

Counselors and the Backlash: Rape Hype” and “False-Memory Syndrome”

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This article describes the “syndromes” of “rape hype” and “false memory” and corrects misinformation associated with these labels. It describes common themes that permeate both issues and suggests ways in which counselors can respond effectively to the public and professional debate about these concerns.

Awareness of the scope and impact of sexual violence has increased significantly over the past two decades (Herman, 1992). However, critics have increasingly charged that prevalence rates of sexual victimization have been exaggerated or that individuals have invented false claims of sexual abuse and assault, often with the encouragement of therapists or rape crisis counselors (M. Gardner, 1993; R. Gardner, 1992; Gilbert, 1991, 1992; Ofshe & Watters, 1993; Roiphe, 1993a, 1993b). Two of the most public controversies have been labeled as “rape hype” and “false-memory syndrome.” Article titles such the following have become commonplace: “When Is It Rape?” (Gibbs, 1991), “Crying Rape: The Politics of Date Rape in Campus” (Hellman, 1993), “Sexual Correctness: Has It Gone Too Far?” (Crichton, 1993), “The Phantom Epidemic of Sexual Assault” (Gilbert, 1991), “Lies of the Mind” (Jaroff, 1993), “Memories Lost and Found” (Horn, 1993), “Beware the Incest Survivor Machine” (Tavris, 1993a), and “Dangerous Obsession: The Truth About Repressed Memories” (Safran, 1993). As implied by the titles, the issues have often been discussed by the popular press in a sensational and emotionally charged manner.

The title of this article identifies rape hype and false-memory syndrome as two markers of backlash. Faludi (1991) stated that “The backlash [against feminism] is not a conspiracy, with a council dispatching agents from some central control room, nor are the people who serve its ends often aware of their role; some even consider themselves feminists” (pp. xxx-xxii). Although malicious intent may not be present, the current controversies contribute to a climate that is often inhospitable to survivors of sexual violence and the mental health professionals who work with them. The basic message of the backlash is that the persons who have been raising awareness about sexual abuse are guilty of creating or inventing the problems they are attempting to eradicate.

Although on initial inspection, the issues of rape hype and false memory of child sexual abuse may appear to have little in common, several similarities are present. First, both are associated with forms of sexual violence. Whereas one form of abuse is connected to childhood and the other to adulthood, criticisms related to both issues question the reality of survivors as it is experienced in adulthood and the competence of professionals who work with adult victims. In the case of child sexual abuse, therapists are accused of implanting false or fabricated memories in clients’ minds through pressure, suggestion, and other abuses of power (Ofshe & Watters, 1993); in the case of adult sexual assault, researchers and rape crisis counselors/educators are accused of inventing problems by defining any negative sexual experiences as rape. Second, individuals who are susceptible to these “syndromes” are seen as highly impressionable and as using their status as victims to avoid taking responsibility for their lives. Third,

the intimate violence associated with both date rape and child sexual abuse occurs in a climate of secrecy and isolation. Only infrequently are witnesses to these crimes present, which makes it more difficult to refute statements that minimize sexual abuse problems. A fourth connection is that victims of child sexual abuse are often vulnerable to sexual revictimization as adults (Wyatt, Guthrie, & Notgrass, 1992). Adult sexual abuse survivors may be charged both with developing false memories of the past as well as false definitions about recent abuse. The negative impact of these issues for such clients may be compounded.

As a result of recent arguments associated with the definitions of, prevalence, and treatment of survivors of sexual abuse and violence, mental health professionals may question the legitimacy of their work with clients. It is important for counselors to be informed about issues surrounding these debates and prepared to provide competent service in a public climate that has become less open to acknowledging the consequences of violence in people’s lives. In the first major section of this article, I provide an overview of the specific charges brought against researchers, educators, and therapists. I also correct some of the misinformation and misrepresentations associated with each issue. In the second section, I identify similar types of distortion and themes that encompass both controversies as well as practical implications for counselors. This discussion is not intended to provide a comprehensive analysis but to provide some initial ideas that will require further clarification as the mental health community comes to terms with these debates. Because the persons who have been most frequently charged with inventing the crisis of sexual victimization have been feminists (Gilbert, 1991; Roiphe, 1993b), female therapists, and their female clients (R. Gardner, 1992), I focus primarily on implications for women. However, these concerns are also relevant to men.

RAPE HYPE

The belief that statistics about sexual assault are exaggerated gained significant momentum with the publication of a slim volume titled *The Morning After: Sex, Fear, and Feminism on Campus* (Roiphe, 1993b). When a section of this book was published by the *New York Times Magazine* (Roiphe, 1993a), the magazine cover bore the following melodramatic headline: “Rape Hype Betrays Feminism.” Roiphe (1993b) argued that the frequently cited statistic that one in four college women has been the victim of rape or attempted rape is vastly overstated and that it represents “a matter of opinion” (p. 54). She asked, “If 25 percent of my women friends were really being raped—wouldn’t I know it?” (Roiphe, 1993b, p. 52). Although Roiphe interpreted her personal experience as contradicting and negating the well-publicized statistic, those who work with rape victims

view her question as a reminder that many women fail to disclose their experiences of sexual assault because of fear that others will not believe them or take them seriously (Koss, 1993a; Wyatt, 1992). Roiphe (1993b) also charged that feminists have created a definition of rape that confuses violence with any experience of bad sex. She stated: "Rape has become a catch-all expression, a word used to define everything that is unpleasant and disturbing about relations between the sexes. . . . Regret can signify rape. A night that was a blur, a night you wish hadn't happened, can be rape" (p. 80). Thus, feminists have created the very epidemic that they are attempting to eliminate and have blocked objective analysis of sexual violence problems.

