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CLAIMS OF EARLY SEXUAL ABUSE: GUIDELINES FOR INVESTIGATING CASES WITH ALLEGEDLY RECOVERED MEMORIES[1]

There are adults who claim to have been sexually abused a long time ago without ever having mentioned this to anybody. Some of those have kept silent out of shame or even fear. Others say they never spoke about it because they did not know about it, but at one point in time came to remember it during psychotherapy or through some other experience.[2] In the latter case we speak of recovered memories. These usually concern prolonged periods and thus multiple incidences of abuse during early childhood, often involving multiple perpetrators (Gudjonsson, 1997; Van Koppen and Merckelbach, 1998; Van Koppen and Merckelbach, 1999). Sometimes the accusation involves satanic ritual abuse (Lanning, 1992; Mulhern, 1991; Qin, Goodman, Bottoms and Shaver, 1998; Victor, 1993).

Increasing numbers of adults, mostly women, bring such accusations to the criminal authorities or civil courts, or both. The trier of fact in these cases – be it judge or jury – will find it difficult to evaluate these accusations after such a long time. Corroborating evidence in these cases is often lacking or very limited. The police investigating such accusations will have the same problem.

Most of the alleged victims who recover memories have undergone some form of psychotherapy or have participated in self-help groups before reporting their accusation to the police. Psychotherapy appears to play an important role in the origination of many, though not all, of these reports (Gudjonsson, 1997; Van Koppen and Merckelbach, 1999). Whenever accusations are based on claims of repression or dissociation of memories of abuse during extended periods of time, the possibility that the recovered memories were created during some form of therapy cannot be ignored.

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Such cases must be distinguished from cases in which the victim has always known about the abuse, and only now, possibly helped by her[3] therapist, feels strong enough to report it. Because in both these cases the reporting was preceded by psychotherapy, the police will find it difficult to decide from the outset whether the memories may have originated from therapy or not.

In this article we submit guidelines for the way in which the police and the prosecution may deal with delayed accusations of sexual abuse in general and with cases of recovered memories in particular. First, however, we briefly outline the problems involved in cases of recovered memories.

RECOVERED MEMORIES

It is said by many that experiences may be so traumatic that victims may not be able to deal with them in the normal manner (Blume, 1993; Frederickson, 1992; Herman, 1992; Terr, 1994). Instead such memories are said to become repressed, i.e. relegated to a particular part of the memory system called the unconscious. There they lie untouched by conscious experience and therefore unaltered, but also inaccessible by normal mnemonic techniques. They stay active, however, in that at times they disturb normal conscious experience and behaviour in ways unknown to those who possess them.

This theory of repressed memories is controversial and has in recent years led to what is sometimes called 'the memory wars' (Crews, 1995; Goldzband, 1995; Loftus, 1997a; Read, 1999). Many clinicians claim that they have often succeeded in recovering repressed memories of traumatic events in their patients (Bass and Davis, 1995; Briere and Conte, 1993; Feldman, 1993; Terr, 1994; Walker, 1994). Others have said that repression is not a real phenomenon. Memory, they say, does not work that way and if recovery of repressed memories seems to occur, the resulting memories are really pseudomemories, artefacts of the psychotherapeutic methods employed by the therapists (Holmes, 1990; Loftus, 1993; Loftus and Ketcham, 1994; Mulhern, 1991; Ofshe and Watters, 1994; Spanos, 1996; Wakefield and Underwager, 1992b). Gradually, however, clinicians have come to admit that induction of pseudomemories during therapy is not altogether impossible

(Briere, 1997; Courtois, 1998; Grunberg and Ney, 1997; Kluft, 1997).

Several studies have attempted to provide us with proof of the existence of repression (Scheflin and Brown, 1996). Most of these studies, however, employed a retrospective methodology, that is really inappropriate to decide the issue. Moreover, for the occurrence of amnesia they relied on the self-reports of the alleged victims. These studies have been heavily criticised for these and other methodological flaws (Brewin, 1996; Crombag and Merckelbach, 1996; Loftus, Garry and Feldman, 1994; Pope and Hudson, 1995a; Pope and Hudson, 1995b; Pope, Hudson, Bodkin and Oliva, 1998). For the time being we tend to adopt Holmes' dictum that "at present time there is no controlled laboratory evidence supporting the concept of repression" (Holmes, 1990: 102).[4]

