differences between participants, from the two categories of forgetting, on their experiences of CSA forgetting, triggering and later remembering, in addition to exploring how these participants were able to forget about the abuse; what events triggered their abuse memories; and how the initial memories returned. Issues of memory recovery, while in therapy or under hypnosis, were also explored.

Stage Two, Analysis Four, presented the case study of a participant, who had been identified as an "outlier", due to her high score on the DES II, claims of being able to remember abuse incidents that occurred prior to the age of two years, diagnosis of DID, and the substantiated conviction and sentencing of her abuser, based on her recovered memories of the abuse and corroboration from her sister and mother. Her case was examined against some of the criticisms often made by false memory supporters.

This thesis found that some CSA survivors forgot about their abuse, either partially or extensively. The thesis also found support for some, but not all, of the factors that previous researchers have identified as being associated with CSA forgetting by adult survivors, specifically the individual's age at the time the abuse commenced and the individual's ability to dissociate from the abuse. The research then explored, in-depth, the issues of: CSA remembering, CSA survivor profiling, and the "how" of CSA forgetting, triggering and later remembering, by adult survivors.

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CHAPTER ONE

TRAUMA AND MEMORY

Chapter Contents

> It is in the changing forensic context of newly secured victim rights that aggressive challenges to victim credibility have received renewed attention among researchers, clinicians, defense attorneys, and the general public. The issue under the spotlight is the phenomena of delayed recall of traumatic childhood events following a period of full or partial amnesia (Harvey & Herman, 1994, p. 295).

The experience of child sexual abuse (CSA) forgetting and remembering by adult survivors remains poorly understood, despite the body of research indicating that the phenomenon exists for a significant number of survivors (Binder, McNiel & Goldstone, 1994; Brewin, 1996; Briere & Conte, 1993; Loftus, Garry & Feldman, 1994; Williams, 1994). Adult complainants of child sexual abuse who report full or partial forgetting are subject to disbelief on personal, legal, and societal levels. Therapists who treat survivors have been criticised, both personally and professionally, limiting those practitioners willing to practise in this litigious area. This has a flow on effect where society may view the reporting of child sexual abuse by an adult, as a topic subject to considerable suspicion, denial and disbelief.

In summary, the major effect is one of disbelief - one of the very threats that abusers use to prevent children from disclosing the abuse.

These issues indicate a need for empirical comprehensive programs of research, designed to identify and investigate the mechanisms involved in CSA forgetting and remembering by adult survivors. Inherent in the research of the mechanisms are two issues; first, the abuse occurred, requiring a level of corroboration, and second, there was a period of time during which the memories were not accessible (Schooler, 1994). Schooler suggested that a survivor could have a memory for sexual abuse without maintaining a flawless recollection – the central requirement was that the memory was, at one time, unavailable.

The lack of understanding and confusion about memory for childhood sexual abuse has serious implications for many parties, including legal and mental health researchers and practitioners, adult survivors, policy makers and society in general.

1.1 Research Aim

This study aims to identify and explore the mechanisms associated with forgetting and remembering child sexual abuse by adult survivors, by providing quantitative and qualitative perspectives on the issue.

1.2 Thesis Organisation & Theoretical Model

This thesis contains five different analyses across two stages and is based on a mixed method design, containing both quantitative and qualitative analyses. The thesis is of a complex nature and the thesis material is rich in detail, making it easy to lose sight of the overall flow of the research. To facilitate continuity of the thesis material, the thesis will utilise a theory-driven model, designed to provide a link between all of the chapters. The theory-driven model utilises theory from the research domains of memory, trauma and research design. Briefly, the model is based on the impact of trauma on the human memory. This approach defined and instructed the design and method of this research, suggesting that a mixed-method approach to data collection and analysis was most appropriate for the topic under investigation. Participant recruitment, interview and debriefing procedures were also guided by the model. These aspects of the research are elaborated on in subsequent chapters. The model will follow the process outlined in Figure 1.1, and the figure will appear at the commencement of each chapter, with the sections pertaining to that chapter in bold type. All chapters will also commence with the problem statement for each research issue. The literature will be reviewed, concluding with a section about the “knowns” and “unknowns” of each particular problem. The thesis findings will be presented and discussed in line with the available literature, with the aim of ascertaining which “unknowns” have become “knowns” as a result of this research.

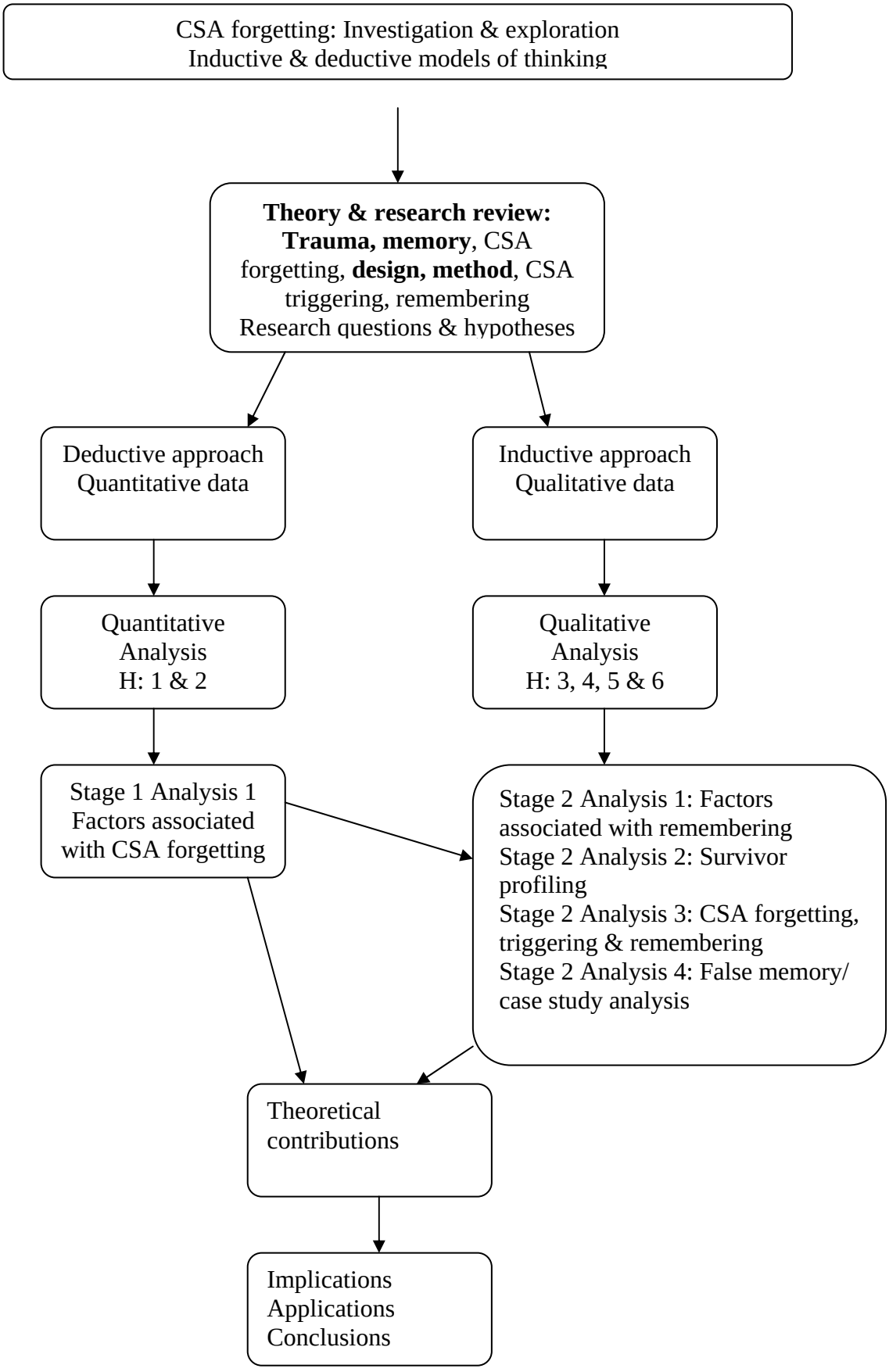


Figure 1.1 *Research Organisation & Theoretical Model*

Chapter 1 will provide a broad theoretical context for the study, commencing with an overview on the long-term effects of child sexual abuse and the impact and possible outcomes of trauma on autobiographical memory. Chapter 2 will present more specific research on CSA forgetting and remembering by adult survivors, leading to the formulation of the primary and associated research questions and hypotheses. Chapter 3 will commence with a discussion about methodological issues, followed by sections on the overall research design and the Stage One method. Chapter 4 will encompass the Stage 1 results, discussion and conclusion and finish with the development of three statistical profiles for use in Chapter 6. Chapter 5 will commence by outlining the Stage Two method and will present the results, discussion and conclusion of the first interview analysis, which relates to participants' experiences of always remembering their abuse. Chapter 6 will discuss the within-group differences by profiling each of the Stage Two participants against the statistical profiles developed in Chapter 4. Chapter 7 presents the second interview analysis, which will focus on CSA forgetting, triggering and remembering by participants who report that they partially or extensively forgot about their abuse. Chapter 8 will address the criticisms of CSA forgetting and remembering, as proposed by supporters of the false memory argument, with the application of a single case study identified in this research as an outlier case. The outlier case contains claims by the participant, which would attract criticism by supporters of the false memory argument. Contributions, implications and applications of this research will be presented in Chapter 9, as well as limitations of the study and recommendations for further research.

1.3 The Theoretical Context

The purpose of this chapter is to provide the theoretical context for the research program on forgetting and remembering of childhood sexual abuse (CSA) by adult survivors. The theoretical concepts of trauma and memory are discussed. The first question to be answered is does the experience of childhood sexual abuse fit the definition of trauma? Therefore the literature on the long-term effects of childhood sexual abuse is reviewed with the aim of finding the answer to this question. The literature on the long-term effects is also examined to analyse the often-mentioned relationship between a history of childhood sexual abuse and memory deficits. Factors that mediate the relationship between CSA and the development of long-term effects are also discussed. The second issue relates to the trauma response experienced by the individual during, or after, the abuse occurred. In order to investigate this issue, the discussion commences with a presentation of the DSM-IV definitions of Acute Stress Disorder and Post-Traumatic Stress Disorder as possible responses to a traumatic experience. The DSM-IV criteria are discussed in detail with reference to the long-term effects of CSA. The literature is then reviewed to ascertain, firstly, what type of memory was involved and, secondly, what affect the trauma had on the type of memory identified. The literature on trauma and memory is examined to provide an understanding of the relationship between the two phenomena. Finally, the literature on dissociation, as a trauma response phenomenon, is examined.

1.3.1 Trauma Defined: Can Childhood Sexual Abuse be Defined as Trauma?

Van der Kolk (1997, p. 279) defined trauma as "the result of exposure to an inescapably stressful event that overwhelms people's coping mechanisms." Childhood sexual abuse will be examined to determine whether the term "trauma" applies. This study adopted the definition of childhood sexual abuse proposed by Briere and Conte (1993, p. 23) being: psychologically or physically forced sexual contact between a child (16 years and younger) and a person, more than five years older than the child.

Finklehor and Browne (1985) proposed a framework to assist a more systematic understanding of the traumatic effects of childhood sexual abuse. The four dynamics they proposed, including traumatic sexualisation, betrayal, stigmatisation and powerlessness, were identified as the core of the psychological injury experienced by the child survivors as a result of the abuse. Traumatic sexualisation was defined as "a process in which the child's sexuality was shaped in a developmentally inappropriate and interpersonally dysfunctional fashion" (Finkelhor & Browne, 1985, p. 531). This process was thought to relate to the type of abuser who enticed, rather than forced, their victim to participate, which then led to the development of sexual identity issues and sexual dysfunction for the survivor. Betrayal referred to the realisation by the child that someone they thought they could trust had caused them harm and this often resulted in anti-social behaviours, relationship/intimacy issues and the development of high levels of anger. This dynamic included both the abuser and others who refused to believe or blamed the child after disclosure of the abuse. This issue was closely related to the dynamic of powerlessness, where the child's "will, desires and sense of efficacy were continually contravened" (p. 532). The long-term effects of this dynamic included the development of phobias, fear, anxiety, hypervigilance, depression and maladaptive coping behaviours. Stigmatisation referred to the negative affect (e.g. shame, guilt and badness) communicated to the child by the abuser and possibly others after disclosure. The negative affect was often incorporated into the child's schema of self and the world and could result in drug and alcohol abuse, criminal behaviour, low self-esteem, self-harming behaviours and feelings of alienation and isolation. Finklehor and Browne then suggested that the long-term effects of CSA, as reviewed in the previous section, could be categorised under one or two of the trauma dynamics of their model. In summary, their model and categorisation of long-term effects supported the trauma definition of psychological injury caused by some extreme emotional assault.

The following section provides a more in-depth examination of research undertaken on the long-term effects of CSA. The purpose of this review is to investigate the relationship between childhood sexual abuse (CSA) and the long-term effects of CSA, in order to provide a broad context for the issues under investigation by the current research and to provide further support for the classification of CSA as

trauma. The long-term effects of childhood sexual abuse have received considerable attention from researchers, when compared to other aspects of childhood sexual abuse. Psychological and psychiatric practitioners have usually accepted that there is a relationship, yet the relationship has not been clearly defined or understood. One of the contributing factors that prevented definition of the relationship, related to the methodology of the research conducted. Therefore, this review also contained a critique of the methodology utilised by the various studies.

1.3.2 The Long-Term Effects of Childhood Sexual Abuse.

Sixteen studies were selected from the available literature and presented in chronological order, firstly to check for any developments in research method/design over time and secondly, to reflect the types of long-term effects thought to be commonly associated with CSA forgetting, such as negative emotional intensity, psychological symptomology and trauma symptomology. The following table outlines details of the studies chosen for review, such as author, year published, methodology, sample characteristics and research findings. The studies are then presented and discussed in greater detail.

Table 1.1

Previous Studies on CSA and Long-Term Effects Reviewed by This Study

Author(s)	Year	Methodology	Sample	Research Findings
Roth & Lebowitz	1988	Transcribed unstructured interviews	7 females seeking treatment for sexual trauma	Identification of 14 themes: Fear of overwhelming affect. Rage, helplessness, fear, loss, self-blame, compensation, alterations in self-schema, alterations in world schema, revictimisation, unhelpful social responses by others, legitimacy, isolation, alienation, issues with mother.
Murphy, Kilpatrick, Mick-McMullan, Veronen, Paduhovich, Best, Villeponteaux & Saunders	1988	Control group IES SCL-90-R MFI	126 females, community sample	Elevated levels of anxiety, interpersonal sensitivity, paranoid ideation, Obsessive-Compulsive symptoms.
Olsen	1990	Control group MMPI scales 4-8 Questionnaire demographics, events, effects	44 males in therapy	Higher levels of: Substance abuse, alcohol abuse, compulsive gambling, compulsive sexual behaviour, compulsive overworking, compulsive shop lifting, poor school performance, eating disorders, rage, violence in relationships, self-mutilation, involvement in criminal activities.
Briere	1992	Case studies used to illustrate theoretical discussion of long-term effects	7 females in treatment	Illustration of categories: Cognitive distortions, depression and anxiety, dissociation, disturbed relatedness, aggression, use of psychoactive substances, suicidality, eating disorders, self-mutilation.
Dent-Brown	1993	Control group Questionnaire re 38 indicators of history of CSA	18 male & female clients of community mental health service	Significant differences on 13 indicators: Suicidal thoughts, sexual dissatisfaction, need to please others, nightmares, flashbacks, gaps in childhood memory were the strongest findings.

Author(s)	Year	Methodology	Sample	Research Findings
Polusny & Follette	1995	Review of literature 1987-1994	Studies relating to long-term effects of CSA	Support for association between CSA and elevated levels of general psychological distress, self-harming behaviours, substance abuse. Mixed support for association between CSA and eating disorders Further research needed for association between CSA and memory impairments.
Jumper	1995	Meta-analysis of empirical studies Development of criteria for exclusion of studies	26 studies relating to long-term effects of CSA	Confirmed link between CSA and psychological symptoms, depression, impairment of self-esteem.
Hutchings & Dutton	1997	Control group SCL-90-R PSD sub-scale Demographic questionnaire Diagnostic interview based on categories in DSM-III	12 males 71 females of adult clinical outpatient service	Participants with CSA history scored significantly higher on all sub-scales of SCL-90-R, association between CSA and anxiety disorders (PTSD) and mood disorders.
Hughes, Stephens, Difranco, Manning, van der Toorn, North & Taylor	1998	Semi-structured interview	15 female clients of community-based sexual assault service	High levels of reported experiences with dissociation, depression, phobias, anxiety attacks, PTSD, gynaecological conditions, digestive disorders, respiratory ailments, urinary conditions, musculoskeletal conditions.
Saunders, Kilpatrick, Hanson, Resnick & Walker	1999	Control group Probability general population sample Measures of depression, PTSD & substance abuse	339 females who reported at least one completed rape incident as a child	Participants with CSA history more likely to report current and long-term experience of major depressive disorder, PTSD, misuse of prescription and illicit drugs.

Author(s)	Year	Methodology	Sample	Research Findings
Higgins & McCabe	2000	Self-report questionnaire	175 males and females from community	CSA often occurs in conjunction with other forms of child abuse and neglect therefore specific symptoms difficult to determine. High maltreatment scores predicted negative adult psychological adjustment.
MacMillan, Fleming, Streiner, Lin, Boyle, Jamieson, Duku, Walsh, Wong & Beardslee	2001	CIDI CMH (self-report)	302 men and women from general population	CSA strongly associated with long-term psychopathology: Anxiety disorders, major depressive disorders, substance abuse, antisocial behaviour and psychiatric disorders.
Horwitz, Widom, McLaughlin & White	2001	Control group Double-blind interviews Measure of stressful life events Mental Health Diagnostic Interview Schedule	641 men and women	Females with CSA history had elevated levels of depression, alcohol abuse and antisocial personality disorders. Males with CSA history had elevated levels of depression and antisocial personality disorders. Results not CSA specific but a combination of physical abuse, sexual abuse and neglect.
Zlotnick, Mattia & Zimmerman	2001	Control group SCID SIDP SADS SIDES sub-scale	235 patients of outpatient service diagnosed with major depression (number with CSA histories unknown)	Elevated rates of PTSD, borderline personality disorders, multiple Axis I disorders, longer duration and earlier onset of major depressive disorder, lower Global Assessment of Functioning score, higher rate of hospitalisation, higher rate of one suicide attempt, higher rate of affect dysregulation. No differences in rate of substance abuse.
Day, Thurlow & Woollicroft	2002	Survey re knowledge of CSA, long-term effects, needs of clients & practitioners	54 mental health professionals working in field of CSA treatment of adult survivors	Identification of 7 categories of long-term effects: Mental health issues (PTSD, dissociation, depression, anxiety disorders, personality disorders, eating disorders), identity issues, challenging behaviours, relationship issues, sexuality issues, no effect.

Author(s)	Year	Methodology	Sample	Research Findings
Nixon, Resick & Griffin Study 1	2002	History of Victimisation Questionnaire (HVQ), Physical Reactions Scale (PRS), Structured Clinical Interview for DSM-III-R (SCID), Clinician administered PTSD scale (CAPS) and the Trauma interview.	105 female adults who had experienced physical and sexual assault two weeks prior to the interview	Severity of post-traumatic panic was predicted by the level of CSA, prior history of depression and anxiety and peri-traumatic dissociation. They also found that a history of CSA appeared to have a strong relationship with the development of adult panic symptoms.
Nixon, Resick & Griffin Study 2	2002	Similar measures as for Study One, with the exception of measures for psychiatric, trauma history and perception of life threat	93 adult females who had experienced sexual or physical assault six weeks prior to participation in the research.	No direct relationship between CSA and post-traumatic panic severity, although a history of PTSD was found to be a significant predictor as was the perception of a life threat. Peri-traumatic dissociation was still found to be a significant predictor

1.3.2.1 Studies 1988 – 1999

Roth and Lebowitz (1988) conducted research with seven women who were seeking treatment for sexual trauma, including rape and incest. The focus of their study was sexual trauma and the psychological aspects of the experience that made coping difficult and that often led to long-term effects. Participants engaged in an unstructured interview which elicited details of their experiences, how they understood it and what it meant to them. The transcribed material was analysed for themes relating to the psychological aspects of sexual trauma and coping. Roth and Lebowitz identified fourteen themes: Fear of overwhelming affect, rage, helplessness, fear, loss, self-blame, compensation, alterations in schemas of self and the world, repetition (re-victimisation), unhelpful social responses by others,

legitimacy (self-perception of the event often leading to minimisation), isolation and alienation and issues with mother (protection of child). The women who identified fear of overwhelming affect indicated they tried to dissociate from, or deny, their feelings and memories of the event. The theme of rage included the direction of rage towards a variety of people, such as the offender, self, mothers and therapists. The participants indicated that their feelings of helplessness did not just relate to the traumatic event, but often spilled over into their relationships with other males as time progressed. The theme of fear was manifested in several ways, such as fear during the event, fear of reporting the event and fear of being reminded of the event. The last type of fear also led some women to dissociate from the memories of the event. Many of the women conceptualised the theme of loss as having something taken from them during the event, such as a normal childhood or their previous way of experiencing the world as a safe place. The compensation theme aligned with the theme of isolation and alienation, with many women using the latter as a means of safeguarding themselves against further trauma. This study was limited by sample size and lack of a recognised analysis technique, bringing in issues of researcher bias. In addition, the researchers did not report separate results for the sub-groups of rape and incest. In summary, this research provided exploratory information about trauma related coping issues that could lead to the development of negative long-term effects for the survivors.

Murphy, Kilpatrick, Mick-McMullan, Veronen, Paduhovich, Best, Villeponteaux and Saunders (1988) interviewed a community sample of 391 women with histories of victimisation experiences, such as childhood sexual assault (n = 126), adult sexual assault, assault and robbery. Participants completed the Impact of Events scale (IES), Symptom Checklist-90 Revised (SCL-90-R) and the Modified Fear Survey (MFI). The average elapsed time for those who reported a history of childhood sexual assault to the time of participating in the research was 37 years. The participants who reported a history of childhood sexual assault evidenced a pattern of elevated anxiety, heightened interpersonal sensitivity, increased anger problems, more paranoid ideation and increased obsessive-compulsive symptoms when compared with non-victims of childhood sexual assault. The researchers also found that the SCL-90-R was sensitive to the long-term effects of sexual assault and

suggested that future clinicians could use the instrument to screen clients based on typical clusters of long-term reactions to childhood sexual abuse.

Olsen (1990) administered the MMPI (scales 4, 5, 6, 7 and 8) and a questionnaire concerning demographics and information about the sexual abuse events and associated effects to a sample of 69 adult males who were in therapy. Forty-four of the men were survivors of childhood sexual abuse. The other twenty-three participants formed a control group. The results suggested that adult male survivors of childhood sexual abuse demonstrated higher levels of negative long-term effects than the control group participants. The long-term effects included substance and alcohol abuse, compulsive gambling, compulsive sexual behaviour, poor school performance, compulsive overworking, eating disorders, prostitution, rage, violence in relationships, compulsive shoplifting, self-mutilation and involvement in criminal activities. When the length of time in therapy was controlled for statistically, the MMPI score differences increased, despite the fact that the abuse group had engaged in therapy an average of 13 months longer than the non-abuse group. This research could not define a cause-effect phenomenon, but rather suggested a correlation between the experience of sexual abuse and the later development of behaviour, personality and cognitive disorders in a pool of men who sought therapy for personal problems.

Briere (1992) presented seven case studies in order to build a framework for theoretical discussion about internal coping mechanisms and external long-term effects of childhood sexual abuse on survivors, based on the Post-Traumatic Stress response, which was thought to underpin the development of coping mechanisms and long-term effects. These will be discussed in more detail in the trauma section of this review of the literature. Briere categorised the long-term effects as psychological responses, behaviours and relationships. Psychological responses included cognitive distortions (self and world schemas), altered emotionality (depression and anxiety), dissociation, and impaired self-reference. The behaviours and relationships categories included disturbed relatedness (intimacy and sexuality issues), aggression, use of psychoactive substances, suicidality, tension-reducing behaviours, self-mutilation and eating disorders.

Dent-Brown (1993) surveyed 36 clients of a community mental health service, eighteen of whom were survivors of childhood sexual abuse. The remainder of the participants formed a control group. Participants were asked to respond to 38 problems thought to indicate a history of childhood sexual abuse. The results revealed a significant difference between the groups on thirteen of the problems, with the largest differences being those of suicidal thoughts and sexual dissatisfaction. Other significant differences were conceptualised as the need to please others, the experience of nightmares and flashbacks and gaps in childhood memory. There were no significant differences between the groups on the remaining problems, such as marital discord, depression, insomnia and feeling out of control. This study was limited by the small sample size and the possibility that members of the control group had not disclosed a history of childhood sexual abuse.

Polusny and Follette (1995) reviewed the literature published since between 1987 and 1994, relating to the long-term effects of childhood sexual abuse. The review was conducted under categories of the long-term effects, including general psychological distress, depression, self-harming behaviours, anxiety, substance abuse, eating disorders, dissociation and memory impairment, somatisation and personality disorders. They found that survivors of childhood sexual abuse appeared to be at greater risk for the development of psychological disorders, including major depression and anxiety disorders. They found support for the association between CSA and higher levels of general psychological distress, self-harming behaviours and substance abuse, and mixed evidence for an association between CSA and eating disorders. The association between CSA and memory disturbances required further empirical investigation, as the majority of studies reviewed were of an anecdotal nature.

Jumper (1995) conducted a meta-analysis of empirical studies that investigated the relationship between CSA and adult psychological adjustment. The 26 studies used in the meta-analysis had to satisfy several criteria for inclusion in the study: firstly, the study had to be designed as an inquiry of adult subjects regarding childhood sexual experiences and had to include a control group; secondly, the study had to include a measure of current psychological adjustment; and thirdly, the study had to give sufficient statistical information to calculate effect size estimates. The results of

the meta-analysis indicated evidence that confirmed the link between CSA and psychological symptomology, depression or impairment of self-esteem in adulthood.

Hutchings and Dutton (1997) examined the association between a history of childhood sexual abuse and severity of symptoms in an adult clinical outpatient sample of 188 males and females. Twelve of the sixty-eight males reported a history of CSA, as did seventy-one of the one hundred and twenty female participants. This study included a control group of the non-abused participants. All participants were asked to complete a demographic questionnaire, the SCL-90-R and the Post-Traumatic Stress Disorder subscale. Sample members also participated in a psychodiagnostic interview based on categories contained in the DSM-III-R. Participants with a history of childhood sexual abuse scored higher on each sub-scale of the SCL-90-R than participants with no CSA history. In addition, a history of childhood sexual abuse appeared to be associated with diagnoses of anxiety disorders, such as PTSD, and with mood disorders. The nature of self-report of a history of childhood sexual abuse was a limitation of this study.

Hughes, Stephens, Difranco, Manning, van der Toorn, North and Taylor (1998) interviewed fifteen women, who reported a history of childhood sexual abuse prior to the age of twelve years, about their adult medical history and their perception of the impact of the abuse. The participants were clients of a community-based sexual assault service. The participants reported high rates of physical and/or psychological illnesses, including dissociation, depression, phobias, anxiety attacks, PTSD, gynaecological conditions, digestive disorders, respiratory ailments, urinary conditions and musculoskeletal conditions. The study was limited by funding constraints, time constraints and sample size.

Saunders, Kilpatrick, Hanson, Resnick and Walker (1999) conducted telephone interviews with a national probability sample of 4,008 adult women residing in the US. Eight and a half percent of the respondents (n = 339) indicated a history of childhood sexual abuse. The researchers administered a variety of instruments designed to measure levels of depression, PTSD and substance abuse problems in the survivor and non-survivor groups. Survivors of CSA were more likely than the non-abused participants to report both past and current bouts of major depressive disorder

and PTSD as outlined in the DSM-III-R. In addition, CSA survivors were significantly more likely than the non-abused participants to report misuse of prescription medication or to have used illicit drugs. The study was limited by the definition of CSA as incidents of completed rape in childhood. This definition excluded other types of CSA such as fondling and oral sex. The second limitation was based on the use of a female sample, thereby limiting the generalisation of the findings to the male population. The final limitation related to the use of self-report retrospective accounts of CSA.

1.3.2.2 Studies 2000 - 2002

A study conducted by Higgins and McCabe (2000) investigated the relationships between different types of childhood maltreatment in a community sample of male and female adults (N = 175). They also assessed the relationship between childhood maltreatment, family characteristics and current psychological adjustment, defined as trauma symptomology and self-depreciation. They found high correlations between scores on the five maltreatment scales (sexual abuse, physical abuse, psychological maltreatment, neglect and witnessing family violence), with sexual abuse and witnessing family violence forming the lowest correlation. The researchers concluded that sexual abuse often occurred in conjunction with other forms of childhood maltreatment, making the identification of specific symptomology difficult to determine. The study also found that family characteristics predicted maltreatment scores and adjustment. After controlling for family characteristics, the results indicated that maltreatment scores predicted negative psychological adjustment.

MacMillan, Fleming, Streiner, Lin, Boyle, Jamieson, Duku, Walsh, Wong and Beardslee (2001) assessed long-term psychopathology in a general population sample of people who had experienced either physical or sexual abuse as children, as part of an overall investigation into the health of a particular community in Canada. Of the 7,016 men and women who responded, 4.3% reported a history of childhood sexual abuse. Participants were surveyed by completing the Composite International Diagnostic Interview and the Child Maltreatment History Self-Report. Their results indicated that a history of CSA was strongly associated with long-term

psychopathology, with the relationship being stronger for women than for men. Psychopathology was categorised as anxiety disorders, major depressive disorders, substance abuse (alcohol and drugs), antisocial behaviour and psychiatric disorders. The authors acknowledged that the study was limited by the retrospective nature of the investigation.

Horwitz, Widom, McLaughlin and White (2001) examined the impact of childhood sexual abuse, physical abuse and neglect on lifetime measures of adult mental health in a sample of adult men and women (N = 641) who had documented court cases relating to child abuse and neglect, in the period 1967 to 1971. The research design included a socio-economically matched control group (N = 510), who did not have documented histories of child abuse and neglect, used to establish a base rate of pathology. Participants from both groups were interviewed 20 years after the time of the abuse/neglect, using a double-blind approach where neither the interviewers nor the interviewees knew the purpose of the interview. Horwitz et al (2001) used a measure of lifetime events that identified fourteen stressful life events. They also administered the National Institute of Mental Health Diagnostic Interview Schedule, using measures of lifetime rather than current mental health indicators. The schedule measured dysthymia (patterns of depressed symptoms), alcohol abuse and antisocial personality disorder. They found that the female victims reported more symptoms on all three outcomes, when compared to control females, and male victims reported more symptoms on the outcomes of dysthymia and antisocial personality disorder than did the male control group. The results of that study may not generalise to abuse survivors whose cases did not come before the court, and were skewed towards the lower socio-economic portion of the population. In addition, the researchers did not separate the sample into sub-groups of physical abuse, sexual abuse and neglect, and therefore their results were not abuse-specific.

Zlotnick, Mattia and Zimmerman (2001) examined differences in the rates of trauma-related disorders between patients of an outpatient service with a history of CSA and patients of the same service without a CSA history. The participants were 235 outpatients with major depression. Participants completed several questionnaires including the Structured Clinical Interview for DSM-IV (SCID), the Structured

Interview for DSM-IV Personality (SIDP), items from the Schedule for Affective Disorders and Schizophrenia (SADS) and the Regulation of Affect and Impulses subscale of the Structured Interview for Disorders of Extreme Stress (SIDES). Participants with CSA histories had more significantly elevated rates for PTSD, borderline personality disorder and multiple Axis I disorders than participants without CSA histories. In addition, a history of CSA was associated with a longer duration of the index depressive episode, an earlier age of onset of major depression, lower Global Assessment of Functioning, and higher frequencies of at least one hospitalisation. Participants with a history of CSA were also more likely to report at least one suicide attempt and a higher degree of affect dysregulation, although these were more strongly influenced by the incidence of borderline personality disorder and/or PTSD. Substance abuse was not significantly associated with childhood sexual abuse. Limitations of this study included the cross-sectional design which did not allow for conclusions of causal links between CSA and adult psychopathology and a lack of corroborating evidence regarding the reports of CSA by participants.

Day, Thurlow and Woollicroft (2002) conducted research with a group of mental health professionals, who had treated clients with childhood sexual abuse histories. A total of 54 people responded to a survey that was designed to elicit their responses to questions about their knowledge of sexual abuse and its effects, and the needs of clients and practitioners working with this client group. The survey results outlined seven categories of long-term effects, such as mental health issues (depression, anxiety, PTSD, eating disorders, personalty disorders and dissociative disorders), self-harm issues (self harm, substance abuse and suicidal ideation), identity issues (low self-esteem, maladaptive coping, boundary issues, isolation, shame, guilt and victim behaviour), challenging behaviour (anger, antisocial, lack of control and attention-seeking), relationship issues (trust, parenting and difficulty sustaining relationships), sexuality (promiscuity, sexual difficulties, sexual confusion and abstinence) and no effects. Only one participant indicated that there were no long-term effects as a result of childhood sexual abuse experiences. This study was designed to access the participant's knowledge of the long-term effects only and did not survey them for the frequency of the categories they actually encountered during their work with the client group.

Nixon, Resick and Griffin (2002) conducted one study with 105 female adults who had experienced physical and sexual assault two weeks prior to the interview. The research was designed to examine the factors associated with the development of panic symptoms following trauma. Participants completed the History of Victimisation Questionnaire (HVQ), Physical Reactions Scale (PRS), Structured Clinical Interview for DSM-III-R (SCID), Clinician administered PTSD scale (CAPS) and the Trauma interview. Study Two was conducted with 93 adult females who had experienced sexual or physical assault six weeks prior to participation in the research. Participants completed similar measures as for the first study, with the exception of measures for psychiatric, trauma history and perception of life threat. These last measures were slightly different in form and scoring from those completed by participants in the first study. In the first study, Nixon, Resick and Griffin found that the severity of post-traumatic panic was predicted by the level of CSA, prior history of depression and anxiety, and peri-traumatic dissociation. They also noted that a history of CSA appeared to have a strong relationship with the development of adult panic symptoms. In contrast, Study Two results did not detect a direct relationship between CSA and post-traumatic panic severity, although a history of PTSD was found to be a significant predictor, as was the perception of a life threat. Peri-traumatic dissociation was still identified as a significant predictor.

1.3.3 Positive Mediating Factors.

Adult survivors of childhood sexual abuse often experience varying levels and combinations of the long-term effects outlined in the above section, due to a variety of factors (Gilgun, 1990; Whiffen, Judd & Aube, 1999). These factors, which appear to mediate or lessen the negative impact of the abuse experience on the individual, may be termed positive meditating factors.

Gilgen (1990) proposed a conceptual framework of mediating influences that included social support, resilience, protective mechanisms and vulnerability. She conducted intensive interviews with a group of 34 adult males, 23 of whom had a CSA history. The interviews were transcribed and content analysed. The results identified the presence of a confidant as the primary mediating factor for this sample,

with relevant participants experiencing milder negative effects and decreased likelihood of developing criminal or violent behaviour.

Whiffen, Judd and Aube (1999) conducted research designed to examine the impact of intimate relationships on the association between CSA and depression. The sample included 60 couples, with 22 of the female participants reporting a history of childhood sexual abuse. Female participants were administered a variety of surveys designed to determine their abuse experience, levels of social intimacy, use of contact tactics, style of adult attachment and depression levels. The male participants were administered the Conflict Tactics Scale only. Support was found for the moderating effects of a positive intimate relationship on the development of CSA-related depression, although the more severely abused women evidenced an anxious attachment style that related to a negative self-schema.

1.3.4 Section Summary

In summary, the studies reviewed provided support for a relationship between a history of CSA and development of negative long-term effects in the adult survivors, although the exact nature of the relationship was not made explicit due to the limitations of the research conducted (i.e., non-experimental). Long-term effects included depression, anxiety, personality disorders, PTSD, dissociation, suicidality, substance and alcohol abuse, relationship issues, sexuality issues, alterations to schema of self and the world, eating disorders, overwhelming negative affect, self-harming behaviours, compulsive behaviours and memory deficits. The research also indicated that the presence of a supportive person or positive intimate relationship could decrease the intensity of some long-term effects for some survivors. The relationship between a history of childhood sexual abuse and development of negative long-term effects also provided support for the classification of CSA as trauma.

The methods used in the reviewed studies included the use of control groups, psychological measures of assessment, statistical analyses or qualitative methods, such as case histories, interviews and non-recognised analyses techniques. None of the reviewed studies used a mixed-method approach to the topic of investigation.

None of the methods resulted in the establishment of a direct cause-effect relationship. The studies that used quantitative methods only were limited in the depth of their investigation and the studies that used qualitative methods only were limited by a perceived lack of scientific rigour. It does not appear likely that a direct relationship between CSA and the long-term effects will be discovered in any relevant research, given the ethical and practical constraints that must be considered when designing a research program on childhood sexual abuse with adult participants.

The issues of trauma and memory deficits, PTSD, and dissociation would appear to warrant further investigation and theoretical attention by this program of research and indeed, form the focus of this study.

The following section presents the DSM-IV definitions of Acute Stress Disorder and Post-Traumatic Stress Disorder, that were identified in the previous section as a possible long-term effect of CSA for some individuals as part of their response to trauma. Childhood sexual abuse is then discussed with reference to the DSM-IV criteria for ASD and PTSD.

1.4 DSM-IV and CSA: The Trauma Response.

This review, based on the DSM-IV diagnoses of Acute Stress Disorder (ASD) and Post-Traumatic Stress Disorder (PTSD), specifically focuses on the effect of trauma on the memory of the individual. The DSM-IV definitions of ASD and PTSD are presented and discussed, in order to delineate the symptoms and behaviours characteristic of each disorder. The definitions of ASD and PTSD are presented in this section, rather than in an appendix, to facilitate the flow of the discussion for the reader.

1.4.1 DSM-IV 308.3 Acute Stress Disorder

The DSM-IV provides a description of ASD (p. 211), based on eight criteria which must be met by the individual in order for a diagnosis of ASD to apply. The criteria are:

A. The person has been exposed to a traumatic event in which both of the following were present:

(1) The person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others;

(2) The person's response involved intense fear, helplessness, or horror.

B. Either while experiencing or after experiencing the distressing event, the individual has three (or more) of the following dissociative symptoms:

(1) A subjective sense of numbing, detachment, or absence of emotional responsiveness;

(2) A reduction in awareness of his or her surroundings (e.g., being in a daze);

(3) Derealization;

(4) Depersonalisation;

(5) Dissociative amnesia (i.e., inability to recall an important aspect of the trauma).

C. The traumatic event is reexperienced in at least one of the following ways: recurrent images, thoughts, dreams, illusions, flashback episodes, or a sense of reliving the experience; or distress on exposure to reminders of the traumatic event.

D. Marked avoidance of stimuli that arouse recollections of the trauma (e.g., thoughts, feelings, conversations, activities, places, people).

E. Marked symptoms of anxiety or increased arousal (e.g., difficulty sleeping, irritability, poor concentration, hypervigilence, exaggerated startle response, motor restlessness).

F. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning or impairs the individual's ability to pursue some necessary task, such as obtaining necessary assistance or mobilising personal resources by telling family members about the traumatic experience.

G. The disturbance lasts for a minimum of 2 days and a maximum of 4 weeks and occurs within 4 weeks of the traumatic event.

H. The disturbance is not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition, is not better accounted for by Brief Psychotic Disorder, and is not merely an exacerbation of a pre-existing Axis I or Axis II disorder.

1.4.2 DSM-IV 309.81 Post-Traumatic Stress Disorder

The DSM-IV provides a description of PTSD (p. 209), based on six criteria which must be met by the individual in order for a diagnosis of PTSD to apply. The criteria are:

A. The person has been exposed to a traumatic event in which both of the following were present:

(1) The person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others;

(2) The person's response involved intense fear, helplessness, or horror.

B. The traumatic event is persistently re-experienced in one (or more) of the following ways:

(1) Recurrent and intrusive distressing recollections of the event, including images, thoughts, or perceptions;

(2) Recurrent distressing dreams of the event;

(3) Acting or feeling as if the traumatic event were recurring (includes a sense of reliving the experience, illusions, hallucinations, and dissociative flashback episodes, including those that occur on awakening or when intoxicated);

(4) Intense psychological distress at exposure to internal or external cues that symbolise or resemble an aspect of the traumatic event;

(5) Physiological reactivity on exposure to internal or external cues that symbolise or resemble an aspect of the traumatic event.

C. Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (not present before the trauma), as indicated by three (or more) of the following:

(1) Efforts to avoid thoughts, feelings, or conversations associated with the trauma;

(2) Efforts to avoid activities, places, or people that arouse recollections of the trauma;

(3) Inability to recall an important aspect of the trauma;

(4) Markedly diminished interest or participation in significant activities;

(5) Feeling of detachment or estrangement from others;

(6) Restricted range of affect (e.g., unable to have loving feelings);

(7) Sense of a foreshortened future (e.g., does not expect to have a career, marriage, children, or a normal life span).

D. Persistent symptoms of increased arousal (not present before the trauma), as indicated by two (or more) of the following:

(1) Difficulty falling or staying asleep;

(2) Irritability or outbursts of anger;

(3) Difficulty concentrating;

(4) Hypervigilance;

(5) Exaggerated startle response.

E. Duration of the disturbance (symptoms in Criteria B, C, and D) is more than 1 month.

F. The disturbance causes significant distress or impairment in social, occupational, or other important areas of functioning.

1.4.3 The Relationship Between CSA, ASD and PTSD

The purpose of this section is to theoretically investigate the long-term effects of CSA, particularly relating to the impact of CSA on memory, within the context of the ASD and PTSD criteria. It is proposed that this discussion will strengthen the theoretical association between CSA, trauma and memory. Criterion A of ASD and PTSD appears to provide a general description of the type of events individuals experience at the time of abuse as a child. There can be little doubt that the types of sexual abuse incidents, whether the abuse involved an adult kissing them in an adult way, fondling them in a sexual way, or penetrating them in any way, would result in the child experiencing feelings described in the criterion, especially when the abuse coincides with threats to the child if they disclosed to another person, or did not comply with the abuser's wishes.

Criteria B and D of ASD and Criterion B of PTSD relate to the use of avoidance and dissociation mechanisms as a means of coping with the negative affect and memories thought to be associated with, and experienced by, some survivors of CSA. These mechanisms could result in the forgetting phenomenon as reported by some survivors, and could also have been subsumed under the category of a long-term effect for some survivors.

Criterion C of ASD and Criterion B of PTSD relate to the intrusive aspects of negative affect and memories associated with the abuse. For those survivors who report levels of forgetting, intrusive symptoms could be associated with their experiences of subsequent triggering and remembering of their abuse after a period of time.

Criterion E of ASD and Criterion D of PTSD relate to the development of hypervigilance in the CSA survivor. These criteria also outline possible long-term abuse-related effects, as does the material contained in Criterion F of ASD and Criterion F of PTSD. All of these criteria describe behaviours, affect and cognitions that could impact negatively on the survivor's ability to function to their full potential in society.

Finally, Criterion G of ASD and Criterion E of PTSD relate to the timeline for duration of the other criteria, with the timeline of ASD being under four weeks in duration, and the timeline for PTSD being over four weeks. This could suggest that some abused children develop ASD at the time of, or shortly after, one abuse incident. If the abuse included multiple experiences, the child could experience the development of their ASD progressing to PTSD. The development of ASD to PTSD and the related effects, such as forgetting, has often been suggested in the literature, with CSA forgetting thought to be associated with multiple abuse incidents and/or abuse of a lengthy duration. This association is reviewed in more depth in Chapter 2 of this thesis.

Raphael (1995) delivered a lecture entitled “Recovered memories: fact and fantasy” where he stated that remembering and forgetting were central components in PTSD and ASD. In conclusion, PTSD was defined by aspects of memory impairment and ASD was defined by use of dissociation, avoidance, intrusion and re-experiencing with the DSM-IV describing memory processes related to forgetting, triggering and subsequent remembering of childhood sexual abuse, as part of the trauma response experienced by some adult survivors.

The next section presents a brief theoretical discussion on the type of memory under investigation by this study, and is followed by a discussion on the impact of trauma on memory, including the use of dissociation as a coping mechanism for some CSA survivors.

1.5 What is the Type of Memory Under Investigation by This Study?

The purpose of this section is to identify and briefly describe the type of memory under investigation in this study. Memory accuracy is also investigated briefly. There appears to be some confusion as to the precise nature of the organisation and relationship between the different memory systems in the literature. This is often the case when dealing with a phenomenon not yet fully understood. In addition, there is often a great difference between what was observed in experiments on memory and the nature of the underlying structures of memory systems. This has led to the development of several different theories of human memory systems, often with different terminology accounting for similar concepts.

Current memory theory and research suggests that the human memory is made up of several systems, with each system having a specialist function. The purpose of memory is to retain information about stimuli, events, images, ideas etc. after the original stimuli are no longer present (Baddeley, Kopelman & Wilson, 2002). The term memory is often preceded by an adjective used to describe the type of memory under discussion. Table 1.2 presents the major categories of memory and a brief outline of each.

Based on the information contained in Table 2, the autobiographical memory system appeared to be the type of memory most relevant to the study of childhood sexual abuse remembering and forgetting. The implicit memory system was also implicated in this current study, with the relevant autobiographical material (incidents of sexual abuse) becoming unconscious, or forgotten, due to the effects of trauma. In fact, most, if not all, of the memory systems outlined in Table 1.2 could be implicated in the study of CSA forgetting and remembering. The relationship between trauma and memory is expanded upon in the following section.

Table 1.2

Memory Types and Descriptions

Memory Type	Description
Associative memory	Any memory system based on the notion of stimulus-response or an association between ideas
Autobiographical memory	Memory for events that have occurred in one's life
Declarative memory	Memory that one can communicate to others
Echoic memory	Brief sensory memory for auditory stimulus
Episodic memory	Memory for how, when and where the information was obtained
Explicit memory	Conscious memory associated with awareness and recognition of information
Fact memory	Memory for specific facts or events carried in a message
Ionic memory	Brief sensory memory for visual stimulus
Implicit memory	Memory for material that one is unaware of, unconscious memory
Lexical memory	Memory for word recognition not word meaning
Long-term memory	Memory for information that has been well processed and integrated into the general knowledge store
Procedural memory	Memory for highly automatised procedures or complex activities
Reconstructive memory	Memory thought to be reconstructed rather than reproduced
Redintegrative memory	Memory for events based on piecemeal reconstruction of the event and circumstances around the event
Reproductive memory	Memory images of the original material stored away and reproduced rather than reconstructed
Semantic memory	Memory for meanings
Short-term memory	Memory for information that has received minimal processing
Source memory	Memory for the source of information
Working memory	Memory system that holds the information while interpretation process occurs

Ebbinghaus wrote the first scientific account of memory experiments in 1885. Prior to this, the phenomenon of human memory had been the subject of debate and speculation, but had not been scientifically examined. Ebbinghaus studied how memory developed, based on a strong belief that sensations, feelings and ideas that had been conscious once, remained hidden somewhere in the memory. Another researcher, James, built on the work conducted by Ebbinghaus. Through introspection, James suggested two memory systems – primary or immediate memory and secondary or indirect memory. Primary memory was thought to lead to

the development of the short-term memory theory and secondary memory aligned with long-term memory theory. James considered that the secondary memory system contained information that was once experienced, but was not easily accessible. This early research led to the development of a dualistic memory model, although some researchers subscribed to the view that memory was a unitary phenomenon that contained different processes (Solso, 1991).

Baddeley (1997) stated that memory was not a unitary system, but as suggested by the early research on memory, was made up of a number of systems, all having the capacity to store information of some description, in a complex web of interconnections. Morris and Gruneberg (1994) suggested that these many systems were necessary for the individual to be able to cope with the amount and type of information they received from the external world.

Tulving (1983) proposed two memory systems, being episodic and semantic. Material contained in the episodic system included information about time dated events and relations among the events. The semantic system included the memory for words, concepts, rules and abstract ideas, necessary for the use of language. Both episodic and semantic systems were subsumed under the long-term memory system (Solso, 1991).

Nelson (1993) postulated that the autobiographical system was part of the episodic memory system. Parks and Balon (1995) confirmed this suggested organisation of the memory systems, positing that autobiographical memory was a sub-classification of memory within the declarative memory system and signified memory for one's own personal life experiences in the recent and/or remote past. Bears, Connell and Gutheil (1996) stated that the declarative memory system encompassed most language-mediated concepts, and that central features of the declarative content were often recalled accurately with the peripheral details easily distorted.

Welch-Ross (1995) presented a model for the emergence of autobiographical memory. Autobiographical memory was defined as "a collection of memories for personally experienced events that was relevant to one's sense of self and thus constituted a person's life history" (p. 338). Before the autobiographical system

developed, infants and young children possessed long-term episodic memory, which did not permit the retention of early memories after age 3 or 4. The child developed an organised, psychological sense of self, around which memories were organised at age 3, leading to the emergence of the autobiographical system. Welch-Ross also suggested that memories, congruent with the sense of self, were more likely to be retained. Incongruent memories could be forgotten, distorted or modified to alter the self-image. Conversations about shared memories were thought to be essential to the development and storage autobiographical memories by contributing to the emergence of the self as continuous in time. The emergence of the auto-biographical system depended on an understanding that experience with an event was needed to have knowledge of that event, an understanding of the mental state of remembering, the verbal reinstatement of personal memories through social interaction and an organised psychological self-concept.

Brown and Schopflocher (1998) proposed that information contained in the autobiographical memory system was organised in sets of causally and thematically related events or clusters. The purpose of memory clusters was to allow the individual to experience coherency within their lives. They also suggested that clusters required rehearsal or narration to maintain and strengthen the associations between events, allowing for cued-retrieval to occur during the process of recall.

1.5.1 Section Summary

In summary, the types of memory examined in the current study were the autobiographical memory or memory for personally experienced events, and the implicit memory system or autobiographical material that the individual was not aware of for a period of time. The autobiographical memory system was thought to be part of the declarative memory system or memory that could be communicated to others. The declarative system was part of the long-term memory system, which included memories dating back to when the individual was a child. Memories formed prior to the age of two or three years were thought to be, on the whole, inaccessible due to infantile amnesia or the developmental lack of a coherent self-schema. The self-schema is thought to emerge around the age of three to four years and provide a reference point for the organisation of autobiographical memories.

It should be noted that research on human memory is far from complete and existing theories could be replaced as new findings come to light.

1.6 The Effect of Trauma on Memory

An earlier section of the theoretical context chapter defined CSA as trauma. This current section examines the effect of trauma on the autobiographical memory system, primarily, but not limited to the perspective of the child victim of sexual abuse.

Wilson (1989) developed a model of traumatic stress reactions that outlined five trauma response factors, including emotional factors, cognitive factors, arousal factors, neurophysiological factors and coping factors. The factors that bore a relationship to memory included the emotional responses (affective distress and numbing), cognitive responses (denial/avoidance, distortion, dissociation and intrusion) and arousal state (hyperarousal).

In an article investigating the biology of memory and childhood memory, Burgess, Hartman, and Clements (1995) stated that the importance of trauma was the method by which it affected the limbic system in the brain. The limbic system was defined as the regulatory processes that controlled memory, aggression, sexuality, attachment, emotion, sleep and appetite. It was the location through which sensory information entered the human system and was encoded. Trauma caused excesses and depletion of hormones in the brain structures responsible for the interpretation and storage of incoming stimuli. Alterations to the memory system occurred as a result of the fluctuating hormones. Burgess, Hartman and Clements suggested that trauma could alter the cellular process and bias the behavioural response towards avoidance. They also suggested a progression of symptomology and behaviours for the victim of a traumatic event. They included the integration of the event (the optimal pattern), a stress response incorporating anxious, avoidant, aggressive or disorganized behaviour, including amnesia, and a delayed stress response, incorporating substance abuse, somatic complaints, depression and high-risk behaviours.

Elin (1997) proposed that the trauma response and the development of a child existed in a dependent relationship. He agreed with Burgess et al (1995), stating that the experience of sexual abuse often led to the disruption of a child's hormonal system

and alterations to the child's brain structure, thought to result in changes to memory storage and retrieval processes (Pope & Brown, 1996). The combination of these neurophysiological conditions often resulted in further psychosocial problems for the child, thereby negatively impacting on their self-development. Elin further suggested that although a child could have a very strong sense of right and wrong, they often lacked the cognitive and psychological abilities to make meaning of the event, resulting in a "walling off" of the self-memory system in an effort to contain the strong negative affect associated with the experience of childhood sexual abuse.

Figley (1986) outlined some working assumptions about trauma: firstly, most individuals were able to process the impact of trauma and associated negative affect as time progressed; secondly, the processing of trauma required a cohesive self; thirdly, sustained exposure to trauma resulted in the loss of the cohesive self and overstimulation of the intrapsychic self; fourthly, the individual uses defenses such as splitting or disavowal to prevent reinstatement of the trauma state; and finally, split-off memories of trauma often attempted breakthrough into conscious awareness, which led to the development of an intrusion-denial cycle for the individual, resulting in a state of hypervigilence, which was meant to protect the psychic equilibrium of the individual. Figley then suggested that the individual then lost the connection between the traumatic event and the memory of the event as a function of elapsed time and systematic hypervigilence.

McCann, Sakheim and Abrahamson (1988) synthesised theoretical perspectives and empirical research about psychological responses to trauma across survivors of rape, childhood sexual and/or physical abuse, domestic violence, crime, disasters and the Vietnam war. The purpose of the review was to develop a model to enhance understanding of individual variations in trauma response. Of particular interest to the current study was the part of the model that focussed on cognitive schemas in the areas of safety, trust, power, esteem and intimacy and also that of perceptual disturbances. McCann et al (1988) described perceptual disturbances, such as dissociative phenomena, flashbacks, depersonalisation and derealization, as one possible response to trauma, based on overwhelming damage to the child's self and world schema. They proposed a model of psychological adaptation based on three possible responses to the increased levels of arousal and anxiety associated with the

trauma experience. Firstly, the individual could avoid or reject the traumatic event; secondly, the individual could attempt to find a fit between the experience and their existing schemas; or thirdly, the individual could alter their existing schemas to fit the traumatic event. When applied to the experience of childhood sexual abuse, this meant that the individual could avoid or reject the experience via the process of dissociation, or they could minimise the impact of the experience, which might also lead to memory disturbances, or they could alter their view of themselves and the world, which could result in other long-term psychological effects. In any case, this model proposed that assimilation of the traumatic event was prevented by the use of various cognitive mechanisms designed to assist the individual adapt to, and survive, the event.

Terr (1994) suggested that a child who experienced prolonged or repeated traumas would be more likely to develop and use defense mechanisms to assist in warding off high levels of anxiety and feelings of betrayal. She defined defense mechanisms as "those operations used consciously or unconsciously to deal with conflicts, either entirely within the self or between the self and the external world" (p. 75). She then described the defense mechanisms as involving either suppression of memory, repression of memory, dissociation from memory, splitting from the "bad" self, displacement of memory, intellectualisation, projective identification or denial in fantasy. Terr said that the experience of trauma could result in the child performing self-hypnosis, or entering a plane of consciousness where they fail to register the event in their memory system.

Galatzer-Levy (1997) approached the issue of trauma and memory from a psychoanalytic perspective, based on Freud's premise that individuals regulate their awareness of events, in order to reduce psychological distress, with the use of psychological defense mechanisms. Galatzer-Levy stated that trauma could have one of three effects on memory for the traumatic event. The first effect was the use of repression as a defense mechanism, designed to keep distressing ideas completely from awareness. Repression included the use of motivated forgetting. The second form of defense was termed "splitting," which had the aim of keeping the material available to the conscious, but altered the meaning of the event. The individual, then, either maintained two unintegrated views of the event, or separated the event

meaning from the associated emotions. The final mechanism was termed dissociation, which had the aim of protecting the individual from the trauma memories and associated overwhelming effect. Dissociation was thought to enable separation of the event, meaning and associated affect from the individual's main body of thought and experience.

Van der Kolk (1996, 1997) and McFarlane (1996) developed a structured interview, the Traumatic Memory Inventory (TMI), as a result of extensive clinical practice and observation of CSA and other trauma survivors. The TMI was designed to examine the retrieval of traumatic memories in a systematic way. Thirty-six participants, with a history of CSA, completed the initial interview. The results indicated that the participants were unable to construct a narrative for the traumatic event as children, and that their memories of the abuse were dissociated and stored as sensory fragments. Van der Kolk also hypothesised that under conditions of extreme stress the hippocampus failed, resulting in the traumatic experience being stored in affective and perceptual states. He suggested that the increased arousal, experienced by the child at the time of abuse, interfered with effective memory processing, yet resulted in a memory trace that remained unmodified by the passage of time. As Van der Kolk (1996, 1997) suggested via his extensive body of research, the impact of trauma on memory was complex and not fully understood, and was thought to arise from a combination of social, developmental, physiological, affective and cognitive factors.

A study conducted by Owens and Chard (2001) supported Van Der Kolk's (1997) definition of trauma and the impact on autobiographical memory. Owens and Chard administered a battery of psychological tests to 79 adult females with a CSA history. The purpose of the research was to examine the cognitive distortions, experienced by the participants as a result of their abuse, and subsequent development of PTSD. The cognitive distortions related to self and world schemas about: safety, trust, power, esteem, intimacy and self-blame. Results indicated that the PTSD symptoms increased with a higher number of cognitive distortions, particularly those distortions related to self and self-blame. Findings from this study could indicate that some CSA survivors were unable to cope with the extreme emotional and cognitive assault

associated with their abuse experience, resulting in memory deficits designed to protect them from further exposure to negative affect and thoughts.

Cameron (2000) conducted research on the impact of CSA as a traumatic experience on memory as part of a larger study. Her results also tended to provide support for the previous study. She asked participants to what purpose forgetting the abuse had served and why they thought forgetting had occurred (Table 1.3 refers). The majority of participants believed that forgetting had been a useful defense during their childhood.

Table 1.3

Reasons Given by CSA Survivors for Forgetting

Reasons	Percentage
Memories too painful	82
Sense of guilt or shame	79
No one to believe or help	74
Protectiveness of abuser and/or family	58
Dependency on or love for abuser	53
Need to believe in a safe world	37

Cameron concluded that forgetting was an extreme form of denial, serving to distance the child from overwhelming events that the child had no schema for understanding. She also proposed that trauma-related memory deficits were a way for the child to resolve cognitive dissonance, particularly when there was a familial relationship to the abuser, which related to themes of betrayal and trust. Cameron found that many of the participants could have developed memory deficits, in response to threats made by their abusers, demands for secrecy made by their abusers, or lack of opportunity to talk about the abuse. Several of the participants also mentioned that, as children, they sometimes doubted that the abuse had occurred, because their abuser acted as if nothing had happened during the daylight hours and interacted with the child in front of others as a non-abusive parent would. Finally, Cameron found the use of dissociation by the participants at the time of the abuse could have resulted in memory deficits, with the child not “being present” during part or all of the abuse incident and thereby not registering an intact memory in the autobiographical memory system. The abuse incident, however, could have registered in the implicit memory system where it remained until the survivor felt

safe, or emotionally strong enough, to reintegrate their memory into their autobiographical memory system.

Parks and Balon (1995) conducted research to investigate whether adults with an alleged history of CSA are more likely than non-traumatized adults to experience deficits in the retrieval of early autobiographical information. They employed a cognitive approach to the repression hypothesis, using word-cueing techniques and the Logical Memory Subscale of the Wechsler Memory Scale – Revised. Their results indicated that subjects with a history of trauma demonstrated a markedly different retrieval pattern for early autobiographical information compared with the control groups. Park and Balon suggested that defensive processes may influence affect-laden early childhood information, associated with the cues, making the information less available for direct recall. The constructs of repression and dissociation appear to have applicability to their findings, in that painful memories may be separated out via dissociation, or transformed and condensed by repression. The results may not generalise to non-patient samples. They also stated that symptom formation was linked to the displacement of the strong negative affect associated with traumatic events.

In contrast to the study conducted by Parks and Balon, Stein, Hanna, Vaerum and Koverola (1999) found no evidence of trauma-related memory deficits in a small sample of 22 adult female CSA survivors, seventeen of whom were diagnosed with PTSD, when compared to a matched control group of 20 women without a CSA history. Stein et al (1999) concluded that some forms of PTSD were not related to the development of memory deficits, while acknowledging that their study was limited by a small sample size.

Nishith, Weaver, Resick and Uhlmansiek (1999) proposed that trauma had an impact on memory by altering cognitive processing. The factors that resulted in altered cognitive processing included difficulties in concentration and heightened emotional arousal, thought to be associated with memory deficits and disorganised memory structures. In addition, Nishith et al (1999) proposed that avoidance of trauma-related stimuli often resulted in the development of memory impairments. Finally, they proposed that the experience of trauma led to an inability to integrate the event

with existing schema. Nishith et al investigated their theories by testing 90 adult rape victims who met PTSD diagnostic criteria. Twenty-eight participants were in treatment and the remainder of the sample were on a waiting list for treatment. The research was designed to ascertain the effect of treatment on general memory functioning. Among the measures used were the Logical Memory I and Logical Memory II components of the WMS-R to test participant's verbal memory functioning. Results for the treatment group showed an improvement in their ability to retain information than the pre-treatment group as a result of receiving cognitive processing therapy (designed to process trauma-related affect and modify trauma-impacted schemata). Nishith et al concluded that therapy assisted with the spontaneous organisation of memories in conjunction with decreases in negative affect.

1.6.1 Section Summary

The reviewed literature provided support for the premise that the experience of trauma had an impact on memory for some survivors of childhood sexual abuse. Disagreement arose regarding the exact nature of the impact, with some researchers suggesting that the overwhelming emotion inherent in CSA caused the child to dissociate, repress or split off the abuse experience from the main body of their memory. Others suggested that a disruption to self and world schemas resulted in the child experiencing a cognitive dissonance that they could only resolve by forgetting the abuse experience. Strong support was found for a neurophysiological response, which resulted in chemical changes to the memory structures. The term "dissociation" featured in many of the studies reviewed, with several different definitions and explanations being given, and it is this concept that is the focus of the following section.

1.7 The Dissociative Mechanism

The phenomenon of dissociation has attracted criticism from researchers and false memory proponents alike and remains poorly understood, with a majority of the general population relating dissociation only to the formation of multiple identities, as reported in, and sensationalised by, the media. The purpose of this section is to review the literature on dissociation as a mechanism of forgetting used by some CSA survivors. Although the DSM-IV definition of dissociation includes Dissociative Identity Disorder (DID), this review does not focus on the disorder, rather the focus is on dissociation as a trauma response or defense mechanism as outlined in the previous section.

The following section commences with the DSM-IV descriptions of dissociation, followed by a theoretical discussion designed to explore and define the phenomenon of dissociation.

1.7.1 DSM-IV and Dissociation

The DSM-IV provides several categories of dissociation, some of which appear to describe in full, or in part, dissociation as a mechanism rather than as a disorder. Relevant criteria from the categories of Dissociative Amnesia (p. 229), Depersonalisation Disorder (p. 231) and Dissociative Disorder (not otherwise specified) (p. 231) follow (American Psychiatric Association, 1993):

1.7.1.1 DSM-IV 300.12 Dissociative Amnesia (formerly Psychogenic Amnesia)

A. The predominant disturbance is one or more episodes of inability to recall important personal information, usually of a traumatic or stressful nature, that is too extensive to be explained by ordinary forgetfulness.

B. The disturbance does not occur exclusively during the course of DID, Dissociative Fugue, PTSD, ASD or Somatisation Disorder, and is not due to the physiological effects of a substance or a neurological or other general medical condition.

C. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

1.7.1.2 DSM-IV 300.6 Depersonalisation Disorder

A. Persistent or recurrent experiences of feeling detached from, and as if one is an outside observer of, one's mental processes or body (e.g., feeling like one is in a dream).

B. During the depersonalisation experience, reality testing remains intact.

C. The depersonalisation causes clinically significant distress or impairment in social, occupational or other important areas of functioning.

D. The depersonalisation experience does not occur exclusively during the course of another mental disorder, such as Schizophrenia, Panic Disorder, ASD or another Dissociative Disorder, and is not due to the direct effects of a substance or a general medical condition.

1.7.1.3 DSM-IV 300.15 Dissociative Disorder Not Otherwise Specified (DDNOS)

This category included disorders in which the predominant feature was a dissociative symptom (i.e., disruption in the usually integrated functions of consciousness, memory, identity, or perception of the environment) that does not meet the criteria for any specific Dissociative Disorder. Examples include:

1. Clinical presentations similar to DID that fail to meet full criteria for this disorder, including presentations in which there are either not two or more distinct personality states or amnesia for important personal information does not occur.

2. Derealisation (i.e., an alteration in the perception of one's surroundings so that a sense of the reality of the external world is lost) unaccompanied by depersonalisation in adults.

3. States of dissociation that occur in individuals who have been subjected to periods of prolonged and intense coercive persuasion.

4. Loss of consciousness, stupor or coma not attributable to a general medical condition.

1.7.2 Dissociation Theory

Cardena (1994) defined a defense mechanism as "an intentional disavowing of information that would cause anxiety or pain" (p. 24). He further stated that, "a defense mechanism was used by an individual, who faced ongoing threat, in order to safeguard the individual's psychological integrity" (p. 24). The phenomenon of

dissociation would appear to fulfil Cardena's definition of a defense mechanism for some individuals, who experienced CSA.

Alpert (1995) took the position that memory for trauma was different from memory for normal events and dissociation most adequately characterised long-term forgetting and return of CSA memories. She defined dissociation as "a mechanism that constructed a noticeable change in a person's thoughts, feelings, or actions so that for a period of time certain information was not associated or integrated with other information, as it normally or logically would be" (p. 127). Alpert proposed that physical or sexual abuse was often found to be a common antecedent of this phenomenon. Alpert proposed the following differences between repression and dissociation: dissociated memory was only partially and alternately out of consciousness, rather than lying deep in the unconscious; and it was more associated with actual traumatic events than with warding off unacceptable unconscious ideas.

Putnam (1989) suggested that dissociation served a number of purposes for the traumatised individual, being escape from reality, containment of traumatic memories and affects, detachment of sense of self (depersonaliation), and analgesia or a form of self-soothing. He also proposed that although dissociation lessened the pain and anxiety associated with trauma, the individual sacrificed fully integrated functioning.

Ross (1996) proposed a continuum of dissociation, based on increasing complexity and severity related to more extreme trauma. He described the left-hand end of the continuum as representative of normal daydreaming, absorption in a book or movie or imaginative play by children. Further to the right of the continuum for normal levels of dissociation, came the simple dissociative disorders such as Dissociative Amnesia, with more chronic forms, such as DDNOS and DID, at the other end of the continuum. Van der Kolk concurred with this view, suggesting that dissociation was experienced as a number of deepening levels; that is, primary dissociation (fragmented memory modalities), secondary dissociation (depersonalisation) and tertiary dissociation (development of dissociative disorders).

Coons (1996) noted that the DSM-IV listed only two forms of depersonalisation. He provided other forms of depersonalisation that were of interest to the current study:

emotional numbing, not recognising oneself in the mirror, feeling that behaviour or emotions were not under the individual's control, or feeling like body parts were detached, absent, unreal, foreign or changed in size. In a review of the literature Coons also identified self-negation as a form of depersonalisation as involving "denial that one was performing certain actions or that one was witnessing certain events occurring in the environment" (p. 293). Coons finally suggested that depersonalisation was experienced as either a transient symptom or as a syndrome depending on the levels of severity and distress and the duration of the episode.

Loewenstein (1996) reviewed empirical studies on trauma and dissociative amnesia to identify factors thought to lead to the development of persistent dissociative amnesia. Table 1.4 contains the factors Loewenstein identified. The factors will be elaborated on in the next chapter on forgetting and remembering of childhood sexual abuse.

Table 1.4

Factors leading to persistent dissociative amnesia

1. Trauma caused by human assault rather than a natural disaster
2. Repeated traumatisation, not single events
3. Longer duration of trauma
4. Earlier age of onset of trauma
5. Trauma caused by multiple perpetrators
6. Fear of death or significant harm during trauma
7. Threats of death or significant harm if victim discloses
8. Violence of trauma/physical injury caused by the trauma
9. Close relationship between perpetrator and victim

Cardena (1996) noted divergent views about the process of dissociation as a defence mechanism, stating that some viewed dissociation as a purposeful event, while others proposed that dissociation resulted from a narrowing of attention and as an almost automatic/spontaneous event. He also proposed that dissociation could be viewed as "a general mental modality to which some individuals were more predisposed than others" (p. 25). Briere (1992) appeared to resolve the divergent views by defining dissociation as a "defensive disruption in the normally occurring connections between feelings, thoughts, behaviour and memories, consciously or unconsciously

invoked in order to reduce psychological distress" (p. 36). Briere defined three types of dissociative behaviours that were specific to alterations in awareness. The first, disengagement, allowed the individual to separate cognitively from their environment and place their awareness of the environment "on hold" for brief periods of time. He suggested that this related to a shallow form of dissociation. The second behaviour was termed numbing/detachment or the ability to psychologically detach from negative affect. This behaviour allowed the individual to engage in normal functioning without being distracted by the psychological pain. The third behaviour, observation, was defined as the individual watching themself during the traumatic event, as opposed to participating in the actual event, thereby limiting their exposure to the threat element of the event.

Both van der Kolk (1996) and Cameron (2000) related the ability to dissociate to the developmental stages in a child's life. Van der Kolk suggested that school age children had learned about object constancy, where they realised that things were not necessarily what they appeared to be. He stated that children at that age often engaged in role play and imaginative games that gave them the potential capacity to dissociate, should they face a traumatic event. Cameron utilised Erikson's theory of developmental stages, with stages one to four being of particular interest. Stage one, experienced from birth to age one focussed on the dichotomy of trust/distrust. Stage two (ages 1 to 3) focussed on the development of autonomy (the will to be oneself) versus the experience of shame and doubt. Stage three (ages 3 to 5) related to the development of initiative and the experience of the world through exploration and role play versus the experience of guilt. Stage four (ages 6 to 11) related to the development of industry (competence or mastery) against the development of inferiority. She explained that disruption to the individual via trauma during these stages could lead to the development of dissociation as a defense mechanism.

Cameron (2000) also dissected dissociative amnesia into forms, including: localised (failure to recall events from a period of time such as after a car crash in which a loved one was killed), specific (blocking out events during a period of time, such as events during frontline combat in a war zone), systematised (loss of memory for a particular kind of information, such as all memories of a person or place), continuous

(memory of all personal events from a past point in time up to the present and similar to localised but more pervasive) and generalised (losing all memory of one's past).

1.7.3 Section Summary

The purpose of this section was to explore dissociation as a mechanism used by some survivors of childhood sexual abuse to facilitate forgetting of their abuse experience, as a basis for further discussion in subsequent chapters. Relevant DSM-IV definitions were presented, along with some expansions or clarifications as proposed by other researchers. The reviewed literature provided a picture of dissociation as a mechanism designed to defend the child against the impact of trauma, either consciously or unconsciously, with the level of dissociation falling on a continuum depending on a variety of factors related to the trauma event itself. Dissociative behaviours were described, and the relationship between developmental stages and the use of dissociation by the child was also reviewed briefly.

1.8 Chapter Conclusion.

The purpose of this chapter was to provide a theoretical context for the study on forgetting and remembering of childhood sexual abuse by adult survivors. The chapter commenced with definitions of trauma and childhood sexual abuse and a review of the literature on the long-term effects of CSA, with the aims of defining CSA as a traumatic experience and investigating the relationships between CSA and its long-term impact. The studies reviewed provided support for defining childhood sexual abuse as trauma, based on the relationship between a history of CSA and development of negative long-term effects in the adult survivors. Long-term effects included depression, anxiety, personality disorders, PTSD, dissociation, suicidality, substance and alcohol abuse, relationship issues, sexuality issues, alterations to schema of self and the world, eating disorders, overwhelming negative affect, self-harming behaviours, compulsive behaviours and memory deficits. The research also indicated that the presence of a supportive person, or positive intimate relationship, could decrease the intensity of some long-term effects for some survivors. The literature indicated that the theoretical context for the current study, on CSA forgetting and remembering by adult survivors, included issues of trauma and memory deficits, PTSD and dissociation.

The DSM-IV definitions of Acute Stress Disorder and Post-Traumatic Stress Disorder, which were identified in the previous section as possible long-term effects of CSA for some individuals as part of their response to trauma, were presented and discussed, leading to the conclusion that remembering and forgetting were central components in PTSD and ASD. PTSD was defined by aspects of memory impairment and ASD was defined by use of dissociation, avoidance, intrusion and re-experiencing, with the DSM-IV describing memory processes related to forgetting, triggering and subsequent remembering of childhood sexual abuse, as part of the trauma response experienced by some adult survivors.

The following section focused on a theoretical discussion on the type of memory under investigation by this study, followed by a discussion on the impact of trauma on memory, including the use of dissociation as a coping mechanism used by some CSA survivors. The types of memory examined in the current study are the

autobiographical memory, or memory for personally experienced events, and the implicit memory system, or autobiographical material that the individual was not aware of, for a period of time. Support was found for the premise that the experience of trauma had an impact on memory for some survivors of childhood sexual abuse. Disagreement arose regarding the exact nature of the impact, with some researchers suggesting that the overwhelming emotion inherent in CSA caused the child to dissociate, repress or split off the abuse experience from the main body of their memory. Others suggested that a disruption to self and world schemas resulted in the child experiencing a cognitive dissonance that they could only resolve by forgetting the abuse experience. Strong support was found for a neurophysiological response which resulted in chemical changes to the memory structures. The term "dissociation" featured in many of the studies reviewed, with several different definitions and explanations proposed by the relevant researchers. Dissociation formed the focus of the last section of this chapter. It should be noted that dissociation, when mentioned in conjunction with child sexual abuse, has been subject to criticism by supporters of the false memory stance and remains a poorly understood phenomenon by researchers in general.

The literature was reviewed with the aim of investigating dissociation as a mechanism used by some survivors of childhood sexual abuse to facilitate forgetting of their abuse experience, and as a basis for further discussion in subsequent chapters. Relevant DSM-IV definitions were presented, along with some expansions or clarifications as proposed by other researchers. As previously mentioned, the reviewed literature provided a picture of dissociation as a mechanism designed to defend the child against the impact of trauma, either consciously or unconsciously, with the level of dissociation falling on a continuum depending on a variety of factors related to the trauma event itself. Dissociative behaviours were described and the relationship between developmental stages and the use of dissociation by the child was also reviewed briefly.

The literature, reviewed in this chapter, has generated some research questions. Do some adult CSA survivors experience periods of time when they forget the abuse? What factors and mechanisms influence their CSA forgetting? Is dissociation the primary mechanism that some CSA survivors use? Why do some CSA survivors

always remember their abuse? What are the differences between those CSA survivors who report always remembering their abuse and those survivors who report partial or extensive forgetting?

Chapter Two presents specific theory and empirical studies on forgetting and remembering of childhood sexual abuse by adult survivors, with the aim of refining the specific research questions and hypotheses. Chapter Two also incorporates sections on the design of the current study and the method relevant to Stage One of the research program.

CHAPTER TWO

CSA FORGETTING AND REMEMBERING

Chapter Contents

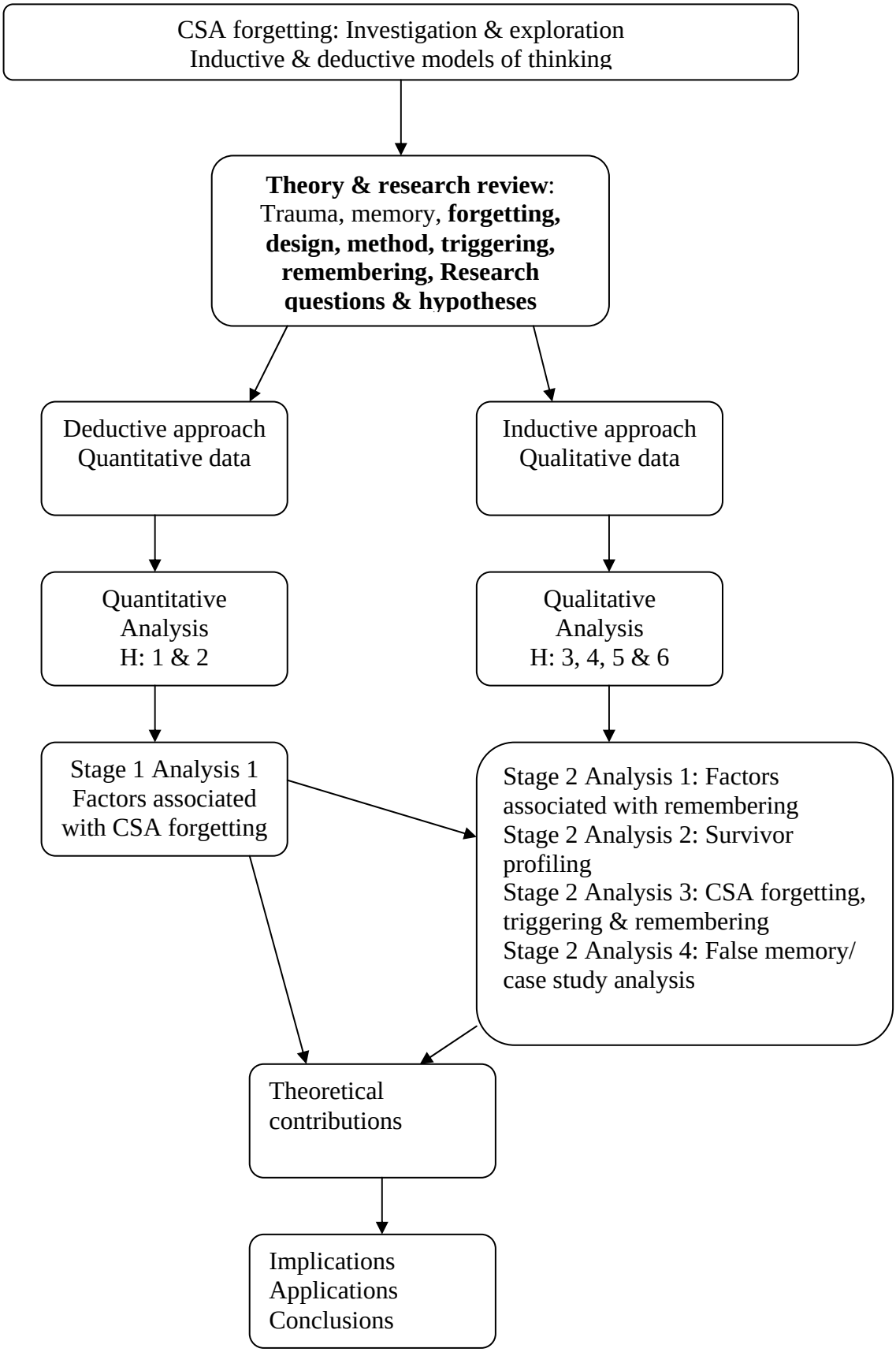


Figure 2.1 *Research Organisation & Theoretical Model*

> Forgetting and remembering are part of the human experience. There are many ways to forget and many ways to remember. What is at the heart of the debate is whether the alleged abuse occurred or not. (Freyd, 1996, p. 83-179)

The previous chapter established that childhood sexual abuse could be defined as a traumatic experience, resulting in a variety of strong negative psychological symptoms for the survivor. The literature also established a relationship between CSA and partial or extensive forgetting for some survivors, with forgetting thought to be part of the survivors response to trauma. Yet, some survivors have always remembered about their abuse, despite experiencing trauma. The primary questions that arise from Chapter One are: Why do some survivors always remember their abuse, while others experience a degree of forgetting? Which factors differentiate between survivors who had always remembered and those who experienced some degree of forgetting?

