

# FMS Foundation Newsletter

May 1, 1992

Dear Friends,

Your new office is open. We are currently scheduling volunteers and as soon as we are prepared to handle the response, we will send out a press release to all the names you have sent us.

**FMS Foundation**  
3508 Market Street  
Philadelphia, PA 19104  
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This Foundation came into being because many of us believe that we have been judged guilty by therapists who have never met us, indeed, who have refused to be in the same room with us. We have been frustrated because our accusers refuse to consider any evidence that we might offer such as lie detector tests, doctors' reports or testimonials from other family members.

The following quote was taped from the CNBC program Real Personal on April 27, 1992. During this show, host Bob Berkowitz interviewed Brenda Wade, Ph.D. who was identified as a licensed San Francisco family therapist and as "Good Morning America's On-Air Psychologist."

*Wade: [Talking about sexual abuse victims] "It's so common that I'll tell you, I can within 10 minutes, I can spot it as a person walks in the door, often before they even realize it. There's a trust, a lack of trust, that's the most common issue. There's a way that a person presents themselves. There's a certain body language that says I'm afraid to expose myself. I'm afraid you're going to hurt me."*

A friend of ours has commented that this really represents amazing progress in diagnostic techniques. Three hundred years ago, during the Salem Witch Trials, a witch could be recognized by the screams she caused as she approached a panel of young girls. In 1992, however, the guilty party needn't even be in the same room. A child abuser can be recognized by a psychologist as the supposed *victim* approaches.

Pamela

For help call  
1-800-568-8882

## FAMILIES DIVIDED

Many patterns are emerging as Holly and I pour over the surveys. Most seem to be stable (i.e., 90% of the accusing children are female, high educational levels of parents and children, above average median incomes, great amount of time spent in family activities). Some patterns, however, vary depending on the geographic locations in which the families live. For example, many families from Utah have been added to our list in the past weeks, and we predict that will increase the percentage of Mormon families.

We make no claims that the survey is a representative sample of families affected. Indeed, we doubt that it is because we have been told by some families that it was simply too painful for them to fill out. The survey is a start as we set out to document the scope of the problem of false memories.

One of the saddest patterns to emerge indicates that false memories may be far worse for the people who have them than for the people who are accused. This is a hypothesis based on the following preliminary survey results. (Only extensive and careful evaluations of all members of a family could begin to ascertain the full psychological effects of this phenomenon and the surveys show unequivocally that the therapists refuse to treat us as families.)

Children represented in 89 completed surveys = 317

Mean # children in families = 3.5

### Making accusations

YES	NO	DON'T KNOW
N = 119 (37 %)	N = 198 (61 %)	7 (2 %)
(F=103, M=16)	(F=89, M=102)	

### Non-accusing siblings who believe accusations

YES	NO	DON'T KNOW
14	164	20

The descriptive data included in the survey show that accusing and non-accusing children have almost nothing to do with each other. The accusing children are either cut off or cut themselves off from all non-believing people. They become encapsulated in a group of "believers."

These data are interesting from another perspective. As a group, it is clear that the majority of the children do not believe the recovered memories of abuse. Yet, even though the majority of our children neither have nor believe the memories, in the eyes of most of the world, we are still considered "guilty." How do we prove our innocence?

**Responses about Therapeutic Techniques**

We have begun to examine the section on therapy in the survey. Here too, we find patterns. The first obvious issue is the fact that approximately a third of the families have no idea about the details of the therapy, including who the therapist is. Only a few families had investigated thoroughly and gotten complete information. The information is spotty but there are patterns. About 70% of the therapists are female and the majority of those in their 30's. 95% of the families were sure that the allegations arose during therapy and the following preliminary figures give some indication of the techniques used. (Please note that we are still receiving surveys.)

**Therapy Techniques  
based on 113 surveys**

	# families reporting use
<i>Courage to Heal</i>	40
Other books	22
Hypnosis	37
Dream interpretation	32
Rape counseling	18
Survivors' groups	40
Women's center	22
Eating disorder clinic	10
Adult Children of Alcoholics	23
AA or other drug program	5

*Other Techniques that were mentioned*

- Satanism expert brought in
- Prayer therapy
- Primal scream therapy
- Sodium amytal
- Psychodrama
- Meditation
- Trance writing
- Regression therapy
- Neuro-linguistic programming
- Yoga
- Fasting
- Massage therapy
- Astrology
- Channeling
- Crystals
- Reflexology
- Massage Therapy

**Age of First Alleged Incident**

Unknown (28) Infancy (14) Age 2 (16) Age 3 (15) Age 4 (12) Age 5 (10) Age 6 (7) Age 8 (1) Age 9 (1) Age 10 (2) Age 13 (3) Age 14 (1)

**Years the Memory was "Repressed"**

The number of years the memories were repressed ranged from 8 to 51. The median was 25 years.