Second, Roiphe (1993b) indicated that prevention efforts and education about sexual assault represent a "denial of female sexual agency" (p. 84) and reinforce the notion that women are passive and fragile creatures. According to this line of thinking, feminists have convinced women that they have no control over or responsibility for what happens in sexual encounters. Men are portrayed as single-minded in their desire for sex and women are viewed as gullible, unable to resist pressure, and needing protection. Roiphe stated (1993b):

This image of a delicate woman bears a striking resemblance to the 50's ideal my mother and other women of her generation fought so hard to leave behind. . . . But here she is again, with her pure intentions and her wide eyes. Only this time it is the feminists themselves who are breathing new life into her. (p. 6)

According to this view, rape crisis feminists "deny female desire and infantilize women" (p. 65), threaten women's progress, and create a perpetual state of fear rather than empowerment in women's lives. Finally, Roiphe (1993b) named efforts to increase communication about sexuality and to create a "kinder, gentler sexuality" (p. 80) as taking all the fun out of sex, eliminating spontaneity, and creating "sex without pursuit, sex without persuasion, sex without consuming desire" (p. 80).

The following paragraphs will respond briefly to some of the criticisms of rape education programs and research on sexual assault. Although some educational materials have promoted a broad interpretation and definition of rape (Johnson, 1992), the one-in-four statistic criticized by Roiphe (1993a, 1993b) is based on a legal definition of rape and a major survey of 3,187 women from 32 colleges and universities (Koss, Gidycz, & Wisniewski, 1987; Warshaw, 1988). Given the variation in personal definitions of rape, the survey in question asked women to indicate whether they had experienced the specific behaviors that are legally defined as rape: forced sex, sex under threat of physical harm, and unwanted sex while intoxicated/incapacitated. Results indicated that 15% of college women had experienced rape since their 14th birthday and 12% had experienced attempted rape between age 14 and the present, signifying that 27% of this college population had experienced rape or attempted rape. Contrary to the assertions of critics, women who experienced other forms of sexual victimization (54%), which included coercion or unwanted fondling, were not identified as rape victims (Koss et al., 1987).

The same survey (Koss et al., 1987) noted that 73% of the women who were survivors of rape did not label their experience as rape, and critics have contended that this statistic invalidates the research (e.g., Collison, 1992, 1993; Gilbert, 1991, 1992; Roiphe, 1993a, 1993b). Koss (1992a) clarified that of the entire group of women who had been raped, one quarter clearly defined their experience as rape;

one quarter thought the perpetrator had committed a crime but did not realize that it represented a legal definition of rape; and one quarter viewed the experience as serious sexual abuse but did not know it was a crime. Only one quarter of the women surveyed did not feel victimized, which may signify that a significant proportion of women have been taught to minimize or deny experiences of sexual violence or to view personal violation as an inevitable consequence of living in a violent society. Although the Koss et al. (1987) study is most frequently cited and criticized, a substantial number of additional studies have examined rates of sexual assault and rape and have found similar prevalence rates (Koss, 1992a, 1992b, 1993c).

In response to the charge that feminists have created a "radical and new definition of rape" (Koss, 1992a, p. 122), it is accurate to state that feminist researchers and rape educators have examined the meaning and impact of a continuum of behaviors, including consensual sex, seduction, manipulation, coercion, threats, and forced sex (Kelly, 1988; Sorenson & White, 1992). Feminists have noted that the stereotypic belief that "real" rape involves a "classic" violent rape scenario in which the perpetrator and victim are strangers renders much sexual violence invisible and leads women to discount the significance of many experiences of violation (Kelly, 1988). Traditional definitions of rape lead individuals to define violence in extremes, create dichotomous distinctions between coercive and consensual sex, and support status quo denial of the extent to which sexual assault is an issue (Muehlenhard, Powch, Phelps, & Giusti, 1992). Thus, sexual assault training programs attempt to avoid either/or thinking about sexual behavior and note that sexual abuse takes on many different forms.

The belief that communication guidelines remove fun, passion, spontaneity, and seduction out of sex also merits brief attention. Gilbert (1991) stated that according to feminists, the "kaleidoscope of intimate discourse—passion, emotional turmoil, entreaties, flirtation, provocation, demureness—must give way to coolheaded contractual sex: 'Will you do it, yes or no? Please sign on the line below' " (p. 60). Podhoretz (1991) added that if men are "bullied or persuaded" (p. 35) into adopting new guidelines, the number of male "wimps" (p. 35) will increase. However, it seems unlikely that sexual equality will ruin the fun of either women or men but will expand their options (Wiener, 1992). In traditional relationships, women lack familiarity with their own sexuality, are expected to adapt to men's sexual desires, and fear disapproval from their partners for expressing sexual desires and preferences. Traditional stereotyped sexual scripts that view man as pursuer and woman as limit setter tend to foster superficial roles that decrease both men's and women's capacity to develop intimacy with and trust in others (Daniluk, 1993; Unger & Crawford, 1992). With greater equality and communication, partners are more likely to develop a shared "discourse of desire" (Unger & Crawford, 1992, p. 344). Effective communication involves far more than just "saying no," but includes learning to express passion and desire in a climate of mutuality and respect and showing empathy for the feelings and needs of another person (McCary & McCary, 1984; Unger & Crawford, 1992).

FALSE-MEMORY SYNDROME

Critics of the antirape movement contend that professionals and researchers have used false definitions to create rape out of normal sexual behavior. In contrast, critics of therapy for adult sexual abuse survivors charge that therapists create false memories of abuse. Critics who focus on the "epidemic" of false memory often use sensational

language that resembles the rape hype literature. Ofshe and Watters (1993) stated the following:

Recently, a new miracle cure has been promoted by some mental health professionals—recovered memory therapy. In less than 10 years' time this therapy, in its various forms, has devastated thousands of lives. Parents have to witness their adult children turn into monsters trying to destroy their reputations and their lives. (p. 4)

In equally dramatic language, Safran (1993) declared that "The bare-all, tell-all '90s have spawned a fascinating phenomenon, as a growing army of individuals come forward with sudden flashbacks of childhood abuse" (p. 98).