The purpose of this chapter is to narrow the focus of the theoretical context outlined in the previous chapter. Firstly, this chapter commences with a discussion on the prevalence of childhood sexual abuse in Australia, including sample characteristics. It should be mentioned that there is a scarcity of research generated in Australia, with the majority of the literature on childhood sexual abuse originating from the United States and England. Research on the factors associated with forgetting and remembering of childhood sexual abuse is reviewed to assist with the formulation of the research questions and hypotheses under investigation by this program of research.

2.1 Prevalence and Demographics of Australian CSA Survivors

In 1988, Goldman and Goldman replicated a study conducted in the United States by Finkelhor (1979). They surveyed 991 first year social science students about aspects of their sexual history. Twenty-eight percent of the females surveyed indicated a history of childhood sexual abuse, as did nine percent of the males. The mean age of the first abuse incident was 9.8 years for females and 10.3 years for males. Over 90% of the abusers were males, with 76% being known to the participants and 24% being strangers. Abuse activities included hugging in a sexual way, fondling of

genitals, simulated intercourse and full penetration, with 5% of females and 15% of males reporting full penetration. Fifty-eight percent of the female participants and 14% of the male participants experienced force, or the threat of force, during the abuse. In terms of frequency of abuse, 36% of the females and 49% of the males reported more than one incident of abuse. In terms of abuse duration, 28% of the females and 48% of the males reported abuse that lasted longer than one week. When asked about their reactions to the abuse at the time, 68% of the female participants and 30% of the males reported negative reactions (fear and shock). Goldman and Goldman (1988) found that negative reactions were more severe where the age difference between the child and the abuser was over five years. The results indicated that more severe negative reactions were associated with fondling of the child, touching of the child's genitals, simulated intercourse and full penetration. Negative reactions were also associated with the closeness of the relationship between the abuser and the child for females.

Fleming (1997) conducted a study designed to ascertain the prevalence of childhood sexual abuse in a community sample of Australian women, finding that 20% (n = 144) of the 710 participants reported a CSA history. Ten percent of these women experienced full penetration. Other abuse activities included exposure by the abuser, masturbation by the abuser, touching of genitals by the abuser, oral sex and simulated intercourse. The mean age of the first abuse incident was 10 years, with the majority (71%) of the participants being under the age of twelve. Perpetrators were usually male (98%) with a mean age of 33.5 years. In this sample, only 8% of the abusers were strangers, 41% were family members and 51% were family friends, neighbours and other people known to the child at the time of the abuse. Fifty-five of the participants reported only one abuse incident, usually perpetrated by a stranger (n = 37). Those abused by a relative reported a significantly higher frequency of abuse. In terms of coercion, sixty-four percent of the participants reported that the abuser used verbal threats and threats of violence, and eight percent reported the use of actual violence by the abuser.

Goldman and Padayachi (1997) stated that they found a significant dearth of Australian studies into childhood sexual abuse, with no national or state statistics available. This formed the rationale of their study on the prevalence and nature of

CSA in the state of Queensland. Goldman and Padayachi surveyed 427 psychology and sociology students, with 18.6% of the males surveyed and 44.6% of the females reporting at least one incident of unwanted sexual contact prior to the age of seventeen. Unwanted sexual contact ranged from being shown someone's genitals to full penetration. The figure, for both males and females, was at the high end of the range for sexual abuse prevalence reported by other studies. The mean age onset for males was 9.0 years and 9.9 years for females. Eighty percent of the participants reported sexual abuse that commenced before they reached the age of thirteen years. Abuse activities included those mentioned in the previous studies, with 45.6% of females and 12.8% of males reporting attempted, or actual, penetration. The participants were not surveyed about issues of abuse frequency or duration.

Most recently, the Queensland Government (1999) commissioned an inquiry into the abuse of children in Queensland institutions. Over 300 people provided information to the Commission about the abuse they experienced as children. In some cases over 50 years had passed between the abuse and the provision of information to the Commission. Although the focus of the inquiry was not memory for the abuse, the issue of memory accuracy was raised, with the Commission finding that "there is no completely accurate way of determining the validity of abuse reports without corroboration" (p. i).

None of the Australian studies specifically investigated the issue of forgetting of childhood abuse memories. The studies relied on retrospective and uncorroborated reports of childhood sexual abuse, as did the studies that were examined in the following section. This was considered to be a methodological issue to the current study, and therefore details about the sources of corroboration pertinent to this study were examined and presented in the methodology section of the following chapter.

2.2 Forgetting and Remembering of Childhood Sexual Abuse

This section of the chapter will focus on the research pertaining to forgetting and remembering of childhood sexual abuse by adult survivors. Research relating to false memories will not be presented in this chapter. This research will be discussed specifically in Chapter 8, which presents a case, identified in this current study as fitting the description of a typical false memory case.

A number of variables have been identified in the literature as being associated with the experience of forgetting of childhood sexual abuse (Courtois, 1992). They include the duration and frequency of abuse, age of onset, relationship to the abuser, type of sexual act, use of force, sex of offender, disclosure or non-disclosure, and parental reaction (Murphy, Kilpatrick, Amick-McMullen, Veronen, Paduhovich, Best, Villeponteaux, & Saunders, 1988). Other factors identified in the literature include traumatic symptomology, distress/negative affect levels experienced at the time of the abuse, and the ability of the child to dissociate from the abuse events (Briere & Runtz, 1988, 1990, 1993; Olio, 1989; Williams, 1994).

A review of the literature indicated that the study of CSA forgetting experienced a surge of interest in the early to mid nineties, from proponents of both sides of the false memory debate. Interest in, and research on the topic, declined significantly from 1996 to the current day, reflecting a number of issues, including the complexity of the topic and methodological difficulties, such as the use of retrospective data. Freyd (1996) outlined problems relating to the impact of the controversy surrounding the topic on a societal level that led to “periods of active investigation that have alternated with periods of oblivion” (p. 31). She suggested that the history of psychological research into childhood sexual abuse memory reflected the actual experience of forgetting and remembering by CSA survivors, on a societal level. Olafson, Corwin and Summits’ (1993) earlier work supported Freyd’s viewpoint. Therefore the reviewed research is presented in the following section in chronological order to determine if such a trend exists. As the majority of reviewed studies reported multiple factors associated with CSA forgetting, presentation of the literature by factor was not an appropriate format

Freyd identified seven factors that, according to her theory of betrayal trauma, were thought to predict the development of abuse-related amnesia. The theory was developed, based on the premise that forgetting of childhood sexual abuse was an understandable response to a situation that posed a threat to the child's survival. The factors included abuse by a caregiver, explicit threats demanding silence, alternative realities in environment, isolation during abuse, being young at the age of abuse, alternative reality-defining statements by the caregiver and lack of discussion of the abuse.

Olio (1989) also suggested that the sense of betrayal experienced by the abused child resulted in the child adopting various self-protective measures, such as the use of dissociation and denial, which led to the phenomenon of memory loss, or loss of awareness of abuse-related knowledge. Her viewpoint was based on clinical observations related to the provision of survivor treatment.

Terr (1991) proposed a model of child abuse memory, based on her extensive research. Her research results indicated that children have vivid memories for single startling traumas (Type I), but more fragmented or absent memories for repeated and/or prolonged traumatic events (Type II). Terr's model has been criticised by supporters of the false memory viewpoint, who suggest that repeated events are better remembered than events that only happened once (Gothard & Ivker, 2000).

Pope and Hudson (1995) attempted to assess the empirical evidence for repression of CSA memories. Using two criteria (corroboration of the abuse, and whether the subjects actually developed amnesia for the abuse), they found only four studies that satisfied these conditions. They found no evidence to support the repression hypothesis. Pope and Hudson suggested that future studies should commence with a null hypothesis that repression of CSA memories does not occur. They also suggested excluding participants whose abuse occurred before the age of six years, due to the phenomenon of infantile amnesia and the tendency towards fantasy proneness and suggestibility. This current study did not exclude participants, who reported abuse that occurred prior to the age of six years, in order to facilitate a full investigation of the experience of CSA forgetting. They stated that to demonstrate repression, corroborated histories be ascertained through access to historical records,

medical evidence of the abuse, reports from reliable witnesses, and perpetrator confirmation. These sources of corroboration will be discussed in the methodological section, as lack of forensic evidence is inherent in the act of childhood sexual abuse. Further, to demonstrate repression, future studies must show that the participants developed psychogenic amnesia, rather than simply trying not to think about the events or pretending the events had not happened, or claiming amnesia to avoid embarrassment. Pope and Hudson's proposition regarding the development of psychogenic amnesia, as a condition of research, appears to be in opposition to the discussion in the previous chapter, which suggested that survivors may use various strategies to forget about their abuse, including trying not to think about the event, as part of the PTSD numbing response.

Whitfield (1995) replied to the article by Pope and Hudson, detailing eight studies that were conducted between 1987 and 1995 that satisfied the criteria proposed by Pope and Hudson. These studies included 1091 participants who indicated that they experienced a period of forgetting of CSA. Whitfield found that 16% to 78% of the participants reported some degree of forgetting of their memories of CSA. Whitfield further found that even when people reported always remembering their abuse, most reported not wanting to remember. They tended to deny and minimise their abuse experience instead. Whitfield also suggested that Pope and Hudson may support the false memory stance, so this bias must be taken into consideration. Several of these studies and others are presented in the following section.

2.2.1 Studies Conducted Between 1987 and 1996

Herman and Schatzow (1987) found that 28% of their sample reported severe memory deficits for the abuse experience, with 64% of the sample reporting some degree of amnesia for the abuse. The sample consisted of 53 white female outpatients in short-term therapy. Their abuse histories were corroborated. Herman and Schatzow identified three patterns of traumatic memory recall: full recall, mild to moderate memory deficits, and severe memory deficits. Severe memory deficits were found to be associated with early childhood abuse and lengthy abuse duration. Developmental stages were also found to be associated with the severity of memory deficits. Those reporting full recall also reported abuse that commenced and/or

continued well into adolescence. Mild to moderate deficit subjects reported abuse that commenced in latency and ended in early adolescence. Those reporting severe deficits also reported abuse that commenced in early childhood and ended before the onset of adolescence.

Chu and Dill (1990) surveyed 98 adult female in-patients of a psychiatric teaching hospital, administering the SCL-90-R, DES and the Life Experiences Questionnaire. Thirty-five participants reported a history of childhood sexual abuse. Chu and Dill found that a history of childhood sexual abuse was associated with a higher level of adult dissociative symptoms, including amnesia for the abuse experience, than for those participants who reported either physical abuse or no abuse. The SCL-90-R results showed an effect for survivors of physical abuse, but not for survivors of sexual abuse.

Loftus (1993) reviewed the literature on forgetting and remembering of childhood sexual abuse, in response to increased media and societal awareness about the return of “repressed memories” by adult survivors. Although the tone of the article was reasonably balanced there appeared to be a bias against the phenomenon of forgetting and later recall of CSA memory, through the use of warnings about the consequences of subscribing to the view that forgetting could occur. Loftus also suggested that most survivors of childhood sexual abuse forgot about their experiences with the passage of time (normal forgetting) and questioned the accuracy of returned memories. She concluded her review with a call for therapists and researchers to take care when approaching the area of CSA forgetting and remembering.

Williams (1994) interviewed 129 African-American women, whose abuse had been documented 17 years earlier. She found 38% of the sample did not remember the reported abuse incident. In a further study (Williams, 1995) 16% of those who reported remembering the abuse incident also indicated periods forgetting the abuse at some period prior to the study. Index report and study interview details were rated for minimisation and elaboration over eight categories. No significant differences in the accuracy of the abuse memory detail, between those who always remembered and those who forgot and later remembered the abuse, were found. This study also

found that forgetting was more likely to occur for those survivors whose abuse began at an early age, or who were subjected to a greater degree of physical violence, or who were abused by a family member. Williams proposed that the variables which contributed to higher rates of forgetting were associated with increased levels of psychological distress, which required more complex psychological coping processes than simple forgetting with time. The generalisability of Williams' studies was limited by the small size and ethnicity of the sample, and differences in coding procedures between the original abuse report and the study interview details. Her study was, however, strengthened by the use of corroborated reports of CSA.

Loftus, Garry and Feldman (1994) commented on Williams' first study, suggesting that subjects who forget incidents of childhood sexual abuse did so because of the passage of time between the abuse and the study. Loftus, Polonsky and Fullilove (1995) then investigated the phenomenon of childhood sexual abuse repression with a sample of 105 African-American adult female participants in a substance abuse program. Participants were surveyed for abuse parameters, emotions (at the time of abuse and current), and clarity and persistence of memory about the abuse, using scales developed by the researchers. Of the participants who experienced abuse (n = 57), 27% reported some degree of forgetting. Forgetting and later remembering of the abuse was associated with a different quality of memory, compared to those who always remembered the abuse, in terms of clarity and emotions experienced at the time of the abuse. No relationship was found between forgetting and abuse parameters, such as early age, degree of violence experienced, or relationship to abuser. The ethnicity of the sample, substance abuse history of the participants and lack of corroboration of the participants' abuse histories limited the generalisability of the results to other child abuse survivors. This study provided useful measures of emotional intensity and memory clarity and persistence experienced by adult female survivors of childhood sexual abuse.

Binder, McNiel and Goldstone (1994) tested a non-forensic sample of adult female CSA survivors. The participants were recruited as part of a larger study on adaptive coping in adult CSA survivors. Their abuse history was not corroborated. Of the sample (N = 30), 57% reported always remembering their abuse, 39% reported some periods of amnesia, and 7% reported a combination of both. No association was

found between forgetting and age onset, duration, known perpetrators, or the degree of associated violence. The study then focused on the context under which recall occurred. The researchers developed descriptive case vignettes based on reports of 11 participants, who had reported recovering their memory of the abuse, to explore the context under which their memories returned. Contexts included psychotherapy, non-traditional therapy, survivor support groups, adult sexual experience and adult traumatic events. The study results were limited by the small sample of participants.

Cameron (1994) conducted a longitudinal study of amnesiac (n = 25) and nonamnesiac (n = 21) women who entered therapy, prior to the recovered memory debate. The study aimed to compare the experiences of the two groups and answer researcher questions about the relationship between the development of amnesia for childhood sexual abuse and factors such as abuse severity, long-term symptomology, and crisis reactions at the time of initial recall of the abuse. Cameron found that the amnesiac women reported a more severe abuse experience than the nonamnesiac women, with the abuse commencing at an earlier age, perpetrated by either their natural fathers or mothers, higher levels of associated violence and a higher incidence of penetration. The results did not indicate any significant differences between the two groups related to long-term symptomology, with both groups reporting high levels of symptomology, regardless of whether they forgot the abuse or not. The amnesiac group reported higher levels of crisis reactions at the time of their initial recall of the memories or, as Cameron termed it, breech of denial. This term allowed measurement of the nonamnesiac group also. Crisis reactions included feelings of horror, disillusionment and suicidal ideation.

Parks and Balon (1995) tested 20 male and female abuse survivors from a clinical population. Their abuse histories were not corroborated. The participants demonstrated a markedly different pattern of retrieval for early autobiographical information, when compared to a control group without a traumatic history. Their findings indicated: an increased response latency; a greater number of retrieval failures; significantly fewer early memories; and older earliest memories. Parks and Balon interpreted their findings as support for the process, whereby trauma disrupts the integrated functioning of normal memory processes, such as encoding, storage

and retrieval. Their findings were limited by the small sample size. In addition, this was a speculative study requiring more in-depth research.

Feldman-Summers and Pope (1994) investigated the conditions under which childhood trauma may be forgotten. They surveyed 330 male and female clients undergoing therapy. Of the 79 participants reporting abuse, 40.5% reported partial or total forgetting for a period of time. Ninety percent of the participants who reported an abuse history also reported at least one trigger event or circumstance, and 47% reported at least one form of corroboration. Their study reported no gender or age differences in the rates of forgetting, with 43% of the males and 40% of the females who reported abuse, also reporting forgetting about the abuse for a period of time.

Briere and Conte (1993) tested 450 male and female abuse survivors from a national sexual abuse treatment referral network. The abuse histories were not corroborated. When asked about their memory for the abuse, 59.3% of the sample reported a period of forgetting prior to their eighteenth birthday. The researchers found that forgetting was associated with violent abuse, multiple perpetrators, death threats, early onset of abuse and lengthy duration. Forgetting was also associated with greater symptomology, as measured by the Symptom Checklist 90 (SCL-90). This study was limited by a lack of corroboration of the abuse histories. The use of a clinical sample also limited the generalisibility of the results to other populations, such as survivors from the general community who did not access treatment networks.

Harvey and Herman (1994) identified three patterns of traumatic recall, based on three vignettes (composite case studies). The first pattern included relatively continuous and complete recall of childhood abuse experiences, coupled with delayed understanding. The second pattern showed partial amnesia for abuse events, coupled with delayed recall and delayed understanding. The third pattern showed delayed recall following a period of profound and pervasive amnesia. In this study, the first group of participants evidenced a lifting, not of amnesia, but of denial and minimisation. The triggers required for this group to understand the past included a specific drive or relational event. The second group demonstrated a mixture of newly recalled, and always remembered, material. They reported amnesia for the

onset and escalation of the abuse, and for abuse that commenced early in childhood. Their triggers were the same as the first group. The third group reported severe and repeated sexual and physical abuse, beginning early in childhood and ending in adolescence. They evidenced amnesia for the abuse and whole eras of development and whole categories of experience. The majority of individuals in this group witnessed family violence and reported multiple perpetrators. Harvey and Herman observed that characterisations of "false" versus "true" memories failed to capture the complexity of this issue. They took the position that the process of discovering one's history takes place in a relational and developmental context, accompanied by marked emotional and symptomatic changes. Their study also raises the following questions: what is the role of emotion in the encoding, storage, and retrieval of emotionally laden material? How does traumatic memory differ from normal memory? How and under what circumstances are the traumatic memories retrieved?

Gold, Hughes and Hohnecker (1994) interviewed 105 CSA survivors in an attempt to refine the type of questioning utilised in other studies, namely Briere and Conte (1993). They found that 30% reported completely blocking out any recollection of the abuse for at least one full year. Other patterns of memory were reported, including having a vague suspicion but no actual memory, partial memory only, remembering at least one entire episode of abuse but not all of them, and always retaining a fairly complete memory of all or most of their abuse episodes. Gold et al suggested that the debate on forgetting and recovered memory exaggerated the role of memory in the determination of CSA. They stated that a CSA history could be confirmed by a constellation of symptoms including memories, affective fragmentation, flooding and numbness, chronic patterns of denial and dissociation, and current life distress.

Elloitt and Briere (1995) interviewed 505 adult CSA survivors, who were recruited from the general community. Their general findings indicated that forgetting of childhood sexual abuse represented a real, but imperfectly understood, phenomenon. Elliott and Briere hypothesised that subjects reporting pervious amnesia would report more severe abuse, more psychological symptoms, and greater self-reported distress. They utilised the Impact of Events Scale (IES), the Symptom Checklist 90 (SCL-90), and the Traumatic Events Scale (TES) instruments. A link between amnesia, the

threat of violence and perceived distress at the time of abuse was reported. The strengths of this study include the use of a non-clinical population and trauma-sensitive measures. Reliance on uncorroborated abuse histories may compomise the validity of the results.

Bremner, Randall, Scott, Capelli, Delaney, McCarthy, and Charney (1995) tested 21 adult psychiatric patients with a reported CSA history, using the WMS Logical Component. The severity of abuse was positively related to the degree of memory impairment when measured by participants' levels of short-term verbal recall.

Albach, Moormann and Bermond (1996) compared a group (n = 97) of sexually abused women with a group (n = 65) of matched controls for memory impairments. The control group was matched in terms of age and level of education and had experienced a wide variety of unpleasant childhood events, such as the death of a family member, bullying at school or having parents who quarrelled. Sample members participated in a semi-structured interview designed to elicit information about event duration and other parameters, forgetting mechanisms and trigger events. Results indicated that amnesia was more common for the abused participants (35%) than for the control group (1%). The abused group also mentioned the use of various forgetting mechanisms, such as intentionally avoiding thinking about the abuse, than the control group. Abuse demographics (early age and associated violence) were not found to be predictive of amnesia. Finally, Albach et al did not find a relationship between the experience of recovered memory and therapist suggestion.

The following section reports on the studies conducted between 1997 and 2003.

2.2.2 Studies Conducted Between 1997 and 2003

To investigate the phenomenon of CSA forgetting and remembering, Joslyn, Carlin and Loftus (1997) surveyed 799 psychology students, of whom 176 reported at least one CSA event. The survey had seven main questions and was designed to elicit information about the type of forgetting experienced by the participants. Their primary question differed from those used in previous studies, such as "Was there ever a time in the past when you forgot your abuse?" Their question asked whether

participants had forgotten events so thoroughly that even if asked directly, they would have denied the abuse. The results indicated that some participants did not understand the abuse at the time and thought about the event less often with the passing of time. Joslyn et al concluded from this finding that events, that were less well understood at the time, may be less well embedded in the memory structure, thus leading to temporary forgetting.

Read (1997) asked a sample of 248 adults if they could recall a circumstance in which they realised they had remembered something that they believed they had forgotten for an extended period of time. Approximately 60% answered in the affirmative. Read then asked them to explain what they meant by the term "forgotten." Participants responded to one of two choices: either they had actually forgotten the information (34.4%) or they had not thought about it (65.6%). When questioned further, of the participants who reported actually forgetting the information, nearly 52% said they had absolutely no memory, during the period of time they thought they had forgotten. Thirty-four percent said that they had been unsuccessful in trying to remember the events, although Read proposed that this type of response indicated some awareness of the events. Of the participants who said they had not thought about the information, 58% observed that there had been no opportunity to think about the event for a variety of reasons, including the lack of a trigger, the event was unimportant or there was no occasion to remember. Another 22% said that although they did not think about the event, they did not consider that anyone could forget about the event they described. Another group said that if they could remember the event now, this indicated they could not have truly forgotten it in the past. Read concluded that, for this sample, if the majority of participants had been asked directly about the abuse, at any time in the past, they would have easily recalled the event in question. Pope, Hudson, Bodkine and Oliva (1998) supported Read's conclusion about direct questioning, as a result of conducting a meta-analysis on studies related to CSA and memory deficits.

Irwin (1998) administered measures related to dissociation (DES), shame and guilt (PFQ2 and ASGS) to a sample of 103 Australian adults, who were enrolled in an off-campus first year psychology course. Irwin found that proneness to guilt predicted the development of dissociative tendencies. He proposed that the experience of

childhood sexual abuse evoked feelings of unresolved shame and guilt in the abused child, which in turn led to the development of coping by dissociation.

Melchert (1999) conducted research with a sample of 560 undergraduate students, of whom 25% reported a history of child abuse (physical, emotional and/or sexual). Eighteen percent of the participants, who indicated a history of abuse, reported that they had experienced a period of time when they lacked access to their memories. Part of Merchant's questionnaire focused on the participants' reasons for lacking access to their memories, with 29% stating that they intentionally avoided thinking about the abuse, but did not really lack access. Sixteen percent stated that they thought they had repressed the memories because they were too painful, and that they would not have remembered the abuse, even if someone had told them about it. Twenty-six percent said that they just forgot about the memories and that the memories returned when they were reminded of the abuse. Twenty-one percent said that they could always remember the abuse, but did not think of the events as abuse, until they were older. Three percent stated that they used alcohol and/or drugs, or engaged in other compulsive behaviours to help them avoid thinking about the abuse. Melchert outlined a final option, related to false memories, which did not receive endorsement from any participants. Melchert also administered the Dissociative Experiences Scale (DES), finding that participants who reported recovering abuse memories scored significantly higher than those who did not. He did not find any differences on DES scores between participants who reported using subconscious processes to forget their abuse (i.e., they were unaware of how they forgot about their abuse), and participants who reported using conscious processes to forget their abuse (i.e., they were able to identify how they forgot about their abuse).

Chu, Frey, Ganzel and Matthews (1999) conducted research with a group of 90 female in-patients of a trauma treatment facility. The research was designed to investigate the relationship between self-reported childhood abuse, dissociative symptoms and amnesia. The women participated in a structured interview and completed the DES and the Life Experiences Questionnaire. Chu et al found that the participants who reported a history of child abuse scored significantly higher on the DES than the participants who reported no history of child abuse. In addition, higher dissociative symptoms were correlated with early age onset of physical and sexual

abuse and more frequent sexual abuse. Early age onset of physical and sexual abuse was correlated with higher levels of amnesia. Chu et al also found that the majority of participants reported recovering their initial memories outside of therapy and had found strong sources of corroboration for their recovered memories of the abuse. Sources of corroboration included scars from physical injury, medical records or verbal confirmation by family members.

Banyard and Williams (1999) conducted further analyses on Williams' (1994) original sample of CSA survivors (n = 129, current study n = 124) to investigate differences between participants with (n = 61) and without (n = 62) memory impairments on measures of current psychological functioning. The Trauma Symptom Checklist 40 (TSC40) was used in this analysis. There were no significant differences between the two groups on the TSC40. Banyard and Williams then divided the sample further by age using a median split. Results indicated that those participants, who were older at the time of the abuse and had memory impairments, also reported higher levels of symptoms as measured by the TSC40. Banyard and Williams concluded that the use of dissociation as a mechanism related to forgetting may have caused some of the participants to minimise their awareness of current psychological functioning. The study was limited by the small sample size which reduced its statistical power.

Sheiman (1999) surveyed 174 psychology students to investigate which aspects of abuse experiences were predictive of memory loss. The definition of sexual abuse was restricted to abuse by relatives. Participants were asked to complete the MMPI-2, the NEO PI-R, the DES and a survey about their abuse history, memory loss and retrieval and demographic details. Forty-five participants reported a history of sexual abuse, with fourteen participants reporting a period of time when they did not remember the abuse. The study found that the best predictors of a period of memory loss were the child's fear for their life, co-occurring physical abuse, a high score on the DES and the relationship to the abuser. In addition, only two participants reported a return of their memory while in therapy. This study was limited by the lack of corroboration for the reported abuse histories.

Cameron (2000) conducted a long-term study of 60 abuse survivors. Participants completed a questionnaire designed by Cameron and then took part in an unstructured interview process. Twenty-five participants reported an extended period of time when they had no memory of the abuse. Twenty-one participants reported that they never forgot their abuse and fourteen participants reported partial forgetting for either details or whole events or for one abuser, but not others. Cameron found that the participants who reported a period of extended amnesia were more likely to have been younger at the time of the first abuse incident than the participants who reported partial amnesia or no memory loss. They were more likely to have experienced associated violence, to have been abused by their fathers and to have experienced abuse events of a penetrative nature. Cameron also found that the amnesiac participants used dissociation as a defense mechanism that helped them to forget their memories and traumatic affect.

Johnson, Pike and Chard (2001) assessed 89 female CSA survivor's current PTSD symptoms and levels of depression and dissociation with the aim of answering two questions: (1) what abuse characteristics were related to PTSD and depressive and dissociative severity in adult CSA survivors; and (2) what characteristics of abuse influenced the severity of dissociation at the time of the abuse? The participants were part of a treatment program for symptoms related to CSA. Seventy-eight percent of the sample were diagnosed with PTSD. Johnson, Pike and Chard administered the Trauma Interview for sexual abuse victims (Adapted), the Clinician administered PTSD scale (CAPS), the Beck Depression Inventory II (BDI-II), DES, and the Structured Clinical Interview for DSM-IV (SCID-I/P) in addition to a demographic questionnaire. Johnson et al found that participants, who dissociated during the abuse, experienced more severe symptoms as adults. Participants who thought they would be killed or injured during the abuse experienced more PTSD symptoms as adults. Participants who believed that the abuser would kill someone or something else exhibited more severe depressive symptoms as adults. Finally, those participants who reported multiple abusers were at higher risk of developing severe PTSD symptomology.

Wilsnack, Wonderlich, Kristjanson, Vogeltanz-Holm and Wilsnack (2002) interviewed a national probability sample of 711 adult females. The women

participated in a face-to-face interview where they were asked if they had experienced any sexually coercive events as children, whether they believed the events were sexual abuse and whether they had forgotten and later remembered the abuse experiences. Nearly 22% of the participants reported experiencing a sexually coercive event as children, with 69% of these women believing that they had been sexually abused. More than 25% of the participants with a self-reported history of CSA reported that they had forgotten about the abuse for a period of time and had later remembered about the abuse on their own. Only 1.8% of the women who had forgotten about the abuse reported memory recovery that was aided by a therapist or other professional person. This study did not investigate how forgetting occurred, nor did the researchers conduct any analyses on the relationship between the characteristics of abuse and experience of forgetting.

Hunter and Andrews (2002) compared 74 females, recruited from out-patient services, who reported a history of abuse with 60 non-abused females for their ability to recall childhood events and other facts. They also addressed problems with sampling and measurement encountered by previous studies. Both groups participated in a semi-structured taped interview, which covered demographic details, memory for childhood events and other facts, CSA and current depression. The CSA group was also asked questions about the abuse, abuse memory and psychiatric history. Hunter and Andrews administered the Autobiographical Memory Interview and sections of the Schedules for Clinical Assessment in Neuropsychiatry as part of the interview process. Their research findings showed a strong relationship between CSA and a decreased ability to recall personal semantic childhood facts, although participants who always remembered and participants who experienced a degree of forgetting did not differ in the quality of their memories of specific childhood events. Hunter and Andrews recommended methodological improvements including: use of a heterogeneous sample of CSA survivors; inclusion of only sufficiently severe abuse; and an accurate assessment of autobiographical memory. Limitations include the use of retrospective accounts of sexual abuse, however corroboration was provided by more than 50% of the sample. In addition, the majority of survivors who experienced a degree of forgetting reported initial memory recovery prior to entering therapy.

Goodman, Ghetti, Quas, Edelstein, Alexander, Redlich, Cordon and Jones (2003) conducted interviews with 175 individuals who had documented CSA histories. The documentation included prosecutor files, abuse characteristics and the number of times the child had testified in court. The documentation was amassed approximately 13 years before this study was undertaken. Participants were asked to engage in a three-phase data collection process, including a phone interview, questionnaire completion (the Dissociative Experiences Scale and the Posttraumatic Diagnostic Scale) and an in-person interview. The aim of the research was to ascertain how many participants were able to refer to the original events, as documented 13 years ago. The researchers developed criteria to determine whether the participants reported the original events as: name or identify of the perpetrator; participant's age at the time of the legal proceedings; type of sexual activity; frequency and duration of the abuse; and outcome of the legal case. Eighty-one percent of the sample (n = 142) referred to the original events during the phone interview phase. Another 12 participants referred to the original events during phases 2 and 3 of the data collection process. Goodman et al (2003) suggested that forgetting of CSA was not a common experience, given the results of their research. They also reported that abuse severity was positively related to disclosure at the time of the abuse, and could be considered as a salient event, less likely to be forgotten. Finally, the researchers stated that, while their findings did not support the existence of traumatic memory mechanisms, the role of dissociation required further research.

Smith, Gleaves, Pierce, Williams, Gilliland and Gerkens (2003) conducted an experiment, under controlled laboratory conditions, eliciting recovered and false memories from 72 psychology students. Participants were assigned randomly to either a control or blocking group and were administered 21 categorised lists. The blocking group was given six tasks over a forty-five minute period between lists, then were administered an uncued recall test, followed by a cued recall test. Smith et al assessed recovered from false memories by the degree of confidence ratings ad the use of the words "know" (false memories) versus "remember" (accurate recovered memories). The participants from the blocking condition recalled between 30% to 38% fewer critical categories than the control group. Smith et al found that both false and accurate memories could be elicited in a single experiment, allowing for future comparison of the two types of memory, with the aim of being able to

differentiate between the two in terms of factors such as personality traits. Finally, the researchers suggested caution in generalising to trauma memories. Their research does, however, provide a template for future research on the issue of CSA forgetting.

2.3 Chapter Conclusion

This chapter reviewed empirical research on the prevalence of CSA and CSA forgetting, establishing that other studies have found that some CSA survivors experience a degree of forgetting, with forgetting being associated with several factors. Findings from the studies indicated that CSA forgetting was a different type of forgetting to that associated with the passage of time. The research findings were mixed with regard to the factors which differentiated between survivors who always remembered and those who forgot some or all of their abuse. Factors such as abuse duration, severity, frequency, multiple perpetrators, early age onset, type of act and relationship to the abuser were identified in the literature as being associated with CSA forgetting.

The majority of the studies identified at least three sub-groups of forgetting: those survivors who had always remembered their abuse; those who reported partial forgetting; and those who reported extensive forgetting. The terminology used to describe these three sub-groups differed from study to study and will be discussed further in the Stage One method section. The research also focused on how the participants forgot their abuse, with dissociation being cited in several studies as a primary mechanism.

Examination of the studies, in terms of chronology, revealed that research on CSA forgetting appeared to reach a peak during the period 1987 to 1996, then declines somewhat from 1997 to the current day. The decline in research is counter to the increasing levels of public and media interest in the topic. This trend, however, concurred with that suggested by Freyd (1996) and Olafson, Corwim and Summit (1993). A surge in public interest on childhood sexual abuse may indicate that a surge in research on the topic is due.

Earlier studies had posed a question asking participants if there was a period of time that they had forgotten the abuse. Later studies suggested refining this question by asking the participants if they would have remembered the abuse had someone directly asked them. The researchers thought that the addition of this phrase would indicate a more true type of forgetting rather than forgetting related to intentionally

not thinking about the abuse. Once again, this type of question relied on retrospective reports. In addition, intentional avoidance of abuse memories could have been a mechanism that some survivors used to facilitate forgetting of the abuse experience and could also be considered as a dissociative strategy. As the focus of this current study was to explore the type of strategies used by survivors to forget, the question asked by this study remained in the format defined by Briere and Conte (1993) and Loftus, Polonsky & Fullilove (1994).

Finally, the literature reviews presented in Chapters One and Two indicated that the phenomenon of CSA forgetting requires further research. There are several research questions that remain poorly understood by all stakeholders. These questions and corresponding hypotheses are presented in Section 2.4. The research questions and hypotheses are numerous, and will be clustered into areas of interest to this study.

2.4 Research Questions & Hypotheses

The research questions and hypotheses addressed in this thesis include:

Cluster/Category 1: Prevalence of and factors associated with CSA forgetting and remembering.

RQ 1: Do adult CSA survivors experience periods of time when they partially or completely forget the abuse?

H1: Adult survivors of child sexual abuse do experience periods of time when they forget the abuse, either partially or extensively.

RQ2: What are the significant differences and similarities between participants in the three categories of forgetting (always remembered, partial forgetting, and extensive forgetting)?

H2: Forgetting will be associated with the following factors:

H2.1	More extreme abuse parameters (onset at early age, relationship to abuser, multiple abusers, abuse frequency, abuse duration, associated violence) based on responses to the Traumatic Events Questionnaire (TEQ),
H2.2	Higher scores on the Impact of Events Scale Revised (IES-R),
H2.3	Higher scores on the Symptom Checklist 90 Revised (SCL-90-R),
H2.4	Higher scores of emotional intensity at the time of abuse (Williams),
H2.5	Lower scores on the Persistence of memory scale (Loftus).
H2.6	Higher scores on the Dissociative Experiences Scale II (DES II).

RQ3: Why do those survivors who were members of the "always remembered" category, remember their abuse when others report forgetting?

H3: Always remembering will be associated with onset at a later age and lower scores on the DES II.

Cluster/Category 2: Always remembered, partially forgot and extensively forgot: Within-group differences.

RQ4: Is there a typical profile of sexual abuse survivors who either always remember, partially forget or extensively forget their abuse experiences?

H4: There is no "typical" abuse survivor for each group.

RQ5: What are the within-group differences between members of each category?

H5: The within-group differences will indicate that individuals in each group vary greatly in their psychological and emotional responses to their abuse experiences.

Cluster/Category 3: Processes and mechanisms: CSA forgetting, triggering and remembering.

RQ6.1: How do adult survivors forget their abuse experiences?

RQ6.2: What events trigger remembering in adult survivors who report partial or extensive forgetting?

RQ6.3: What are the processes and factors associated with remembering in adult survivors who report partial or extensive forgetting?

H6.1: Adult survivors of CSA, who report partial or total forgetting, use various cognitive mechanisms to facilitate forgetting.

H6.2: Adult survivors who report partial or total forgetting experience triggers to remembering based on categories of triggers developed by Courtois.

H6.3: Adult survivors who report partial or total forgetting experience the return of their abuse memories in a variety of ways.

Hypotheses 6.1, 6.2 and 6.3 will be investigated under the categories of “forgetting”, “triggers to remembering”, and “the process of remembering”, which will include sub-categories of:

- Perspective of memory (first person or third person);
- Movement of memory (still picture or moving);
- Colour of memory (black and white or colour);
- Clarity of memory (sharp or hazy);
- Modality of memory (auditory, taste, olfactory, kinesthetic, visual);
- Sequence of memory (sequential or fragmented);
- Hypnosis during or just prior to remembering;
- Participation in therapy at the time of the initial memory;
- Corroboration.

The following chapter presents methodological issues of interest to this research, followed by a description of the research design. The chapter concludes with a section on the Stage One method.

CHAPTER THREE

METHODOLOGICAL ISSUES, RESEARCH DESIGN AND STAGE ONE METHOD

Chapter Contents

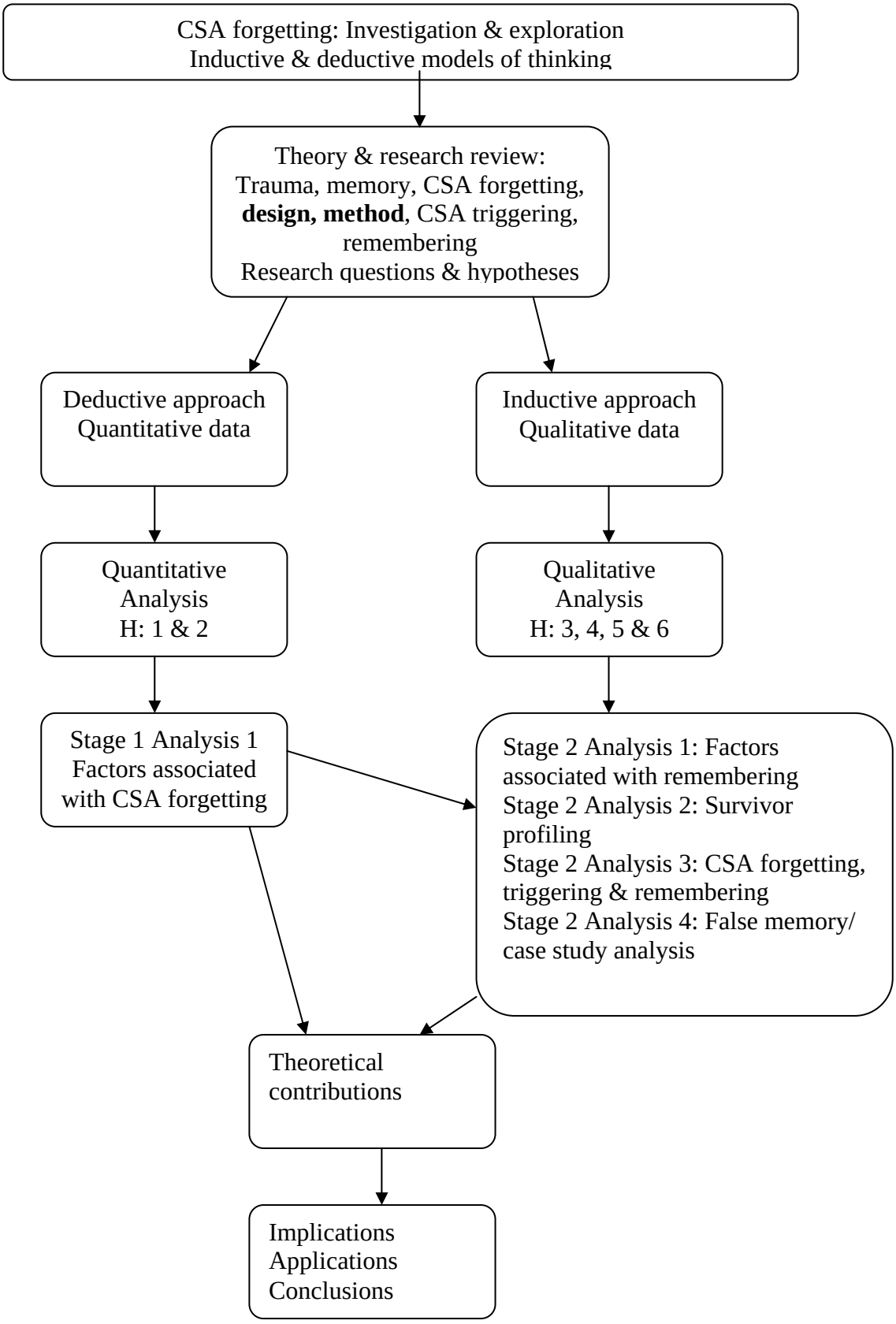


Figure 3.1 *Research Organisation & Theoretical Model*

The purpose of this chapter is to present a discussion on important methodological issues relevant to the study of memory of childhood sexual abuse in adult survivors: that is, the use of retrospective data and corroboration. These issues were identified in the previous chapter and have been a source of contention in this area of research. Secondly, this chapter will present the research design, followed by the method for Stage One of the research program. Details about the participants, materials and procedure will be outlined.

3.1 Methodology Issues: Retrospective Data and Corroboration

Previous research on CSA forgetting has encountered criticism on two counts of methodology: the use of retrospective accounts of sexual abuse and other data, and corroboration of the abuse. This research area has important implications for courts and legal practitioners, in that slowly increasing numbers of adult CSA survivors are seeking redress through the courts for the crimes perpetrated against them by their abusers. The use of retrospective accounts of abuse and lack of corroboration by forensic evidence are issues central to the accurate determination of these cases. In addition, exploration of this issue requires a flexible and comprehensive research approach.

The methodological issues of the use of retrospective data and corroboration are examined in this section. These issues are closely related, in that the results of any research, which relies on retrospective data without any form of corroboration, may be criticised or invalid. This applies particularly to research conducted on CSA and CSA memory, where previous studies in which corroboration has not been sought, have been heavily criticised. The primary criticism appears to be that uncorroborated accounts of childhood sexual abuse, and the associated memories, may be confabulated by the participants.

Krinsley, Gallagher, Weathers, Kutter and Kaloupek (2003) developed and administered a multimethod collection of trauma-related information from 86 male Vietnam veterans. The instrument was called the Evaluation of Lifetime Stressors, and consisted of a self-report questionnaire and a semi-structured interview, designed to address behavioural correlates of trauma exposure. The purpose of the research

was to test three hypotheses about the impact of the characteristics of ten traumatic events on the consistency of reporting (i.e. retrospective accounts and data). Corroboration of each participant' worst childhood and adult traumas was requested with the aim of verification of the occurrence of the event, but not the specific details. Krinsley et al were able to corroborate 71% of the cases and found only 3% of the reports were disconfirmed. They found that retrospective reporting of exposure to trauma is consistent when the information is obtained in a well-structured manner and is based on multimethods of data collection. This approach to data collection was utilised in the current study to facilitate the quantitative investigation and qualitative exploration of the research topic.

3.1.1 Retrospective Data

The use of uncorroborated retrospective data in the study of memory for childhood sexual abuse has raised questions about the accuracy of the memories and therefore opens the way for criticism about the validity of the results obtained (Herman & Schatzow, 1987). This criticism relates particularly to reports of partial and total forgetting of the abuse. Those individuals who report always remembering their abuse do not appear to attract the same level of criticism, although their reports are also retrospective, often uncorroborated and may have lost some of their memory detail due to the passage of time (i.e., normal forgetting). The study of childhood sexual abuse is limited by issues inherent in the abuse, that is, the secrecy that was often created by the perpetrator in order to avoid detection and the use of threats to prevent the child from disclosing. Often, children who did disclose were not believed and in some cases were punished for lying (Cameron, 2000). Finally, if CSA survivors do forget their abuse memories for a period of time, or remember the abuse but delay reporting because they are traumatised, ashamed or have been silenced by threats made by the abuser, all forensic evidence of the abuse (i.e., semen, bruising or abrasions) will be eradicated by time. Therefore, the study of childhood sexual abuse must continue to rely on the retrospective reports elicited from adult survivors, with their attendant biases and limitations.

3.1.2 Corroboration of CSA

The issue of corroboration of childhood sexual abuse as reported by adult survivors, particularly for those survivors who report memory deficits, has received scant attention in both the research and practical arenas. This issue has often been put in "the too-hard basket", as there are usually no forensic indicators, such as documented evidence of bruising, genital trauma, collection of body fluids, such as semen, to prove that the abuse had taken place. To put it simply, time has erased any usable forensic evidence.

The Forde Inquiry (Queensland Government, 1999) raised the issue of memory accuracy and found that although they could not determine the accuracy of most of the fine detail of the witnesses' evidence, they did hear "similar accounts corroborated by several witnesses and archival material that provided substantial corroboration of the broad thrust of witnesses' evidence" (p. i).

With regards to requirements for corroboration in the Australian justice system, Mack (1998) wrote an article about the need for corroboration of women's testimony of sexual assault. She stated that under previous common law, there was no formal requirement of corroboration in sexual offences: however the trial judge was required to warn the jury of the danger of convicting the accused without corroborating evidence, while also telling them that they were free to convict without corroboration. However, a conviction, obtained without corroborative evidence, may be subject to an appeal process, resulting in the conviction being quashed. The requirement of corroborative evidence, in cases of sexual offences, was based on past perceptions of women and children as being unreliable and, in some cases, being spiteful witnesses. Mack defined corroborative evidence as "confirming in some material particular not only the evidence that the crime occurred but that the prisoner committed it" (p. 60). Mack then stated that the judicial warning process, relating to conviction without corroborative evidence, had been abolished, due to legislation passed in most Australian states in the late 1970s and early 1980s. Queensland, however, amended its legislation in 1996, to read that one witness, if believed, was sufficient to prove a fact. Mack explained that the amended legislation, for all Australian states, was open to interpretation, and that some judges still warned the

jury about issues of corroboration and witness unreliability, which had the effect of undermining the intent of the new legislation. Mack concluded her article with a call for the education of legal personnel and the use of expert testimony to assist juries with their decision-making process.

Supporters of the false memory argument, and other researchers, have cast doubt on the use of patterns of symptomology and negative life events, such as suicide attempts and substance abuse, as indicators of childhood sexual abuse, although the long-term effects of childhood sexual abuse have been well researched, documented and accepted by psychological and medical practitioners. Freckelton (1997) warned against the dangers of using expert testimony in cases of delayed recall of memories related to childhood sexual abuse. His article referred specifically to the use of the Child Sexual Abuse Accommodation syndrome (CSAAS), as a pattern of negative symptoms, developed by Summit (1983), stating that in some cases the syndrome was used, by expert witnesses, to explain deficiencies in the reporting or complaining of CSA, in terms of any lapses in time between the abuse occurring and the complaint being made, and the level of detail and consistency of evidence, given by children, in sexual abuse cases. Summit identified the following characteristics when defining the syndrome:

- Secrecy;
- Helplessness;
- Entrapment and accommodation;
- Delayed, conflicted and unconvincing disclosure;
- Retraction of disclosures (p. 253).

Freckelton stated that expert opinion was admissible in Australian courts provided that the opinion "encompassed information genuinely beyond the acquaintance of the lay trier (jury member) of fact…and provided that it did not trespass unduly upon the domain of the jury by being no more than an evaluation of a witnesses truthfulness" (p. 249). Freckelton then described a taxonomy of categories of expert opinion:

Level One: the expert may explain the phenomena of children's difficulties in reporting, complaining, being precise and consistent in accounts of their sexual abuse by reporting on psycho/sociological studies and knowledge, or perhaps the existence of, a syndrome or pattern.

Level Two: the expert may also list the complainant's behaviour and symptoms, but offer no opinion as to the consistency of the results of the studies and the behaviour and symptoms exhibited by the complainant.

Level Three: the expert may also suggest that the behaviour and symptoms of the particular complainant are consistent with the behaviour and symptoms or pattern of behaviour of many others who have been victims of sexual abuse.

Level Four: the expert may classify the complainant as exhibiting behaviour and symptoms consistent with a syndrome or pattern, such as child sexual abuse accommodation syndrome (or pattern).

Level Five: the expert may suggest that because the particular complainant's behaviour and symptoms are consistent with the behaviour and symptoms of a syndrome, such as child sexual abuse accommodation syndrome, it is likely that when the complainant says that she, or he, was sexually assaulted, the complainant is telling the truth (pp. 263-264).

The first level included generalised evidence. Level two provided profile evidence of the complainant only. Level three compared the complainant's profile to that of many others. Level four incorporated a diagnosis in respect of the complainant and level five added an evaluation of the complainant's truthfulness. Freckelton suggested that only levels one and two were suitable for admission in Australian and New Zealand courts and were useful in the decision-making process of the jury, in conjunction with the development of an instruction from the judge that delays and imprecision in the complainant's report should not be interpreted that the report was false.

Brenneis (1997) outlined five criteria, derived from memory research within cognitive psychology, by which the validity of retrieved memories could be indirectly estimated: (1) how the memory was retrieved, with scepticism for those memories retrieved with the use of recovered memory techniques, such as hypnosis, body work, regression therapy and participation in survivor groups; (2) the quality of retrieved memories that included detailed recollections rather than feelings, dream images and body memories; (3) the plausibility of forgetting alleged events, with scepticism reserved for the retrieval of multiple repetitions of severe abuse that extended into late childhood or adolescence; (4) the plausibility of retrieving the memory, with scepticism reserved for those memories about abuse that occurred during the period of infantile amnesia; and (5) the prevalence rate of the alleged abuse with more weight given to more common types of abuse (p. 76). Brenneis also outlined the need to use a broad array of information when assessing the validity of retrieved memories, including detailed clinical material, the procedures used to retrieve the memories, the exact nature and content of the memories, and sources of independent corroboration.

Andrews (1997) surveyed 100 qualified therapists with clients who had recently recovered traumatic memories while in therapy. The therapists generated information on a total of 217 clients. Sixty percent of the clients had recovered memory for childhood sexual abuse and 40% of the clients had recovered memories for other traumas, such as physical abuse, medical procedures, loss of someone close, war, witnessing the death or trauma event that happened to someone else, and car accidents. Overall, corroboration was reported in 40% of the 217 cases, with 20% reporting corroboration from another person who had experienced abuse by the same perpetrator. In 17% of the cases, the traumatic events were confirmed by someone else. In 6% of the cases, the abuser confessed. Official records confirmed the event in 8% of the cases, with some individuals being able to provide multiple sources of corroboration. In 3% of the cases, the therapist reported that they had seen the evidence for themselves, however the majority of corroborative evidence reported by the therapists was based on the clients' reports of corroboration.

Herman and Schatzow (1987) surveyed 53 female participants of a short-term therapy group for incest survivors. This type of therapy has often been criticised for

increasing the likelihood of false memory recovery. Seventy-four percent of the sample was able to obtain corroboration for their abuse from another source. Twenty-one women obtained corroboration from the abuser, other family members or from physical evidence, such as diaries or photographs. Eighteen women discovered that other children, usually siblings, were abused by the same abuser. Five women reported statements, from other family members, which indicated they had also been abused; however, the participants had not followed up on this with direct questions. Six women made no attempt to obtain corroboration and three women were unable to obtain any form of corroboration, despite trying to do so.

In this current study, corroboration of the abuse was sought in all cases where the person reported a degree of forgetting. Details of corroboration were also obtained from those participants who always remembered. Table 3.1 reports the occurrence and primary types of corroboration for the entire sample by category of forgetting. Seventy-five percent of those participants, who always remembered, reported some type of corroboration that the abuse had occurred. Corroboration that the abuse had occurred was reported by 87.5% of those participants, who reported partial forgetting and by 63.6% of those participants, who reported extensive forgetting. Appendix A contains the specific corroboration details for each participant, by category of forgetting.

Six of the Stage One participants did not take part in the interview process, and therefore the researcher could not obtain any details about corroboration from them. Another four participants were unable to obtain confirmation of their abuse for a variety of reasons: including the death of the abuser and other family members; being unable to confront the abuser due to emotional distress; and lack of contact with family members.

Corroboration of the abuse came from a variety of sources, including: physical scarring, suicide attempts, corroboration from family members, corroboration from the abuser, court proceedings, drug and alcohol abuse, diagnosed mental and emotional disorders, and eating disorders. Some participants reported a combination of the above. The researcher sighted corroborative documentation in one of the cases.

Table 3.1

Percentages of Types of Corroboration by Category of Forgetting

Always Remembered (*n* = 28)	
Type of Corroboration	*%*
Conviction	00.0
Police Investigation	10.7
Abuser Admission	21.4
Family Member	39.2
Medical History	03.5
No Corroboration	25.0
Multiple sources	25.0
Partially Forgot (*n* = 16)	
Type of Corroboration	%
Conviction	06.2
Police Investigation	12.5
Abuser Admission	18.7
Family Member	43.7
Medical History	06.2
No Corroboration	12.5
Multiple sources	31.2
Extensively Forgot (*n* = 33)	
Type of Corroboration	*%*
Conviction	03.0
Police Investigation	00.0
Abuser Admission	06.0
Family Member	45.4
Medical History	09.0
No Corroboration	36.3
Multiple sources	33.3

3.2 Section Summary

The issues of retrospective reports of childhood sexual abuse and corroboration of those reports have been considered a source of debate in both legal and psychological fields. The majority of studies, conducted in the past, have relied on retrospective data, without obtaining any form of corroboration, thereby inviting criticism about the validity of their results. This study endeavoured to obtain details of corroborative evidence, without breaching research ethics or participant confidentiality. Therefore, the reports of corroboration were also retrospective in nature. The levels of corroboration, in the current study, were similar to those outlined by Herman and Schatzow, and significantly higher than those reported by Andrews.

Freckelton's assertion that expert witnesses only give Level Two evidence in court proceedings could leave legal personnel with no context in which to place the individual's complaint or report of abuse and issues of reported abuse outcomes, such as levels of psychological functioning, whereas Level Three evidence could provide that context. Stage Two of this study will present each participant's profile, which will include comparisons of their individual test scores to a statistical profile, comprised of sample means for each category of forgetting, in accordance with Level Three evidence.

The following section will present the research design, followed by the Stage One method.

3.3 Research Design

This research requested corroboration that the abuse had occurred, and gathered and analysed data based on multimethods of data collection and analysis. This research program presented several challenges in sample recruitment protocols, data collection techniques, analysis techniques, ethics requirements and the need for the research to be applicable to the real-world issue of CSA forgetting and remembering. The following sub-sections outline how each of these challenges were incorporated into the overall research design.

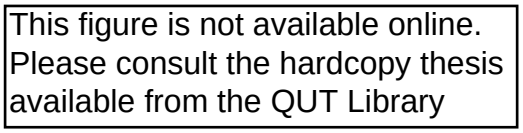
3.3.1 Deductive and Inductive Thinking

The phenomenon of CSA forgetting and remembering has been debated, at length, by psychologists and other stakeholders. The debate provided this research with a real-life argument, suitable for the application of a mixture of deductive and inductive thinking. Deductive thinking is required for the results that can be claimed with certainty and inductive thinking is required for the results that can only be claimed with probability (Girle, Halpin, Miller & Williams, 1978).

The statistical results from Stage One of this research program will be compared to results from other studies, allowing for a degree of certainty, and requiring the use of a deductive mode of research . The qualitative results from Stage Two require an interpretive exploration, therefore the results can only be claimed with probability, requiring the use of an inductive mode of research. Figures 3.2 and 3.3 illustrate the processes of deductive and inductive thinking.

Figure 3.2

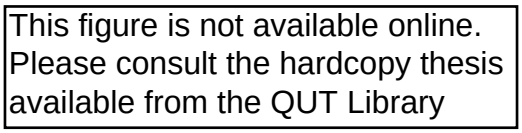
Deductive Mode of Qualitative Research (Creswell, 1994, p. 88)



The processes of theory testing, theory-driven hypotheses derivation, variable definition and empirical measurement of the variables are utilised in Stage One of the research program, based on the prevalence of CSA forgetting and identification of the factors associated with CSA forgetting and remembering.

Figure 3.3

Inductive Mode of Qualitative Research (Creswell, 1994, p. 96)



The processes outlined in Figure 3.2 suit the type of exploration required by Stage Two. Inductive thinking is used to track the hidden, assumed or unknown steps undertaken by a person when they attempt to reach a logical conclusion, given the facts that are already known. The issue of CSA forgetting, triggering and remembering is fraught with unknowns and assumptions, some of which form part of the false memory argument.

3.3.2 The Mixed Method

The research program required a mixed method design, to facilitate the exploration of CSA forgetting and remembering by adult survivors. Data was gathered through the completion of psychological tests (Stage One) and participation in a semi-structured interview (Stage Two). Selection of the psychological measures and the interview questions was informed by a comprehensive literature review, designed to explore the methods used in previous studies. Smith (1995) outlined the semi-structured interview format as being the most appropriate for this research because: there is an attempt to establish rapport with the participant; the ordering of questions is less important, allowing exploration of interesting details if any arise; and the interviewer can respond to the participants concerns as the need arises. All are necessary for the successful and ethical conduct of research on CSA forgetting and remembering.

The mixed method extended to the mixture of statistical and qualitative data gathered during a two-phase process and the qualitative and quantitative techniques used to analyse the data. The two-phase design is used when the researcher conducts a qualitative phase followed by a quantitative phase, in order to facilitate a thorough investigation of the research topic. Qualitative research is concerned with the participants' own reports of their thoughts, feelings and behaviours, and offers in-depth and richly detailed accounts of experiences, which can be used to identify various patterns or clusters that emerge from the interview material (Hakim, 1987). Quantitative research permits the measurement of variables for statistical analyses and the investigation of relationships between variables that may be generalisable to the broader population (Creswell, 1994).

Creswell (1994) proposed five reasons for using a combined method approach: (1) triangulation in the classic sense of seeking convergence of results; (2) complimentary, in that overlapping and different facets of a phenomenon may emerge; (3) developmentally, wherein the first method is used sequentially to help inform the second method; (4) initiation, where contradictions and fresh perspectives emerge; and (5) expansion, where the mixed methods add scope and breadth to a study (p. 175). The use of the mixed method by this current study was the most appropriate method in accordance with the depth and breadth of the research questions, the exploratory nature of much of this research and the need to locate a sample of CSA survivors who were willing to participate in research about their abuse experiences and memories. In addition, the method used in Stage Two had to allow flexibility, as patterns in the data emerged, resulting in possible re-categorisation of the data (Holland, Hollyoak, Nisbet & Thagard, 1989).

3.3.3 Recruitment Protocols

Stage One contained a set of quantitative analyses and Stage Two contained four separate qualitative analyses. In terms of sample recruitment, a sample was needed with specific characteristics, that is, a history of childhood sexual abuse. No restriction was placed on whether the participant remembered their abuse or not, as the study required participants from all categories of forgetting and remembering.

This study required a nonprobability purposive sampling approach, which is used when the research required a sample with a specific characteristic. Probability sampling was not suitable because not enough was known about the characteristics of the population to decide which people were suitable for inclusion (Denscombe, 1998).

Finally, the recruitment protocol was formulated to satisfy ethical research requirements outlined by the University Ethics Committee. Contact with the research program had to be initiated by interested people in the community. The researcher was not permitted to actively approach and recruit CSA survivors, due to the danger of triggering the memories of CSA survivors, who may have been in a

period of forgetting at the time of initial contact. Participants were included in this study based on their availability and interest.

3.3.4 Research Structure

The research was conducted in two stages, with Stage One containing one analysis and Stage Two containing four separate analyses of the data. This study used a nonprobability purposive sampling approach. The nonprobability purposive sampling approach was used because of the research's requirement for participants with special characteristics, that is, a history of childhood sexual abuse. In addition, the recruitment protocol required by the University Ethics Committee (outlined in the Stage One method section) precluded the use of any other sampling strategy, as contact had to be initiated by interested participants. The researcher was not ethically permitted to actively approach and recruit CSA survivors, due to the danger of triggering the memories of CSA survivors, who may have been in a period of forgetting at the time of initial contact. Participants were included in this study based on their availability and interest. Correlational research was used with the goal of identifying predictive relationships among naturally occurring variables, rather than the use of experimental research, which involved the manipulation of independent variables. A potential limitation of correlational research involves the interpretation of causal relationships between the variables.

This research program used a between-groups and within-group approach. A between-groups approach was used because the variation in statistics and interview data arose from differences between the participants at a single point in time. The hypotheses were tested using a cross-sectional survey and interview design aimed at obtaining a description of the characteristics of the population, and the differences and similarities between groups of the population (Shaughnessy & Zechmeister, 1994). The hypotheses were not tested using a longitudinal methodology, because the research was only concerned with investigating the participants' one-time retrospective accounts of their experiences of memory for childhood sexual abuse.

The surveys administered in Stage One (Analysis One) produced data related to the variables of interest: population demographics, categories of forgetting, abuse

parameters, current psychological symptomology, PTSD constructs (intrusion, avoidance and hyperarousal) at the time of the abuse, emotional intensity at the time of abuse and at the time of participating in this study, current clarity of abuse memories and dissociation at the time of participating in this study. Analysis One also aimed to provide statistical profiles of "typical" members for each group for use in the second Stage Two analysis, which was performed subsequent to the administration of the semi-structured interviews. The mean scores obtained by each group, for each variable, were used to construct the statistical profile.

Stage Two utilised the ethnographic research design with the intent of obtaining an in-depth picture of the research topic by interviewing the participants (Creswell, 1994). Stage Two involved the administration of two semi-structured interviews. Interview A was administered to participants from the Always Remembered group and Interview B was administered to participants from the Partial Forgetting and Extensive Forgetting groups.

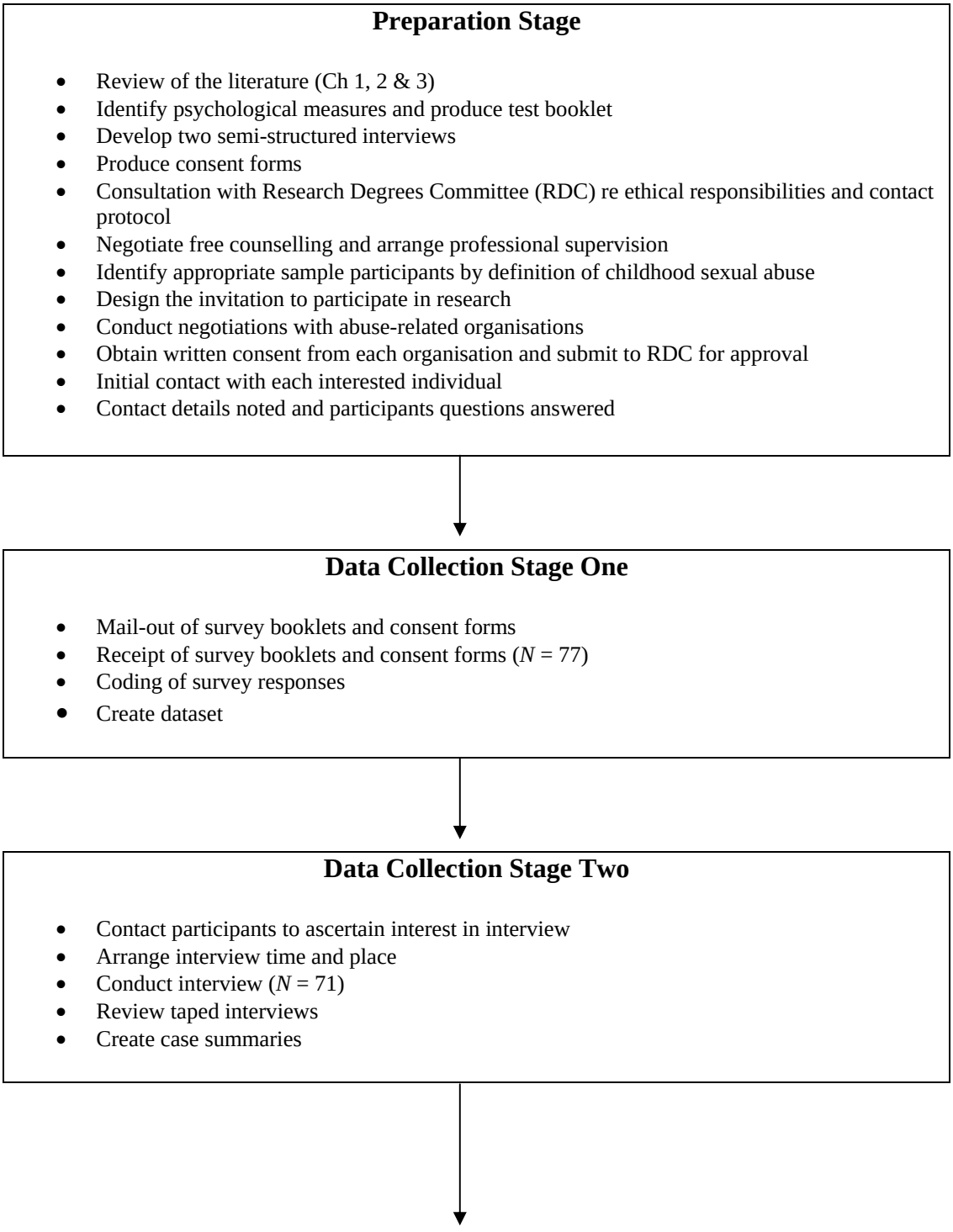
Stage Two contains four separate analyses, which are based on qualitative research, and which aim to explore issues related to the participants' experiences of CSA forgetting and remembering. In Analysis One, the Interview Analysis Technique is used to analyse selected data from the interview given to the Always Remembered group. Analysis Two presents individual participant profiles, which include case summaries based on the interview responses and a comparison of each participant's individual survey scores to the relevant statistical profile. In Analysis Three, the Interview Analysis Technique is utilised to analyse selected data from the interview conducted with the Partial Forgetting and Extensive Forgetting groups. Analysis Four uses the case study method, which is designed to provide an intensive description and analysis of a single individual.

Each analysis is prefaced with a separate method section, to facilitate ease of reading. This is followed by the results, discussion and conclusion sections for each of the analyses.

Figure 3.4 presents a research design flow chart, which provides a visual explanation of the research, in terms of how each stage and analyses relates to investigation of the research questions and testing of the relevant hypotheses.

Figure 3.4

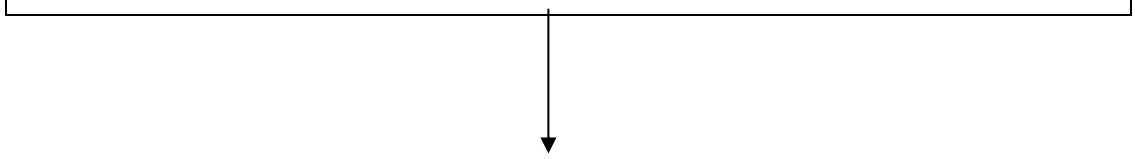
Research Design Flow Chart



Stage One (*N* = 77)
Analysis One (Ch 4)

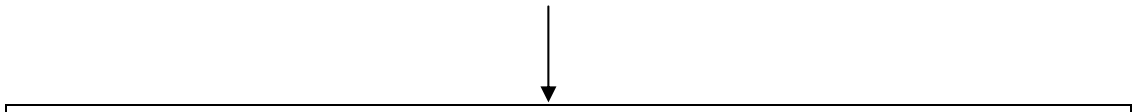
Categorisation into three groups: Always Remembered (*n* = 28), Partial Forgetting (*n* = 17), Total Forgetting (*n* = 32) **(Hypothesis 1)**

- Demographic statistics from TEQ for sample and groups
- Comparison of group means for TEQ, IES-R, SCL-R-90, Williams scale (emotional intensity), Loftus scale (persistence of memory) and DES II (**Hypotheses 2.1, 2.2, 2.3, 2.4, 2.5, 2.6**)
- Development of group profiles for Stage Two



Stage Two (*n* = 28)
Analysis One (Ch 5)

- Interview analysis on Always Remembered group only (**Hypothesis 3**)



Stage Two (*N* = 71)
Analysis Two (Ch 6)

- Comparison of each participant to relevant group profile to identify within-group differences (**Hypotheses 4 & 5**)

Participants from the Always Remembered group were deleted from the remainder of the study, which focused only on the reported experiences of participants belonging to the Partial and Extensive Forgetting groups.

Stage Two (*n* = 16)
Analysis Three (Ch 7)

- Selection of participants *n* = 6 (Partial Forgetting) *n* = 10 (Extensive Forgetting)
- Interview analysis by primary categories of forgetting, triggers and remembering based on 16 transcribed interviews selected at random from the total participant pool, according to high and low scores on the DES II from the Partial Forgetting and Extensive Forgetting groups **(Hypothesis Set 6)**

Stage Two (*n* = 1)
Analysis Four (Ch 8)

- Development of a full case history *n* = 1 (case 12)
- False memory literature reviewed to identify relevant issues for comparison with case history material (**Exploratory – no hypothesis**)

The method for Stage One, Analysis One, is presented in the following section.

3.4 Stage One Analysis One Method

3.4.1 Participants

Seventy-seven adult survivors of childhood sexual abuse participated in this stage of the research program (Males = 16; Females = 61). Their demographic characteristics are reported in Table 3.2. Participants from six states in Australia (Queensland, New South Wales, Victoria, Tasmania, and Western Australia) contacted the researcher in response to either the written invitation to participate in research, or because they had heard of the study through other participants. Further details about the recruitment process are outlined in the procedure sub-section of the method section. All participants were members of the general community at the time of the research.

The mean age of the participants was 40.24 years (*SD* 10.86), with the youngest participant being aged 18 years and the oldest participant being aged 71 years. Only 32.5% of the sample reported currently being in a marital or de facto relationship. The remainder of the sample comprised those who were single (31.2%), separated (6.5%), divorced (27.3%), or widowed (2.6%), making a total of 67.6% of the sample currently not being in an intimate relationship. A significant majority (70.2%) of the participants reported some level of tertiary education at the time of the research. This figure is quite high, although tertiary educated subjects were not specifically sought. As these participants were recruited from the general community, some of the factors contributing to this high figure should be mentioned. The participants reported being at various stages of healing from their sexual abuse. Many had been drawn to the helping professions, for which they needed to obtain tertiary qualifications. Tertiary qualifications ranged from certificate courses to post-graduate study. In addition, only 18.2% of the sample was employed on a fulltime basis, while 22.1% were employed on a part-time basis. Approximately 20% of the participants were tertiary students and 16.9% were engaged in fulltime domestic duties. Thirteen percent of the participants were unemployed and approximately 9% were retired. This could indicate that participants, who were not employed on a fulltime basis, had the time to pursue further study. The types of religion reported by the participants indicated that over half of the sample (58.4%) either did not practise any religion, or practised a religion other than accepted mainstream religions.

Discussion with the participants during their interviews indicated that many of them had been brought up in one of the above religions, but had either rejected religion outright or practised spiritualism or another religion, as a result of their childhood experiences. The majority of participants (96.1%) were of a Caucasian ethnicity.

Table 3.2

Sample Demographics (N = 77)

Current Age		Race	
Mean	40.24 years	Caucasian	96.1%
SD	10.86 years	Asian	01.3%
Range	53.00 years	Other	02.6%
Min	18.00 years		
Max	71.00 years		
Marital Status		**Religion**	
Married/De Facto	32.5%	Protestant	24.7%
Single	31.2%	Catholic	13.0%
Separated	6.5%	Jewish	02.6%
Divorced	27.3%	Other	58.4%
Widowed	2.6%	Missing Values	1
Education Level		**Type of Employment**	
Did not complete high school	24.7%	Unemployed	13.0%
Completed high school	5.2%	Student	20.8%
Some tertiary education	26.0%	F/T employment	18.2%
Completed tertiary education	26.0%	P/T employment	22.1%
Post-graduate education	18.2%	Domestic Duties	16.9%
		Retired	09.1%

3.4.2 Materials

Stage One of the research program required the participants to complete a Consent form (Appendix B) and a battery of psychological surveys (Appendix C), identified in the literature review as being suitable for the measurement of Hypotheses 1 and 2. The surveys included a modified version of the Traumatic Events Questionnaire (TEQ), the Dissociative Experiences Scale II (DES II), the Impact of Events Scale – Revised (IES-R), the Symptom Checklist 90 – Revised (SCL-90-R), a survey about emotional intensity and a survey about persistence of memory. Each survey will be discussed in more detail in the following section.

3.4.2.1 Traumatic Events Questionnaire (TEQ)

A modified version of the Traumatic Events Questionnaire (TEQ) was used in this study. The TEQ was developed by Lipschitz, Kaplan and Asnis (1996) to elicit details of abuse histories. The TEQ contains 49 self-report items that ask about the frequency, nature, age of occurrence and duration of both past and current physical and sexual abuse, in addition to perpetrator details. The questionnaire takes 5 to 10 minutes to complete and although not psychometrically mature, demonstrates a high rate of agreement with responses to the same questions in a face-to-face interview in a sample of 50 participants. The TEQ does not require reliability and validity Alphas because it is intended as a descriptive measure only.

The TEQ was modified in this study to focus on past sexual abuse experiences only, therefore items 10, 11, 12, 13, 15, 16, 27, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45 and 46, which related to past and current physical abuse and current sexual abuse, were deleted. The modified TEQ contained 26 self-report items. The TEQ was used, in this study, to provide information about the participant demographics (items 1 – 7) and abuse parameters (items 8 – 22) to assist with the analysis of Hypothesis 2. Questions 23 to 25 asked participants to provide information about how difficult it was to answer the other items (item 23), to rate how the abuse events affected them in their adult lives (item 24), and in what ways the abuse had affected them (item 25). Details of their written responses to item 25 may be found in Appendix D. A new item was inserted at the end of the questionnaire asking about the incidence of associated emotional and/or physical violence, which occurred at the same time as the abuse (item 26). Details of participants written responses to item 26 may be found in Appendix E.

3.4.2.2 Dissociative Experiences Scale II (DES II)

The Dissociative Experiences Scale (DES) (Bernstein & Putnam, 1986) can be used to measure the frequency of dissociation for clinical or research purposes, with normal and clinical populations. The DES was used to measure the frequency of dissociative experiences in the participants of this study. The DES is a self-report measure that asks participants to indicate the frequency of 28 dissociative

experiences and behaviours that are considered to be key aspects of dissociation. The aspects include experiences of amnesia, gaps in the continuity of awareness, depersonalisation and derealisation. The items were developed from interviews with people, who had been diagnosed with DSM-III dissociative disorders, and in consultation with experts in the diagnosis and treatment of dissociative disorders. The items were worded in a way that could understood by a wide range of people, and also to minimise implications of any social undesirability of the experiences.

Carlson and Putnam (1993) reviewed a wide range of studies related to the norms, validity and reliability of the DES. They stated that the DES was designed to be used as a screening instrument for dissociative disorders or disorders with a significant dissociative component, such as PTSD. They also stated that the DES was not intended as a diagnostic tool, but as a tool to identify those people who may have high levels of dissociation. Van Ijzendoorn and Schuengel (1996) conducted a meta-analysis designed to test some of the theoretical assumptions underpinning the DES, and to test the measure's reliability and validity. They stated that the DES appeared to measure the current view of a participant on past dissociative experiences.

The administration instructions specify the participants should not include experiences that happened when they were under the influence of alcohol or drugs.

The scale includes item and total scores, which range from 0 to 100. The total score is obtained by averaging the item scores. A second version of the DES was developed to facilitate ease of scoring. The DES II was used in this study. The original DES contained a visual analog scale where the participant was required to mark their estimate of frequency. The responses were supposed to be measured to the nearest 5mm, making scoring a time-consuming task for researchers and clinicians. The DES II changed the visual analog scale to a format of percentages ranging from 0% (never) to 100% (always) in increments of ten. The participants are asked to circle the appropriate percentage for each item.

The DES uses a cutoff score of 30 and above, based on the total average score, to facilitate identification of those people who may be severely dissociative. A score of 0 to 29 indicated mild to moderate dissociation.

The DES has been used in many (100+) studies, and has mature psychometric properties. Van Ijzendoorn and Schuengel found that the DES was a highly consistent scale, with a mean alpha reliability of 0.93 across sixteen studies. According to Rosenthal and Rosnow (1991), reliability coefficients of 0.85 or above are considered indicators of dependable psychological tests. The DES has been analysed as demonstrating good construct validity, in that it has been shown to accurately measure the construct of dissociation, and good criterion-related validity, in that the DES scores agree with the DSM-III diagnostic criteria for dissociative disorders (Putnam et al, 1996).

Table 3.3 outlines parametric data related to the DES mean scores for different diagnostic groups, as reported by Van Ijzendoorn and Schuengel, in their meta-analysis (p. 374). The statistics indicated that the dissociative disorders scored the highest followed by participants with a traumatic history (PTSD and abuse).

Table 3.3

Van Ijzendoorn & Schuengel Means of DES Scores by Diagnostic Group

Diagnostic group	*N*	*M*
PTSD	259	32.58
DDNOS	121	35.29
Diss. Dis. Unspec.	143	41.15
DID	472	45.63
Normal	1578	11.05
Abused	238	27.06

3.4.2.3 Symptom Checklist 90 (Revised) (SCL-90-R)

Participants were asked to complete the Symptom Checklist 90 (Revised) (SCL-90-R), developed by Derogatis (1977) and designed to measure current symptomology in adults, arising from childhood experiences. The SCL-90-R is a 90-item self-report instrument, scored on a five-point scale (0 = not at all, 4 = extremely), and consisting of six sub-scales and three global indices: Somatisation (Som), Obsessive-Compulsive (O-C), Interpersonal Sensitivity (I-S), Depression (Dep), Anxiety (Anx),

Hostility (Hos), Phobic Anxiety (Phob), Paranoid Ideation (Par), Psychoticism (Psy), Global Severity Index (GSI), Positive Symptom Distress Index (PSDI), and Positive Symptom Total (PSD). The SCL-90-R also includes seven additional items that are included because they have clinical significance.

