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Psychogenic amnesia for childhood sexual abuse and risk for sexual revictimisation in both adolescence and adulthood

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This study was an investigation of the additional risk conferred by the experience of psychogenic amnesia for memories of childhood sexual abuse (CSA) on the likelihood of becoming a victim of sexual assault in later life. A total of 210 community respondents completed a retrospective web-based trauma survey. The majority of respondents were female (74.3%) and their ages ranged from 16 to 65 years, with a mean age of 33 years. Chi-squared analysis revealed that survivors of CSA demonstrated significantly greater risk (58%, $\chi^2 = 44.461$, $p = 0.0005$) of experiencing sexual assault in adolescence in comparison with their non-abused counterparts (13%). Furthermore, survivors who reported having been amnesic for their abuse-related memories demonstrated a higher rate of adolescent revictimisation (86%) than survivors who had retained continuous memories of their victimisation (48%, $\chi^2 = 8.626$, $p = 0.003$). Overall, once-amnesic survivors of CSA demonstrated 6.6 times the risk of sexual assault and an eight-fold risk for rape during adolescence in comparison with their non-abused counterparts. It is proposed that the elevated risk conferred by amnesia for CSA might be mediated by two distinct pathways, both of which are associated with the use of dissociation as a defence mechanism.

Keywords: childhood sexual abuse; sexual assault; recovered memories; amnesia; sexual revictimisation

Introduction

Evidence from both retrospective and prospective studies indicates that the experience of childhood sexual abuse (CSA) predicts future sexual victimisation in both adolescence and adulthood. This phenomenon is known as ‘sexual revictimisation’ (Cloitre 1998) and refers to incidents where subsequent assaults are perpetrated by different aggressors. The risk for sexual assault in adulthood for women with a history of CSA is generally estimated to be three times that of their non-abused counterparts (Arata 2002), and overall two-thirds of those sexually victimised in childhood are believed to experience sexual revictimisation in later life (Classen, Palesh, and Aggarwal 2005).

There appear to be a number of factors that moderate the relationship between CSA and adult sexual victimisation. These may be related to factors inherent in the context of the childhood abuse experience (e.g. type of abuse, relationship to perpetrator, severity of abuse, etc.), psychological sequelae of the childhood abuse, gender of the victim and socio-demographics of the victim (e.g. low socio-economic status, ethnic-minority status, residing in a neighbourhood characterised by low social cohesion). Despite the growing number of moderators identified as being implicated in this association, many of these to date offer little by way of immediate preventative value since they tend to focus on

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variables associated with the original abuse or factors that require a substantial change in society. Whilst some of these details may prove useful in a therapeutic context, they can be less constructively employed in the development of universally applied preventative interventions.

The aim of this study is to investigate whether the risk is both moderated and possibly mediated by the experience of psychogenic or dissociative amnesia for memories of the original CSA. There is a two-fold rationale for investigating amnesia for abuse in the context of preventing revictimisation. Firstly, if amnesia for abuse is associated with sexual revictimisation in later life it means that, since these survivors of CSA are unaware of their previous victimisation, they would be unlikely to access psychotherapeutic interventions that might serve to ameliorate their risk for future harm. Secondly, since the focus of current psycho-educational sexual assault prevention programmes has been to enhance risk detection, avoidance and escape, it is proposed that these might be particularly unsuitable objectives for survivors of CSA, particularly for those who experience a period of amnesia for the memories of abuse and continue to exhibit heightened levels of dissociation. This may partly account for why such interventions have met with limited success for individuals with a history of CSA (Davis et al. 2006; Hanson and Gidycz 1993; Marx et al. 2001).

It is conservatively estimated that 25% of women and 11% of men have experienced CSA (Cawson 2000) and that between 15% (Goodman et al. 2003) and 77% of these survivors report having experienced, or are identified as currently experiencing, a period of forgetting or amnesia for their histories of abuse. Typically a higher incidence of amnesia is reported in retrospective surveys, particularly within clinical samples, where the reported incidents of CSA are largely uncorroborated. Conversely, lower rates of incidence are identified in prospective studies of documented cases of CSA, particularly those that progressed through the criminal justice system (Ghetti et al. 2006). Other factors found to increase the likelihood of amnesia include: the greater the severity of abuse (DePrince and Freyd 1999; Williams 1995), the closer the relationship with the perpetrator (Cameron 1996; Freyd 1996), a lower level of involvement in the legal proceedings (Ghetti et al. 2006) and lack of maternal support (Goodman et al. 2003; Williams 1995).