**WHERE DO 309 FAMILIES LIVE?**

AK(1)	AR(1)	AZ(2)	CA(19)	CO(5)
DE(1)	FL(7)	GA(4)	IA(1)	ID(1)
IL(9)	IN(6)	LA(1)	MA(2)	MD(2)
ME(15)	MN(3)	MS(1)	MI(4)	NC(3)
NJ(18)	NV(1)	NY(15)	OH(25)	OR(3)
PA(96)	SC(2)	TX(9)	UT(23)	VA(2)
VT(1)	WA(5)	WI(18)	DC(1)	
ON (Canada)(2)			ABROAD(1)	

The False Memory Syndrome Foundation will be able to accomplish as many things as our financial and volunteer resources allow. With our current level of dues funding of \$100 per year per family, we will be able to continue to produce the newsletter, send out small packets of information to new families and maintain the office and toll free number as long as volunteers can come to help.

As a non-profit organization, we must show that a significant amount of our income comes from many different contributors. For us to do more, we must raise more money. For example, we plan to apply for grants to hold a conference on the topic of false allegations that arise from decades delayed false memories and to invite members of our growing Scientific and Professional Advisory Board to give papers. We think that the conference proceedings should be published because there is a desperate need for scholarly empirical research in this area. We would like to have the book appear no more than one year from now. In order to receive a significant grant for such a purpose, however, we need to increase the level of our donations in order to keep non-profit status.

Although we can encourage professionals in the field to do research or hold conferences through traditional academic granting institutions, this process regularly take from 12 to 18 months from application to receipt of the grant. If we can raise the money, we can work far faster because we do not have a bureaucracy.

We thank each and every family and each and every understanding non-accused person who has been able to make an *additional contribution*. Because this is so important, we know that you will continue to do what you can.

### IMPORTANT RESEARCH

Many of our children told us that they knew they were abused because of their adult symptoms such as multiple personality disorder, eating disorders or "postsexual abuse syndrome." The following three abstracts present important evidence that such notions may be simplistic and in the realm of pop-psychology. They do not appear to be supported by careful research.

#### A Review of the Long Term Effects of Child Sexual Abuse

Joseph H. Beitchman, Kenneth J. Zucker, Jane E. Hood, Granville A. DaCosta, Donna Akman & Erika Cassavia

*Child Abuse & Neglect*, Vol. 16 pp 101-118, 1992.

**Abstract** - The existing literature on the long-term sequelae of child sexual abuse is reviewed. The evidence suggests that sexual abuse is an important problem with serious long-term sequelae; but the specific effects of sexual abuse, independent of force, threat of force, or such family variables as parental psychopathology, are still to be clarified. Adult women with a history of childhood sexual abuse show greater evidence of sexual disturbance or dysfunction, homosexual experiences in adolescence or adulthood, depression, and are more likely than nonabused women to be revictimized. Anxiety, fear, and suicidal ideas and behavior have also been associated with a history of childhood sexual abuse but force and threat of force may be a necessary concomitant. As yet, there is insufficient evidence to confirm a relation between a history of childhood sexual abuse and a postsexual abuse syndrome and multiple or borderline personality disorder. Male victims of child sexual abuse show disturbed adult sexual functioning. The relation between age of onset of abuse and outcome is still equivocal. Greater long-term harm is associated with abuse involving a father or stepfather and abuse involving penetration. Longer duration is associated with greater impact, and the use of force or threat of force is associated with greater harm.

#### Is Childhood Sexual Abuse a Risk Factor for Bulimia Nervosa?

Harrison G. Pope, Jr., M.D. & James I. Hudson, M.D.

*American Journal of Psychiatry* 149:4, April 1992

**Objective:** It is of considerable theoretical and clinical importance to assess whether childhood sexual abuse is a risk factor for the development of bulimia nervosa. The authors reviewed the scientific literature bearing on this issue. **Method:** Since

prospective studies on this question have not been done, they assessed 1) controlled retrospective studies comparing the prevalence of childhood sexual abuse among bulimic and control groups, 2) uncontrolled retrospective studies of the prevalence of childhood sexual abuse in samples of 10 or more bulimic subjects, and 3) studies of the prevalence of childhood sexual abuse in the general population, which were chosen to match as closely as possible in methodology the available studies of bulimia nervosa (i.e., in geographic location, age and ethnicity of subjects, interview method, and criteria for defining childhood sexual abuse). **Results:** controlled studies generally did not find that bulimic patients show a significantly higher prevalence of childhood sexual abuse than control groups, especially when allowance is made for possible methodologic effects. Furthermore, neither controlled nor uncontrolled studies of bulimia nervosa found higher rates of childhood sexual abuse than were found in studies of the general population that used comparable methods. When it is taken into consideration that several methodologic factors might have exaggerated the rates of childhood sexual abuse among subjects with bulimia nervosa relative to rates in the general population, the absence of actual observed differences becomes particularly striking. **Conclusions:** Current evidence does not support the hypothesis that childhood sexual abuse is a risk factor for bulimia nervosa.