The Somatisation dimension measures distress arising from perceptions of bodily dysfunction. This sub-scale comprises items 1, 4, 12, 27, 40, 42, 48, 49, 52, 53, 56 and 58. The Obsessive-Compulsive sub-scale measures thoughts, impulses and behaviours that are experienced as irresistible. This sub-scale comprises items 3, 9, 10, 28, 38, 45, 46, 51, 55 and 65. The Interpersonal Sensitivity sub-scale measures feelings of inferiority, negative expectations about interpersonal behaviour with others and other peoples' perceptions of them. This sub-scale comprises items 6, 21, 34, 36, 37, 41, 61, 69, 73. The Depression sub-scale measures symptoms of clinical depression and comprises items 5, 14, 15, 20, 22, 26, 29, 30, 31, 32, 54, 71 and 79. The Anxiety sub-scale measures general signs of anxiety, feelings related to anxiety and some somatic manifestations of anxiety (items 2, 17, 23, 33, 39, 57, 72, 78, 80 and 86). The Hostility sub-scale reflects thoughts, feelings or actions that are related to anger, aggression, irritability, rage and resentment (items 11, 24, 63, 67, 74 and 81). The Phobic Anxiety sub-scale focuses on a fear response to a specific person, place, object or situation that is irrational and leads to avoidance or escape behaviour. Items 13, 25, 47, 50, 70, 75 and 82 make up this sub-scale. The Paranoid Ideation sub-scale represents characteristics of a disordered mode of thinking such as projective thought, hostility, suspiciousness, grandiosity, fear of loss and autonomy and delusions (items 8, 18, 43, 68, 76 and 83). The Psychoticism sub-scale was designed as a continuum of psychoticism, ranging from mild interpersonal alienation to dramatic psychosis (items 7, 16, 35, 62, 77, 84, 85, 87, 88 and 90).

The additional items included items 19 (poor appetite), 44 (trouble falling asleep), 59 (thoughts of death or dying), 60 (overeating), 64 (early waking), 66 (restless sleep) and 89 (feelings of guilt). The Global Severity Index provides the best indicator of the current level or depth of psychological distress. The Positive Symptom Distress Index can be interpreted as a measure of symptom intensity and response style. The Positive Symptom Total measures the number of symptoms endorsed by the participant.

Table 3.4 presents the reliability coefficients of each sub-scale, based on three validation studies (Derogatis, Rickels & Rock, 1976 – study 1; Horowitz, Rosenberg, Baer, Ureno & Villasenor, 1988 – study 2; Derogatis, Rickels & Rock, 1976 – study 3). The SCL-90-R sub-scales are considered to be psychometrically reliable (Derogatis, 1994.)

Table 3.4

SCL-90-R Internal Consistency and Test-Retest Reliability Coefficients.

Sub-scales	Internal consistency		Test-retest	
	Study 1	Study 2	Study 2	Study 3
Somatisation	.86	.88	.68	.86
Obsessive-Compulsive	.86	.87	.70	.85
Interpersonal Sensitivity	.86	.84	.81	.83
Depression	.90	.90	.75	.82
Anxiety	.85	.88	.80	.80
Hostility	.84	.85	.73	.78
Phobic Anxiety	.82	.89	.77	.90
Paranoid Ideation	.80	.79	.83	.86
Psychoticism	.77	.80	.77	.84

Validation studies have been conducted on the SCL-90-R, with the instrument demonstrating highly acceptable levels of convergent-discriminant validity, and providing significant differentiation, in terms of profiles of distress symptoms, between abused and non-abused samples (Derogatis, 1994).

The SCL-90-R can be administered in a paper-and-pencil format, requiring approximately 12 to 15 minutes to complete. The instrument has been designed to require a minimal amount of instruction, and is prefaced with an instruction, reading: below is a list of problems people sometimes have. Please read each one carefully and blacken the circle that best describes how much that problem has distressed or bothered you during the past seven days (Derogatis, 1994, p. 6).

Scoring of the SCL-90-R is straightforward. Raw scores are calculated by summing the values for every item in each of the nine symptom sub-scales and the seven additional items. The summed raw score is then divided by the number of endorsed

items, for the relevant sub-scale, and converted to a standardised T score using the appropriate group norm. On all sub-scales, a standardised T score of 50 places the individual in the 50th percentile. Groups norms include adult psychiatric outpatients (Norm A), adult nonpatients (Norm B), adult psychiatric patients (Norm C) and adolescent nonpatient (Norm E). This current study used norm B to convert the participants' raw scores to standardised T scores. Each of the norms has separate scores for males and females.

The SCL-90-R was used in this study as a measure of psychological distress to identify any differences between the sub-groups (Hypothesis 2 refers).

3.4.2.4 Impact of Events Scale – Revised (IES-R).

The Impact of Events Scale is one of the most widely used surveys of post-traumatic symptomology in research studies (Elliott & Briere, 1995; Joseph, 2000). Horowitz, Wilner and Alvarez (1979) designed the Impact of Events Scale (IES) as a 15-item survey designed to measure the subjective stress experienced by people related to a specific event. The original IES items loaded onto two sub-scales related to the response to traumatic stress – intrusion (IES-R items 1, 2, 3, 6, 9, 16 and 20) and avoidance (IES-R items 5, 7, 8, 11, 12, 13, 17 and 22). The IES-R (Weiss & Marmar, 1997) added seven items designed to reflect a sub-scale termed hyperarousal (IES-R items 4, 10, 14, 15, 18, 19 and 21). All items are scored on a four-point Likert response scale ("not at all" to "often") and are targeted to measure levels of symptoms in the past seven days. The literature indicates that there are several Likert scales for scoring the IES-R. This study adopted the Horowitz et al (1979) method for scoring the IES-R responses, that is a score of "0" indicated a negative endorsement of the item and scores of "1," "3," or "5,"indicated three degrees of positive endorsement for intensity and frequency.

This study modified the time frame given in the administration instructions from the "past seven days" to read "after the abuse" requiring the participants to attempt to remember their thoughts and feelings about the abuse shortly after the abuse had occurred. The instrument was modified in order to measure the participant's subjective stress at the time of, or shortly after, the abuse occurred. A measure of

current subjective stress, although useful, would not provide information as relevant to the processes of CSA forgetting. The rationale for this decision related to the literature, previously reviewed, on the development of Acute Stress Disorder, as being the most immediate stress response for some survivors to their abuse, with some survivors going on to develop PTSD. Both disorders include aspects of intrusion, avoidance and hyperarousal, as measured by the IES-R.

Weiss and Marmar (1997) collected data about the internal consistency, test-retest reliability and item-to-scale correlations of the IES-R from two different studies. They found that the IES-R and sub-scales yielded coefficients that indicated highly internally consistent reliability and acceptable test-retest reliability. The coefficients for each are presented in Table 3.5.

The item to scale analysis revealed that 19 of the 22 items were strongly correlated with their assigned sub-scale. Of the remaining three items, one showed equal correlations with two sub-scales and two items relating to sleep disturbances showed a stronger correlation with another sub-scale. This finding suggested a relationship between the intrusion and hyperarousal sub-scales, although the sample tested for this property was not a clinical sample leading to a possible weakening of the item to –scale correlation analysis. The IES-R has been shown to accurately distinguish between sexually victimised individuals from non-sexually victimised individuals, reflecting high construct validity (Elliott & Briere, 1995).

Table 3.5

IES-R Reliability Coefficients

Internal Consistency	Coefficients	Test-Retest Reliability	Coefficients
Study 1 (*n* = 197)		Study 1 (*n* = 197)	
Intrusion	.91	Intrusion	.94
Avoidance	.84	Avoidance	.89
Hyperarousal	.90	Hyperarousal	.92
Study 2 (*n* = 429)		Study 2 (*n* = 429)	
Intrusion	.87	Intrusion	.57
Avoidance	.85	Avoidance	.51
Hyperarousal	.79	Hyperarousal	.59
Study 3 (*n* = 317)			
Intrusion	.87		
Avoidance	.86		
Hyperarousal	.79		
Study 4 (*n* = 175)			
Intrusion	.92		
Avoidance	.85		
Hyperarousal	.89		

3.4.2.5 Persistence of Memory Survey.

Loftus, Polonsky and Fullilove (1994) developed an 8-item survey designed to measure a variable they termed “persistence of memory,” which related to memory components. No psychometric properties, such as Cronbach’s Alpha, were reported in the article for the scale. A search of cited references on the Web of Science database revealed that the scale did not appear to have been used in other studies. The researcher corresponded with Prof. Loftus about an alpha value for the scale. Prof. Loftus replied that nothing had been done with the questionnaire to date. In future studies, with a larger sample, a factor analysis should be undertaken to check that the scale measures what it purports to measure.

In their study, participants were asked to mark the visual analog scale where appropriate. The visual analog scale ranged from very clear (1) to some detail (5) to no detail (10). This study used the scale without any changes, that is, the scoring system was not reversed. The scale was prefaced with a question which asked, "When you think about your memory of your abuse how would you describe it?" The items focused on abuse memories and included memory clarity, visual detail, auditory detail, olfactory detail, details about taste, touch, sequence of events and overall clarity. This survey was included in the current study in order to provide exploratory information about the quality and modality of participant's abuse memories and as a means of investigating sub-group differences (Hypothesis 2 refers).

Loftus et al (1994) found that participants who reported always remembering their abuse also reported a clearer memory, with a more detailed picture than those participants who reported partial forgetting or "full" forgetting.

3.4.2.6 Emotional Intensity Survey.

Participants in this study were also asked to complete an emotional intensity scale, based on a scale developed by Williams (1995) and modified with structural elements adopted from the study conducted by Loftus et al. The Williams scale was designed to provide information about item endorsement frequency at the time of abuse only. Williams reported a Cronbach's alpha of .80 for the scale. The scale contained nine items termed "confusion," "fright," "anger," "shock," "guilt," "shame," "disgust," "embarrassment," and "paralysis." Modifications from the Loftus study included the addition of an intensity of emotion component and a component relating to how the participants felt about the abuse "now." Participants were asked to circle an appropriate response on a five-point Likert-type scale, ranging from "not intensely" (1) to "very intensely" (5). The purpose of the scale was to quantify how the participants felt about the abuse at the time ("then" as indicated by a circled response) and how they felt about the abuse at the time of the current study ("now" as indicated by placing a square around the appropriate response). Participants were also given the opportunity to provide written information about any other feelings they experienced about the abuse. Their written

responses may be found in Appendix F. The purpose of this survey was to measure differences between the sub-groups in terms of emotional intensity at the time of the abuse and now (Hypothesis 2 refers).

Williams found no significant differences, between the groups that she surveyed, in terms of the frequency with which they endorsed the scale items; however a small sample size may have reduced the power of the analysis. Williams also suggested that emotional intensity was more predictive of genuine recovered memories.

3.4.3 Procedure

3.4.3.1 Recruitment Process

The researcher published an invitation to participate in research in various abuse-related magazines and newsletters. Copies of the invitation were also sent to Australia-wide sexual assault services and several private therapists from a list provided by the Queensland Crime Commission (QCC). The QCC were unable to participate directly as they had just been involved in a state-wide sexual abuse project. They were able to provide the researcher with a list of their referral agents and private therapists to contact. The researcher also located a website designed as a contact and discussion forum for abuse survivors. Permission was obtained from the website designer to post the invitation on the site noticeboard. A decision was made, in conjunction with the University's Ethics Committee, to allow each interested person to contact the researcher, rather than a more active and direct approach to the recruitment process, in order to ensure that the request for participation did not result in any detrimental effects to the participants.

The next section of the procedure related to the development of a definition of childhood sexual abuse prior to contact with the interested individuals. This process was necessary to ensure that all participants were recruited under a consistent framework.

3.4.3.2 Definition of Childhood Sexual Abuse

As outlined in Chapter One, this study adopted the definition of childhood sexual abuse, proposed by Briere and Conte (1993), as psychologically or physically forced sexual contact between a child (16 years and younger) and a person, more than five years older than the child. This definition was adopted because it recognised psychological coercion, as well as physical coercion, and provided an age difference that implied a power differential between the perpetrator and the abused child. The age difference also excluded sexual experimentation between peers. Each participant was advised of this definition and asked if the definition applied to their abuse experience.

The next task for the researcher was to develop and name the categories of forgetting in order to facilitate the analyses required of the research program.

3.4.3.3 Category of Forgetting Definition

The reviewed literature provided a multitude of terminology and categories related to sexual abuse memory, with some studies defining three groups and some up to six or more categories. The current study decided to use three categories of forgetting, termed "always remembered," "partial forgetting" and "extensive forgetting." The literature indicated use of the term "amnesia" as a description of the experience of forgetting; however this study decided to use the word "forgetting," as the term amnesia had a strong association with the term "repression" in the literature and also with the DSM-IV term "psychogenic amnesia." One of the aims of the study was to explore the issue of forgetting as experienced by participants who reported the phenomenon. The literature review indicated that forgetting could have been experienced as normal forgetting (i.e., due to the passage of time), intentional forgetting (i.e., via cognitive mechanisms) or unconscious forgetting (i.e., via repression). The term "amnesia" could have limited exploration of the phenomenon, whereas the term "forgetting" did not presume any psychological bias.

The "always remembered" category included individuals who indicated that they had never forgotten about their abuse experiences, although some of them had not made

the connection between their childhood experiences and the term “childhood sexual abuse” until they had reached adulthood. This category also included individuals who had not talked about the abuse to anybody for a lengthy period of time, as an avoidance strategy, but who had always retained an awareness that the abuse happened. The “partial forgetting” category included individuals who reported either forgetting some details about their abuse experiences, forgetting discrete abuse events or, in the case of multiple abusers, forgetting about one abuser, but not the others. The “extensive forgetting” category included individuals who reported prolonged or persistent forgetting that ranged over a period of years. In some cases, the individuals may have experienced brief periods when the abuse memories surfaced, but were forgotten again.

Loftus, Polonsky and Fullilove (1994) suggested the use of a question designed to facilitate categorisation of research participants:

> People differ in terms of how they remember their abuse. Which of the following experiences best characterises your memory?
>
> Category 1: Some people have always remembered their abuse throughout their lives, even if they never talked about it. This category aligned with this study’s “always remembered” category of forgetting.
>
> Category 2: Some people have remembered parts of the abuse their whole lives, while not remembering all of it. This category aligned with this study’s “partial forgetting” category.
>
> Category 3: Some people forget the abuse for a period of time, and only later have the memory return. This category aligned with this study’s “extensive forgetting” category (p. 75).

This question was used during the second contact period of this study.

3.4.3.4 First period of contact

This program of research required a considerable commitment in time (three hours per participant in total), trust, and emotional energy from the participants. The first contact between interested individuals and the researcher was designed to fulfill

multiple aims: these being information seeking and sharing, and to initiate the development of a trusting relationship between the parties. The second aim was of paramount importance, so as to facilitate an environment where the participants felt comfortable enough to openly share their experiences with the researcher.

Participants often initiated up to three calls each to clarify concerns, request support, and develop trust with the researcher, prior to formally participating in the study. At no time were specifics of the study discussed to avoid contamination of the research findings.

Interested individuals contacted the researcher by phone. They were given the opportunity to ask questions about the process of the research and their proposed involvement, including issues of confidentiality and time investment. The researcher advised each person that the research was being conducted in two stages, with the first stage involving completion of a battery of psychological surveys (approximate time 1 hour) and the second stage involving participation in an interview (approximate time 2 hours). Prospective participants were also advised that there was no obligation to participate in both stages of the research program and were verbally taken through the consent form.

As each person indicated they would like to be involved in the first stage of the research, they gave the researcher their contact details (phone number and address) for the researcher to post the test booklet to them. All local participants were given the opportunity to receive personal administration of the test booklet; however all participants opted to complete the surveys in their own time and in private. The participants were advised that they could phone the researcher at any time for assistance with the completion of the test booklet. Consent forms were mailed in the same envelope as the test booklet, as well as a reply paid envelope for return of the completed paperwork. Participants were also encouraged to phone the researcher, if there was anything in the consent form that they did not understand.

It was possible that the participants may have experienced strong negative feelings about their abuse as a result of participating in this research. If this occurred, they were provided with free counselling from the QUT Family Therapy Clinic. The

Director gave his written permission for this service. Participants were advised verbally and in writing about this service, although no participants accessed the service. Many of the participants had access to their own counsellor, or psychologist, who monitored their well-being throughout, and after, their contact with the researcher. All participants indicated that they were not upset as a result of participating in the research. Their specific comments about participating in the research are contained in Appendix G.

3.4.3.5 Second period of contact

As each participant completed and returned their test booklet, the researcher ensured that the consent form was signed and dated, and separated the consent form from the completed test booklet. Each test booklet was given a number (1-77) to comply with confidentiality requirements and locked in a filing cabinet accessible only by the researcher.

Each participant was then contacted for two reasons: firstly, to confirm receipt of the paperwork, and secondly, to ascertain their availability and interest in participation in the second stage of the research program. As each participant indicated their interest in conducting the interview they were asked the question, suggested by Loftus et al, which was designed to facilitate their membership into one of three categories of forgetting, as outlined in section 3.4.3.3.

The Stage Two method (Chapter 5) will outline the procedure regarding participation in the interview.

3.5 Chapter Summary

This chapter has presented a discussion of the methodological issues of using retrospective data and corroboration of the retrospective data relating to survivor's CSA histories. The consistency of the retrospective data was addressed by this study with the use of multimethod data collection (Krinsley et al, 2003). Corroboration was sought about the occurrence of the abuse from each participant. The types of corroboration were reported in Table 3.1 and Appendix A. They indicate that most survivors of CSA are able to provide some form of corroboration that the abuse occurred. Given that Australia's current laws do not require corroboration of the crime if the witness is deemed believable, these types or categories of corroboration may provide support for a witnesses' credibility, especially if one witnesses experiences can be matched to a group of people with similar experiences.

The Stage One (Analysis One) method was also presented, outlining details of the participants, materials and procedure relevant to this part of the research program. Results for the cluster of hypotheses relating to the prevalence of and factors associated with CSA forgetting and remembering (Hypotheses 1 and 2) will be presented and discussed in the next chapter.

CHAPTER FOUR

STAGE ONE ANALYSIS ONE

Chapter Contents

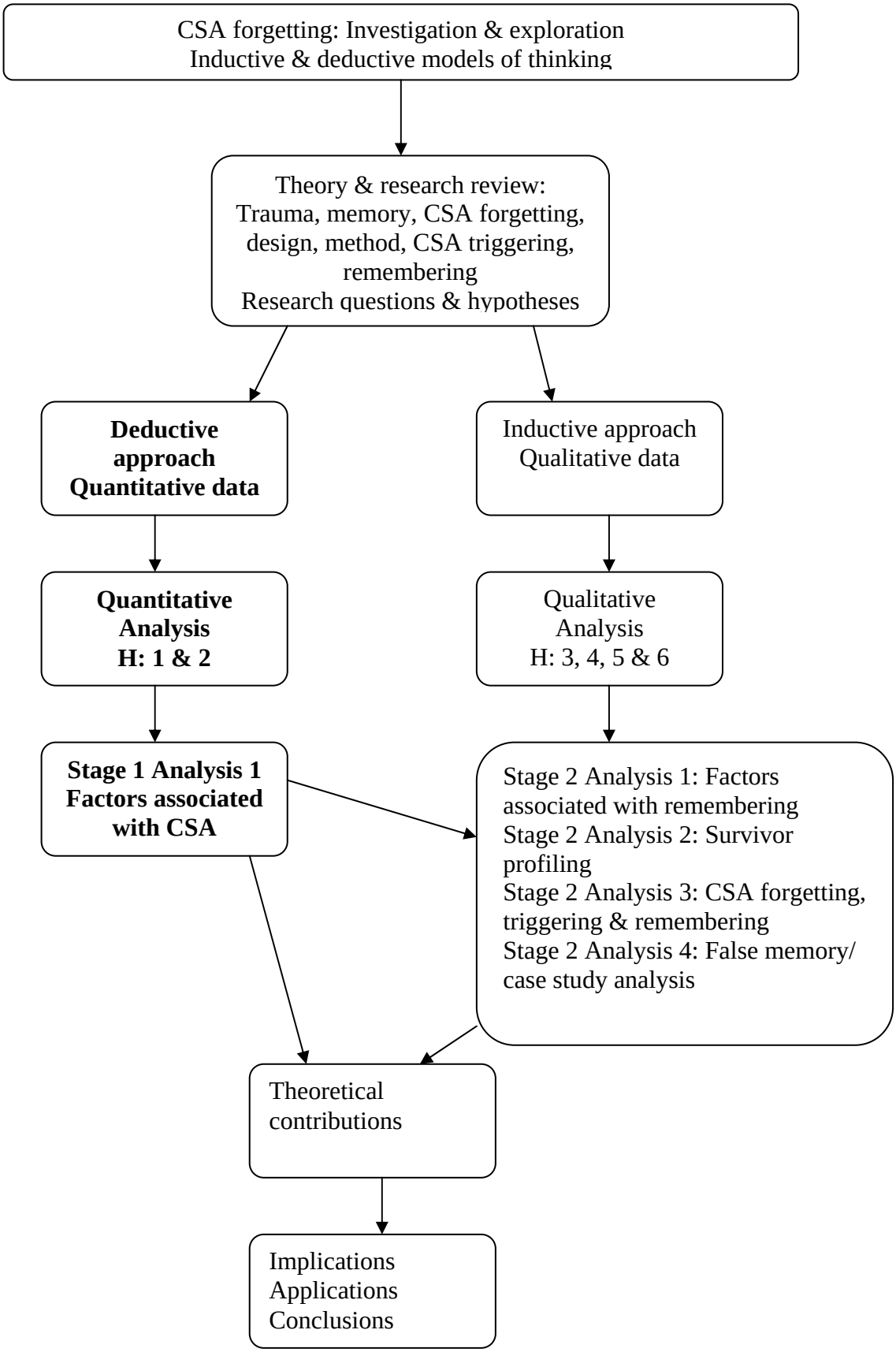


Figure 4.1 *Research Organisation & Theoretical Model*

This chapter includes the results, discussion and conclusions of Stage One, Analysis One, which investigated Research Questions 1 and 2. Research Question 1 asks if adult CSA survivors experience periods of time when they forget the abuse, and Research Question 2 asks about the significant differences between the three categories of forgetting (always remembered, partial forgetting and extensive forgetting). This chapter concludes with the construction of a statistical profile of a "typical" survivor, from each category of forgetting. These profiles will be used in Stage Two, Analysis Two, as a basis for exploring within-group differences. This chapter will commence by presenting information about the data analyses used.

4.1 Data Analyses

4.1.1 Data Input and Screening

The purpose of this section is to describe the procedures involved in the creation and analysis of the test booklet dataset (N = 77). Participant responses to the test booklet material were coded numerically and entered into a dataset using the Statistical Analysis System (SAS). Following input of the data, the dataset was screened for missing values. Some participants found that they were unable to answer two scales in particular, primarily the IES-R and part of the Williams Emotional Intensity scale (then) due to their memory deficits. In those cases, where an entire scale had been left unanswered, the case was excluded from the relevant analysis. In all other cases, of missing data the value "9" was inserted. There was no discernible pattern of missing data for the remainder of the test booklet material.

4.1.2 Analysis Techniques

The differences between the groups (Hypothesis 2) were determined by running ANOVAs for each relevant variable. There are two assumptions of the ANOVA. One is that values, in each cell of the design, are normally distributed, and can be tested by applying the Shapiro-Wilks test. The other assumption in that the variances, in each of the cells, are not different from each other; this is the homogeneity assumption, and can be tested by applying the Levene test. The Levene and Shapiro-Wilks tests were applied to the dataset, and the skewness and kurtosis

values were examined to determine the normality of the data. Most of the variables were normally distributed, with skewness values ranging from reasonable levels of –1.40 (minimum) to 1.44 (maximum). Most of these variables demonstrated acceptable levels of skewness, ranging from 0.90 (minimum) to –0.99 (maximum). The kurtosis values, for most of the variables, ranged from 1.19 (minimum) to –1.44 (maximum), with the majority of the variables ranging from 0.89 (minimum) to –0.96 (maximum).

The following variables demonstrated unacceptable levels of both skewness and kurtosis: duration of abuse, confusion (then), current shame, and current paralysis. These conditions violated the assumption of normality required by the ANOVA and results pertaining to these variables should be interpreted with caution. Moreover, since the sample sizes in the two of the groups is less than 30, the Central Limit Theorum cannot be applied.

The use of Cluster Analysis was considered instead of ANOVAs. The objective of a cluster analysis is to classify a sample of participants into a "small number of mutually exclusive groups based on the similarities" (Hair, Anderson, Tatham & Black, 1995, p. 16) among the participants. However, as the objective of this stage was to identify the differences between the groups, ANOVAs were considered the most appropriate form of analysis for this study. Specifically, ANOVA's were used in this study to test very definite hypotheses about the three different groups of survivors. Future research could utilise both analysis techniques to provide information on the similarities and differences of participants in each of the three categories of forgetting.

4.2 Hypothesis One Results

Research Question 1 asked: "Do adult survivors of childhood sexual abuse experience a period of time when they forget the abuse occurred?" Hypothesis One stated that some adult CSA survivors do experience a period of time when they forget the abuse happened. Table 4.1 contains the results for this section.

Table 4.1

Participant Responses to Streaming Question About Category of Forgetting (N = 77)

Variable	Categories	Frequency	Percentages
Category of forgetting	Always Remembered	28	36.4
	Partial Forgetting	16	20.8
	Extensive Forgetting	33	42.9

Frequencies and percentages were calculated for the sample (Table 4.2), and for each category of forgetting (Tables 4.3, 4.4 & 4.5), on the abuse parameter variables contained in the TEQ. The TEQ included items about the abuse parameters, including age at which the abuse commenced, duration of the abuse, range of acts perpetrated by the abuser, and relationship to the abuser. Participants often circled more than one response to some items, such as the item about abuse acts, or their relationship to the abuser(s). One participant was unable to complete the TEQ. Their case has been deleted from the descriptive data.

The mean age, for the sample, at the time of the abuse was 6.1 years (SD 3.6 years, range 1 to 15 years). The mean period of abuse duration was 6.4 years (SD 5.5 years, range 0 to 36 years). The mean age, for those participants who reported always remembering (AR) the abuse, at the time of the abuse was 7.9 years (SD 3.8 years, range 2 to 15 years). The mean period of abuse duration was 5.4 years (SD 4.3 years, range 0 to 14 years). The mean age, for those participants who reported partially forgetting (PF) their abuse, at the time of the abuse was 5.4 years (SD 2.7 years, range 3 to 12 years. The mean period of abuse duration was 7.3 years (SD 4.5 years, range 1 to 19 years. The mean age, for those participants who reported extensive forgetting (EF), at the time of the abuse was 4.7 years (SD 3.1 years, range 1 to 12 years). The mean period of abuse duration was 6.6 years (SD 6.7 years, range 0 to 36 years).

Some differences in abuse parameters were found among the three groups. Nearly 72% of EF participants and 69% of PF participants reported experiencing oral sex, as opposed to 57% of AR participants. One hundred percent of the EF participants reported that the abuser touched their genitals, as opposed to 89.2% of AR participants and 81.2% of PF participants. PF and EF participants reported identical percentages (81.2%) of abuse where they were forced to touch the abuser on the genitals. Seventy-five percent of AR participants reported this type of abuse act. PF participants (56.2%) reported attempted rape or penetration, with 50% of AR participants and 46.9% of EF participants reporting this type of abuse act. The percentage of rape and/or penetration was also higher for EF participants (68.7%) than for AR (50.0%) and PF (56.2%) participants. The percentage of participants who experienced multiple abuse acts was similar for all three groups, as was the reported age of the abuser, with most abusers being over 18 years old for each group.

Nearly 18% of AR participants reported abuse that occurred two to three times, as opposed to PF participants (6.3%) and EF participants (12.5%). Nearly 94% of PF participants reported abuse that occurred repeatedly. The percentages for the AR and EF groups were 78.5% and 87.5%, respectively.

Some differences were found in terms of the participant's relationship to the abuser, with EF participants reporting higher percentages of abuse by their father (43.7%) and mother (18.7%), than participants from the AR group (35.7% and 7.1% respectively) and participants from the PF group (25.0% and 0.0% respectively). Participants from the PF group reported higher percentages of abuse by a foster parent (6.3%), sibling (31.2%), grandparent (25.0%), aunt or uncle (37.5%) and other person, such as a neighbour, stranger or family friend (68.7%). Participants from the AR group reported the following percentages of abuse by these people: foster parent (0.0%), sibling (21.4%), grandparent (3.6%), aunt or uncle (3.6%), and other person (64.2%). Participants from the EF group reported the following percentages of abuse by these people: foster parent (0.0%), sibling (15.6%), grandparent (21.9%), aunt or uncle (28.1%), and other person (56.2%). Participants from the AR group reported higher percentages of abuse by a step-father (10.7%) and religious person (21.4%), than did participants from the PF group (6.2% and 0.0% respectively) and participants from the EF group (3.1% and 15.6% respectively). Participants from the

PF and EF groups reported similar percentages of abuse by multiple perpetrators (68.7% and 65.6% respectively) with 42.8% of AR participants reporting multiple abusers.

AR Participants reported lower percentages of associated violence (57.1%) than PF participants (75.0%) and EF participants (77.4%). Although participants from all three groups reported similar percentages of disclosure at the time of the abuse (AR 35.7%, PF 31.3% and EF 25.8%) a higher percentage of PF participants reported that no one stopped the abuse at the time of disclosure (93.7%). When the participants, who did not disclose, were asked why they did not tell anyone about the abuse, at the time, 56.2% of PF participants said that they thought no one would believe them, as opposed to 42.9% of AR participants and 53.1% of EF participants. Over 62% of PF participants said that they thought they would get into trouble. Fifty percent of AP and EF participants cited this reason. About one quarter of participants from all three groups said they thought the abuser would hurt someone else if they disclosed. Eighty two percent of AR participants reported that no one stopped the abuse at the time of disclosure and 83.9% of EF participants reported that no one stopped the abuse at the time of disclosure.

Some differences were found in terms of the types of coercion that the abusers used at the time of the abuse, with 64.2% of AR participants reporting that the abuser made them promise not to tell anyone, as opposed to 56.2% of PF participants and 51.6% of EF participants. EF participants reported higher percentages of threats to hurt them or a family member if they disclosed (61.3%) as opposed to AR participants (39.3%) and PF participants (43.7%). About 50% of participants from all three groups reported experiencing forced abuse.

Table 4.2

Descriptive Data for the Abuse Parameters of Adult CSA Survivors (N = 76)

Variable	Categories	Frequency	Percentages
Abuse act	Kissed or touched by abuser	63	82.9
	Abuser touched child's genitals	70	92.1
	Abuser forced child to touch them	60	78.9
	Oral sex	50	65.8
	Attempted rape/penetration	38	50.0
	Rape/penetration	45	59.2
	Multiple acts	74	97.3
Age of abuser	Under 12 years old	00	00.0
	12-18 years old	09	11.8
	Over 18 years old	67	88.2
Abuse frequency	Once	01	01.3
	2-3 times	10	13.2
	Repeatedly	65	85.5
Relationship to abuser	Father	28	36.8
	Mother	08	10.5
	Stepfather	05	06.6
	Stepmother	01	01.3
	Foster parent	01	01.3
	Brother or sister	16	21.1
	Grandparent	12	15.8
	Aunt/uncle	16	21.1
	Religious person	11	14.5
	Other (Neighbour, family friend, stranger)	47	61.8
	Multiple abusers	44	57.8
Types of coercion	Make you promise not to tell	43	57.3
	Give you gifts or money	24	32.0
	Threaten to hurt you or members of your family	37	49.3
	Force you physically	39	52.0
	Hurt you physically	38	50.7
	None of the above happened	04	05.3
Disclosure at the time	Yes	23	30.7
	No	52	69.3
Did anyone stop the abuse?	No	64	85.3
	Yes	11	14.7
Why didn't you tell anyone?	I thought no one would believe me	38	50.0
	I thought I would get into trouble	40	52.6
	I thought the abuser would hurt someone else	19	25.0
	I thought the abuser would hurt me	31	40.8
Associated violence	Yes	53	69.7
	No	23	30.3
Level of effect	Only a little effect	01	01.3
	Some effect	06	07.9
	Quite an effect	21	27.6
	Tremendous effect	48	63.1

Table 4.3

Descriptive Data for Abuse Parameters for Participants who Always Remembered (n = 28)

Variable	Categories	Frequency	Percentages
Abuse act	Kissed or touched by abuser	24	85.7
	Abuser touched child's genitals	25	89.2
	Abuser forced child to touch them	21	75.0
	Oral sex	16	57.1
	Attempted rape/penetration	14	50.0
	Rape/penetration	14	50.0
	Multiple acts	27	96.4
Age of abuser	Under 12 years old	00	00.0
	12-18 years old	05	17.9
	Over 18 years old	23	82.1
Abuse frequency	Once	01	03.6
	2-3 times	05	17.9
	Repeatedly	22	78.5
Relationship to abuser	Father	10	35.7
	Mother	02	07.1
	Stepfather	03	10.7
	Stepmother	00	00.0
	Foster parent	00	00.0
	Brother or sister	06	21.4
	Grandparent	01	03.6
	Aunt/uncle	01	03.6
	Religious person	06	21.4
	Other (Neighbour, family friend, stranger)	18	64.2
	Multiple abusers	12	42.8
Types of coercion	Make you promise not to tell	18	64.2
	Give you gifts or money	10	35.7
	Threaten to hurt you or members of your family	11	39.3
	Force you physically	14	50.0
	Hurt you physically	12	42.9
	None of the above happened	02	07.1
Disclosure at the time	Yes	10	35.7
	No	18	64.3
Did anyone stop the abuse?	No	23	82.1
	Yes	05	17.9
Why didn't you tell anyone?	I thought no one would believe me	12	42.9
	I thought I would get into trouble	14	50.0
	I thought the abuser would hurt someone else	07	25.0
	I thought the abuser would hurt me	12	42.9
Associated violence	Yes	16	57.1
	No	12	42.9
Level of effect	Only a little effect	00	00.0
	Some effect	02	07.1
	Quite an effect	12	42.9
	Tremendous effect	14	50.0

Table 4.4

Descriptive Data for Abuse Parameters for Participants who Partially Forgot (n = 16)

Variable	Categories	Frequency	Percentages
Abuse act	Kissed or touched by abuser	13	81.2
	Abuser touched child's genitals	13	81.2
	Abuser forced child to touch them	13	81.2
	Oral sex	11	68.7
	Attempted rape/penetration	09	56.2
	Rape/penetration	09	56.2
	Multiple acts	16	100.0
Age of abuser	Under 12 years old	00	00.0
	12-18 years old	02	12.5
	Over 18 years old	14	87.5
Abuse frequency	Once	00	00.0
	2-3 times	01	06.3
	Repeatedly	15	93.7
Relationship to abuser	Father	04	25.0
	Mother	00	00.0
	Stepfather	01	06.2
	Stepmother	00	00.0
	Foster parent	01	06.3
	Brother or sister	05	31.2
	Grandparent	04	25.0
	Aunt/uncle	06	37.5
	Religious person	00	00.0
	Other (Neighbour, family friend, stranger)	11	68.7
	Multiple abusers	11	68.7
Types of coercion	Make you promise not to tell	09	56.2
	Give you gifts or money	05	31.2
	Threaten to hurt you or members of your family	07	43.7
	Force you physically	08	50.0
	Hurt you physically	08	50.0
	None of the above happened	00	00.0
Disclosure at the time	Yes	05	31.3
	No	11	68.7
Did anyone stop the abuse?	No	15	93.7
	Yes	01	06.3
Why didn't you tell anyone?	I thought no one would believe me	09	56.2
	I thought I would get into trouble	10	62.3
	I thought the abuser would hurt someone else	03	18.7
	I thought the abuser would hurt me	04	25.0
Associated violence	Yes	12	75.0
	No	04	25.0
Level of effect	Only a little effect	00	00.0
	Some effect	00	00.0
	Quite an effect	04	25.0
	Tremendous effect	12	75.0

Table 4.5

Descriptive Data for Abuse Parameters for Participants who Extensively Forgot (n = 32)

Variable	Categories	Frequency	Percentages
Abuse act	Kissed or touched by abuser	26	81.2
	Abuser touched child's genitals	32	100.0
	Abuser forced child to touch them	26	81.2
	Oral sex	23	71.9
	Attempted rape/penetration	15	46.9
	Rape/penetration	22	68.7
	Multiple acts	31	96.9
Age of abuser	Under 12 years old	00	00.0
	12-18 years old	02	06.3
	Over 18 years old	30	93.7
Abuse frequency	Once	00	00.0
	2-3 times	04	12.5
	Repeatedly	28	87.5
Relationship to abuser	Father	14	43.7
	Mother	06	18.7
	Stepfather	01	03.1
	Stepmother	01	03.1
	Foster parent	00	00.0
	Brother or sister	05	15.6
	Grandparent	07	21.9
	Aunt/uncle	09	28.1
	Religious person	05	15.6
	Other (Neighbour, family friend, stranger)	18	56.2
	Multiple abusers	21	65.6
Types of coercion	Make you promise not to tell	16	51.6
	Give you gifts or money	09	29.0
	Threaten to hurt you or members of your family	19	61.3
	Force you physically	17	54.8
	Hurt you physically	18	58.1
	None of the above happened	01	03.2
Disclosure at the time	Yes	08	25.8
	No	23	74.2
Did anyone stop the abuse?	No	26	83.9
	Yes	05	16.1
Why didn't you tell anyone?	I thought no one would believe me	17	53.1
	I thought I would get into trouble	16	50.0
	I thought the abuser would hurt someone else	09	28.1
	I thought the abuser would hurt me	15	46.9
Associated violence	Yes	24	77.4
	No	07	22.6
Level of effect	Only a little effect	01	01.3
	Some effect	04	07.9
	Quite an effect	05	27.6
	Tremendous effect	22	63.1

The next section will commence by restating the second research question and hypothesis, prior to presenting the results.

4.3 Hypothesis Two Results

The second research question asked whether there were any significant differences between the three categories of forgetting, based on the TEQ abuse parameters (onset at an early age, relationship to the abuser, multiple abusers, frequency of abuse, abuse duration, associated violence); IES-R level of traumatic impact at the time of the abuse; SCL-90-R current psychological symptomology; Williams emotional impact at the time of the abuse; Loftus decreased persistence of memory; or ability to dissociate (DES II).

Hypothesis 2 stated that forgetting was associated with:

H 2.1	More extreme abuse parameters (onset at early age, relationship to abuser, multiple abusers, abuse frequency, abuse duration, associated violence) based on responses to the Traumatic Events Questionnaire (TEQ);
H 2.2	Higher scores on the Impact of Events Scale Revised (IES-R);
H 2.3	Higher scores on the Symptom Checklist 90 Revised (SCL-90-R);
H 2.4	Higher scores of emotional intensity at the time of abuse (Williams);
H 2.5	Lower scores on the Persistence of memory scale (Loftus);
H 2.6	Higher scores on the Dissociative Experiences Scale II (DES II).

4.3.1 Analysis

The SAS package was used to conduct the analysis of the variables. Between-group differences were tested using univariate ANOVAs with t-tests and chi-squares testing

for significant differences between the three groups. Statistical significance was set at .05.

4.3.2 Hypothesis 2.1 Results

A significant difference between the groups was found on the variable "AuntUncle" (χ^2 (df 2, 8.7) = 0.01). A significant difference was also found on the variable "HowOldU" (F (2,72) = 7.71, p = 0.00) between the Always Remembered and Extensive Forgetting groups (p = 0.00) and the Always Remembered and Partial Forgetting groups (p = 0.01). A difference approaching significance was found on the variable "Touched My Genitals" (χ^2 (df 2, 5.64) = 0.06)

4.3.3 Hypothesis 2.2 Results

There were no significant differences between the groups based on the IES-R mean scores for each sub-scale or the overall mean score.

4.3.4 Hypothesis 2.3 Results

A significant difference was found on the SCL-90-R Hostility sub-scale (F (2,74) = 2.99, p = 0.05) between the Partial Forgetting and Extensive Forgetting groups (p = 0.02).

4.3.5 Hypothesis 2.4 Results

A significant difference was found on the Williams anger (now) item (F (2,65) = 5.72, p = 0.00) between the Partial Forgetting and Extensive Forgetting groups (p = 0.00).

4.3.6 Hypothesis 2.5 Results

A significant difference was found on the Loftus "Taste" item (F (2,73) = 4.04, p = 0.02) between the Always Remembered and Extensive Forgetting groups (p = 0.03) and the Partial Forgetting and Extensive Forgetting groups (p = 0.01). A significant

difference was found on the “Clear” item (F (2,73) = 3.44, p = 0.04) between the Always Remembered and Extensive Forgetting groups (p = 0.02) and approached significance between the Always Remembered and Extensive Forgetting groups (p = 0.0534).

4.3.7 Hypothesis 2.6 Results

A significant difference was found on the DES II (F (2,74) = 3.21, p = 0.04) between the Always Remembered and Extensive Forgetting groups (p = 0.01)

The next section of this chapter will present a discussion of the results. Each result will be summarised and discussed in the order of the relevant hypothesis, including an explanation of the areas of convergence or divergence with the past literature and implications of the identified convergence or divergence. Limitations and further research for each finding will be discussed. This will be followed by a discussion about the general implications of the findings, general limitations of the study and general future directions.

4.4 Discussion

The results supported Hypothesis 1, indicating that some adult survivors of childhood sexual abuse experienced periods of time when they forgot about the abuse. This finding converged with the findings of the research conducted by Binder, McNiel and Goldstone (1994), Briere and Conte (1993), Cameron (2000), Elliott and Briere (1995), Feldman-Summers and Pope (1994), Gold, Hughes and Hohnecker (1994), Herman and Schatzow (1987), Loftus, Garry and Fekdman (1994), Melchert (1999), Sheiman (1999), Williams (1994, 1995) and Wilsnack et al (2002). The percentage of participants in this study, who reported partial or extensive forgetting, aligned with the percentage range of CSA forgetting identified by Whitfield (1995). The combined percentage of partial and extensive forgetting of approximately 64% reported in this study tended towards the upper end of Whitfield's range (78%), which is interesting in terms of the sample recruitment process. This sample was comprised of members of the general population, who were not aware of the specific purpose of the research prior to, or during, their participation, limiting possible bias. The level of forgetting, reported by participants in this study, equalled the level of forgetting reported by Briere and Conte (1993), who examined a clinical sample, with the potential for more severe psychopathology and more severe abuse parameters, thought to be associated with CSA forgetting. This finding was limited by the use of retrospective self-reports of CSA. The body of evidence for the phenomenon of CSA forgetting is growing; however further research is needed before support for a hypothesis becomes fact. Further research into the wide range of percentages of CSA forgetting, and the use of clinical and community samples, may also provide useful information for future methodology design.

Hypothesis 2.1 was partially supported by the results of this study, with the age of the child, at the time the abuse commenced, being a significant factor in whether they experienced a period of forgetting their abuse at a later time. Participants who reported extensive or partial forgetting of their abuse also reported abuse that commenced at an earlier age than participants who reported always remembering their abuse. This finding agreed with research conducted by Herman and Schatzow (1987), Williams (1994, 1995), Cameron (1994), Briere and Conte (1993), Harvey

and Herman (1994), Chu et al (1999), although these researchers found that other factors, such as the duration of the abuse, associated violence, multiple perpetrators and relationship to the abuser, were also associated with partial or extensive forgetting.

This study did not find any significant differences between the groups in terms of the abuse duration or frequency, or associated violence. Loftus et al (1994) and Binder et al (1994) did not find any association between the degree of forgetting and associated violence, nor did Binder et al find an association between the degree of forgetting and abuse duration or frequency.

This study found a relationship between the degree of forgetting and abuse perpetrated by either an aunt or uncle of the child, with participants who reported a degree of forgetting more likely to have been abused by an aunt or uncle than participants who reported always remembering their abuse. No other victim/perpetrator relationship, such as the father, mother or sibling as the abuser, was found to differentiate between the participants in terms of their experience with forgetting about their abuse. This specific finding was not reported in any of the reviewed literature and may be a characteristic of this sample only. However, the relationship between the aunt or uncle and the child's mother or father may have impacted negatively on the child's ability to cope with the abuse, particularly when family occasions may have meant that the child was often exposed socially to the presence of their abuser.

Finally, the type of abuse event, often termed abuse severity, failed to differentiate between the groups. This may have been due to the small sample size, although the experience of having their genitals touched by the abuser approached significance. The majority of participants in this sample reported experiencing sexual abuse that ranged from being kissed to rape, with previous studies (Cameron, 1994, 2000) finding that the more extreme abuse acts, such as attempted or completed rape, were associated with the experience of forgetting. Participants often reported that their abuser commenced with the less severe acts, such as kissing and touching of their genitals, and then progressed to more extreme acts. Although adults may consider the touching of a child's genitals as a less severe act, the child may experience a high

level of distress or shock and subsequently attempt to forget the act as a means of lessening their early inability to cope with the abuse. Further research on the relationship between the abuse parameters and degree of forgetting is needed as the relationships remain unclear and the results obtained by all studies are conflicting.

The results of this study did not support Hypothesis 2.2, with all categories of CSA forgetting reporting similar levels of PTSD symptoms (intrusion, avoidance and hyperarousal) at the time of abuse. In addition, most participants obtained scores on the IES-R that placed them in the highest category of PTSD symptomology at the time of the abuse. This finding implied that the experience of sexual abuse impacted similarly and severely on the children, regardless of whether they were able to forget the abuse or not at a later time. This finding did not agree with Williams (1994) proposal that individuals, who reported forgetting about their abuse, often reported increased levels of psychological distress, nor was the association between the experience of forgetting and perceived distress at the time of the abuse, found by Elliott and Briere (1995), supported by this study. As with the previous hypothesis, further research on the relationship between PTSD symptoms and the degree of forgetting is needed in order to clarify and understand the association between the two factors.

Hypothesis 2.3 was not supported by this study, finding no differences in current psychological functioning between the groups. This finding aligns with the finding for Hypothesis 2.2, with all participants obtaining scores on the SCL-90-R sub-scales and indices that placed them in the high category of current psychological functioning, regardless of whether they reported forgetting their abuse for a period of time, or not. Chu and Dill (1990) also found no significant differences between categories of forgetting and current psychological functioning, while Briere and Conte (1993) found that forgetting was associated with higher levels of current psychological functioning. The lack of support for the hypothesis may have been due to the small sample size, although the dimension of hostility approached significance for differentiating between participants who partially forgot their abuse and participants who extensively forgot their abuse. The hostility dimension reflected thoughts, feelings or actions that were characteristic of the negative affect state of anger. The sample used in this study was not a clinical sample. The use of a

sample drawn from the general population could have limited the statistical power of the results. Further research on the relationship between the degrees of forgetting and current psychological functioning is warranted in light of the conflicting findings.

This study did not provide support for Hypothesis 2.4, with all participants experiencing similar levels of emotional intensity at the time of the abuse. This finding aligns with the participants' reported levels of PTSD symptoms at the time of the abuse, and did not support William's proposal that forgetting was associated with increased levels of emotional intensity at the time of abuse. A difference was found between participants who reported partial forgetting of their abuse, and participants who reported extensive forgetting of their abuse, in terms of their experience of current levels of anger about the abuse. This finding was similar to the difference found between these two groups in their experience of current levels of hostility. Further research on this relationship is needed.

Hypothesis 2.5 was partially supported, with participants who reported extensive forgetting of their abuse, also reporting decreased clarity of their abuse memories, when compared to participants who reported always remembering about their abuse. This finding agreed with the results obtained by Loftus et al (1994). All categories of forgetting were also differentiated by their experience of abuse memory related to taste, which agreed with Loftus' finding that participants who reported a degree of forgetting of their abuse reported a different quality of memory and gave credence to Van der Kolk's proposal that memory could be stored in sensory modes. This aspect of CSA memory requires further research to investigate how, and in what sensory modes, memory is stored.

Hypothesis 2.6 was supported by the results of this study, with participants who reported extensive forgetting of their abuse obtaining higher scores on the DES II. This finding did not mean that these individuals fulfilled the DSM IV criteria for a diagnosis of DID, although a few participants did obtain scores that placed them in the severely dissociative range; rather the finding implied that these participants may have been able to utilise dissociation, as a mechanism, to facilitate forgetting of their abuse experience.

The following section will present general implications of the findings, general limitations of the study and general future directions.

4.5 Stage One Implications, Limitations and Future Directions

4.5.1 General Implications of the Findings

The findings of this study partially supported the theoretical proposition relating to the impact of trauma on memory. Specifically, the theory proposed that individuals who experienced overwhelming trauma, in the form of more severe sexual abuse, would be more likely to forget about their abuse due to higher levels of traumatic stress response at the time of the abuse and/or higher levels of current psychological functioning, than those individuals who reported always remembering about their abuse. This study found that there were no significant differences between the groups for their trauma response to the abuse and/or current psychological functioning. The child's age at the onset of the abuse differentiated between the groups. This finding could be explained as a more severe abuse parameter, thereby providing partial support for the impact of trauma on memory, or could also be explained with reference to the theory of infantile amnesia or to developmental theory, which postulates that a child's brain and memory pathways are not fully formed at an early age. The ability of the child to dissociate appeared to form the major difference between those who always remembered about their abuse and those who either partially or extensively forgot about their abuse. It may be that younger children are able to utilise dissociation more readily than older children, due to their ability to engage in activities which are based on "make believe" or suspension of reality.

The higher levels of current anger and hostility experienced by those survivors who reported extensively forgetting about their abuse, than by those survivors who reported always remembering or partially forgetting about their abuse, could be attributed to their relatively recent memory recovery process. The ability to dissociate could have extended to "affect about the abuse" as well as their memory for abuse events. As survivors reconnect to their abuse memories, they may also reconnect to the strong negative affect associated with the abuse. Another explanation for this finding could relate to the participant's new understanding of the abuse experience in an adult context, and to their heightened awareness of past

psychological difficulties they may have experienced, without understanding the source of the difficulties until they reconnected with their abuse memories.

Finally, the findings of this study implied that the experience of forgetting does not protect the individual from the negative impact of the abuse, as all participants reported similarly high levels of distress at the time of the abuse and negative psychological functioning as adults. The findings of this study also implied that, although participants reported high levels of psychological symptomology, they were also highly functional in terms of their involvement in adult activities, such as employment, study and relationships. However this could be attributed to the personality traits of those survivors who were willing and motivated to participate in research and who were able to articulate their experiences. This aspect could also reflect the stage of healing currently experienced by the participants, in that they may have experienced considerable difficulty with relationships, for example, when they were younger, but had received support or had sought therapy to assist them overcome the impact that the abuse had had on them.

4.5.2 General Limitations of the Study

This study was limited by the use of retrospective self-report data and by the use of two measures, Williams Emotional Intensity Scale and Loftus Persistence of Memory Scale, which do not have sufficiently mature psychometric properties. Another limitation of this study related to the relatively small sample size which may have limited the power of the statistics to detect any effects but the strongest. This study did not control for any confounding variables, such as physical or emotional abuse which may have impacted on the results by strengthening the significant findings. Finally, the use of a sample which was feminised, and in which high levels of education were evident, may limit the generalisability of the results to the broader population of adult childhood sexual abuse survivors.

4.5.3 General Future Directions

Further research with other samples, such as a sample of male survivors, would be useful to determine differences and similarities between the genders, in addition to

providing a greater understanding of the impact of CSA on males. The impact of CSA on males remains poorly understood, due to the underreporting of abuse by males and the high incidence of feminised samples in previous studies. The differences between clinical and community samples also warrant further investigation, to ascertain what factors lead to some CSA survivors entering the mental health system while others do not.

Future studies could attempt to control for associated physical and emotional abuse; however as these abuses often occur in tandem, this could prove to be an impossible task. Longitudinal studies could provide a different perspective on the topic of CSA forgetting; however researcher access to abused children for the purpose of research could lead to contamination of the research, through the nature of any relationship between participant and researcher that could potentially arise as a result of a lengthy association. Previous research has shown that a significant positive relationship with another person was a mediating factor on the development of psychological symptoms for some survivors. In addition, abused children are often coerced or threatened into silence, making recruitment into research difficult, as would the child's need for safety, emotional support and privacy at the time of disclosure.

The factors associated with CSA forgetting require further research to investigate the nature of the relationships between them, given the conflicting evidence to date. The impact of abuse parameters, such as duration, frequency and severity of the abuse, associated violence, multiple perpetrators and the relationship between the child and the abuser, is still not clear. The use of dissociation as a mechanism for CSA forgetting also requires further exploration.

While quantitative research may provide scientifically valid results, the use of qualitative research is warranted in order to facilitate a more in-depth exploration of CSA forgetting and remembering as experienced by adult survivors. Some of these issues will be dealt with in Stage Two of this research. The final section of this chapter deals with the construction of three statistical profiles, designed for use in Stage Two, Analysis Two, of this thesis.

4.6 Statistical Profiles

The aim of this section is to construct statistical profiles for each category of forgetting, identified in Stage One of this study. The profiles will be used in Stage Two, Analysis Two. The profiles will be based on the mean scores for each category of forgetting on the IES-R sub-scales and total score, DES II, and SCL-90-R sub-scales and Global Severity Index (GSI). These surveys are suitable for use in a profiling scenario because of their mature psychometric properties, extensive usage in other studies and symptomology construction. Some of the participants from the extensive forgetting category were unable to complete the IES-R and portions of the SCL-90-R. These cases have been treated as missing values for the appropriate sub-scales and deleted from the analysis. Tables 4.6, 4.7 and 4.8 present the statistical profile for each category.

Table 4.6

Statistical Profile for CSA Survivors who Always Remembered

Survey	Mean Score	*n*
SCL-90-R		
Som	73	28
OC	73	28
IS	75	28
Dep	71	28
Anx	74	28
Hos	70	28
Panx	69	28
PI	73	28
Psy	79	28
GSI	73	28
DES II	15.94	28
IES-R		
Intrusion	21	28
Avoidance	24	28
Hyperarousal	21	28
Total score	22.06	28

Table 4.7

Statistical Profile for CSA Survivors who Partially Forgot

Survey	Mean Score	*N*
SCL-90-R		
Som	73	16
OC	76	16
IS	76	16
Dep	76	16
Anx	75	16
Hos	75	16
Panx	71	16
PI	75	16
Psy	79	16
GSI	75	16
DES II	20.09	16
IES-R		
Intrusion	23	16
Avoidance	24	16
Hyperarousal	23	16
Total score	23.48	16

Table 4.8

Statistical Profile for CSA Survivors who Extensively Forgot

Survey	Mean Score	*n*
SCL-90-R		
Som	74	33
OC	75	33
IS	76	33
Dep	75	33
Anx	75	33
Hos	73	29
Panx	76	31
PI	75	32
Psy	80	31
GSI	74	33
DES II	25.64	33
IES-R		
Intrusion	23	29
Avoidance	28	29
Hyperarousal	24	29
Total score	25.00	29

4.7 Chapter Summary

Stage One of the research tested Hypotheses 1 and 2 of the research program. Hypothesis 1 stated that some adult CSA survivors would experience a period of forgetting about their abuse. Hypothesis 2 stated that there would be significant differences between adult CSA survivors, who reported either always remembering the abuse, partially forgetting the abuse or extensively forgetting the abuse. The factors thought to contribute to forgetting about the abuse were identified in the literature, as: the abuse parameters, traumatic symptomology experienced at the time of the abuse, current psychological symptomology, emotional intensity experienced at the time of the abuse and currently, persistence of memory, and/or dissociation. Participants were asked to complete a test booklet that contained various psychological instruments designed to obtain information about the identified factors thought to contribute to CSA forgetting. Participants indicated whether they had experienced a period of forgetting about their abuse and were placed into categories named "Always Remembered," "Partial Forgetting" and "Extensive Forgetting." Their survey responses were analysed statistically, using ANOVAs, to test for any significant differences between the categories of forgetting. The results were discussed and then general implications, limitations and future directions were presented. Finally, three statistical profiles were developed for use in Stage Two, Analysis Two, of the research.

The next chapter presents Stage Two, Analysis One of this research program, in addition to the Stage Two method. Stage Two is based on qualitative exploration of the participants' experiences with CSA forgetting and remembering.

CHAPTER FIVE

STAGE TWO ANALYSIS ONE

Chapter Contents

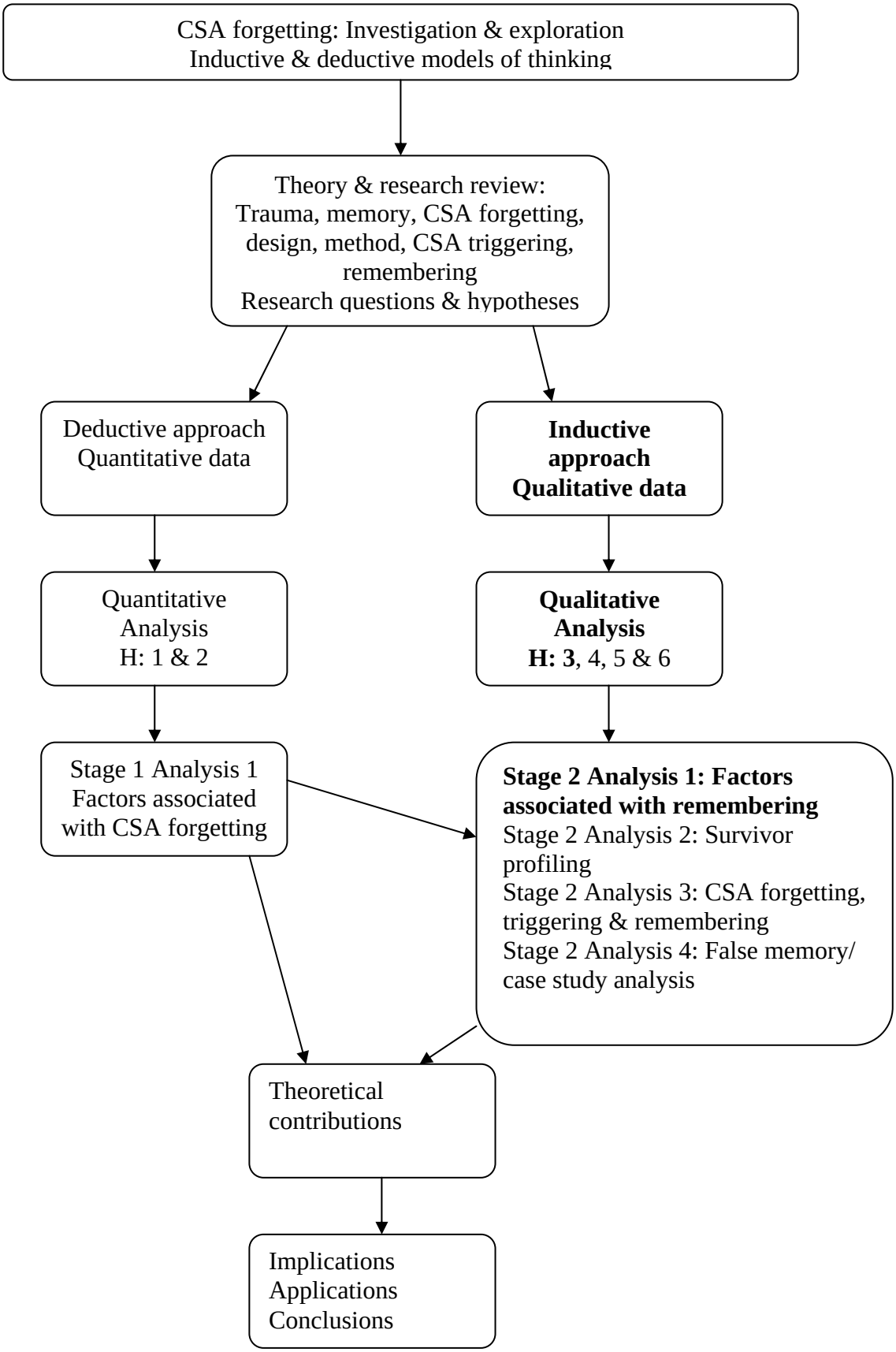


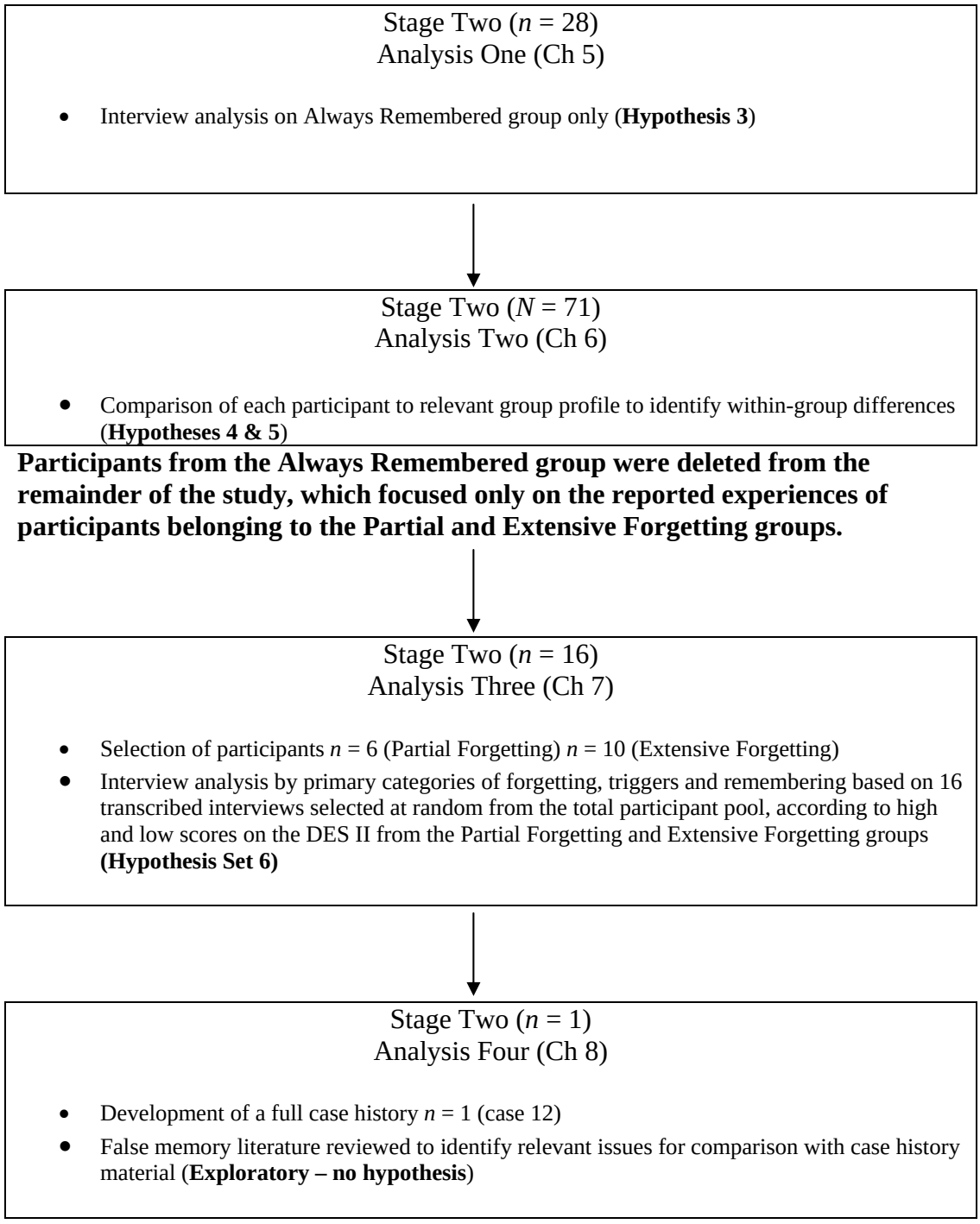
Figure 5.1 *Research Organisation & Theoretical Model*

This stage of the research program was designed to inductively explore the "unknowns" of CSA forgetting, triggering and remembering (Research Questions 3, 4, 5 & 6.1-6.3). Analysis One relates to Research Question 3, which asks why participants, who reported always remembering their abuse, did so. Analysis Two relates to Research Questions 4 and 5, which ask about the within-group differences, and if there is a "typical" profile of a survivor for each category of forgetting. Analysis Three relates to Research Questions 6, 7 and 8 which ask how the participants, who reported some degree of forgetting: forgot about their abuse, what event triggered their memories of the abuse, and how their memories returned. Analysis Four does not relate to any research question, rather this study arose from the identification of an outlier participant. The participant reported that: she had been diagnosed with DID, had recovered abuse memories that she claimed went back to age two, and was the only participant from the entire sample who had obtained a conviction against her abuser. Her experience is examined against the false memory theoretical framework.

This chapter commences with a presentation of the method for the overall Stage Two of the research program. Figure 5.1 presents a flow chart of Stage Two. The next section of this chapter will commence with a discussion of the rationale for Analysis One, and will be followed by the method, results, discussion sections, and the chapter summary.

Figure 5.2

Stage Two Flow Chart



5.1 Stage Two Method.

5.1.1 Participants

Of the 77 Stage One participants, six did not participate in the semi-structured interviews. These participants did not complete the interview because they withdrew after completing the test booklet, without citing a reason. They were not required to give a reason for their withdrawal, in accordance with the information about their rights contained in the consent form, specifically the phrase: "You have the right to withdraw from the study at any time, without comment or penalty."

Participants 60, 63, 66, 73 and 74 from the Always Remembered group and participant 77 from the Extensive Forgetting group did not participate in Stage Two, although their survey scores contributed to the calculation of the statistical profiles, developed, in Stage One, for use in Stage Two Analysis Two.

5.1.2 Materials

Participants were interviewed using a semi-structured interview format based on: (a) material contained in the Traumatic Memory Inventory (TMI) developed by Van der Kolk and Fisler (1996) (b) the literature review material, including the Stage One test booklet materials and (c) research performed by Courtois (1992) on trigger events for memories of childhood sexual abuse. Two interview formats (Appendix H) were developed, based on participants' responses to the Stage One screening question. This question asked participants to indicate whether they had always remembered, partially forgotten or extensively forgotten their abuse experiences. Interview A was administered to those participants who responded that they had always remembered their abuse. Interview B was administered to participants who reported some degree of forgetting about their abuse. Interview A asked the participants why they thought they had always remembered their abuse, and asked them to compare their abuse memories to memories of other events that occurred around the same time as the abuse, and to give details about the accuracy of their abuse memories, including aspects of corroboration.

Interview B included questions asked in the TMI, which is a 60-item two-hour structured interview, designed to systematically collect data about the circumstances and means of memory retrieval of traumatic memories and emotionally significant but non-traumatic memories. The TMI asks about the:

- Nature of the trauma/event(s),
- Duration,
- Degree of remembering,
- Nature of recall of traumatic memories,
- Modalities in which the memories were experienced (sensory, affective, semantic),
- Ways of managing intrusive recollections,
- Details of corroboration,
- Changes in memory recall and content over time, and
- Comparisons with non-traumatic memories.

Although the TMI is a structured interview format, this study used a semi-structured interview format to allow the researcher and participant the opportunity to explore in more detail the participants' responses to the questions, which approach was more in keeping with the exploratory nature of Stage Two of this research program. Sommer and Sommer (1991) state that the semi-structured interview format is desirable when the researcher wishes to ask participants the same questions, but may need to vary the order of questions, depending on the participants' responses. They also suggest that the semi-structured interview format is suitable for obtaining in-depth information, although interviewer bias may be a problem. Interviewer bias can be minimised by the use of neutral interviewer responses (i.e., minimal encouragers) and probes (i.e., follow-up questions), and by obtaining participants' feedback about the interview process. Minimal encouragers were used by the researcher, throughout the interview, with each participant. Feedback about the interview process was obtained from each participant.

TMI questions, relating to the nature and duration of the traumatic event, were deleted as these were already answered in the Stage One surveys. The questions

about the degree of remembering, were also deleted as participants had already answered the screening question about their degree of remembering/forgetting. The questions about the nature of recall, memory modalities, strategies for managing intrusive recollections, corroboration details, changes in memory recall and content, and comparisons with non-traumatic memories were included in the semi-structured interview used in this study.

Interview B also included questions about: the mechanisms participants used to forget about their abuse (adapted from the IES-R); trigger events (based on Courtois' and Harvey and Hermann's proposed classifications of trigger events); details of the clarity of the initial memories (based on Loftus' Persistence of Memory scale); and whether the participant had recovered the memory while in therapy, or while undergoing hypnosis.

Both interview formats also included questions about the experience of participating in research on childhood sexual abuse. The participation questions were adapted from similar questions asked by an Australian sexual assault service during research they had conducted with adult CSA survivors. The purpose of these questions was threefold. Firstly, the researcher had an ethical responsibility to ensure that participation in the research was not harmful, and if harm was experienced to guide the participant to appropriate sources of assistance. Secondly, the questions were designed to commence the process of disengagement from participation in the research and to lead into the debriefing process. Participants' comments on the experience of involvement in this research program may be found in Appendix G Finally, the researcher sought feedback from the participants in order to minimise interviewer bias, and to refine the process for participants who had not yet been interviewed.

There were no difficulties encountered when conducting the interviews, due to the lengthy engagement process undertaken by the researcher with each participant prior to the interview. Each participant was aware that they would need to reflect on the abuse. The fact that they volunteered to participate in research could indicate that these survivors were more resilient and able to think about and articulate their abuse

experiences than those who read the invitation to participate but decided not to participate.

5.1.3 Procedure

As mentioned at the end of the Stage One method section, participants were asked whether they would agree to be involved in an interview about their abuse. Participants were assured that they would not be questioned about their abuse experiences directly, but rather they would be asked about their memories of their abuse experiences. Participants were also advised that the interview would be audio-taped for analysis purposes and were asked if they had any objections to this process. The researcher advised that she would ensure confidentiality of the taped material and also reassured them that she would ensure accuracy as much as possible when she reported on the material. There were no objections to this process from any of the participants.

As funding for face-to-face interviews, for participants who lived interstate and intrastate, was not available, the interview was arranged by phone at a time convenient to both parties. The researcher phoned the participants who were advised that the interview would be conducted on a speakerphone in a private room, to enable taping of the two-way conversation. Participants were advised that the interview would last for approximately one to one-and-a-half hours, depending on the nature and length of their responses.

The researcher and each participant engaged in a short “social” conversation designed to relax and engage the participant. The researcher then discussed the interview process (i.e., timing and order of activities) with each participant. Participants were further advised that they could stop at any time without comment and would be given all the time they needed to compose themselves, if they experienced anxiety, or became upset during the interview process. Each participant was then asked for their verbal response to the screening question again, and, depending on their response, was asked questions from Interview A or Interview B. At the completion of the interview questions, participants were then asked a series of questions designed to obtain feedback about the process of participation in research

and their current emotional state. These questions then led into a "social" conversation which was designed to assist the participant to return to the present, after a period of accessing their past experiences, including details about their plans for the immediate period after the interview had concluded and their plans for the following day or two. The session was concluded only when both parties agreed that the participant had returned to the present and was feeling emotionally able to continue with their daily activities.

The researcher phoned each participant on the day after the interview to ascertain their current emotional state, to remind them about the free counselling, and to thank them for their participation in the research.

The interview process and activities for those participants, who were interviewed in person by the researcher, mirrored the process for participants who were interviewed by phone. All participants were asked to contact the researcher, if they experienced any negative affect as a result of their participation, at any time in the next three months.

5.2 Stage Two: Analysis One

5.2.1. Rationale

Chapters One and Two presented the research and theoretical literature which focused strongly on the phenomenon for forgetting of abuse-related memories, concluding that there were mixed results about the contributing factors and mechanisms. One question that was found to be lacking in the literature related to asking survivors, who had always remembered, was why they thought this had happened. Research on sexual abuse memory needs to consider both experiences of remembering and forgetting in order to form a balanced view. The experience of always remembering is considered by this study and formed part of the design to test Hypothesis 3, which states that always remembering is associated with onset of the abuse at a later age or lower scores on the DES II. Specifically, those participants who reported always remembering, would report abuse, which commenced at a relatively later age, or would lack the ability to successfully use dissociative mechanisms to forget their abuse.

5.2.2 Method

5.2.2.1 Participants

Participants in this study included all the individuals who had reported always remembering their abuse, and who had participated in the Stage Two semi-structured interview (n = 23).

5.2.2.2 Materials

The material for this study was included in the Interview A format, question one which asked: **"**Why do you think that you always remembered the abuse?" Results from the Stage One DES II score, and IES-R sub-scale and overall mean scores, for each participant, were also reported.

5.2.2.3 Procedure

Each participant's taped interview response to Question One Interview A was transcribed and analysed to determine if any of the responses formed clusters or categories of reasons for always remembering the abuse. It should be noted that this process also applies to the analysis undertaken in Chapter 7 of this thesis. This qualitative method of analysis aligns with the work of Antiki, Widdicombe and Hester (1998) and Silverman (1993). The analysis of interview data relies on assignment of each participant's responses to membership categories, which allow for comparison between the categories to explore the differences and similarities among the groups. This type of analysis is central to an ethnomethodological approach to analysing identity, with "identity" being equated to the participant's transcribed responses in interview questions and defined as the basic building block of membership categorisation.

Quantitative statistics were derived from the raw interview data for all participants and are presented, with the verbatim comments, in the results section of this chapter. An initial review of the results indicated the formation of categories. The results are followed by a discussion for each category and the chapter summary.

5.3 Results and Discussions

The interview analysis revealed that the participants' responses to the question, about why they always remembered, appeared to form clusters such as age of onset, failed dissociative mechanisms, constant reminders and others. The category of "others" comprised reasons for always remembering that did not fit the other categories and were not of sufficient number to warrant their own category. The reasons given by the participants for always remembering their abuse included: time alone without distraction to reflect on the abuse incidents; constant thoughts of sex, although this could indicate thoughts of sex as a constant reminder; a ritual preceding the abuse that engaged the participant's attention fully; likening the on-going abuse to living in a highly vivid horror movie; because the abuse did not happen every day; and the impact of the abuse.

The results will be presented, in more detail now, according to the clustered responses. Some participants reported more than one reason for always remembering, with their responses being reported in the appropriate section. The DES II and IES-R scores for each participant are placed at the end of their verbatim comments.

5.3.1 Age of Onset

Thirty percent (7) of the participants thought they always remembered their abuse because they were older when the abuse commenced. Four of these participants also stated that they thought that their memory systems were fully formed, or they had "good memories" because of their age at the time of the abuse. Their individual comments were:

> *Participant 2: I was 10 when it started and I have always had a very good memory. Also I suppose because my own father was a lovely man, I had something to compare my step-father to.* (DES II 12.86; IES-R Intrusion 31, Avoidance 21, Hyperarousal 26, IES-R Mean 26.0)

Participant 23: I was 13 years old when the abuse started. I was very aware at that age and had a good memory for most things. (DES II 03.93; IES-R intrusion 13, Avoidance 22, Hyperarousal 11, IES-R Mean 15.3)

Participant 30: I was not a young child when the abuse commenced (age 9). (DES II 13.57; IES-R Intrusion 08, Avoidance 35, Hyperarousal 24, IES-R Mean 22.3)

Participant 40: I really don't know. It might have been because I was 13 when the abuse started and my memory was fully formed. (DES II 04.64; IES-R Intrusion 20, Avoidance 24, Hyperarousal 14, IES-R Mean 19.3)

Participant 49: I think I always remembered because I was older when the abuse commenced (age 11) and the main abuse event with my father happened only once. (DES II 01.07; IES-R Intrusion 17, Avoidance 01, Hyperarousal 11, IES-R Mean 09.7)

Participant 53: I was in my mid-teens (age 15) when the abuse started and my memory was pretty much the same as an adult, I guess. (DES II 17.50; IES-R Intrusion 35, Avoidance 40, Hyperarousal 35, IES-R Mean 36.7)

Participant 64: I was older (age 11) when the abuse started. (DES II 20.71; IES-R Intrusion 25, Avoidance 36, Hyperarousal 29, IES-R Mean 30.0)

5.3.2 Discussion

The comments made by the seven participants partially supported Hypothesis 3, regarding a relationship between always remembering the abuse and the age of the child at the time the abuse commenced. These participants also scored in the low range (below 30.0) on the DES II, which suggested that they did not, or could not, use a dissociative strategy or mechanism to facilitate forgetting of their abuse, although all but one of the participants scored in the medium to high range on the avoidance sub-scale of the IES-R. The avoidance sub-scale of the IES-R included

items about avoidance of thoughts, people, places or events that reminded the participant of the original event.

5.3.3. Failed Dissociative Mechanisms

Thirty percent (7) of the participants said that they had tried to utilise a dissociative strategy or mechanism, such as locking the abuse away, however their efforts were not successful. Their individual comments were:

> *Participant 7: I tried to train myself not to think about it, but I could never forget that it happened.* (DES II 21.79; IES-R Intrusion 23, Avoidance 34, Hyperarousal 20, IES-R Mean 25.7)
>
> *Participant 8: My abuse memories were like a bird that flitted into my head then out again. It was like trying to lose a pen, but I always knew that I had the pen and where I had put it last, so I couldn't really forget.* (DES II 13.21; IES-R Intrusion 25, Avoidance 26, Hyperarousal 19, IES-R Mean 23.3)
>
> *Participant 19: I tried to put the abuse in a locked box and lose the key without success. I wish I could have forgotten.* (DES II 18.57; IES-R Intrusion 19, Avoidance 24, Hyperarousal 19, IES-R Mean 20.7)
>
> *Participant 30: I tried to lock the memories behind a big metal door, but I always knew the memories were there.* (DES II 13.57; IES-R Intrusion 08, Avoidance 35, Hyperarousal 24, IES-R Mean 22.3)
>
> *Participant 34: I tried to bury the abuse memories but it didn't work.* (DES II 14.64; IES-R Intrusion 33, Avoidance 30, Hyperarousal 25, IES-R Mean 29.3)
>
> *Participant 50: I tried to ignore it and lock the memories away and lose the key, but I always remembered it happened.* (DES II 21.07; IES-R Intrusion 33, Avoidance 32, Hyperarousal 29, IES-R Mean 31.3)

Participant 55: I had a good overall memory. I was not able to block out the abuse although I tried to. (DES II 06.43; IES-R Intrusion 22, Avoidance 21, Hyperarousal 23, IES-R Mean 22.0)

5.3.4 Discussion

The comments made by these seven participants provided partial support for Hypothesis 3, regarding a relationship between always remembering the abuse and failed cognitive strategies related to dissociation as a mechanism. The participants all reported trying to use a cognitive strategy, such as locking the abuse memories behind a door or in a box or trying to bury the memories, but were unable to successfully forget. All participants scored in the low range of the DES II which suggested that they lacked the ability to dissociate from the abuse. Interestingly, their scores on the avoidance sub-scale of the IES-R were in the medium to high range, which suggested they did try to avoid thinking about the abuse; although most of their scores on the intrusion sub-scale of the IES-R, which were in the same range, indicated that they experienced intrusive and unwanted thoughts about the abuse. This could have interfered with their ability to dissociate.

5.3.5 Constant Reminders

Seventeen percent (4) of the participants thought that they always remembered their abuse because they had had constant reminders of the experience. Their individual comments were:

Participant 10: I think I always remembered because I lived with the abusers for years after the abuse stopped. (DES II 29.29; IES-R Intrusion 26, Avoidance 26, Hyperarousal 17, IES-R Mean 23.0)

Participant 16: I had to have regular social contact with the abusers during family gatherings. (DES II 16.43; IES-R Intrusion 21, Avoidance 17, Hyperarousal 20, IES-R Mean 19.3)

Participant 36: I think I remembered because I still live in the house where my brother abused me and I still live next door to the house where my neighbour abused me. (DES II 23.57; IES-R Intrusion 31, Avoidance 24, Hyperarousal 25, IES-R Mean 26.7)

Participant 37: I was raised a Catholic and always confessed my sin so every week I was reminded about it because I talked about it during confession. (DES II 23.57; IES-R Intrusion 02, Avoidance 30, Hyperarousal 05, IES-R Mean 12.3)

5.3.6 Discussion

This category was discovered during the interview analysis and was not mentioned in the statement of hypothesis, in line with the exploratory nature of this study. All participants reported experiencing constant reminders of the abuse through exposure to the abusers, places of abuse, or by having to talk about the abuse as a condition of participating in a religious activity. Their DES II and IES-R scores did not form any meaningful pattern, although participant 10 scored close to the cut-off point for severe dissociation and also scored in the high range for the IES-R. This participant reported that she lived with the abusers for years, after the abuse ceased, and may have tried to utilise dissociative strategies unsuccessfully to cope with this.