Significant support for these perspectives has come from the False Memory Syndrome Foundation (FMSF), an organization that was founded in March 1992 to work toward the prevention of "false-memory syndrome," assist victims of this syndrome, and combat "the mental health crisis of the 1990s" (False Memory Syndrome Foundation, 1992; M. Gardner, 1993, p. 370). The FMSF created the label "false memory" for advocacy purposes and defined this syndrome as a condition in which a person's identity is centered around "a memory of traumatic experience which is objectively false but in which the person strongly believes." The syndrome has been likened to a personality disorder in that "the memory is so deeply engrained that it orients the individual's entire personality and lifestyle, in turn disrupting all sorts of other adaptive behaviors" (False Memory Syndrome Foundation, 1992). Although the phrase "false-memory syndrome" implies that it is an accepted diagnostic label, it carries no scientific endorsement.

The FMSF has communicated with thousands of families who state that they have been falsely accused of incest and has lobbied public opinion and the press on behalf of its cause (Jaroff, 1993). A testament to this organization's success is the publication of numerous articles in the popular press about this "syndrome." The FMSF has also gained the acceptance and assistance of a wide variety of professionals, and its advisory board includes many prominent memory researchers and mental health professionals (Wylie, 1993a).

According to those who have defined false-memory syndrome, the typical client is a woman in her 20s, 30s, or 40s who initially seeks therapy for a variety of issues including mild depression, inability to lose weight, or headaches. She is described as an overachiever who has difficulty establishing an independent identity apart from her parents and who is looking for approval from authority figures, including the approval of the therapist. She is most frequently a well-educated, financially comfortable woman who projects her unacceptable sexual desires on her father and develops fantasies of abuse under the tutelage of an all-believing therapist and mother substitute. Therapists are charged not only with pressuring their clients to develop memories of abuse but also for inappropriately using hypnosis, sodium amytal, or other nontraditional methods to help the client "remember" forgotten trauma (M. Gardner, 1993; R. Gardner, 1992; Jaroff, 1993; Safran, 1993; Wylie, 1993a). The description of false-memory syndrome resembles Freud's beliefs about women's incomplete resolution of the Oedipal complex, a description that has been used to deny the existence of abuse and that feminists have worked to abolish during the past two decades (Lerman, 1986; Westerlund, 1986). Ofshe and Watters (1993) have also proposed that Freud correctly abandoned his original hypothesis that his patients' memories of sexual abuse were based on actual experience. They stated: "Freud's initial mistake of classifying pseudo-memories as factual accounts is chill-

ingly similar to what is happening today in recovered memory therapy" (p. 8).

The FMSF was founded by Pamela and Peter Freyd and other concerned individuals after the Freyd's daughter, Jennifer, began to recall experiences of childhood sexual abuse by her father. Although Jennifer did not threaten any form of public disclosure or legal action, her parents used the FMSF to publish skewed accounts and superficially disguised descriptions of their family experience (e.g., Doe, 1992). Jennifer remained silent for a significant period of time, but she eventually disclosed her reactions after the publication of inaccurate accounts about her experience and as academic psychologists and various mental health professionals began to question the legitimacy of "repressed memories" (Freyd, 1993). It should be noted that Jennifer Freyd is a tenured psychologist at the University of Oregon who specializes in memory and perception research. Consistent with her scientific knowledge of the ambiguities of memory, Jennifer did not propose that all of her memories are exact replicas of historical fact. She stated:

I am sure that my parents mistreated me and the form of the mistreatment included hurting my sexual self. . . . At the same time, I have a certain amount of uncertainty, because I have no way to corroborate the memories. I don't know anyone who has recovered memories who doesn't express doubt about them. What I can say is I stand by the memories as carrying an essential truth, and I believe they are true. (quoted in Fried, 1994, p. 156)

Jennifer Freyd is currently contributing to the interface between general memory research and trauma theory by proposing mechanisms that may facilitate loss of memory for child sexual abuse (Freyd, 1994).

Loftus (1993), a prominent memory researcher and FMSF advisory board member, has suggested that poorly trained therapists may be implanting false memories of child sexual abuse as well and drawing uninformed conclusions as expert witnesses. As an expert on eyewitness testimony and the fallibility of memory (Loftus & Ketcham, 1991), Loftus and other memory researchers have expressed appropriate alarm about therapists who claim that clients have gained verbal access to memories of child abuse that date back to early infancy or prenatal development (Denton, 1993). Research on childhood memory and infantile amnesia reveals that the earliest reliable verbal recollections of children do not normally date back before age 2 (Usher & Neisser, 1993), indicating that there is no scientific basis for claims that clients can gain access to memories of abuse that occurs very early in life. However, a study of young children noted that, in the absence of verbal memory, some childhood victims exhibit bodily memories and behaviors that involve reenactment of trauma (Terr, 1988). Furthermore, memory is "relatively sophisticated even in infancy" (Howe & Courage, 1993, p. 306), and infantile amnesia may be related less to memory capacity and more to difficulties retrieving early memory. The development of a sense of self as an independent entity, which is a necessary prerequisite for autobiographical memory, emerges as infantile amnesia ends. Thus, it is possible for clients to retain implicit memories of abuse that are not open to conscious inspection (Howe & Courage, 1993) but may have long-term impacts on survivors.