Whilst it is recognised that the notion of psychogenic amnesia for memories of abuse and the associated issue of recovered memories are not without debate, this study assumes from the outset that spontaneous recovery of memories does occur. Arguments as to the mechanisms through which this might occur are not explored in this context, although Freyd's (1996) betrayal trauma theory is applied to aid an understanding of how amnesia for abuse might increase risk for revictimisation.

Possible explanations for the proposed elevation in risk conferred by amnesia for CSA might be attributed to factors associated with dissociation since Chu et al. (1999) demonstrate that dissociative tendencies are greater in individuals who report having experienced amnesia for CSA than for clinical patients who either retained their memories of abusive childhood experiences or who reported experiencing only partial amnesia for such events.

Dissociation is defined as 'an impairment, or even complete failure, to integrate memories, experiences, actions, and feelings into consciousness' (Wright and Loftus 1999, 498). Its severity ranges along a continuum from moments of forgetfulness through to Dissociative Identity Disorder. In general, most people experience a few dissociative experiences and those who score at the high end of the normal range for non-clinical populations may be at risk of dissociating when faced with specific contextual cues. Whilst the term dissociative disorders implies pathology and maladjustment, one of the key

features of dissociation is that, at least in the short term, the utilisation of the defence strategy can be adaptive and beneficial (Hall 2003). An example of the adaptive quality of dissociation is offered by Freyd's notion of amnesia for CSA as betrayal blindness in the context of the abuse being perpetrated by a trusted caregiver or authority figure. Here, Freyd's (1996) Betrayal Trauma Theory suggests that whilst under normal conditions it would be evolutionarily advantageous to be able to detect social cheating, under some circumstances such ability may be counter-productive to the individual's survival. For example, where a child is developmentally dependent upon an abusive caregiver, it might prove to be more adaptive for the child to fail to recognise the breach in social contract between themselves and their caregiver in order that they continue to engage in behaviours that elicit nurturance on the part of the caregiver. That is, they become amnesic for their victimisation experiences.

Despite the apparent advantages of dissociation in childhood, dissociation has also been associated with a number of particular cognitive deficits that may contribute to risk for revictimisation. For example, Kaplow et al.'s (2008) prospective study demonstrates that evidence of dissociation at the time of disclosing CSA as a child is associated with attentional problems in children eight to 36 months later. In the longer term, this might impact detrimentally upon the individual's ability to monitor their surroundings for potential risk factors (Cloitre 1998). This notion has gained empirical support from Sandberg, Lynn, and Matorin's (2001) study in which women were presented with hypothetical date-rape scenarios. They found that women who exhibited high levels of dissociation identified fewer danger cues. Furthermore, in a prospective study by Meadows et al. (1996), in which they examined the relationship between sexual revictimisation, risk recognition and dissociation, they found that the relationship between revictimisation and risk recognition was not maintained once they controlled for the level of dissociation, thereby indicating that poor risk recognition appears to be a consequence of dissociation.

It would appear that dissociation not only compromises individuals' ability to detect indicators of risk, but that it may also serve to render them less able to escape a situation once it has become risky so that they are more likely to attract risky encounters. With regard to the reduced ability to initiate escape strategies, these individuals may be at risk in everyday courtship behaviours with 'well-intentioned' suitors who do not appreciate they have not been granted consent for sexual intimacy. That is, they misinterpret the lack of physical rejection as an implicit consent. Gidycz, Wynsberghe, and Edwards' (2008) findings from their prospective study found that women with a history of CSA are considerably more likely to report experiencing tonic immobility (e.g. freezing) or using verbal as opposed to physical resistance in response to a sexual assault than their non-abused counterparts. It might be anticipated that those most likely to demonstrate tonic immobility might be those who exhibit high levels of dissociative tendencies. Finally, in relation to attracting risky encounters, Cloitre (1998) proposed that sexual predators may recognise behavioural manifestations of dissociation (e.g. presenting as confused or distractible) as vulnerable and suitable targets (Marx, Heidt, and Gold 2005). That is, the individuals are more easily taken advantage of and are possibly perceived as less likely to attempt to defend themselves or to offer resistance.