5.3.7 Other

Twenty-six percent (6) of the participants reported a variety of reasons for always remembering their abuse that did not fit into any of the other categories and did not form any distinct clusters. Their individual comments were:

Participant 3: I endured the abuse for ten years and I was left on my own for a lot of the time without any distractions, so I had plenty of time to think about it. (DES II 12.14; IES-R Intrusion 13, Avoidance 06, Hyperarousal 20, IES-R Mean 13.0)

Participant 45: I think it was because I became very sexualised and I sexualised other people in turn. Thoughts of sex were always in my head. (DES II 07.50; IES-R Intrusion 07, Avoidance 11, Hyperarousal 11, IES-R Mean 09.7)

Participant 56: I think I always remembered because there was always a ritual or sequence of events that my father did just before he abused me, so I knew it was about to happen. (DES II 06.79; IES-R Intrusion 14, Avoidance 06, Hyperarousal 11, IES-R Mean 10.3)

Participant 59: It was like living in a horror movie, so I always remembered. My memories are very vivid to this day. (DES II 17.50; IES-R Intrusion 33, Avoidance 30, Hyperarousal 31, IES-R Mean 31.3)

Participant 62: I don't really know…maybe it was because it was not violent and did not happen every day. (DES II 18.21; IES-R Intrusion 11, Avoidance 20, Hyperarousal 26, IES-R Mean 19.0)

Participant 68: It had such an impact on me that I could not forget. (DES II 22.14; IES-R Intrusion 12, Avoidance 16, Hyperarousal 19, IES-R Mean 15.7)

5.3.8 Discussion

The comments made by these participants did not form any distinct category and were not mentioned in the statement of hypothesis, in line with the exploratory nature of this study. On a case-by-case basis, Participant 3 scored in the low range on both measures, which provided support for her statement that she thought about the abuse for much of the time she was on her own. As such, her thoughts could not be classified as intrusive. Her scores also supported her statement that she had experienced no distractions as a child and, therefore, possibly could not avoid or dissociate from the abuse memories.

Participant 45 stated that he constantly thought about sex as a result of his abuse. Thoughts of sex are often pleasurable for an adolescent male, and for this man, possibly served as a reminder of the abuse. Interestingly, his scores on the IES-R indicated a low range of traumatic symptomology. Participant 56 experienced a ritual, or sequence of events, that let her know she was about to be abused, possibly increasing her awareness of the events about to happen, rather than abuse designed to take her by surprise. Her low dissociation score suggests she was unable to use a cognitive mechanism, as did her low score on the IES-R avoidance sub-scale.

Participant 59 scored in the high range on all sub-scales of the IES-R, particularly the intrusion sub-scale score, with her DES II score in the low range. The combination of scores and her comments suggested that thoughts and memories of the abuse left a strong imprint on her psyche, as supported by her high hyperarousal score, and because of this she was unable to forget, although her avoidance score suggested that she may have tried but lacked the ability to dissociate.

The comments and scores of Participant 62 suggested that she experienced high levels of hyperarousal, but lacked the ability to dissociate. Participant 68 experienced a similar combination of scores as this latter participant, suggesting that the impact of the abuse prohibited her from forgetting.

5.4 Chapter Summary

This chapter commenced by presenting the overall method for Stage Two of the research program. The rationale, method, results and discussion for Stage Two Analysis One were also included in this chapter. Analysis One was designed to explore Hypothesis 3, which stated that always remembering was associated with reasons, such as: later age of onset, failed dissociative mechanisms and/or constant reminders. This hypothesis was supported by the results of the analysis, with the additional identification of a category of reasons for always remembering, titles "others," which was comprised of miscellaneous reasons. Further research is needed to ascertain if there are other categories for always remembering not found with this sample.

In addition, investigation of the relationship between always remembering, failed dissociative mechanisms and constant reminders of the abuse was suggested. As this was exploratory research, further investigation into the relationship between always remembering and the experience of sexual abuse is required.

The focus now turns to Stage Two Analysis Two, which is designed to explore Research Questions 4 and 5. Analysis Two will investigate within-group differences between members of each category of forgetting by comparing each participant against the statistical profile of a "typical" member identified in Stage One of the research program.

CHAPTER SIX

STAGE TWO ANALYSIS TWO: PROFILING

Chapter Contents

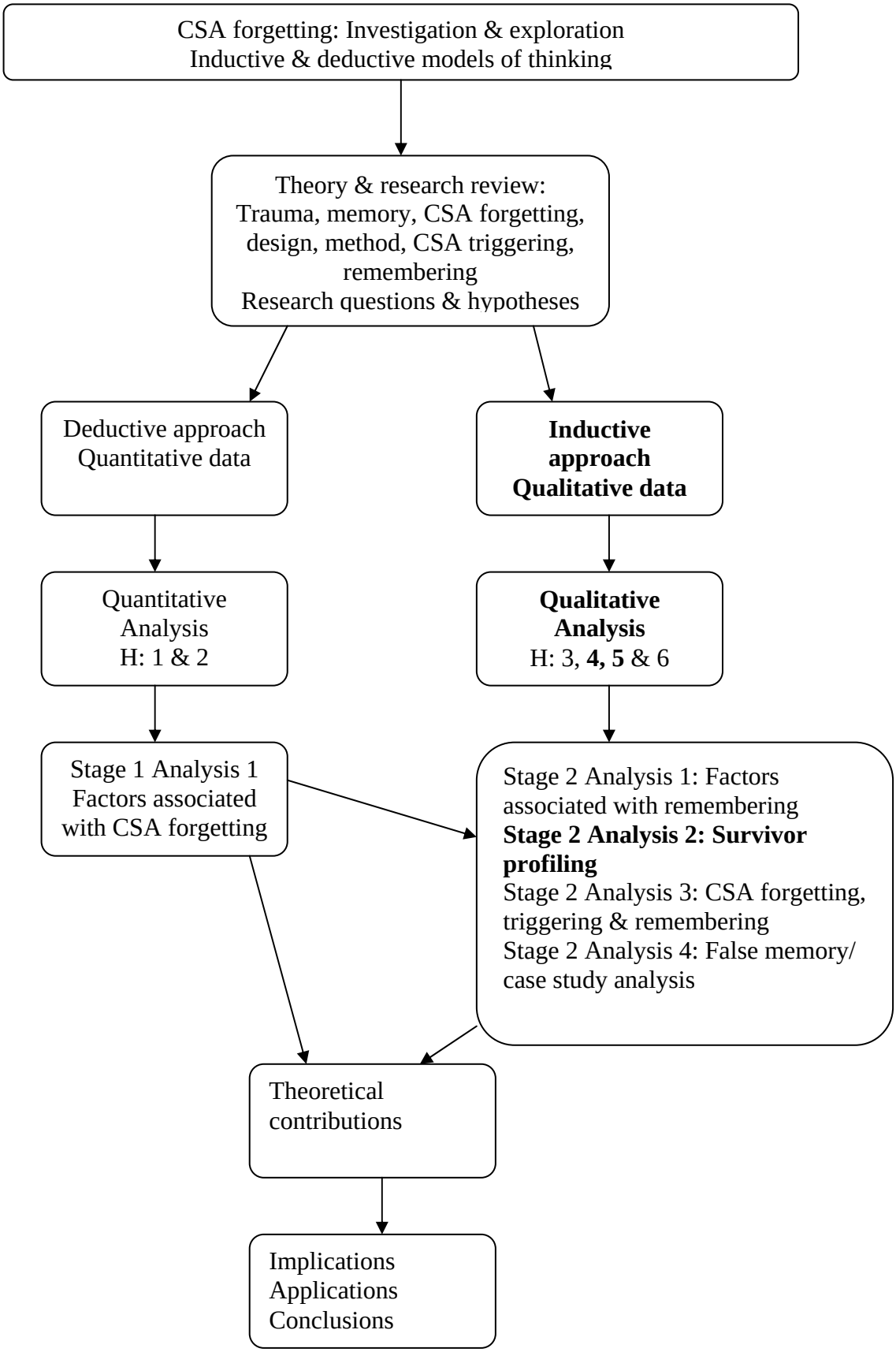


Figure 6.1 *Research Organisation & Theoretical Model*

The literature indicates that most adult CSA survivors experience strong negative psychological symptoms as a result of their abuse experience, however previous research has not been able to state with certainty that survivors will experience a common set of psychological symptoms or a shared psychological profile. Psychological profiling has been used, in the past, to aid criminal investigations and court proceedings by identifying a common set of characteristics of offenders, such as serial rapists and mass murderers. Increasing numbers of CSA survivors are seeking redress through the legal system for the abuse perpetrated against them, although some of their accounts are subject to suspicion due to the false memory debate and the lack of forensic evidence. It would be useful, for legal personnel, if psychological profiling and expert psychological opinion could be utilised to provide information regarding common sets of psychological symptoms for survivors who always remembered, partially forgot and extensively forgot about their abuse.

The focus of this study is to investigate Research Questions 4 and 5, which ask are there typical profiles of sexual abuse survivors, who (1) always remember, (2) partially forget and (3) extensively forget their abuse experiences, and what are the within-group differences between members of each category? A statistical profile for each category of forgetting was developed in Stage One for comparison against each participant who completed the semi-structured interview to test Hypotheses 4 and 5 which state that there is no "typical" abuse survivor for each group, as the within-group differences will indicate that individuals in each group vary widely in their responses to their abuse experiences.

The chapter will commence with a discussion of the rationale for this study. A brief literature review about psychological profiling will ensue. The next section will outline the method used in this study, and this will be followed by the profiles of each participant, by sub-group. At the end of each sub-group profiling section, a discussion will follow. The chapter will conclude with a general discussion and chapter summary.

6.1 Rationale

The rationale for this study was outlined in the Chapter Three section on methodological issues. The methodological section (Section 3.1.2) presented a discussion based on Freckelton's proposed levels of expert testimony. To recap, Freckelton identified five levels of expert testimony relevant to court cases involving adult survivors of childhood sexual abuse. Levels Two and Three form the basis for this extensive exploration of the participant profiles. To recap, Level Two included a listing of the complainant's behaviour and symptoms, with the expert offering no opinion as to the consistency of the results of the studies and the behaviour and symptoms exhibited by the complainant. Freckelton suggested that expert testimony should not proceed beyond this level. Level Three included the expert also suggesting that the behaviour and symptoms of the particular complainant were consistent with the behaviour and symptoms or pattern of behaviour of many others who have been victims of sexual abuse.

Gudjonsson and Copson (1997) described four roles a psychologist might fulfill when asked to assess cases in criminal proceedings. The clinical role involves the psychologist in interviewing the individual, analysing behavioural data and conducting psychometric testing. This is the most common role and requires clinical training and experience. In the experimental role, psychologists give evidence about general research findings or carry out specific experiments that are relevant to the case. In the actuarial role, the psychologist applies statistical probabilities to behavioural data and in the advisory role they may advise legal counsel about the types of questions to ask when cross-examining other psychologists. The first three roles mentioned are relevant to the development of a psychological profile.

This study will compare the individual survivor profiles, incorporating interview responses and psychometric testing to statistical sub-group profiles, based on the sub-group mean scores from three psychometric measures, thereby meeting the requirements for Level Three expert testimony and the first three roles suggested by Gudjonsson and Copson, to provide a context by which to anchor explanations of individual survivors' behaviours, symptomology and affect.

6.2 Psychological profiling

Psychological profiling was initially used to provide specific information about an unknown offender to law enforcement officers as far back as the early 1800s (Knoll, 2003). Petherick (2002) stated that the term "criminal profiling" has been replaced by the term "criminal or behavioural investigative analysis." Turvey (1998) stated that the investigative term "profile" had become synonymous with the psychological term "syndrome" in the eyes of the legal community, based on the acceptance of PTSD in the DSM III. He also suggested that, whatever the term used, the process involved comparing one person's behaviour with the behaviour of other people in similar circumstances who have been studied in the past, although in his opinion no two cases were ever truly alike. Turvey (1999) observed that profiling would not identify a specific individual, rather profiling may be used to identify a specific type of individual, with specific psychological and emotional characteristics.

The Penguin Dictionary of Psychology defines a profile as, "a drawn or sketched outline of a thing or a graphic display of a set of scores" (p. 602), and a profile analysis as, "a profile of a person in the sense of a sketch or general presentation of the personality traits and characteristics displayed, relative to a set of norms for the population as a whole. The analysis may take the form of a literal profile in which the data are presented in graphic form, or it may be a more general metaphoric profile in the sense of a general overview of the individual's characteristics or traits presented in summary form (p 602)."

Turvey described two profiling methodologies: inductive profiling which is based on statistics and limited population samples, and his preferred method of deductive profiling, which is based on careful forensic examination and behavioral reconstruction of a single case. Bekerian and Jackson (1997) stated that there were two methodological frameworks for profiling behaviour. The first framework incorporated hypothesis testing and statistical analysis of findings – the scientific approach. The second framework relied on multiple observations of single cases – the case study or clinical approach. Bekerian and Jackson concluded that the field of profiling would be better informed by incorporating features from both frameworks.

Boon (1997) outlined a psychological profiling process, related to offender profiling, using personality theories as a framework. The process commenced with the collation of case details and identification of salient issues or points. The framework or theory was selected and then applied to the case data resulting in the development of an individual profile.

Jackson, van den Eshof and de Klauver (1997) stated that "A…profile is not an end in itself, but is purely an instrument for steering the investigation in a particular direction" (p. 108). Lowestein (2000) agreed, adding that the field of profiling was still in its infancy and required specific validity research, especially when profiling was used for purposes other than providing leads and focusing investigations. Lowestein also asserted that profiling was most effective when used for crimes involving murder, rape and child molestation. Knoll (2003) concurred, suggesting that profiling was simply a tool designed to assist a team of professionals.

Kocsis (1999) presented the findings of an empirical study into the efficacy of profiling. To date, psychological profiling has received scant investigation as an investigative aid or a conceptual tool. The results of his study indicated that the profiler group significantly outperformed all other groups (police detectives, psychologists and average citizens) in overall predictive accuracy.

In conclusion, the field of psychological profiling would appear to require further validity research before psychologists and legal personnel could use profiles with an acceptable degree of confidence. The literature indicated two primary methods related to profiling with a suggestion that the statistical approach and the clinical approach combine to strengthen the use of profiling as an investigative tool.

6.3 Method

6.3.1 Participants

All Stage Two research participants (N = 71) were included in this study.

6.3.2 Materials

The participant profiles included individual participant demographic data, a summary of their interview responses and their individual survey scores. The individual survey scores are contained in Appendix I. The individual case summaries are contained in Appendix K. As previously stated, the sub-group statistical profiles developed in Stage One (Analysis One) were also used as a basis for comparison for each participant profile. The statistical profiles were based on the mean sub-group score for the DES II, SCL-90-R and IES-R. A more detailed description of these measures was presented in Sections 3.4.2.2, 3.4.2.3 and 3.4.2.4. These measures were used because of their mature psychometric properties, extensive use in other studies and structure that was based on patterns or sub-scales of psychological symptomology. The mean scores for each measure were used because the scores represented the average or typical scores for each category of forgetting.

The DES uses a cutoff score of 30 and above, based on the total average score, to facilitate identification of those people who may be severely dissociative. This cut-off score is used to facilitate the extensive exploration of the profiles for each participant in this study.

On the SCL-90-R sub-scales, a standardised T score of 50 places the individual in the 50^{th} percentile. The cut-off points for the total mean score of the IES-R are 0-8.5 (low), 8.6-19.5 (medium) and 19.5 and above (high). This study used these cut-off points to facilitate the exploration of each participant profile.

6.3.3 Procedure

The participants' responses to the TEQ items and their taped interview responses were summarised, under the categories of "history," "remembering" and "memory detail." The history category included details of the abuse parameters, including age onset, duration, frequency, relationship to abusers and abuse events. The remembering category included details about the participants' responses to the screening question relating to whether they had experienced any period of forgetting of their abuse. The memory detail category summarised the participants' responses to interview questions about comparison of abuse memories to other childhood memories, trigger events, corroboration of the abuse and processes related to remembering.

The survey scores for each participant, on each of the Stage One measures, were placed in individual score boxes (Appendix I). The case summaries, which were too lengthy to be included in the body of the thesis, were placed in a separately bound appendix (Appendix K), which was designed as a companion document to the thesis. The profile comparisons, for each participant, were reported as part of the results section of this chapter.

6.4 Results and Discussions

6.4.1 Always Remembered Statistical Profile

Table 6.1 represents the profile for a typical survivor who reports always remembering their abuse, and was constructed by obtaining the mean score on the SCL-90-R, DES II and IES-R for all Stage One participants, who reported that they always remembered their abuse (*N* = 28).

Table 6.1

Statistical Profile for CSA Survivors who Always Remembered from Stage One (N = 28)

Survey	*Mean Score*	*N*
SCL-90-R		
Som	73	28
OC	73	28
IS	75	28
Dep	71	28
Anx	74	28
Hos	70	28
Phob	69	28
Par	73	28
Psy	79	28
GSI	73	28
DES II	15.94	28
IES-R		
Intrusion	21	28
Avoidance	24	28
Hyperarousal	21	28
Total score	22.06	28

The profile may be interpreted in two ways. Firstly, the specific scores for each survey may be used as a basis for comparison with the sub-group members. Secondly, the survey scores may be interpreted in a more general way according to the cut-off scores. For example, a typical member of the Always Remembered category would evidence a pattern of psychological symptoms that are significantly higher than members of the general population, based on the SCL-90-R scores. The

norm for the general population on the SCL-90-R sub-scales is represented by a score of 50. A typical member of the Always Remembered category would also evidence relatively low levels of dissociation, as scored on the DES II, where the cutoff score for those people who are severely dissociative is 30 and above. Finally, the typical member of the Always Remembered category would evidence high levels of traumatic symptomology, as measured by the IES-R, with a mean score of 19.6 and above. The profile comparison section of each participant's profile will discuss both types of interpretation. The individual profiles, including the specific and more general profile comparisons for each participant, will be presented in the following sections.

6.4.2 Always Remembered Profile Comparisons (n = 23)

Participants in the Always Remembered section are: Participant 2, 3, 7, 8, 10, 16, 19, 23, 30, 34, 36, 37, 40, 45, 49, 50, 53, 55, 56, 59, 62, 64, and 68. The profile analysis or comparisons against the statistical profile are presented in this section. The sub-section discussion relating to the Always Remembered profiles follows after the final profile analysis for this section for Participant 68.

Participant 2 Profile Comparison

On the SCL-90-R the participant scored higher than the typical survivor on the following sub-scales: Som, OC, Dep, Anx, Phob, Par and Psy. She scored lower than the typical survivor on the GSI and IS sub-scales and scored the same as the typical survivor on the Hos sub-scale. Her DES II score was approximately three points lower than the typical survivor, and her score on the IES-R was approximately four points higher than the typical survivor. In terms of specific scores, this participant could not be considered as a typical member of the always remembered group. In more general terms, her scores on all of the measures placed her within the cut-off scores range of a typical member of the always remembered group.

Participant 3 Profile Comparison

On the SCL-90-R the participant scored higher than the typical survivor on the following sub-scales: Som, IS, Dep, Anx, Hos, Phob, and GSI. She scored lower than the typical survivor on the Par sub-scale and scored the same as the typical survivor on the OC and Psy sub-scales. Her DES II score was approximately three points lower than the typical survivor, and her score on the IES-R was approximately eight points lower than the typical survivor. In terms of specific scores, this participant could not be considered as a typical member of the always remembered group. In more general terms, her scores on the SCL-90-R and DES II placed her within the cut-off scores range of a typical member of the always remembered group. Her score on the IES-R placed her in the medium range of scores. Therefore this participant could not be considered a typical member of the always remembered group from either type of profile interpretation.

Participant 7 Profile Comparison

On the SCL-90-R the participant scored higher than the typical survivor on the following sub-scales: Som, IS, Dep, Anx, Hos, Phob, and GSI. She scored lower than the typical survivor on the OC and Psy sub-scales and scored the same as the typical survivor on the Par sub-scale. Her DES II score was approximately six points higher than the typical survivor, and her score on the IES-R was approximately four points higher than the typical survivor. In terms of specific scores, this participant could not be considered as a typical member of the always remembered group. In more general terms, her scores on all of the measures placed her within the cut-off scores range of a typical member of the always remembered group.

Participant 8 Profile Comparison

On the SCL-90-R the participant scored higher than the typical survivor on the Psy sub-scale. She scored lower than the typical survivor on the Som, OC, IS, Dep, Anx. Hos, Phob Par and GSI sub-scales. Her DES II score was approximately two points lower than the typical survivor, and her score on the IES-R was approximately one point higher than the typical survivor. In terms of specific scores, this participant

could not be considered as a typical member of the always remembered group. In more general terms, her scores on all of the measures placed her within the cut-off scores range of a typical member of the always remembered group.

Participant 10 Profile Comparison

On the SCL-90-R the participant scored higher than the typical survivor on the following sub-scales: OC, Dep, Hos, Phob, Par and Psy. She scored lower than the typical survivor on the Som, IS, Anx and GSI sub-scales. Her DES II score was approximately fourteen points higher than the typical survivor, and her score on the IES-R was approximately one point higher than the typical survivor. In terms of specific scores, this participant could not be considered as a typical member of the always remembered group. In more general terms, her scores on all of the measures placed her within the cut-off scores range of a typical member of the always remembered group, although her DES II score was only 0.71 points lower than the cutoff score for severe dissociation.

Participant 16 Profile Comparison

On the SCL-90-R the participant scored higher than the typical survivor on the following sub-scales: OC, IS, Dep, Anx, Hos, Phob, Par, Psy and GSI. She scored lower than the typical survivor on the Som sub-scale. Her DES II score was approximately one point higher than the typical survivor, and her score on the IES-R was approximately three points lower than the typical survivor. In terms of specific scores, this participant could not be considered as a typical member of the always remembered group. In more general terms, her scores on the SCL-90-R and DES II placed her within the cut-off scores range of a typical member of the always remembered group. Her score on the IES-R was 0.3 points lower than the cutoff score for the medium category.

Participant 19 Profile Comparison

On the SCL-90-R the participant scored higher than the typical survivor on the following sub-scales: Phob and Psy. She scored lower than the typical survivor on

the Som, OC, IS, Dep, Anx, Hos, Par and GSI sub-scales. Her DES II score was approximately three points higher than the typical survivor, and her score on the IES-R was approximately two points lower than the typical survivor. In terms of specific scores, this participant could not be considered as a typical member of the always remembered group. In more general terms, her scores on all of the measures placed her within the cut-off scores range of a typical member of the always remembered group.

Participant 23 Profile Comparison

On the SCL-90-R the participant scored higher than the typical survivor on the Phob sub-scale. She scored lower than the typical survivor on the Som, OC, IS, Dep, Anx, Hos, Par, Psy and GSI sub-scales. Her DES II score was approximately twelve points lower than the typical survivor, and her score on the IES-R was approximately seven points lower than the typical survivor. In terms of specific scores, this participant could not be considered as a typical member of the always remembered group. In more general terms, her scores on all of the measures placed her within the cut-off scores range of a typical member of the always remembered group, although her scores on the DES II and IES-R were significantly lower than the typical survivor.

Participant 30 Profile Comparison

On the SCL-90-R the participant scored higher than the typical survivor on the following sub-scales: Som, OC, Dep, Anx, Phob, Par and Psy. She scored lower than the typical survivor on the GSI sub-scale and scored the same as the typical survivor on the Hos sub-scale. Her DES II score was approximately three points lower than the typical survivor, and her score on the IES-R was approximately four points higher than the typical survivor. In terms of specific scores, this participant could not be considered as a typical member of the always remembered group. In more general terms, her scores on all of the measures placed her within the cut-off scores range of a typical member of the always remembered group.

Participant 34 Profile Comparison

On the SCL-90-R the participant scored higher than the typical survivor on the following sub-scales: Som, IS, Dep, Anx, Hos, Phob, and Psy. She scored lower than the typical survivor on the OC, Par and GSI sub-scales. Her DES II score was approximately 1.5 points lower than the typical survivor, and her score on the IES-R was approximately seven points higher than the typical survivor. In terms of specific scores, this participant could not be considered as a typical member of the always remembered group. In more general terms, her scores on all of the measures placed her within the cut-off scores range of a typical member of the always remembered group.

Participant 36 Profile Comparison

On the SCL-90-R the participant scored higher than the typical survivor on the following sub-scales: Som, OC, IS, Dep, Anx, Phob, Par, Psy and GSI. He scored lower than the typical survivor on the Hos sub-scale. His DES II score was approximately seven points higher than the typical survivor, and his score on the IES-R was approximately five points higher than the typical survivor. In terms of specific scores, this participant could not be considered as a typical member of the always remembered group. In more general terms, his scores on all of the measures placed her within the cut-off scores range of a typical member of the always remembered group.

Participant 37 Profile Comparison

On the SCL-90-R the participant scored higher than the typical survivor on the following sub-scales: Som, OC, IS, Dep, Anx, Phob, Par, Psy and GSI. She scored the same as the typical survivor on the Hos sub-scale. Her DES II score was approximately seven points higher than the typical survivor, and her score on the IES-R was approximately ten points lower than the typical survivor. In terms of specific scores, this participant could not be considered as a typical member of the always remembered group. In more general terms, her scores on the SCL-90-R and DES II placed her within the cut-off scores range of a typical member of the always

remembered group. Her score on the IES-R placed her in the medium range rather than the high range.

Participant 40 Profile Comparison

On the SCL-90-R the participant scored higher than the typical survivor on the following sub-scales: Som and Hos. She scored lower than the typical survivor on the OC, IS, Dep, Anx, Par, Psy and GSI sub-scales and scored the same as the typical survivor on the Phob sub-scale. Her DES II score was approximately eleven points lower than the typical survivor, and her score on the IES-R was approximately three points lower than the typical survivor. In terms of specific scores, this participant could not be considered as a typical member of the always remembered group. In more general terms, her scores on the SCL-90-R and DES II placed her within the cut-off scores range of a typical member of the always remembered group, although her DES II score was significantly lower than that of a typical member of this group. Her IES-R score placed her in the medium range rather than the high range.

Participant 45 Profile Comparison

On the SCL-90-R the participant scored higher than the typical survivor on the following sub-scales: Anx, Hos, Phob, Par, Psy and GSI. He scored lower than the typical survivor on the Som, OC and IS sub-scales and scored the same as the typical survivor on the Dep sub-scale. His DES II score was approximately eight points lower than the typical survivor, and his score on the IES-R was approximately thirteen points lower than the typical survivor. In terms of specific scores, this participant could not be considered as a typical member of the always remembered group. In more general terms, his scores on SCL-90-R and DES II placed him within the cut-off scores range of a typical member of the always remembered group, although his DES II score was significantly lower than that of a typical member of this group. His IES-R score placed him in the medium range rather than the high range.

Participant 49 Profile Comparison

On the SCL-90-R the participant scored higher than the typical survivor on the Hos sub-scale. She scored lower than the typical survivor on the Som, OC, IS, Dep, Anx, Phob, Par and GSI sub-scales. Her DES II score was approximately fifteen points lower than the typical survivor, and her score on the IES-R was approximately thirteen points lower than the typical survivor. In terms of specific scores, this participant could not be considered as a typical member of the always remembered group. In more general terms, her scores on the SCL-90-R and DES II placed her within the cut-off scores range of a typical member of the always remembered group, although her DES II score was significantly lower than that of a typical member of this group. Her IES-R score placed her in the medium range rather than the high range.

Participant 50 Profile Comparison

On the SCL-90-R the participant scored higher than the typical survivor on the following sub-scales: Som, OC, Dep, Anx, Phob, Psy and GSI. She scored lower than the typical survivor on the IS, Par and GSI sub-scales. Her DES II score was approximately five points higher than the typical survivor, and her score on the IES-R was approximately eight points higher than the typical survivor. In terms of specific scores, this participant could not be considered as a typical member of the always remembered group. In more general terms, her scores on all of the measures placed her within the cut-off scores range of a typical member of the always remembered group, although her IES-R score was significantly higher than that of a typical member of this group.

Participant 53 Profile Comparison

On the SCL-90-R the participant scored higher than the typical survivor on the following sub-scales: Som, OC, IS, Dep, Anx, Phob, Par, Psy and GSI. He scored the same as the typical survivor on the Hos sub-scale. His DES II score was approximately 1.5 points higher than the typical survivor, and his score on the IES-R was approximately fifteen points higher than the typical survivor. In terms of

specific scores, this participant could not be considered as a typical member of the always remembered group. In more general terms, his scores on all of the measures placed her within the cut-off scores range of a typical member of the always remembered group, although his IES-R score was significantly higher than that of a typical member of this group.

Participant 55 Profile Comparison

On the SCL-90-R the participant scored higher than the typical survivor on the following sub-scales: Som, OC, Dep, Phob, and GSI. She scored lower than the typical survivor on the IS and Par sub-scales and scored the same as the typical survivor on the Anx, Hos and Psy sub-scales. Her DES II score was approximately 9.5 points lower than the typical survivor, and her score on the IES-R was the same as the typical survivor score. In terms of specific scores, this participant could not be considered as a typical member of the always remembered group, although she did score the same as a typical survivor on three SCL-90-R sub-scales and on the IES-R. In more general terms, her scores on all of the measures placed her within the cut-off scores range of a typical member of the always remembered group, although her DES II score was significantly lower .

Participant 56 Profile Comparison

On the SCL-90-R the participant scored lower than the typical survivor on the following sub-scales: Som, OC, IS, Dep, Anx, Hos and GSI. She scored the same as the typical survivor on the Phob and Par sub-scales. Her DES II score was approximately nine points lower than the typical survivor, and her score on the IES-R was approximately twelve points higher than the typical survivor. In terms of specific scores, this participant could not be considered as a typical member of the always remembered group, although she scored the same as a typical survivor on two SCL-90-R sub-scales. In more general terms, her scores on the SCL-90-R and DES II placed her within the cut-off scores range of a typical member of the always remembered group, although her scores on both measures were significantly lower. Her IES-R score placed her in the medium range rather than the high range.

Participant 59 Profile Comparison

On the SCL-90-R the participant scored higher than the typical survivor on the following sub-scales: Som, IS, Dep, Anx, Hos, Phob, Par, Psy and GSI. She scored lower than the typical survivor on the OC sub-scale. Her DES II score was approximately 1.5 points higher than the typical survivor, and her score on the IES-R was approximately eight points higher than the typical survivor. In terms of specific scores, this participant could not be considered as a typical member of the always remembered group. In more general terms, her scores on all of the measures placed her within the cut-off scores range of a typical member of the always remembered group, although her IES-R score was significantly higher.

Participant 62 Profile Comparison

On the SCL-90-R the participant scored higher than the typical survivor on all of the sub-scales. Her DES II score was approximately two points higher than the typical survivor, and her score on the IES-R was approximately three points lower than the typical survivor. In terms of specific, scores this participant could not be considered as a typical member of the always remembered group. In more general terms, her scores on the SCL-90-R and DES II placed her within the cut-off scores range of a typical member of the always remembered group. Her IES-R score placed her in the medium range rather than the high range

Participant 64 Profile Comparison

On the SCL-90-R the participant scored higher than the typical survivor on all of the sub-scales, with the exception of the Som sub-scale. Her DES II score was approximately five points higher than the typical survivor, and her score on the IES-R was approximately eight points higher than the typical survivor. In terms of specific scores, this participant could not be considered as a typical member of the always remembered group. In more general terms, her scores on all of the measures placed her within the cut-off scores range of a typical member of the always remembered group, although her IES-R score was significantly higher.

Participant 68 Profile Comparison

On the SCL-90-R the participant scored higher than the typical survivor on the Hos sub-scales. She scored lower than the typical survivor on the Som, IS, Dep, Anx, Phob, Par and GSI sub-scales and scored the same as the typical survivor on the OC and Psy sub-scales. Her DES II score was approximately five points higher than the typical survivor, and her score on the IES-R was approximately six points lower than the typical survivor. In terms of specific scores, this participant could not be considered as a typical member of the always remembered group. In more general terms, her scores on the SCL-90-R and DES II placed her within the cut-off scores range of a typical member of the always remembered group. Her IES-R score placed her in the medium range rather than the high range.

6.4.3 Discussion: Profiles for Participants who Always Remembered

The specific profile comparisons, for participants who always remembered their abuse, provided support for Hypothesis 4, with none of the participants matching the specific statistical profile of a typical member of the group. Hypothesis 5 was also supported by the results of the specific profile comparisons, with the individual profiles showing differences for each participant's scores and patterns of scores.

When the profile comparisons were broadened to include score ranges, rather than specific scores, approximately 61% of the participants could be classified as matching the profile of a typical member of the always remembered group, although there were considerable variations between participants, in terms of where their scores fell in the range for each measure. The broader comparisons provided partial support for Hypothesis 4, with 40% of the participants not matching the profile of a typical survivor.

The next section of this chapter will present the profile comparisons for those participants who reported partial forgetting of their abuse.

6.4.4 Partial Forgetting Statistical Profile

Table 6.2 represents the profile for a typical survivor who reports partially forgetting their abuse and was constructed by obtaining the mean score on the SCL-90-R, DES II and IES-R for all Stage One participants who reported that they partially forgot remembered their abuse (*N* = 16).

Table 6.2

Statistical Profile for CSA Survivors who Partially Forgot

Survey	Mean Score	*N*
SCL-90-R		
Som	73	16
OC	76	16
IS	76	16
Dep	76	16
Anx	75	16
Hos	75	16
Panx	71	16
PI	75	16
Psy	79	16
GSI	75	16
DES II	20.09	16
IES-R		
Intrusion	23	16
Avoidance	24	16
Hyperarousal	23	16
Total score	23.48	16

The profile may be interpreted in two ways. Firstly, the specific scores for each survey may be used as a basis for comparison with the sub-group members. Secondly, the survey scores may be interpreted in a more general way according to the cut-off scores. For example, a typical member of the partial forgetting group would evidence a pattern of psychological symptoms that are significantly higher than members of the general population, based on the SCL-90-R scores. A typical member of the partial forgetting group would also evidence moderate levels of dissociation as scored on the DES II, where the cutoff score for those people who are severely dissociative is 30 and above. Finally, the typical member of the partial

forgetting group would evidence high levels of traumatic symptomology, as measured by the IES-R with a mean score of 19.6 and above. The profile comparison section of each participant's profile will discuss both types of interpretation.

6.4.5 Partial Forgetting Profile Comparisons (n = 16)

Participants in the Partial Forgetting section are: Participant 4, 9, 18, 22, 28, 31, 32, 35, 41, 43, 44, 46, 52, 57, 72 and 75. The profile analysis or comparisons against the statistical profile are presented in this section. The sub-section discussion relating to the Partial Forgetting profiles, follows after the final profile for this section for Participant 75.

Participant 4 Profile Comparison

On the SCL-90-R the participant scored higher than the typical survivor on all sub-scales. His DES II score was approximately 32.5 points higher than the typical survivor, and his score on the IES-R was approximately three points higher than the typical survivor. In terms of specific scores, this participant could not be considered as a typical member of the partial forgetting group. In more general terms, his scores on the SCL-90-R and IES-R placed him within the cut-off score range of a typical member of the partial forgetting group. His DES II score placed him in the severely dissociative range.

Participant 9 Profile Comparison

On the SCL-90-R the participant scored higher than the typical survivor on the Som, Hos and Psy sub-scales. She scored lower than the typical survivor on the OC, IS, Dep, Anx, Phob, Par and GSI sub-scales. Her DES II score was approximately six points lower than the typical survivor, and her score on the IES-R was approximately nine points lower than the typical survivor. In terms of specific scores, this participant could not be considered as a typical member of the partial forgetting group. In more general terms, her scores on the SCL-90-R and DES II placed her

within the cut-off scores range of a typical member of the partial forgetting group. Her IES-R score placed her in the medium range rather than the high range.

Participant 18 Profile Comparison

On the SCL-90-R the participant scored higher than the typical survivor on the OC, IS, Par and Psy sub-scales. She scored lower than the typical survivor on the Som, Dep, Anx, Hos, Phob and GSI sub-scales. Her DES II score was approximately eleven points higher than the typical survivor, and her score on the IES-R was the same as a typical member of this group. In terms of specific scores, this participant could not be considered as a typical member of the partial forgetting group. In more general terms, her scores on the SCL-90-R and IES-R placed her within the cut-off scores range of a typical member of the partial forgetting group. Her DES II score placed her in the severely dissociative range.

Participant 22 Profile Comparison

On the SCL-90-R the participant scored higher than the typical survivor on the IS, Hos and GSI sub-scales. She scored lower than the typical survivor on the Som, Dep, Anx, Phob and Par sub-scales and the same as a typical survivor of the OC and Psy sub-scales. Her DES II score was approximately 3.5 points lower than the typical survivor, and her score on the IES-R was approximately three points lower than the typical survivor. In terms of specific scores, this participant could not be considered as a typical member of the partial forgetting group. In more general terms, her scores on all measures placed her within the cut-off scores range of a typical member of the partial forgetting group.

Participant 28 Profile Comparison

On the SCL-90-R the participant scored higher than the typical survivor on the IS and Hos sub-scales. She scored lower than the typical survivor on the Som, OC, Dep, Anx, Phob, Par and GSI sub-scales and the same as a typical survivor on the Psy sub-scale. Her DES II score was approximately eight points lower than the typical survivor, and her score on the IES-R was approximately four points lower

than the typical survivor. In terms of specific scores, this participant could not be considered as a typical member of the partial forgetting group. In more general terms, her scores on the SCL-90-R and DES II placed her within the cut-off scores range of a typical member of the partial forgetting group. Her IES-R score placed her in the medium range rather than the high range.

Participant 31 Profile Comparison

On the SCL-90-R the participant scored higher than the typical survivor on the Phob, Par and Psy sub-scales. She scored lower than the typical survivor on the Som, OC, IS, Dep, Anx, Hos and GSI sub-scales. Her DES II score was approximately one point higher than the typical survivor, and her score on the IES-R was approximately six points higher than the typical survivor. In terms of specific scores, this participant could not be considered as a typical member of the partial forgetting group. In more general terms, her scores on all measures placed her within the cut-off scores range of a typical member of the partial forgetting group.

Participant 32 Profile Comparison

On the SCL-90-R the participant scored higher than the typical survivor on the Som, OC, Dep, Anx, Phob, Psy and GSI sub-scales. He scored lower than the typical survivor on the IS and Hos sub-scales and the same as a typical survivor on the Par sub-scale. His DES II score was the same as that of a typical survivor and his score on the IES-R was approximately ten points lower than the typical survivor. In terms of specific scores, this participant could not be considered as a typical member of the partial forgetting group. In more general terms, his scores on the SCL-90-R and DES II placed him within the cut-off scores range of a typical member of the partial forgetting group. His IES-R score placed him in the medium range rather than the high range.

Participant 35 Profile Comparison

On the SCL-90-R the participant scored higher than the typical survivor on the Som, IS, Dep, Anx, Hos, Phob, Par, Psy and GSI sub-scales. She scored lower than the

typical survivor on the OC sub-scale. Her DES II score was approximately seven points lower than the typical survivor, and her score on the IES-R was approximately six points higher than the typical survivor. In terms of specific scores, this participant could not be considered as a typical member of the partial forgetting group. In more general terms, her scores on all measures placed her within the cut-off scores range of a typical member of the partial forgetting group.

Participant 41 Profile Comparison

On the SCL-90-R the participant scored higher than the typical survivor on the all sub-scales, except for the Som sub-scale, which was lower than the typical survivor. Her DES II score was the same as that of a typical survivor and her score on the IES-R was approximately 6.5 points higher than the typical survivor. In terms of specific scores, this participant could not be considered as a typical member of the partial forgetting group. In more general terms, her scores on all measures placed her within the cut-off scores range of a typical member of the partial forgetting group.

Participant 43 Profile Comparison

On the SCL-90-R the participant scored lower than the typical survivor on all sub-scales. Her DES II score was approximately fifteen points lower than the typical survivor, and her score on the IES-R was approximately 3.5 points lower than the typical survivor. In terms of specific scores, this participant could not be considered as a typical member of the partial forgetting group. In more general terms, her scores on all measures placed her within the cut-off scores range of a typical member of the partial forgetting group, although her DES II and Phob sub-scale scores were significantly lower.

Participant 44 Profile Comparison

On the SCL-90-R the participant scored higher than the typical survivor on the Som, Anx, Phob Psy and GSI sub-scales. She scored lower than the typical survivor on the IS, Dep, Hos and Par sub-scales and the same as a typical survivor on the OC sub-scale. Her DES II score was approximately four points higher than the typical

survivor, and her score on the IES-R was approximately 8.5 points higher than the typical survivor. In terms of specific scores, this participant could not be considered as a typical member of the partial forgetting group. In more general terms, her scores on all measures placed her within the cut-off scores range of a typical member of the partial forgetting group.

Participant 46 Profile Comparison

On the SCL-90-R the participant scored higher than the typical survivor on all sub-scales. Her DES II score was approximately fourteen points higher than the typical survivor, and her score on the IES-R was approximately eleven points higher than the typical survivor. In terms of specific scores, this participant could not be considered as a typical member of the partial forgetting group. In more general terms, her scores on the SCL-90-R and IES-R placed her within the cut-off scores range of a typical member of the partial forgetting group, although both sets of scores were significantly higher. Her DES II score placed her in the severely dissociative range.

Participant 52 Profile Comparison

On the SCL-90-R the participant scored higher than the typical survivor on the Phob, Par and Psy sub-scales. She scored lower than the typical survivor on the Som, OC, IS, Dep, Anx, Hos and GSI sub-scales. Her DES II score was approximately seven points lower than the typical survivor, and her score on the IES-R was approximately 4.5 points lower than the typical survivor. In terms of specific scores, this participant could not be considered as a typical member of the partial forgetting group. In more general terms, her scores on the SCL-90-R and DES II placed her within the cut-off scores range of a typical member of the partial forgetting group with her DES II score being significantly lower. Her IES-R score placed her in the medium range rather than the high range.

Participant 57 Profile Comparison

On the SCL-90-R the participant scored higher than the typical survivor on all sub-scales. Her DES II score was approximately three points lower than the typical survivor, and her score on the IES-R was approximately four points higher than the typical survivor. In terms of specific scores, this participant could not be considered as a typical member of the partial forgetting group. In more general terms, her scores on all measures placed her within the cut-off scores range of a typical member of the partial forgetting group.

Participant 72 Profile Comparison

On the SCL-90-R the participant scored higher than the typical survivor on the Som, Phob and GSI sub-scales. She scored lower than the typical survivor on the OC, IS, Dep, Anx, Hos, Par and Psy sub-scales. Her DES II score was approximately 9.5 points lower than the typical survivor, and her score on the IES-R was approximately 1.5 points lower than the typical survivor. In terms of specific scores, this participant could not be considered as a typical member of the partial forgetting group. In more general terms, her scores on all measures placed her within the cut-off scores range of a typical member of the partial forgetting group, although her DES II score was significantly lower.

Participant 75 Profile Comparison

On the SCL-90-R the participant scored higher than the typical survivor on the Som, IS, Dep, Anx, Hos, Phob, Psy and GSI sub-scales. She scored lower than the typical survivor on the Par sub-scale and the same as a typical survivor on the OC sub-scale. His DES II score was approximately two points lower than the typical survivor, and his score on the IES-R was approximately ten points lower than the typical survivor. In terms of specific scores, this participant could not be considered as a typical member of the partial forgetting group. In more general terms, his scores on the SCL-90-R and DES II placed him within the cut-off scores range of a typical member of the partial forgetting group. His IES-R score placed him in the medium range rather than the high range.

6.4.6 Discussion: Profiles for Participants who Partially Forgot

The specific profile comparisons, for participants who partially forgot their abuse, provided support for Hypothesis 4, with none of the participants matching the specific statistical profile of a typical member of the group. Hypothesis 5 was also supported by the results of the specific profile comparisons, with the individual profiles showing differences for each participant's scores and patterns of scores.

When the profile comparisons were broadened to include score ranges, rather than specific scores, approximately 44% of the participants could be classified as matching the profile of a typical member of the partial forgetting group, although there were considerable variations between participants in terms of where their scores fell in the range for each measure. The broader comparisons provided partial support for Hypothesis 4, with 56% of the participants not matching the profile of a typical survivor.

The next section of this chapter will present the profiles for those participants who reported extensive forgetting of their abuse.

6.4.7 Extensive Forgetting Statistical Profile

Table 6.3 represents the profile for a typical CSA survivor who reports extensively forgetting their abuse and was constructed by obtaining the mean score on the SCL-90-R, DES II and IES-R for all Stage One participants who reported that they extensively forgot their abuse (N = 33).

Table 6.3

Statistical Profile for CSA Survivors who Extensively Forgot

Survey	Mean Score	*N*
SCL-90-R		
Som	74	33
OC	75	33
IS	76	33
Dep	75	33
Anx	75	33
Hos	73	29
Panx	76	31
PI	75	32
Psy	80	31
GSI	74	33
DES II	25.64	33
IES-R		
Intrusion	23	29
Avoidance	28	29
Hyperarousal	24	29
Total score	25.00	29

The profile may be interpreted in two ways. Firstly, the specific scores for each survey may be used as a basis for comparison with the sub-group members. Secondly, the survey scores may be interpreted in a more general way according to the cut-off scores. For example, a typical member of the extensive forgetting group would evidence a pattern of psychological symptoms that are significantly higher than members of the general population, based on the SCL-90-R scores. A typical member of the extensive forgetting group would also evidence moderate to high levels of dissociation as scored on the DES II, where the cutoff score for those people who are severely dissociative is 30 and above. Finally, the typical member of

the extensive forgetting group would evidence high levels of traumatic symptomology, as measured by the IES-R with a mean score of 19.6 and above. The profile comparison section of each participant's profile will discuss both types of interpretation.

6.4.8 Extensive Forgetting Profile Comparisons (n = 32)

Participants in the Extensive Forgetting section are: Participant 1, 5, 6, 11, 12, 13, 14, 15, 17, 20, 21, 24, 25, 26, 27, 29, 33, 38, 39, 42, 47, 48, 51, 54, 58, 61, 65, 67, 69, 70, 71 and 76. The profile analysis or comparisons against the statistical profile are presented in this section. The sub-section discussion relating to the Extensive Forgetting profiles follows after the final profile for this section for Participant 76.

Participant 1 Profile Comparison

On the SCL-90-R the participant scored higher than the typical survivor on all sub-scales. His DES II score was approximately ten points lower than the typical survivor, and his score on the IES-R was approximately five points lower than the typical survivor. In terms of specific scores, this participant could not be considered as a typical member of the extensive forgetting group. In more general terms, his scores on all measures placed him within the cut-off scores range of a typical member of the extensive forgetting group, although his DES II and IES-R scores were significantly lower.

Participant 5 Profile Comparison

On the SCL-90-R the participant scored higher than the typical survivor on all sub-scales. His DES II score was approximately thirty-eight points higher than the typical survivor. The participant was unable to complete the IES-R because he could not remember how he responded due to dissociating from the abuse. In terms of specific scores, this participant could not be considered as a typical member of the extensive forgetting group. In more general terms, his scores on the SCL-90-R placed him within the cut-off scores range of a typical member of the extensive forgetting group. His DES II score placed him in the severely dissociative range.

Participant 6 Profile Comparison

On the SCL-90-R the participant scored higher than the typical survivor on the IS, Dep, Anx, Hos, Phob, Par and GSI sub-scales. He scored lower than the typical survivor on the Som and OC sub-scales and the same as a typical survivor on the Psy sub-scale. His DES II score was approximately fourteen points lower than the typical survivor, and his score on the IES-R was approximately ten points lower than the typical survivor. In terms of specific scores, this participant could not be considered as a typical member of the extensive forgetting group. In more general terms, his scores on the SCL-90-R and DES II placed him within the cut-off scores range of a typical member of the extensive forgetting group, although his DES II score was significantly lower. His IES-R score placed him in the medium range rather than the high range.

Participant 11 Profile Comparison

On the SCL-90-R the participant scored higher than the typical survivor on the Anx, Par and Psy sub-scales. She scored lower than the typical survivor on the Som, OC, IS, Dep, Hos, Phob and GSI sub-scales. Her DES II score was approximately four points higher than the typical survivor. This participant could not complete the IES-R due to dissociating from the abuse. In terms of specific scores, this participant could not be considered as a typical member of the extensive forgetting group. In more general terms, her scores on the SCL-90-R and DES II placed her within the

cut-off scores range of a typical member of the extensive forgetting group, although her DES II score was close to placing her in the severely dissociative range.

Participant 12 Profile Comparison

On the SCL-90-R the participant scored higher than the typical survivor on all sub-scales. Her DES II score was approximately thirty-nine points higher than the typical survivor, and her score on the IES-R was the same as that of a typical member of this group. In terms of specific scores, this participant could not be considered as a typical member of the extensive forgetting group. In more general terms, her scores on the SCL-90-R and IES-R placed her within the cut-off scores range of a typical member of the extensive forgetting group. Her DES II score placed her in the severely dissociative range.

Participant 13 Profile Comparison

On the SCL-90-R the participant scored higher than the typical survivor on the Psy sub-scale. She scored lower than the typical survivor on the Som, Dep, Anx, Hos, Phob, Par and GSI sub-scales and the same as a typical survivor on the OC and IS sub-scales. Her DES II score was approximately thirteen points lower than the typical survivor, and her score on the IES-R was approximately six points lower than the typical survivor. In terms of specific scores, this participant could not be considered as a typical member of the extensive forgetting group. In more general terms, her scores on the SCL-90-R and DES II placed her within the cut-off scores range of a typical member of the extensive forgetting group, although her DES II score was significantly lower. Her IES-R score placed her in the medium range rather than the high range.

Participant 14 Profile Comparison

On the SCL-90-R the participant scored higher than the typical survivor on the Som and Psy sub-scale. She scored lower than the typical survivor on the OC, IS, Dep, Anx, Hos, Phob, Par and GSI sub-scales. Her DES II score was approximately seven points higher than the typical survivor, and her score on the IES-R was

approximately two points higher than the typical survivor. In terms of specific scores, this participant could not be considered as a typical member of the extensive forgetting group. In more general terms, her scores on the SCL-90-R and IES-R placed her within the cut-off scores range of a typical member of the extensive forgetting group. Her DES II score placed her in the severely dissociative range.

Participant 15 Profile Comparison

On the SCL-90-R the participant scored higher than the typical survivor on the Phob sub-scale. She scored lower than the typical survivor on the Som, OC, IS, Dep, Anx, Hos, Par, Psy and GSI sub-scales. Her DES II score was approximately six points lower than the typical survivor. This participant could not complete the IES-R for unknown reasons. In terms of specific scores, this participant could not be considered as a typical member of the extensive forgetting group. In more general terms, her scores on the SCL-90-R and DES II placed her within the cut-off scores range of a typical member of the extensive forgetting group, although her DES II score was significantly lower.

Participant 17 Profile Comparison

On the SCL-90-R the participant scored higher than the typical survivor on the IS, Phob, Par and Psy sub-scales. He scored lower than the typical survivor on the Som, OC, Anx, Hos and GSI sub-scales and the same as a typical survivor on the Dep sub-scale. His DES II score was approximately seventeen points lower than the typical survivor, and his score on the IES-R was approximately eleven points lower than the typical survivor. In terms of specific scores, this participant could not be considered as a typical member of the extensive forgetting group. In more general terms, his scores on the SCL-90-R and DES II placed him within the cut-off scores range of a typical member of the extensive forgetting group, although his DES II score was significantly lower. His IES-R score placed him in the medium range rather than the high range.

Participant 20 Profile Comparison

On the SCL-90-R the participant scored higher than the typical survivor on the OC, Anx, Par, Psy and GSI sub-scales. She scored lower than the typical survivor on the Som, IS, Hos and Phob sub-scales and the same as a typical survivor on the Dep sub-scale. Her DES II score was approximately six points lower than the typical survivor, and her score on the IES-R was the same as that of a typical member of this group. In terms of specific scores, this participant could not be considered as a typical member of the extensive forgetting group. In more general terms, her scores on all measures placed her within the cut-off scores range of a typical member of the extensive forgetting group, although her DES II score was significantly lower.

Participant 21 Profile Comparison

On the SCL-90-R the participant scored higher than the typical survivor on all sub-scales. Her DES II score was approximately thirty-four points higher than the typical survivor, and her score on the IES-R was approximately twelve points higher than the typical survivor. In terms of specific scores, this participant could not be considered as a typical member of the extensive forgetting group. In more general terms, her scores on the SCL-90-R and IES-R placed her within the cut-off scores range of a typical member of the extensive forgetting group, although her IES-R score was significantly higher. Her DES II score placed her in the severely dissociative range.

Participant 24 Profile Comparison

On the SCL-90-R the participant scored higher than the typical survivor on the OC, Anx, Phob, Par and Psy sub-scales. She scored lower than the typical survivor on the Som, Dep, Hos and GSI sub-scales and the same as a typical survivor on the IS sub-scale. Her DES II score was approximately seventeen points higher than the typical survivor, and her score on the IES-R was approximately two points lower than the typical survivor. In terms of specific scores, this participant could not be considered as a typical member of the extensive forgetting group. In more general terms, her scores on the SCL-90-R and IES-R placed her within the cut-off scores range of a

typical member of the extensive forgetting group. Her DES II score placed her in the severely dissociative range.

Participant 25 Profile Comparison

On the SCL-90-R the participant scored lower than the typical survivor on all sub-scales. Her DES II score was approximately twenty-two points lower than the typical survivor, and her score on the IES-R was approximately five points higher than the typical survivor. In terms of specific scores, this participant could not be considered as a typical member of the extensive forgetting group. In more general terms, her scores on all measures placed her within the cut-off scores range of a typical member of the extensive forgetting group, although her SCL-90-R and DES II scores were significantly lower.

Participant 26 Profile Comparison

On the SCL-90-R the participant scored higher than the typical survivor on the IS, Dep, Anx, Phob, Par, Psy and GSI sub-scales. She scored lower than the typical survivor on the OC sub-scale and the same as a typical survivor on the Som and Hos sub-scales. Her DES II score was approximately twenty-two points higher than the typical survivor, and her score on the IES-R was approximately four points higher than the typical survivor. In terms of specific scores, this participant could not be considered as a typical member of the extensive forgetting group. In more general terms, her scores on the SCL-90-R and IES-R placed her within the cut-off scores range of a typical member of the extensive forgetting group. Her DES II score placed her in the severely dissociative range.

Participant 27 Profile Comparison

On the SCL-90-R the participant scored higher than the typical survivor on all sub-scales, except the Par sub-scale where he scored lower than the typical survivor. His DES II score was approximately 4.5 points lower than the typical survivor, and his score on the IES-R was approximately eleven points higher than the typical survivor. In terms of specific scores, this participant could not be considered as a typical

member of the extensive forgetting group. In more general terms, his scores on all measures placed him within the cut-off scores range of a typical member of the extensive forgetting group, although his IES-R score was significantly higher.

Participant 29 Profile Comparison

On the SCL-90-R the participant scored higher than the typical survivor on the Psy sub-scale. She scored lower than the typical survivor on the Som, OC, IS, Anx, Hos, Phob, Par and GSI sub-scales and the same as a typical survivor on the Dep sub-scale. Her DES II score was approximately five points lower than the typical survivor, and her score on the IES-R was approximately six points higher than the typical survivor. In terms of specific scores, this participant could not be considered as a typical member of the extensive forgetting group. In more general terms, her scores on all measures placed her within the cut-off scores range of a typical member of the extensive forgetting group.

Participant 33 Profile Comparison

On the SCL-90-R the participant scored higher than the typical survivor on the OC, Phob, Par and Psy sub-scales. She scored lower than the typical survivor on the Som, Dep, Anx, Hos and GSI sub-scales. Her DES II score was approximately ten points lower than the typical survivor, and her score on the IES-R was the same as that of a typical member of this group. In terms of specific scores, this participant could not be considered as a typical member of the extensive forgetting group. In more general terms, her scores on all measures placed her within the cut-off scores range of a typical member of the extensive forgetting group, although her DES II score was significantly lower.

Participant 38 Profile Comparison

On the SCL-90-R the participant scored higher than the typical survivor on all sub-scales. His DES II score was approximately twenty-two points lower than the typical survivor, and his score on the IES-R was approximately seven points lower than the typical survivor. In terms of specific scores, this participant could not be considered

as a typical member of the extensive forgetting group. In more general terms, his scores on the SCL-90-R and DES II placed him within the cut-off scores range of a typical member of the extensive forgetting group, although his DES II score was significantly lower. His IES-R score placed him in the medium range rather than the high range.

Participant 39 Profile Comparison

On the SCL-90-R the participant scored higher than the typical survivor on al sub-scales, except the Psy sub-scale where she scored lower than the typical survivor. Her DES II score was approximately twenty-one points lower than the typical survivor, and her score on the IES-R was the same as that of a typical member of this group. In terms of specific scores, this participant could not be considered as a typical member of the extensive forgetting group. In more general terms, her scores on all measures placed her within the cut-off scores range of a typical member of the extensive forgetting group, although her DES II score was significantly lower.

Participant 42 Profile Comparison

On the SCL-90-R the participant scored higher than the typical survivor on all sub-scales except the Som and Par sub-scales where she scored lower than the typical survivor. Her DES II score was approximately eighteen points higher than the typical survivor, and her score on the IES-R was approximately five points higher than the typical survivor. In terms of specific scores, this participant could not be considered as a typical member of the extensive forgetting group. In more general terms, her scores on the SCL-90-R and IES-R placed her within the cut-off scores range of a typical member of the extensive forgetting group. Her DES II score placed her in the severely dissociative range.

Participant 47 Profile Comparison

On the SCL-90-R the participant scored lower than the typical survivor on all sub-scales, except the OC and Psy sub-scales where she scored higher than the typical survivor. Her DES II score was approximately seven points lower than the typical

survivor, and her score on the IES-R was approximately seven points lower than the typical survivor. In terms of specific scores, this participant could not be considered as a typical member of the extensive forgetting group. In more general terms, her scores on all measures placed her within the cut-off scores range of a typical member of the extensive forgetting group.

Participant 48 Profile Comparison

On the SCL-90-R the participant scored higher than the typical survivor on the Som, OC, IS, Anx and Par sub-scales. She scored lower than the typical survivor on the Dep, Hos, Phob, Psy and GSI sub-scales. Her DES II score was approximately fourteen points lower than the typical survivor, and her score on the IES-R was approximately fourteen points lower than the typical survivor. In terms of specific scores, this participant could not be considered as a typical member of the extensive forgetting group. In more general terms, her scores on the SCL-90-R and DES II placed her within the cut-off scores range of a typical member of the extensive forgetting group, although her DES II score was significantly lower. Her IES-R score placed her in the medium range rather than the high range.

Participant 51 Profile Comparison

On the SCL-90-R the participant scored lower than the typical survivor on all sub-scales, except the Par and Psy sub-scales where she scored higher than the typical survivor. Her DES II score was approximately sixteen points lower than the typical survivor, and her score on the IES-R was approximately two points lower than the typical survivor. In terms of specific scores, this participant could not be considered as a typical member of the extensive forgetting group. In more general terms, her scores on all measures placed her within the cut-off scores range of a typical member of the extensive forgetting group, although her DES II score was significantly lower.

Participant 54 Profile Comparison

On the SCL-90-R the participant scored higher than the typical survivor on all sub-scales. Her DES II score was approximately nine points higher than the typical survivor, and her score on the IES-R was approximately eight points higher than the typical survivor. In terms of specific scores, this participant could not be considered as a typical member of the extensive forgetting group. In more general terms, her scores on the SCL-90-R and IES-R placed her within the cut-off scores range of a typical member of the extensive forgetting group, although her IES-R score was significantly higher. Her DES II score placed her in the severely dissociative range.

Participant 58 Profile Comparison

On the SCL-90-R the participant scored higher than the typical survivor on the Som sub-scale. She scored lower than the typical survivor on the IS, Anx, Hos, Par, Psy and GSI sub-scales and the same as a typical survivor on the OC, Dep and Phob sub-scales. Her DES II score was approximately ten points lower than the typical survivor, and she was unable to complete the IES-R for unknown reasons. In terms of specific scores, this participant could not be considered as a typical member of the extensive forgetting group. In more general terms, her scores on the SCL-90-R and DES II placed her within the cut-off scores range of a typical member of the extensive forgetting group, although her DES II score was significantly lower.

Participant 61 Profile Comparison

On the SCL-90-R the participant scored lower than the typical survivor on all sub-scales, except the Psy and GSI sub-scales where she scored higher than the typical survivor and the IS sub-scale where she scored the same as a typical survivor. Her DES II score was approximately twenty-two points higher than the typical survivor, and her score on the IES-R was approximately two points higher than the typical survivor. In terms of specific scores, this participant could not be considered as a typical member of the extensive forgetting group. In more general terms, her scores on the SCL-90-R and IES-R placed her within the cut-off scores range of a typical

member of the extensive forgetting group. Her DES II score placed her in the severely dissociative range.

Participant 65 Profile Comparison

On the SCL-90-R the participant scored higher than the typical survivor on all sub-scales, except the Hos and Par sub-scales where she scored lower than the typical survivor. Her DES II score was approximately forty-nine points higher than the typical survivor, and her score on the IES-R was the same as that of a typical member of this group. In terms of specific scores, this participant could not be considered as a typical member of the extensive forgetting group. In more general terms, her scores on the SCL-90-R and IES-R placed her within the cut-off scores range of a typical member of the extensive forgetting group. Her DES II score placed her in the severely dissociative range.

Participant 67 Profile Comparison

On the SCL-90-R the participant scored lower than the typical survivor on all sub-scales, except the Psy sub-scale where she scored higher than the typical survivor. Her DES II score was approximately twenty-three points lower than the typical survivor, and her score on the IES-R was approximately eleven points lower than the typical survivor. In terms of specific scores, this participant could not be considered as a typical member of the extensive forgetting group. In more general terms, her scores on the SCL-90-R and DES II placed her within the cut-off scores range of a typical member of the extensive forgetting group, although her DES II score was significantly lower. Her IES-R score placed her in the medium range rather than the high range.

Participant 69 Profile Comparison

On the SCL-90-R the participant scored higher than the typical survivor on the Som, OC, IS, Anx and Psy sub-scales. She scored lower than the typical survivor on the Dep, Hos, Phob, Par and GSI sub-scales. Her DES II score was approximately five points lower than the typical survivor, and her score on the IES-R was approximately

one point lower than the typical survivor. In terms of specific scores, this participant could not be considered as a typical member of the extensive forgetting group. In more general terms, her scores on all measures placed her within the cut-off scores range of a typical member of the extensive forgetting group.

Participant 70 Profile Comparison

On the SCL-90-R the participant scored higher than the typical survivor on all sub-scales, except the Anx sub-scale where she scored lower than the typical survivor. Her DES II score was approximately twenty-one points lower than the typical survivor, and her score on the IES-R was approximately four points higher than the typical survivor. In terms of specific scores, this participant could not be considered as a typical member of the extensive forgetting group. In more general terms, her scores on all measures placed her within the cut-off scores range of a typical member of the extensive forgetting group, although her DES II score was significantly lower.

Participant 71 Profile Comparison

On the SCL-90-R the participant scored higher than the typical survivor on all sub-scales except the Hos sub-scale where she scored lower than the typical survivor. Her DES II score was approximately eleven points lower than the typical survivor, and her score on the IES-R was approximately four points higher than the typical survivor. In terms of specific scores, this participant could not be considered as a typical member of the extensive forgetting group. In more general terms, her scores on all measures placed her within the cut-off scores range of a typical member of the extensive forgetting group, although her DES II score was significantly lower.

Participant 76 Profile Comparison

On the SCL-90-R the participant scored higher than the typical survivor on the Som, OC, Hos and Psy sub-scales. She scored lower than the typical survivor on the IS, Dep, Anx, Phob, Par and GSI sub-scales. Her DES II score was approximately eighteen points lower than the typical survivor, and her score on the IES-R was the same as that of a typical member of this group. In terms of specific scores, this

participant could not be considered as a typical member of the extensive forgetting group. In more general terms, her scores on all measures placed her within the cut-off scores range of a typical member of the extensive forgetting group, although her DES II score was significantly lower.

6.4.9 Discussion: Profiles for Participants who Extensively Forgot

The specific profile comparisons for participants, who extensively forgot their abuse, provided support for Hypothesis 4, with none of the participants matching the specific statistical profile of a typical member of the group. Hypothesis 5 was also supported by the results of the specific profile comparisons, with the individual profiles showing differences for each participant's scores and patterns of scores.

When the profile comparisons were broadened to include score ranges rather than specific scores approximately forty-seven percent of the participants could be classified as matching the profile of a typical member of the extensive forgetting group, although there were considerable variations between participants, in terms of where their scores fell in the range for each measure. The broader comparisons provided partial support for Hypothesis 4, with fifty-three percent of the participants not matching the profile of a typical survivor.

The next section of this chapter will present a general discussion and chapter summary.

6.5 General Discussion: Stage Two Analysis Two

Results from the specific typical profiles for each category of forgetting provided support for Hypothesis 4, which stated that there was no "typical" survivor profile for each category of forgetting, with no individuals from any category of forgetting matching the specific statistical profile. However, when the individual profiles were compared to broader score ranges for each typical survivor profile, the results provided only partial support for Hypothesis 4, with 61% of the participants, who always remembered their abuse; 44% of the participants, who partially forgot their abuse; and 47% of the participants, who extensively forgot their abuse, matching the broad score range profiles for their relevant category of forgetting. This finding may indicate that broader ranges of scores are more suitable and meaningful when constructing profiles for adult survivors of childhood sexual abuse.

The specific profile results also provided support for Hypothesis 5, which stated that individuals, within each category of forgetting, would vary widely in their psychological and trauma responses to their abuse experiences. This finding concurred with Tulvey's assertion that no two cases were alike. Results from the specific score profile comparison of a typical survivor for each category of forgetting did not identify any of the participants as being typical survivors, due to the differences in individual scores obtained by each participant. While the broad range score profile comparison did identify some participants as being typical members of their particular category of forgetting, individual differences in score patterns were still found.

When these results of the profiles, explored in this study, are examined against Freckelton's suggested levels of expert testimony, the specific score profile comparisons supported Level Two expert testimony, which stated that the expert was permitted to list the survivor's behaviours and symptoms, but was not permitted to provide a comparison of each individual to other CSA survivors. The broader score range profile results suggested that the expert witness could provide a comparison of the individual survivor's behaviours and symptoms to those of other survivors in only 44% to 61% of all cases. Although this level of expert testimony could provide court personnel, including jury members, with a base-line explanation of the

characteristics of a typical survivor to facilitate their understanding of the characteristics of the individual survivor, the accuracy of such an exercise is doubtful.

The type of profile comparison, used in this study, could also fulfil two of the roles for a psychologist, involved in providing evidence in criminal proceedings, outlined by Gudjonsson and Copson, including the clinical role (based on interviewing the individual, analysing behavioural data and conducting psychometric testing) and the actuarial role, where the psychologist applies statistical probabilities to behavioural data. The profiles constructed in this analysis included personal interviews, psychometric testing and the application of statistical probabilities to the data, with limited success.

The profiles constructed for each participant, in this study, fulfilled the definition of profile analysis as outlined in the Penguin Dictionary of Psychology by comparing each profile relative to a set of mean scores for the sample as a whole and by presenting a general overview of the individual's characteristics summary form. This method of profiling concurred with that proposed by Bekerian and Jackson, by combining scientific and clinical approaches, yielding profiles that were rich in detail and scientifically valid, through the use of psychometrically mature measures.

The profile analysis, conducted in this study, agree with the viewpoints of Jackson, van den Eshof and de Klauver, Lowestein and Knoll, that a profile does not provide a definitive answer, rather a profile is a tool whose purpose is to provide information, that may be considered useful, and that may add to other information obtained during the course of an investigation. In terms of corroboration of childhood sexual abuse, a profile does not supply sufficient information on its own, however it should be noted that, in some cases, any forensic evidence relating to verification that abuse had occurred, is often eradicated by time. Profiles that include statistical results and clinical information may provide a source of information for criminal investigators.

In conclusion, the profiles presented in Analysis Two, provided a combination of materials, including the results from psychological measures with participants' responses to a semi-structured interview. These profiles could form a template for

future CSA survivor profile development, and enhance our understanding of the abuse parameters, psychological and trauma responses, and symptoms experienced by CSA survivors.

6.6 Stage Two Analysis Two Chapter Summary

The purpose of this analysis was to explore Research Questions 4 and 5 which asked if there was a typical survivor for each category of forgetting and what were the within group differences between members of each category. These questions were explored by constructing individual profiles for each Stage Two participant, based on their summarised responses to the semi-structured interview and Stage One test booklet results. The individual profiles were compared to the statistical profile of a typical member of each category of forgetting. The comparison was undertaken on two levels; firstly, each profile was compared to the specific score profile for a typical member of their category of forgetting, then each profile was compared to the broader score ranges of the typical member of each category. The profiles were also developed to explore the use of psychological profiling as an investigative tool, with none of the participants matching the specific statistical profile for their relevant category of forgetting. When the profile comparison was broadened, to include score ranges, 61% of the always remembered category; 44% of the partial forgetting category; and 47% of the extensive forgetting category, matched the profile for their relevant category of forgetting.

The next analysis investigates in-depth the processes and factors involved in forgetting, triggering and subsequent remembering of CSA memories by adult survivors who reported either partial or extensive forgetting. Therefore, the Stage Two participants who reported always remembering their abuse are deleted from the remainder of this study.

CHAPTER SEVEN

STAGE TWO ANALYSIS THREE: FORGETTING, TRIGGERING AND REMEMBERING OF CSA MEMORIES

Chapter Contents

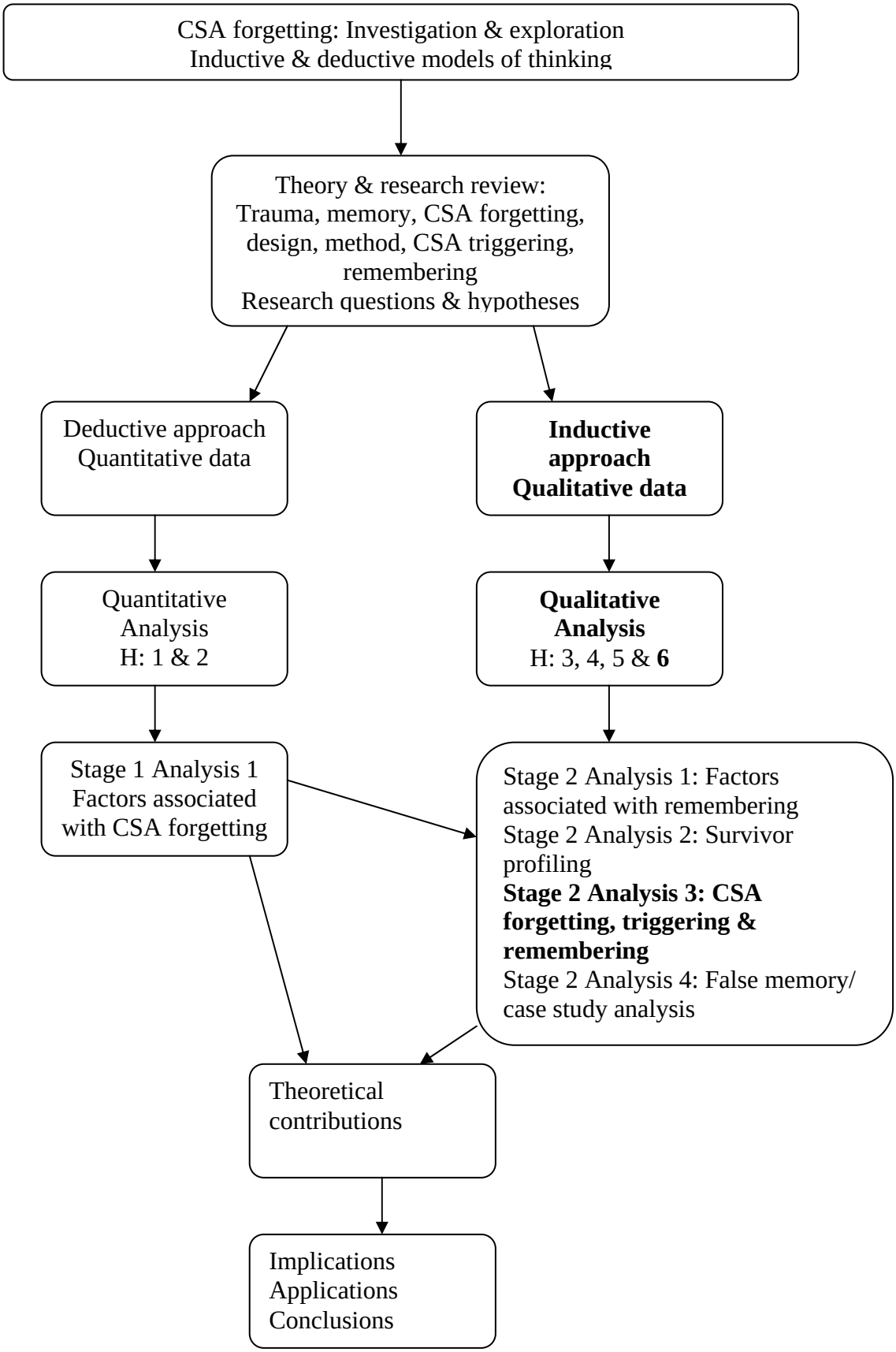


Figure 7.1 *Research Organisation & Theoretical Model*

Although previous studies have found support for CSA forgetting, few have explored in-depth how CSA forgetting, triggering and subsequent remembering occurs. This stage of the research program focuses on the "Partial Forgetting" and "Extensive Forgetting" groups only. The "Always Remembered" group is not included in this stage for obvious reasons, that is, that they had answered a different set of interview questions, which were not based on the processes of forgetting, triggering and remembering abuse experience. This analysis is designed to explore the following research questions and hypotheses:

- Research Question 6.1: How do adult survivors forget their abuse experiences?

- Research Question 6.2: What events trigger remembering in adult survivors who report partial or extensive forgetting?

- Research Question 6.3: What are the processes and factors associated with remembering for adult survivors who report either partial or extensive forgetting?

- Hypothesis 6.1: Adult survivors of CSA who report partial or extensive forgetting will use various cognitive mechanisms to facilitate forgetting.

- Hypothesis 6.2: Adult survivors who report partial or extensive forgetting will experience triggers to remembering based on categories of triggers developed by Courtois.

- Hypothesis 6.3: Adult survivors who report partial or extensive forgetting will experience the return of their abuse memories in a variety of ways.

This chapter is presented in the following format. Firstly, the literature review covers the three areas of interest in this stage: the processes or mechanisms involved in forgetting childhood sexual abuse experiences; triggers to remembering after

periods of forgetting; and processes involved in remembering childhood sexual abuse experiences.

Secondly, the method outlines the selection process of the sixteen cases under investigation, sub-group description, and the interview analysis methodology.

Results are then presented, with the raw data contained in Appendix J. A discussion, of the results, follows immediately after the results for each sub-section, and outlines any differences and similarities between the groups in the interview analysis categories. The discussion also explores how the results are viewed in comparison to the available literature.

Finally, conclusions are drawn and presented about the processes of forgetting, triggering and remembering of childhood sexual abuse experiences by adult survivors who have either partially, or totally, forgotten about their abuse for a period of time.

The review of the literature is designed to present the available research and theories about the processes and mechanisms involved in adult survivor forgetting, triggering and remembering of their childhood sexual abuse experiences.

7.1 Processes and Mechanisms of Forgetting

Courtois (1992) suggested that forgetting of child sexual abuse resulted from the survivor experiencing the denial-numbing phase of the post-traumatic response to the abuse experience, compounded by feelings of shame, secrecy, non-validation and abuser threats regarding disclosure. She explained that the denial-numbing phase encompassed many different mechanisms, such as dissociation, partial, selective or total amnesia, emotional constriction, and avoidance of trauma-related emotions or events.

Harvey and Herman (1994) identified three patterns of traumatic remembrance, based on interviews with 62 adult participants, who reported at least one episode of CSA. They presented three case studies; the first case study related to the pattern of always remembering; the second case study related to the pattern of partial forgetting; and the third case study related to the pattern of total forgetting. The participant in the second case study reported that she "never forgot" the abuse, but "succeeded in not thinking about it for many years." The participant in the third case study reported that she had retained an awareness about the abuse, but had experienced "real blank spaces" about her life from ages eight to twelve. She also reported engaging in substance abuse, from age fifteen, as her primary forgetting mechanism.

Williams (1995) interviewed 129 female survivors of child sexual abuse. The participants had documented histories of the abuse. She found that approximately half of those women who reported forgetting of the abuse were unable to respond when asked at what age forgetting had commenced. Of those who were able to respond to this question, only two participants reported forgetting that commenced at the time, or shortly after, the abuse incident had occurred. Williams presented five case studies that contained some details about the participants' experiences with forgetting the abuse. In the first case, the participant stated that she had forgotten about her abuse, which occurred when she was three years old, until the age of nine years. The participant did not comment on the mechanism she used to forget. In the second case, the participant reported a period of forgetting that commenced at the age of twelve. Her abuse occurred for a period of one year (ages six to seven years).

She did not comment on the mechanism used, but did say that a family friend told her that the abuse was her fault and made her "feel bad." In the third case, the participant showed confusion when asked about her age at the commencement of the abuse and her period of forgetting. She guessed that she forgot about the abuse approximately two years after the abuse incidents, for a period of between seven and twelve years. The participant stated that she "blocked it out most of the time, just stopped thinking about it." The fourth participant reported periods of forgetting that coincided with periods of happiness. The fifth participant reported a period of forgetting, that commenced eight years after the abuse and lasted for eight years. She did not comment on the use of mechanisms to aid her forgetting.

Dale and Allen (1998) conducted in-depth interviews with 36 adult survivors of CSA, including questions on abuse and memory. They identified six patterns related to forgetting and remembering of CSA experiences: pattern one included continuous and known memories of abuse; pattern three included memory for some abuse events but not for others; pattern four was described as complete nonawareness of abuse with unexpected recovery in adult life; pattern five included memories which were recovered in adult life, but which were believed to be inaccurate; and pattern six included false memories of abuse. Pattern two was defined as memories and knowledge of abuse that had been "disowned and put out of mind" (Dale & Allen, 1998, p. 803) with the survivor retaining awareness that the abuse had occurred. One of the participants described this pattern as, "It's not that I completely blanked it out. I'd kind of separated it so much from myself that it didn't kind of invade my life…I didn't allow it to" (Dale & Allen, 1998, p. 804). Patterns three and four related to partial and total forgetting, with the recalled memories defined as "unexpected and surprising." There were no participant explanations relevant to patterns three and four.

