Position Statement on Therapies Focused on Memories of Childhood Physical and Sexual Abuse

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"Policy documents are approved by the APA Assembly and Board of Trustees…These are…position statements that define APA official policy on specific subjects…" – *APA Operations Manual*.

This position statement addresses the use of specific techniques whose central focus and intent is to elicit memories of childhood abuse. The Statement does not concern reports of individuals who seek therapy with already existing memories of childhood abuse or where the authenticity of memories has been corroborated by reliable outside sources.

Childhood physical and sexual abuse is associated with an increased risk of serious psychiatric and social difficulties in adult life. Child abuse is a public health problem that must be addressed compassionately and responsibly. Public confusion over this issue and the possibility of false accusations must not discredit the reports of patients who have indeed been traumatized by actual abuse.

Some therapeutic approaches attempt specifically to elicit memories of childhood abuse as the central technique for relieving emotional distress. The validity of such therapies has been challenged. Some patients receiving this treatment have later recanted their claims of recovered memories of abuse and accused their therapists of leading or pressuring them into such ideas.

Research has shown that memory does not always record events accurately. In the presence of severe or prolonged stress, people may suffer significant impairment of the retention, recall and accuracy of memories. Memories can also be altered as a result of suggestions particularly by a trusted person or authority figure. No specific unique symptom profile has been identified that necessarily correlates with abuse experiences. In general, psychotherapy focuses on the patient's perceived experience, and does not customarily search for proof of veracity of memories. Psychotherapy works with memories, dreams, altered states of consciousness and related material within the larger context of understanding the patient's current difficulties, accompanied by cautions against premature action by the patient. It is well documented that both dismissing true accounts, and accepting false accounts, can harm patients and possibly others.

Recommendations:

1. Regardless of issues of childhood abuse, all patients should receive a complete psychiatric evaluation. Psychiatrists should maintain an empathic, non-judgmental, neutral stance towards reported memories of sexual abuse. As in the treatment of all patients, care must be taken to avoid prejudging the cause of the patient's difficulties, or the veracity of the patient's reports. A strong prior belief that physical or sexual abuse, or other factors are or are not the cause of the patient's problems is likely to interfere with appropriate assessment and treatment.
2. When no corroborating evidence is available to confirm or refute reports of new memories of childhood abuse, treatment may focus on assisting patients in coming to their own conclusions about the accuracy of their memories or in adapting to uncertainty regarding what actually occurred. The therapeutic goal is to help patients to understand the impact of the memories/abuse experiences on their lives, and to reduce the impact of these experiences and the detrimental consequences in the present and future.
3. When asked to provide expert opinion involving memories of abuse, psychiatrists should refrain from making public statements about the historical accuracy of uncorroborated individual patient reports of new memories based on observations made in psychotherapy.
4. Further research and education regarding memory and childhood abuse are required in order to enhance psychiatrists' ability, on the basis of empirical evidence, to assist patients struggling with these profoundly difficult issues.

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