The evidence that poorly trained or unethical counselors and therapists are creating memories of child abuse is based primarily on anecdotal data and social psychological research regarding the suggestibility of research participants in laboratory settings. For example, extensive research on eyewitness testimony reveals that bystanders

will often remember false details about events, suggesting that retrospective memories are often modified during reconstruction (Wells & Loftus, 1984). However, studies of eyewitness testimony do not demonstrate that individuals falsely remember the salient aspects of events. Loftus (1993) also successfully implanted false memories in a handful of participants, including memories of being lost in a mall in a 14-year-old boy's mind. When asked, "Remember when you were lost at the mall when you were 5 years old?" and provided with false pieces of information, the boy remembered details and events regarding being lost. On the basis of her research, Loftus (1993) suggested that false memories about childhood abuse might also be implanted rather easily. Many individuals have both vague memories of many hours spent in shopping malls and vague fears and memories of being lost as young children. When these two commonplace experiences are combined, a false memory may be rather easily created. However, it is difficult to imagine that a person will falsely remember being repeatedly abused after a counselor raises tentative, exploratory questions about these issues. Laboratory research regarding suggestibility of research participants provides necessary but only partial answers to issues regarding memories of child sexual abuse.

Counselors must be aware that memory does not operate as a video camera, does not represent an exact replica of the past, and is organized to fit a person's current needs (Dawes, 1991). However, although autobiographical memory involves a "constant process of selection, revision, and reinterpretation" (Brewin, Andrews, & Gotlib, 1993, p. 85), most autobiographical memories for major life events are relatively accurate, especially those that are "unique, consequential, and unexpected" (p. 87). Details and temporal aspects of events are more susceptible to error. It is likely that this principle is also relevant to recovery of adult memories of abuse when the counselor behaves in an ethical and competent manner.

Trauma researchers note that traumatic memory bears "little resemblance to the tepid, anemic and rather desiccated experimental laboratory paradigms of the memory researchers" (Wylie, 1993b, p. 43). Current trauma theory suggests that victims of child abuse often encode the abuse into memory in a state of terror, and they sometimes develop amnesia to survive and cope with life demands (Freyd, 1994; Herman, 1992). Sexual abuse and other traumatic experiences represent an "overwhelming assault" on the person's "world of meaning" (Conte, 1988, p. 325). Trauma and abuse destroy a person's fundamental assumptions about the world as a safe place, one's sense of agency and autonomy, and one's ability to maintain relationships with others in an unsafe world. Thus, survivors of trauma use highly creative methods for dealing with abuse; they may experience memory disturbances, flashbacks, nightmares, dissociation, posttraumatic stress disorder, and multiple personality disorder (Briere, 1992). Children may be especially vulnerable to memory loss when exposed to trauma; they cannot physically escape the abuse perpetrated by a more powerful adult and may cope by walling off conscious memory, numbing themselves to all emotion, or creating another personality who receives the abuse during a state of dissociation. It should also be noted that even when memory is retained, the secrecy, shame, betrayal, and fear of reprisals associated with child sexual abuse support nondisclosure rather than disclosure. Thus, some memories that are presumed to be "forgotten" may have been deliberately suppressed until the individual feels greater support for "remembering." It is often only in mid-adulthood, when survivors gain some distance from the actual abuse, that they may experience the psychological safety necessary for working through the impact of abuse (Herman, 1992).

COMMON THEMES AND IMPLICATIONS

The following section describes common themes and implications that permeate both rape hype and false-memory debates. By seeing the connections between these issues and other controversies regarding intimate violence, one may be able to gain insight about how researchers and counselors are most vulnerable to criticism. By identifying linkages between issues and the cultural factors that exacerbate these controversies, one can also form useful coalitions between professionals. One can learn from these debates, develop proactive responses, and anticipate and respond to future concerns before they take on potentially destructive overtones.

Historical Cycles of Awareness and Denial

Herman (1992) noted that Freud's early study of the relationship between hysteria and sexual abuse represented the first time during this century that connections between sexual abuse and trauma received substantial attention. During the early years of his career, Freud (1935/1952) believed his patients' reports of sexual abuse, but he later repudiated his original position and stated: "I was obliged to recognize that these scenes of seduction had never taken place—they were only fantasies which my patients made up" (p. 36). To deal with the sexual trauma themes described by his patients, Freud developed an elaborate theory about sexual fantasies and the Oedipal complex (Westerlund, 1986). Attention to sexual violence quietly disappeared.

More recently, the feminist and civil rights movements provided a climate that encouraged individuals to reexplore the impact of domestic and sexual violence of all kinds. Herman (1992) suggested that public attention has turned to violence issues when political movements have been strong enough to counteract the powerful forces of denial of abuse that persist in our culture; attention to these issues wanes when more conservative trends return. Wylie (1993b) noted:

The instinctive reaction to terrible news, by either an individual or a society, is denial and dissociation, framed in the terms of everyday realism and common sense—it cannot be true, it is too implausible. . . . Societies dissociate their knowledge of trauma—massive injustice, torture, genocide—preferring to live in the "bleached present" of conventional disbelief and logical denial. (p. 43)

During the past century, several cycles of awareness and denial of abuse have already occurred. Arguments that issues of abuse have been exaggerated are often compelling to a society that prefers to believe that this world is a just world. Within this climate, counselors may begin to question the perceptions and reality of their clients, or even avoid dealing with these issues for fear of creating an issue that does not really exist. A recent survey revealed that although approximately one third of university counselor center clients described some history of abuse in their past, only 8% revealed this history when counselors did not directly ask clients about their abuse histories (Stinson & Hendrick, 1992). Lack of attention to abuse may convey the message that abuse is not an important topic within counseling.