Cameron (2000) conducted a twelve-year program of research which examined the experiences of sixty female sexual abuse survivors. The survivors were categorised into three groups based on their experience with forgetting their abuse; thus the groups were named nonamnesiac (n = 21), amnesiac (n = 25), and partially amnesiac (n = 14). The participants were asked why and how their amnesia occurred (Table 7.1 refers) (Cameron, 2000, p. 106).

Cameron suggested that the development of amnesia or forgetting was an "extreme form of denial" related to the numbing phase of post-traumatic response and supported by a wide range of mechanisms. Her research indicated that participants primarily used dissociative mechanisms to distance themselves from the overwhelming nature of the abuse. Participants stated that they had "gone out of their body", "pretended they were somewhere else", "gone out of the window, becoming really tiny" and looked down on themselves from a third person perspective seeing "the empty cookie-cutter shape of a child on the ground." The majority of the participants also reported using conscious repressive mechanisms, such as "shoving down the memories" until they could not access them. The controlling mechanism (keeping very busy) assisted the repression mechanism and was also used by the nonamnesiac participants to avoid thinking about their abuse experience. Overall, Cameron's research indicated that the participants used conscious cognitive mechanisms to facilitate their forgetting process.

Table 7.1

Cameron's (2000) Results on Why and How CSA Amnesia Occurs

Responses	*%*
Memories too painful	82
Sense of guilt or shame	79
No one to believe or help	74
Protectiveness of abuser and/or family	58
Dependency on, or love for, the abuser	53
Need to believe in a safe world	37
Repression (shoving down the memory)	82
Dissociation (separating self from abuse)	76
Controlling (keeping very busy)	63
Enduring, not feeling (shutting eyes)	47
Intellectualising (deciding it was imagined or dreamed)	45
Idealising (idealising one's life or the abuser)	29

In summary, forgetting of childhood sexual abuse appears to involve the use of intentional mechanisms and strategies for a significant majority of survivors. This indicates that the type of forgetting, experienced by survivors, is more than simply the type of forgetting described by Loftus, in Stage One, as "ordinary" or "normal" forgetting, or forgetting assisted only by the passage of time.

7.2 Triggers

Courtois (1992) defined a trigger as a cue to memory retrieval. In other words, the trigger event starts the memory retrieval process, leading to forgotten events becoming remembered again. She suggested that there was no way to predict whether an event could trigger a person's memories for childhood sexual abuse. Triggers could, however, fall into five categories: firstly, normative developmental events or crises, such as the birth of a child, the development of an intimate relationship, or the death of the abuser or significant other; secondly, exposure to events which symbolize or resemble the actual trauma, such as a specific person, body type, sound, smell, media event, sexual activity, or medical/dental procedure; thirdly, crises associated with recollection, disclosure, confrontation, reporting and other criminal justice activities; fourthly, issues within therapy, such as issues of trust, support and validation; and lastly, life stages, such as mid-life crisis, the "empty nest syndrome, or achieving sobriety. Courtois also suggested that triggers vary from those that are quite specific to the trauma to those that are more subtle or general in nature.

Harvey and Herman (1994) reported their findings on the types of trigger events experienced by the participants in their research. The triggers included entering or ending an intimate relationship, having a child, caring for the perpetrator when ill or aging, and learning that another person was abused by the same perpetrator. Albach, Moormann and Bermond (1996) conducted research with 97 sexually abused women. They included a control group of 65 women who reported experiencing unpleasant childhood events, such as parents who fought, the death of grandparents, and being bullied at school. The research was designed to explore participants' responses to questions about forgetting, triggering and remembering of childhood sexual abuse via the use of a semi-structured interview. The researchers reported both quantitative and qualitative findings. Thirty-five percent of the participants with CSA histories reported experiencing a time when they were unable to recall at least one episode of abuse. Eighty-nine percent of the women with CSA histories reported using intentional forgetting strategies, such as avoiding thinking about the events, compared to only five percent of the control group. The researchers found that periods of intense emotions triggered recall of abuse episodes that were

previously forgotten. Periods of intense emotion coincided with watching a TV movie about incest, discovering that their daughter had been a victim of sexual abuse, experiencing rape as an adult, the death of the perpetrator, being physically and emotionally exhausted, touching, smells similar of those of the abuser (soap, aftershave, tobacco), auditory (hearing footsteps or panting), and visual cues. They also found that the majority of participants recovered their initial memories in a variety of multiple sensory modes, such as visual and olfactory, or visual, tactile and auditory.

Participants in the study conducted by Dale and Allen (1998) described trigger events, ranging from participation in therapy to being drunk, visiting a clairvoyant, mental breakdowns and reading abuse-focused literature.

Cameron (2000) stated that the mechanisms involved with forgetting the abuse required significant amounts of energy to maintain. The mechanisms were essential for the emotional and mental survival of the research participant. She suggested that the effort to maintain the mechanisms became harder, as time progressed, leading to a build-up of cognitive pressure, awaiting a trigger for release of the forgotten material. Participants were asked about their triggers (Table 7.2 refers) (Cameron, 2000, p. 164).

Table 7.2

Cameron's (2000) Results on Triggers to CSA Remembering

Trigger	Amnesiac *n* = 25	Partially Amnesiac *n* = 14
	%	*%*
General triggers		
Feeling safe	44	36
Feeling overwhelmed	12	00
Specific triggers		
Hearing about someone else's abuse	44	50
Body contact (surgery, birth, massage, sex)	32	57
Contact with similar person/setting	28	36
Dreams/nightmares	20	29

Cameron suggested that the first trigger (feeling safe) was linked to the developing societal climate of recognition of sexual abuse and to personal safety, or the creation of a stable environment, including the death of the abuser, geographical distance from the abuser, or the development of healthy intimate relationships. Participants in this research program also indicated that feeling safe was not usually enough to trigger the memories, but rather created the conditions under which a specific trigger could work. The percentages tabled above indicated that the participants often experienced more than one trigger to remembering their abuse and that the trigger events were diverse.

Andrews, Brewin, Ochera, Morton, Bekerian, Davies and Mollon (2000) conducted telephone interviews with 108 therapists who reported having clients with recovered memories of traumatic events, including child sexual abuse. The researchers defined a recovered memory as the recovery of a traumatic event or series of events (real or illusory) where there was no previous conscious memory, or recovery of a significant new piece of information about a partially remembered traumatic event. The interviews elicited 236 details of clients' experiences with recovered memories and included details of amnesia, triggers, quality of the memories and time taken to recover different types of memory. Fifty five percent of the sample reported total

amnesia, 31% reported partial amnesia, and 14% reported a suspicion of trauma. The trigger events, relevant to their research, are presented in Table 7.3 (Andrews et al, 2000, p. 18).

A significant majority of participants were unable to identify the events that triggered their memories. The majority of participants in this study reported recovering their memories within the therapeutic setting, with 15% indicating that a therapeutic technique triggered their memories of trauma. This facet of the research could lead to criticism by false memory supporters, whose research suggested that memories recovered in the therapeutic setting were subject to suspicion of implantation by therapists using recovered memory techniques such as imagery. In addition, the information contained in this study was reliant on the therapists' notes and remembered observations of client reports and behaviours, rather than directly from the clients, thus leading to possible errors and biases in reporting.

Table 7.3

Andrews et al (2000) Triggers to CSA Remembering

Trigger	In Therapy % (n = 166)	Before Therapy % (n = 46)
No trigger noted/not known	31	24
Therapeutic technique	15	00
Therapist's comment/question	08	00
Talking about supposed perpetrator	09	00
Other event in therapy	05	00
Events involving client's children	02	17
Physical contact or danger to client or others	07	13
Books/media	03	09
Training course	01	07
Someone who knew reminded client	04	07
Loss or threat of loss	05	04
Someone else described abuse	01	04
Change in medication/substance abuse	02	04
Other event	06	11

In summary, subsequent research has provided confirmation of the categories of trigger events originally proposed by Courtois. The research also indicated that the addition of another category was warranted – that of the spontaneous trigger event. The spontaneous trigger event could include events that were not subsumed under the existing categories and could be described as recall of childhood sexual abuse memory, without identification of a definite precipitating experience.

7.3 Processes of Remembering

Courtois (1992) proposed that memory of sexual abuse could return in various forms. Firstly, she suggested that memory could return physiologically through body memories linked to tastes, smells, sounds, physical sensations (pain) and visually. Secondly, Courtois suggested that abuse memories could return somatically through pain, illness, nausea, paralysis and numbing. Memories could also return emotionally, via flashbacks, dreams, nightmares and reactions to events or people. She explained that these events were part of the intrusive-repetitive phase of the post-traumatic response.

Harvey and Herman (1994) reported that abuse memories often returned in a fragmentary form and were experienced, by some survivors, as a re-experiencing of the original trauma.

Participants in the study conducted by Dale and Allen (1998) described returning memories that involved combinations of sensory modes, such as flashbacks, somatic sensations, dreaming and spontaneous regressive experiences. One participant stated: “It was like watching a slide show. Suddenly, I mean, no matter where I was or what I was doing, suddenly, another slide would come into focus” (Dale& Allen, 1998, p. 805). Another participant explained: “Sometimes it’s a re-experiencing complete with all the feelings and the colours and smells and textures, and the kind of bodily sort of sensations. Other times it’s really like watching it on a TV screen, or sometimes, it feels like the memory sort of explodes in my mind’s eye” (Dale & Allen, 1998, p. 805). Overall, the researchers found three factors involved in the participants’ belief in their recovered memories; firstly, a “deeply intuitive sense of knowing, where the newly realized history of abuse finally made sense of long periods of confusion and painful problems in lives and relationships” (Dale & Allen, 1998, p. 806), secondly, the intensity of the sensations experienced, and finally, appropriate contextual detail.

Cameron (2000) explained that remembering of abuse experience was related to the arousal and/or intrusive phases of the post-traumatic response. Her participants indicated that they often experienced “flashbacks” about the abuse first, indicating a

breach of the amnesiac mechanisms. The flashbacks experienced by the participants included sensory, emotional and cognitive reminders of the abuse, and included those which lasted for only a few seconds to those that lasted for an hour or more. The flashbacks could be experienced in real time, or could be sped up and condensed, or slowed down. Initally, flashbacks were typically termed "superficial" (Cameron, 2000, p. 181), providing only awareness that the abuse had occurred. Over time, the flashbacks often became more intense, "providing a fuller picture of the individuals' sensory, emotional and intellectual responses to what happened at different ages during extended abuse" (Cameron, 2000, p. 185). In addition, later flashbacks often revealed more severe forms of abuse. Cameron's research indicated that abuse survivors experienced their initial abuse memories in a variety of forms (Table 7.4 refers) (Cameron, 2000, p. 188).

Table 7.4

Camerons' (2000) Initial Forms of Abuse Memories

Form	Amnesiac %	Partially Amnesiac %
One or more senses	96	100
Visual	84	86
- normal perspective	80	57
- dissociated perspective	60	71
Touch	64	50
Olfactory	60	36
Auditory	52	36

The majority of the survivors experienced visual images of their abuse, with some visual images being experienced from a normal or first person perspective and some images being experienced from a dissociated or third person perspective. Almost all of the participants experienced a combination of memory forms, involving one or more of the senses. Her research also indicated that participants experienced memory recall over a variety of time lines, with a significant majority taking many months. In addition, a significant majority experienced their memories as "bits and pieces" rather than as intact, or whole, memories.

Overall, Cameron found some interesting differences between the amnesiac and nonamnesiac groups, including amnesiacs taking longer to recover memories, recovering memories in bits and pieces, and experiencing a higher number of sensory memory forms, with higher levels of visual, kinesthetic, olfactory and auditory memories. Cameron did not report any significant differences between the amnesiac and partially amnesiac groups, although she stated that where significant differences were found between the amnesiac and nonamnesiac groups, the partially amnesiac groups tended to fall in the middle of the results for the two groups.
Andrews et al (2000) found that the majority of recovered memories were fragmented, accompanied by high levels of emotion and experienced as a reliving of the original event.

In summary, the research has indicated that participants often experienced return of their abuse memories in a combination of sensory modes, such as visual, somatic, olfactory and auditory. In addition, participants often experienced their recovered memories from a variety of personal perspectives, such as re-living the trauma (first person) or watching the experience from a distance (third person).

7.4 Method.

7.4.1 Participants

The participants were selected from the larger Partial and Extensive Forgetting groups in Stage One of the research program. Those participants, who chose not to participate in the interview process, were unsuitable for inclusion in this analysis, due to the selection of interview analysis as the analysis technique.

The first guideline for selection reflected the approximate ratio of Stage One participants who partially forgot to participants who extensively forgot about the abuse (ratio 1:2). Therefore, six participants who partially forgot and ten participants who extensively forgot were required. The second selection decision was based on the DES II scores. The ability to dissociate differentiated between the three groups, in Stage One, and was linked in the literature with the phenomena of forgetting and remembering. Therefore, participants in this analysis were selected according to their DES II scores. However, dissociation was not the only factor identified in Stage One and the literature as contributing to CSA forgetting. High and low DES II scores were required to provide an even spread of scores, minimising skewness of the results, and fulfilling the aim of this chapter, which was to explore all of the mechanisms by which participants forgot their abuse. Cases 9, 22, 32, 43, 46 and 57 were selected from the Partial Forgetting group, in accordance with their DES II scores. Similarly, cases 5, 6, 11, 12, 13, 14, 15, 24, 39 and 54 were selected from the Extensive Forgetting group.

7.4.1.1 Demographic Characteristics (N = 16)

The demographic characteristics of the overall group of participants, for this analysis, are as follows. The mean DES II score for the overall group was 26.37, with a range of 04.29 to 63.93. The current mean age of the group was 41 years, with a range of 28 years to 58 years. The group comprised three males (19%) and 13 females (81%), which reflected the overall ratio of males and females for this whole study . The mean age of abuse onset was 3.3 years, with a range of under 1 year to 6 years of age. The mean abuse duration was 10.4 years, with a range of 3 years to 35 years.

There were four missing cases for this statistic, with two unsure responses and two responses (six weeks and three months) that were not included in the calculation of the mean, which was calculated in whole years. Thirteen participants (81%) reported repeated abuse; one participant (6%) reported abuse frequency of two to three times; and there were two participants (13%) who reported being unsure of the abuse frequency. Twelve participants (75%) reported multiple abusers and four participants (25%) reported one abuser. Twelve participants (75%) reported experiencing the full range of abuse incidents, with the full range described as being kissed, the abuser touching their genitals, being made to touch the abusers genitals, to rape. One participant (6%) reported the abuser touched their genitals. Two participants (13%) reported that the abuser touched their genitals and performed oral sex on them. One participant (6%) reported the abuser touched their genitals and attempted penetration.

7.4.1.2 Demographic Characteristics for the Partial Forgetting Cases (n = 6)

The mean DES II score for the partial forgetting sub-group was 17.74, with a range of 05.00 to 34.29. The current mean age of the sub-group was 41.5 years, with a range of 29 years to 51 years. The sub-group comprised one male (17%) and 5 females (83%). The mean age of abuse onset was 5.75 years, with a range of 3 years to 5 years of age. The mean abuse duration was 6.5 years, with a range of 3 years to 12 years. Five participants (83%) reported repeated abuse and one participant (17%) reported being unsure of the abuse frequency. Five participants (83%) reported multiple abusers and one participant (17%) reported one abuser. Four participants (67%) reported experiencing the full range of abuse incidents, with the full range described as being kissed, the abuser touching their genitals, being made to touch the abusers genitals, attempted rape or penetration to being raped or penetrated. One participant (17%) reported the abuser touched their genitals and performed oral sex on them. One participant (17%) reported the abuser touched their genitals and attempted penetration.

7.4.1.3 Demographic Characteristics for the Extensive Forgetting Cases (n = 10)

The mean DES II score for the overall group was 31.54, with a range of 04.29 to 63.93. The current mean age of the group was 40.8 years, with a range of 28 years to 58 years. The group comprised two males (20%) and eight females (80%). The mean age of abuse onset was 3.0 years, with a range of under 1 year to 6 years of age. The mean abuse duration was 14.3 years, with a range of 8 years to 35 years. There were four missing cases for this statistic, with two unsure responses and two responses (six weeks and three months) that were not included in the calculation of the mean, which was calculated in whole years. Eight participants (80%) reported repeated abuse; one participant (10%) reported abuse frequency of two to three times; and one participant (10%) who reported being unsure of the abuse frequency. Seven participants (70%) reported multiple abusers and three participants (30%) reported one abuser. Eight participants (80%) reported experiencing the full range of abuse incidents, as described in the previous section. One participant (10%) reported the abuser touched their genitals. One participant (10%) reported that the abuser touched their genitals and performed oral sex on them.

7.4.2 Materials

The materials for Analysis Three included verbatim transcripts of the semi-structured interviews (Interview B) the participants responded to during the second phase of data collection. The interviews were taped by the researcher and transcribed by external transcribers to negate possible researcher bias during the transcription process. Also included were the participants' scores on the DES II, and relevant responses on the TEQ, which were used to provide demographic descriptions of the overall group and sub-groups.

7.4.3 Data Analysis Procedures

The data was analysed using the Interview Analysis technique. The interview analysis technique is a qualitative technique, used to provide a systematic method of analysing the interview material (Silverman, 1993). Firstly, the broad categories of analysis were determined, based on the interview questions, as Forgetting, Triggering

and Remembering. Sub-categories were then developed based on the actual interview questions. The specific categories and sub-categories are detailed at the beginning of the results and discussion section following this section.

The raw data contained in Appendix J represents the initial sweep of the verbatim transcripts, with all participant responses to each interview question being taken directly from the original transcripts. Quantitative statistics were derived from the raw data for all participants in this analysis, then for each sub-group (n = 6, Partial Forgetting; n = 10 Extensive Forgetting). Each sub-category was then structured to report the overall group statistics first, then the Partial Forgetting statistics and verbatim comments were presented, followed by the statistics and verbatim comments for the Extensive Forgetting group.

7.5 Results and Discussion

The results for this stage of the program of research were reported as: the overall results for the sixteen cases (six participants who partially forgot and ten participants who extensively forgot); the results for the Partially Forgetting group were reported next, followed by the results for the Extensive Forgetting group. The statistical results were followed by the interview comments for each group. The results were reported in the following order of categories and sub-categories, which were based on questions relating to forgetting, triggering and remembering from the semi-structured interview.

To facilitate ease of reading, the results relating to each sub-category are immediately followed by a discussion of the results.

Category 1 of the interview analysis was designed to explore Research Question 6, which asks: how do adult CSA survivors forget their abuse experiences, and to test Hypothesis 6.1, which states that: adult survivors of CSA, who report partial or extensive forgetting, will use various cognitive mechanisms to facilitate forgetting. The relevant interview questions are:

Category 1: The process of forgetting
Sub-category 1a: How long after abuse started did forgetting begin?
Sub-category 1b: What mechanisms were used to facilitate forgetting?

Category 2 of the interview analysis was designed to explore Research Question 7, which asks: what events trigger remembering in adult survivors who report partial or extensive forgetting, and to test Hypothesis 6.2, which states that: adult survivors, who report partial or extensive forgetting, will experience triggers to remembering based on categories of triggers developed by Courtois. The relevant interview questions are:

Category 2: Triggers
Sub-category 2a: What event(s) triggered the memories?
Sub-category 2b: Was hypnosis involved?

Sub-category 2c: Were you in counselling when your memories returned?

Category 3 of the interview analysis was designed to explore Research Question 8, which asks: what are the processes and factors associated with remembering for adult survivors, who report either partial or extensive forgetting, and to test Hypothesis 6.3, which states that: adult survivors, who report partial or extensive forgetting, will experience the return of their abuse memories in a variety of ways. The relevant interview questions were:

Category 3: Process of remembering
Sub-category 3a: In what form did your initial memory return: auditory, visual, kinesthetic, smell, emotions, taste?
Sub-category 3b: Were your initial memories: clear/fuzzy; 1st person/3rd person colour/black-and-white; photo (still)/video(moving), sequenced/non-sequenced
Sub-category 3c: Were you able to corroborate your memories in any way?

7.5.1 The Process of Forgetting

This section will address Research Question 6, which asked how do adult survivors of CSA forget their abuse experiences and Hypothesis 6.1, that they use various cognitive mechanisms to facilitate forgetting of the abuse. The section of the results relates to the mechanisms used by the participants to forget their sexual abuse experiences. The participants were asked how long after the abuse did they forget the events; and, what mechanisms did they use to forget the events.

7.5.1.1 How long after the abuse started did you begin to forget the abuse?

Overall Group (N = 16)

Sixty-two and a half percent (10) of the total subject pool for this stage reported forgetting the abuse as it happened. Twenty-five percent (4) reported forgetting the abuse by the time they had entered their teens. Twelve and a half percent (2) said they were unsure when they forgot.

Partial Forgetting Group (*n* = 6)

Thirty-three percent (2) of this group reported forgetting which commenced at the time of abuse. Fifty percent (3) reported forgetting the abuse by the time they entered their teens and seventeen percent (1) were unsure when they commenced forgetting their abuse. Their individual comments follow:

Case 9: *I would say probably when I became a teenager, early adolescence, I think.*

Case 22: *At the time of the abuse.*

Case 32: *There was a period of time between 12/13 and 21 years of age when she drank and took drugs as a way of trying to block out the memories.*

Case 43: *I don't know when I forgot…there were some that I always remembered.*

Case 46: *I can probably best answer that question by saying when I remembered it. I did not remember any of it during my teenage years. I forgot details of incidents. The feelings were still there.*

Case 57: *I don't know…I had always remembered with one perpetrator but not the other…because I always felt guilty because it felt nice. I think I forgot as soon as it happened…I was very frightened of my father.*

Extensive Forgetting Group (*n* = 10)

Seventy percent (7) of this group reported forgetting which commenced at the time of abuse. Twenty percent (2) reported forgetting the abuse by the time they entered their teens and ten percent (1) were unsure when they commenced forgetting their abuse. Their individual comments follow:

Case 5: *At age 5 or 6, when the abuse commenced.*

Case 6: *About 6.*

Case 11: *I've got no idea.*

Case 12: *I had a tendency to forget about the abuse within about 20 minutes – it was safer that way and I would just put it away and go on as if nothing had happened.*

Case 13: *I think it was around 10 years of age.*

Case 14: *Virtually as soon as it happened, not quite but a little while after.*

Case 15: *Totally forgot by ages 11 to 12…brief "bubbling" at age 16…total forgetting again to age 33 when I became clean and sober.*

Case 24: *Participant indicated forgetting about the abuse each time it happened.*

Case 39: *The whole time until three years ago.*

Case 54: *It started when I was probably four (when the abuse started). Probably up until I was about 12. I started to remember at 12.*

7.5.1.2 Discussion

There was a distinction between the two groups regarding the age they reported forgetting the abuse, with participants from the Extensive Forgetting group more likely to forget the abuse as soon as it happened. One participant stated that it was safer for her to forget each incident, as it happened, and to go about her day as if nothing had happened. This suggested that forgetting about the abuse was a mechanism, used by abused children, to feel safe in the face of an overwhelming personal violation and to give the appearance of living a normal life to people outside the abuse relationship. As some of the participants experienced threats and actual physical violence from the abusers, the need to project an appearance of normality may have been crucial to their survival, in order to avoid questioning by other parties and, in their minds, fulfilment of the threats made against them by the abusers.

Some of the participants in each group reported forgetting about the abuse by the time they had reached their teenage years. A higher percentage of participants in the Partial Forgetting group reported this than for the Extensive Forgetting group. This suggested some possibilities. Firstly, that the Partial Forgetting participants were unable to access a strategy that enabled them to forget the abuse immediately following each incident. Secondly, that the participants in the Partial Forgetting group did not feel as immediately threatened by the abuser, or did not perceive their

abuse as overwhelming as did the Extensive Forgetting participants. Finally, this may also have been due to the significant difference in the age of abuse onset, as outlined in Stage One, Analysis One.

7.5.1.3 What mechanisms were used to facilitate forgetting?

Overall Group (*N* = 16)

Ninety-four percent (15) of the participants reported using some type of mechanism to aid in forgetting their abuse. Of these participants, twelve reported using an internal mechanism and three reported using an external mechanism, such as alcohol or drugs. The remaining participant reported being unaware of using any specific mechanism to forget the abuse.

Partial Forgetting Group (*n* = 6)

Eighty-three percent (5) of the participants reported using mechanisms to aid in forgetting the abuse. Three of these participants reported using internal mechanisms and two participants reported using external mechanisms. The remaining participant was not aware of using a specific mechanism to forget the abuse. Their individual comments and scores on the Dissociative Experiences Scale II (DES II) follow:

Case 9: *The only detail that I can't recollect is how many times it happened being that there were three men involved…I do feel it was a conscious decision…a locking away…I just never mentioned it to anyone* (DES II score 13.93).

Case 22: *I've sort of been in denial I guess for a few years. I forgot because it wasn't so violent…there was no violence in the act. Like with me it was more I love you and it was very gentle and all that sort of stuff. I can't actually remember that actual abuse. I remember the " befores" and " afters" and the cuddling and kissing but I really blocked out during. I just sort of switched off and went into… imagination of somewhere else, but I can't remember where. I always knew where I was but I wasn't picturing what was happening. The*

early years I'm not at all sure, but I can actually date some of them to the month and the year from when I was about 12. Can remember accurately the place(s) and people involved but foggy about the actual incidents (DES II score 16.42).

Case 32: *The blockages and experiences of getting that much drink and drugs into me were driving me deeper. The actual recollection of the event was actually less because I was focusing on how bad I was if you know what I mean* (DES II score 20.00).

Case 43: *I think it just happened. I have imagined that I was like a particle without form going through space…outer space. Forgetting means that I can't access that memory. It doesn't mean it's gone. It hasn't gone…it's just not where I can find it. I would remember the beginning then whatever he was doing got too much for me to continue to be there consciously so I don't remember him leaving my bed at any time* (DES II score 05.00).

Case 46: *I dissociated from that…then possibly as time went on with my family and the sexual abuse didn't happen I probably learnt to forgive them and think it wasn't going to happen again. I guess I just kept myself very busy and occupied myself in other people's problems (DES II score 34.29).*

Case 57: *It was something that happened without me being aware* (DES II score 16.79).

Extensive Forgetting Group (*n* = 10)

One hundred percent (10) of the participants reported using some type of mechanism to forget their abuse, with nine participants using internal mechanisms and one using an external mechanism. Their individual comments and DES II scores follow:

Case 5: *I passed out. I couldn't deal with it then and I haven't been able to deal with it up until now (DES II score 62.57).*

Case 6: *I was actually threatened that I wouldn't remember these things…they said they would kill mum, my brother…the church members made me take LSD and brainwashed me into sort of like thinking "this didn't*

happen to me". The participant reported that the periods of forgetting coincided with contact and "interrogation" by church members (DES II score 11.79).

Case 11: *Well my gut reaction to that question is that it would be more of a pushing away than a fading of time (DES II score 29.64).*

Case 12: *I have a very clear memory of giving it to somebody else and that person getting up and walking away with it…it would be gone as if someone had come along with a surgical knife and chopped it…and I would just be sitting there going something's happened but I don't know what…on memory can be split up to 24 different people…the worse the event the more people created to hold it…somebody will have the taste, someone else will hear what was said, and somebody else will see, albeit blurry, they will see what happened, and other people will feel…if any one person had all of it we would go insane* (DES II score 63.93).

Case 13: *I think it was conscious…because of the shame I felt for it, I didn't want to tell anybody…it hurt to think about it…I think I told myself I'd made it up….I believed that this was just a dream…it was a tiny little thing that I'd imagined…if it popped into my mind I would actually tell myself, "no you just imagined it."…it was just very distant from me* (DES II score 12.86).

Case 14: *It was necessary for my survival to forget so those thoughts were taken away, those memories were taken away by my total mind and put behind a force field to protect me…participant indicated a series of force fields rather than one large force field* (DES II score 32.86).

Case 15: *What I had was what I called trenches…you know where you see soldiers hiding in trenches and they take cover…I can see my little hands in the chocolate earth…the best way to put them is from 1 to 10…A shallow trench was for just violence that would happen…1 to 3 in a situation like that…there was public abuse that would catch me off guard…we'd be in a public swimming pool and under water he'd have his penis out and touching my body with it…that would be like a trench 4 to 7…7 to 10 was for long drawn out abuse where there*

wasn't any help or distraction…it was a visual thing and it brought me comfort (DES II score 20.00).

Case 24: *I think I dissociated from it…not that I formed other personalities but I have other parts that have other feelings* (DES II score 42.50).

Case 39: *What happens is that I have a sort of white light that comes in visually, from the periphery of my vision and it just comes in and then there's nothing, nothing at all* (DES II score 04.29).

Case 54: *I dissociated a lot I think. I grew up thinking I could fly, so I think I went out of reality, I could go out of my body…I don't know if I did it consciously* (DES II score 35.00).

7.5.1.4 Discussion

There was no distinction between the two groups in their reported utilisation of a mechanism to facilitate their forgetting process, with the majority of the Partial Forgetting participants and all of the Extensive Forgetting participants using such a mechanism. Two participants in the Partial Forgetting group and one participant in the total forgetting group used an external mechanism, such as substance and alcohol abuse to facilitate their forgetting of the abuse. The remainder of the participants in each group used in internal cognitive mechanism, such as "locking away," "pushing away," "blocking out," imagining they had taken on another form, such as a "particle floating away," "giving the memory to another (created) person," believing that it (the abuse) was just a dream, placing the memories "behind a force field," "burying the memories in a "mind" trench, and thinking they could "fly" away from the abuse. Most of the participants indicated that the use of their particular cognitive mechanism was conscious rather than something that happened without their awareness.

The cognitive mechanisms described by the participants confirmed those found in the reviewed literature. The mechanisms indicated the use of a suppressive or dissociative strategy and appeared to enable the abused child to distance their self from the overwhelming nature of the abuse. The act of distancing may have served multiple purposes, such as preserving the sanity of the child, enabling the child to bear the unbearable and creating an illusion of safety for the child.

7.5.2 Triggers

This section will address Research Question 7, which asked what events trigger remembering in adult survivors who report partial or extensive forgetting and Hypothesis 6.2, that adult survivors who report partial or extensive forgetting experience triggers to remembering based on categories of triggers developed by Courtois.

This section of the results relates to the types of trigger events experienced by the participants, just prior to initially remembering their sexual abuse experiences. The participants were asked what specific events triggered their first abuse memories; whether or not hypnosis was involved; and whether or not they were in therapy at the time of their first abuse memory.

7.5.2.1 What event(s) triggered the memories?

Overall Group (N = 16)

Eighty-eight percent (14) reported specific events, which triggered their initial memories of the abuse. Twelve percent (2) were unsure of how their memories were triggered.

Partial Forgetting Group (n = 6)

Eighty-three percent (5) reported experiencing a specific event or events, which triggered their memories of the abuse. Seventeen percent (1) were unsure of how their memories were triggered. Their individual comments follow:

Case 9: *I started recovering a bit more detail when I gave birth to my first child at the age of 35 years. For some reason after the children were born I started to think about it more. Like remembering that I hadn't forgotten.*

Case 22: *This particular uncle…I was in my thirties…and he wanted to come and stay with us in Sydney…I said to my brother if he stays I'm going.*

It hit me. Smells have triggered me for a long time and I don't know why. The same brand of pipe tobacco that he smoked…the smell of the labour ward…it smells like semen.

Case 32: *Becoming clean and sober at the age of 21.*

Case 43: *I guess I remembered when I was 38. Seeing other children at the same age I was when the abuse took place, behaving in a way that reminded me of things I used to do and I put two and two together. There was a little three year old at the shopping centre who begged her father to lick her down there "like Poppie does". There are still big chunks missing.*

Case 46: *Age 28…my father got very angry with me in the street and just the look on his face and that passionate anger just brought me back to a kid. Also my husband left.*

Case 57: *I don't know what triggered it. I had been slowly going downhill…having body memories but not knowing what they were…then all these feelings came…I got pictures and it was my father and that sort of shut me down then.*

Extensive Forgetting Group (*n* = 10)

Ninety percent (9) reported experiencing a specific event or events, which triggered their memories of the abuse. Ten percent (1) were unsure of how their memories were triggered. Their individual comments follow:

Case 5: *At age 40 I was concerned about problems I had with my wife and various other things, so I contacted a therapist who suggested I join his men's group. I said to him I had thoughts that I was being abused…but didn't really believe them. After a few months of hearing what other men talked about as far as behavioural problems…one morning the whole passage of the abuse just suddenly appeared in my mind.*

Case 6: *Participant forgot from ages 6 to 16/17 (briefly remembered) then forgot again to age 22 for two years, then forgot again age 24 to 31. Triggered by seeing someone who looked like the perpetrator,*

watching a couple of horrific television programs like the Exorcist…and my memories just kept coming out stronger and stronger over about a year…triggered as an adult by thinking, "okay I can look after myself now" and I actually made a conscious decision to get myself to do that. At age 34 "I actively sought out survivor groups…I met another abuse survivor…who had gone through similar experiences…and I felt externally validated. The sense of control he felt increasingly as an adult was a big trigger.

Case 11: *I think it was an ultimate piecing together…my fiancée died four years ago…I knew I had to sort of just do that and deal with that. It was a conscious decision then to force myself into it. A lot of it was looking at the family dynamics particularly with my dad dying…there were always missing elements.*

Case 12: *At age 26…I spoke to my sister and found myself asking her, "has he ever hurt you?"…this whole stream of the most obnoxious things came spewing out of my mouth…she sat on the other end of the phone, sounding a bit shocked, and she said, "he's done some of those." He broke the promise…he had abused her and then broken the promise so I was able to talk and let everything out.*

Case 13: *I was doing a series of workshops on sexual issues and sexual wholeness and the growing in relationships…it came up when I was doing my homework (age 23)…I couldn't ignore it anymore….it just kept coming up and coming up…I remember thinking I can't hide this anymore, I had to face it.*

Case 14: *There may have been a trigger that I don't remember…it seemed like that out of the blue little bits of memory came…it just sort of started.*

Case 15: *The name of one abuser was Barry and I was then with my first husband and we lived next door to an old man called Harry and he used to babysit my kids sometimes and I think being sober for the first time and drug free…I started to thaw out.*

Case 24: *I met my husband and he was a safe person…he was the total opposite to my father and something inside of me must have allowed this to start surfacing.*

Case 39: *It was the stress of my husband's cancer and the death.*

Case 54: *I think I started to rebel, I started rebelling from my home situation where I lived at the time.*

7.5.2.2 Discussion

Participants from both groups reported similar percentages relating to their experience of trigger events just prior to recovering their initial abuse memories, with the majority of both groups experiencing the trigger events. One participant from each group was either unable to name the trigger, experienced a spontaneous recovery of memory, or was unaware that they had experienced a trigger event.

The trigger events, described by the participants, confirmed the categories proposed by Courtois and other researchers reviewed in the literature. The triggers, described in this analysis, included giving birth to a child, exposure to events, smells or people that resembled the original abuse events, attaining sobriety, separation from a spouse, joining a therapy group and hearing the stories of other survivors, death of a loved one and commencement of an intimate relationship. The triggers did not appear to arise from a conscious desire to facilitate recovery of the abuse memories, rather they were unexpected and varied from participant to participant, confirming Courtois' proposition that anything can be a trigger for a survivor of abuse at any time.

7.5.2.3 Was hypnosis involved?

Overall Group (N = 16)

Three of the sixteen participants reported the use of hypnosis; however hypnosis was not used for memory recovery. Two participants reported the use of rapid eye movement therapy after the recovery of their initial memories. This was used to assist them make sense of the memories. The remaining eleven participants did not use hypnosis at any time during memory recovery.

Partial Forgetting Group (*n* = 6)

Thirty-three percent (2) reported the use of hypnosis. They stated that hypnosis was not used for memory recovery purposes; rather hypnosis was used to assist with relaxation. Seventeen percent (1) reported the use of rapid eye movement therapy after their initial memories were recovered to assist the subject make sense of the memories. The remaining fifty percent (3) did not undergo hypnosis at any time during memory recovery. Their individual comments follow:

Case 9: *No.*

Case 22: *No, I have used hypnosis for relaxation, but it wasn't used to recover any memories and I did not recover any memories as a result.*

Case 32: *No, however I had hypnosis last year in relation to the abuse as a way of giving me somewhere safe to be when I needed to.*

Case 43: *No.*

Case 46: *No.*

Case 57: *No, I did undergo four sessions of REM after initial memories recovered.*

Extensive Forgetting Group (*n* = 10)

Ten percent (1) reported the use of hypnosis with one therapist, however hypnosis was not used memory recovery. Ten percent (1) reported the use of the rapid eye movement therapy, however this was used after the initial memories were recovered to assist the subject make sense of the memories. The remaining eighty percent (8) did not undergo hypnosis at any time during memory recovery. Their individual comments follow:

Case 5: *No.*

Case 6: *No.*

Case 11: *One therapist did once but it was more with…a lot of what we discussed was just family dynamics…it was more at that level.*

Case 12: *No.*

Case 13: *No.*

Case 14: *No, no hypnosis, we used a bit of rapid eye movement.*

Case 15: *No.*

Case 24: *No, I'm terrified of it…I'm terrified of what will happen.*

Case 39: *No.*

Case 54: *No.*

7.5.2.4 Discussion

There were no distinctions between the Partial Forgetting and Extensive Forgetting groups. The majority of participants in both groups did not report the use of hypnosis as an aid to recovering their abuse memories. For those who did report utilising hypnosis, it was used to assist them process the negative affect associated with their abuse memories, which they had already recovered. In addition, hypnosis was used to assist the participants make sense of their memories, possibly in terms of placing the memories in a sequence related to timing. This finding suggested that all of the participants in this stage recovered their memories via the use of trigger events.

7.5.2.5 Were you in therapy when your memories returned?

Overall Group (N = 16)

Sixty-three percent (10) were not in therapy at the time they recovered their abuse memories. The remaining thirty-seven percent (6) reported entering therapy to assist with associated abuse effects. The relevant therapists did not use any Recovered Memory therapy/techniques, nor did they suggest that the participants had been abused prior to memory recovery.

Partial Forgetting Group (n = 6)

Sixty-seven percent (4) were not in therapy at the time they recovered their abuse memories. The remaining thirty-three percent (2) reported entering therapy to assist with associated abuse effects. The relevant therapists did not use Recovered

Memory therapy/techniques, nor did they suggest that the participants had been abused prior to memory recovery. Their individual comments follow:

Case 9: *No, I had actually been twice to different doctors trying to...I knew that I wasn't right…I felt like I was losing my mind, that something was wrong. I started counselling when my sister contacted me and asked me outright if I had been sexually abused by our grandfather.*

Case 22: *No, I went to a psychiatrist about 15 years ago because I had a bad temper. I mentioned it to him but it wasn't really a firm issue then.*

Case 32: *Participating in AA program where the abuse was a side issue and the main focus was on being clean and sober.*

Case 43: *No.*

Case 46: *No.*

Case 57: *I started getting therapy about the first perpetrator (always remembered) and I got sober…whilst I was in therapy the memories of my father's abuse appeared…I am still recovering memories now outside of therapy…spontaneously.*

Extensive Forgetting Group (*n* = 10)

Sixty percent (6) were not in therapy at the time they recovered their abuse memories. The remaining forty percent (4) reported entering therapy to assist with associated abuse effects. The relevant therapists did not use Recovered Memory therapy/techniques, nor did they suggest that the participants had been abused prior to memory recovery. Their individual comments follow:

Case 5: *Yes, in a men's therapy group.*

Case 6: *The initial remembrance happened before therapy…I sought therapy because I needed to have some sense of understanding of it.*

Case 11: *I was doing counselling and things like that but it wasn't for that reason…it was because I've just suffered constantly from depression for a long, long, long time. None of my therapists ever suggested that I was abused before I had these memories.*

Case 12: *No.*

Case 13: *No*.

Case 14: *Yes I was just going to this one psychiatrist, which I'd been going to for several years and slowly different pieces were coming out*.

Case 15: *I had started the AA program where the focus was becoming alcohol and drug free*.

Case 24: *No*.

Case 39: *No*.

Case 54: *No*.

7.5.2.6 Discussion

A similar percentage of participants in both groups reported that they were not in therapy when they recovered their initial abuse memories. The majority of those who reported being in therapy at the time stated that they were in therapy for other issues, primarily distressing symptomology related to CSA. They were not aware of their abuse histories at the time they entered therapy and stated that their therapists did not suggest they had been abused prior to memory recovery. When this finding was added to the finding about hypnosis, it would suggest that most therapists were very cautious in their treatment methods, and that awareness of abuse came from the client. In addition, it is possible that therapy provided a safe place for participants to commence remembering their abuse. Finally, those participants who reported recovering abuse memories, while in therapy, appeared to be in therapy to deal with the negative affect associated with their abuse experiences.

7.5.3 The Process of Remembering

This section will address Research Question 8, which asked what are the processes and factors associated with remembering for adult survivors, who report either partial or extensive forgetting, and Hypothesis 6.3 that adult survivors, who report partial or extensive forgetting, experience the return of their abuse memories in a variety of ways. This section of the results relates to how the initial memories returned for the participants, including the form that their initial memories took. The participants were asked in what form did their initial memories return (auditory, visual, kinesthetic, smell, emotions and/or taste); were their initial memories clear or fuzzy,

experienced in the first or third person, colour or black-and-white; still or moving, and sequenced or non-sequenced. Participants were also asked whether they were able to corroborate or confirm the accuracy of their memories in any way.

7.5.3.1 In what form did your initial memory return: auditory, visual, kinesthetic, smell, emotions, taste?

Overall Group (*N* = 16)

Zero percent (0) reported experiencing their initial memories as related to taste. Six percent (1) were unsure about the form of the initial memories. Twenty-five percent (4) reported that their initial abuse memories returned in one form only, while the remaining sixty-nine percent (11) reported that their memories returned in a combination of forms as follows: visual and emotions (2); visual and smells (1); touch and emotions (1); touch and smell (1) smell and visual (1); touch and visual (1); auditory and emotions (1); smell, touch and emotions (1); visual, smell and touch (1); and visual, auditory, touch and emotions (1)

Partial Forgetting Group (n = 6)

Seventeen percent (1) were unsure about the form of the initial memories. Seventeen percent (1) reported experiencing their initial memories in an emotional form. Sixty-six percent (4) reported experiencing their initial memories in a combination of forms as follows: visual and emotions (1); visual and smells (1); touch and emotions (1); and touch and smell (1). Their individual comments follow:

Case 9: *I got emotional feelings…it just grossed me out…disgust and that sort of thing. Visual also*.

Case 22: *Smells and visuals*.

Case 32: *I never consciously bring the abuse into play. I never have a picture of it today, although it's there*.

Case 43: *Intense feelings of hatred and fear of my father*.

Case 46: *I felt that I was on his lap and I was getting a lot of pelvic pain…a lot of it was feelings*.

Case 57: *I could see my father sort of…it wasn't his face…it was his feeling, his touch, and his smell. He never abused me face to face…it was always from behind.*

Extensive Forgetting Group (*n* = 10)

Nineteen percent (3) reported experiencing their initial memories in a visual (two participants) or emotional (one participant) form only. The remaining eighty-one percent (7) reported experiencing their initial memories in a combination of forms as follows: smell and visual (1); visual and emotions (1); touch and visual (1); auditory and emotions (1); smell, touch and emotions (1); visual, smell and touch (1); and visual, auditory, touch and emotions (1). Their individual comments follow:

Case 5: *It was a very very clear picture and I got the physical sensations…a very strong feeling of terror…I get some of the words my father used…it is actually like being back there and living it…the sequence of events made sense.*

Case 6: *Two types, at nighttime…physical memories, vision, I can see the memory in my mind…a picture…I would hear, see, smell particularly.*

Case 11: *The first one was just remembering it but not…almost like viewing it on a TV.*

Case 12: *It was like this great big pus bubble burst and everything could come back in…everything just came back in total visual…it was like it was happening, I could feel him, I could feel him inside me…I felt everything…it was the one time that everyone decided to be integrated…here have your life in five seconds flat…and within 24 hours I'd lost it again.*

Case 13: *I realised I had a memory of the smell of the grass and the tent…I couldn't push it back again, it was too big…I got that sort of funny yellow colour inside the tent and I remember him showing himself to me…I don't remember his face very well.*

Case 14: *A picture and a little tiny bit of emotion…just a handful of emotion…horror, terror and the terrible pain of your creator doing that…hurting you so much.*

Case 15: *I went into a regressed state in a car park and people put me into an ambulance…I could hear but I was in a catatonic shock…there was no body response (to reaction testing…pin pricks etc)…I think the very first memory was sensory...I think it started with terror.*

Case 24: *What I had was flash-back feelings…there were no pictures…that's why I didn't know what was wrong with me…voices in the head…I did have visions of knives…incredible panic, wanting to hide anxiety.*

Case 39: *The first one was a still photo. I think I got smells and probably body sensations and also I knew that I couldn't take any more (strong emotions).*

7.5.3.2 Discussion

The majority of both groups reported experiencing their initial memories in a combination of sensory modes. Participants in the Extensive Forgetting group reported a slightly higher level of this phenomenon than did participants in the Partial Forgetting group. There did not appear to be any discernible pattern to the sensory modes encountered during the initial memory recovery period for either group, rather initial memory recovery appeared to be a highly personal experience for each participant.

However, a proportion of the participants in each group experienced the negative affect they reported feeling at the time of the abuse. The initial lack of visuals experienced by some participants often contributed to feelings of confusion and disbelief about their memories, with one participant stating: "There were no pictures…that's why I didn't know what was wrong with me." The recovery of associated affect prior to recovery of visuals may suggest that, for some participants, a period of unconscious intra-psychic preparation was a necessary precursor in their memory recovery process.

The experiences encountered by these participants when recovering their initial abuse memories appear to confirm the research reviewed in the literature, with the process described by Dale and Allen (1998) being of particular interest. The first factor they described as a deeply intuitive sense of knowing may not apply as some

of the participants reported having no awareness on any level about their abuse history. Their awareness only occurred after they had experienced "superficial" flashbacks, a term which was proposed by Cameron (2000). The second factor, of sensation intensity, was confirmed by the participants in this study, particularly in the very early stages of their initial memory recovery process. The third factor, of recovering appropriate contextual detail, appeared to be confirmed by the participants, who often reported filling in more detail as time progressed. This factor of timing and recovery of detail was also encountered by Cameron (2000).

7.5.3.3 Were your initial memories: clear/fuzzy; 1st person/3rd person; colour/black-and-white; still/moving; sequenced/non-sequenced?

Overall Group (*N* = 16)

Thirty-eight percent (6) stated that their initial memories were still or like a photo, although two of these participants reported movement after a short period of time. Fifty-six percent (9) indicated that their initial memories were moving or like a short video. Six percent (1) did not comment on this aspect. Thirty-eight percent (6) indicated that their initial memories were black and white, although one of these participants reported colour memories after a short period of time. Fifty percent (8) reported that their initial memories contained colour. Twelve percent (2) did not comment on this aspect. Forty-four percent (7) said that their initial memories were clear in quality. Twelve percent (2) said that their initial memories were not clear. Forty-four percent (7) did not comment on this aspect. Fifty-six percent (9) said that their initial memories did not return in a linear sequence of events. Six percent (1) said that their initial memories did return in a linear sequence. Thirty-eight percent (6) did not comment on this aspect. Six percent (1) reported experiencing their initial memories as though they were re-living the events (first person perspective). Thirty-eight percent stated (6) that they experienced their initial memories from a distance or in third person perspective, while the remaining fifty-six percent (9) did not comment on this aspect.

Partial Forgetting Group (*n* = 6)

Fifty percent (3) stated that their initial memories were still or like a photo. Thirty-three percent (2) indicated that their initial memories were moving or like a short video. Seventeen percent (1) did not comment on this aspect. Thirty-three percent (2) indicated that their initial memories were black and white. Thirty-three percent (2) reported that their initial memories contained colour. Thirty-three percent (2) did not comment on this aspect. Thirty-three percent (2) said that their initial memories were clear in quality. Seventeen percent (1) said that their initial memories were not clear. Fifty percent (3) did not comment on this aspect. Thirty-three percent (2) said that their initial memories did not return in a linear sequence of events. Seventeen percent (1) said that their initial memories did return in a linear sequence. Fifty percent (3) did not comment on this aspect. Seventeen percent (1) reported experiencing their initial memories as though they were re-living the events (first person perspective), while the remaining eighty-three percent (5) did not comment on this aspect. Their individual comments follow:

Case 9: *It was still pictures, in black-and-white, from my perspective. Very clear, but jumbled sequence.*

Case 22: *Usually colour…I can picture under the house and walking back afterwards and I think I had a red shirt on. They're like little snippets of a movie. I could think yes I was six then, yes I was nine then, I was 12 then.*

Case 32: *I remembered it more back then (age 21) than I do now and it was pretty sketchy because I was about five. Since then it's been smells, pictures, the room and as far away from a thought of the person being there as possible. Participant indicated he was possible going through another period of conscious forgetting (age 37).*

Case 43: *They were clear…however I as an adult can simply fill in the pieces now knowing about adult sexuality and things like that.*

Case 46: *More like a photo…with a tinge of white…most of my abuse happened at night. With my father I could always see him walking out of the room…it's always darkish…I can see his white underpants and like a*

light under the door. The physical memories were clear. I was pretty definite with the time…the time around three.

Case 57: *I got the wallpaper, I got the carpet and the lights. I got colour…lots of colour, especially the blood…the curtains were blowing in the wind. They were very fuzzy…that's why I had the rapid eye movement. I was getting just snippets, just flashes…it was driving me insane. It's taken me two years to put a timeline to the memories.*

Extensive Forgetting Group (*n* = 10)

Thirty percent (3) of these participants stated that their initial memories were still or like a photo, although two of these participants reported moving memories after a short period of time. Seventy percent (7) indicated that their initial memories were moving or like a short video. Forty percent (4) indicated that their initial memories were black and white, although one of these participants reported colour memories after a short period of time. Sixty percent (6) reported that their initial memories contained colour. Fifty percent (5) said that their initial memories were clear in quality. Ten percent (1) said that their initial memories were not clear. Forty percent (4) did not comment on this aspect. Seventy percent (7) said that their initial memories did not return in a linear sequence of events. Thirty percent (3) did not comment on this aspect. Sixty percent (6) reported that their initial memories were experienced as though they were watching the events from a distance or from a third-person perspective. Forty percent (4) did not comment on this aspect. Their individual comments follow:

Case 5: *I view it like I'm on the ceiling…some memories are like I'm actually in my body…those are the worst…colour…it's like if you remembered going out to your car this morning.*

Case 6: *More like a video…very vivid colour…quite strong and clear…the sequence made sense but I knew they were out of linear time.*

Case 11: *Moving pictures…black and white…sort of like watching a picture show…the first one was quite clear…felt a sense of horror…I knew exactly where it happened…I didn't necessarily know what age I was, that was more a figuring backwards kind of thing…strong olfactory*

and sounds now but first memory was silent…far away (third person) and on a small screen…very intense feeling of I can't say anything…I can't move…I'm stuck.

Case 12: *Very clear…sequence did not make sense…it was visuals from one event, the sound from something else, the smell from a totally different environment…I saw the oral sex, I saw him pushing on my face, I felt the belt around my throat, I could feel what he was doing.*

Case 13: *The pictures were in colour…little tiny stillnesses…sequence did not make sense…it's taken five years to make sense of it.*

Case 14: *It was colour…it was moving, it was only for a second or so…I was standing separate from them…out of body…usually no sounds.*

Case 15: *Like little mini movies…colour…they are smaller, like in one of those little slide things…clear…non-sequential…they were sort of a bit absurd to even put credibility to.*

Case 24: *Not clear…no sequence…black and white…sometimes moving, sometimes still…fuzzy…I'm always looking at then from a distance.*

Case 39: *Black and white…after the first one it was more like a movie and I had body sensations…I did eventually get some colour…that took awhile…I had very clear and sharp very short memories…there's also a kind of long distance one…it's like way at the back of my head…eventually it gets to a point where I realize this is another memory coming…I was experiencing the memories and I was feeling quite a different size and age.*

Case 54: *Still…black and white…abused at night…gradually over time it all came together…I've used time to make them clearer…a lot of things came back like the pain which I'd forgot.*

7.5.3.4 Discussion

There was a distinction between the two groups regarding recovery of a visual mode of abuse memory. A majority of participants, from the Extensive Forgetting group, reported that the visuals they recovered took the form of a short video or moving series of images. Half of the Partial Forgetting group reported recovery of a visual image that was still or like a photograph.

Another distinction was found between the groups in terms of the colour of the visual image, with over half the Extensive Forgetting participants reporting that their initial visual memories contained colour. Only one third of the Partial Forgetting group reported colour in their memories.

One half of the Extensive Forgetting group reported that their initial memories were clear, as compared to one third of the Partial Forgetting group. Similar percentages of both groups reported that their initial memories were not clear or were fuzzy in terms of image clarity. A number of participants from both groups could not provide comment on this aspect of memory recovery.

A difference was discovered between both groups when asked about the linear sequence of their initial memories, with the Extensive Forgetting group experiencing high levels of non-linear recovery of abuse memory. Unfortunately, a large proportion of both groups were unable to provide comment on this aspect of memory recovery.

An interesting difference was discovered regarding the perspective experienced by participants, when viewing their visual memories. Only one person from the Partial Forgetting group was able to comment on this aspect, saying that they experienced the visual from a first person perspective, as though they were reliving the abuse experience. Of the participants from the Extensive Forgetting group, who were able to comment on this aspect, all reported experiencing their initial visual memories from a third person or distant perspective. The ratio of reported perspective between groups confirms that found by Cameron (2000) in her research.

Overall, the Extensive Forgetting group appeared to experience greater levels of difficulty in recovering their memories. This could be because they had to endure a more lengthy process than those participants from the Partial Forgetting groups, in that they had to become aware of the abuse experiences first, which was a process that the Partial Forgetting participants had already acquired in some form. This aspect is implicit in the naming of the categories of forgetting; that is, those who partially forgot would have already had an awareness that they were abused.

7.5.3.5 Were you able to corroborate your memories in any way?

Overall Group (*N* = 16)

Nineteen percent (3) had not obtained any level of corroboration. The remaining eighty one percent (13) reported some level of corroboration, such as confirmation by family members, physical and psychological symptoms consistent with long-term correlates of child sexual abuse (scarring, depression, suicide attempts, self harm. etc.) and admissions by the abuser. One participant reported corroboration of a standard suitable for court. Her abuser was convicted and gaoled for nine years. The types of corroboration for the participants are outlined in Appendix A.

Partial Forgetting Group (n = 6)

Seventeen percent (1) reported no available level of corroboration due to the abusers death. Eighty three percent (5) reported levels of corroboration that included confirmation by a family member, abuser admissions and physical and psychological symptoms consistent with long-term correlates of child sexual abuse. Their individual comments follow:

Case 9: *Abuse by grandfather corroborated by older sister. We both know that this has caused us problems and damage, affected our relationships and who we are today.*

Case 22: *I didn't ever doubt that it was accurate myself but it was when my sister said to me "Oh, that's what he was doing that day I walked in on you". I found out that my cousin had told her mother that he had tried to kiss her and that sort of thing. I rang him up one day and said, "Look what you did was wrong." He said, "I didn't mean anything by it. I didn't do anything wrong." So he just denied it, but his wife believed me.*

Case 32: *From other members of the family…brothers and sisters and cousins.*

Case 43: *I have him on tape telling me what he did to me. I put it to one of them and they said they don't remember but if they did they were sorry. I know my sister was…I know my elder sister was.*

Case 46: *I had tearing around my vagina. I had a laparoscopy and they found lots of adhesions and I haven't had previous surgery. I told my sister…she doesn't recall anything.*

Case 57: *I ask myself that all the time. I'd prefer to know that I was a liar and not to have to live with this. My father used to shave my pubic hair. I was menstruating at 10 and that's when my father stopped abusing me.*

Extensive Forgetting Group (n = 10)

Twenty percent (2) reported no level of corroboration. Eighty percent (8) reported levels of corroboration that included legal conviction and gaoling of the abuser, confirmation by a family member, abuser admissions and physical and psychological symptoms consistent with long-term correlates of child sexual abuse. Their individual comments follow:

Case 5: *There have been just too many things in my behaviour that relate to it. I used to have recurring nightmares all the time and they stopped from the day I remembered. My younger brother did say it explained a lot about our father's behaviour. I have received 100% support from my family…being unsure of my sexuality…never enjoying sexual experiences…chronic depressions lasting months and months…being unable to relate to anyone on any sort of emotional level…I thought I was going mad most of the time. When the abuse happened my mother was in hospital. When she came back to the house she was changing the sheets on my bed and I remember her arguing with my father about the bloodstains on my mattress. She was very, very upset and my father just stormed out of the house. My father claimed I had a blood nose…you don't usually bleed at that part of the bed.*

Case 6: *There is a specific church, which I could not have made up because I would not have seen that normally…the church was in a rural very much out of the way place…and I have scars on my body where the rapes occurred. I did actually talk to…tell my father once…but there wasn't a formal acknowledgement of it…tried to talk with my brother,*

but his brainwashing is so intense that he became defensive…what I'm trying to do at the moment is talk to a couple of friends that I grew up with…I remember seeing one particularly who was at the cult…she has been in and out of hospital with bulimia and other things like that. My brother, my mum, my nephew and my sister were abused by the same church members.

Case 11: *Participant indicated has never spoken with family members about the abuse…I live two lives…I live virtually within a five to ten minute drive from them and I don't actually communicate any of this to any of them at all. Participant stated very sure re place and person…still recovering details of the actual events.*

Case 12: *I checked with my mother. Also researcher sighted court documents indicating that participants' father was gaoled for nine years for abuse of participant. Participants' earliest memory of abuse was as a baby wearing her "sunshine dress" when father ejaculated on dress. Mother found it in the nappy bucket…this evidence led to father's incarceration. Also corroborated by her brother and sister and sister's friend. Diagnosed with DID.*

Case 13: *I suspect it happened to my sister too but I haven't had the courage to bring it up with her…she was in the room at the same time…whether or not she was asleep I don't know…I can't corroborate it…I believe it now although it did take a little while.*

Case 14: *I guess it's because of the background pictures…it happened in the places I lived at the time…my mother was very, very good at hiding it…I have talked with my sisters about the abuse…I suffer the most terrible depression…I have been diagnosed with DID.*

Case 15: *I've got no one…I know when I was having vaginal examinations for the birth of my first child and my pediatrician commented with concern about the amount of scar tissue inside of me…alcohol and drug abuse…suicide attempt at age 16…it hits me like a bloody tidal wave and I know it's not welcome and I don't enjoy it…very dysfunctional family…diagnosed with PTSD by psychiatrist…when I told my mother about my father her first words were, "in my heart I always knew"…still recovering "dribbles" of memory.*

Case 24: *I have no contact with anyone now…depression…psychiatric treatment for chronic depression…currently recovering memory via flashbacks.*

Case 39: *I did get a form of corroborating evidence. I had a poem written by one of the abusers in Dutch and I sent that away and got it translated and, although it was not specific, it was certainly strongly supporting the stuff I actually remembered. It was like you were my little plaything. I've got enough. I know what went on. I don't need any more evidence. I hope I don't get the whole picture.*

Case 54: *My sister was also abused…I confronted my father…denial (from him)…participant indicated she and her sister talk about the abuse they experienced…sister blamed her for leaving home which is when father commenced abusing sister…very sure of accuracy of memories re place, person/people, actual events…still recovering memory.*

7.5.3.6 Discussion

There were no distinctions between the two groups relating to identification of a type of corroboration that the abuse occurred. Interestingly, the participants in both groups reported levels of corroboration that were, on the whole, suitable for admission in court. These included abuser admissions, physical scarring and confirmation by family members. One participant from the Extensive Forgetting group reported that she had obtained a conviction against her abuser, who received, and was serving, a gaol sentence for the abuse. A few of the participants, however, reported levels of corroboration that were not suitable for a court forum, including negative symptomology. A limitation of this study related to participants not being asked to furnish contact details of appropriate family members to confirm their reports of corroborative evidence.

The issue of corroboration of childhood sexual abuse, particularly for those survivors who reported memory deficits, has received scant attention in both the research and practical arenas. This issue has often been put in "the too-hard basket", as there were often no forensic indicators that the abuse had taken place, particularly when allegations of abuse were made by adult survivors. In addition, supporters of the

false memory argument have cast doubt on the use of symptomology and negative life events, such as suicide attempts and substance abuse, as indicators of childhood sexual abuse, although the long-term effects of childhood sexual abuse have been well researched, documented and accepted by psychological and medical practitioners. To put it simply, time erases any usable forensic evidence. The court system has a certain level of evidence considered admissible, often being documented evidence of bruising, genital trauma, collection of body fluids such as semen, and independent eye-witness accounts. Gathering these types of evidence was not feasible when considering the time that had elapsed between the abuse events and the time of reporting.

The lack of court-suitable corroboration does not mean that the abuse did not occur. In reality, childhood sexual abuse often occurred in circumstances of great secrecy and the child was often threatened with violence if they disclosed. Children who did disclose were often not believed and in some cases were punished for lying. Therefore, the results of this research suggested that a system involving levels of corroboration be established, particularly regarding the fact that some participants were able to report multiple sources of corroboration for their abuse.

7.6 Chapter Summary

This stage of the research program has investigated the processes and mechanisms by which adult survivors of childhood sexual abuse either partially or extensively forget, and later, recover their abuse memories. Hypotheses 6.1, 6.2 and 6.3 are supported by the research. The findings from this research align with the findings from previous research, indicating that some adult survivors do use conscious cognitive mechanisms to facilitate their forgetting process. The use of cognitive mechanisms support the premise that the CSA forgetting process is more than just the process of forgetting due to the passage of time. The cognitive mechanisms used by some of the survivors indicate the presence of dissociation and/or avoidance related to PTSD. Moreover, the majority of participants in this sample reported using cognitive mechanisms at the time of or shortly after the abuse incidents occurred. However, some of the participants were unable to extensively forget about their abuse, suggesting failure of their cognitive mechanisms or forgetting of some details due to the passage of time. This finding may align with the reasons given by participants who always remembered their abuse in Chapter 5 and the findings from Stage 1 of this research, which supported the premise that the individual's ability to dissociate was related to the incidence of CSA forgetting . Future research needs to investigate why some individuals, who report attempting to use cognitive mechanisms to forget about their abuse, are unsuccessful. Is the ability to successfully dissociate a stand-alone personality trait or the result of a combination of other personality traits, such as the ability to cope with overwhelming trauma, resilience and proneness to fantasy?

Secondly, the findings indicate that adult survivors, who report partial or extensive forgetting, experience triggers to remembering based on those proposed by Courtois, with the addition of a category titled "spontaneous" triggers. This category included triggers that could not be identified by the participants, or triggers of which they were not aware. These findings align with those of previous research. There was considerable variation on the type of trigger event experienced by participants. However, the one common theme was that none of the participants used hypnosis to recover their initial memories and the majority of participants recovered their initial memories prior to entering therapy. The progression of events would be: the survivor experiences a trigger event and recovers initial memories, including intense

associated negative affect; the survivor seeks therapy to deal with the associated affect and, in doing so, finds a safe place to explore their abuse memories; the combination of exploration of the abuse memories and finding a safe place in therapy leads to the recovery of further memories. This finding refutes the false memory stance that therapy leads to false CSA memories. In addition, this finding indicates that therapists are ethical in their treatment of CSA survivors, with therapy being utilised to assist with the strong negative affect associated with abuse. CSA memories appear to arise, during therapy, as a natural result of processing the negative affect and the survivor feeling safe enough to remember more. Further research, with survivors who have entered therapy, is needed to identify the aspects of therapy that enable them to feel safe and whether the above progression of events is experienced by most survivors who have forgotten about their abuse.

Thirdly, the findings indicate that adult survivors, of childhood sexual abuse, experience the return of their memories in a variety and combination of sensory modes, including auditory, olfactory, touch, visuals, somatic or physical and affect. This finding aligns strongly with Van der Kolk's research on the nature of traumatic memory storage and recovery. This finding has implications for the legal fraternity, in that survivors are presently questioned about their abuse and expected to give a coherent linear account of the abuse, when in reality, they may not be able to do so due to the fragmented nature of their abuse memories. For instance, a survivor may have recovered a visual picture of one abuse incident and the auditory mode of a different abuse incident, making a difficult for them to give a sequential account of their abuse and possibly casting doubt of the veracity of their accusations. Further research on the types of questioning more suited to eliciting an abuse history is needed.

The next chapter investigates, in depth, a case identified in this analysis as an outlier case. This participant reported a diagnosis of DID and abuse memories, which dated back to when she was a toddler, yet she was the only participant from this study to obtain a conviction against her abuser, based on her memories.

CHAPTER EIGHT

STAGE TWO ANALYSIS FOUR: THE OUTLIER

This chapter (pp. 256-312) is subject to an embargo and has been deleted to protect the identity of the research participant. Chapter 9 commences on p. 313.

CHAPTER NINE

GENERAL DISCUSSION AND CONCLUSIONS

Chapter Contents

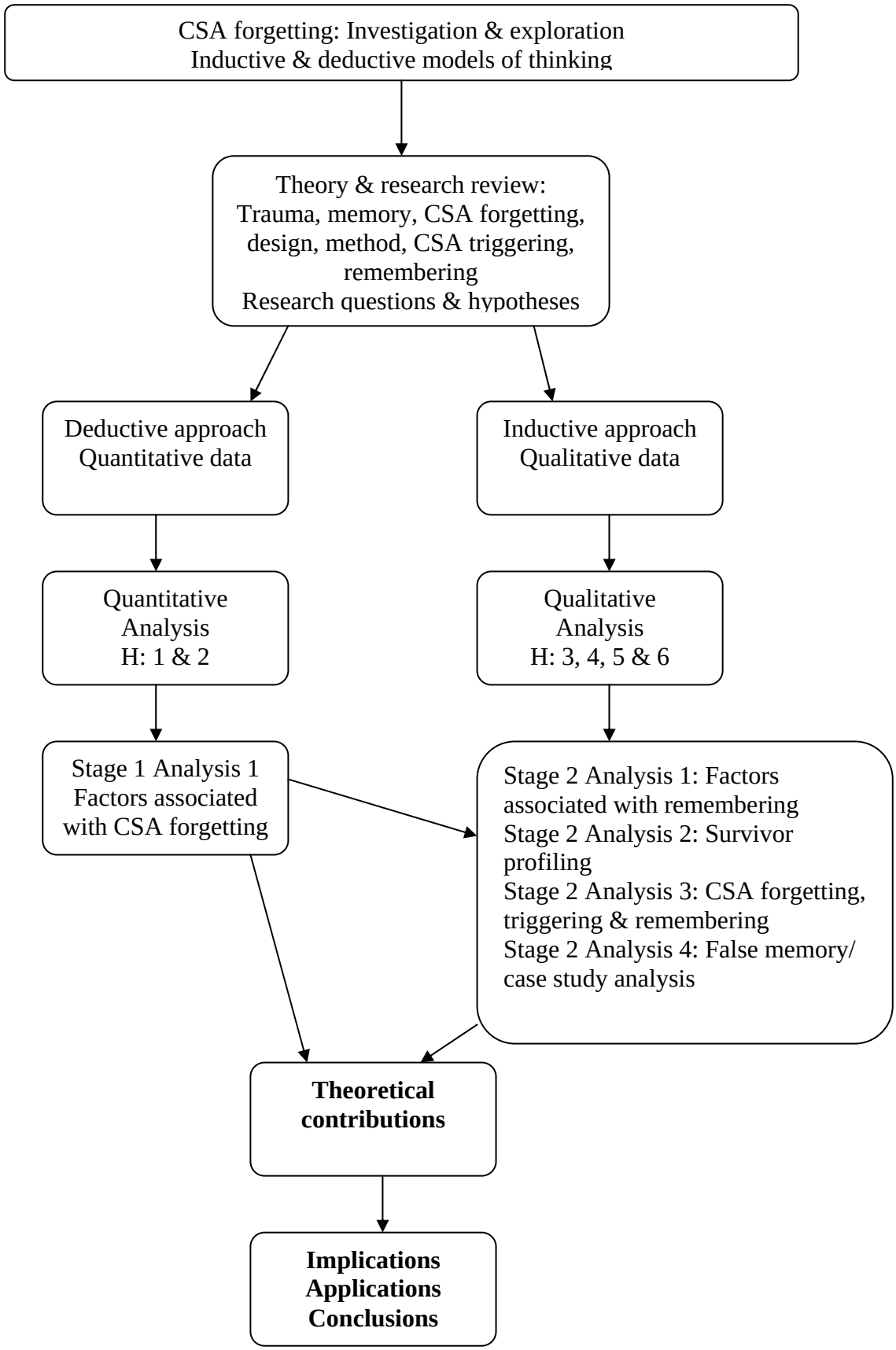


Figure 9.1 *Research Organisation & Theoretical Model*

This research program was underpinned by a theory-driven model of investigation and used a mixed-method design to investigate and explore the phenomenon of CSA forgetting and remembering by adult survivors. The purpose of this chapter is to discuss the contributions this research has made to the existing theory on CSA forgetting. A review of the research structure, process and findings of this study will be presented, followed by a discussion on the strengths and limitations of the research. The theoretical contributions and practical applications of the research will be discussed, followed by a discussion on future research directions.

9.1 Research Structure and Process

The literature was reviewed for existing theoretical and empirical perspectives on CSA forgetting and remembering to ascertain which aspects of the phenomenon were already known and which aspects of the phenomenon required further investigation. The literature indicated that trauma and memory theories underpinned the phenomenon of CSA forgetting and remembering. The review also assisted in the formulation of the research questions or unknowns to be examined in this thesis. Do adult CSA survivors have periods of time when they forget about their abuse? What factors differentiated between the three categories of forgetting (survivors who always remembered, partially forgot or extensively forgot)? Why do some survivors always remember their abuse? What are the differences within the three categories of forgetting? Is there a typical member of each category of forgetting? How do survivors, who report some degree of forgetting, forget about their abuse memories? What types of events trigger their initial memories and how do they experience their initial recovered memories? A further exploration arose, after the discovery of a participant whose case would typically attract claims of false memory. Her case was examined in accordance with various false memory arguments and issues.

A review was also undertaken on various methodological elements, such as the use of inductive thinking, retrospective data, corroboration, design, method, qualitative analysis techniques, psychological profiling and case studies. These elements needed to be examined due to their importance to the successful conduct of the research. The models of logic applied to this research were based on inductive and deductive thinking. These models of logic shaped the research program by requiring

theory testing and theory development and comparisons. As a result, the study relied on a mixed method design, as a means of gathering, analysing and interpreting quantitative and qualitative data from the participants. Corroboration of the abuse was sought from each participant, with the literature providing a legal definition of corroboration and the discussion broadening to include expert testimony and psychological profiling, as types of corroboration. Participants were recruited in accordance with strict ethical requirements and were provided with briefing, debriefing and free counselling if they required assistance as a result of participating in this study. Finally, literature on the scientific rigour of the case study was examined, finding that the exemplary case study was advantageous when the researcher needed material that as rich in detail. The review also indicated that a mixture of qualitative and quantitative approaches was required to investigate the phenomenon of CSA forgetting and remembering.

9.2 Review of the Research Findings

The quantitative and qualitative analyses conducted in the thesis have examined the phenomena of childhood sexual abuse forgetting and remembering by adult survivors. Discussions of each analysis have been presented in Chapters Four to Eight. In this final chapter of the thesis, the results obtained in the analyses are reviewed to provide a broad picture of the factors and processes associated with CSA forgetting and remembering by adult survivors. Firstly, the empirical findings will be reviewed, followed by a review of the qualitative findings.

9.2.1 Review of Quantitative Findings

Stage One Analysis One found support for the phenomenon of CSA forgetting by some survivors, with 36.4% of participants reporting that they always remembered the abuse; 20.8% of the participants reporting that they partially forgot the abuse; and 42.9% of the participants reporting that they experienced extensive forgetting of the abuse. This finding supported the findings of the majority of the reviewed existing research and also placed in the range of percentages of CSA forgetting, outlined by Whitfield (1995) as 16%-78%.

The literature indicated that a mixture of factors were associated with CSA forgetting; such as: more extreme abuse (including early age onset, relationship to the abuser, multiple abusers, frequency, duration, associated violence), trauma symptomology at the time of the abuse, current psychological symptomology, emotional intensity at the time of the abuse and currently, persistence of memory, and the ability to dissociate. The research provided partial support for the hypothesis that the more extreme abuse parameters would be associated with forgetting of the abuse. A significant difference was found regarding the age at which the abuse commenced, with the Extensive Forgetting group reporting an earlier age at which the abuse commenced. This finding indicated that survivors who always remembered their abuse were older when the abuse commenced. Significant differences were found on the variable that related to being abused by an aunt or uncle, which while a close relationship was not as close as that of a parent or step-parent. Abuse parameters, such as multiple abusers, abuse frequency and abuse duration were not found to be associated with the experience of CSA forgetting.

No support was found for the hypothesis that the level of trauma response (IES-R), experienced by the individual at the time of the abuse, was associated with CSA forgetting. This finding indicated that all CSA survivors experienced similar high levels of traumatic symptomology, regardless of whether they later forgot about the abuse or not. A similar result was found with the survivor's current psychological symptomology, such as somatisation, obsessive compulsive traits, depression, anxiety, phobic anxiety, paranoid ideation. The sub-scale of current hostility differentiated between the three categories of forgetting. This finding could reflect that survivors who have just recovered their abuse memories have also experienced increased levels of anger as they remember more of their childhood experiences.

No support was found for an association between CSA forgetting and higher levels of emotional intensity at the time of the abuse, indicating that all survivors experienced a mixture of shame, guilt, embarrassment, anger, confusion, fright, shock, disgust and paralysis as a result of the abuse. This finding aligned most closely with the theoretical model of trauma and the development of acute stress disorder. When this finding is examined in conjunction with the mean abuse duration for the participants in this study (i.e., 6.4 years) the development of PTSD

as a result of the abuse is indicated. Current levels of anger (Williams Emotional Intensity) differentiated between the participants. Significant differences, between the groups, were also found on two of the Persistence of Memory items (Loftus), namely clarity of memory and participants' memories of abuse-related taste.

Finally, a significant difference was found on the participants' current dissociation levels, with the Extensive Forgetting group reporting higher levels of current dissociation than the other two groups. This finding most closely aligned with trauma theory and reflected that the participants who reported extensive forgetting were able to use dissociation to facilitate their process of forgetting.

These findings reflect the mixed results found in other studies, and indicate that further research on the relationship between the factors identified in this, and other studies, and CSA forgetting. The results of this stage of the research also indicated that several areas required further exploration and formed the rationale for the following stage of the research. The final task of Stage One was to construct statistical profiles for each category of forgetting, based on the mean scores of the SCL-90-R, IES-R and DES II, for use in Stage Two Analysis Two (profile analysis).

9.2.2 Review of Qualitative Findings

Stage One results indicated that further exploration as required on why some survivors always remembered about their abuse. This area was explored in response to an identified lack of research which focused on participants who did not forget about their abuse. Stage Two Analysis One provided a qualitative analysis relating to the experience of always remembering the abuse. The aim of this analysis was to provide a deeper understanding of why some participants (n = 23) did not forget about their abuse, when other participants reported being able to forget for a period of time. The participants' responses formed clusters, such as older age at abuse onset, failed dissociative mechanisms, constant reminders, and others, as reasons for why they always remembered their abuse. The link between the first three reasons for always remembering is required to explore the hypothesis that older age and/or constant reminders lead to failed dissociative mechanisms. The category of "other reasons" needs further research and refining.

Stage Two Analysis Two presented and compared each participant's profile against the statistical profiles constructed in Stage One, to explore the differences within participants in each category of forgetting and to identify if there was a typical member of each category. The participants' profiles included a summary of their TEQ responses and interview responses, in addition to their Stage One test booklet scores. The comparison was made, firstly, on a specific basis against the mean scores obtained by each category of forgetting, and secondly, on a broader basis, against the score range for each measure of the statistical profile. This was done to determine if there was a "typical" member of each category of forgetting and to investigate the within-group differences. The specific profile comparison demonstrated that there was no "typical" member of any of the three groups, with participants varying widely in their scores and patterns of scores. However, when the profile comparison was broadened to include score ranges, 61% of participants, who always remembered the abuse, 44% of participants who partially forgot the abuse, and 47% of participants who extensively forgot their abuse, matched the profile of a "typical" member of their relevant category of forgetting.

Stage Two Analysis Three provided an in-depth qualitative exploration on the process involved in CSA forgetting, triggering and later remembering, for a selection of participants who reported partially forgetting the abuse (n = 6), and extensively forgetting the abuse (n = 10). This analysis explored the differences between participants, from the two categories of forgetting, on their experiences of CSA forgetting, triggering and later remembering, in addition to exploring how these participants were able to forget about the abuse; what events triggered their abuse memories; and how the initial memories returned. Participants who extensively forgot about their abuse reported a higher rate of dissociative mechanisms than participants who partially forgot. When asked about the specific mechanisms used to facilitate forgetting, participants outlined a variety of cognitive mechanisms, such as "burying the memory," "locking the memory away" and "pretending to be somewhere else." None of the participants from either category of forgetting recovered memories in therapy nor was hypnosis used to facilitate memory recovery. Rather, the majority of participants reported experiencing a trigger event, such as death of the abuser or disclosure by another family member, which lead to recovery of their initial memories. The participants reported that their initial memories

returned and were experienced in a variety of sensory modes and from a variety of visual and auditory perspectives. The processes of triggering and initial recovery of memories supported the findings of Van der Kolk (1996) and Courtois (1992).

Stage Two Analysis Four presented the case study of a participant, who had been identified as an "outlier", due to her high score on the DES II, claims of being able to remember abuse incidents that occurred prior to the age of two years, diagnosis of DID, and the substantiated conviction and sentencing of her abuser, based on her recovered memories of the abuse and corroboration from her sister and mother. Her case was examined against some of the criticisms often made by false memory supporters. The case study material refuted some of the false memory arguments, such as recovered memory not standing up in court and memories prior to the age of four being unreliable. Further research is required from scientists on both sides of the false memory debate.

9.3 Strengths and Limitations of the Research

A comprehensive literature review, including identification of a relevant theoretical framework, previous research on the topic and research on methodological issues, provided a firm basis for the design process of this study. The design, which was influenced by the use of deductive and inductive processes of logic, permitted the collection and analysis of multiple sources of information. This design element aligned with the approach to consistency of retrospective data outlined by Krinsley et al (2003). This study sought details of corroboration from each participant, as proposed by Pope and Hudson (1995), to further ensure consistency of the retrospective data. The mixed method employed by this research allowed for a combination of theory testing (Stage One) and theory development and/or comparison (Stage Two). The design allowed for flexibility when an initial perusal of the qualitative data identified areas that required deeper exploration.

This study used a cross-sectional approach, which enabled a large amount of information to be collected from the participants in a relatively short period of time. This approach does limit inferences of causality, with researchers only being able to assess differences between participants. For example, this study cannot conclusively

say that abuse that commences at an early age causes CSA forgetting. This study can only say that there is a relationship between early age onset and CSA forgetting.

This research was limited by the moderate size of the sample; however for this type of clinical research, when consideration is given to data management of the qualitative and quantitative data this research collected, future studies may need to limit the number of participants to no more than 150 people. The results of this study may not be generalisable to other groups of CSA survivors, due to the use of a community sample, rather than a clinical sample. The use of a community sample was, however, also a strength of this research, in that any significant differences found between the groups may also be found in clinical samples, particularly on the variables related to current psychological functioning, trauma response at the time of the abuse, and the ability to dissociate.