In recent years the debate has shifted from repression to the possibility of dissociative amnesia (Read, 1999). This does not solve the problem, because there is evidence that the alter states in dissociative patients may not be real entities within a person, but rather metaphors that patients learn from their therapist. Spanos (1994), for instance, argued that dissociative patients "come to believe that their alter identities are real personalities rather than self-generated fantasies" (p. 144). Spanos' conclusion is supported by the epidemiology of dissociation (Simpson, 1997). The number of dissociation diagnoses has grown rapidly in recent years and, moreover, is very unevenly divided among therapists and even countries. Hacking (1995: 14) noted that "the only place that multiples flourish overseas [from the United States] is in the Netherlands." Dissociation and the multiple personality disorder appears to be a rather local phenomenon, which raises doubts also about the validity of the phenomenon of dissociative amnesia.

In addition to the argument that convincing empirical evidence for repression is lacking, we can think of a number of arguments that positively contradict the occurrence of repressed memories. Repressed memories are usually only claimed by alleged victims of sexual abuse, most often of the protracted and severe kind. One wonders why victims of other types of severe trauma, e.g. Vietnam veterans and concentration camp survivors (Figley, 1986; Lindsay and Read, 1995; Sonnenberg, Blank and Talbott, 1985; Wagenaar

and Groeneweg, 1990; Wilson, Harel and Kahana, 1988) never claim amnesia. Their problem appears rather that they cannot forget. They suffer from frequent unwanted and inescapable memories, called intrusions. If this symptom persists they are diagnosed for Posttraumatic Stress Disorder. One may well ask, why the difference?[5]

In recent years extreme forms of sexual abuse are sometimes reported. It is called (satanic) ritual abuse. Multiple perpetrators are said to be involved, engaging in physical and sexual abuse of children during rituals where animals as well as children are tortured, killed and sometimes even cannibalised. None of these reports has ever been corroborated by forensic evidence (LaFontaine, 1996, 1998; Lanning, 1992; Mulhern, 1991). Also in our own country, the Netherlands, a number of these reports were investigated by a special committee and again no corroborating evidence was found (Werkgroep Ritueel Misbruik, 1994). Nevertheless, many still believe that ritual abuse does occur, even more often than reported, because many victims are said to suffer from massive repression of their horrendous experiences (Golding, Sego, Sanchez and Hasemann, 1995). Cases like these keep cropping up and some of them lead to criminal investigations.

Cases involving repressed memories usually seem to share the following characteristics:

- the abuse is reported by adult victims after therapy;
- the abuse is said to have continued over long periods of time and usually long ago;
- the stories told by the victims are often incremental, i.e. they grow over time in seriousness and the number of perpetrators;
- the recollections are recovered through the use of suggestive techniques during therapy, like hypnosis, regression therapy, or guided memory.

THE ROLE OF THERAPY

Psychotherapy appears to play a crucial role in the origination and subsequent development of these reports by victims (Crombag and Merckelbach, 1996; Lindsay and Read, 1995). The clients initially

seek psychotherapy for problems apparently unrelated to sexual abuse. In so far as such cases have been described, it is almost always the therapist who decided that the client was showing signs of childhood sexual abuse and who then encouraged the client to try to remember it. For this a variety of techniques may be used, including hypnosis, guided memory, journalling, dream interpretations, body memories, and reading popular books on the subject.[6] Such measures are intended to help remove initial doubts in the client. Together these techniques are known as 'recovered memory therapy', which is considered by many as the prime source of pseudomemories (Berliner and Williams, 1994; Ceci and Loftus, 1994; Destun and Kuiper, 1996; Read and Lindsay, 1994). For this reason, many consider recovered memory therapy as unsound in principle and often harmful (Merskey, 1996: 323).

The most often used technique in recovered memory therapy is hypnosis (Herman, 1992; see for comments Olio, 1996; Polusny and Follette, 1996; Poole, Lindsay, Memon and Bull, 1995). Many consider hypnosis as a memory enhancing technique, particularly suited for recovering recollections of completely forgotten events. However, for this claim there is no empirical evidence (Spanos, 1996). The American Medical Association, in its official guidelines on hypnosis, warns that "recollections obtained under hypnosis can involve confabulations and pseudomemories and not only fail to be more accurate but actually appear to be less reliable than non-hypnotic recall" (Council of Scientific Affairs, 1985: 1921).