Although the targets of criticism have been incompetent therapists or inappropriate institutional policies, the real victims of these criticisms are most likely to be survivors of violence who may feel silenced, isolated, and fearful that no one will believe them (Koss, 1993a). Clients may worry that most people, including the counselor, will automatically conclude that they are responsible for their own abuse or for inventing their own problems, thus decreasing the like-

likelihood that they will disclose abuse and increasing the likelihood that they will experience significant self-blame.

To avoid the public amnesia that has already occurred several times in the past century, counselors must commit themselves to competent practice and outreach relevant to these issues. Counselors must also respect the client's readiness and willingness to deal with issues related to sexual victimization (Daniluk & Haverkamp, 1993). Absence of memory for past abuse or sexual assault may have a short-term protective effect that helps the client cope (Briere, 1992; Herman, 1992).

Given the reality that sexual violence and abuse occur within a climate of "powerlessness, intrusion, and authoritarianism" (Briere, 1989, p. 58), it is especially important for counselors to counteract that dynamic by respecting the client's perceptions and avoiding the appearance of being an "all-knowing expert." Any attempt to force memory is an abuse of power or a shortcut that may result in overwhelming the client (Herman, 1992). Competent counselors recognize that the use of hypnosis and some other nontraditional methods to regain memory may exaggerate the power differential between counselor and client and/or flood clients with a magnitude of stimuli that they may be unable to digest. Furthermore, hypnosis is sometimes associated with memory distortion and confabulation and should not be used as a tool for gaining accurate memory (Council on Scientific Affairs, 1985; Dawes, 1991). However, when used by a highly skilled and trained therapist, hypnosis can be useful for a specific purpose: as a tool for helping clients recreate images of themselves as competent and capable people.

In response to controversies about appropriate therapeutic tools, various organizations such as the American Society of Clinical Hypnosis (Hammond, 1995), the International Society for the Study of Dissociation (1994), and the American Psychiatric Association (1993) have developed guidelines regarding standards of practice for working with survivors of child sexual abuse. Counselors who work with adult survivors of any form of sexual abuse should use only those tools for which they have received substantial training, seek advanced training for working with these populations, and use supervision and consultation to assure that they are providing the best possible services to clients. They should also explain the benefits and potentially negative consequences associated with specific types of intervention, and proceed only when clients are fully informed and provide voluntary consent.

One potential response is to retreat from these issues and the clients who experience them; the other alternative is to view these debates as opportunities for challenge and growth. An important role for counselors and educators is to correct misinformation, continue to develop effective and ethical ways to deal with sexual assault issues (Daniluk & Haverkamp, 1993), and combat the abuses of a small percentage of counselors and educators who have behaved inappropriately or made poor choices because of overzealousness.

Issues Regarding Evidence and Research Methodology

A major focus of the academic critique related to these issues centers on the nature of the evidence for abuse and the limitations of research methodologies used by researchers. I begin by briefly reviewing studies that describe the prevalence and scope of rape and delayed memory and then describe the critiques of these studies.

The widely cited Koss et al. (1987) research on sexual assault on college campuses concluded that roughly one in four college women experienced rape or attempted rape between age 14 and the time they were surveyed during college. Rape prevalence rates ranging from

14% to 25% have also been reported by eight major studies (D'Ercole & Struening, 1990; Goodman, 1991; Kilpatrick, Saunders, Veronen, Best, & Von, 1987; Koss, Woodruff, & Koss, 1991; National Victims Center, 1992; Russell, 1982; Sorenson, Stein, Siegel, Golding, & Burnam, 1987; Wyatt, 1990). Although five studies found lower prevalence rates than the study by Koss and her colleagues (Essock-Vitale & McGuire, 1985; Kilpatrick et al., 1985; Riger & Gordon, 1981; Sorenson et al., 1987; Winfield, George, Schwartz, & Blazer, 1990), only two of these five studies found prevalence rates below 8% (Koss, 1993c). Furthermore, rates of victimization are as high as 50% (George, Winfield, & Blazer, 1992) when studies focus on sexual assault, sexual coercion, or sexual aggression, terms used to depict occasions when "one person does something sexual against the will of another" (Unger & Crawford, 1992, p. 549). In contrast, federal statistics (Bureau of Justice, Statistics, 1992) vastly underestimate the prevalence of rape because of lack of confidentiality, use of methods that foster nondisclosure, and reliance on a narrower version than the legal definition of rape (Koss, 1992b, 1993c). Rates of assault also vary across studies because of research strategies (White & Farmer, 1992) as well as personal and sociocultural factors such as age, gender, college attendance, ethnicity, geographic region, urban-rural residence, alcohol and other drug abuse rates, crime rates, and political climate (George et al., 1992; Koss, 1992a, 1992b, 1993c; Sorenson & Siegel, 1992).

Critics of social science research have cited the conservative federal statistics as evidence that rape statistics are exaggerated. Gilbert (1992) labeled rape prevalence studies as "advocacy research" (p. 9) and stated: "Elaborate research methods are employed under the guise of social science, to persuade the public and policy makers that a problem is vastly larger than commonly recognized" (p. 8). According to this view, the various prevalence rates reported by different studies represent evidence that they are not methodologically sound, but "simply overstate the incidence of legally defined rape" (Gilbert, 1992, p. 9).