#### Battered Children Grown Up: A Follow-Up Study of Individuals Severely Maltreated As Children.

Judith A. Martin & Elizabeth Elmer

*Child Abuse & Neglect*, Vol. 16 pp 75-87, 1992

**Abstract** - Despite intensive research interest, the field of child abuse has produced few long-term follow-up studies. This paper describes the adult functioning of a group of 19 individuals who were severely battered as young children. Results indicate highly variable outcomes for the group. Some individuals exhibited limited autonomy and few adult coping skills while others were raising families, holding jobs, and maintaining functional social ties. There was little evidence of overt aggression in the group but resentment and suspiciousness scores were high. Many subjects maintained ties with their troubled parents while others sought out birth parents after losing contact with them in childhood. Several had developed long-term stable marriages, and social supports appeared adequate for most subjects in the group. Overall, study findings indicate that early abusive trauma and adult functioning have no simple relationship.

**QUESTIONS YOU HAVE ASKED**

**How can my child say these things that are not true?**

We have been told by every professional with whom we have consulted that it is highly probably that our children believe what they are saying. None of us really knows for sure what has happened to so alter their belief systems, but the fact remains that it is unlikely that our children are lying. They have somehow become convinced of the truth of the horrible things that they say.

**Should I tell my child about the FMS Foundation?**

We cannot give advice about how to proceed in any particular instance. Our job is to make every effort to disseminate accurate information and on these matters there is no body of literature that provides advice. We are the ones who are learning what to do. The general advice that has been recommended by the majority of therapists with whom we have consulted is to a) make every effort to keep in contact with our children and b) to tell them truthfully that we love them and that we would welcome them back in our lives but that we do not believe the "recovered memories." We intend to do a follow up to the survey to clarify issues that are raised by the results. Perhaps a questions about whether parents told their children about Foundation activities should be included.

**What is "iatrogenic"?**

From the *Oxford English Dictionary (1987 Supplement)*: Induced unintentionally by a physician or his diagnosis, manner, or treatment; or of pertaining to the induction of (mental or bodily) disorders, symptoms, etc., in this way.

**More on "pedophile"**

Our definition of "pedophile" a few weeks ago was simplistic. Until recently, the term was reserved for psychological or psychiatric diagnoses and in that context it has an extensive technical definition. In recent years, however, the press has begun to use the word as synonymous with "child abuse." For a complete technical definition, you should consult the *DSM-III-R*. In general, for most of us it will suffice to keep in mind that the word is a diagnostic term and not a legal one. As with any word for which the breadth of the definition is changing, we need to keep in mind the context in which it is used in order to understand its meaning.

**Meetings Scheduled**

**Southern California**  
Thursday, May 7, 1992  
7:00 P.M.

Contact Doug Wilson 619-943-7572

**Philadelphia**  
Saturday, May 9, 1992  
1:00 P.M.

Same location as past meetings.

Call office if you need a map.

215-387-1865

Committee Updates  
Guest Speaker

**Florida**  
Saturday, May 16, 1992  
1:00 P.M.

Contact 800-374-7477

**Utah**  
Saturday, June 6, 1992  
Details to follow

**Philadelphia**  
Saturday, June 13, 1992  
1:00 P.M.

**Meeting Report**

More than 60 people attended the Midwest Area meeting on Saturday, April 25, 1992. in Benton Harbor, Michigan. Lynn told us what it was like to have abuse memories and then to realize that they were false. The Barrs related how it feels to learn of the accusations by hearing it on the network news. Darryl discussed how the current phenomenon of false memories is similar to and different from traditional cult patterns. Everyone shared information and articles with each other.

\*Tapes were made of selected parts of the meeting. One of the parents will provide copies for \$5 a tape or \$20 for the complete set of four. To order these tapes, please send a check made out to FMS Foundation, 3508 Market Street, Philadelphia, PA 19104.

**RECOMMENDED READING**

*Hidden Memories* by Robert Baker, Prometheus Press.