Under the right circumstances, pseudomemories can quite easily be induced, even without hypnosis. Because memory is not a reproductive, but a reconstructive process, it is malleable and expectancy driven (Dawes, 1992; Loftus, 1979; Loftus, 1993; Schacter, Coyle, Fischbach, Mesulam and Sullivan, 1995; Spanos, 1996; Spanos, Burgess, Burgess, Samuels and Blois, 1999) (see, however, Conte, 1999; Harvey, 1999). There is abundant evidence that complex and detailed pseudomemories can be elicited during psychotherapy (Spanos et al., 1999). Circumstances that prey on the characteristics that make memory malleable are fairly common in psychotherapy. Pseudomemories are prone to result whenever an authority figure gives a patient a reason for believing that repressed memories are possible in general and plausible in her case, and when suggestive

procedures are used to uncover them (Gudjonsson, 1992; Lindsay and Read, 1994; Loftus, 1993; Mulhern, 1991; Spanos, 1996; Spanos, Burgess and Burgess, 1994). As an aid to remember what actually happened, the therapist may ask the client to imagine what *could* have happened. To this purpose, the therapist may accompany the client to her family home (Van Koppen and Merckelbach, 1998), because we know from research on 'state dependent memory' that memory is often better when tested under the same circumstances under which the memory was acquired (Eich, 1989). There is, however, also experimental evidence that 'imagination' is a sure recipe for implanting pseudomemories (Garry, Manning, Loftus and Sherman, 1996; Hyman and Pentland, 1996).

So far we have only discussed the external factors that may play a role in constructing pseudomemories. There are also internal factors, since we know that some people are more likely to develop pseudomemories than others. These people are characterised by so-called 'fantasy proneness', the tendency to lose oneself in daydreams and fantasies (Hyman and Billings, 1998; Rassin, Merckelbach and Spaan, 1999). For example, there are people who report memories of alien abduction during therapy. They are high in fantasy proneness are particularly vulnerable to the suggestive techniques that are often used in recovered memory therapy. Research by Hyman shows that people who have a high score on a questionnaire measuring dissociation also tend to develop pseudomemories, and that fantasy proneness and dissociation are highly correlated (Hyman and Billings, 1998; Hyman, Husband and Billings, 1995; Ost, Fellows and Bull, 1997).[7]

Another phenomenon relevant to the development of pseudomemories is 'reality monitoring' (Johnson, Hashtroudi and Lindsay, 1993; Porter, Yuille and Lehman, 1999; Ward and Carroll, 1997). The concept relates to people's capacity to distinguish between the various sources of their memories, and in particular between those regarding real events and stories heard or read and fantasies. Source monitoring depends on a number of factors. When a memory is vivid, i.e. detailed and rich in sensory loading, we tend to think a memory real and authentic. Most of the time we make this decision automatically and usually correctly. But some people have trouble with this, often confusing memories

of real events with fantasies or dreams (Rassin et al., 1999). Their imagination makes their fantasies so vivid and detailed that they are mistaken as to their source.

This is precisely the way in which hypnosis interferes with reality monitoring: it heightens the vividness of the images that are called up. The same problem arises when during therapy the client's fantasies are embedded in authentic memories. During therapy a client's subjective experience takes priority over the veracity of the client's memories (Nash, 1998; Spence, 1982). Digging for old memories may explain the client's present predicament, but may easily result in pseudomemories by which the client's past is rewritten or re-invented (Boakes, 1995).

The damage caused by pseudomemories increases when these memories go beyond the therapy room. Not only the client's life can be greatly damaged, but also those of others. Recovering memories of past trauma – whether true or false – may have its place in therapy. When such memories become the basis for confrontations with the alleged perpetrators or even for reports to the police, the truth of these memories is of the essence. After prolonged therapy, however, clients may easily suffer from severe source amnesia.

In most countries statutes of limitations provide that after a certain number of years alleged victims of sexual abuse in the distant past can no longer bring criminal charges or initiate civil actions against alleged perpetrators. Recently, however, many jurisdictions have changed the statutes of limitations to allow victims of sexual abuse in the distant past to take legal action now against the alleged perpetrators (Mulrenan Smith, 1994; Reagan, 1999). This confronts the courts with problems that the statutes of limitations were especially designed to avoid. The longer ago something happened, the more difficult it becomes to prove what actually happened, and also the more difficult it becomes to defend oneself against an alleged offence.