Support for the veracity of delayed memories of child sexual abuse is based primarily on retrospective reports of survivors. Briere and Conte (1993) found that 59% of a sample of 450 clients reported that there was a time between the first forced sexual experience and their 18th birthday when they could not remember the abuse. Molestation at a very early age, abuse over an extended period of time, and violent abuse were especially predictive of memory loss. Herman and Schatzow's (1987) study of 53 women in sexual abuse therapy groups revealed that 28% experienced complete amnesia or memory deficits and 64% reported either incomplete or no memory for sexual abuse during some time in the past. Williams's (1992) interviews with 100 female victims of documented childhood sexual abuse revealed that 38% experienced amnesia or did not disclose the abuse when questioned directly as adults. In a fourth survey (Loftus, Polonsky, & Fullilove, 1994), 19% of self-identified child sexual abuse survivors indicated that they had forgotten the abuse for a period of time before the memory had returned. Finally, a survey of psychologists revealed that approximately one quarter experienced childhood abuse, and of this group, 41% stated that they had forgotten some or all of their abuse for some period of time (Feldman-Summers & Pope, 1994). In summary, this group of studies reveals that a sizable proportion of respondents report loss of memory or distorted memory for childhood abuse.

Despite the variability of findings across studies, these studies clearly indicate that sexual abuse is a major issue and has profound effects on many clients. As noted by Koss (1993c), the relationship

between sexual violence and psychological distress is well documented: Between 40% and 60% of patients seeking psychiatric care have experienced physical or sexual abuse of some type (Koss, 1993c). Wooley (1994) suggested that many of the academic arguments about rates of sexual abuse prevalence and memory loss can divert attention away from other important research questions such as the therapeutic conditions that facilitate disclosure of abuse and the study of treatment methods. A single-minded emphasis on establishing accurate statistics implies that “we remain more interested in mapping female pain than in alleviating it” (Wooley, 1994, p. 196).

Although debates about percentages and prevalence rates can serve as diversionary tactics, it is also important for counselors to acknowledge the limitations of current knowledge. The “first wave” of research on sexual assault/abuse has relied heavily on self-reports, retrospective reports, and correlational studies. Definitions of sexual abuse and assault are not uniform. Instruments are sometimes flawed, and the use of ambiguous wording has led to some difficulties interpreting findings (Briere, 1992; Loftus, 1993). As a result, counselors and researchers should avoid taking defensive or dogmatic positions about available research, and they should work toward developing research programs that will help resolve unanswered questions. A productive posture for counselors is to provide competent educational and therapeutic services based on the existing knowledge base, while also maintaining an open mind about new information and research that will increase competence.

Misuse and Misinterpretations of Research Findings

The current backlash has been supported by misuse or misstatement of statistics as well as flawed interpretation and overgeneralization of research findings. Individuals at the center of both controversies have made claims that are not consistent with their areas of training and competence. For example, Roiphe’s (1993b) critique of sexual assault research bears no evidence that she has knowledge of social science research methods or has read the original research studies.

In the case of false memory, memory researchers have provided important scientific data regarding general memory processes and the limitations of human memory. Laboratory research results such as those listed by Loftus (1993) are very important for raising questions about potential abuses, but it is only when knowledge about general human memory is combined with and informed by theory and research on human trauma that a relatively comprehensive view of issues is likely to emerge. Unfortunately, the positions of researchers and therapists have become more polarized rather than collaborative as the debate over delayed memory of abuse continues.

Some of the skepticism of the general public regarding the scope of abuse is understandable given the loose claims made by popular self-help books. Beattie’s (1989) statement that 96% of all Americans are codependent and Bradshaw’s (1988) claim that virtually all families are dysfunctional reinforce public skepticism and the belief that all statistics are questionable. As a result, it is important for counselors to be well-informed about research on sexual abuse prevalence (e.g., Finkelhor, Hotaling, Lewis, & Smith, 1990) and to pay scrupulous attention to the documentation of statistics and conclusions they make. For example, when stating that one in four college women have experienced rape or attempted rape, counselors should be able to cite sources, describe the research, and support their positions with carefully constructed arguments. As a second example, when counselors describe the relationship between sexual abuse and various psychological disorders, they should be prepared to describe the research

studies that document these connections and acknowledge that findings based on correlational data do not demonstrate causality.

Distortion of Issues in the Media

The popular media have played a significant role in perpetuating myths, compelling readers with titillating headlines, misrepresenting data, repeating errors, and citing the errors of other journalists as fact (Kaminer, 1993; Wiener, 1992). According to Kaminer (1993), the “new journalism” has relied heavily on packaging issues in anecdotes rather than presenting well-informed arguments and documentation. The public media have actively listened to uninformed critics and have been less likely to present the legitimate research of experts in the field (e.g., Koss, 1993a, 1993b). Errors begin to sound authoritative when repeated in various sources. For example, when Roiphe’s (1993b) article first appeared, Koss (1993b) immediately sent a response to editors to correct errors about her sexual assault research that Roiphe had promulgated. Neither the letter nor corrections were published (Koss, 1993b). After repeated efforts, a short response by Koss (1993a) eventually appeared in the “Letters to the Editor” section of the *New York Times Magazine*.

Another example of how false information gains legitimacy began when Leo (1990) published the erroneous report that Swarthmore College policy conceptualized rape so broadly that it defined inappropriate innuendo as an example of acquaintance rape. Following this initial report, a variety of newspapers and national magazines quoted Leo’s (1990) statement, reported that Swarthmore College equated date rape and sexual innuendo, and used this example to demonstrate the absurd claims that feminists were supposedly making. Members of the Swarthmore community clarified that the college did not equate inappropriate innuendo and acquaintance rape but that its rape prevention efforts focused on gaining knowledge of a continuum of behaviors that support rape myths and that are harmful to members of the campus community. Despite numerous efforts, corrections were not published, with the exception of a short letter of clarification that eventually appeared in one news magazine. Wiener (1992) concluded: “The entire story dramatizes the power of journalists and editors to distort fact and then, instead of correcting their distortions, continue to spread them” (p. 47). Instead of being recognized for its leadership in developing rape prevention programs, the efforts of Swarthmore College were “trivialized, discredited and ridiculed” (Wiener, 1992, p. 47).