The use of both qualitative and quantitative analyses led to results that were empirically sound and rich in detail, as a means to contributing to our further understanding of the topic. Much of this study was exploratory in nature. This aspect of the research enabled the researcher to investigate the topic unencumbered by expectations of what would be found or by any particular researcher bias. Finally, the results of participant feedback data and ethics protocols will inform the refining process of this research design for use in future studies.

9.4 Theoretical Contributions of the Research

The theory model, underpinning this research, was used to promote the identification of the “knowns” and “unknowns” on the topic of CSA forgetting. The information enabled development of the research questions, with the results of previous studies enabling development of the hypotheses. Previous research was lacking in some of the areas of inquiry suggested by the theory review, such as: why some CSA survivors always remember their abuse; is there a typical survivor profile? How do some CSA survivors forget and recover their abuse memories?

The research has contributed to theoretical knowledge in a number of areas. Firstly, the research adds to our understanding of the relationship between CSA and trauma,

including the trauma response and other negative effects, experienced by an individual at the time of, and after, the trauma event. Specifically, the participants in this study reported high levels of current psychological distress, regardless of whether they always remembered, partially forgot, or extensively forgot their abuse. Therefore, forgetting about the abuse does not appear to protect the individual from experiencing moderate to high levels of psychological and traumatic symptomology. The primary difference between survivors who always remember and survivors who extensively forget their abuse would appear to be that survivors who forget are unaware of the reasons behind their psychological and life difficulties. This may impose an added emotional burden for these survivors, which is eased after they recover their abuse memories.

Secondly, the research contributes to our understanding about the impact of trauma on memory, by finding that the ability to successfully dissociate was a significant factor for participants who reported either partial or extensive forgetting. The phenomenon of dissociation was also explored by this research, with some participants reporting using various cognitive images and strategies to facilitate their dissociation from the abuse. The majority of the participants fulfilled the diagnosis criteria for PTSD, supporting the theoretical links between CSA and the development of long-term negative effects, such as depression, anxiety, sexual and relationship difficulties, self-esteem difficulties, trust issues, substance and alcohol abuse, psychological disorders and suicidal behaviours, and CSA and the trauma response, including memory deficits and avoidance aspects.

Thirdly, the research contributes to our understanding about CSA forgetting, triggering and later remembering, in addition to enhancing our understanding about adult survivors who reported always remembering about their abuse. The research found that CSA forgetting, dissociation and the participant's age at the time the abuse commenced were associated, with the nature of the relationship suggesting that the child, if young at the time of the abuse was more able to use a dissociative strategy to facilitate the process of forgetting, than the child who was older at the time of abuse. The strategy used by the child usually involved a mental picture of separation from the memory by "burying," "locking away" or "being somewhere else in my mind" due to their inability to cope with an overwhelming event or series of

events. The relationship between CSA, dissociation and age of onset requires further research and remains an unknown quantity. Identification of the trigger events has contributed to this area of theory, with the majority of participants able to describe the process and content of the trigger with clarity. The processes of remembering, as described by the participants, indicate that trauma-related memory is stored in fragmentary sensory modes once the process of forgetting is complete. The trigger event reminds the survivor of some aspect of the abuse, which then links to other stored fragments of the abuse memories. This is a different process to that of forgetting, due to the passage of elapsed time.

Fourthly, this study contributes to the knowledge base on psychological profiling, with the results indicating that a broad profile comparison was more effective in identifying "typical" members from each category of forgetting. The profile analysis results indicated that, although most of the participants differed in their exact pattern of long-term negative effects, all participants experienced similar levels of intensity of the long-term negative effects, suggesting that an overall profile of a typical survivor, regardless of their degree of forgetting, could be formulated for use in future studies as a form of corroboration. Although the theory base suggested that corroboration that childhood sexual abuse occurred was usually non-existent due to the passing of time, other types of corroboration were cited by the majority of participants in this study, with an emphasis on corroboration by other family members, abuser acknowledgement and the development of long-term negative effects.

This research contributes to our understanding of the criticisms and arguments pertinent to the issue of false CSA memories, by comparing one case study to the false memory arguments. The process of examination identified that some aspects of the false memory argument required clarification by researchers before full case comparisons can be conducted. In addition, one person's experience has provided evidence that not all survivors who experience a degree of forgetting are confabulating and that recovered memories of abuse can be reliable and sufficient for court purposes, although other forms of corroboration would strengthen the case against the abuser and assist with the determination of criminal compensation for the survivor.

The research design used in this study was influenced by the theoretical base on research methodology and incorporated a review mechanism, developed to ensure that the design could be used as a refined template in future studies. The design provided the research with strategies to limit potential criticism of the findings, such as the use of uncorroborated retrospective data.

Finally, the research indicated that the majority of survivors recover their initial abuse memories prior to entering therapy. In addition, therapists engage in the ethical treatment of CSA survivors and do not engage in any of the criticised memory recovery techniques. The element of therapy that appears to facilitate memory recovery is the creation of trust and safety, not the use of techniques such as hypnosis. Survivors also mentioned that the process and content of their therapy sessions sometimes lead to triggering of further abuse memories.

9.5 Practical Applications of the Research

The findings of this study have practical implications for psychological and legal practitioners, in addition to better informing members of the broader community, media and CSA survivors. Psychologists could apply this research in two areas, namely, treatment of CSA survivors and the provision of expert opinion in CSA-related court proceedings. A deeper understanding of the negative impact of CSA, regardless of whether the survivor has always remembered or experienced some degree of forgetting, could enable clinicians to facilitate the healing process of their client. If clients were able to understand the processes of how their abuse memories were forgotten and later recovered, they would be able to normalise their memory recovery experiences and better manage their emotional and psychological reactions to discovering that they were abused as children.

All participants in this study reported high levels of current psychological distress, regardless of their degree of forgetting, therefore psychological treatment needs to be applied equally to all survivors. Clinicians cannot assume that CSA forgetting provided the survivor with any protection against the development of strong negative psychological and traumatic symptoms. Psychologists and legal practitioners can cite the incidence of CSA forgetting with confidence and can now describe the

processes of forgetting, triggering and remembering. In terms of the provision of expert opinion, this research could be applied by the provision of Level Three evidence; that is, psychological opinion which details the individual survivors abuse history and results from psychological measures, and then provides a comparison against other survivors experiences and test scores. The provision of Level Three evidence could assist legal personnel, especially police prosecutors and solicitors for the survivor, in addition to juries and magistrates who are called upon to convict abusers long after the abuse events have taken place, and in the absence of specific and concrete forensic evidence. The types of corroboration found in this research could also assist in this endeavour.

In Australia, previous media reports have often cast doubt on the veracity of survivors reports of CSA forgetting and memory recovery. The results of this research could be used to educate media personnel, members of the broader community, psychologist and legal personnel, with the research being used to formulate a program of training, and also published in a form easily understandable by the lay person. In addition, the research findings could be easily disseminated through the media as a series of oral and written reports, designed to educate the public about CSA and CSA forgetting and remembering.

9.6 Future Research Directions

A call must go out for more research on the topic of CSA forgetting and remembering. As discovered by this thesis, the topic of CSA forgetting has experienced periods of neglect, where the issue was either subject to societal denial or put in the "too hard basket." Our society appears to demonstrate an increased acceptance of the reality of childhood sexual abuse, in line with various state and federal government inquiries, reports and policy formulation, therefore research is needed to assist with the formulation of policy and best practice standards. As a profession, we cannot afford to ignore this area of research, especially in our nation's current climate of acceptance of the reality of, and action against, CSA and CSA perpetrators.

Previous research has provided support for the phenomenon of CSA forgetting, however the processes and factors that are associated with CSA forgetting, triggering and remembering remain poorly researched. Further research on the processes and factors is required, with a diversity of samples, to facilitate a more informed understanding of the topic. Due to the exploratory nature of this research, further study is required on why some survivors always remember their abuse, the processes of forgetting, triggering and remembering, the use of psychological profiles and examination of false memory issues, definitions and arguments to determine their scientific rigour.

Further research is required on the relationship between CSA, dissociation and age, to determine if the ability to dissociate is a function of age or a personality trait. This research asked how participants forgot their abuse; further investigation is needed on the role that forgetting plays, if it does not protect the individual from developing negative long-term effects, similar to those developed by survivors who always remember their abuse. Investigation is also required into the types of corroboration available to abuse survivors when physical evidence is unavailable. Finally, future studies need to review their design and methodology to ensure that any studies conducted in the future use the best combination of psychological research methods available.

9.7 Conclusions

This thesis is unique in the use of both quantitative and qualitative data and analyses to investigate and explore CSA forgetting and remembering. It is also unique in applying psychological profiling to this topic, and in the way the individual profiles were constructed. Although the trend in psychology is towards a reductionist reporting of research findings, this thesis reported the experience of each participant via the use of profiling. This decision was made for two reasons; firstly, to fulfil the researcher's moral obligation to each participant, and secondly, to facilitate a deeper understanding of the common themes and the variety of experiences reported by the participants. The researcher's moral obligation to report on each participant arose from the researcher's need to acknowledge the bravery and honesty of each participant.

The results have provided greater insight into a number of areas of psychological research, such as the impact of a traumatic event on the individual, both as a child, and later, as an adult. Whether an individual was able to forget about their abuse, or not, the negative impact would appear to be the same, with the survivor who was able to forget, also experiencing heightened distress when in the process of remembering about their abuse memories. This research also found that most of the participants were highly functional in most of their life activities, such as study, work and relationships, although some reported difficulties in at least one of these areas at some stage in their lives.

This thesis also asked participants about their perceptions of participating in the research process, with most participants reporting that they would be happy to participate in future CSA-related study. This finding can only assist future researchers when seeking approval from ethics committees to conduct CSA-related research. Finally, this research could form a process template for further investigation into CSA and CSA forgetting and remembering. The experience of childhood sexual abuse can have devastating effects on the survivors. These individuals require significant support from psychologists and members of the community, so that they can heal and experience the kind of happy and productive adult lives that most of us want to have. In the past, society's ignorance, denial and fear of childhood sexual abuse issues can only have increased the emotional and psychological burden survivors already bore, as a result of their abuse. Responsible, ethical and sensitive research can help to lighten their load and benefit all concerned parties.

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APPENDICES

Contents

Appendix A: Specific Corroboration Details for Participants in this Study

Specific Corroboration Details for All Cases by Sub-group

Always Remembered

Case	Yes/No	Type of Corroboration
2	Y	Substance abuse, suicide attempts, family member
3	Y	Family member
7	Y	Eating disorder, suicide attempts, depression
8	N	Not yet sought
10	Y	Abuser admission, family member, suicide attempts, self-harm, drug abuse
16	Y	Abuser admission, family member
19	Y	Abuser admission, suicide attempts, drug abuse, sex worker at age 13, psychiatric diagnoses
23	Y	Abuser admission, family members
30	N	Sought but not obtained
34	Y	Police investigation, corroboration from another survivor
36	Y	Family member
37	Y	Family member
40	Y	Abuser convicted for over 100 other abuse incidents
45	Y	Abuser admission
49	Y	Abuser admission
50	Y	Family member
53	Y	Police investigation
55	Y	Family member
56	Y	Family member
59	Y	Family members
60	N	No interview
62	Y	Family member
63	N	No interview
64	Y	Family member
66	N	No interview
68	Y	Family member
73	N	No interview
74	N	No interview

Partial Forgetting

Case	Yes/No	Type of Corroboration
4	Y	Family member
9	Y	Family member
18	Y	Family member, legal proceedings
22	Y	Abuser admission, family member
28	Y	Family members
31	N	Corroboration not sought
32	Y	Family members
35	Y	Conviction, abuser admission, medical history of childhood urinary tract infections, suicide attempts
41	Y	Family member
43	Y	Abuser admission
44	Y	Family members
46	Y	Eating disorder, depression, scarring
52	Y	Family member, drug & alcohol abuse, depression, suicide attempts, prostitution
57	N	Abuser dead
72	Y	Abuser admission
75	Y	Gave evidence at state inquiry, scarring

Extensive Forgetting

Case	Yes/No	Type of Corroboration
1	Y	Family members
5	Y	Family members, sexual confusion, depression
6	Y	Scarring
11	N	Corroboration not yet sought
12	Y	Conviction, abuser admission, family members, DID diagnosis
13	N	Thinks happened to sister but too scared to ask, abuser access to subject confirmed
14	Y	Family members, self-harm
15	Y	Family members, suicide attempts, vaginal scarring
17	N	No corroboration obtained as injuries sustained in state home not documented by staff
20	N	Most family members dead, OCD diagnosis
21	Y	Family member
24	N	Abuser confronted but no response, bulimia, hospitalised for depression
25	Y	Family members
26	Y	Family members, confronted abuser but no confirmation
27	Y	Family members
29	N	Family members confirmed physical abuse, sexual difficulties
33	Y	Doctors report re genital mutilation/scarring, response from family member who later retracted
38	N	Abuser convicted for wide-ranging child abuse
39	Y	Abuser admission
42	Y	Family members, confronted abuser but no response
47	Y	Abuser admission, genital scarring, family member
48	N	Anal scarring
51	Y	Family member
54	Y	Family member
58	Y	Family member
61	Y	Family member, suicide attempts, DID diagnosis, abortion, bore two children to abuser
65	N	Corroboration rec’d re two abusers, no corroboration obtained for the remainder
67	N	Corroboration not obtained
69	N	No corroboration obtained, diagnosis of DID and Chronic Fatigue Syndrome
70	Y	Abuser admission, family members
71	Y	Family member
76	Y	Confirmed by doctor at age 3
77	N	No interview

Appendix B: Consent Form

Queensland University of Technology

Information Sheet and Consent Form

Chief Investigator: Leigh Ann Hodder-Fleming
School: School of Psychology and Counselling
Contact Numbers: 0417617347 (Mobile) & (07) 38998708 (Office)

The aim of this research is to investigate the factors and processes that contribute to the recall of childhood sexual abuse experiences by adult survivors. It is expected that your participation in this study will take approximately three (3) hours of your time. During this time you will be asked to complete a survey booklet and answer some interview questions.

It is possible that you may experience some strong negative feelings about your abuse experience as a result of participating in this study. If this occurs you will be able to access the counselling services of the Family Therapy and Counselling Clinic, Carseldine Campus QUT, free of charge. The contact number for the clinic is (07) 38644578.

This study will add to the general body of knowledge on childhood sexual abuse recall for psychologists and members of the legal system. Your completed survey and interview responses will be treated with strict confidentiality. Your individual details will not be identified in the study database or in any publication of any report that may be written about the study.

Participation in this study is voluntary. You have the right to withdraw form the study at any time, without penalty or comment. You may contact Leigh Hodder-Fleming, on the contact numbers listed above, or her supervisor, Dr. Kathryn Gow on (07) 38644525, about any matter of concern that relates to this study. You may also contact the Secretary of the University Research Ethics Committee on (07) 38642902 should you wish to raise any concerns, or have any complaints about the conduct of the research.

The chief investigator undertakes to provide you with feedback about the overall outcomes of the research, should you request it. This study is being conducted, by a research postgraduate student, as part of a higher degree program.

The aim of this study has been explained to me and I have been given the opportunity to ask questions regarding the study. I understand that it is possible I may experience strong negative feelings about my abuse as a result of participating in this study. I understand that if this occurs I will be able to access the counselling services of the Family Therapy and Counselling Clinic, Carseldine Campus, QUT, free of charge. I have been informed that I am free to withdraw for the study at any time, without comment or penalty. I have been informed that the confidentiality of the information I provide will be safeguarded. I have read the information sheet and agree to participate in this study.

_____

Signature & Name (Please Print) Date

Appendix C: Test Booklet

Appendix D: Participants Responses to TEQ Item 25

Participants' Responses to TEQ Item 25

Q 25 In what ways have these events affected you in your daily life?

P1: Sleep disturbances. Trust issues in relationships. Gave up wanting to learn.

P2: Trust issues in relationships, sleep disturbances, sexual dysfunction, health, 9 operations for gynecological problems, financially – left home at age 17.

P3: Drug use, mentally, education blocks, anger, anxiety, panic attacks, pain, illnesses, insomnia, obsessive disorders, work, friendships, broken relationships, unable to have more children, not able to relate to son with showing love.

P4: Low self-esteem and confidence, sexual relations with opposite sex, sexual beliefs or sexual persuasion, anxiety and worry.

P5: Relating to others, numbing, sexual attractions, substance abuse, emotional suppression, guilt, can't sleep.

P6: Unable to have permanent employment and studies.

P7: I am prone to depression and low self-esteem and I have a strong distrust of men. This affects my abilities to cope with stress and form relationships. I also developed an eating disorder, which lasted 12 years and occasionally still troubles me.

P8: I feel that the only way to feel cared for is to give sexual favours. I also confuse sex with love.

P9: Do not trust men physically and emotionally. Continued to allow men to abuse me physically and emotionally. Emotionally feel as though this has affected my life, other relationships, how I deal with issues. I am often angry and defensive.

P10: My automatic reactions to daily life are due to survivor techniques used in the past i.e. anger control, becoming intimate, to let somebody in and trust development.

P11: Depression most of my life, difficulty getting on with life as have spent most time to date just trying to survive.

P12: I have MPD as a result. I see therapists up to 4 times a week as required. I have appalling relationships, as I am scared all the time. I have constant flashbacks and require a lot of support. I am also studying in the area so I can put my experiences to good use.

P13: Sexualised thoughts about men, deep down desire to be found attractive sexually by men, recurring sense of shame – I'm sure it's related to poor self-image and perfectionism too for me.

Q 25 In what ways have these events affected you in your daily life?

P14: These events filled me with terror, which became nameless because I couldn't risk consciously remembering. It has deeply damaged my capacity to trust people.

P15: My ability to learn that sex is not violence or abuse, to trust men, to stand up for myself, to speak my truth.

P16: Self-esteem – I have none. I take drugs. I am obese. I am a hopeless parent and a hopeless person. I am angry, aggressive, depressed etc.

P17: Lack of trust, loneliness, low self-esteem, fear of intimacy, loss of social skills, repressed anger, fear of authority figures, bitterness and anger.

P18: Didn't realise until 3 years ago when cracked up after committal hearing and went into counselling. Relationships issues – male/female, kids/mum, me/parents. Defenses set up – lack of showing feelings, fear to speak up about anything, lack of self-worth and confidence.

P19: I am strong and open, loving and compassionate. I am the good for all those bad things. And piece-by-piece I am looking to correct some destructive behaviour patterns I had been conditioned to, but this is not my fault.

P20: OCD in the form of responsibility for everybody and "contamination". Can't trust, used to not allow myself to cry.

P21: Affects all relationships – very hard to trust anyone or get close. Can't work at the moment because of it. Hard to parent functionally, always checking myself. I don't want to repeat patterns of emotional and physical abuse, am overprotective. It affects everything – therapy, AA. My son kept my alive…I had to live for him but I have thought about killing us both because of no hope.

P22: Unreasonable anger at anyone who tells me what to do. Inability to make even minor decisions. Poor concentration/comprehension, dissociation, "wicked" self-image.

P23: I was emotionally distant from people. I had trouble trusting. I felt unsafe a lot. It has affected all my relationships.

P24: This is extremely difficult to write down. I have dissociated parts. I had bulimia for 20 years on and off. Due to severe depression there have been long periods where I have been unable to function. Fear of getting close and belief that people really couldn't like me affects me today. There is more but this is all I can write.

Q 25 In what ways have these events affected you in your daily life?

P25: My perception of life i.e. unsafe, insecure. Constant obsession with proving to myself I was not weak. Insecure in relationships with others. Feeling responsible for things out of my control. Inarticulate. Small fears i.e. dogs, couldn't have anything on bed when sleeping in case it fell off and frightened me in the night. Abhorrence of sound of people eating.

P26: Illness all my life (40 hospital visits) for health reasons (not depression) until 40 years later when remembered. Break up of family/marriage after disclosure. Husband didn't believe.

P28: Relationships, no adult sexual relationship, can't be in a room with the door closed, concentration, doubt own feelings/responses, feel overwhelmed in group situations, can't ask for help or say no, health i.e. PTSD, depression, anxiety disorder, sleep, nightmares, self mutilation, suicidal ideation, urinary tract/bladder/vaginal infections. Withdrew from family/friendships. Time off work. Financial – counselling costs, cost of time off work, legal fees for unsuccessful crime compensation case $25000+, don't own anything i.e. house etc.

P29: I have had enormous pain and difficulty coping with life and relationships as all the damage has surged up.

P30: I am very suspicious and also protective. I have a tendency to be anxious and depressed and see the negatives before the positives. When I was younger I craved men's' flattery and attention and feel reserved and abandoned when I didn't get it. I am also a control freak who doesn't like surprises.

P31: Now I have become worse. The clothes I wear – not wanting to attract attention of males particularly speech and how I deliver my words – non-come-on. Who I choose to talk with and discipline my non-verbal signs. I know I stopped learning and my self-expression became locked inside somewhere. I developed contempt for authority figures (because no one helped me or protected me). Today my creativity is being restored and I have hope of more freedom daily.) I sing, I dance I write songs, I have true genuine friends.

P32: Promiscuity, self-esteem, withdrawn.

P33: Severe mutilation of the vagina and anus means intercourse causes hospitalisation and defecating is problematic.

P34: Difficulty in relationships. Deep mistrust of men. Blamed my mother. Felt enormous amount of guilt and shame. Am overprotective.

Q 25 In what ways have these events affected you in your daily life?

P35: I am a very withdrawn, fearful person. Hypervigilant, sexual intimacy with my husband a daily battle; low self-esteem because I grew up "dirty" and nothing; can't face challenges so change is momentous; anger leading to depression; anti-depressants now for 3 years but I'm off sleeping tablets although nightmares still happen; emotionally unable to work as a teacher.

P36: Inability to trust people, unable to express feelings, reluctant to begin a relationship.

P37: Withdrawn and isolated. Couldn't risk friends – they'd be abused. Can't get close to anyone. Lonely. Unable to feel pleasure or want things. Always going without, staying poor, never known intimacy or had a sex life other than with my ex (abusive). Stress-related illness – hard to know what life could have been like. Know I can survive though – I am strong. Already shy – went shyer, constant fear of everyone, everything, every feeling. No self-esteem, numbness, shock, dirty, bad, guilty, exposed, different, undeserving of anything except punishment.

P38: Very cautious with my children. I won't go to church, my children are not baptised. I hate the Catholic Church. My children went to a catholic church. I didn't trust the priest so I removed my children from the school.

P39: Trust is so difficult. Fear of semi-dark – the abuse occurred during the day with the blinds down. I've realised that I always seat myself with my back to the wall so I can see who's coming. I'm not comfortable if I can't do that. Totally off sex – don't want to know yet long for that closeness

P40: Lack of trust, self-conscious, became more aware of my surroundings.

P41: Fear of loneliness/isolation. Withdrawal from world. Did have a lot of anger/hate particularly towards men, mother. Academic results dropped away markedly. Suppressed anger has contributed to and perhaps facilitated chronic illness, which developed from mid to late teens. Ability to handle stress much reduced.

P42: Strained/distant relationships due to my inability to trust anyone. Major depression/fear/anxiety/distrust – very draining. Constantly lacking energy. Headaches, stomach ulcer, chronic pain. The events have prevented me from reaching my full potential.

P43: I believed all men probably abused kids and all men lie and women would blame me. I've been angry and always on my own. No one understood me and often suicidal. Very strict with my son. Twisted sexually – unable to make love only "fuck". Every bit of my life.

Q 25 In what ways have these events affected you in your daily life?

P44: I have no sense of having been: loved, nurtured, protected, allowed privacy, empowered in any way, except through music – my father was a professional musician and gained "kudos" from having his children perform.

P45: During teen years wondered what women were for. Find intimacy difficult, distorted view of sex and intimacy. Judge others on their sexual appeal instead of abilities and character.

P46: I blocked out the abuse until the beginning of 1999 when my husband left. His leaving triggered a whole host of memories/flashbacks resulting in a nervous breakdown. Prior to 1999 and even now I have no confidence. I have an eating disorder, suffer long-term depression, low self-esteem etc.

P47: Because of the repressing of memories. Been in hospital – panic attacks – not being able to function sexually – over-controlling with my children

P48: Self image. Frigidity at times. Sexual difficulties.

P49: What had more effect was how a little girl needed daddy's love regardless. As a teenager and young adult I became very intellectual, not very sexual. Yet I had a strong need to be sexually loved underneath.

P50: Self-esteem, depression, insomnia.

P51: Cautious of leaving my children with male friends or family. Untrusting of males in general. Do not tolerate male domination.

P52: In my marriage I became very needy and sought husbands' approval. Also married another abuser and gave him sex to be loved. Ashamed of sexual pleasure. Prostitute at 16-17. Promiscuous from 13-17. Don't trust men. Fear Men.

P53: Not one day goes by without these thoughts. I trust very few people. Rarely go out. I despise the church.

P54: Relationships, mental health problems, feeling close to my two sons, personality.

P55: It makes me somewhat promiscuous with kisses. I have some trouble sexually in married life i.e. cannot climax while with husband.

P56: It affected every area of my life until I went to Christian Counselling at the age of about 38 years.

P57: The effects of my abuse have permeated every facet of my life.

Q 25 In what ways have these events affected you in your daily life?

P58: No self worth, insecure, feeling bad, lots of anger, trying to please to be liked, living a lie. Not myself until I worked through counselling. Lots of fears and anxiety. I have overcome most but continue to live with those, but recognising it after which they diffuse.

P59: I was affected to such a degree that it caused my marriage to fall apart. I have been separated from family due to being put into care constantly. I can't relate to anyone on an intimate level. I have trouble trusting people. Recently I've become disoriented.

P60: The bastard is still in my head and he is dead.

P61: Difficulties in socialisation, inability to trust, each day is a challenge to continue to survive, poor self-worth, unable to articulate feelings, suicidal thoughts invade the mind. Living with a system of alters who take control and I lose time.

P62: Authority, trust.

P63: I can't get close to anybody, don't trust people, feel terrible about the sexual act, feel dirty and bad. Can't stand sperm on me and don't like touching the male genitals. I suffer depression.

P64: Sexually, relationships, self-esteem, fears.

P65: Unable to form healthy attachments in relationships, hate myself, dissociation has prevented my presence in life.

P66: I married only to have my children as I only wanted to have something the nuns, the state or no one could ever take them or hurt them. When I had them I ended my marriage and he was an excellent person. I hurt because of my childhood. I hate sex – it's filthy, ok!

P67: The abuse made me believe negative things about myself that aren't true. I have difficulties trusting and loving others and believing that others will trust me. Also difficulties with sexuality and intimacy.

P68: Hard to communicate with men and have a relationship. Trust is a big issue.

P70: Has affected my sex life negatively. Makes me get really angry if I am not in control of what is happening with all aspects of my daily life.

P71: These events have damaged me emotionally. I suffer from depression, anxiety, panic attacks, and an eating disorder. I have problems with trust, intimacy, and am scared of men. I married a violent man and left him. I am scared of relationships and trusting people. I also have phobias of blood and a fear of the dark.

Q 25 In what ways have these events affected you in your daily life?

P72: I married an abusive man and divorced him in 1993. In the last year I have developed panic attacks and depression. Most of my siblings, their families, and my mother rejected me because I'm dealing with the issues. I don't get replies to my letters. I am on anti depressants.

P73: I find it very difficult to speak to or be friends with men. I find it hard to trust anyone of either sex.

P74: I can now see how these events have affected every way in which I have lead my life – all of the relationships, family, lovers, friends, work and study.

P75: Cynical and mistrustful of authority, contempt for those who bully and manipulate others.

P76: The way I feel, no trust, never felt happy, constant diahorea, can't eat food properly, anxiety attacks, prefer to be on my own.

P77: It quite dramatically affected my relationships with other people.

Appendix E: Participants Responses to TEQ Item 26

Participants' Responses to TEQ Item 26

Q 26 Did you experience any associated emotional or physical violence at the same time as the events that occurred in Question 8? If yes, please write briefly about what happened.

P1: Violence between mother and uncle. When mother discovered uncle and myself in bed she beat me. She also would put my penis on the kitchen chopping board and threaten to cut it off with the bread knife.

P2: Frequent punching in stomach and beatings. Verbal abuse – ugly, stupid, never amount to anything. Broken nose.

P3: Lots of beatings, death threats, nearly drowned in boiling water, severe burns, tied up to posts for long periods of time, verbal abuse – idiot, crazy.

P4: Mistreatment from mother and family.

P5: He was very violent and out of control. Each time he assaulted me I lost consciousness and woke up after he left.

P6: Being hit, electrocuted, spun around, tortured, forced to take LSD and other drugs.

P10: Father was extremely violent. I was hit regularly and emotionally abused i.e. if I was naughty I'd have to stand in a dark corner, not to touch a wall for anywhere up to 3-4 hours.

P12: My father hit me and molested me at the same time. He only enjoyed sex if it hurt me and if I bled that gave him more pleasure. He was always violent and took what he wanted. My father attempted to strangle me with a belt 8 times during sex over 6 years. All of the abuse involved elements of torture and sadism. Violence played a crucial role in this, especially as I had to remain silent at all costs. Emotionally my reality was constantly denied. I was ignored and only seen as a sex object to abuse and dump. A rubber doll, who could be moved and manipulated. My father always made my vulnerable by stealing my glasses prior to raping or hurting me. He would indicate to me hours before hurting me that he was going to do something, and any toy or game I liked was used against me to either justify or excuse the abuse or was used as a sex object on me.

P13: No but my sister and I were isolated from our immediate family due to circumstances. We did not see our mother for 2 months and father infrequently during that time.

Q 26 Did you experience any associated emotional or physical violence at the same time as the events that occurred in Question 8? If yes, please write briefly about what happened.

P14: Many years of attempts to kill me, emotional violence and deliberate deprivation. I was sometimes starved, flogged, ridiculed, pushed under the bath water, had things I loved destroyed deliberately. My mother was a sadist. I was her number 1 "whipping boy". One time when I was 4 I even had a near death experience, when two "angels" or "spirits" came and kept me company, while we watched her flogging the body I had just left. They told me I didn't have to go back if I didn't want to, that I could go with them instead. When I was eleven, she threw my kitten in the fire, right in front of me. This is a very small amount of what she did!

P15: With the neighbour he would cut me with razor blades and insert wooden spoon inside me and also skewers.

P17: Held over a sofa while being raped, being pinned down to a bed.

P19: My experiences were ones of physical/sexual and emotional abuse, often beaten before or after being raped and bludgeoned by words. Often told "you love this". Violence heightened at beatings at reserves after sexual incidents.

P20: Family was split up when mother was hospitalised so security was gone.

P21: Our father threatened my sister and me with his belt if we didn't get in the bed and let him masturbate us and make us masturbate each other. From my other memories, since I was 4 he would rub his penis on my vagina and get very angry with me because his penis wouldn't fit into my vagina. He was drunk and every night I would dread him coming home from the hotel where he worked because he may be drunk and come into my room.

P22: My dad was an alcoholic and threatened to beat us.

P24: I had no ability to express terror and rage. I was taught to hate myself and suppress intense emotions, which I am still dealing with. I believe I was physically violated ritually.

P25: Terror, too young to understand what was happening. Fear I was choking to death, fear he was going to kill me. Abandonment – when I told my mother after an incident she ran away.

P28: My mother was physically abusive towards me. She hit me a lot and was angry a lot of the time. She would throw things at me, hit me with a chair or kitchen stool or a drawer (after tipping the contents on the floor) and break things that belonged to me.

Q 26 Did you experience any associated emotional or physical violence at the same time as the events that occurred in Question 8? If yes, please write briefly about what happened.

P29: My aunt hated me and my mother. I was always afraid of her eyes watching me, of her rages, of her screaming and throwing things. We lived there for 4 years.

P33: Hands and feet tied. Nail file and other sharp instruments inserted into urethra and repeatedly stabbed into wall of vagina and the labia and anus while saying "no rotten man is going to be the first to have their rotten way with you".

P34: Threatened with death if I told. Therefore I was unable to tell Mum for six months.

P35: My brother always grabbed me and held me by force. He was a violent guy. Even charged by police for physical assault, so I lived in absolute fear of him. He was always threatening to get me later, banging on the bedroom walls and calling out and spying on me in the bathroom. He would often get me in the outside toilet so I refrained from using the toilet. I often had urinary tract infections, kidney disease and constipation. Finally by Form 5 I attempted suicide by swallowing a whole bottle of Valium tablets. They pumped out my stomach and sent me home. But no social worker or anybody queried why I'd done it! They just put it down to study pressure being exam time. When I told my Mum about the abuse I was called a liar and lined up for another humiliating belting by my dad; we never spoke about it again.

P36: Inappropriate smacking by female neighbour, bullied by neighbour's cousin.

P37: My brother used emotional blackmail. His friends forced me sometimes, treated me tenderly and special sometimes, later on they tortured me to train my how to behave when they sold me as a prostitute. They all used the fact that my body physically responded to certain stimuli to prove I was bad, I deserved it, that I liked it, that it must be my fault. When I told them no more (age 12.5) they threatened me with many things including death and selling me to a brothel in Saudi Arabia.

P39: My father killed my cat. He also gave away my things including my favourite toy.

P43: I was thrashed with the cord from the electric jug when caught in the perpetrator's bed and made to spend one week of playtime and lunchtime in the chapel begging God's forgiveness. This served to reinforce in me that it was my fault. The kids at school (grade 2) kept asking why I was in chapel.

P44: I was silenced – verbal and emotional denigration was commonplace. An older sister says I was told every day how ugly I was. The script was "stupid, bad and ugly". It was a very deprived childhood, but my internal belief was that I was the problem so it must be normal. My mother emotionally abused me. I was a desperately unhappy child.

Q 26 Did you experience any associated emotional or physical violence at the same time as the events that occurred in Question 8? If yes, please write briefly about what happened.

P46: Father abused me sexually, physically and as I got older emotionally. Mother – physical and emotional abuse. Uncle – emotional, sexual abuse, threats. The emotional abuse continues up until today.

P50: He kept telling me that he would hurt me and that I wanted it, that I was going to get this (penis) all the time when I was a grown up and he was going to teach me.

P51: Hands placed over my mouth when I would object. I would cry during abuse. Quiet afterwards – told to be quiet before my mother would hear.

P52: Apart from mother physical and emotional neglect and father physical violence to me daily. Brother was also physically violent to me and grandfather would reject me if I didn't let him touch me.

P53: Continually bashed and humiliated whilst in care – long attachment detailing events was sent in by participant.

P54: I was raped by three teenagers who were friends of my uncle. The physical and emotional pain was crazy (at the time of this I was probably dissociating as this is an issue I've yet to deal with).

P59: I had trouble relating to people. I was often belted and handled roughly if I didn't co-operate.

P61: If I did not respond to sexual interaction I was physically punched around especially the kidney areas. At 15 years a backyard abortion which the abuser organised. At 16 years pregnant again gave birth to twins, which I raised and are now 33 years old. Also the development of alters to handle the emotional and physical violence – each have their own memories/stories. Arms placed in work bench vice and held by the legs. Objects placed in the vagina e/g tennis racquet handle, plastic child's ten-pin. Often subject to verbal profanities e.g. whore, slut. Stalked daily to and from school/weekend sport/ after school activities and work.

P64: Emotional upheaval. I was at boarding school and when home things always felt on edge, vigilant.

P65: I was told what to think, who to be, who to talk to. Religion controlled my life strongly.

P66: I was tied up, kicked, hit etc.

P67: Emotional violence in the sense that I lived in a powerless environment and the abusers known to me knew this, and used the fact they knew I had no access to support. They knew I couldn't disclose.

Q 26 Did you experience any associated emotional or physical violence at the same time as the events that occurred in Question 8? If yes, please write briefly about what happened.

P68: Sometimes coming home late my dad would be waiting for me in the garage. He would hit me then later abuse me sexually. He bashed my head on the wall and nearly knocked me out.

P70: I was told that my mother and father had nearly broken up because he had an affair. I was very upset about this.

P71: Continuous physical and emotional violence from both parents, then continued emotional and physical violence from my mother and her boyfriend. Our parents divorced and my father wasn't around after I was five years old. Then the same with sexual abuse. This terrorising happened from age 5 to 15 with beatings, often till we were bleeding, with jug cord, belts, canes, sticks. We were often dragged out of bed in the middle of the night and emotionally terrorised. There was nowhere where my sister and I felt safe. We were often made to stand in the room with our pants down (sadistic sexual aspect) and threatened. Our mother was an audience and participant in the above events. She did nothing to protect us. She used character assassinations, scorn, continuous criticism, constant putdowns, and public humiliation to control and demean my sister and myself. The beatings could happen any time so we literally did live in fear.

P72: I was often abused physically by my older brother (not the brother who perpetrated the sexual abuse). He was 3 years older and now dead due to self-cure of his depression by alcohol. Mother used to violently bash him and he took it out on me. I also experienced emotional abuse by my mother. I could never meet her standards. My mother could only love conditionally. I was her first daughter. She told the brother not once that she "wished he was dead when he was a baby". I remember her saying this. I also remember how she used to bash him. She made differences between children and as a result divided us as siblings.

P73: I was always physically and emotionally abused for most of my life. Nothing has changed to this point in time.

P74: I was exposed to quite severe domestic violence and emotional abuse from my father to my mother.

P75: Hospitalised after some attacks. I had a bottle and a toilet brush handle forced up my anus and was forced to do oral sex.

P76: Knives, a gun, and threats were used.

P77: I have an anxiety condition, which I am on medication for.

Appendix F: Participants Written Comments about Abuse-Related Emotions

Emotional Intensity Responses

Please list any other feeling you experienced/experience about your abuse in the space provided below.

P3: Sadness, unloved, scared, disappointment (now only), empty, rage (now only).

P4: I am bad because I enjoyed it…still do somewhat. Everyone thinks I am gay. I am a pervert. I am a dirty person. The abuser should pay. Guilty as charged. Anxious. Bitter.

P6: Outrage that it happened.

P7: Regret now, complacency at the time.

P9: Can't remember how I was feeling at the time of the abuse. Passage of time. I do not want to remember. Another feeling is sadness and "why me?"

P10: I always remember telling myself that "it didn't happen or it's not happening". I wasn't there in my mind a lot of the time through this escapism process. Or I would say, "it will be over soon – just let him do whatever and we can be left alone." Didn't understand the extent of his actions until later in life, when I learnt that sex was that thing he used to do to me.

P11: Don't know what I felt then or feel now. Feelings are numb. Can't take them out yet.

P12: Hatred!!!!!! Scared, breathless, no enjoyment ever!!!!!!! Feel dirty.

P13: Curious, special.

P16: This whole question and other parts of the questionnaire are difficult to answer for me because the abuse was by 5 different people over a long period of time and I feel differently about each part of what each person did. However, the male one (my uncle) – the first time he touched me I was deeply traumatised. However the grooming process he engaged me in was slow and actually enjoyable (the attention was good) – I wanted more and was extremely upset when it finished.

P18: Total dissociation, had to please others, to please was to be loved, sex meant love.

P20: Not sure about current feelings as they change as therapy continues. Not sure about childhood feelings as not all memory has returned. At this stage separation from family has had the most effect. "Paralysis" now perhaps as I have had great difficulty in getting the words out describing the abuse.

P21: At the time of the abuse I would dissociate/out of body experiences to cope. I basically blocked it out.

Please list any other feeling you experienced/experience about your abuse in the space provided below.

P23: I felt trapped and helpless. I felt I was powerless against him. There were times when I felt physical pleasure. This made me feel like he was turning me into something sick and depraved.

P24: Now I have feelings of repulsion, humiliation, terror. In the last 10 years I have also experienced intense anguish, despair and hopelessness. These feelings have dissipated quite a bit.

P26: Disbelief – how could this happen?

P28: Trapped, worthless, terrified, isolated, unique/important, inferior, helpless, ignored, uncomfortable, rejected, self-conscious, loyal (all then). Furious, violated, withdrawn, scared, hate myself, my body, tired, trapped, self conscious, rejected, insecure, preoccupied, inadequate, unfulfilled (all now).

P29: Helplessness, muteness, dislocation, horror, darkness, fragmentation.

P33: Humiliation, terror, abandonment, betrayal, pain, loss, violated, outrage, sorrow, unwanted, pity, grief, powerless, drugged, revolted, hurt, bewildered, tortured, out of body, hopelessness.

P35: I shut down emotionally at about 8 years to survive. I was angry but couldn't identify such. Now I'm in recovery and working on anger management. I froze with fear and dissociated to cope. I didn't feel much at all – even the connecting emotions escaped me. I didn't feel love, joy, wonder, peace and to feel at all has taken a lot of hard work to identify feelings and then own them. Because I was not allowed to have needs in childhood I don't know how to state my needs now and to have them met. It's a whole new ball game and it's so strange. I was never allowed to look after/nurture myself.

P43: I now experience great sorrow that those who abuse now and did then, do not listen to their conscience that tells them it's wrong. I'm disgusted at their weakness to give into their selfishness and greed and the way they try and deal with their shame by hiding their tracks. I'm frustrated now that people are still being conned by the abusers and their smooth pathetic pleas of helplessness – they can help it but choose not to.

P51: Not allowed to show or feel anger. Hate, alone, betrayed.

P57: I was so little – I was very confused and yet at the same time he was my nanny's husband so he could be trusted. He gave me such warm tingly feelings at first then he would hurt me and then he would give me a warm bubble bath because I was so special and he loved me the best.

Please list any other feeling you experienced/experience about your abuse in the space provided below.

P58: Dirty, used, punished, bad. Because I blocked it out most of my life I was convinced for a long time there was something wrong with my mind and had real trouble believing it was all true. I cope pretty well after working through the abuse and have learnt to live with it. I often feel it's happened to another person. I split when the abuse is concerned and I feel quite numb. Can't feel the pain. It's locked away. If I can recognise the connection when fear, anxiety etc pops up it will go away to a degree and not rule my life anymore.

P59: More things were felt after the abuse – still feel many of these things now: depressed, agitated, inadequate, denied, despondent, powerless, betrayed, disoriented, deprived, small, insignificant, invisible, alone, isolated, tormented, nausea, pain. I also felt like a mechanical robot and a puppet on a string.

P61: Sadness, but the inability to cry, afraid, scared, different – not normal – crazy, deprived – robbed of a childhood, stigmatism, sexual love – not knowing unconditional love.

P65: Sad, numb, relief, hate of me.

P66: I could never forget anything about any of it. I can still feel, picture, smell, shame and I ask myself over and over again how could anyone do these things to a child and who gave them the right to take away your childhood. I still watch children and think why couldn't I turn back the clock and be a child like them. Oh how I would love that. These questions, at least some of them, you cannot put a % on them but I did my best as I still hate, detest and feel so dirty and unclean to this very day. I'm sorry if I sound bitter. I don't mean to. I am probably not the best person to answer these questions, as I now feel totally angry. I still, to this day, cannot tell of all my horrors as a child because I find it hard enough to believe myself, so how could I expect someone else to believe it. But I know it happened and I know it will never go away. My worst thoughts, which have never changed, are, "why was I born only to die. The in between being born and dying is torture so what is my purpose in life?" Can you answer that?

P67: Silenced. Squashed spirit.

P68: Dirty, ugly, slimy, worthless.

P71: A feeling that I am dirty, unwanted, unloved, abandoned. Feeling tainted and different to everyone else, sometimes despair.

P75: I had feelings of hate and revenge and inadequacy. I felt humiliated, confused and powerless.

Appendix G: Comments about Participating in CSA Research

Participation Comments: Always Remembered.

Participant 2 stated that she was happy to participate in this research. She works in the field of child sexual abuse, and felt that her experiences have enabled her to help other survivors. She did not experience any strong negative emotions and felt quite calm after the interview.

Participant 3 reported feeling shaky after the interview and experienced a heightened awareness of her affect. She stated that she felt good about participating because "you have to skirt around this issue for most of your life", and would be happy to participate in further research on child abuse.

Participant 7 reported feeling good about participating in this research because she saw it as an important part of her healing process. She found the content of the interview easy to understand and would have no problems in participating in further research

Participant 8 reported that she was feeling "pretty good" after the interview. She stated that the interview was easy to understand. The subject said that she would be happy to participate in further research in the future.

Participant 10 reported that she felt "stirred" at the completion of the interview. She felt good about the content of the interview but found some of the questions hard to answer as she had not previously considered some aspects of her abuse experience. She appreciated the straight-forward nature of the questioning and would be happy to participate in future research. She felt that the research had helped her mark how far she had come along in her healing as well as pointing out areas that needed further work.

Participant 16 said that she felt fine after the interview. She stated that she was happy with the content of the interview and the way in which the questions were asked. The subject said that she would like to participate in further research because she was not brave enough to tell her story in court. She thought that the research forum was a good way for her to be heard and assist other survivors.

Participant 19 reported that she felt strong after the interview. She said that the interview was easy to understand and she would like to participate in future research.

Participant 23 stated that she felt better than when she did the surveys, as she was more comfortable with talking about her abuse. She stated that she had no problems with the format or content of the interview. She would like to participate in further research on child sexual abuse.

Participant 30 said she felt quite calm after the interview. She was happy with the content and process of the research She would like to participate in future research because she felt it was something practical she could do for other survivors.

Participant 34 said she felt a little uncomfortable at the beginning of the interview. She felt okay after the interview. The subject was happy with the process and content of the interview. She would like to participate in future research because she would like to promote public awareness of child abuse with a view to stopping it from happening.

Participant 36 stated he felt a little anxious after the interview. He said the interview was easy to understand. He was unsure about participating in further research on child sexual abuse.

Participant 37 stated that she felt okay after the interview. She was happy with the content and process of the research and wou1d like to participate in further research.

Participant 40 said she felt "amazingly calm" after the interview. She found the interview easy to understand. She would like to participate in further research on child sexual abuse.

Participant 45 said he felt relaxed after the interview. He was happy with the content and process of the research. He would participate in future research depending on the aim of the research.

Participant 49 said she felt a little bit "churned up" after the interview. She was happy with the interview content and process, however she was unsure about participating in future research.

Participant 50 said she felt 1ike crying after the interview. She was happy with the interview content and process and would be happy to participate in further research because she wanted to help other survivors and make the Government aware of the impact abuse had on people.

Participant 53 said that he felt a little flat after the interview. He was happy with the research process and content, and would like to participate in further research to help other survivors.

Participant 55 said she felt a little tense after the interview. She was happy with the content and process of the research. She would like to participate in future research.

Participant 56 said she felt physically hot after the interview. She was happy with the research process and interview. She would like to participate in further research so that she could help other survivors.

Participant 59 said she felt "like shit inside" after the interview. She said this was mainly attributable to her progress in healing and the fact she had been talking about her abuse that day with her therapist. She had no problems with the research process and content. She would participate in future research because she wanted to help at least one other person.

Participant 60 did not participate in the interview.

Participant 62 said she had a strong body reaction to the interview, which was normal for her. She was happy with the content of the interview. She would like to participate in further research depending on where she was in the healing process.

Participant 63 did not participate in the interview.

Participant 64 said she felt a little upset after the interview. She was happy with the interview content and process and would like to participate in future research because she would like to see funding to help survivors heal from the effects of sexual abuse.

Participant 66 did not participate in the interview.

Participant 68 said she felt alright after the interview. She was happy with the research process and content. She would be happy to participate in further research because she wanted to help other survivors.

Participant 73 did not participate in the interview.

Participant 74 did not participate in the interview.

Participation Comments: Partial Forgetting.

Participant 4 stated that he felt good about participating in this study, as it had enhanced his awareness of aspects of his abuse. He reported feeling fine after the termination of the interview, and that he appreciated the straight- forward manner of the interviewer. He would like to participate in further research on abuse if asked, as he saw it as being personally beneficial.

Participant 9 reported that she felt drained after the interview. She felt that the interview was easy to understand although a couple of the questions may have triggered some emotional affect. She reported being comfortable with the interviewer and would be happy to participate in future research. She said that if she could help other people and help to change things for other survivors she would be happy to help.

Participant 18 said that she felt pretty good after the interview, which she found easy to understand. She was comfortable with the interview content and process and would like to participate in further research as she found this experience to be personally helpful.

Participant 22 said she felt alright after the interview. She said it was a relief to talk about the abuse honestly and without-shame and was happy with the content and process of the research surveys and interview questions. She would like to participate in future research on child abuse.

Participant 28 said she felt a little numb and tired after the interview. She was happy with the content of the interview, but had some problems emotionally with her survey responses. She would be happy to participate in future research because she was interested in seeing the area of sexual abuse memory being better understood by professionals, survivors and the legal system.

Participant 31 stated she felt good after the interview. She was happy with the content and process of the research. She would like to participate in further research on child sexual abuse.

Participant 32 said he felt good after the interview. He was happy with the content of the interview. He would like to participate in future research.

Participant 35 stated she felt fine after the interview. She was happy about the content and process of the research, and would be happy to participate in future research. She stated that she appreciated the specificity of the questions.

Participant 41 stated she felt frustrated about her illness and her "muddled thinking". She found the interview easy to understand and would be happy to participate in further research on child sexual abuse.

Participant 43 said she felt fine after the interview. She was happy with the content and process of the interview. She would be happy to participate in future research.

Participant 44 stated that she felt okay after the interview. She found the interview easy to understand. She would like to participate in further research on child sexual abuse.

Participant 46 said she felt fine after the interview, although she reported sweating heavily. She was happy with the content and process of the interview and said she would like to participate in future research to help other survivors.

Participant 52 said she felt sad and angry after the interview. She said she was able to handle the emotions and had told her therapist about her participation in the research. She was happy with the research process and content and would participate in further research because she wanted to let the general public know what the abuse was like. She also wanted to help other survivors.

Participant 57 said she felt like vomiting and her throat felt constricted after the interview. She said they were normal responses for her. She was happy with the content and process of the research. She would like to participate in further research because she wanted to show that survivors could heal and wanted to help other survivors recover.

Participant 72 said she felt okay after the interview and felt very positive about breaking her silence. She was happy with the research process and content. She would like to participate in further research.

Participant 75 said he felt angry after the interview, which more reflected his resolve to continue his fight to be heard. He was happy with the content and process of the research. He would be happy to participate in future research because he wanted to help other survivors of institutional and community abuse, particularly those who experienced reduced functioning in society.

Participation Comments: Extensive Forgetting.

Participant 1 advised that he did not experience any strong negative affect. He felt that the content was appropriate and that the interview was easy to understand. He felt supported throughout the process and would like to participate in further research.

Participant 5 reported feeling fine about participating in the research, however having to remember about the abuse for the interview was quite traumatic and emotional. He felt that the interview questions were not intrusive and appreciated the straight forward manner in which the questions were asked. He stated that he would be happy to participate in further research on child sexual abuse.

Participant 6 reported feeling "really quite empowered" by participating in the research. He stated that he felt that the interview was judgement- free, clear, and delved into all the important issues and would be happy to participate in further research on sexual abuse.

Participant 11 stated that she was a little anxious at the completion of the interview. She also reported feeling a sense of frustration that she was unable to answer the questions more fully. She was happy with the interview content and the manner in which the questions were asked and would like to participate in future research.

Participant 12 reported that she was feeling really good at the completion of the interview because she had been given the opportunity to tell her story honestly. She appreciated the straight-forward nature of the interview and felt very comfortable with the interviewer. She would definitely like to participate in any future research on child sexual abuse

Participant 13 said that she was a little surprised about some of her reactions to the questions contained in the surveys and the interview. She said that the interview was easy to understand and she would be happy to participate in future research. She stated that the research experience had been helpful in terms of enhanced personal awareness.

Participant 14 said that she felt a little shaken after the interview. She felt that the interview was helpful and easy to understand. She felt that this type of research made a real contribution to other survivors, however would not like to be interviewed by a male. She would be happy to participate in further research because "it is so important to get to the bottom of this issue."

Participant 15 stated that she felt good after the interview. She said that parts of the interview were not easy to understand because of the wording. She said it was difficult to generalise over her life span and would like to participate in future research.

Participant 17 said that he felt "not too bad" after the interview, which he found easy to understand. He was happy with the interview process and would like to participate in future research because he considered breaking societal silence about child abuse to be of primary importance.

Participant 20 said that she felt okay after the interview. She found the interview easy to understand but was a little frustrated by the written surveys. She appreciated the straight-forward nature of the interview questions and would be happy to participate in future research.

Participant 21 reported feeling sad after the interview. She found the content of the surveys and the interview to be validating for her. She would definitely like to participate in further research because she would "like to be part of the solution".

Participant 24 said she felt not too bad after the interview. She was very nervous about the interview at the beginning and had a dry throat. She was happy with the content of the interview and would be happy to participate in future research if it was credible and would help other survivors.

Participant 25 said she felt fine after the interview. She was happy with the content and process of the interview. She would like to participate in future research.

Participant 26 said she felt a bit numb after the interview. She was happy with the content and process of the interview. She said that the interview helped her with the process of integrating her memories and that she would like to participate in further research because public education was the only wav to stamp abuse out.

Participant 27 reported that he felt fuzzy after the interview. He felt that he had answered some of the questions inadequately due to the early stage of his memory recovery and healing. He would like to participate in further research on child sexual abuse.

Participant 29 said she felt a little agitated after the interview. She was happy with the interview questions but unhappy with some of her responses. She would like to participate in future research depending on the purpose of the research. She preferred to participate in in-depth research because of the pain it caused her to talk about her abuse. She indicated that she would not participate in research where she was just a statistic" or just to help someone get a degree.

Participant 33 said she felt okay after the interview. She said that although her heart rate was a little elevated she was happy with the interview process and content. She would like to participate in future research because abuse had been “under the carpet for too long.”

Participant 38 said he felt the interview was helpful for him in terms of his healing process. He felt fine after the interview, was happy with the content and process of the research and would like to participate in further research.

Participant 39 said she felt reasonable after the interview. She said the interview was well-structured and easy to understand. She was unsure about further participation in research on child sexual abuse.

Participant 42 said she felt okay after the interview. She was happy that she was asked questions that were "for once completely relevant." She stated that she would like to participate in future research depending on the purpose of the research.

Participant 47 stated she felt okay after the interview. She was happy with the interview process and content, and would be happy to participate in further research.

Participant 48 said she felt quite okay after the interview. She reported no adverse reaction as she was able to feel as though she was participating in a class discussion. She was happy with the content and process of the interview and would be happy to participate in future research. She felt that the more academic research on child sexual abuse was carried out, the better informed the public, courts, and other survivors would be.

Participant 51 said she felt a lot better than she expected after the interview. She was happy with the research process and content and would be happy to participate in further research because she wanted to help other survivors in a positive way.

Participant 54 said she felt a little agitated after the interview. She felt the interview content and process was very good and was glad this research was being conducted because, "The memory of the abuse was just as important as the abuse itself, and unless you could remember it you couldn't heal." She said she would participate in further research depending on the purpose of the research.

Participant 58 said she felt nothing after the interview, which was a normal response to talking about the abuse for her. She was happy with the process and content of the research. She would like to participate in further research because she wanted her experiences to be useful for other survivors.

Participant 61 said she did not feel as threatened as she thought she was going to be. She felt the interview was not intrusive and she felt respected. She would like to participate in future research.

Participant 65 said she felt a little uncomfortable after the interview because she was unable to give exact timing for the abuse. She was happy with the research content and process and would like to participate in future research depending on the purpose.

Participant 67 said she felt okay after the interview. She was happy with the content and process of the research. She would like to participate in future research because she wanted to raise awareness about sexual abuse and educate the public.

Participant 69 said she felt okay although she had a slight headache. She was happy with the research content and process. She would like to participate in future research although she felt "put off" because she did not have any memories.

Participant 70 said she felt okay after the interview. She was happy with the process and content of the research. She would like to participate in future research as long as the purpose was positive and ethical.

Participant 71 said she felt a little emotional after the interview. She was happy with the process and content of the research. She would like to participate in future research because she wanted to raise public awareness.

Participant 76 said she felt okay after the interview. She was happy with the research process and content, although she found them challenging. She would be happy to participate in future research depending on the level to which her privacy was assured.

Participant 77 did not participate in the interview.

Appendix H: Stage Two Interviews A and B

Interview A: Always Remembered.

Interviewer to remain neutral and use probes, such as "What happened then?" to elicit a more detailed response to the interview questions if required. Interviewer to use minimal encouragers to facilitate participant responses. Interviewer to remember issues of pacing to allow time for participants to think about their responses. Interviewer to check all taping equipment before and during the interview.

Pre-interview.

- **Check tape recorder and speakerphone.**
- **Engage and relax participant.**
- **Advise participant of interview process, timing, confidentiality.**
- **Answer any questions.**
- **Ask screening question again.**
- **If multiple abusers clarify details**
- **Clarify any incomplete responses in test booklet**

1. Why do you think that you always remembered the abuse?

2. How do your abuse memories compare to your memories for other events from the same period in time?

3. How do you know that the memory of the abuse is accurate? Seek details of corroboration.

4. What sorts of things trigger your memories for the abuse?

5. How do you manage any intrusive memories in your day-to-day life?

6. How are you feeling after the interview?

7. How are you feeling about the content of the interview?

8. Was the interview easy to understand?

9. Is there anything I could have done differently?

10. Would you like to participate in future research? Why?

Conclude interview and advise participant that the tape has been turned off. Spend 15-30 minutes in a conversation with the participant to bring them back to the present by asking what they have planned for this evening, for example, and what they are doing over the next day or two. Do not directly refer to the interview or test booklet unless the participant indicates they would like to talk further about their responses. Ask the participant if they have any questions they would like to ask and organise a convenient time to contact them for a follow-up phone call tomorrow. Remind the participant about the free counselling service and that they can contact the researcher at any time if they become upset as a result of participating in the research. Thank the participant for their time and conclude conversation.

Interview B: Partial/Extensive Forgetting.

Interviewer to remain neutral and use probes, such as "What happened then?" to elicit a more detailed response to the interview questions if required. Interviewer to use minimal encouragers to facilitate participant responses. Interviewer to remember issues of pacing to allow time for participants to think about their responses. Interviewer to check all taping equipment before and during the interview.

Pre-interview.

- **Check tape recorder and speakerphone.**
- **Engage and relax participant.**
- **Advise participant of interview process, timing, confidentiality.**
- **Answer any questions.**
- **Ask screening question again.**
- **If multiple abusers clarify details**
- **Clarify any incomplete responses in test booklet**

1. How old were you when you forgot about the abuse?

2. How do you think that you forgot about the abuse? What mechanisms, if any, did you use?

3. How old were you when you remembered the abuse again?

4. Were you receiving counselling, therapy and/or hypnosis when you remembered the abuse?

5. What events led to you remembering the abuse?

6. When your memories of the abuse returned, what form did they take? (i.e were they felt through body sensations, auditory, smell, still or moving images, colour or black-and-white, taste, emotions etc?)

7. When your memories of the abuse returned, how clear were they and did the sequence of events make sense to you?

8. In what ways is this memory alike other events from the same period?

9. How do you know that your memory of the abuse is accurate? (i.e. feel it through to corroborating evidence.)

10. How are you feeling after the interview?

11. How are you feeling about the content of the interview?

12. Was the interview easy to understand?

13. Is there anything I could have done differently?

14. Would you like to participate in future research? Why?

Conclude interview and advise participant that the tape has been turned off. Spend 15-30 minutes in a conversation with the participant to bring them back to the present by asking what they have planned for this evening, for example, and what they are doing over the next day or two. Do not directly refer to the interview or test booklet unless the participant indicates they would like to talk further about their responses. Ask the participant if they have any questions they would like to ask and organise a convenient time to contact them for a follow-up phone call tomorrow. Remind the participant about the free counselling service and that they can contact the researcher at any time if they become upset as a result of participating in the research. Thank the participant for their time and conclude conversation.

Appendix I: Participants Survey Scores

Scores: Always Remembered.

Participant 2 Survey Scores				*Participant 3 Survey Scores*			
SCL-90-R		DES II	12.86	SCL-90-R		DES II	12.14
Som	79			Som	79		
OC	76	Loftus	1	OC	73	Loftus	1
IS	72			IS	81		
Dep	74	IES-R		Dep	74	IES-R	
Anx	79	Intrusion	31	Anx	79	Intrusion	13
Hos	70	Avoidance	21	Hos	74	Avoidance	06
PA	74	Hyperarousal	26	PA	70	Hyperarousal	20
PI	76	Mean Score	26.0	PI	68	Mean Score	13.0
Psy	81			Psy	79		
GSI	72	Williams		GSI	79	Williams	
PSDI	69	Then	37/45	PSDI	68	Then	40/45
PST	70	Now	14/45	PST	76	Now	25/45
Participant 7 Survey Scores				*Participant 8 Survey Scores*			
SCL-90-R		DES II	21.79	SCL-90-R		DES II	13.21
Som	67			Som	66		
OC	79	Loftus	5	OC	65	Loftus	1
IS	81			IS	71		
Dep	72	IES-R		Dep	69	IES-R	
Anx	71	Intrusion	23	Anx	67	Intrusion	25
Hos	70	Avoidance	34	Hos	65	Avoidance	26
PA	70	Hyperarousal	20	PA	67	Hyperarousal	19
PI	81	Mean Score	25.7	PI	71	Mean Score	23.3
Psy	81			Psy	81		
GSI	73	Williams		GSI	69	Williams	
PSDI	68	Then	27/45	PSDI	58	Then	37/45
PST	73	Now	28/45	PST	74	Now	41/45
Participant 10 Survey Scores				*Participant 16 Survey Scores*			
SCL-90-R		DES II	29.29	SCL-90-R		DES II	16.43
Som	69			Som	65		
OC	75	Loftus	5	OC	75	Loftus	1
IS	72			IS	81		
Dep	72	IES-R		Dep	81	IES-R	
Anx	72	Intrusion	26	Anx	79	Intrusion	21
Hos	73	Avoidance	26	Hos	79	Avoidance	17
PA	76	Hyperarousal	17	PA	76	Hyperarousal	20
PI	74	Mean Score	23.0	PI	74	Mean Score	19.3
Psy	81			Psy	81		
GSI	72	Williams		GSI	81	Williams	
PSDI	68	Then	39/45	PSDI	74	Then	14/45
PST	72	Now	20/45	PST	76	Now	33/45
Participant 19 Survey Scores				*Participant 23 Survey Scores*			
SCL-90-R		DES II	18.57	SCL-90-R		DES II	03.93
Som	69			Som	68		
OC	64	Loftus	3	OC	62	Loftus	1
IS	66			IS	64		
Dep	66	IES-R		Dep	69	IES-R	
Anx	73	Intrusion	19	Anx	65	Intrusion	13
Hos	65	Avoidance	24	Hos	00	Avoidance	22
PA	70	Hyperarousal	19	PA	74	Hyperarousal	11
PI	71	Mean Score	20.7	PI	63	Mean Score	15.3
Psy	81			Psy	71		
GSI	65	Williams		GSI	52	Williams	
PSDI	61	Then	37/45	PSDI	50	Then	36/45
PST	65	Now	18/45	PST	52	Now	13/45

Scores: Always Remembered.

Participant 30 Survey Scores

SCL-90-R		DES II	13.57
Som	67		
OC	65	Loftus	3
IS	81		
Dep	71	IES-R	
Anx	74	Intrusion	08
Hos	74	Avoidance	35
PA	74	Hyperarousal	24
PI	71	Mean Score	22.3
Psy	81		
GSI	70	Williams	
PSDI	67	Then	16/45
GST	68	Now	17/45

Participant 34 Survey Scores

SCL-90-R		DES II	14.64
Som	81		
OC	71	Loftus	9
IS	79		
Dep	72	IES-R	
Anx	76	Intrusion	33
Hos	73	Avoidance	30
PA	76	Hyperarousal	25
PI	66	Mean Score	29.3
Psy	81		
GSI	72	Williams	
PSDI	68	Then	41/45
PST	72	Now	15/45

Participant 36 Survey Scores

SCL-90-R		DES II	23.57
Som	81		
OC	81	Loftus	3
IS	81		
Dep	81	IES-R	
Anx	81	Intrusion	31
Hos	69	Avoidance	24
PA	81	Hyperarousal	25
PI	81	Mean Score	26.7
Psy	81		
GSI	81	Williams	
PSDI	76	Then	23/45
PST	81	Now	33/45

Participant 37 Survey Scores

SCL-90-R		DES II	23.57
Som	79		
OC	75	Loftus	5
IS	81		
Dep	81	IES-R	
Anx	79	Intrusion	02
Hos	70	Avoidance	30
PA	72	Hyperarousal	05
PI	79	Mean Score	12.33
Psy	81		
GSI	77	Williams	
PSDI	66	Then	39/45
PST	78	Now	23/45

Participant 40 Survey Scores

SCL-90-R		DES II	04.64
Som	74		
OC	71	Loftus	2
IS	71		
Dep	70	IES-R	
Anx	66	Intrusion	20
Hos	73	Avoidance	24
PA	69	Hyperarousal	14
PI	68	Mean Score	19.3
Psy	71		
GSI	66	Williams	
PSDI	59	Then	41/45
PST	67	Now	16/45

Participant 45 Survey Scores

SCL-90-R		DES II	07.50
Som	69		
OC	71	Loftus	2
IS	70		
Dep	71	IES-R	
Anx	75	Intrusion	07
Hos	76	Avoidance	11
PA	79	Hyperarousal	11
PI	74	Mean Score	09.7
Psy	80		
GSI	74	Williams	
PSDI	56	Then	41/45
PST	78	Now	09/45

Participant 49 Survey Scores

SCL-90-R		DES II	1.07
Som	62		
OC	62	Loftus	1
IS	72		
Dep	64	IES-R	
Anx	67	Intrusion	17
Hos	71	Avoidance	01
PA	00	Hyperarousal	11
PI	67	Mean Score	09.7
Psy	63		
GSI	56	Williams	
PSDI	53	Then	00/45
PST	56	(did not complete this part of the survey)	
		Now	32/45

Participant 50 Survey Scores

SCL-90-R		DES II	21.07
Som	74		
OC	80	Loftus	5
IS	72		
Dep	81	IES-R	
Anx	72	Intrusion	33
Hos	74	Avoidance	32
PA	76	Hyperarousal	29
PI	63	Mean Score	31.3
Psy	81		
GSI	79	Williams	
PSDI	69	Then	45/45
PST	76	Now	32/45

Scores: Always Remembered.

Participant 53 Survey Scores				***Participant 55 Survey Scores***			
SCL-90-R		DES II	17.50	SCL-90-R		DES II	06.43
Som	81			Som	81		
OC	81	Loftus	2	OC	80	Loftus	1
IS	81			IS	71		
Dep	81	IES-R		Dep	75	IES-R	
Anx	81	Intrusion	35	Anx	74	Intrusion	22
Hos	70	Avoidance	40	Hos	70	Avoidance	21
PA	81	Hyperarousal	35	PA	77	Hyperarousal	23
PI	81	Mean Score	36.7	PI	70	Mean Score	22.0
Psy	81			Psy	79		
GSI	81	Williams		GSI	79	Williams	
PSDI	75	Then	32/45	PSDI	69	Then	40/45
PST	74	Now	41/45	PST	75	Now	31/45
Participant 56 Survey Scores				***Participant 59 Survey Scores***			
SCL-90-R		DES II	06.79	SCL-90-R		DES II	17.50
Som	64			Som	79		
OC	62	Loftus	2	OC	71	Loftus	1
IS	64			IS	79		
Dep	62	IES-R		Dep	81	IES-R	
Anx	65	Intrusion	14	Anx	76	Intrusion	33
Hos	65	Avoidance	06	Hos	76	Avoidance	30
PA	69	Hyperarousal	11	PA	74	Hyperarousal	31
PI	73	Mean Score	10.3	PI	79	Mean Score	31.3
Psy	71			Psy	81		
GSI	55	Williams		GSI	81	Williams	
PSDI	42	Then	32/45	PSDI	73	Then	35/45
PST	59	Now	18/45	PST	76	Now	35/45
Participant 60 Survey Scores				***Participant 62 Survey Scores***			
SCL-90-R		DES II	51.79	SCL-90-R		DES II	18.21
Som	81			Som	81		
OC	81	Loftus	1	OC	81	Loftus	1
IS	81			IS	81		
Dep	81	IES-R		Dep	81	IES-R	
Anx	81	Intrusion	35	Anx	81	Intrusion	11
Hos	81	Avoidance	40	Hos	81	Avoidance	20
PA	81	Hyperarousal	35	PA	81	Hyperarousal	26
PI	81	Mean Score	36.7	PI	81	Mean Score	19.0
Psy	81			Psy	81		
GSI	81	Williams		GSI	81	Williams	
PSDI	81	Then	45/45	PSDI	81	Then	40/45
PST	81	Now	00/45	PST	79	Now	11/45
Participant 63 Survey Scores				***Participant 64 Survey Scores***			
SCL-90-R		DES II	09.64	SCL-90-R		DES II	20.71
Som	71			Som	71		
OC	73	Loftus	5	OC	76	Loftus	1
IS	81			IS	81		
Dep	81	IES-R		Dep	81	IES-R	
Anx	72	Intrusion	17	Anx	79	Intrusion	25
Hos	76	Avoidance	23	Hos	74	Avoidance	36
PA	72	Hyperarousal	17	PA	72	Hyperarousal	29
PI	74	Mean Score	19.0	PI	74	Mean Score	30.0
Psy	81			Psy	81		
GSI	79	Williams		GSI	79	Williams	
PSDI	71	Then	25/45	PSDI	72	Then	34/45
PST	75	Now	00/45	PST	76	Now	26/45

Scores: Always Remembered.

Participant 66 Survey Scores			
SCL-90-R		DES II	21.79
Som	81		
OC	80	Loftus	1
IS	72		
Dep	76	IES-R	
Anx	76	Intrusion	31
Hos	74	Avoidance	24
PA	77	Hyperarousal	27
PI	76	Mean Score	27.3
Psy	81		
GSI	79	Williams	
PSDI	73	Then	37/45
PST	74	Now	00/45

Participant 68 Survey Scores			
SCL-90-R		DES II	22.14
Som	65		
OC	73	Loftus	1
IS	70		
Dep	69	IES-R	
Anx	68	Intrusion	12
Hos	73	Avoidance	16
PA	00	Hyperarousal	19
PI	68	Mean Score	15.7
Psy	79		
GSI	64	Williams	
PSDI	61	Then	41/45
PST	64	Now	13/45

Participant 73 Survey Scores			
SCL-90-R		DES II	08.21
Som	79		
OC	72	Loftus	1
IS	79		
Dep	75	IES-R	
Anx	72	Intrusion	16
Hos	76	Avoidance	24
PA	76	Hyperarousal	17
PI	79	Mean Score	19.0
Psy	81		
GSI	79	Williams	
PSDI	69	Then	34/45
PST	75	Now	23/45

Participant 74 Survey Scores			
SCL-90-R		DES II	07.86
Som	62		
OC	65	Loftus	3
IS	66		
Dep	64	IES-R	
Anx	65	Intrusion	19
Hos	65	Avoidance	34
PA	67	Hyperarousal	19
PI	66	Mean Score	24.0
Psy	81		
GSI	60	Williams	
PSDI	47	Then	45/45
PST	64	Now	10/45

Scores: Partial Forgetting.

Participant 4 Survey Scores

SCL-90-R		DES II	52.50
Som	81		
OC	81	Loftus	5
IS	81		
Dep	81	IES-R	
Anx	81	Intrusion	25
Hos	81	Avoidance	24
PA	81	Hyperarousal	31
PI	81	Mean Score	26.7
Psy	81		
GSI	81	Williams	
PSDI	78	Then	45/45
PST	81	Now	29/45

Participant 9 Survey Scores

SCL-90-R		DES II	13.93
Som	79		
OC	70	Loftus	1
IS	71		
Dep	69	IES-R	
Anx	68	Intrusion	15
Hos	76	Avoidance	21
PA	67	Hyperarousal	07
PI	71	Mean Score	14.3
Psy	81		
GSI	68	Williams	
PSDI	64	Then	05/45
PST	67	(could not remember how she felt)	
		Now	18/45

Participant 18 Survey Scores

SCL-90-R		DES II	30.71
Som	69		
OC	79	Loftus	5
IS	81		
Dep	74	IES-R	
Anx	68	Intrusion	22
Hos	68	Avoidance	23
PA	67	Hyperarousal	25
PI	76	Mean Score	23.3
Psy	81		
GSI	72	Williams	
PSDI	67	Then	37/45
PST	73	Now	25/45

Participant 22 Survey Scores

SCL-90-R		DES II	16.43
Som	72		
OC	76	Loftus	2
IS	81		
Dep	74	IES-R	
Anx	71	Intrusion	22
Hos	81	Avoidance	15
PA	70	Hyperarousal	25
PI	72	Mean Score	20.7
Psy	79		
GSI	76	Williams	
PSDI	69	Then	33/45
PST	76	Now	24/45

Participant 28 Survey Scores

SCL-90-R		DES II	11.79
Som	67		
OC	73	Loftus	4
IS	81		
Dep	74	IES-R	
Anx	71	Intrusion	11
Hos	81	Avoidance	24
PA	70	Hyperarousal	23
PI	72	Mean Score	19.3
Psy	79		
GSI	74	Williams	
PSDI	68	Then	37/45
PST	75	Now	31/45

Participant 31 Survey Scores

SCL-90-R		DES II	21.43
Som	58		
OC	70	Loftus	5
IS	73		
Dep	69	IES-R	
Anx	68	Intrusion	27
Hos	68	Avoidance	34
PA	74	Hyperarousal	27
PI	81	Mean Score	29.3
Psy	81		
GSI	69	Williams	
PSDI	62	Then	42/45
PST	70	Now	26/45

Participant 32 Survey Scores

SCL-90-R		DES II	20.00
Som	75		
OC	81	Loftus	7
IS	70		
Dep	81	IES-R	
Anx	81	Intrusion	12
Hos	69	Avoidance	14
PA	79	Hyperarousal	15
PI	75	Mean Score	13.7
Psy	81		
GSI	81	Williams	
PSDI	67	Then	12/45
PST	78	Now	31/45

Participant 35 Survey Scores

SCL-90-R		DES II	13.21
Som	74		
OC	71	Loftus	8
IS	81		
Dep	81	IES-R	
Anx	81	Intrusion	35
Hos	79	Avoidance	21
PA	81	Hyperarousal	33
PI	81	Mean Score	29.7
Psy	81		
GSI	81	Williams	
PSDI	73	Then	39/45
PST	79	Now	29/45

Scores: Partial Forgetting.