THE NATURE OF RECOVERED MEMORIES

The pseudomemories developed during therapy are almost never entirely invented (Loftus, Coan and Pickrell, 1996). The people named as perpetrators are not usually invented.[8] Other parts of the

victim's story are often also authentic. When a criminal charge is brought, the account given to the police may consist of a mixture of real elements, e.g. a holiday in Italy, and elements induced during therapy, such as abuse that occurred during this holiday. However, one cannot exclude the possibility that even women whose stories in part consist of pseudomemories were nevertheless actually abused, albeit to a different degree or in another manner than reported. The possibility of mixing fact with fiction has implications for criminal investigators. A considerable part of the victim's story may be corroborated by other evidence. This does not mean that the sexual abuse, which is part of the story, is necessarily true. In cases like these, there is no simple way to distinguish fact from fiction, particularly not if the fiction was implanted through strongly suggestive means.

Pseudomemories constructed during therapy are often characterised by an incremental nature. As time progresses the story grows: more offenders become involved, the abuse becomes more serious, in particular more violent, and the duration becomes longer (Crombag and Merckelbach, 1996; Van Koppen and Merckelbach, 1998). It is not uncommon for such allegations to start as a case of 'simple' sexual abuse by the father. In subsequent versions of the allegations, the mother may have known about it or even have been actively involved. Sometimes it ends with satanic ritual abuse, involving cannibalistic infanticide and torture (LaFontaine, 1993; LaFontaine, 1994; Mulhern, 1991; Werkgroep Ritueel Misbruik, 1994).

Pseudomemories usually start with a vague sense of having been sexually abused, without the person telling the story being able to say who did it, when, where and in what ways.[9] As time passes, the story becomes more detailed and specific. At the same time the victim becomes more and more convinced that the memories are real. By the time the victim decides to bring criminal charges or to initiate a civil law suit, the victim is convinced that at least some of her memories are real. When the seriousness of the charge develops after time, after having been initiated, this should be a danger sign for the police and prosecution. Lindsay and Read (1995: 874) as well as Wakefield and Underwager (1992a: 499) developed lists of danger signs for cases involving recovered memories. Whenever a

combination of such signs are present in a criminal charge of sexual abuse, and in particular when the alleged victim explicitly states that she has been amnesiac for such experiences, we recommend that the police should proceed with great care while investigating the accusation. We do not propose that such accusations should be dismissed out of hand; we only think they should be investigated with particular care, following a special procedure, a proposal for which we outline in the remaining part of this article.

HOW TO DEALWITH DELAYED CHARGES OF SEXUAL ABUSE?

Surveys of the police and the membership of the False Memory Working Group in our country have taught us that criminal charges of sexual abuse based on recovered memories invariably cause a great deal of suffering to the alleged victims themselves, as well as to the alleged perpetrators and people in their environment, while almost none of these charges eventually lead to convictions (Van Koppen, 1997). The way in which the police conduct many of these investigations appears to be a major contributing factor to the suffering. The suffering may be avoided or at least diminished if we could develop guidelines for the way in which the police, the prosecution and the judiciary would best handle such cases.

The purpose of a criminal investigation is to find the truth. Cases that from the outset are highly unlikely to lead to a conviction should be dismissed as soon as possible, as they only burden the system and cause needless suffering by all involved. A charge of sexual abuse damages the alleged perpetrator even if he is found innocent (Loftus, 1997b) and a case that leads nowhere traumatises even an actual victim.

Some of our proposals for handling such cases may at first sight appear to conflict with the victim's interest. The more respectful approach may seem to accept in principle the victim's allegations (see Werkgroep Seksuele Kindermishandeling, 1991). Critically investigating the charge and questioning apparent contradictions in the victim's account may at first sight appear to contradict a wish for a respectful approach, but it may well spare the victim a great deal of suffering later on.

Relevant cases

The guidelines that follow only concern cases in which an adult brings a charge of sexual abuse, that began a long time ago, and ended at least five years ago. In such cases the investigation should proceed in a number of carefully distinguished stages.

Stage 1

To begin with, the accuser must be given ample opportunity to tell her story in as much detail as possible. She should be encouraged to do so as much as possible without leading her in any way. Only then may she be questioned, in particular with respect to the following issues:

- Has she discussed the abuse with someone else before bringing the charge, and if so, with whom? What was the content and course of these conversations? These questions not only serve to create opportunities to obtain corroboration from other people, but also to establish whether and to what extent the accuser may have been influenced by therapy or something similar.[10] If the latter were the case, during stage 2 (below) confirmation will need to be sought for this. To this end the names of those other people need to be asked for at this stage.
- The next question must be why she has waited so long to report the abuse? The answer will need to be as specific as possible. If it was out of fear, of whom was she afraid and why?
- Also the places, dates and names of the perpetrator(s) need to be asked, to provide the basis for further investigation at a later stage. The answers will also allow the investigators to predict whether the accuser's recollections are clear enough to proceed with the case.
- Next it must be established whether the accuser will give permission to question therapists and other support workers at a later stage. In the absence of such permission, it may not be worthwhile pursuing the matter further for lack of sufficient corroboration. Permission is also necessary if the therapists are not to be in breach of confidence.