With respect to the false-memory debate, journalists have revealed “quackery” by presenting dramatic anecdotes about highly abusive therapy relationships in which the therapist pressures the client to remember nonexistent abuse. Claims that this problem is a crisis are typically supported by a few strong opinions of prominent mental health professionals, not by data. With the exception of a few articles (e.g., Horn, 1993), balanced and objective reporting is in short supply, and virtually no mention is made about the competent mental health professionals who deal effectively and ethically with victims of child sexual abuse.

Given the distortion surrounding these issues, counselors should be cautious about the wording of their public and written statements. Short statements are often taken out of context, and high levels of persistence have been necessary to provide accurate information. Second, it is likely that clients will be increasingly aware of the issues through the media and may question the legitimacy and reality of their own experiences. It may be important for counselors to inquire about the abuse victim’s knowledge of these issues, provide accurate

information, and engage in discussion with the client about ways in which the popular debate may reflect large-scale denial of abuse.

Political Issues Defined as Individual Problems

Although the survivor movements of the 1970s focused heavily on social change through consciousness-raising and community organization, survivor efforts have increasingly emphasized individual healing or "psychological solace" (Armstrong, 1978/1987; Tavis, 1993a, 1993b). When issues are viewed primarily as individual problems requiring individual solutions, the backlash has more power to harm because survivors are isolated from each other.

Although counseling is highly beneficial to survivors, reliance on personal solutions alone does not fully counteract the myriad messages that condone abuse. Tavis (1993a, p. 17) stated: "If the victim can fix herself, nothing has to change." Counselors should consider using group as well as individual counseling efforts to help clients gain support, increase awareness of commonalities that permeate the experiences of survivors, and brainstorm about options for action. Clients and group members who have reached some personal resolution may feel especially empowered by engaging in volunteer work or by participating in speaking opportunities relevant to violence issues. Counselors should also spend a portion of their time engaging in outreach efforts, prevention, education, and writing efforts relevant to these issues. These efforts may occur within schools, community workshops, churches, or support groups for survivors. By understanding the similar issues raised by the false-memory and rape hype debates, counselors and prevention programs can increase the efficacy of their programs.

The "Cult of Victimhood" and Its Impact on Survivors

Kaminer (1993) stated that we currently live within a climate that promotes "me-too-ism" and competition for the title of who is worst off. In contrast to the optimism of the human potential movement and the notion that "I'm okay and you're okay" (Harris, 1967), the popular recovery movements of the 1980s and 1990s have been more likely to focus on how "I'm dysfunctional and you're dysfunctional." Virtually everyone can be considered a victim, and this thinking is bolstered by the increasing number of informal and medical labels that are used to define problems of living (Kaminer, 1993). As a result, when the False Memory Syndrome Foundation and critics of sexual assault prevention programs contend that those who have been sexually victimized are using their status as "just another handy excuse" to behave irresponsibly and blame all of their current problems on the past (Wylie, 1993a, p. 22), their claims seem believable in a context in which the definition of being a victim has been dramatically stretched.

Expanding definitions of dysfunctional behavior are reinforced by the personal stories of victimization that are dramatized on soap operas, talk shows, and movies based on "real-life dramas." Although many self-help and television programs play an important role in raising awareness, complex issues are often oversimplified; audiences and readers are desensitized to violence and are entertained and entranced by stories of abuse. When so many behaviors are viewed as forms of addiction or victimization, the current climate "mocks the notion of social justice by denying that there are degrees of injustice. It equalizes all claims of abuse, actual and metaphoric. The personal subsumes the political" (Kaminer, 1993, p. 155). It also contributes to the minimization of the suffering of victims of sexual violence or the labeling of prevention efforts as "sexual correctness" (Crichton, 1993). Contrary to some allegations, it is unlikely that this "cult of victimhood" encourages individuals to falsely claim that they have

been sexually violated; identifying oneself as a trauma survivor "brings far more stigma than specialness" (Calof, 1993, p. 41).

Counselors should be aware of the potential for self-help and popular presentation of issues to desensitize the public to oppression, to encourage individuals to accept violence as just another fact of life, and to encourage persons to blame victims for not putting their lives together as quickly as they should. Counselors should also be cautious about recommending self-help materials that subtly blame victims or encourage survivors to diagnose themselves through simple checklists that are designed to reveal whether one is dysfunctional, codependent, or abused (Lerner, 1993; Schilling & Fuehrer, 1993). Finally, counselors should also be aware that some popular media treatments of sexual violence imply that identifying one's abuse will automatically lead to freedom from the impact of abuse, and they must balance an emphasis on disclosure of abuse with efforts to help clients build healthy coping skills for dealing with a more hopeful future.

The Fear Function of Abuse

A major theme that pervades criticisms of sexual assault and abuse consciousness-raising efforts is that feminists are creating victims and making them fearful, thus stifling their development of coping skills. It should be noted that the fear of being victimized is a realistic fear, and until society takes responsibility for stopping violence, "It would be unwise to advocate that women completely stop being afraid" (Gordon & Riger, 1989, p. 118). Fear may play a protective function for many individuals. Furthermore, feminists have not discussed issues relevant to sexual assault so that women become paralyzed, but to mobilize them. For example, the "Take Back the Night" rallies associated with sexual assault intervention programs reveal the reality of assault, but they also signify women's active resistance to the ways in which rape and other forms of sexual violence have restricted and controlled women's lives (Gordon & Riger, 1989). Similarly, a letter-writing campaign conducted by survivors of childhood sexual abuse has strengthened women by helping them counter inequity and describe the distortion of issues as communicated by the FMSF (Lawrence, 1993). Furthermore, students who participate in sexual assault awareness programs frequently report positive changes in their relationships, perceptions, sensitivity to others' needs, and ability to act on their personal beliefs (Enns, 1993).