Participant 41 Survey Scores			
SCL-90-R		DES II	20.36
Som	68		
OC	81	Loftus	4
IS	81		
Dep	81	IES-R	
Anx	76	Intrusion	31
Hos	76	Avoidance	32
PA	72	Hyperarousal	27
PI	76	Mean Score	30.0
Psy	81		
GSI	81	Williams	
PSDI	70	Then	44/45
PST	78	Now	16/45

Participant 43 Survey Scores			
SCL-90-R		DES II	05.00
Som	62		
OC	71	Loftus	1
IS	64		
Dep	69	IES-R	
Anx	65	Intrusion	25
Hos	73	Avoidance	25
PA	44	Hyperarousal	10
PI	72	Mean Score	20.0
Psy	71		
GSI	55	Williams	
PSDI	56	Then	45/45
PST	53	Now	15/45

Participant 44 Survey Scores			
SCL-90-R		DES II	23.93
Som	81		
OC	76	Loftus	3
IS	71		
Dep	75	IES-R	
Anx	79	Intrusion	33
Hos	70	Avoidance	32
PA	76	Hyperarousal	31
PI	72	Mean Score	32.0
Psy	81		
GSI	81	Williams	
PSDI	70	Then	42/45
PST	79	Now	15/45

Participant 46 Survey Scores			
SCL-90-R		DES II	34.29
Som	81		
OC	81	Loftus	1
IS	81		
Dep	81	IES-R	
Anx	81	Intrusion	35
Hos	81	Avoidance	38
PA	81	Hyperarousal	31
PI	79	Mean Score	34.7
Psy	81		
GSI	81	Williams	
PSDI	81	Then	31/45
PST	77	Now	42/45

Participant 52 Survey Scores			
SCL-90-R		DES II	13.21
Som	66		
OC	73	Loftus	1
IS	71		
Dep	66	IES-R	
Anx	71	Intrusion	17
Hos	73	Avoidance	25
PA	76	Hyperarousal	15
PI	81	Mean Score	19.0
Psy	81		
GSI	69	Williams	
PSDI	61	Then	31/45
PST	71	Now	20/45

Participant 57 Survey Scores			
SCL-90-R		DES II	16.79
Som	81		
OC	81	Loftus	1
IS	81		
Dep	81	IES-R	
Anx	79	Intrusion	23
Hos	81	Avoidance	31
PA	77	Hyperarousal	29
PI	76	Mean Score	27.7
Psy	81		
GSI	81	Williams	
PSDI	80	Then	08/45
PST	77	Now	00/45

Participant 72 Survey Scores			
SCL-90-R		DES II	09.64
Som	79		
OC	71	Loftus	3
IS	72		
Dep	75	IES-R	
Anx	72	Intrusion	18
Hos	70	Avoidance	19
PA	81	Hyperarousal	29
PI	70	Mean Score	22.0
Psy	73		
GSI	76	Williams	
PSDI	67	Then	40/45
PST	76	Now	18/45

Participant 75 Survey Scores			
SCL-90-R		DES II	18.21
Som	81		
OC	76	Loftus	2
IS	81		
Dep	81	IES-R	
Anx	81	Intrusion	15
Hos	81	Avoidance	09
PA	81	Hyperarousal	16
PI	70	Mean Score	13.3
Psy	80		
GSI	81	Williams	
PSDI	68	Then	35/45
PST	75	Now	00/45

Scores: Extensive Forgetting

Participant 1 Survey Scores

SCL-90-R		DES II	16.07
Som	81		
OC	81	Loftus	1
IS	81		
Dep	81	IES-R	
Anx	81	Intrusion	12
Hos	81	Avoidance	28
PA	79	Hyperarousal	21
PI	81	Mean Score	20.3
Psy	80		
GSI	81	Williams	
PSDI	75	Then	43/45
PST	81	Now	19/45

Participant 5 Survey Scores

SCL-90-R		DES II	63.57
Som	81		
OC	81	Loftus	1
IS	81		
Dep	81	IES-R	
Anx	81	Intrusion	00
Hos	81	Avoidance	00
PA	81	Hyperarousal	00
PI	81	Mean Score	00
Psy	81		
GSI	81	Williams	
PSDI	81	Then	25/45
PST	81	Now	25/45

Participant 6 Survey Scores

SCL-90-R		DES II	11.79
Som	72		
OC	71	Loftus	2
IS	79		
Dep	81	IES-R	
Anx	81	Intrusion	18
Hos	76	Avoidance	14
PA	81	Hyperarousal	14
PI	76	Mean Score	15.3
Psy	80		
GSI	81	Williams	
PSDI	63	Then	42/45
PST	79	Now	21/45

Participant 11 Survey Scores

SCL-90-R		DES II	29.64
Som	62		
OC	71	Loftus	7
IS	71		
Dep	70	IES-R (could not	
Anx	79	complete)	
Hos	70	Intrusion	00
PA	67	Avoidance	00
PI	76	Hyperarousal	00
Psy	81	Mean Score	00.0
GSI	72		
PSDI	65	Williams	
PST	74	Then	00/45
		Now	00/45

Participant 12 Survey Scores

SCL-90-R		DES II	63.93
Som	81		
OC	81	Loftus	1
IS	81		
Dep	81	IES-R	
Anx	81	Intrusion	30
Hos	80	Avoidance	15
PA	81	Hyperarousal	30
PI	81	Mean Score	25.0
Psy	81		
GSI	81	Williams	
PSDI	81	Then	31/45
PST	76	Now	43/45

Participant 13 Survey Scores

SCL-90-R		DES II	12.86
Som	62		
OC	75	Loftus	5
IS	76		
Dep	70	IES-R	
Anx	74	Intrusion	15
Hos	71	Avoidance	38
PA	67	Hyperarousal	05
PI	66	Mean Score	19.3
Psy	81		
GSI	69	Williams	
PSDI	63	Then	31/45
PST	51	Now	16/45

Participant 14 Survey Scores

SCL-90-R		DES II	32.86
Som	79		
OC	71	Loftus	5
IS	69		
Dep	69	IES-R	
Anx	72	Intrusion	21
Hos	65	Avoidance	36
PA	70	Hyperarousal	23
PI	71	Mean Score	26.7
Psy	81		
GSI	71	Williams	
PSDI	63	Then	39/45
PST	74	Now	24/45

Participant 15 Survey Scores

SCL-90-R		DES II	20.00
Som	65		
OC	72	Loftus	2
IS	72		
Dep	71	IES-R (could not	
Anx	72	complete)	
Hos	71	Intrusion	00
PA	81	Avoidance	00
PI	71	Hyperarousal	00
Psy	71	Mean Score	00.0
GSI	67		
PSDI	63	Williams	
PST	66	Then	41/45
		Now	19/45

Scores: Extensive Forgetting

Participant 17 Survey Scores

SCL-90-R		DES II	08.57
Som	67		
OC	64	Loftus	8
IS	81		
Dep	75	IES-R	
Anx	69	Intrusion	10
Hos	65	Avoidance	13
PA	81	Hyperarousal	19
PI	79	Mean Score	14.0
Psy	81		
GSI	66	Williams	
PSDI	61	Then	45/45
PST	64	Now	12/45

Participant 20 Survey Scores

SCL-90-R		DES II	20.00
Som	71		
OC	81	Loftus	2
IS	72		
Dep	75	IES-R	
Anx	79	Intrusion	21
Hos	00	Avoidance	28
PA	74	Hyperarousal	26
PI	79	Mean Score	25.0
Psy	81		
GSI	79	Williams	
PSDI	70	Then	29/45
PST	74	Now	24/45

Participant 21 Survey Scores

SCL-90-R		DES II	60.71
Som	81		
OC	81	Loftus	5
IS	81		
Dep	81	IES-R	
Anx	81	Intrusion	35
Hos	81	Avoidance	40
PA	81	Hyperarousal	35
PI	81	Mean Score	36.7
Psy	81		
GSI	81	Williams	
PSDI	81	Then	05/45
PST	81	(could not complete this part of the survey)	
		Now	45/45

Participant 24 Survey Scores

SCL-90-R		DES II	42.50
Som	71		
OC	79	Loftus	5
IS	76		
Dep	69	IES-R	
Anx	81	Intrusion	18
Hos	71	Avoidance	20
PA	81	Hyperarousal	30
PI	81	Mean Score	22.7
Psy	81		
GSI	73	Williams	
PSDI	69	Then	00/45
PST	72	Now	34/45

Participant 25 Survey Scores

SCL-90-R		DES II	03.57
Som	62		
OC	65	Loftus	9
IS	64		
Dep	62	IES-R	
Anx	65	Intrusion	35
Hos	00	Avoidance	28
PA	00	Hyperarousal	27
PI	00	Mean Score	30.0
Psy	00		
GSI	50	Williams	
PSDI	42	Then	09/45
PST	53	Now	37/45

Participant 26 Survey Scores

SCL-90-R		DES II	47.50
Som	74		
OC	74	Loftus	2
IS	81		
Dep	81	IES-R	
Anx	81	Intrusion	33
Hos	73	Avoidance	24
PA	81	Hyperarousal	31
PI	81	Mean Score	29.3
Psy	81		
GSI	81	Williams	
PSDI	78	Then	43/45
PST	78	Now	36/45

Participant 27 Survey Scores

SCL-90-R		DES II	21.07
Som	81		
OC	81	Loftus	3
IS	81		
Dep	81	IES-R	
Anx	81	Intrusion	34
Hos	81	Avoidance	40
PA	81	Hyperarousal	35
PI	79	Mean Score	36.3
Psy	81		
GSI	81	Williams	
PSDI	75	Then	43/45
PST	81	Now	30/45

Participant 29 Survey Scores

SCL-90-R		DES II	21.07
Som	63		
OC	71	Loftus	2
IS	71		
Dep	75	IES-R	
Anx	72	Intrusion	29
Hos	70	Avoidance	40
PA	68	Hyperarousal	23
PI	66	Mean Score	30.7
Psy	81		
GSI	71	Williams	
PSDI	63	Then	45/45
PST	74	Now	18/45

Scores: Extensive Forgetting

Participant 33 Survey Scores

SCL-90-R		DES II	16.07
Som	81		
OC	66	Loftus	1
IS	76		
Dep	69	IES-R	
Anx	67	Intrusion	12
Hos	65	Avoidance	40
PA	81	Hyperarousal	24
PI	76	Mean Score	25.3
Psy	81		
GSI	68	Williams	
PSDI	67	Then	41/45
PST	65	Now	26/45

Participant 38 Survey Scores

SCL-90-R		DES II	13.93
Som	81		
OC	81	Loftus	1
IS	81		
Dep	81	IES-R	
Anx	81	Intrusion	19
Hos	81	Avoidance	15
PA	81	Hyperarousal	20
PI	81	Mean Score	18.0
Psy	81		
GSI	81	Williams	
PSDI	78	Then	26/45
PST	79	Now	25/45

Participant 39 Survey Scores

SCL-90-R		DES II	04.29
Som	71		
OC	66	Loftus	2
IS	72		
Dep	69	IES-R	
Anx	68	Intrusion	25
Hos	70	Avoidance	27
PA	70	Hyperarousal	24
PI	63	Mean Score	25.3
Psy	81		
GSI	67	Williams	
PSDI	59	Then	32/45
PST	67	Now	29/45

Participant 42 Survey Scores

SCL-90-R		DES II	43.93
Som	69		
OC	81	Loftus	9
IS	81		
Dep	81	IES-R	
Anx	76	Intrusion	27
Hos	76	Avoidance	34
PA	77	Hyperarousal	29
PI	72	Mean Score	30.0
Psy	81		
GSI	81	Williams	
PSDI	71	Then	34/45
PST	79	Now	31/45

Participant 47 Survey Scores

SCL-90-R		DES II	18.57
Som	70		
OC	76	Loftus	5
IS	71		
Dep	67	IES-R	
Anx	67	Intrusion	27
Hos	70	Avoidance	36
PA	72	Hyperarousal	33
PI	63	Mean Score	32.0
Psy	81		
GSI	68	Williams	
PSDI	59	Then	41/45
PST	71	Now	10/45

Participant 48 Survey Scores

SCL-90-R		DES II	11.79
Som	81		
OC	76	Loftus	3
IS	81		
Dep	72	IES-R	
Anx	81	Intrusion	12
Hos	00	Avoidance	06
PA	00	Hyperarousal	15
PI	81	Mean Score	11.0
Psy	00		
GSI	68	Williams	
PSDI	81	Then	39/45
PST	57	Now	09/45

Participant 51 Survey Scores

SCL-90-R		DES II	10.00
Som	62		
OC	72	Loftus	5
IS	72		
Dep	72	IES-R	
Anx	68	Intrusion	22
Hos	68	Avoidance	23
PA	74	Hyperarousal	24
PI	79	Mean Score	23.0
Psy	81		
GSI	65	Williams	
PSDI	66	Then	39/45
PST	62	Now	17/45

Participant 54 Survey Scores

SCL-90-R		DES II	35.00
Som	81		
OC	81	Loftus	5
IS	81		
Dep	81	IES-R	
Anx	79	Intrusion	25
Hos	81	Avoidance	36
PA	81	Hyperarousal	33
PI	81	Mean Score	31.3
Psy	81		
GSI	81	Williams	
PSDI	80	Then	40/45
PST	79	Now	33/45

Scores: Extensive Forgetting

Participant 58 Survey Scores

SCL-90-R		DES II	16.07
Som	81		
OC	75	Loftus	1
IS	70		
Dep	75	IES-R (could not	
Anx	71	complete)	
Hos	65	Intrusion	00
PA	76	Avoidance	00
PI	71	Hyperarousal	00
Psy	79	Mean Score	00.0
GSI	67		
PSDI	66	Williams	
PST	64	Then	21/45
		Now	27/45

Participant 61 Survey Scores

SCL-90-R		DES II	48.93
Som	70		
OC	74	Loftus	3
IS	76		
Dep	71	IES-R	
Anx	70	Intrusion	25
Hos	70	Avoidance	30
PA	70	Hyperarousal	25
PI	72	Mean Score	26.7
Psy	81		
GSI	79	Williams	
PSDI	67	Then	31/45
PST	78	Now	33/45

Participant 65 Survey Scores

SCL-90-R		DES II	75.36
Som	81		
OC	79	Loftus	4
IS	79		
Dep	81	IES-R	
Anx	79	Intrusion	27
Hos	00	Avoidance	28
PA	81	Hyperarousal	20
PI	72	Mean Score	25.0
Psy	81		
GSI	81	Williams	
PSDI	74	Then	16/45
PST	74	Now	26/45

Participant 67 Survey Scores

SCL-90-R		DES II	02.50
Som	70		
OC	70	Loftus	5
IS	72		
Dep	69	IES-R	
Anx	72	Intrusion	09
Hos	65	Avoidance	19
PA	70	Hyperarousal	15
PI	63	Mean Score	14.3
Psy	81		
GSI	65	Williams	
PSDI	61	Then	24/45
PST	65	Now	18/45

Participant 69 Survey Scores

SCL-90-R		DES II	20.71
Som	81		
OC	79	Loftus	10
IS	79		
Dep	71	IES-R	
Anx	81	Intrusion	23
Hos	71	Avoidance	32
PA	68	Hyperarousal	17
PI	71	Mean Score	24.0
Psy	81		
GSI	79	Williams	
PSDI	69	Then	00/45
PST	77	Now	00/45

Participant 70 Survey Scores

SCL-90-R		DES II	05.00
Som	81		
OC	80	Loftus	5
IS	81		
Dep	81	IES-R	
Anx	72	Intrusion	29
Hos	81	Avoidance	36
PA	77	Hyperarousal	23
PI	79	Mean Score	29.3
Psy	81		
GSI	81	Williams	
PSDI	74	Then	36/45
PST	74	Now	32/45

Participant 71 Survey Scores

SCL-90-R		DES II	14.64
Som	81		
OC	76	Loftus	1
IS	81		
Dep	81	IES-R	
Anx	81	Intrusion	35
Hos	73	Avoidance	21
PA	81	Hyperarousal	31
PI	81	Mean Score	29.0
Psy	81		
GSI	81	Williams	
PSDI	81	Then	44/45
PST	79	Now	35/45

Participant 76 Survey Scores

SCL-90-R		DES II	07.86
Som	79		
OC	79	Loftus	did not
IS	70	complete survey	
Dep	69		
Anx	72	IES-R	
Hos	74	Intrusion	23
PA	70	Avoidance	30
PI	74	Hyperarousal	23
Psy	81	Mean Score	25.3
GSI	69		
PSDI	66	Williams	
PST	67	Then	05/45
		Now	00/45

Scores: Extensive Forgetting

Participant 77 Survey Results

SCL-90-R		DES II	25.71
Som	67		
OC	71	Loftus	5
IS	79		
Dep	69	IES-R	
Anx	72	Intrusion	21
Hos	74	Avoidance	26
PA	70	Hyperarousal	25
PI	74	Mean Score	24.0
Psy	81		
GSI	73	Williams	
PSDI	65	Then	21/45
PST	75	Now	05/45

Appendix J: Stage Two, Analysis Three, Raw Data

Interview Analysis Raw Data

The raw data contained in this appendix was taken directly from the verbatim transcripts of the participant's semi-structured interview responses. Participants were selected from the larger sub-groups previously under investigation in Stages 1 and 2 of the research program. The first sub-group under investigation in this stage of the research program was selected from the "Partial Forgetting" group (cases 9, 22, 32, 43, 46, 57). The second sub-group under investigation in this stage of the research program was selected from the "Always Forgot" group (cases 5, 6, 11, 12, 13, 14, 15, 24, 39, 54). The Stage 3 method outlines the selection process in greater detail. Participants' responses were categorised under the following areas:

1. Process of forgetting:	1a. How long after abuse started did forgetting begin?
	1b. What mechanisms were used to facilitate forgetting?
	1c Comparison to memory for everyday events around the time of the abuse.
2. Triggers:	2a. What event(s) triggered the memories?
	2b. Was hypnosis involved?
	2c. Were you in counselling when your memories returned?
3. Process of remembering:	3a. In what form did your initial memory return:
	Auditory, visual, kinesthetic, smell, emotions, taste?
	Were your initial memories:
	3b. clear/fuzzy; 1st person/3rd person colour/black-and-white; photo (still)/video(moving) sequenced/non-sequenced
	3c. Were you able to corroborate your memories in any way?

1. Process of forgetting.

1a. How long after abuse started did forgetting begin?

Group 1 – Partially forgotten (6 cases):

Case 9: I would say probably when I became a teenager, early adolescence, I think
Case 22: At the time of the abuse
Case 32: There was a period of time between 12/13 and 21 years of age when she drank and took drugs as a way of trying to block out the memories
Case 43: I don't know when I forgot…there were some that I always remembered (multiple perps)
Case 46: I can probably best answer that question by saying when I remembered it. I did not remember any of it during my teenage years. I forgot details of incidents. The feelings were still there.
Case 57: I don't know…I had always remembered with one perpetrator but not the other…because I always felt guilty because it felt nice. I think I forgot as soon as it happened…I was very frightened of my father.

Group 2 – Completely forgotten (10 cases):

Case 5: at age 5 or 6, when the abuse commenced
Case 6: About 6
Case 11: I've got no idea
Case 12: I had a tendency to forget about the abuse within about 20 minutes – it was safer that way and I would just put it away and go on as if nothing had happened
Case 13: I think it was around 10 years of age
Case 14: Virtually as soon as it happened, not quite but a little while after
Case 15: totally forgot by ages 11 to 12…brief "bubbling" at age 16…total forgetting again to age 33 when became clean and sober
Case 24: Subject indicated forgetting about the abuse each time it happened
Case 39: The whole time until three years ago
Case 54: It started when I was probably four (when the abuse started). Probably up until I was about 12. I started to remember at 12.

1b. What mechanisms were used to facilitate forgetting?

Group 1 – Partially forgotten (6 cases):

Case 9: The only detail that I can't recollect is how many times it happened being that there were three men involved…I do feel it was a conscious decision…a locking away…I just never mentioned it to anyone (DES II 390)
Case 22: I've sort of been in denial I guess for a few years. I forgot because it wasn't so violent…there was no violence in the act. Like with me it was more I love you and it was very gentle and all that sort of stuff. I can't actually remember that actual abuse. I remember the befores and afters and the cuddling and kissing but I really blocked out during. I just sort of switched off and went into… imagination of

somewhere else, but I can't remember where. I always knew where I was but I wasn't picturing what was happening. The early years I'm not at all sure, but I can actually date some of them to the month and the year from when I was about 12. Can remember accurately the place(s) and people involved but foggy about the actual incidents (DES II 460)
Case 32: The blockages and experiences of getting that much drink and drugs into me were driving me deeper. The actual recollection of the event was actually less because I was focusing on how bad I was if you know what I mean (DES II 560).
Case 43: I think it just happened. I have imagined that I was like a particle without form going through space…outer space. Forgetting means that I can't access that memory. It doesn't mean it's gone. It hasn't gone…it's just not where I can find it. I would remember the beginning then whatever he was doing got too much for me to continue to be there consciously so I don't remember him leaving my bed at any time(DES II 140)
Case 46: I dissociated from that…then possible as time went on with my family and the sexual abuse didn't happen I probably learnt to forgive them and think it wasn't going to happen again. I guess I just kept myself very busy and occupied myself in other people's problems (DES II 960).
Case 57: It was something that happened without me being aware (DES II 470).

Group 2 – Completely forgotten (10 cases):

Case 5: (DES II 1780) I passed out. I couldn't deal with it then and I haven't been able to deal with it up until now.
Case 6: (DES II 330) I was actually threatened that I wouldn't remember these things…they said they would kill mum, my brother…the cult members made me take LSD and brainwashed me into sort of like thinking "this didn't happen to me". Periods of forgetting co-incided with contact and "interrogation" by cult members
Case 11: (DES II 830) well my gut reaction to that question is that it would be more of a pushing away than a fading of time
Case 12: (DES II 1790) I have a very clear memory of giving it to somebody else and that person getting up and walking away with it…it would be gone as if someone had come along with a surgical knife and chopped it…and I would just be sitting there going something's happened but I don't know what…on memory can be split up to 24 different people…the worse the event the more people created to hold it…somebody will have the taste, someone else will hear what was said, and somebody else will see, albeit blurry, they will see what happened, and other people will feel…if any one person had all of it we would go insane
Case 13: (DES II 360) I think it was conscious…because of the shame I felt for it, I didn't want to tell anybody…it hurt to think about it…I think I told myself I'd made it up….I believed that this was just a dream…it was a tiny little thing that I'd imagined…if it popped into my mind I would actually tell myself, "no you just imagined it."…it was just very distant from me.
Case 14: (DES II 920) It was necessary for my survival to forget so those thoughts were taken away, those memories were taken away by my total mind and put behind a force field to protect me…subject indicated a series of force fields rather than one large force field…

Case 15: (DES II 560) What I had was what I called trenches…you know where you see soldiers hiding in trenches and they take cover…I can see my little hands in the chocolate earth…the best way to put them is from 1 to 10…A shallow trench was for just violence that would happen…1 to 3 in a situation like that…there was public abuse that would catch me off guard…we'd be in a public swimming pool and under water he'd have his penis out and touching my body with it…that would be like a trench 4 to 7…7 to 10 was for long drawn out abuse where there wasn't any help or distraction…it was a visual thing ad it brought me comfort
Case 24: (DES II 1190) I think I dissociated from it…not that I formed other personalities but I have other parts that have other feelings
Case 39: (DES II 120) What happens is that I have a sort of white light that comes in visually, from the periphery of my vision and it just comes in and then there's nothing, nothing at all
Case 54: (DES II 980) I dissociated a lot I think. I grew up thinking I could fly, so I think I went out of reality, I could go out of my body…I don't know if I did it consciously

1c. Comparison of memory for everyday events around the time of the abuse.

Group 1 – Partially forgotten (6 cases):

Case 9: Just day-to-day stuff, when I was growing up…you just kind of think about it and it goes away…but with this it just comes out of the blue and it stays
Case 22: I can remember incidents really clearly bit I think there must be a lot of blanks in there. I can't remember most of the third year of high school…I can only remember certain bits and pieces. Mostly it's just the bad things I remembered, I hardly remembered any good about school.
Case 32: Only has memories of family violence at the same time. These memories were different to the sexual abuse in terms of, "the sheer physical pain of it."
Case 43: No comment
Case 46: I remember the first day of kindgarten clearly but then after that I only remember incidents where I was tormented by kids and things like that. It was no different to home.
Case 57: They're different…I remember school, the kid's names, my classes…I don't have any trouble remembering boarding school…it was a safe place.

Group 2 – Completely forgotten (10 cases):

Case 5: Both memories are clear, what I've got of the memories I've got of the abuse is quite clear. No differences at all
Case 6: always had very clear intact memories of normal childhood things…the rape scene is obviously very traumatic whereas playing with kids in the playground is a nice easy going lovely sort of memory…the feelings are quite different…recalling is the same, the intensity is different.
Case 11: I don't remember much of those sorts of activities…someone has to prompt me to remember…it's almost like it's irrelevant

Case 12: I've lost everything that happened to me for two years (ages 8-10)…I don't remember ever going to school, I remember being in school and talking to the teacher, I remember my mouth moving, I don't remember what I said, I don't remember leaving the room…even happy memories have been split up exactly the same way as the abuse memories
Case 13: They are probably different…lacking the same emotional intensity as the abuse memories
Case 14: They are different. I can remember a lot more of the details and there isn't the same emotional charge
Case 15: They're closer but different…the abuse memories are a little bit like when you fall asleep at night and you lay on your arm and you wake up and if you move your arm it's like it doesn't belong with you
Case 24: The only things I do remember is being at school, if I remember anything. My sister's two years younger than me and I have no recollection of her until I was about nine
Case 39: Subject indicated she had no memory for the first nine years of her life…I don't have any birthdays, I don't have any Christmases…nothing
Case 54: Different but similar…I would go out of by body to the ceiling and I could see what was going on in the classroom and I could see myself there and the teacher and everything…but I wasn't actually there

2. Triggers:

2a. What event(s) triggered the memories?

Group 1 – Partially forgotten (6 cases):

Case 9: I started recovering a bit more detail when I gave birth to my first child at the age of 35 years. For some reason after the children were born I started to think about it more. Like remembering that I hadn't forgotten.
Case 22: This particular uncle…I was in my thirties…and he wanted to com and stay with us in Sydney…I said to my brother if he stays I'm going. It hit me. Smells have triggered me for a long time and I don't know why. The same brand of pipe tobacco that he smoked…the smell of the labour ward…it smells like semen.
Case 32: Becoming clean and sober at the age of 21.
Case 43: I guess I remembered when I was 38. Seeing other children at the same age I was when the abuse took place, behaving in a way that reminded me of things I used to do and I put two and two together. There was a little three year old at the shopping centre who begged her father to lick her down there "like Poppie does". There are still big chunks missing.
Case 46: Age 28…my father got very angry with me in the street and just the look on his face and that passionate anger just brought me back to a kid. Also my husband left.
Case 57: I don't know what triggered it. I had been slowly going downhill…having body memories but not knowing what they were…then all these feelings came…I got pictures and it was my father and that sort of shut me down then.

Group 2 – Completely forgotten (10 cases):

Case 5: I was concerned about problems I had with my wife and various other things, so I contacted a therapist who suggested I join his men's group. I said to him I had thoughts that I was being abused…but didn't really believe them. After a few months of hearing what other men talked about as far as behavioural problems…one morning the whole passage of the abuse just suddenly appeared in my mind (age 40)
Case 6: subject forgot from ages 6 to 16/17 (briefly remembered) then forgot again to age 22 for two years, then forgot again age 24 to 31. Triggered by seeing someone who looked like the perpetrator, watching a couple of horrific television programs like the Exorcist…and my memories just kept coming out stronger and stronger over about a year…triggered as an adult by thinking, "okay I can look after myself now" and I actually made a conscious decision to get myself to do that. At age 34 "I actively sought out survivor groups…I met another abuse survivor…who had gone through similar experiences…and I felt externally validated. The sense of control he felt increasingly as an adult was a big trigger.
Case 11: I think it was an ultimate piecing together…my fiancée died four years ago…I knew I had to sort of just do that and deal with that. It was a conscious decision then to force myself into it. A lot of it was looking at the family dynamics particularly with my dad dying…there were always missing elements.
Case 12: At age 26…I spoke to my sister and found myself asking her, "has he ever hurt you?"…this whole stream of the most obnoxious things came spewing out of my mouth…she sat on the other end of the phone, sounding a bit shocked, and she said, "he's done some of those." He broke the promise…he had abused her and then broken the promise so I was able to talk and let everything out.
Case 13: I was doing a series of workshops on sexual issues and sexual wholeness and the growing in relationships…it came up when I was doing my homework (age 23)…I couldn't ignore it anymore….it just kept coming up and coming up…I remember thinking I can't hide this anymore, I had to face it.
Case 14: There may have been a trigger that I don't remember…it seemed like that out of the blue little bits of memory came…it just sort of started
Case 15: The name of one abuser was Roy and I was then with my first husband and we lived next door to an old man called Ray and he used to babysit my kids sometimes and I think being sober for the first time and drug free…I started to thaw out.
Case 24: I met my husband and he was a safe person…he was the total opposite to my father and something inside of me must have allowed this to start surfacing
Case 39: It was the stress of my husband's cancer and the death
Case 54: I think I started to rebel, I started rebelling from my home situation where I lived at the time

2b. Was hypnosis involved?

Group 1 – Partially forgotten (6 cases):

Case 9: No
Case 22: No, I have used hypnosis for relaxation, but it wasn't used to recover any memories and I did not recover any memories as a result.
Case 32: No, however I had hypnosis last year in relation to the abuse as a way of giving me somewhere safe to be when I needed to.

Case 43: No.
Case 46: No
Case 57: No, did undergo four sessions of REM after initial memories recovered

Group 2 – Completely forgotten (10 cases):

Case 5: No
Case 6: No
Case 11: One therapist did once but it was more with…a lot of what we discussed was just family dynamics…it was more at that level.
Case 12: No
Case 13: No
Case 14: No, no hypnosis, we used a bit of rapid eye movement
Case 15: No
Case 24: No, I'm terrified of it…I'm terrified of what will happen
Case 39: No
Case 54: No

2c. Were you in therapy when your memories returned?

Group 1 – Partially forgotten (6 cases):

Case 9: No, I had actually been twice to different doctors trying to...I knew that I wasn't right…I felt like I was losing my mind, that something was wrong. I started counselling when my sister contacted me and asked me outright if I had been sexually abused by our grandfather
Case 22: No, I went to a psychiatrist about 15 years ago because I had a bad temper. I mentioned it to him but it wasn't really a firm issue then.
Case 32: Participating in AA program where the abuse was a side issue and the main focus was on being clean and sober
Case 43: No.
Case 46: No.
Case 57: I started getting therapy about the first perpetrator (always remembered) and I got sober….whilst I was in therapy the memories of my father's abuse appeared…I am still recovering memories now outside of therapy…spontaneously

Group 2 – Completely forgotten (10 cases):

Case 5: Yes, in a men's therapy group
Case 6: The initial remembrance happened before therapy…I sought therapy because I needed to have some sense of understanding of it
Case 11: I was doing counseling and things like that but it wasn't for that reason…it was because I've just suffered constantly from depression for a long, long, long time. None of my therapists ever suggested that I was abused before I had these memories.
Case 12: No
Case 13: No
Case 14: Yes I was just going to this one psychiatrist, which I'd been going to for several years and slowly different pieces were coming out.
Case 15: I had started the AA program where the focus was becoming alcohol and drug free

Case 24: No
Case 39: No
Case 54: No

3. Process of remembering:

3a. In what form did your initial memory return: Auditory, visual, kinesthetic, smell, emotions, taste?

Group 1 – Partially forgotten (6 cases):

Case 9: I got emotional feelings…it just grossed me out…disgust and that sort of thing. Visual also.
Case 22: Smells and visuals
Case 32: I never consciously bring the abuse into play. I never have a picture of it today, although it's there.
Case 43: Intense feelings of hatred and fear of my father.
Case 46: I felt that I was on his lap and I was getting a lot of pelvic pain…a lot of it was feelings.
Case 57: I could see my father sort of…it wasn't his face…it was his feeling, his touch, and his smell. He never abused me face to face, it was always from behind.

Group 2 – Completely forgotten (10 cases):

Case 5: It was a very very clear picture and I got the physical sensations…a very strong feeling of terror…I get some of the words my father used…it is actually like being back there and living it…the sequence of events made sense.
Case 6: Two types, at night time…physical memories, vision, I can see the memory in my mind…a picture…I would hear, see, smell particularly.
Case 11: the first one was just remembering it but not…almost like viewing it on a TV
Case 12: It was like this great big pus bubble burst and everything could come back in…everything just came back in total visual…it was like it was happening, I could feel him, I could feel him inside me…I felt everything…it was the one time that everyone decided to be integrated…here have your life in five seconds flat…and within 24 hours I'd lost it again.
Case 13: I realized I had a memory of the smell of the grass and the tent…I couldn't push it back again, it was too big…I got that sort of funny yellow colour inside the tent and I remember him showing himself to me…I don't remember his face very well.
Case 14: A picture and a little tiny bit of emotion…just a handful of emotion…horror, terror and the terrible pain of your creator doing that…hurting you so much
Case 15: I went into a regressed state in a car park and people put me into an ambulance…I could hear but I was in a catatonic shock…there was no body response (to reaction testing…pin pricks etc)…I think the very first memory was sensory..I think it started with terror
Case 24: What I had was flash-back feelings…there were no pictures…that's why I didn't know what was wrong with me…voices in the head…I did have visions of knives…incredible panic, wanting to hide anxiety

Case 39: The first one was a still photo
Case 54: I think I got smells and probably body sensations and also I knew that I couldn't take any more (strong emotions)

3b. Were your initial memories: clear/fuzzy; 1st person/3rd person; colour/black-and-white; photo (still)/video(moving); sequenced/non-sequenced?

Group 1 – Partially forgotten (6 cases):

Case 9: It was still pictures, in black-and-white, from my perspective. Very clear, but jumbled sequence.
Case 22: Usually colour…I can picture under the house and walking back afterwards and I think I had a red shirt on. They're like little snippets of a movie. I could think yes I was six then, yes I was nine then, I was 12 then
Case 32: I remembered it more back then (age 21) than I do now and it was pretty sketchy because I was about five. Since then it's been smells, pictures, the room and as far away from a thought of the person being there as possible. Subject indicated he was possible going through another period of conscious forgetting (age 37)
Case 43: They were clear…however I as an adult can simply fill in the pieces now knowing about adult sexuality and things like that.
Case 46: More like a photo…with a tinge of white…most of my abuse happened at night. With my father I could always see him walking out of the room…it's always darkish…I can see his white underpants and like a light under the door. The physical memories were clear. I was pretty definite with the time…the time around three
Case 57: I got the wallpaper, I got the carpet and the lights. I got colour…lots of colour, especially the blood…the curtains were blowing in the wind. They were very fuzzy…that's why I had the rapid eye movement. I was getting just snippets, just flashes…it was driving me insane. It's taken me two years to put a timeline to the memories

Group 2 – Completely forgotten (10 cases):

Case 5: I view it like I'm on the ceiling…some memories are like I'm actually in my body…those are the worst…colour…it's like if you remembered going out to your car this morning (movement).
Case 6: More like a video…very vivid colour…quite strong and clear…the sequence made sense but I knew they were out of linear time
Case 11: Moving pictures…black and white…sort of like watching a picture show…the first one was quite clear…felt a sense of horror…I knew exactly where it happened…I didn't necessarily know what age I was, that was more a figuring backwards kind of thing…strong olfactory and sounds now but first memory was silent…far away (third person) and on a small screen…very intense feeling of I can't say anything…I can't move…I'm stuck
Case 12: Very clear…sequence did not make sense…it was visuals from one event, the sound from something else, the smell from a totally different environment…I saw the oral sex, I saw him pushing on my face, I felt the belt around my throat, I could feel what he was doing…
Case 13: The pictures were in colour…little tiny stillnesses…sequence did not make sense…it's taken five years to make sense of it.

Case 14: It was colour…it was moving, it was only for a second or so…I was standing separate from them…out of body…usually no sounds…
Case 15: Like little mini movies…colour…they are smaller, like in one of those little slide things…clear…non-sequential…they were sort of a bit absurd to even put credibility to
Case 24: not clear…no sequence…black and white…sometimes moving, sometimes still…fuzzy…I'm always looking at then from a distance
Case 39: Black and white…after the first one it was more like a movie and I had body sensations…I did eventually get some colour…that took awhile…I had very clear and sharp very short memories…there's also a kind of long distance one…it's like way at the back of my head…eventually it gets to a point where I realize this is another memory coming…I was experiencing the memories and I was feeling quite a different size and age
Case 54: Still…black and white…abused at night…gradually over time it all came together…I've used time to make them clearer…a lot of things came back like the pain which I'd forgot.

3c. Were you able to corroborate your memories in any way?

Group 1 – Partially forgotten (6 cases):

Case 9: Abuse by grandfather corroborated by older sister. We both know that this has caused us problems and damage, affected our relationships and who we are today
Case 22: I didn't ever doubt that it was accurate myself but it was when my sister said to me "Oh, that's what he was doing that day I walked in on you. I found out that my cousin had told her mother that he had tried to kiss her and that sort of thing. I rang him up one day and said, "look what you did was wrong." He said, "I didn't mean anything by it. I didn't do anything wrong." So he just denied it, but his wife believed me.
Case 32: From other members of the family…brothers and sisters and cousins.
Case 43: I have him on tape telling me what he did to me. I put it to one of them and they said they don't remember but if they did they were sorry. I know my sister was…I know my elder sister was
Case 46: I had tearing around my vagina. I had a laparoscopy and they found lots of adhesions and I haven't had previous surgery. I told my sister…she doesn't recall anything
Case 57: I ask myself that all the time. I'd prefer to know that I was a liar and not to have to live with this. My father used to shave my pubic hair. I was menstruating at 10 and that's when my father stopped abusing me.

Group 2 – Completely forgotten (10 cases):

Case 5: There have been just too many things in my behaviour that relate to it. I used to have recurring nightmares all the time and they stopped from the day I remembered. My younger brother did say it explained a lot about our father's behaviour. I have received 100% support from my family…being unsure of my sexuality…never enjoying sexual experiences…chronic depressions lasting months and months…being unable to relate to anyone on any sort of emotional level…I thought I was going mad most of the time. When the abuse happened my mother was in hospital. When she came back to the house she was changing the sheets on

my bed and I remember her arguing with my father about the bloodstains on my mattress. She was very very upset and my father just stormed out of the house. My father claimed I had a blood nose…you don't usually bleed at that part of the bed
Case 6: There is a specific church, which I could not have made up because I would not have seen that normally…the church was in a rural very much out of the way place…and I have scare on my body where the rapes occurred. I did actually talk to…tell my father once…but there wasn't a formal acknowledgement of it…tried to talk with my brother, but his brainwashing is so intense that he became defensive…what I'm trying to do at the moment is talk to a couple of friends that I grew up with…I remember seeing one particularly who was at the cult…she has been in and out of hospital with bulimia and other things like that. My brother, my mum, my nephew and my sister was abused by the same cult members
Case 11: subject indicated has never spoken with family members about the abuse…I live two lives…I live virtually within a five to ten minute drive from them and I don't actually communicate any of this to any of them at all. Subject stated very sure re place and person…still recovering details of the actual events
Case 12: I checked with my mother. Also researcher sighted court documents indicating that her father was gaoled for nine years for abuse of subject. Subjects' earliest memory of abuse was as a baby wearing her "sunshine dress" when father ejaculated on dress. Mother found it in the nappy bucket…this evidence led to father's incarceration. Also corroborated by her brother and sister and sister's friend
Case 13:I suspect it happened to my sister too but I haven't had the courage to bring it up with her…she was in the room at the same time…whether or not she was asleep I don't know…I can't corroborate it…I believe it now although it did take a little while
Case 14: I guess it's because of the background pictures…it happened in the places I lived at the time…my mother was very very good at hiding it…I have talked with my sisters about the abuse…I suffer the most terrible depression…I have been diagnosed with DID
Case 15: I've got no one…I know when I was having vaginal examinations for the birth of my first child and my pediatrician commented with concern about the amount of scar tissue inside of me…alcohol and drug abuse…suicide attempt at age 16…it hits me like a bloody tidal wave and I know it's not welcome and I don't enjoy it…very dysfunctional family…diagnosed with PTSD by psychiatrist…when I told my mother about my father her first words were, "in my heart I always knew"…still recovering "dribbles" of memory
Case 24: No…I have no contact with anyone now…depression…psychiatric treatment for chronic depression…currently recovering memory via flashbacks
Case 39: I did get a form of corroborating evidence. I had a poem written by one of the abusers in Dutch and I sent that away and got it translated and, although it was not specific, it was certainly strongly supporting the stuff I actually remembered. It was like you were my little play thing. I've got enough. I know what went on. I don't need any more evidence. I hope I don't get the whole picture
Case 54: My sister was also abused…I confronted my father…denial (from him)…subject indicated she and her sister talk about the abuse they experienced…sister blamed her for leaving home which is when father commenced abusing sister…very sure of accuracy of memories re place, person/people, actual events…still recovering memory.

Appendix K: Case Summaries

Always Remembered Participant Profiles (n = 23)

Participants in the Always Remembered section are: Participant 2, 3, 7, 8, 10, 16, 19, 23, 30, 34, 36, 37, 40, 45, 49, 50, 53, 55, 56, 59, 62, 64, and 68. The participants' profiles include summarised details from their responses to the TEQ and taped interviews, under the categories of "history," "remembering" and "memory detail."

Participant 2 Profile

History The participant was a divorced 37 year old female, currently completing full- time post-graduate education and working part-time. She reported experiencing sexual abuse from her step-father. The abuse ranged from touching of her genitals and oral sex to anal and vaginal rape. The abuse commenced when she was ten years old and lasted for three years. The abuse occurred at least three times per week and ceased when she had her first menstrual period. The experience that upset her most was the anal rape which occurred once a week on average. The participant reported that the abuser threatened to hurt her if she disclosed. Her abuser used alcohol at the time of abuse and later died from liver cancer as a result of his alcoholism. She did not tell anyone about the abuse until she was 28 years old because she thought no one would believe her. The participant reported experiencing associated emotional and physical abuse from the abuser. After the sexual abuse stopped, the abuser punched her in the stomach on a daily basis until she left home at the age of 17 years. He also broke her nose and refused to let her seek medical assistance. He told her daily that she was ugly, stupid, and would never amount to anything.

Remembering When specifically asked about her memory of the abuse, the participant reported that she always remembered the abuse. She stated that this was probably because she was old enough to have well-formed memory pathways. The participant reported that she possessed a photographic memory and had always performed well academically. She also advised that she remembered her father well and had a basis for comparison when her step-father commenced the abuse. Her father died when she was 7 years old.

Memory Details The participant said that her abuse memories contained very strong emotional content and strong physical sensations when compared to her memories for other events of the same period. She was unable to confront her abuser who died when she was 19 years old. She said her memories were accurate because she lived with them every day. In addition, her younger sister had stated that she saw the abuser touch the participant on the genitals on at least one occasion. The participant reported undergoing nine gynaecological operations to repair the internal damage her abuser caused. She attempted suicide twice and had had a lengthy association with alcohol and drugs to numb the negative affect.

Participant 3 Profile

History The participant was a 40 year old female, currently in a 13 year de facto relationship. She reported some tertiary education and worked in part-time employment. She reported that her abuse ranged from being kissed and fondled through to rape. The rape experience upset her the most. The participant was two years of age when the abuse commenced. The abuse was conducted over a 10 year period, and happened repeatedly during this period. Her abuser was her father, who used alcohol and illegal drugs during the abuse. He made her promise not to tell, threatened to hurt her, and forced her physically to participate in the abuse. She did not disclose to anyone and no one stopped the abuse. She did not tell because she thought that no one would believe her, she would get into trouble, and that the abuser would hurt her and her siblings. She stated there was a high degree of associated emotional and physical violence where she was beaten on a daily basis and nearly drowned by her abuser on several occasions. She received severe burns when her abuser poured boiling water on her, and was tied up to posts for long periods of time. Her abuser told people that she was crazy so that if she did disclose no one would believe her.

Remembering The participant reported that she always remembered the abuse. She thought that this was because she endured the abuse for ten years and had a lot of time to think about her abuse. The participant was raised in the country and was often left to her own devices with little or no distraction. She has never doubted her memories, which are as strong as her memories for other events that occurred during the period of abuse. The participant confronted her father, who did not admit to the abuse. She has received confirmation from her younger sister who reported that their father also attempted to have sex with her.

Memory Details The participant said that her triggers to the abuse memories include olfactory and tactile modalities, such as the smell of semen, with the sexual act sometimes triggering intense flashbacks and vomiting. She reported feeling intense affect about her abuse experience and stated that she experienced flashbacks of the entire trauma if she was in a period of emotional turmoil. When her life was in a period of calmness she experienced fragmentary flashbacks on a monthly basis, which coincided with ovulation or the commencement of her period. The memories included the events or rituals that often preceded the abuse. Triggers also included Christmas, birthdays, being upset, and media reports on abuse.

Participant 7 Profile

History The participant was a single 21 year old caucasian female, who completed tertiary education and listed her occupation as student. She reported the entire range of sexual abuse, from being kissed to rape. The experience that upset her most was being forced to touch her abusers' genitals. She was seven years old when the abuse commenced. The abuse was conducted over a period of years and involved her stepfather and her stepfathers' son. The participant did not tell anyone about the abuse at the time because she thought she would get into trouble.

Remembering The participant reported a period of forgetting about the abuse as an adolescent, which ended at age 17. This period of forgetting did not extend into her adult years. She reported forgetting at age 10. The participant stated that she didn't forget that the abuse had happened. She did however forget the actual experiences by "blocking it out" because she could not deal with it. She trained herself not to think about the abuse. She reported forgetting with the passage of time, which occurred after her efforts to block it out. The participant also stated that if the abuse experiences followed a set pattern they became less significant and easier to forget.

Memory Detail The participant stated that her trigger to remembering was being asked to write her life story for a tertiary assignment at the age of seventeen. In addition, a fellow student disclosed her abuse in the same class. The participant said that her memories were very visual, including still and moving pictures in colour. She felt disgust and experienced nausea. She received inconsistent auditory memories of the abusers' voices. Her abuse memories were not very clear, being fragmented and lacking sequence. She did not understand the timeframes of her memories. The participant reported that her memory for other events around the same time was much better in terms of clarity and sequencing. The participant has not been able to corroborate her memories with family members. She reported that she felt no doubt that the abuse had happened. The participant experienced an eating disorder, depression and had attempted suicide. She remembered that her stepfathers' son had also wanted to abuse her younger sister at the time. She told him to "do it to her" only in order to save her sister.

Participant 8 Profile

History The participant was a single 28 year old caucasian female, who completed some tertiary education and worked full-time. She reported that someone forced her to touch their genitals and performed oral sex on her. She was most upset by the oral sex. The participant was five years old when the abuse commenced, which continued for a period of four years during which she experienced two to three separate incidents. The abuser was a male cousin who was seven years older than the subject. She did not tell anyone about the abuse at the time because she thought she would get into trouble. She did tell her mother about the abuse when she reached the age of sixteen years.

Remembering The participant reported always remembering the abuse, however she did not think of it as abuse until she reached maturity. She reported coping by minimising the experience as a child and adolescent. She described her abuse memories as being “like a bird that flittered into her head then out again.” The participant also likened her memory to thinking, “now where have I put that gold pen,” in that she was able to go back to the last place she left her memory and pick it up without any trouble. The gold pen related to her memories in that she always remembered that she had a gold pen even though she needed to think sometimes about where she had last placed the pen.

Memory Detail The participant stated that she was always able to remember her abuse because she always thought of the abuse as both normal and abnormal, therefore it impacted strongly on her conscious memory. She stated that she always had strong feelings with her memories of the abuse, mainly a feeling of “I don't like this.” Her memories for other events that occurred around the same time as the abuse were also strongly negative, as she was singled out for bullying at school by her class teacher. The participant could not differentiate between her abuse memories and other memories. She stated that she knew her memories of the abuse were accurate because “it's not something you forget.” She also stated that her memories were extremely clear and sequential, and that she lived with them every day. Her triggers include certain smells and seeing child abuse movies or newspaper reports, which she described as “sharpening the lens of the camera.”

Participant 10 Profile

History The participant was a 27 year old caucasian female who was in a de facto relationship. She did not complete high school and was working in full-time employment. She reported the full range of abuse experiences, from being kissed and touched to rape. The rape incidents upset her the most. She was 8 years old when the abuse commenced and 11 to 12 years of age when the abuse stopped. Her abusers included her two brothers and a male cousin, all aged between 12 to 18 years. The participant was the youngest child in the family. Her sister and cousin were two years older than her. One brother was four years older and the other brother was six years older. The abuse occurred repeatedly, often up to four times a week. She stated that her cousin abused her twice; one brother abused her once (anal penetration); and the oldest brother (primary abuser) abused her countless times. The abusers made her promise not to tell and threatened to hurt her physically. She did not tell anyone about the abuse because she thought the abusers would hurt her, and reported experiencing concurrent physical and emotional abuse from her father who was extremely violent.

Remembering The participant reported that she always remembered the sexual abuse had happened, although her memory was somewhat scratchy. She knew the abuse incidents were not right but did not recognise the events as abuse until later in life when she started disclosing to close friends. The events happened so regularly that they became almost normal to her. She thought she remembered because she lived with the abusers for years after the abuse stopped. Her primary abuser would

often verbally abuse her during this time. The participant stated that it was hard to differentiate between the abuse memories and other memories for events that occurred around the same time as she experienced a violent upbringing and could not remember any times of happiness. She said that she was the only one in her family who was sexually abused. She also said that she was adopted into the family, whereas her siblings were the natural children of her parents.

Memory Detail The participant stated that her memories were often in picture and olfactory form (the smell of vasoline). She reported that her memories were lacking in some detail and she was unclear about the sequence of events. She stated that she utilised self-hypnotism as a previous coping mechanism. She would tell herself repeatedly that she was not there during the abuse and actively tried to forget about each event without success. She also utilised suicide ideation, drugs and self-harming behaviour as coping mechanisms. The participant had confronted her primary abuser and he admitted to her that he had sexually abused her. The participant reported that her sister caught her in an abuse incident and told their mother. Her mother asked if the abuser had hurt her and if he made her bleed. When she replied in the affirmative her mother walked away and spoke with her brother. When the participant came across her brother and mother they were hugging, and nothing more was done. The participant recently asked her sister about this incident and had it confirmed. When she brought the incident up with her mother she was told that "this is a skeleton in the closet and that's where it will remain." The participant reported that she had experienced visual flashback fragments in the past, however they were more easily controlled now. Past triggers included sexual activity and the sight and smell of vasoline. Current triggers include the sight and smell of vasoline, the "pungent" smell of teenage males, therapy, and meditative activities such as visualisation of her inner child.

Participant 16 Profile

History The participant was a caucasian married female, 45 years old. She reported a post-graduate level of education and her primary occupation was domestic duties. Her abuse ranged from being kissed and touched sexually to oral sex. The kissing and touching upset her the most. She was 6 years old when the abuse commenced and 14 years old when it concluded. She reported multiple abusers as follows:
Age 6 - one incident by a male neighbour,
Ages 8-9 - several incidents by a male friend of the family,
Ages 11-12 - many incidents by her uncle,
Ages 13-14 - many incidents by a male doctor,
Age 14 - one incident by her brother-in-law.
Her abusers made her promise not to tell anyone about the abuse. Her mother found her in bed with her uncle. Her father told her uncle to leave. Nothing more was ever said about the abuse. She did not tell anyone about any of the abuse because she thought she would get into trouble.

Remembering The participant reported that she always remembered the sexual abuse, although she did not always recognise the abuse as trauma. She thought that she always remembered the abuse because she considered it a normal event in her life. In addition, she also had to have regular contact with her abusers throughout her family social life. The incident that occurred when she was six years old was less well remembered because it was only one incident.

Memory Detail The participant was unable to differentiate between her abuse memories and her memory for other events. She was able to corroborate her abuse with her sister regarding her uncle. She also confronted the doctor who admitted the abuse. She was admitted several times to a psychiatric hospital with mental illness, which she considered to be a direct result of the abuse she experienced. The participant stated that she coped with her memories through the use of drugs, keeping busy and eating. Her current triggers were olfactory in nature and being exposed to authority figures such as school principals and doctors.

Participant 19 Profile

History The participant was an 18 year old Asian female, currently living in a de facto relationship. She reported some tertiary education and was employed in part-time work. She stated that she experienced the full range of sexual abuse, from being kissed and touched through to rape. The events upset her equally. Her abuse commenced when she was 3 years old and stopped when she left home at the age of 17 years. The abuse occurred anywhere from three times to week to every night. The abusers included her father, his male partner, her male cousin and two of his friends. The cousin and his friends abused her from the age of 6 years to 11 years. The abusers made her promise not to tell, threatened her, and hurt and forced her to participate. The participant mentioned the abuse vaguely to her mother but nothing was done. The participant experienced emotional and physical abuse at the same time as the sexual abuse, in the form of beatings before and after rape.

Remembering The participant said that she had trouble with differentiating between forgetting and not wanting to remember her abuse. She would always deny the abuse when questioned by various counsellors. She first admitted the abuse happened when she was 16 years old. The participant then clarified that she had never forgotten the abuse and always recognised the abuse as trauma. She tried to "put it in a locked box" and lose the key with minimal success.

Memory Detail The participant reported that her memories exist in the full range of sensory modes, especially touch and sound. She stated that she did not have much in the way of picture because she often had her eyes closed during the abuse. Her memories were experienced in both a first and third person perspective. Her memories lacked clarity at first, then become clearer with time. She had separated her memories into the time when she was small (ages 3 to 9) and the time when she was big (ages 10 to 17). The participant stated that placing the events on a timeline was difficult for her, which is why she developed her memory separation system. She

reported that her memory for the abuse was different to her memory for other childhood events in terms of increased clarity for the abuse memories. She said that her abuse memories had "crowded" her head, leaving little room for her memories of happy events. She also said that her survival depended on this. The participant said that cigarette smoke was a powerful trigger as her father was a heavy smoker. She said that therapy was both a trigger and a place that allowed her to learn new coping mechanisms. The participant received admissions of guilt from her abusers. She stated however that she could never prove her case in court because the abusers would not admit their actions to anybody else. She became a sex worker and drug abuser when she was thirteen and lived on the streets during this time, while still attending school. A school counsellor assisted her with accommodation at the age of seventeen. The participant had attempted suicide on several occasions. She has been diagnosed with somatoform disorder and borderline personality disorder from psychiatrists in mental health wards when she was hospitalised for the suicide attempts. The participant had physical scarring from the beatings and the sexual abuse.

Participant 23 Profile

History The participant was a 39 year old single female, of caucasian origin. She had completed some tertiary education and was employed part-time. The participant reported that she experienced being kissed and touched on the genitals. Her abuser also simulated sex with her. All events upset her at the time. She was 13 years old when the abuse commenced and 16 years old when the abuse ceased. The abuse occurred repeatedly during this period. Her abuser was her father. He forced her physically to participate in the abuse. She did not tell anyone about the abuse because she thought she was protecting her family, particularly her mother. The participant did not experience any associated emotional or physical abuse at the time.

Remembering The participant stated that she always remembered the abuse, although she blocked out the emotional components and physical sensations she experienced. She stated that she spent twenty years denying that the abuse was a problem. She thinks that she always remembered because she was 13 years old when it happened. She said that she was very aware at that age and considered that she had a good memory for most things.

Memory Detail The participant said that her abuse memories were kept compartmentalised separately from her memories for normal childhood events. Both types of memories were clear and sequential. She said that she did not allow "leakage" from her abuse compartment during her youth. Therapy has enabled her to integrate the compartments and unblock the associated emotions and physical sensations. The participant has received corroboration from her older sister and her younger sister who was also abused by their father. She stated that her father started sexually abusing all of them at around age 12. She also confronted her father, who admitted the abuse to her while minimising the effect on her life.

Participant 30 Profile

History The participant was a 26 year old single caucasian female. She was employed part-time and had not completed high school. Her abuse included being kissed, having her genitals touched, and being forced to touch her abusers' genitals. She was also shown a pornographic video, depicting men raping a 12 year-old girl. Her abuse was separated into a few days at age 9, a few weeks at age 11, and the video showing, once, at age 10. Her abusers included a male neighbour and two male family friends. They made her promise not to tell and gave her gifts or money. She did not tell anyone about the abuse because she thought it was her fault and she would get into trouble. The participant stated that her mother died when she was 2 years old and she could not tell her father because she wanted to protect him.

Remembering The participant reported that she always remembered the abuse. She thought this was because she was not a very young child when the abuse commenced. She stated that she also had very clear and strong memories for other events in her life from the same period of time. She did report a mechanism whereby she locked the memories behind a big metal door. She was always aware the memories were there, but said she chose not to think about the memories.

Memory Detail The participant differentiated between her abuse memories and her memory for normal events in terms of the abuse memories having more intense feelings attached to them. She had not been able to obtain any corroboration of the abuse. She was not in therapy at the time of the interview, but was looking at entering in the near future to deal with the emotional fall-out of the abuse.

Participant 34 Profile

History The participant was a 45 year old caucasian female, who stated that she had been divorced four times. She reported some tertiary education and was employed full-time. The participant said that her abuse comprised incidents of being kissed, having her genitals touched, and being forced to touch her abusers' genitals. The incidents involving having to touch her abusers' genitals upset her the most. She said that her abuse commenced when, she was 8 years old and stopped when she was 8.5 years old. The abuse occurred repeatedly during this period and was perpetrated by the adult son of a neighbour who cared for her after school. She received death threats from her abuser. The participant did tell her mother about the abuse. Her mother removed her from the environment, thereby stopping the abuse.

Remembering The participant reported a period of attempting to forget the abuse that commenced when she was 9 years of age. She said that she had always retained an awareness of her abuse, but did not acknowledge the impact it had on her life. She said that she tried to bury the abuse memory and did not think about it. She stated that the abuse experience came "back to bite her" when she was 32 years old. For this participant forgetting was not total annihilation of the memory; rather it was a conscious effort that was not successful.

Memory Detail The participant reported that she participated in a series of personal development courses, to help her heal from her four divorces. This was the trigger for her to acknowledge that the abuse had occurred. Her abuse memories were still colour images. The images were very clear. She remembered the room but could not initially see the abusers' face. Her memories were sequential. The participant received corroboration from another girl who used to stay the neighbours' place, when they were both adults. In addition, her parents and the other girls' parents made a complaint to the police. The police questioned both girls. The parents were advised not to pursue the matter through court in light of the trauma it would have caused both families. The police stated that they would deal with the man in their own way. The participant was unable to differentiate between her abuse memories and her memory for normal events.

Participant 36 Profile

History The participant was a 24 year old caucasian male, who was single. He reported some tertiary education and his primary occupation was as a student. He reported abuse ranging from being kissed to being raped. The abuse commenced when he was 4 years old and ceased when he was 8 years old. The abuse happened on a weekly basis and was perpetrated by his older brother (aged 11 years) and a female neighbour. The abusers made him promise not to tell and hurt him physically. He did not tell anyone about the abuse at the time because he thought no one would believe him and that the abusers would hurt him.

Remembering The participant stated that he had always remembered the abuse but did not recognise it as abuse until he was older. He thought that he was always able to remember the abuse because he was still living in the house and next to the house where the abuse occurred. The participant stated that he tried hard not to think about the abuse with some success until he was 21 years old. He disclosed about the abuse at age 16 years and was currently in therapy to help deal with the associated fall-out of the abuse and to clarify the memories.

Memory Detail When asked to differentiate between his abuse memories and his memories for normal events, the participant reported that he had fewer normal memories due to the passage of time. He received corroboration from his mother about the abuse from his brother. He had not confronted his neighbour.

Participant 37 Profile

History The participant was a 49 year old divorced caucasian female. She completed tertiary education as a mature age student and was employed part-time. She reported abuse ranging from being kissed to rape. The abuse commenced when she was 4 or 5 years old and ceased when she was 12 or 13 years old. The abuse happened on a weekly basis and was perpetrated by her brother, who was twelve

years older than her, and her brother's friends. The abusers made her promise not to tell, threatened her, forced her, and hurt her physically. She did not tell anyone about the abuse at the time because she thought she would get into trouble and the abusers would hurt her. The participant stated that her brothers' friends forced her into prostitution between the ages of 10 years and 12.5 years of age.

Remembering The participant reported that she always been aware that the abuse had happened because it was part of her daily life. She stated she was raised a Catholic and always confessed her "sin" so she retained memory of it. She said that she neither forgot nor actively remembered.

Memory Detail The participant said that each type of abuse "sat at the back of my mind, like a file heading but I never took them out to read them." She remembered the abuse from her brother the strongest, but "it was like years of abuse had been compressed into one or two events." When asked about corroboration the participant replied that she had written to her brother two years ago about the abuse. She did not receive a reply. She also reported him to the police who investigated him. When the participant was 29 her mother raised the topic of the events of prostitution, saying that what the participant did with her clients was worse than what she did with her brother. In addition, she received corroboration from her older sister who was also abused by their brother.

Participant 40 Profile

History The participant was a 29 year old single caucasian female. She reported some tertiary education and was employed on a part-time basis. She reported abuse ranging from being kissed to rape. The rape upset her the most. The participant stated the abuse commenced when she was 13 years old and stopped when she was 14 years old. The abuse happened constantly during that period and was perpetrated by a male family friend. The abuser made her promise not to tell. She did not tell anyone about the abuse at the time because she thought she would get into trouble and that no one would believe her.

Remembering The participant said she always remembered her abuse. She said she learnt to put it in a small corner of her mind, but never forgot it. She stated she experienced periods of time when she did not think about the abuse. The participant was unable to state why she had always remembered the abuse, but thought it might have been because her memory was fully formed.

Memory Detail The participant stated her abuse memories were similar in every way to her memory for normal events that occurred during the time of the abuse. She did not have any direct corroborating evidence that the abuse occurred. She did have a newspaper article about the abuser from several years ago, which stated that he had been charged and convicted on over one hundred counts of child sexual abuse.

Participant 45 Profile

History The participant was a 29 year old married caucasian male. He had completed tertiary education and was employed on a part-time basis. The abuse included incidents of oral sex, attempted penetration and rape. All of the events upset him equally. The participant said he was 5 years old when the abuse began and 15 years old when the abuse stopped. He was abused repeatedly during this period and his abuser was a male family friend. The abuser gave him gifts or money after each abuse incident. The participant told a friend about the abuse at the time however the abuse continued.

Remembering The participant reported that he always remembered the abuse happened, but because it was so frequent he thought some of his memories may have merged or become vague due to the passage of time. He said that he thought the abuse was a normal occurrence until he became a teenager. He remembered wondering what girls were for because he knew boys were for sexual activity. He thought he always remembered because he became sexualised, and sexualised other people in turn.

Memory Detail The participant said his memory for the abuse was quite similar to his memory for normal childhood events, because he did not experience a stable family life. He said that he confronted his abuser and received an admission of guilt. The participant said he was often abused in the presence of the abusers' two young sons, who were also sexually abused by their father.

Participant 49 Profile

History The participant was a 40 year old married caucasian female. She was completing post graduate education and was employed on a part-time basis. She reported abuse ranging from being kissed to having her genitals touched. She was upset by both kinds of abuse. The participant was 11 years old when the abuse commenced and 12 years old when the abuse ceased. The abuse occurred three times during that period and was perpetrated by her father and a friend of the family. She did not tell anyone about the abuse at the time because "good girls don't complain."

Remembering The participant reported that she always remembered the abuse had happened. She thought she had always remembered because she was older when the abuse commenced and that the main abuse event with her father happened only once.

Memory Detail The participant could not differentiate between her abuse memories and her normal childhood memory. She said that after her father attempted to penetrate her he seemed to "wake up out of it." She said that her father was horrified and went outside. She went out after him and they talked about what had happened. Her father apologised to her over and over again. He then alluded to the

incident three years later to his new wife in front of the subject. His new wife said, "Oh that's nothing. You should have seen what happened to me with my brother." The incident was never raised again.

Participant 50 Profile

History The participant was a 36 year old married caucasian female. She did not complete high school and was employed on a part-time basis. She reported abuse ranging from being kissed to rape. All of the abuse upset her equally. The abuse commenced when she was 8 years old and lasted for three hours. The abuse occurred once and was perpetrated by a male neighbour. He made her promise not to tell, threatened her, forced her and hurt her physically. The participant did not tell anyone about the abuse at the time because she thought she would get into trouble and that the abuser would hurt her or somebody else.

Remembering The participant reported she always remembered that the abuse had happened, but as a child tried to ignore it by locking the memories away and losing the key. She was unable to keep ignoring the abuse memories at the age of 22 years when she had her first child. The participant said that she always knew something bad had happened but had lost some of the detail of what the abuser did to her.

Memory Detail: The participant stated she experienced visual images of things she did just before and after the abuse incident but had no visual images or other memory types of the actual rape. The participant was able to differentiate between her abuse memories and her memory for normal childhood events in that her normal memories were intact and very clear. She said she was talking with her younger brother, who was with her just before the rape. She felt he was trying to tell her something and said to him, "Are you talking about what happened to us when we were kids?" although she had no conscious memory of her brother being there. He said "Thank God you remember," and proceeded to fill in the details that he had remembered fully. Her brother had been sent to the shop by the abuser. When he returned he walked through the neighbours' house looking for his sister. He saw her walk out of the abusers' bedroom looking very upset. The abuser came out of the bedroom after her. Her brother also confirmed that the neighbour had abused him on separate occasions also.

Participant 53 Profile

History The participant was a 52 year old married caucasian male. He reported some tertiary education and his primary source of income was an invalid pension. He stated that he experienced the full range of abuse, from being kissed to rape. All of the events upset him. He was 15 years old when the abuse commenced and 17 years old when the abuse stopped. The abuse occurred at least ten times during that period and was perpetrated by the staff and clergy members who worked in a boys' home.

The abusers made him promise not to tell, threatened him, forced him, and hurt him physically. The participant did not tell anyone about the abuse at the time because he thought he would get into trouble and because of the threats.

Remembering The participant said he always remembered the abuse. He also said that he always knew the events were abuse.

Memory Detail He stated that he always remembered because he was in his mid-teens when the abuse commenced and his memory was fully formed. He later became more educated about the psychological manipulation he experienced with the abuse. The participant differentiated between the abuse memories and his memories for normal childhood events in that "nothing was as emotionally intense or as bad as the abuse memories." The participant stated that he knew his memory was accurate because he had lived with it every day of his life. He had made a formal complaint to the police. They were unable to proceed due to lack of sufficient evidence. The police told him that they had contacted other boys who had been at the home at the same time. They had confirmed the abuse but did not wish to proceed with legal actions for various reasons.

Participant 55 Profile

History The participant was a 71 year old married caucasian female. She did not complete high school and was retired. She reported abuse ranging from being kissed and touched to being forced to touch the abusers' genitals, which upset her the most. The abuse commenced when she was 5 years old and stopped when she was either 8 or 9 years old. The abuse occurred two to three times during that period and was perpetrated by her mothers' boyfriend and a male friend of her uncle. Her uncles' friend kissed her sexually in a one off incident at age 5. Her mother's boyfriend touched her and digitally penetrated her. The abusers hurt her physically. The participant said she told her mother about the abuse. She believed her mother stopped the abuse.

Remembering The participant stated that she always remembered her abuse, although there might have been a time when she did not have it in her mind. She said that she did not forget but did not concentrate on the abuse every day. One of those periods coincided with a time when the subject was diagnosed with a "serious depressive breakdown" because of conditions at her place of employment. She said that just surviving at the time took all of her energy and she did not think about the abuse.

Memory Detail The participant thought she was able to remember because she had a good overall memory. She said that she had lived in a children's home for a period of time. The participant stated that she was beaten and neglected during her time in

the home. She had blocked out the physical and emotional abuse for a significant period of time, but was not able to block out the sexual abuse. The participant said that she was an artist and therefore highly visual Her memories were very clearly visual in nature. She stated that some of her memories for normal childhood events had faded with the passage of time. The normal memories she had retained were as clear as the abuse memories. She received corroboration of the abuse from her mother at the time of the abuse and in later years.

Participant 56 Profile

History The participant was a 48 years old married caucasian female, of Dutch origin. She did not complete high school and her primary occupation was listed as domestic duties. She reported abuse ranging from being touched sexually to oral sex, which upset her the most. The abuse commenced when she was 8 years old and stopped when she was 16 years old. The abuse occurred repeatedly and was perpetrated by her father, who made her promise not to tell and gave her gifts or money. The participant told her mother and another family member about the abuse. She was not believed and the abuse continued.

Remembering The participant stated that she always remembered the abuse. She thought that she always remembered because of the ritual or sequence of events that preceded the abuse. Her mother would go shopping, leaving her at home with her father. Her father would then expose himself to her and then ask for a drink. He would then abuse her.

Memory Detail The participant was not able to differentiate between her abuse memories and her memory for normal childhood events such as going to school because her childhood was traumatic in that she had a learning difficulty and came from another country. She said she told her mother about the abuse the first time it happened. Her mother questioned her father and he told her that he was just tickling her. She believed him and the abuse continued. The participant also told her brothers and once again was not believed. She had one older brother and two younger brothers. Her mother confirmed in later years that she believed the abuse happened.

Participant 59 Profile

History The participant was a 37 year old divorced caucasian female. She completed Year 11 at high school and her listed occupation was domestic duties. She reported abuse ranging from being kissed to attempted rape. All of the events upset her equally. She was 3 years old when the abuse commenced and 13 years old when the abuse stopped. The abuse occurred repeatedly and was perpetrated by her father, mother, brother, and a house parent at a children's home. Her father abused her from age 3 on and off over a long period of time. The abuse would stop when family services would take the family to court to remove the children into care. This was because of the physical abuse. The abuse from her mother commenced around age 3

and stopped a short time later. The participant stated that her brother was two years older than her, and therefore did not qualify for inclusion in this study. The abuse from the house parent commenced at age 11 and stopped when she left the home at age 16. The abusers made her promise not to tell, threatened her, forced her, and hurt her. She did not tell anyone about the abuse at the time because of the threats and because she thought no one would believe her and she would get into trouble. The participant stated that her father was an alcoholic and she was often belted at the time of the abuse.

Remembering The participant reported that she always remembered the abuse incidents. She said that she had always remembered because, “it was like living in a horror movie.” Her memories were extremely vivid and she still felt the body sensations and physical pain she experienced during the abuse.

Memory Detail The participant did not have many happy normal childhood memories. She did remember being very close to her brothers and sisters. She was able to differentiate between her abuse memories and her limited normal childhood memories in that the abuse memories contained intense emotions and physical pain. The participant remembered witnessing her father rape her younger sister at the age of 3.5 years. The participant was 7 years old at the time. That sister was taken into care at the time and had not been reconnected with the family until three years ago. The participant also talked about her father’s abuse with the brother who abused her. He believed her but did not remember that he had abused her. She received confirmation from her biological mother that she was sure the father had abused her. Her brother told the subject that he experienced sexual abuse from their mother.

Participant 62 Profile

History The participant was a 43 year old caucasian female, who was separated from her partner. She did not complete high school and her primary form of income was a pension. She reported abuse ranging from being kissed to rape. The rape upset her most. The abuse commenced when she was either 3 or 4 years old and stopped when she was 15 years old. The abuse occurred repeatedly and was perpetrated by her father, brother, grandfather and another person. Her brother was the first abuser in a once only incident. Her father started to abuse her at age 6 when her mother died. The abuse included one or two incidents. The participant was sent to live with her paternal grandparents while her father was hospitalised. Her grandfather abused her off and on for a lengthy period of time from age 8.5 years. The times the abuse stopped coincided with the times that the participant spent in an institutional home. The other person was the son of a church member who attempted penetration. The abusers made her promise not to tell, gave her gifts or money, forced her, and hurt her. She did not tell anyone about the abuse because she thought she would not be believed and would get into trouble.

Remembering The participant reported that she always remembered the abuse. She did not know why she always remembered but thought it might have been because her abuse was not violent and was not perpetrated on a daily basis. She described

periods of dissociation as a child that were a reaction to being abandoned into an orphanage at the age of 4 years.

Memory Detail The participant was not able to differentiate between her abuse memories and her normal childhood memories because she did not have any normal childhood memories. She said that the sexual abuse was certainly not the worst event that happened to her as a child. The participant reported that she had an exceptionally good memory for her life events. She talked with her brother about her fathers' abuse. Her brother was surprised and apparently did not remember that he had abused her himself. She also talked with her grandfathers' younger sister about the abuse and received corroboration from her.

Participant 64 Profile

History The participant was a 48 year old married caucasian female. She had completed post graduate education and was unemployed. She said that she was kissed and sexually touched as a child. The abuse commenced when she was 11 years old and stopped when she was 16 years old. The abuse occurred approximately twelve times during that period and was perpetrated by her father. The participant did not tell anyone about the abuse at the time because she thought the abuser would hurt someone else.

Remembering The participant reported that she never forgot the abuse. She stated that she was able to remember the abuse because she was older when it started.

Memory Detail She was unable to differentiate between her abuse memories and her memory for normal childhood events because she repressed the emotional content of her abuse memories. The participant said that she witnessed her father abusing her younger sister. She wrote him a letter at the time and he replied. The participant received corroboration from her older sister who was also abused by their father.

Participant 68 Profile

History The participant was a 40 year old single caucasian female. She had completed tertiary education and her primary occupation was a student. She reported abuse ranging from being kissed to having her genitals touched. All events upset her equally. The abuse commenced when she was either 9 or 10 years old and stopped when she was 23 years old, although she left home at age 20. The abuse occurred repeatedly and was perpetrated primarily by her father. She also reported abuse from a male neighbour and a man who exercised the family dogs. The abusers made her promise not to tell, gave her gifts, and hurt her physically. When the participant was 17 years old she told her fathers' brothers about the abuse. They did not believe her

and the abuse continued. She reported experiencing emotional and physical violence from her father at the same time as the sexual abuse.

Remembering The participant said that she always remembered the abuse because it had such an impact on her.

Memory Detail The participant could not differentiate between her abuse memories and her normal childhood memories because she always felt alienated as a child. She witnessed her sister being abused by their father. They have spoken together as adults about the abuse. She also witnessed her brother being abused by their mother. She attended a male survivors' group with her brother and they have spoken together about the abuse. The participant had confronted her father on several occasions. He responded by saying, "I don't want to talk about that."

Partial Forgetting Participant Profiles (n = 16)

Participants in the Partial Forgetting section are: Participant 4, 9, 18, 22, 28, 31, 32, 35, 41, 43, 44, 46, 52, 57, 72 and 75.

Participant 4 Profile

History The participant was a 30 year old single male, with some tertiary education, who was unemployed. He experienced a stroke at the age of 26 years, which left him with some memory deficit and behavioural problems. He reported abuse that ranged from being kissed and sexually touched in a way that he did not want to be to being forced to give and receive oral sex. The oral sex upset him the most. The abuser was a male stranger aged over 18 years old. The participant was 11 years old when the abuse commenced and 12 years old when it ceased. The abuse happened two to three times. The abuser did not threaten the subject in any way. He did not tell any adult about the abuse because he thought no one would believe him and he would get into trouble.

Remembering The participant reported always remembering the abuse, however he had periods of forgetting some of the details of each abuse experience. These periods of partial forgetting coincided with the commencement of relationships, when he was concentrating on the establishment of the relationship. He stated that the details would "creep back" into his memory when he became used to the person. For this participant "forgetting" was caused by a conscious effort to "push the details away." He also stated that he was able to "lock the details away" when he did not wish to deal with the fallout of the abuse experiences. The participant said that he was able to remember the abuse incidents more vividly when he was in therapy because it was a safe place.

Memory Details The participant reported that solo sexual activity and therapy were both triggers to remembering, as was a relationship break-up. The majority of the memories were experienced via a variety of sensory modes, such as visual, auditory and olfactory. The olfactory triggers were the smell of the inside of a car (the abuse occurred in a car) and a certain brand of deodorant, as worn by the abuser. The visual images were still and in vivid colour, experienced as though he was floating above the scene. The pictures were always clear, however the sequence of events was often confusing until recently. The participant reported differences in memory in terms of the abuse memories having more negative affect. The participant stated that his brother was often abused by the same perpetrator, at the same time. They talked about it at the time, but no longer have any contact. The abuser recruited the participant and his brother through other neighbourhood children who he also abused.

Participant 9 Profile

History The participant was a widowed 43 year old caucasian female, who had completed some tertiary study and worked part-time. Her abuse included someone touching her genitals, being forced to touch her abusers' genitals, and being forced to have oral sex. All of these events upset her equally. She was four years old when the abuse commenced and ten years old when the abuse stopped. The abuse occurred repeatedly over the six-year period and was perpetrated by her grandfather, her friends' father, and an outside person from the swimming club she attended. The abusers made her promise not to tell. She did not tell anyone because she thought no one would believe her and that she would get into trouble.

Remembering The participant stated that she always remembered that the abuse happened but did not think of the experiences as abuse until about fifteen years ago when the profile of abuse was lifted in the media. She did however report that she had lost some details such as how often the abuse occurred. The participant said that she consciously decided to forget some of the details via the mechanism of locking the details away, when she entered early adolescence. She reported that she recovered some of the lost detail when she gave birth to her first child at age 35 years and her second child at age 38 years. She entered therapy after the birth of her second child to deal with the strong negative affect and troubling thoughts about the abuse.

Memory Detail The participant stated that her memories returned in the form of still black-and-white pictures, experienced in the first person. They also returned emotionally. The initial memories were very clear and the sequence of events was jumbled. The participant said that her abuse memories and her memories for other events at the same time were not similar. She reported that the main difference was in the intensity of the abuse memory in that it "came out of the blue and stayed with you." She received corroboration of the abuse from her older sister who was also abused by their grandfather. The participant reported that her triggers for memory include intense emotions, therapy and spontaneous (non-specific) triggers. She experienced flashbacks of fragments of the abuse incidents in the form of slide photos that occurred weekly during the day.

Participant 18 Profile

History The participant was a 37 year old caucasian female, who was divorced. She had completed tertiary education and was employed in a part-time capacity. She reported the full range of sexual abuse, from being kissed and touched through to rape. The rape upset her the most. The abuse occurred repeatedly from the age of 7 years to 10 years. The participant reported two abusers, being her foster father and her foster fathers' son. The foster father perpetrated the oral sex. The son perpetrated the rest of the abuse incidents. They made her promise not to tell, threatened to hurt her, and forced her physically to participate in the abuse. She did not tell anybody about the abuse because she thought no one would believe her, she would get into trouble, and that the abuser would hurt her.

Remembering The participant said that she always remembered that she was abused, however she lost detail of specific instances. She could always picture the abuse act but could not always see the time of day or details about the place where the abuse occurred. She did not know why she had been able to remember. She stated that she blocked out most of her memories for her life during the three years of the abuse, including going to school. She was not able to employ the same mechanism with regards to her abuse memories in total. The participant was able to dissociate from her feelings about the abuse. She also tried not to think about it without success.

Memory Detail The participant reported that she was still recovering the specific details. She recovered some detail spontaneously prior to entering therapy. Her current primary trigger was participation in group therapy. Another trigger was sighting people who physically resembled the son. Her recovered memory commenced with strong feelings. She then received a mixture colour and black-and-white moving pictures. The participant had to take time to process each detail in order to make sense of the sequence of events. She said that some of her memories have merged into one memory, but she was working on teasing out the specifics. The participant received corroboration about her abuse from other foster children in the household who were also abused. She participated in legal proceedings against the son. The court proceedings did not include the foster father who died years before. No conviction was obtained although the jury took 22 hours to come back with a verdict. The jury sent a note to the magistrate, which was shown to both solicitors. The note stated that the jury believed the participant but were unable to prove guilt beyond reasonable doubt.

Participant 22 Profile

History The participant was a 49 year old caucasian female, who was single. She had completed some tertiary education and her primary source of income was a pension. She reported abuse including being kissed and fondled, being forced to touch her abusers' genitals, and being raped. The events, which included the kissing and fondling, upset her the most. Her abuse commenced at around age 5 and

continued until she reached age 13. Her abusers included her uncle, his father, and a male neighbour. Her uncle raped her. The other abusers kissed and touched her and forced her to hold their genitals. The abusers made her promise not to tell, threatened to hurt her and actually hurt her physically. She did not tell anyone about the abuse at the time because of the threats and because she thought she would get into trouble. She also thought that if she told her father he would have killed her uncle and gone to gaol.

Remembering The participant reported that she never forgot that she was abused, however she lost some details such as the exact age the abuse started. The details returned to her two months before this interview. She stated that she lost the details because she did not want to deal with the impact of the abuse on her. Once she realised that the abuse was not her fault the details came back.

Memory Details The participant said that she can remember some of her "normal" childhood events quite clearly, however some of them have faded with time. Her abuse memories were very clear. She received her memories as moving colour images, with a clear sequence of events. The participant has never doubted her abuse memories and received corroboration from her younger sister, who walked in on her uncle during one of the abuse incidents. The participant confronted her uncle about four years ago after she found out that her uncle had tried to abuse one of his own daughters. Her uncle said to her, "Oh I didn't mean anything by it...I didn't do anything wrong." The participant stated that smell was a strong trigger for her memories.

Participant 28 Profile

History The participant was a 36 year old single female of caucasian origin. She indicated a post-graduate level of education. She was a part-time student and was employed full-time. Her abuse ranged from being kissed to rape. The incidents involving the rape upset her the most. The participant stated she was three years old when the abuse commenced and 10 or 11 years old when the abuse stopped. The abuse occurred repeatedly during this period and was perpetrated by her adoptive grandfather and paternal uncle. The abusers forced her and hurt her physically to make her participate in the abuse. She did not tell anyone about the abuse at the time because she thought no one would believe her and she would get into trouble. She also reported that she experienced physical abuse from her mother around the time of the abuse.

Remembering The participant reported a period of forgetting that might have commenced as soon as the abuse incident commenced. She forgot some of the abuse completely and retained other memories without fully understanding their content. She forgot the incidents that contained the rapes and remembered most of the other abuse experiences. The participant stated that she pushed the memories away or blocked herself off from the abuse incidents as her mechanism for forgetting. She thought this was an unconscious decision rather than a conscious effort. The

memories she retained had a third person perspective, where she looked down on her grandfather raping her from a great height. The participant was 27 years old when she recovered memory of the abuse.

Memory Detail The participant was not receiving any therapy when she recovered memory of the rapes. She stated that her memories were triggered by a family barbecue she held at her house one Christmas. Her uncle attended the party and she felt very uncomfortable with him being there. Not long after this incident she began to experience flashbacks and nightmares. She received more memories over the next year that confirmed the events she had always remembered. She was able to make more sense of her retained memories and piece the facts together. Her initial recovered memories contained various sensory modes, including moving colour images, sound, feeling, and physical sensations. The memories about her grandfather had more sensory information than the memories about her uncle. She thought this was because her grandfather liked to tie her up prior to the abuse and spin her around to disorient her. The memories about her uncle returned first and were initially clear in terms of image, but not sequential. The participant said that she blocked a lot of her normal memories as well as the abuse memories. She could differentiate between the two types of memory, in that the memory for normal events felt normal to her. She received corroboration about the abuse her uncle perpetrated from an older male cousin and older female cousin whom he also abused. The participant was in the process of completing paperwork for a criminal compensation claim. She said that she was aware of some gaps in her abuse memory however she did not wish to actively bring up any more memories.

Participant 31 Profile

History The participant was a 34 year old caucasian female, who was divorced. She did not complete high school, but did complete post-graduate education as a mature age student. She was employed as a full-time casual. She stated that her abuse included incidents of being kissed, oral sex, and attempted penetration, which commenced when she was 4 to 5 years old and stopped when she was around nine years old. The participant said that her abusers included an older brother (4 to 5 years older) and older male peers. The brother touched the subjects' genitals. He then introduced a friend to his sister and invited him to touch her on the genitals. The older male peers perpetrated the oral sex and attempted rape. The abusers forced the abuse on her physically. She did not tell anyone about the abuse at the time, because the abuse became normal for her, and she felt ambivalence about telling. The participant said that she had no one to talk to about the abuse because her mother died when she was 5 years old.