The questioning in stage 1 would best be videotaped. At this stage no arrest should yet be made, and no other potential witnesses, nor the suspect(s) should yet be questioned.

Decisions to be made at the end of stage 1

Before confronting and charging the suspect(s), the evidence presented so far must be evaluated. The accuser's subjective certainty should not be taken as a sign of the truth of the allegation. If the evaluation of the criteria listed below presents problems, we recommend that experts in the area of memory be consulted.[11]

Whenever the accuser has presented supporting evidence during stage 1, such as eyewitnesses of the actual event, a diary or pornographic photographs, the case must be taken very seriously indeed. However, the following scenarios should be considered danger signs:

- If the accuser only expresses herself in general, non-specific terms, without being able to name places, circumstances, persons and the precise acts that took place. These cases lack avenues for further investigation.
- If the accuser refuses to co-operate in allowing the investigating officer to contact psychotherapists or counsellors who helped the accuser to come to terms with her memories or even to recover those memories.
- If the accuser reports instances of sexual abuse that took place in a very early age. Such allegations are at variance with the infantile amnesia phenomenon, which suggests that memories from before, on average, three years of age are highly improbable (see Eacott and Crawley, 1998; Eacott and Crawley, 1999; Usher and Neisser, 1993).
- If the accuser's reports include incidents of satanic or ritual abuse. Such accusations have never been corroborated by solid evidence.

To these major danger signs we add a series of minor danger signs. If one or of these are present, further investigations should not be excluded, but one should only proceed with the utmost caution, because the truth of the accusations is doubtful:

- If the accuser reports that a woman actively participated in the sexual abuse of her own children.
- If the accuser claims to have had amnesia about the abuse and only recently became conscious of the repressed memories.
- If the accusation involves a series of events over a long period of time, in many different places and under different circumstances.
- If the accuser says that the perpetrator always resorted to violence or even sadism, and never used manipulative or persuasive techniques toward the victim.
- If the accuser claims to be particularly certain because it explains her long history of psychological problems.
- If the accuser during successive interviews keeps changing her account of what precisely happened.
- If the accusations become more serious over the time of repeating them, i.e. more violent, more bizarre, and/or involve an ever larger number of perpetrators.

Only when the above issues are satisfactorily resolved, can one decide whether to proceed with the case to the next stage of the investigation.

Stage 2

If the accuser has recently undergone psychotherapy, the therapist or therapists should be questioned. A precise record should be obtained as to:

- what problems caused the client to seek therapy in the first place;
- what direction the therapy took;
- how many sessions it took before the accuser reported the abuse;
- what techniques the therapists used.

If the therapist refuses to co-operate, even after the accuser has given permission to question the therapist, the investigator should (with the help of the accuser) try to reconstruct as precisely as possible the therapeutic process.

Decisions after stage 2

First the investigator must ascertain whether any of the following techniques were used by the therapist: hypnosis, guided visualisation, journalling, dream interpretation, body-memory work, bibliotherapy (reading popular books on trauma and memory retrieval), or various techniques to remove doubts. If such is the case, the investigator must next try to ascertain what the accuser told the therapist about abuse before any of these therapeutic techniques were used. While eliciting this original account, the investigator should follow the criteria outlined in 'Decisions after stage 1'. The case should be closed if it is impossible to determine to a reasonable degree of certainty which story the accuser initially told the therapist, i.e. before the use of memory enhancing techniques.

Stage 3

People named as potential corroborating witnesses by the accuser must now be questioned. The investigator should, if possible, avoid mentioning the name(s) of the alleged offender(s) during these interviews. Nor should the investigator at this stage question any relatives, neighbours or acquaintances other than those specifically named by the accuser as potential witnesses.

Decisions after stage 3

The investigator should close the case if none of the potential witnesses supports the accuser's account and no other corroborating evidence has been found. At this stage the prime purpose of the investigation is to find supporting evidence for the alleged sexual abuse, rather than collecting peripheral details.

The accuser's story may be supported by siblings. However, if these siblings have undergone similar therapy, their statements should be regarded with suspicion. Such statements by siblings only have corroborative value if the above-mentioned investigative criteria were also applied to their accounts (up to and including stage 3).