One of the major ways in which feminist perspectives on sexual abuse and assault have contributed to women's sense of agency is by reframing women's coping skills and redefining abuse according to women's experience. Whereas past definitions of sexual assault and abuse have been based on traditional patriarchal notions about violence, feminist definitions have accorded women greater power by helping them define their own experience (Donat & D'Emilio, 1992; Muehlenhard et al., 1992). Spender (1980) noted that "In order to live in the world, we must name it. Names are essential for the construction of reality for without a name it is difficult to accept the existence of an object, an event, a feeling" (p. 163). Invisible forms of violence that previously had no name have become more visible, allowing individuals and society to devise ways to develop new ways to create relationships (Kelly, 1988). Feminists have also reframed women's traditional efforts to survive abuse as methods of increasing control and mastery over events in spite of violence (Goodman, Koss, & Russo, 1993). Helping women develop new options does not entail "fixing" women who are deficient or weak but involves helping women redirect existing energy into new directions.

Although the positive gains brought about by feminist efforts are apparent, some feminist authors suggest that standard feminist con-

ceptualizations of rape and sexual violence have tended to overemphasize the negative outcomes of violence against women and pay too little attention to the active and powerful ways in which women have resisted oppression throughout history (Donat & D'Emilio, 1992). As a result, rape and sexual abuse awareness educators and counselors may sometimes spend a disproportionate amount of time defining abuse and unhealthy relationships. If men are seen only as aggressors, fear is reinforced and hope for change is extinguished. Thus, counselors should devote significant efforts to helping clients, students, and workshop participants explore ways in which men and women can relate to each other in a nonadversarial manner, define healthy relationships, increase communication skills, and develop skills in negotiating consensual sexual relationships.

An important and necessary role of prevention efforts is to help potential victims become aware of their power through training in assertiveness, risk management, and self-defense (Bart & O'Brien, 1985; Olsen & Widom, 1993). Marcus (1992) noted that although the ethical burden to stop sexual violence does not rest with victims but with society and perpetrators of abuse, society is only likely to change when victims and those who seek social change speak out, act on their own behalf, and "frighten the rape culture to death" (p. 401).

However, if individual efforts are recommended as the only strategies of prevention, they can become a subtle form of blaming women by implying that if women only tried hard enough or were cautious enough, they could successfully erase assault as a problem. Comprehensive prevention efforts must focus simultaneously on personal skill-building as well as education of the public. The responsibility for counselors, then, is to help clients appraise their environments realistically, develop skills for coping and limiting the potential for revictimization, and connect personal change with political change.

Invisibility of People of Diversity

Most articles dealing with the issues of rape hype or false memory have framed these problems as relevant to White, heterosexual, privileged women. The specific concerns of women who experience multiple oppressions, such as lesbians, women of color, and working-class women, have received virtually no attention. Although 16% of men also have a history of childhood sexual abuse (Finkelhor et al., 1990), their experiences have frequently been treated as irrelevant.

Counselors of sexual assault must be aware of how the experience of sexual victimization may vary according to one's gender, sexual orientation, class, cultural values, and ethnicity. It is important for counselors to attend to the many forms of oppression that influence women's and men's lives, be aware of the complexity and uniqueness of each person's experience, and avoid assuming that the issues that are most important to White middle-class women are also the most important issues for all other women. For example, Boyd (1990) criticized White feminist therapists for often assuming that rape is always the most oppressive event in a woman's life and quoted an African American woman as stating the following about her White feminist therapist: "It seemed like all she was concerned about was the fact that I got raped. Hell! I know that was important, but that bastard got my last twenty-five dollars. That was all the money I had, til payday. I can deal with the rape later, but I won't have a job if I can't get back and forth to work" (Boyd, 1990, p. 156).

Wyatt (1992) noted that African American women are less likely to disclose sexual victimization than White female victims. Because of stereotypes of African American women that are based in the history of slavery and colonial America, society is more likely to believe

that African American women are promiscuous or have a "sexual nature" and thus cannot be raped or sexually abused. Given the likelihood that African American women will encounter disbelief rather than sensitivity, it is not surprising that they may avoid disclosing abuse. Wyatt (1990) also noted that betrayal, stigmatization, sexualization, and powerlessness are associated with both child sexual abuse and racism. When racism interacts with sexual abuse, the psychological impact of these factors may be multiplied. Counselors must understand these realities to work effectively with women of color.

These examples describe only two of the many ways in which diversity may influence one's personal experience of sexual violence. They illustrate the importance of considering the entire context in which abuse occurs and avoiding the pitfalls of focusing narrowly on sexual victimization. Counselors must attend to ways in which multiple oppressions intersect, avoid thinking about abuse experiences as universal, and work in a collaborative manner with clients in order to respect their perceptions, world view, and coping skills.

CONCLUSION

When faced with popular views and media attention about abuse issues, counselors may feel discouraged about the efficacy of their efforts. Biden (1993) noted: "If the leading newspapers were to announce tomorrow a new disease that, over the past year, had afflicted from 3 to 4 million citizens, few would fail to appreciate the seriousness of the illness. Yet, when it comes to the 3 to 4 million women who are victimized by violence each year, the alarms ring softly" (p. 1059). Despite this reality, awareness of violence issues has slowly increased. A recent Task Force on Male Violence Against Women concluded: "The current social and political climate offers a historically unique opportunity to influence public consciousness and social policy at a national level. It is important that we seize the moment and use it well" (Goodman, Koss, Fitzgerald, Russo, & Keita, 1993, p. 1057). This note of optimism suggests that, despite obstacles, there are many opportunities for counselors to provide leadership and competent service relevant to these issues.

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