Remembering The participant reported that she experienced various periods of forgetting about the memory for the abuse. The abuse perpetrated by her brother was forgotten when she was about six years old. She thought that this forgetting occurred as a combination of the passage of time and a more conscious mechanism of locking the memory away. The participant said that she could always remember the abuse at the hands of the older male peers because it was more horrific. She mentally "beat

herself black and blue" about that abuse because she "should have known better because she was older." The participant commenced recovering her abuse memory when she was 22 years old. She forgot the abuse again until age 28 years, when some memory surfaced briefly. She forgot the abuse again until age 33 years. She had remembered the abuse ever since and thought she had fully recovered her memory.

Memory Detail The participant was not in therapy at the times she recovered her memory. The trigger to her remembering was meeting and speaking with a woman who had lived in her hometown previously. Both women were living in a new city. The other woman told the participant about her own abuse experience. The participant was also drawn to read books about sexual abuse. She said that her initial memories came back strongly as smell and taste. She also said there was a little bit of sight in one memory and a lot of sight in most of the other memories. The participant could not tell if the initial memories were colour or black-and-white. The majority of the abuse happened either at night or in a dark garage. The initial memories contained both still and moving images, which were clear and non- sequential. The participant reported that she had not received corroboration about the abuse she had forgotten or the abuse she had always remembered.

Participant 32 Profile

History The participant was a 37 year old married caucasian male. He did not complete high school and was in full-time employment. He reported abuse including incidents of touching his genitals, being forced to touch the abusers' genitals, and attempted penetration. All of the events upset him equally. He stated that he was under five years when the abuse commenced. He could not remember how old he was when the abuse stopped or the frequency of the abuse. He thought the abuse could have stopped when he was 7 years old. The abuser was his uncle. The participant did not tell anyone about the abuse at the time. He was unable to recall his reasons for his silence. He also experienced physical abuse at the time of the sexual abuse.

Remembering The participant reported experiencing periods of forgetting details of the abuse only. He always retained an awareness that the abuse had happened but did not think about the events as trauma until later. He said that he retained the associated smells and images of the abuse between ages 5 and 13. At age 13 the participant commenced taking drugs and abusing alcohol to help him deal with the emotional pain of the abuse. He used drugs and alcohol to try to forget with limited success until he was 31 years old. The participant became sober at age 31 and commenced recovery and acknowledged awareness of the memory detail.

Memory Detail The participant stated that he was trying to block some of his memory at the time of interview. He was in a very early stage of healing. He said that there were differences between his memory for the sexual abuse and his memory for the physical abuse, in that he could not block the physical pain of the beatings he received no matter how much he drank. His memory for the abuse had become less

clear with the passage of time and also his desire not to experience them fully. The participant had entered specific therapy to help him examine his memories safely. He stated that he had been taught self-hypnosis recently as a means as having a safe place. The participant received corroboration from a cousin and his brothers, who were also abused by the uncle. The details of each were very similar in terms of the acts perpetrated.

Participant 35 Profile

History The participant was a 47 year old caucasian female, who was married. She had completed tertiary education and was a partner in a home-based business. She reported abuse including incidents of being kissed, having her genitals touched, being forced to touch the abusers' genitals, and being digitally raped. The events that upset her the most were being forced to touch the abusers' genitals and being raped. Her abuse commenced when she was 3 years old and ceased when she was 21 years of age. The participant reported multiple abusers. Her uncle abused her from age 3 to age 8 repeatedly. Her older brother abused her from age 8 to age 21. She stated that he assaulted her three sisters also. The brother was three years older than the subject so did not comply with this study's definition of child sexual abuse, where the age difference had to be five years or more. The participant reported that she was abused by a man on a train. He digitally penetrated her in a one-off incident. She said that she was threatened and forced during the abuse. She stated that she told her mother about the abuse when she started menstruating at age 13. Her mother called her a liar and she was belted by her father. The abuse continued.

Remembering The participant reported that she completely forgot her uncle's abuse. She had always remembered the other abuse incidents. She forgot her uncle's abuse at age 8 and recovered these memories at age 44. The participant could not detail the mechanism she used to forget the memories. She was in therapy when she remembered the abuse. She was in counselling to deal with the fact that her own children had been abused.

Memory Detail The participant said she was listening to a cassette about child abuse that triggered her memories about her uncle's abuse. Her memories flooded back. She received strong body sensations and still images. She was unable to state whether the images were in colour or black-and-white. She received olfactory memories and strong feelings of fear and confusion. The initial memories were clear and sequential. The participant reported that she could not remember any portion of her childhood prior to age 8. She was unable to differentiate between her abuse memories and her memory for other events as her home-life was horrific and she had no happy memories. The participant received corroboration from her brother who she took through the court system. Her brother admitted to the abuse and was convicted. He received a good behaviour bond. The participant obtained the tape of the police interview under freedom of information. She had not confronted her uncle because he was dead. She reported a medical history of childhood urinary tract infections, kidney infections, constipation and suicide attempts in Form Five. She said that she

was still recovering memory that was triggered by sounds, smells, and music. She also sighted a man who looked like her older brother that triggered her memory.

Participant 41 Profile

History The participant was a 31 year old single caucasian female. She had completed tertiary education and her primary source of income was a disability pension. She was suffering from Chronic Fatigue Syndrome at the time of the interview. She reported abuse ranging from being kissed and touched to oral sex and digital perpetration. The abuse commenced when she was 12 years old and stopped when she was 18 years old. The abuse occurred around four to five times a week and was perpetrated by her stepfather. She said the abuser gave her gifts or money and forced her physically to participate in the abuse. She did not tell anyone about the abuse at the time because she thought all children had to experience abuse. As she became older she did not tell to "protect her mother from the painful truth."

Remembering The participant reported that she thought she had forgotten details of some events due to the passage of time. She said that she had always retained an awareness of the abuse but had not made an emotional connection with them until some years later. She said that the sequence of events became blurred. She thought she forgot when she was in her mid-twenties, which coincided with the onset of Chronic Fatigue Syndrome, and affected her ability to recall accurately. She stated that she had retained the majority of her abuse memories because chose consciously to live with the memories every day.

Memory Detail The participant reported that she was able to remember her schooling very clearly until the onset of the abuse. Her memory for school and other normal events became blurred during the six years of the abuse. Her abuse memories were comprised of moving colour images. She confronted the abuser who completely denied the abuse. The participant received corroboration from her older sister who was also abused by their stepfather.

Participant 43 Profile

History The participant was a 40 year old divorced caucasian female. She had completed tertiary education and was self-employed. The participant reported abuse ranging from being kissed to rape. She reported multiple abusers including her father, older sister, older brothers, brother-in-law, neighbour, brothers' friend, and a shopowner. The participant stated that the abuse commenced when she was 3 years old and ceased at the age of 15 years. The abuse occurred repeatedly during the nine-year period. She reported that she was kissed and touched by the family fruiterer, the neighbour, and her brothers' friend. The neighbour and brothers' friend each raped her when she was 9 years old on separate occasions. The participant said that her sister touched her genitals and had oral sex with her. The sister was sixteen years

older than her. Her brother-in-law touched her genitals and made her touch his genitals. He also forced her to participate in mutual oral sex between the ages of 8 and 11 years. Her brothers forced her to touch their genitals between the ages of 6 and 8 years. She was unable to talk about the abuse from her father who may have abused her from a very early age. The participant said that he stopped abusing her when she was 6 years old. The rapes upset her the most. The abusers made her promise not to tell, gave her gifts, forced her, and hurt her physically. She did not tell anyone about the abuse because she believed that "all men did that so why mention it."

Remembering The participant reported experiencing a period of forgetting. She was unable to determine when the forgetting began. She said that she commenced memory recovery when she was 38 years old. The participant said that she always remembered some of the abuse incidents. She thought that she lost details of some abuse incidents spontaneously and did not initially recall making a conscious decision to forget or using any mechanism such as burying the memories. She later stated that she was unable to be present when the abuse became overwhelming so she imaged she was a particle without form and floated away. She said that she retained intact memories of the abuse that occurred when she was older, and lost her memory for the abuse that occurred when she was younger. The age separation point for these was 12 years.

Memory Detail The participant stated that the trigger to her memory was seeing a child at the age she was when first abused acting in a way that reminded her of herself. The specific incident involved a little girl who "begged her father to lick her down there like Poppy does," in a public shopping centre. The participant initially remembered her own similar behaviour at that age, then she started to recover specific incidents and details of incidents. She confronted her brother-in-law who admitted some of the abuse incidents to her on audiotape. Her initial memories were quite clear. She said that she felt there were still big chunks of her memory to recover, which included some years. She said that her memory loss for each abuse incident spilt over into the next morning. The reason for this was confirmed by her brother-in-law who told her that she had to clean up his sperm from the night before. The participant said that she confronted one of her brothers who said, "I don't remember but if I did I'm sorry." The participant said that her older sister was also abused by their father.

Participant 44 Profile

History The participant was a 56 year old married caucasian female. She had completed post-graduate education and was employed on a part-time basis. She reported abuse ranging from being kissed to rape. She stated that her earliest memory for the abuse was when she was 3 years old, although she believed that she had been abused at an earlier age. She said that the abuse happened over a nineteen-year period and was perpetrated by her father, grandfather, uncle and a male teacher. Her father abused her from at least age 3 to age 13, when he died. He raped her on repeated occasions. Her paternal grandfather abused her at age 13, around the time of

her fathers' death. He kissed and touched her a few times. Her paternal uncle abused her orally when she was 13 years old. The male teacher kissed and touched her once when she was nine years old. The abusers made her promise not to tell, threatened her, forced her, and hurt her physically. The participant said that she tried to tell her mother, but she would not listen and did not stop the abuse from happening. She reported severe emotional abuse from her mother at the same time as the sexual abuse happened.

Remembering The participant reported that she always remembered some of the abuse and forgot some of the abuse. She was aware that she had been abused by a lot of people but did not have conscious memory of all of the abusers. Her memory started returning when she was 51 years old. She said she was participating in a counselling workshop when she started to receive flashbacks. The participant stated that she was diagnosed with Dissociative Identity Disorder. She described a total of ten child "alters" or alternative identities, which appeared whenever her father came home. Her alters correlated to particular periods of time. They were created sequentially. The participant said she lost memory for the earlier abuse. She said that forgetting meant annihilation of her life. Remembering, although painful, gave her back her life. She retained memory for the later abuse but did not connect emotionally to the pain of the abuse until she entered therapy to deal with a nervous breakdown at age 35 years. She was not in therapy when she recovered her memory.

Memory Detail The participant reported that she quickly sought therapy after the memories returned because she felt overwhelmed and was unable to function physically. Her initial memories flooded back. She experienced fugue states, auditory memories and strong body memories. Her initial images were both still and moving. Initially, she received a still image, which became a moving image if she concentrated on it. Her images were very clear, in vivid colour and non-sequential. Her memories are still non-sequential. The participant gave an example of an "alter" who held all of the anal and oral abuse for a long period of time. Although she experienced many separate incidents of anal and oral abuse during this time she discovered that the alter held a composite memory rather than separate memories. The participant received corroboration from her sister in front of her psychiatrist. She also wrote to a maternal aunt who confirmed that her father "placed his hands on women in a way he shouldn't have." Another maternal aunt confirmed that the participants' father raped her when she was quite young. The participant stated she had very clear memories for school because school was a safe place for her. She excelled at school.

Participant 46 Profile

History The participant was a 29 year old divorced caucasian female. She reported post graduate level of education and was employed on a full-time basis. She indicated an abuse history including incidents of being touched on the genitals, being forced to touch her abusers on the genitals, oral sex, and attempted rape. The abuse commenced when she was approximately 3 years old and stopped when she was 7

years old. Her abusers included her father, uncle, and her father's friends. They made her promise not to tell, gave her gifts, threatened her, forced her, and hurt her physically. When she told her mother about the abuse, her mother beat her to make her forget about the abuse, which continued. The participant reported experiencing emotional and physical violence at the same time as the sexual abuse. Her parents and uncle also gave her alcohol during the abuse.

Remembering The participant reported a period of forgetting. She said that she forgot details of incidents of the abuse. She was unable to state how old she was when the forgetting commenced. The participant said she kept herself busy to stop thinking about the abuse. She said that when she realised the abuse had stopped and would not happen again, she was able to forgive her family and put the abuse to the back of her mind. She stated that time might also have helped her forget some of the details of the abuse. She was 28 years old when she remembered the abuse details and was not in therapy at the time.

Memory Detail The participant said that a trigger to her remembering was seeing her father's face when he became angry with her. It reminded her of his face when he abused her. She also experienced marital problems around that time focused on sexual activity. Her husband was performing a sexual act that reminded her of her previous abuse. Her initial memories were experienced as strong physical sensations, such as pelvic pain. She recovered strong olfactory and emotional detail. Her initial images were still and tinged with white. As time progressed the images started moving. Her initial memories were clear in terms of physical sensations, however other sensory modes were not initially clear. The initial memories were strongly sequential when they returned. She remembered her earlier experiences first. The participant reported that she was still recovering memories as the time of the interview. She said that her abuse memories and her memory for other events were similar because she experienced teasing and bullying at school. The participant indicated a medical history of an eating disorder and deep depression. She said that whenever she had dealings with her parents she felt herself regressing to a young child. She had her pelvic pain investigated medically. The doctor found severe adhesions, which he said was unusual as the participant had not had any prior surgery.

Participant 52 Profile

History The participant was a 30 year old caucasian female, who was separated from her partner. She did not complete high school and stated her occupation as student. She stated her abuse contained incidents of being kissed and touched, being forced to touch her abusers' genitals, and attempted rape. She was four years old when the abuse commenced. The abuse continued for ten years and occurred repeatedly during that period. Her abusers were her grandfather and an older brother. Her primary abuser was her grandfather who perpetrated the attempted rape when the subject was 12 years old, and had been abusing her from age 4. Her brother was three years older than her so did not fulfil the definition adopted by this study. He commenced abusing her when she was 10 years old. The abusers made her promise

not to tell, gave her gifts or money, and hurt her physically. The participant did not tell anyone about the abuse at the time because she thought no one would believe her and she would get into trouble. She also reported emotional and physical neglect from her mother and physical violence from her father and brother at the time of the sexual abuse.

Remembering The participant said that she experienced a forgetting of the abuse details that commenced when she was a child. She said that she always had the memories but did not recognise the events as trauma until later. She recovered her memory for the details when she was 29 years old. The participant was in therapy at the time. She said she had always retained the memory that she was abused. Therapy helped her realise that the events she experienced were abuse and also helped her clarify the memories. Therapy also helped her connect with her emotions about the abuse.

Memory Detail The participant recovered her memory after she became clean and sober from drugs and alcohol. She stated that she did not have very clear memories of normal childhood events such as going to school. She recalled being vague in the classroom and "not really there." She stated that she did not have any happy memories. The participant was still recovering memory at the time of the abuse. She received corroboration of her grandfathers' abuse from her younger sister who was also abused by the grandfather. The participant had a suicide attempt when she was 14 years old. She became a prostitute when she was 15 years old. She reported a medical history of drug and alcohol abuse, depression, and a history of relationships with abusive men.

Participant 57 Profile

History The participant was a 51 year old caucasian female, who was separated from her partner. She completed high school and was unemployed. She reported abuse ranging from being kissed to rape. The kissing and sexual touching upset her the most. The abuse commenced when she was four years old or younger, and stopped when she was 10 years old. The abuse occurred repeatedly and was perpetrated by her father and the husband of her nanny. The husband of her nanny abused her from ages 4 to 8. Her father abused her from before the age of 4 to 10 years. The abusers made her promise not to tell and said it was their secret because she was special. She did not tell anyone about the abuse at the time because she thought no one would believe her and she would get into trouble. The participant reported experiencing physical violence at the time of the abuse.

Remembering The participant reported that she had always remembered the abuse from her nanny's husband because she always felt guilty as the abuse felt nice. She said that she experienced a period of forgetting about the abuse her father perpetrated. She was unable to state exactly when the forgetting began but thought it might have been at the time of each incident. She said that forgetting happened

without her being aware of any mechanism or conscious effort to forget. She recovered her memory for her fathers' abuse at age 49.

Memory Detail The participant reported that her memory started returning when she was in therapy for the abuse by her nanny's husband. She had become sober and had entered therapy because she could no longer mask the pain with alcohol. The participant then recovered her first memory, which was of her father penetrating her at age 10. She thought that she had recovered most of her memories of her father's abuse. Her initial memories comprised body sensations, smells, strong feelings and physical pain. She reported having little visual memory as her father generally abused her from behind. She eventually recovered memory of the wallpaper and carpet and other items in the room in colour. Her initial memories were fuzzy and very confusing. The participant used therapy to help her piece the memories together. She differentiated between her abuse memories and her memory for normal childhood events in that the normal memories were clear and easy to recall. When asked about corroborating evidence the participant replied she would rather live in the hope of denial than fully admit that the abuse was her truth. She had not confronted her father because he was dead. The participant said that her father used to shave her pubic hair and she started menstruating at age 10, which was when he stopped abusing her.

Participant 72 Profile

History: The participant was a 42 year old divorced caucasian female. She had some tertiary education and reported her occupation as domestic duties and part-time student. She reported abuse ranging from being touched to rape. The rape upset her most. The abuse commenced when she was 7 years old and stopped when she was 14 years old. The abuse occurred repeatedly and was perpetrated by her brother who was nine years older than her. The abuser gave her money for sweets, forced her physically, and took her to special places. She did not tell anyone about the abuse at the time because she did not know what was happening to her due to lack of sex education. The participant reported experiencing emotional and physical abuse from her mother at the same time as the abuse. Her mother did this to all of her siblings on a regular basis.

Remembering The participant reported that she always remembered the abuse although she had lost detail in some of the sensory modes, such as taste and smell.

Memory Detail The participant was able to differentiate between the abuse memories and normal childhood memories in terms of different emotional content and intensity. She confronted her abuser a short time ago. He admitted the abuse fully.

Participant 75 Profile

History The participant was a 48 year old married caucasian male. He had completed some tertiary education and was still a student. He reported abuse ranging from being kissed to rape. The events involving oral sex and rape upset him most. The participant spent most of his childhood in institutions. The early abuse commenced when he was 6 years old and stopped when he was 8 years old. The abuse occurred five times during that period and was perpetrated by a nun and a female worker. The abuse involved "tickling games." The later abuse commenced when he was 13 years old and involved rape by several male staff members at two institutions. The participant reported being sodomised with a bottle and a broom by older boys under the direction of the male staff members. The abusers made him promise not to tell, threatened him, and hurt him physically. The participant told the Mother Superior about the abuse from the nun. The abuse was stopped. He told the director of another institution where he was living about the abuse. He was told to, "take it like a man." The abuse was not stopped. The abuser in that case hurt or punished the participant after he found out about the unsuccessful disclosure. The participant reported experiencing emotional and physical violence at the same time the later abuse occurred.

Remembering The participant reported that he always remembered some of the abuse had happened. He did not recognise the early sexual abuse with the nun as being sexual abuse until he became an adult. He had always remembered the actual incidents. The participant said he was able to remember some of the abuse because it was so traumatic that it remained with him like a warning beacon to ensure his continual survival. He used the experience so that he would not be placed in that position of danger again. He stated that there was one institution he stayed in where one of the brothers had been imprisoned for abusing many of the boys. He had no memories of his time there but reported experiencing a great fear when he thought of the place. He did have one memory of the brother lifting his cassock and exposing himself.

Memory Detail The participant was able to corroborate his abuse through giving evidence in a recent state inquiry. His evidence has formed part of the evidence for an on-going police investigation into the results of the inquiry. He stated that he had extensive scarring around his anus due to being sodomised. His records stated that he had injured his anus by falling out of a tree.

Extensive Forgetting Participant Profiles (n = 32)

Participants in the Extensive Forgetting section are: Participant 1, 5, 6, 11, 12, 13, 14, 15, 17, 20, 21, 24, 25, 26, 27, 29, 33, 38, 39, 42, 47, 48, 51, 54, 58, 61, 65, 67, 69, 70, 71 and 76.

Participant 1 Profile

History The participant was a single 41 year old male, who did not complete high school and was working part-time. He reported experiencing sexual abuse from the age of 11 years, for a period of 2 years. The abuse occurred at least twice a week. The primary abuser was his uncle. He also reported some sexual abuse from a cousin. The abuse included touching of his genitals, being forced to touch the abusers' genitals, receiving oral sex, and being forced to give oral sex. Of these experiences, the participant reported being most upset by the oral sex. He did not disclose the abuse at the time that it happened. The abuser made him promise not to tell and threatened to hurt him if he disclosed to anyone. In addition, the participant thought that no one would believe him and that he would get into trouble. He said that his mother discovered he and his uncle in bed when he was thirteen years old. She put a stop to the abuse. She started beating the participant on a regular basis and placed his penis on a kitchen chopping board, pretending to cut it off with a knife. She told him that he was to blame for the abuse.

Remembering When specifically asked about his memory for the abuse experiences, the participant reported a period of forgetting that commenced when he was 21 years of age and concluded at 27 years of age. This coincided with a period of time when he cut off all contact with his family. He said that the forgetting occurred because he "just buried" the abuse memories, and considered his family members as a continual reminder of the abuse.

Memory Details The memories resurfaced when the participant resumed contact with his mother. He initially experienced disturbed sleep. His memories initially returned in the form of vivid pictures, which he described as "watching a video in my head." At first the memories were a little cloudy and the sequence of events was a little confusing. However the memories became clear and coherent within days. He started seeing a psychiatrist for the associated affect, however terminated this relationship because he felt that the psychiatrist was unhelpful. The participant stated that the memories of the abuse contained a "nightmarish" quality when compared with his memories for other events in that period of time. The abuse memories also contained heightened emotional levels. He said that he now remembers the abuse very clearly and has sought and received confirmation of the abuse incidents from family members. The participant reported that he experiences flashbacks of the entire trauma. He used food and watching TV as a means of coping with the flashbacks.

Participant 5 Profile

History The participant was a 42 year old male, who was separated. He had some tertiary education and was in full-time employment. He experienced the full range of abuse, from being kissed and sexually touched through to rape. All of the events upset him. He was 5 years old when the abuse commenced at the hands of his father. The abuse occurred repeatedly over a period of six weeks. The abuser hurt him

physically and was using alcohol at the time of the abuse. The participant did not tell anyone about the abuse because of threats of violence from the abuser.

Remembering The participant reported a long period of forgetting, between the ages of six years and forty years. He said that he forgot about the abuse because he lost consciousness during each abuse incident. He also employed the mechanism of pushing the abuse away consciously because he was unable to deal with what was happening to him. The participant reported retaining intact memories of other events in his life during that period, such as going to school. He reported no differences between his memories for the abuse and other memories.

Memory Details The participant regained his abuse memories at the age of forty years. He had entered therapy to deal with problems within his marriage. He had told his therapist that he thought he may have been abused. The participant joined a mens' group where he listened to other men's abuse histories. After a couple of months, his memories returned, in the form of very clear pictures and strong physical and emotional sensations. He stated that counselling allowed him to feel safe enough to remember the abuse. He has never undergone hypnosis. The abuse memories returned in the form of colour video sequences, with some olfactory and auditory detail. At the time of interview the participant was still recalling new memories. He was able to recall new detail after he had fully processed previous details. Recall was happening spontaneously outside of the therapeutic relationship. When asked about the accuracy of the memories, the participant stated that he knew his memories were accurate because he had very clear nightmares about the family toilet where some of the abuse occurred, which stopped when he recovered memories. He reported remembering an incident between his mother and father. His mother was changing the sheets on his bed and saw blood stains on his mattress. She became very upset and fought with his father about the stains, which were a result of anal abuse. He has spoken to his twin brother and younger brother about the abuse. His younger brother stated that it would explain a lot about their father's behaviour in the past. His family has given him complete support and confirmed the violence in the household at the time. The participant has been unable to confront his father, because his father has geographically and emotionally isolated himself from the rest of the family. He reported behavioural symptoms such as confusion over his sexual identity, not enjoying sex, deep depression lasting for years, and being very unsure of his feelings. He also reported feeling as though he was going mad for most of his life, until he commenced remembering.

Participant 6 Profile

History The participant was a single 41 year old caucasian male, who reported post- graduate level in education and was on a disability pension. He reported experiencing the full range of sexual abuse, from being kissed to being raped. He stated that the rape upset him the most. He reported the abuse as commencing when he was two years old and lasting for 35 years. The abuse occurred consistently over that period. His abusers included his father, grandfather, uncle and religious people.

He stated that his family was involved with a religious organisation in country New South Wales. The abusers threatened to hurt him or members of his family. They forced and hurt him physically, in addition to using drugs (LSD) and hypnosis to make him take part in the abuse. He did not tell anybody about the abuse because he thought no one would believe him, that he would get into trouble, that the abusers would hurt someone else, and that the abusers would hurt him.

Remembering The participant reported periods of forgetting the abuse. He stated the memories surfaced strongly around ages 16 years, 24 years, 29 years and 34 years. The participant reported that he was told to forget about the abuse or members of his family would be hurt. He was able to remember when he received validation that the abuse existed from other survivors outside the church environment, from literature, and from therapists. His initial memory recovery occurred outside of therapy. The participant then sought therapy to help him deal with the associated negative affect.

Memory Detail The participant reported that his memory was triggered when he spotted a person who reminded him of one of his abusers in appearance. He was also able to remember when he escaped the sect and the influence of the drugs. Other triggers include watching films like the Exorcist (age 16), and reduced sect activity (age 29) and joining a survivor group (age 34). He stated that he was still recovering memories. His memories returned as a moving colour picture. He also experienced strong physical and auditory sensations. His memories were initially very strong and clear, although the sequence of memories was not linear. The participant stated that his abuse memories were not at all like his memories for other things that were happening at the same time, in terms of emotional intensity. He reported that he believes his memories of the abuse were accurate because they had "very strong specificity" in terms of details such as where it occurred. In addition, the participant had scars on his body, such as anal trauma, and other scars relating to torture.

Participant 11 Profile

History The participant was a single 36 year old caucasian female, who had completed tertiary education and was in full-time work. She reported that someone tried to touch her genitals. She was five years old when the abuse commenced and was unsure of the duration and frequency of the abuse. She was also unsure of exactly who abused her, but thinks the abuser was aged between 12 and 18 years. She thought that the abuse occurred in the school yard or outside the home. She did not tell anyone about the abuse but was unsure of her reasons for this. The participant was unable to complete the IES-R and Williams surveys as she could not remember what she was thinking or feeling at the time of the abuse, and reported that her current feelings were non- existent.

Remembering The participant reported that she experienced periods of forgetting about the abuse. Specifically, she had fragments of memory in a variety of sensory

modalities, but no coherent picture of the abuse. She had no idea about when the forgetting commenced and reported remembering the abuse in her early twenties. She forgot about the abuse throughout her mid-twenties and then remembered again in her late twenties, and had remembered ever since. When asked about how she forgot the subject stated that she thought she employed a mechanism that involved pushing the abuse memories away.

Memory Detail The participant was in therapy for ongoing depression when she commenced remembering her abuse. She did not undergo hypnosis during therapy nor did her therapists suggest to her that she may have been abused. Therapy assisted the subject piece together her family dynamics and history, and to deal with strong emotional affect. She identified piecing together her family dynamics as being the trigger for her abuse memory. Other triggers included sensory reminders and post-therapy sessions. Her initial memories returned as moving black-and-white pictures viewed on a small screen from the third person perspective. The initial memory was very sharp and was experienced with a strong sense of horror. The sequence of events did not make sense to the subject. The participant was still recalling memory and making sense of the sequence of events. She did not remember any other events from her childhood, so had no basis for comparison for any similarities or differences with her abuse memories. She had not obtained any corroboration about the abuse, however felt very strongly that the memory she had was accurate.

Participant 12 Profile

History The participant was a 29 year old single female of caucasian origin. She had attained post-graduate level education and was currently a student. She reported experiencing the entire range of abuse incidents, from being kissed and touched to rape. She stated that she was most upset by the incidents including oral sex and rape. The participant reported that she was 9 months of age when the abuse commenced and nearly 15 years of age when the abuse ceased. She reported multiple abusers with varying durations and frequency of abuse. Her older brother abused her once. Her older sister abused her frequently. Her mother abused her two to three times. She experienced abuse from two men and four women from a religious fellowship centre. Her primary abuser was her father who abused her between once a week to three times a day. The participant stated that her father hit her during the sexual abuse as it heightened his pleasure. He attempted to strangle her with a belt during sex and often used her toys as sex objects on her. She reported being extremely short-sighted. Her father would remove her glasses prior to raping her. She explained this as being a ritual designed to increase her vulnerability and to let her know that “abuse time” was close at hand. The participant was threatened and experienced physical force and pain from her abusers. She told a friends’ father and a teacher about the abuse, however no action was taken to stop the abuse.

Remembering: The participant reported being diagnosed with Dissociative Identity Disorder. She reported that she forgot about each abuse incident about twenty minutes after the abuse stopped. The participant stated that she was able to give the

abuse memory to “somebody else” who would get up and walk away with it. Her forgetting mechanism involved the presence of a separate person for each abuse incident, all of whom had no awareness of any of the others. When the abuse incident was severe the participant reported up to 24 separate people each taking a sensory piece of the incident. She stated that she had lost all memory of her life between the ages of 8 and 10 years. She indicated that she was about 26 years old when she started to remember the abuse. The participant stated that this was the first time that her “others” remembered one incident in unison. She was not in therapy at the time.

Memory Details: The participant stated that her memory of the abuse arose spontaneously. She was on the phone to her older sister and found herself asking, “did he ever hurt or touch you in any way?” Her sister asked what she meant and the participant listed a number of sexual abuse events that had happened to her. Her sister affirmed that some of those events had also happened to her. The participant stated that she was then flooded with visual memory. She also stated that her father had promised not to abuse her sister if she kept her mouth shut and let him continue to abuse her. On learning that he had not kept his promise she felt free to remember and disclose. Her initial memories were described as “it was as if it was happening.” She received the full sensory experience. She then reported losing the entire memory within 24 hours of the initial recovery because of the overwhelming nature of the recall. Her initial memory contained very clear images, smells and sounds of several abuse incidents. The participant described it as the picture from one incident; the smell from another; the sounds from yet another. The sequence was very confusing as this initial memory was an amalgamation of several incidents. She was unable to differentiate between her abuse memory and her memory for other events as she had only recovered snippets of her memory for other events. She reported having flashbacks and recovering new memories on a daily basis. The participant reported that she had gone through the court system in England. Her father was serving nine years in gaol for the abuse, which he admitted to. Her mother had confirmed details such as a dress that she was wearing at the age of nine months. The participant remembered that her father had ejaculated on that dress when he was looking after her and had placed it in the nappy bucket. Her mother remembered thinking it strange that the dress was placed in the nappy bucket. The researcher sighted and read the court transcript and paperwork relating to the conviction of her father.

Participant 13 Profile

History The participant was a 28 year old causcasian female, who was divorced. She reported post-graduate level of education and was in full-time work. She stated that the abuse she experienced included having her genitals touched, being forced to touch the abusers’ genitals, and oral sex. The event that upset her most was having her genitals touched. The participant was six years old when the abuse commenced. The abuse duration was two to three months, and the abuse occurred two to three times within this period. Her abuser was her fathers’ cousin who was aged 16 years. She did not tell anyone about the abuse at the time because she thought she would get into trouble.

Remembering The participant reported a period of forgetting, commencing at age 10 and concluding at age 23. She said that she used a mechanism of pushing away the memories because of the shame she felt about the abuse. She told herself that she had made it up so many times that she came to believe it. She reported several instances where the memories surfaced fleetingly during the thirteen years of forgetting.

Memory Detail The participant was doing a series of workshops on personal growth and healthy sexuality at the time she remembered the abuse at age 23. The memories were recovered outside of the workshop and resulted in the break -up of her marriage. Her initial memories were strongly olfactory, being of the place where the abuse occurred. She also reported that in her initial memories she narrowed the age gap between herself and the abuser to four years instead of ten. She thought this was in an effort to minimise the experience. Her mother confirmed the correct age of the abuser. The participant also experienced colour visual memories of the abuser coming through the bedroom window and of the abuser exposing his genitals. Her initial memories were still with some small flickers of movement. She has gained fully moving memories with a clear time sequence over the last five years. The sequence of events did not make sense initially. She was able to differentiate between her abuse memories and other memories for “normal” events, in terms of associated emotional intensity, such as confusion, fright and shame. The participant has not been able to corroborate her abuse, but believes her memories very strongly. She stated that her memories are very rich in detail and accurate with regards to time, place, person and events. The participant stated that this period coincided with a time in her family history when she and her sister were looked after by their fathers’ sister. Her mother was looking after her grandfather, who was dying, and her father was unable to look after the two girls. She suspected the abuse could also have happened to her younger sister, but has not had the courage to ask her.

Participant 14 Profile

History The participant was a 58 year old divorced female of cauasian origin. She did not complete high school and her primary income was a disability support pension. She stated that her abuse contained incidents of having her genitals touched and rape, which commenced at 15 months of age and stopped when she was 9 years old. The abuse occurred at least six times during this period. Her uncle touched her genitals and her mother perpetrated the rapes. Her mother forced and hurt her physically. She did not tell anyone about the abuse because she forgot that it happened. The participant reported experiencing severe physical and emotional violence at the same time as the sexual abuse, at the hands of her mother. Her mother flogged her until she was unconscious; tried to drown her in the bath water; and threw her kitten into the fire in front of her. Her memories of the physical and emotional abuse returned earlier than her memories of the sexual abuse.

Remembering The participant reported a long period of forgetting, commencing almost as soon as each abuse incident happened. She confirmed that she had complete amnesia for the abuse but now has some clear memories. She stated that it was necessary for her survival to forget. Her mind took each memory and placed it

behind various “force fields” of energy away from her consciousness. These force fields were scattered throughout her mind. The participant stated that her memory for the sexual abuse started returning at age 52. She stated that she also forgot the majority of the emotional and physical abuse. The participant was in therapy at the time of recall. She had been in therapy for several years before recall. She did not undergo hypnosis during therapy.

Memory Detail The participant stated that her memories returned spontaneously. She was unaware of a trigger and had not recovered full memory at the time of the interview. As each force field weakened the participant was given a small amount of memory to process. Her initial memories were visual, in the form of short moving colour pictures, experienced from the third person perspective. She also experienced extreme levels of horror and terror and physical pain. The picture was very clear, sound was absent, and the sequence of events made sense. Her first memory was of herself as a two year old about to be raped. She was unable to remember anything beyond the commencement of each rape. Her abuse memories were different to her memories for “normal” events in terms of associated affect. In addition, she had forgotten some normal memories with the passage of time because the events were not as important to her survival. When asked about corroboration of her abuse memory the participant stated that she carried physical scarring from the rapes. She said that thoughts of suicide, up to fifty per day, were never far from her mind. Her three younger siblings have confirmed the physical and emotional abuse, which they also experienced. The participant believed that she was the only child to experience the sexual abuse. It was not an issue that the family had discussed. She used to self-harm as a way of coping with the early intrusive memories.

Participant 15 Profile

History The participant was a 37 year old married female of caucasian origin. She did not complete high school and was engaged in writing a book full-time and working in the family business one day per week. She reported abuse ranging from being kissed and sexually touched to rape, commencing at age 2. The duration of the abuse was nine years and occurred up to twice daily. The abusers were her father and a male neighbour. They made her promise not to tell, gave her gifts, threatened to hurt her, forced her to participate, and hurt her physically. The participant did not tell anyone about the abuse at the time because of the threats. In addition, she thought no one would believe her and she would get into trouble. The neighbour, in addition, to the sexual abuse, would cut her with razor blades and sodomise her with wooden spoons and skewers. The neighbour was often asked to mind the participant when her mother, who ran a home hairdressing business, had a client coming over.

Remembering The participant stated that she experienced a period of forgetting that commenced when she was 11 years old and concluded when she was 33 years old. She stated that there was a brief period of remembering at age 16. She utilised a mechanism of consciously burying the memories in a series of “trenches.” She obtained the picture of a trench from watching a war movie on television. The

trenches were graded in terms of depth, with the worst memories buried in the deepest trenches. The participant stated that for her the earth was always a safe place.

Memory Detail The participant stated that her initial recall of her abuse memories coincided with her becoming sober after a lengthy period as an alcoholic. Her initial memory returned in the carpark after an AA meeting. She was not in formal therapy during the initial recall. She stated that her initial trigger was living next door to a man with a similar first name to her old neighbour. Her initial memories took the form of still colour pictures and strong emotions, such as terror. The visual memories were experienced from a third person perspective. The sequence did make sense. The participant reported disbelieving her initial memories. She was able to differentiate between her abuse memories and her memories for other events, with her abuse memories feeling as though they did not belong to her. That differentiation has faded with time. The participant has not sought corroboration, but was told by a gynaecologist that her vagina was badly scarred at age 25. She does not know if her siblings were abused but believes that her sister was. She disclosed to her mother and sister. Her mother said, “in my heart I always knew,” however denied that there was anything she could have done about it. In addition, the participant attempted suicide on several occasions. She reported that she was still recovering memory. The trigger for this was to try something new in her daily life that brings up old fears and new memories. She also experienced triggers in the form of smells and sounds. She has monthly flashbacks that coincide with her monthly period. Anniversaries triggered memories, as did experiencing anger with other people.

Participant 17 Profile

History The participant was a 72 year old single caucasian male. He reported some tertiary education and was in full-time employment. His abuse included instances of being touched on the genitals, oral sex and rape, all of which upset him. The abuse commenced at age 5 and stopped at age 9. The abuse occurred five times over the four-year period. The abusers included an aunt, a female nurse and a male gardener. The participant was living in a home for disabled children in the country. The female nurse would fondle him when she changed his nappies. He suffered from spina bifida and was required to wear nappies. The male gardener perpetrated the oral sex and raped him with a broomstick. The participant’s aunt raped him at age 8 when he was on a home visit. He left the home at age 9. The abusers threatened to hurt him. He did not tell anyone about the abuse because he thought no one would believe him, he would get into trouble, and that the abuser would hurt someone else.

Remembering The participant reported a period of forgetting that commenced at 9 years of age and ceased at 36 years of age. He stated that he buried all of the abuse memories because he was stunned and shocked that the abuse happened. The participant stated that his memory returned when he was asked to counsel and pray for a child who was abused. He experienced a memory flash the next day.

Memory Detail The participant stated that when he received the initial memories he doubted his sanity. He sought group counselling to deal with the fallout of the memories. He experienced a severe body reaction to the memories in the form of diahorrea, headaches, and nausea. The participant said that his initial memories were very vivid moving colour images in the form of dreams. Eight weeks after his dreams he recovered his full memory of the abuse. The initial memories did not make sequential sense at first, however rapidly fell into a linear order. The participant was not able to differentiate between his abuse memories and his memory for other events because he did not experience a happy life. He received indirect confirmation of his aunts' abuse from his mother. His mother visited his aunt two years ago. They had not seen each other for many years as the aunt was ostracised from the family after divorcing his uncle. The aunt had a severe body reaction to seeing his mother, which his mother reported back to the participant. There was no corroboration of the abuse he experienced in the home for disabled children. He stated that his injuries were not documented by staff.

Participant 20 Profile

History The participant was a 60 year old caucasian female, who was married. She completed tertiary education and was retired. Her abuse comprised having her genitals touched, oral sex, and rape. The rape upset her the most. Her abuse commenced when she was 4.5 years old and lasted for 4 months, during which time she was abused repeatedly. She could not identify her abuser, nor could she remember if she had told anyone about the abuse at the time due to long gaps in her memory. She stated that her family was split up when her mother went to hospital. She lived with her aunt. She thought her abuser was a male and that there may have been multiple abusers. The participant was diagnosed with Obsessive-Compulsive Disorder approximately five years ago.

Remembering The participant reported that she experienced a long period of forgetting, which commenced when she was 4.5 years old. She started remembering when she was 58 years old. She could not recall using any conscious mechanism to help her forget. She did recall getting into trouble at her aunt's place and thinking, "I'm not going to stay here." She stated that her mind faded into white at that stage and she could not remember most of her childhood from then on. She had isolated memories of going to school.

Memory Detail The participant stated that she was hospitalised for a suicide attempt at the age of 58 years. She received EMDR treatment. Two months after that treatment she recovered her first memory of the abuse. For the next twelve months she fought the memory, thinking to herself that it was False Memory Syndrome. Her initial memories were experienced as dull moving colour pictures. She did experience strong body sensations where the abuse felt like it was happening again. Initially the participant did not experience any of the associated emotion. This has changed with time. She stated that her memory was returning in "fits and starts." She had not obtained any corroboration of the abuse because most of her relatives from

that time are dead. The participant stated that her OCD related to fear of contaminating other people. She also reported a great distrust of males in particular. The participant said that her limited memories of going to school were brighter in colour than the abuse memories, and had sounds attached to them.

Participant 21 Profile

History The participant was a 28 year old caucasian female. She was in a relationship and had completed some tertiary education. Her primary form of employment was domestic duties. She reported the full range of sexual abuse, ranging from kissing and fondling to rape. All of the events upset her equally. The participant stated that her abuse commenced when she was four years old and ceased when she was 13 years old. The abuse occurred repeatedly and was perpetrated by her father, stepmother and grandfather. She was also date-raped at the age of twelve years. Her father was the primary abuser. Her stepmother masturbated her on one occasion. All of the abusers forced her physically. She did not tell anyone about the abuse and stated that she could not remember her reasons for keeping silent. Her father was a violent alcoholic who often threatened her.

Remembering The participant reported a period of forgetting that commenced as soon as the abuse happened. She did not remember forgetting the abuse, but thought she used dissociation or "blocking out" as her coping mechanism. The participant reported that she blocked out her memory for the majority of her childhood. She started remembering her abuse when she was 25 years of age and was still recovering memories. Memory recovery coincided with a time in her life when she became sober after years of living as an alcoholic. The participant stated that she started drinking when she was twelve years old. Her initial memory was triggered when she attended an AA meeting where another lady was disclosing about her past abuse (non-sexual). The participant received a flashback of an abuse experience during a family Christmas when she was four years old. She entered therapy for assistance with the strong negative affect she experienced in conjunction with the memories.

Memory Detail After the initial flashback she received more memories of the abuse. Her initial memories were still colour pictures, with strong olfactory sensations and strong emotions of shame and wanting to die. Her initial memories were "muddled" in terms of sequence. She did not have any memories for any happy events in her past. The participant reported that events in her current everyday life would trigger the abuse. In the past she used alcohol and drugs without knowing why. The participant received corroboration from her sister, who died from a heroin overdose. The participant and her sister were often made to get into bed with their father, who forced them to masturbate him and then each other in front of him. She also received corroboration from her aunt that her father sexually abused her three female cousins.

Participant 24 Profile

History The participant was a 43 year old married female of caucasian origin. She did not complete high school and her primary form of employment was domestic duties. She reported being kissed and touched on her genitals, being forced to have oral sex, and being raped. All of the events upset her at the time. The participant stated that she was 9 months old when the abuse commenced and was unsure of her age when the abuse ceased. The abuse occurred repeatedly. Her abusers included her father and paternal grandfather, who hurt her physically and threatened her before, during and after the abuse. Her grandfather touched her once at age 11. Her father was the primary abuser. The participant stated that she thought she told her mother once about the abuse but nothing was done about it. She did not persist with telling her mother or anybody about the abuse because she thought no one would believe her and she thought it was her fault. The participant experienced emotional abuse, which stopped only when she severed contact with her family.

Remembering The participant reported a period of forgetting which commenced as soon as each abuse incident happened. She stated that she dissociated from the abuse by putting the memories "in other parts" of her mind. She said that she did not form other personalities to deal with the abuse. The participant was unable to be more specific because she was still in the process of trying to understand her memory. She reported having patchy memories of normal childhood events, such as going to school. She commenced having flashbacks at the age of 19 years when she met her future husband who was a safe person. She also reported that she had day surgery. When she surfaced from the anaesthetic she felt suicidal and experienced waves of negative feelings. She was hospitalised for a period of time where she received psychiatric assistance.

Memory Detail The participant initially experienced waves of intense negative affect related to her abuse, such as depression, panic, and terror. She experienced nausea and loss of appetite, but did not receive any pictures initially. She experienced auditory memories. She then recovered black-and-white images of knives, which were used to threaten her. The participant thought she was going insane. Her initial memories were not clear and sequential. She was still trying to make sense of the sequence at the time of interview and was recovering memory at the time of the interview. Triggers for the participant included physical stimuli, such as child birth, coloured patterns and slide shows. Some memories were spontaneously triggered. Media reports were also triggers. She had not received any corroboration from her family members about the abuse and had no contact with her family for the past six years. She reported sometimes "feeling like a fraud" when she thought about her abuse. At other times she believed her memories very strongly. She had confronted her father in writing but received no response from him. The participant reported a history of bulimia and severe depression for which she was hospitalised. She said her husband also experienced emotional abuse from her mother and father.

Participant 25 Profile

History The participant was a married 52 year old caucasian female, who had completed tertiary education and was in part-time employment. She reported the full range of abuse from being kissed and touched to being raped. The oral sex incidents upset her the most. The participant was 18 months old when the abuse started and 5.5 years old when it ceased. The abuse occurred at least six times and was perpetrated by her uncle, who drowned when she was 5.5 years old. Her uncle made her promise not to tell, gave her gifts and threatened to hurt her. She told her mother about the abuse, but the abuse continued.

Remembering The participant experienced a period of forgetting. She did not know when the forgetting commenced. She thought that her forgetting was a conscious effort. She told herself that she was going out to play during the abuse incidents and was able to mentally remove herself from the scene of the abuse. She recovered her memory of the abuse at age 48.

Memory Detail The participant stated that her initial memories returned as body or physical sensations. She experienced generalised panic attacks, lost her appetite and was unable to sleep. The participant recovered visual images of events related to the abuse, such as a knife, and strong feelings of guilt and terror. Her initial memories were dark in colour, clear, and contained still images. The majority of her abuse occurred at night. Her initial memories were of herself at the age of 5.5 years and gradually went back in time to 18 months. She was in therapy when she started to recover her memory. She stated that her therapist was very ethical and careful in her handling of her case. She did not undergo hypnosis. The memories returned in a disjointed and non-sequential manner. She had recovered memory for three major abuse incidents. When compared to her memory for normal events her abuse memories had a "dreamlike quality." The participant received corroboration from her aunty in writing. She had written to her aunty telling her about the memories and asking her if her grandfather might have abused her. Her aunty replied that she did not see any signs of abuse from the grandfather, however she had doubts about her younger brother, who drank heavily. The participant then received a powerful memory about her uncle abusing her. Prior to this she had no memory of her uncle, who she thought drowned when he was a young child. She also recovered memories of her immediate family searching for her uncle's body. She confirmed with her mother that her uncle looked after her at her grandparents during the period of abuse.

Participant 26 Profile

History The participant was a 55 year old caucasian female, who was separated. She completed high school and her primary source of income was a disability pension. She reported the full range of sexual abuse, from being kissed to rape. The incidents involving oral sex and rape upset her the most. She said that she was 2 years old when the abuse commenced and 12 years old when it ceased. The abuse

occurred several times a week during this period and involved a female nurse, male doctor, male boarder, an older brother (age 14), and an older male cousin (age 19). Her cousin and brother perpetrated the rapes. The nurse and doctor, who were in an intimate relationship with each other, perpetrated the oral sex and fondling. They made her promise not to tell and forced and hurt her physically. She did not tell anyone about the abuse at the time because she thought the abusers would hurt her. She experienced physical and emotional abuse at the time of the abuse. The nurse tortured the participant, who was in hospital for a period of nine months. The nurse had been a nurse in a German concentration camp.

Remembering The participant reported a period of forgetting that commenced when she was 12 years old, when the family left the town where the abuse took place. Her primary thought at the time was, "now I can close the door on all this." She stated that she could always remember this incident but consciously "locked" the abuse behind a door. The participant thought she might also have forgotten some of her abuse at the time it happened. She commenced recovery of her abuse memories when she was 48 years old. The primary trigger was the death of her mother. During the abuse the family boarder would tell her that if she spoke about the abuse he would kill their mother. The participant said that the death of her mother freed her from that obligation.

Memory Detail The participant said that recall was a long hard slow painful process. Her memories were very mixed up with several abusers crossing over, making it difficult for her to work out who did what. She stated that she was still recovering memories. The participant was not in therapy when she started to recover her memories. She later entered therapy to deal with the intense negative affect. Her initial memories were in the form of still colour images, which later became moving images as she learned to stay with the memory. The images were not sharp or sequential at first. She stated that she used therapy and kinesiology to sharpen the pictures and establish the sequence. She later experienced strong body memories, such as feeling the doctors' hand on her head during oral sex. The participant stated that she had very clear memories for things outside the house. When her abuse memories became clear her memory for normal events lost clarity. She had received confirmation about her abuse by her cousin from her older brother who also said he was abused by the cousin. The older brother denied his abuse of the participant when confronted, saying, "to the best of my ability this did not happen." The participant's father caught the older brother raping her and kicked him out of the house. She said that it was possible her brother had repressed his abuse of her. She was still recovering memories and stated that she was trying to re-bury some of her memories that she was having trouble dealing with.

Participant 27 Profile

History The participant was a 23 year old single male of caucasian origin. He did not complete high school and was unemployed. He reported abuse involving incidents of being kissed, having his genitals touched, and being forced to touch his abuser's genitals. All of the abuse upset him. He was approximately 8 years old when the abuse commenced. The abuse lasted for some months and occurred repeatedly. The abuser was the participant's adoptive grandfather, who made him

promise not to tell. The participant told his adoptive parents about the abuse at the time. His adoptive father put a stop to the abuse.

Remembering The participant reported a period of forgetting the abuse that commenced when he was 10 years old and concluded when he was 15 years old. He said that he ignored the abuse in its entirety and was able to forget about it. He recovered awareness of the abuse of age 15 but had trouble recovering specific detail at that stage. He was in therapy at the time of recovery. The parents briefed the therapist about the sexual abuse, after the participant recovered initial memory. He said that he was still recovering memory at the time of the interview.

Memory Detail His initial memories were experienced as grey-and-white still images. The majority of his abuse happened at night in muted light. He said that his memories that contained feeling were experienced as "video" images. The initial memories were very clear and sharp, but were not sequential. The participant reported that he blocked out the whole period of his life between ages 10 and 15, which made it difficult to recognise a time line. He said that his memories for normal events had been recovered and were more "whole" than his memory for the abuse. The participant received corroboration from his adoptive father and mother when he disclosed to them. He witnessed his grandfather abuse his younger sister, who was the natural child of his adoptive parents. His primary trigger was sexual activity. His primary coping mechanisms were music and watching television.

Participant 29 Profile

History The participant was a 60 year old divorced caucasian female. She had completed tertiary education and was retired from paid work. She reported abuse ranging from being kissed to rape. She said that the abuse incidents containing touching of genitals, oral sex and rape upset her the most. The participant was 4 years old when the abuse commenced and 7 years old when it stopped. The abuse occurred repeatedly during this period and was perpetrated by her aunt and two male friends of her aunt. All of the abusers perpetrated the full range of abuse. The abusers threatened to hurt her and forced her to participate in the abuse. She did not tell anyone about the abuse at the time because of the threats. The participant said that she and her mother lived with her aunt for four years. During that time she and her mother experienced physical and emotional violence from the aunt on a daily basis. The aunt had given birth to an illegitimate daughter who was adopted out. She was then hospitalised in a psychiatric ward for a period of time after the birth. The illegitimate daughter was born nine months prior to the birth of the participant.

Remembering: The participant reported a period of forgetting that commenced when she was 8 years of age and had moved away from her aunts' house. She was sexually molested by a stranger, a few months later, which she described as causing a deep split within her. She then "lost all contact" with her abuse for the next 36 to 38 years. The participant said that she always had to act as though the abuse did not happen when in her aunts' house. She said that this became a habit, which then

became her reality. This was how she was able to forget her abuse. She stated that she recovered her memory at age 48.

Memory Detail: The participant had undergone a complicated hysterectomy and collapsed physically at age 45. She entered counselling for suicidal depression. The participant experienced her first recovered memory three years later. Her therapist had worked with her body sensations when she was dealing with a broken marriage. She took a nine-month break and then went back into therapy. Her first memory surfaced spontaneously. The memory was of her aunt putting her hands around the subjects' neck, shaking her like a rag doll, and screaming at her. She then experienced a nightmare that linked directly to the sexual abuse. Her initial memories contained moving non-colour images, feelings of terror and horror, and strong body sensations of pain. The images were very clear and sequential. The participant said she still had large gaps in her memory, which distressed her greatly. She had not received any direct corroboration of the sexual abuse. She did receive corroboration from her mother about the physical abuse they both experienced and the period of time they lived there. She felt very strongly that her memories were accurate in terms of time, person, place, and events. She also stated that she did not consummate her marriage for six months because she could not face the thought of sex.

Participant 33 Profile

History The participant was a 52 year old divorced caucasian female. She reported some tertiary education and was employed part-time. She reported the full range of sexual abuse, from being kissed to rape. All events upset her equally. The participant said that she was 7 months old when the abuse commenced and 19 months when the abuse ceased. She stated that the abuse happened on a daily basis and was perpetrated by her mother and members of her mothers' sabbat (devil worship circle). The abusers made her promise not to tell, threatened her, forced her, and hurt her physically. The participant stated that she was heavily drugged for most of the abuse. She did not tell anyone about the abuse at the time because she could not speak. She said that she experienced physical violence at the time of the abuse, being stabbed with a nailfile in her urethra, vagina, labia and anus.

Remembering The participant reported a period of forgetting. She was unable to state when the forgetting began, but thought that she dissociated from the abuse at the time of each incident. She said that she chose to break off from her memory of the abuse and place it in a locked area. She then chose to lose the key. The participant said she was about 50 years old when she began to remember the abuse. She was not in therapy when her recall commenced and was unaware of any obvious trigger. She had not undergone hypnosis.

Memory Detail The participant reported that her initial memories were body sensations. She also received a phrase, "you're not good enough," which was accompanied by sharp stabbing sensations. She received a sepia moving image of

herself as a baby, hearing, “she’ll be no good for anyone now, we may as well let the dogs finish her off.” Her initial memories were clear and non-sequential. The subject differentiated between her abuse memories and her memory for other events, in terms of clarity and associated emotion. The participant said she was in the process of obtaining corroboration from her aunt, who kept “slipping in and out of denial.” She accused her mother of trying to poison her and of murdering at least twenty people in her family circle. The participant reported that she had a doctor’s report validating her genital mutilation and scarring. She said that she was still recovering memories at the time of interview.

Participant 38 Profile

History The participant was a 47 year old divorced caucasian male. He did not complete high school and was retired. He reported abuse ranging from being kissed and touched on the genitals to oral sex. The abuse commenced when he was 8 years old and ceased when he was 14 years old. The abuse occurred more than three times during this period and was perpetrated by two male members of the clergy. The abusers made him promise not to tell, gave him money, threatened him, and forced him to participate. The participant did not tell anyone about the abuse because he thought no one would believe him, he would get into trouble, and he thought the abuser would hurt him or others.

Remembering The participant reported a period of forgetting that commenced when he was 10 years old and stopped when he was 12 years old. He had always remembered his abuse since the age of 12 years. The subject said that at age 10 years he consciously kept busy as a means of forgetting the memories.

Memory Detail The participant said that the primary trigger to remembering the abuse at that time was starting at a boys’ school where religious brothers taught. He said that his memories returned as olfactory sensations and still black-and-white images. He thought that the majority of his abuse memories were black-and-white because his abusers wore black robes with white collars. The initial memories were not too clear but became clearer with time. They were not initially sequential. The participant had worked on establishing the sequence during therapy. He stated that one of his abusers was in gaol for wide-ranging child sexual abuse. The case was well documented by the media. The participant named his abusers and provided diagrams of where the abuse occurred in the college.

Participant 39 Profile

History The participant was a 48 year old married caucasian female. She had completed tertiary education and was employed on a full-time basis. She reported abuse ranging from being kissed to rape. The participant said she was younger than 3 years old when the abuse began and about 12 years old when the abuse stopped. The

abuse occurred repeatedly and was perpetrated by her father and three of his male friends. The men were together in the one room for most of the abuse. The abusers forced her and hurt her physically. She did not tell anyone about the abuse at the time because fear ruled her life. The participant said she experienced associated physical and emotional violence at the time of the abuse. In one instance her father killed her cat in front of her.

Remembering The participant reported a period of forgetting that commenced when she was 9 years old and stopped when she was 46 years old. She stated that she had no memory of her entire childhood prior to the age of 9 years when her parents separated. The participant said she was able to dissociate from the memories. She explained it as a whiteness that came in and obscured her vision and memory.

Memory Detail She said that her first memory was a still black-and-white image. She said that her abuse occurred during the day in a darkened room. She stated that just prior to recovery of her memory six members of her family and close friends died within a very short period of each other. The participant started experiencing flashbacks. Her subsequent memories were more like a movie and involved strong physical sensations. It took approximately eighteen months for her memories to become moving images. She said that she had two types of memories – one involved short sharp still images and the other involved a long distance perspective, where the images were at the back of her bead. The second type of memory eventually worked their way forward. They became sharper in focus. Her initial memories were non-sequential. She said that she was still recovering memories although thought the process had slowed down somewhat. She was receiving fragments or details of specific events. The participant was unable to name a specific trigger or set of triggers; her memories would appear to surface spontaneously. She reported recovering only two memories of normal events that occurred at the same time as the abuse. She said they were a short sharp type of image. When asked about corroboration, the participant replied that she had received a written poem from one of her abusers, which stated that she was his “little play thing.”

Participant 42 Profile

History The participant was a 28 year old single caucasian female. She had completed tertiary education and was employed on a full-time basis. Her abuse included being kissed and touched, oral sex, and rape. The rape upset her the most. The participant said she was 3 years old when the abuse started. The abuse continued for two months and included two to three incidents during that period of time. The abuser was a male neighbour who made her promise not to tell. She did not tell anyone about the abuse. She could not remember the reasons for her silence.

Remembering The participant reported a period of forgetting that commenced when she was three years old. She thought that the forgetting was completely automatic. The participant stated she had a period of complete amnesia. She had regained some memory details and still experienced some memory gaps. She

commenced recovering her memory at age 19 when she was in therapy. She had entered therapy to deal with previous suicide attempts and drug usage.

Memory Detail The participant said that she learned to meditate at age 19 years. She experienced a flashback of her abusers' face that made her vomit. She experienced strong feelings of fear and violation with the flashback. She received another flashback one month later of a portion of an abuse event. The participant then received a memory of a place where she had felt safe as a child. Her initial memories were images, feelings and strong body sensations. The images were initially still and had some colour. The participant said she did not recover smell or sounds. She said that her memories took four or five times before they became solidified in her memory. The participant stated she still did not have any sequence for her memories. Some of her memories were initially compressed. She was able to tease out some details over time. The participant was still recovering memory at the time of the interview. Her memory for normal childhood events was different to her abuse memories in terms of her perspective. She experienced her abuse memories in third person. The participant had received corroboration of her abuse from her brother who was abused by the neighbour as well. She confronted her abuser in front of the whole neighbourhood. The abuser did not confirm or deny the abuse. He and his family moved away shortly after. The abuser was well known throughout the neighbourhood for flogging his children with a riding crop and for emotionally abusing other neighbourhood children. The participant stated that her parents and other neighbourhood children confirmed the emotional and physical abuse.

Participant 47 Profile

History The participant was a 49 year old divorced caucasian female. She reported some tertiary education and was employed on a part-time basis. Her abuse included incidents of being kissed and touched, being forced to touch her abusers' genitals, and oral sex. She was most upset at having to touch her abusers' genitals. The abuse commenced between ages 2 and 4 and stopped when the subject was 11 years old. The abuse occurred repeatedly and was perpetrated by her father and older brother, aged 16 years. The abuse by her father commenced at age 2 to 4 and stopped at age 7. The abuse by her brother commenced at age 7 and stopped at age 11. They made her promise not to tell and hurt her physically. The participant did not tell anyone about the abuse at the time. She did not know her reasons for remaining silent.

Remembering The participant reported a period of forgetting that commenced as soon as the abuse happened. She was 39 years old when she recovered her memory. The participant said she was able to forget by locking her memories away. She was not in therapy when she started remembering her abuse.

Memory Detail The participant said that she attended child protection workshops when she experienced her first flashbacks. In addition, she had just returned from visiting her old home overseas, which was where the abuse occurred. Her initial

memories took the form of thoughts of the abuse, then she experienced moving images. She was unable to state if the images were in colour or black-and-white. The participant said that she recovered her memories of her brothers' abuse first. The memories of her fathers' abuse returned some time after because she was dealing with the break-up of her marriage at the same time. The participant reported that while her memories of her brothers' abuse were initially clear, the memories of her fathers' abuse were fuzzy. Both sets of memories were initially non-sequential. She was unable to differentiate much between her abuse memories and her memory for normal childhood events. The only difference that she could point to was slightly stronger clarity in her memory for normal events. The participant confronted her brother about the abuse when she was 11 years old. She told him it was not going to happen anymore and the abuse stopped immediately. The participant said she had physical scarring on her genitals as a result of the abuse. She received corroboration from her older sister who was also abused by their father.

Participant 48 Profile

History The participant was a 55 year old married caucasian female. She reported a post graduate level of education and was employed on a part-time basis. Her abuse ranged from being kissed and touched to anal rape, which upset her the most. The abuse commenced when she was 3 or 4 years old and continued for a period of five years. The abuse occurred repeatedly during that period and was perpetrated by a male family friend of her grandmother. The abuser died when the subject was 8 years old. He made her promise not to tell, forced her, and hurt her physically. The participant told her grandmother, but was not believed, and the abuse continued.

Remembering The participant reported a period of forgetting. She was unable to state when the forgetting commenced, but thought it might have been as soon as each abuse incident happened. She said she created ego states to deal with various parts of the abuse, such as the anxiety and the pain. She stated that her mechanism was not the same as Dissociative Identity Disorder, but more an internal and personal way of coping. She commenced recovering her memories at 55 years of age.

Memory Detail The participant said she was participating in a three week residential counselling workshop when she initially experienced very strong body sensations that caused her to groan with pain. She recovered olfactory memories. She then found herself saying, "but I never told," over and over again. The participant said that she still did not have any conscious memory of the abuse and that her memories took the form of abreactions to the physical incidents, such as trying to get away from the oral sex forced on her. She said she was well known by her family members for possessing an extraordinary memory for her normal childhood events. She had not received a visual image about the abuse to date. The participant said she was still receiving memories that she was unable to put a narrative to. She stated that she had corroboration from her family that the abuser had open access to her and took her out every day. He also took her away for a fortnight on holiday. The

participant said if she had to stand in a court of law, she would be unable to defend her claim. She did state that she was sure she had anal scarring from the abuse but was unable to allow a doctor to examine her for fear of an extreme reaction.

Participant 51 Profile

History The participant was a 42 year old caucasian female, who was living in a de facto relationship. She reported some tertiary education and was employed on a full-time basis. She reported abuse ranging from being kissed and touched to being forced to touch the abusers' genitals. She was 10 years old when the abuse commenced and 17 years old when the abuse ceased. The abuse occurred repeatedly and was perpetrated by her father and older brother. Her brother was seven years older than her. The abusers made her promise not to tell, threatened to hurt hr, forced her, and hurt her physically. The participant said that she told her sisters about the abuse, but the abuse continued.

Remembering The participant reported a period of forgetting that commenced when she was in her late teens after the abuse had finished. She said forgetting was a conscious effort. She removed herself physically from her abusers, which helped her forget. She then became pregnant and married young and kept herself very busy. The participant commenced remembering again when she was in her late thirties. She tried to "put it away again" but was unable to forget again and eventually had to deal with the memories.

Memory Detail The participant was not in therapy when she started to remember her abuse. She said that she was in a good relationship and feeling happy with her life when she started remembering. The participant said her initial memories were moving colour images. The images were very clear and sequential. She also recovered auditory memory initially. Her first memories were about her fathers' abuse. She then recovered memories of her brothers' abuse. The participant said that her father sexually abused every child in her family. They have recently corroborated the abuse for each other. The participant differentiated between her abuse memories and her childhood memories in terms of increased emotional intensity for the abuse memories. She thought she had recovered all of her abuse memories.

Participant 54 Profile

History The participant was a 46 year old single caucasian female. She did not complete high school and was employed on a part-time basis. She reported abuse ranging from being kissed to rape. All the events upset her equally. The abuse commenced when she was 4 years old and ceased when she was 15 years old. The abuse occurred repeatedly during that period and was perpetrated by her father, a friend of the family, and an ambulance officer. The ambulance officer abused her three times at age 8. The friend of the family abused her two or three times. The rape

was perpetrated by three teenage friends when she was 15 years old. The ages of the teenagers did not qualify the incident for inclusion in this study. The abusers made her promise not to tell, gave her gifts or money, threatened her, forced her, and physically hurt her. The participant told a family member and a non-family member about the abuse however nothing was done to stop it from continuing.

Remembering The participant reported a period of forgetting her fathers' abuse that commenced as soon the abuse occurred. She said that she was 12 years old when she remembered about the abuse again. The participant said she grew up thinking she could fly and was able to take herself out of her body during the abuse. She reported a period of forgetting the abuse by the ambulance officer and the family friend. She started to recover those memories when she was 41 years old.

Memory Detail The participant said she lived with her grandmother because her mother died when she was four years old and her father was working away from home. When he returned home for a visit he re-offended. This was the trigger for the subject to remember the previous abuse. Her initial memories included olfactory, body sensations and strong emotions. Her memories came back to her as still black-and-white images. The participant said that most of her abuse occurred at night. The initial memories were a little unclear. With regards to her memories for the other perpetrators, she said the trigger appeared to be the death of her father. The memories were a little confusing in terms of sequence. The participant received one whole incident initially in picture form. She could not differentiate between her abuse memories and her memory for normal childhood events because she was often dissociated in the classroom. She received confirmation the abuse with her father happened from her younger sister whom he also abused.

Participant 58 Profile

History The participant was a 50 year old divorced caucasian female, of Dutch origin. She completed high school and was employed on a full-time basis. She reported abuse including incidents of being kissed, having her genitals touched, and being raped. The rape upset her the most. The participant stated that she was 1.5 years old when the abuse commenced and 10 years old when the abuse stopped. The abuse occurred repeatedly and was perpetrated by her grandfather, uncle, a male teacher, and a pastor. The abuse with her grandfather commenced when she was 1.5 years and stopped at 10 years. Her uncle abused her from age 1.5 years for a period of some months. His abuse included the rape incident. The male teacher abused her throughout her eighth year. The pastor abused her when she was about 4 years old for a short period of time. The abusers threatened to hurt her and forced her physically. The participant did not tell anyone about the abuse at the time because she thought no one would believe her.

Remembering The participant reported a period of forgetting that commenced as soon as each abuse incident occurred. She thought she forgot because, "it was too

horrible to cope with," and she needed to put it away. She forgot every abuse incident completely. The participant said that forgetting was not a conscious effort. She commenced remembering her abuse at the age of 42 years.

Memory Detail The participant was in therapy for fallout from her marriage break-up when she recovered her abuse memory. Her initial memories included nightmares and then took the form of strong body sensations and emotions. She then received moving black-and white images. The majority of the abuse happened at night. Her first memories were of her grandfathers' abuse. She reported thinking for a long time that she had made the memories up. The initial memories were not clear, nor were they sequential. Therapy helped with clarification and a timeline. She stated that she also lost most of her normal childhood memories. The participant received corroboration from one of her sisters about her grandfather's abuse. Her sister stated that she was also abused by their grandfather. The participant did not know if she had recovered all of her memories but did not want to recover any more.

Participant 61 Profile

History The participant was a 49 year old single caucasian female. She completed tertiary education and her primary source of income was a pension. She reported abuse ranging from being kissed to rape, with the incidents of oral sex and rape upsetting her most. The abuse commenced when she was 6.5 years old and continued for a period of ten years. The abuse occurred three to four times a week and was perpetrated by a family friend, his son, and three workmates. The abusers made her promise not to tell, gave her gifts or money, threatened her, forced her, and hurt her. She did not tell anyone about the abuse at the time because she thought no one would believe her, she would get into trouble, and she thought the abusers would hurt her. The subject reported physical violence at the time of the abuse.

Remembering The participant reported several periods of forgetting that commenced when she was 6.5 years old. She stated that she had been given a formal diagnosis of Dissociative Identity Disorder. She said that she became aware of the abuse from the age of 13 years. The trigger to her remembering was attending high school and learning about abuse. She also attempted suicide for the first time at this age. The participant stated that she did not deal with the abuse until she was 43 years old. She said that she was able to recollect about 65% to 70% of the abuse. The participant said that the creation of "child alters" to contain her memories was something that happened spontaneously and without her conscious knowledge. The subject had identified twelve "alters" to date.

Memory Detail The participant said that each alter "took on the facts and the emotions of the abuse." The alters were not necessarily created sequentially, with one alter being there throughout the entire ten years of the abuse and being instrumental in the creation of other alters. The participant said that one alter held the memories of the abuse from age 6.5 years to age 10 years. Another alter held the

memories from age 13 to age 1 7. She reported that her initial memories at age 13 were strongly olfactory, and included nightmares and daytime flashbacks, with narrowed images. The images became wider she entered therapy and worked on the memories. The initial images were black-and-white and still. She had not experienced colour images although she obtained movement in the images. The participant said that she was able to remember normal childhood events from the age of 11 years only. The normal memories were different to the abuse memories in terms of increased safety and decreased negative emotions. She was not able to verbalise any corroborating evidence apart from her suicide attempt and the creation of the alters. She did however write in the Stage One test booklet that she experienced a backyard abortion when she was 15 years old. The family friend who abused her organised the abortion. The participant became pregnant again to him at age 16 and had twin boys. She stated that she had told her sister and children about the abuse five years ago when she finally broke silence. They believed her because her sister knew the family friend and his son had total access to the participant as a child. In addition, the twins were told, by the participant's parents, that their father had died in the Vietnam War, which was entirely untrue. The participant has been unable to confront her parents about that falsehood and their reasons for telling it. She also reported a lengthy history of various mental illness diagnoses until she was diagnosed as DID about 6.5 years ago.

Participant 65 Profile

History The participant was a 34 year old divorced caucasian female. She reported post graduate education and was employed on a part-time basis. She reported abuse ranging from being kissed to rape. The rape and oral sex upset her the most. The abuse commenced before she was 10 years old and stopped when she was in her twenties. The abuse occurred repeatedly and was perpetrated by multiple abusers. Her father abused her from when she was a toddler to age 15 when he died. Her mother abused her from when she was very young to age 16 when she left home. Her older brother abused her from ages 5 to 18. Her brother was five years older than her. Her fathers' brother abused her from when she was a toddler to in her early twenties. She was abused by church members from when she was a toddler to age 15. The abusers made her promise not to tell, gave he gifts or money, and threatened her. The participant did not tell anyone about the abuse at the time because she thought no one would believe her, she would get into trouble, and because of the threats.

Remembering The participant reported that she forgot all of the abuse apart from her brothers' abuse until she was 27 years old. She thought that she forgot about the abuse as each incident occurred. She did not know what mechanism she used to forget. She thought that she might have forgotten because the abuse was a usual daily event for her and did not stand out in any way. She recovered her memories in therapy, which she had entered to deal with a marriage break-up.

Memory Detail: The participant said her initial memories were moving images. She was unable to state whether the memories were in colour or black-and-white.

Her initial memories were very scattered in terms of sequence. Therapy helped her make sense of the images over time. She also said that she had lost large chunks of her normal childhood in addition to the abuse. The participant said that her brother had validated his abuse of her and their uncles' abuse of her. Her brother was also abused by their uncle. She was unable to corroborate the abuse from her father, her mother, or the church members. Her mother had told her that if she mentioned anything negative about her father she would disown her.

Participant 67 Profile

History The participant was a 23 year old single caucasian female. She had completed some tertiary education and was still a student. She reported abuse including being kissed, having her genitals touched, and being forced to touch the abusers' genitals. All of the events upset her equally. The abuse commenced when she was 7 years old and stopped when she was ten years old. The abuse occurred repeatedly and was perpetrated at different times by her grandfather, a family friend, and a stranger. The stranger perpetrated all of the types of abuse incidents. The family friend touched her in ways that made her feel uncomfortable when she was 8 years. She did not know when the contact stopped. Her grandfather made her touch him on the genitals from age 7. She did not know when the abuse stopped. The abusers gave her gifts or money. The participant stated that she told her mother about one of the abusers only. The abuse continued. She did not tell anyone about the other abusers because she thought she would not be believed and would get into trouble.

Remembering The participant stated that she experienced a period of forgetting. She was unable to state categorically her age when she forgot the abuse. She did state that she thought forgetting began not long after each abuse incident. The participant said that she recovered her memory when she was 22 years old. She stated that she was able to "hide her memories away" by telling herself that the abuse did not happen and she would not think about it.

Memory Detail The participant was in therapy when she started to recover memory. She had entered therapy for the abuse she had always remembered. She then joined a support group, which seemed to trigger her memories. Her initial memories were body sensations. She experienced panic attacks and a type of body stiffening. She experienced flashes of both moving and still colour images. The images were unclear and non-sequential. Her current memories were a little clearer with therapy. The participant stated that she made a conscious decision not to clarify her memories as she did not feel ready to deal with them. She was unable to differentiate between her abuse memories and her normal childhood memories because she also lost her childhood memories at the same time. The participant did not have any corroborating evidence. She did have a very strong belief that the abuse happened.

Participant 69 Profile

History The participant was a 37 year old single caucasian female. She had completed some tertiary education and her primary form of income was a pension. She wrote on most of her Stage One test booklet surveys that she was unable to complete the surveys because she did not have any memory for the abuse events. She stated that she had a very strong sense and "a lot of indicators" that she was sexually abused from a very early age.

Remembering The participant reported a period of forgetting that was classified as complete amnesia. She said that she did not have "normal" memories. She said that she had very strong body memories that were usually triggered by contact with her parents. She cited an example of having a strong reaction to taking medication where her throat constricted. She made a connection on an emotional level with having oral sex. When she made that connection the "symptoms" went away.

Memory Detail The participant was not able to discuss memory in sufficient detail for this research. She stated that she had received a diagnosis of Dissociative Disorder Identity from her psychiatrist. The psychiatrist told her that the disorder usually arose from an experience of trauma, but did not specify childhood sexual abuse. The participant did not have any corroborating evidence about the abuse. She had also received a diagnosis of Chronic Fatigue Syndrome, which improved when she connected as outlined before.

Participant 70 Profile

History The participant was a 26 year old married caucasian female. She had completed high school and listed her occupation as domestic duties. She reported abuse ranging from being kissed to attempted rape. The events including oral sex upset her most. The abuse commenced when she was 12 years old and stopped when she was 14 years old. The abuse occurred two to three times during that period and was perpetrated by her grandfather. The participant did not tell anyone about the abuse because she thought she would not be believed and would get into trouble.

Remembering The participant reported a period of forgetting that commenced as soon as each abuse incident occurred. She said she was able to forget by consciously not thinking about the abuse. She recovered her memories when she was 25 years old.

Memory Detail The participant was not in therapy when she started to remember. She entered therapy to help her clarify the memories and to deal with the emotional fall-out of the abuse. The participant said that she was told her husband's cousin had been abused as a child. She had a very strong reaction to the news and was no longer

able to ignore her memories. Her initial memories were strong emotions and still images, which she tried not to see. She experienced the initial images from a third person perspective. She stated that the images became clearer and more detailed with time. She was still recovering incident details. The initial memories were non-sequential. The participant reported that she had lost big chunks of her normal childhood memories. She had received corroboration from her two sisters and her mother about the abuse. The grandfather had abused all of them. When confronted the abuser did not deny the abuse. He apologised and said it would never happen again.

Participant 71 Profile

History The participant was a 30 year old divorced caucasian female. She had completed tertiary education, was a student, and was employed on a casual basis. She reported abuse ranging from being kissed and touched to being forced to touch the abusers' genitals. All of the events upset her equally. The abuse commenced when she was 5 years old and stopped when she was 15 years old. The events including being kissed and touched occurred repeatedly during that period from ages 13 to 15. The abuse included having to touch the abusers' genitals once at age 5. The abuse was perpetrated by her father, mother, and mothers' boyfriend. The abusers made her promise not to tell, gave her gifts and money, threatened her, forced her, and hurt her. The participant did not tell anyone about the abuse at age 5 because she thought no one would believe her, she would get into trouble, and thought the abuser would hurt her. She told her mother about the abuse at ages 13 to 15. Her mother told her she was lying. She also told a friend who told her mother. The participant then received a severe beating. She reported experiencing extreme physical and emotional violence from the ages of 5 to 15 years.

Remembering The participant reported a period of forgetting that commenced when she was 5 years old. She recovered the memory when she was in her early twenties. The second period of forgetting commenced when she was 13 years old and stopped when she was in her early twenties. The participant said she did not use any conscious mechanism to forget. She thought the memories were suppressed so that she could survive.

Memory Detail The participant always had a sense that something was wrong. She was given a book called "Toxic Parents" to read. She said that reading the book triggered her memory for the feelings attached to the abuse. She recovered her memory for the abuse at age 5 first. This memory then triggered her memory for the later abuse. Her initial memories were a mixture of sensory modes. She received flashbacks and nightmares. The participant said her initial memories were clear and sequential. She was unable to differentiate between her abuse memories and normal childhood memories because she was kept isolated and did not have any happy memories. The participant received corroboration of the abuse by her twin sister who was also abused. They were made to witness the abuse for each other by the abusers. The participant confronted her mother who denied everything.

Participant 76 Profile

History The participant was a 53 year old divorced caucasian female. She did not complete high school and her occupation was listed as domestic duties. She reported abuse ranging from being kissed to rape. All of the events upset her equally. The abuse commenced when she was 3 years old and stopped when she was 15 years old. The abuse occurred repeatedly and was perpetrated by her stepfather and her uncle. The abuse by her uncle commenced when she was 14 years old and stopped when she was 15 years old. Her step-father abused her from ages 3 to 15. The abusers made her promise not to tell and threatened her. The participant did not tell anyone about the abuse initially because she thought no one would believe her, she would get into trouble, and because of the threats. The abuse stopped because her mother called the police. The participant reported being threatened with a knife and a gun at the same time the sexual abuse happened.

Remembering The participant reported a period of forgetting that commenced when she was 3 years old and again at 17 years old. She thought that she had always retained an awareness of the abuse but had pushed the events to the back of her mind. She said she was 28 years old when she commenced recovering the abuse memories. She was not in therapy when she recovered her initial memories. Her memories only go back to the age of 8 years.

Memory Detail The participant reported that she underwent LSD therapy in New Zealand. The purpose of the therapy was to block out any traumatic events in her past. The participant said that her initial memories were triggered by sexual activity in her marriage. Her initial memories took the form of strong body sensations, such as vomiting, and emotions. She said she only experienced visual images in flashbacks. She was unable to state whether the images were in colour or black-and-white. The flashes were very clear and fleeting. They were non-sequential. The participant was unable to remember normal childhood events, such as going to school. She reported that her mother took her to a doctor when she was 3 years old. The doctor confirmed that she had been sexually abused.