Stage 4

If the previous stages have produced sufficient evidence to make the conviction of the perpetrator likely, the investigator may proceed to question the perpetrator and to other investigative measures. The interview of the suspect should be videotaped.

The roles of the therapist and expert witnesses

In cases of recovered memories the therapist(s) involved must always be questioned. The purpose of this interview must be the reconstruction of the recovery process. However, the therapist must never be given the status of an expert witness in the case, since the role of therapist and expert witness in the same case are irreconcilable (see Greenberg and Shuman, 1997; Rassin and Merckelbach, 1999).

Whenever expert witnesses are involved, one must keep in mind that there is no known method for determining the veracity of a story told by an accuser to a degree sufficient for a criminal conviction. The decision to convict should never be relegated to an expert witness, as this would invade into the province of the trier of fact. Neither can a diagnoses of a psychiatric disorder, such as a post traumatic stress disorder, be taken as sufficient evidence of a history of sexual abuse. We mention this last point specifically, because recently the Dutch Supreme Court in one of its decisions came close to this.[12]

CONCLUSIONS

Criminal charges involving recovered memories require extra effort from the police and the prosecution. From experience we know that most of the time these cases do not result in convictions for lack of evidence. Still, we cannot exclude the possibility that some parts of the victims' stories are true, and therefore may contain criminal offences. In almost all these cases, however, it is not possible to differentiate between fact and fiction. When dealing with statements by victims who have a long history of therapy and moreover report recovered memories, one better conclude straight away that

pursuing the case further will be a waste of time and effort, unless independent evidence is available.

One difficulty of investigating such cases is that it is not always clear from the beginning whether recovered memories are involved, even when a therapist was involved in reporting the abuse. The step-by-step procedure outlined above aims at ensuring that cases involving recovered memories are identified as early in the investigation as possible and next treated in such a way that, if they cannot lead to a conviction, cause as little damage as possible to the parties involved.

The step-by-step procedure we outlined above has now partially been introduced in The Netherlands in official guidelines for the police and prosecution on how to handle allegations of sexual abuse (College van Procureurs-Generaal, 1999). When allegations involve (1) accusations of sexual abuse before the age of three; (2) recovered memories; or (3) ritual abuse, the police and prosecution are required by the guidelines to consult an expert group right after the first interviews with the alleged victim (conform Stage 1). The expert group consists of psychologists, clinicians, and experienced police detectives. The expert group, of which the first author is a member, advises the police in writing on how to proceed with the investigation. This advice, however, is not binding for the police and prosecution. Since the guidelines became effective only recently, on 1 October 1999, it is too soon to draw any conclusions with respect to its effects on police procedure and practice.

NOTES

[1] We thank Ray Bull, David Carson and two anonymous reviewers for their very helpful comments on an earlier version of this paper.

[2] We include here so-called self-help groups in which victims help each other. There is reason to believe that in certain circumstances participation in such groups can lead to the same outcome as suggestive therapy. The discussion of therapy below, therefore, also applies in general terms to such self-help groups.

[3] For alleged victims in these cases we use the female form, because such accusation are most often brought by women. See Gudjonsson (1997), and Van Koppen and Merckelbach (1999).

[4] For similar conclusions see also Lindsay and Read (1995); Loftus (1994); and Ofshe and Singer (1994).

[5] It, however, should be noted that Freyd (1996) assumes that the element of

betrayal by the (family member) perpetrator in cases of childhood sexual abuse differentiates them from other traumas.

[6] The best known among these are Bass and Davis (1995) and Blume (1993).

[7] To be precise, Hyman found a correlation of 0.48 between the degree of dissociation and the degree to which pseudomemories are developed. In psychological research this is a strong correlation.

[8] A distinction should be made with cases such as those in which a rapist is invented as well as a rape, for example if a night's absence has to be explained to parents.

[9] For a vivid description of how this occurred in an actual case see Crombag and Merckelbach (1997).

[10] For instance conversations with non-therapists, such as teachers, which can have an effect comparable to self-help groups.

[11] The criteria listed are partly drawn from Lindsay and Read (1995: 874) and from Wakefield and Underwager (1992a: 499ff.).

[12] The Dutch Supreme Court (Hoge Raad) recently rendered a decision in which the judgement of an expert witness was accepted as proof of the veracity of the statement of the supposed victim. The expert argued that the diagnosis of post traumatic stress disorder was evidence of sexual abuse in the past. See HR 18 November 1995, *NJ* 1996, 666.

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