There were four principal objectives of this study. Firstly, to investigate whether there is a difference in risk associated with CSA in adolescence and adulthood. Secondly, to attract a slightly older age group than most other studies of sexual revictimisation in order to overcome the problem of respondents erroneously classifying themselves as non-abused due to their continued amnesic state. Thirdly, to ascertain whether experiencing amnesia

for abuse-related memories is associated with a higher risk for sexual revictimisation than retaining continuous memories for abuse. Finally, to investigate whether dissociation might be a likely mediator of the relationship between amnesia and sexual revictimisation.

Methodology

Design

A retrospective web-based survey design was employed that attracted an opportunistic sample of 210 community respondents. A snowballing method was utilised to include a diverse population. The study details were emailed to a range of undergraduate students and staff at a university in the South East of England. Additionally, advertorials were placed in local newspapers, on Facebook, Gumtree and a range of supportive websites for victims/survivors of interpersonal violence as alternative means of recruitment. The rationale for employing this method and further details of how it was applied are provided in Wager (2011).

Participants

The majority of the sample was female (74%) and described their ethnic origin as white British or white European (86%). The respondents' mean age was 33.4 years, which ranged from 16 through to 65 years. Forty-seven per cent of the sample reported themselves to be single and a further 47% reported an educational level of undergraduate and beyond.

Operationalisation of concepts and variables

Childhood sexual abuse

To ascertain whether the respondents had experienced CSA they were asked a series of statements that included: 'Under the age of 14 years, were you made to have some form of sexual contact, such as: a) watching sexual acts; b) touching; c) being touched; d) penetration'. They were then asked to identify the characteristics of the perpetrator from a list of possibilities (e.g. male stranger, female stranger, sister, brother, peer, trusted male authority figure, etc.).

Adolescence

In this instance the term adolescence refers to the age period between 14 and 18 years. Many studies of sexual revictimisation, particularly those that have employed the Brief Betrayal Trauma Survey (Goldberg and Freyd 2006), have tended to consider all forms of unwanted sexual activity under the age of 18 as CSA and adult sexual abuse as any incidents over the age of 18. Since children who have been abused begin their 'consensual' sexual relationships around the age of 14 (Vigil, Geary, and Byrd-Craven 2005), it seems wise to separate out this adolescent phase from CSA and adult sexual assault.

Amnesia

To determine whether or not the respondent had experienced a period of amnesia for their history of abuse they were asked four questions. The first was a forced-choice question ('Have you ever experienced a period of time for which you were unable to remember the

incident?' [Yes/No/Not sure]) and the remaining three were open-ended questions ('If yes, and you have indicated more than one incident above, please specify for which incident that you experienced the disruption of memory', 'If yes, how old were you when you "remembered" the incident?', 'Please could you describe the circumstances of your remembering?'). Responses to this final question that were indicative of actively trying to forget or not think about the abuse were not included in the amnesia category, and neither were instances where respondents discussed formulating a new understanding of their past experiences. Only those instances where the respondents reported that they suddenly remembered something they had not appreciated they had forgotten or where they knew that they had been abused because it was officially documented but they currently had no conscious recollection of these events were classified as 'amnesic cases'. This approach to classifying memories for abuse draws upon Schooler's (2001) analysis of the different ways in which survivors of sexual abuse rediscover their memories of the abuse-related events.

Rape

The questions relating to unwanted sexual contact for each of the three age periods (childhood, adolescence and adulthood) asked the respondents to indicate the nature of the abuse (e.g. forced to watch sexual acts, being made to touch the perpetrator, being touched by the perpetrator or penetration). Where the participants have reported that they experienced penetrative sexual assault during adolescence and adulthood, it is referred to as rape.

Dissociation

Dissociation was measured using the Dissociative Experiences Scale (Bernstein and Putman 1986), a self-report, 28-item, 11-point Likert scale, which assesses the perceived frequency of each experience (Appendix 1). Past factor analyses have revealed three dimensions of dissociation as measured by the scale when used with a heterogeneous sample spanning both clinical and non-clinical populations: amnesic dissociation, absorption and depersonalisation (Carlson et al. 1991; Ross, Joshi, and Currie 1991). However, this three-factor structure has not always been replicated by others (for example, Allen, Coyne, and Console 1997; Modestin, Lötscher, and Erni 2002). The scale is reported to demonstrate satisfactory internal reliability both as a unidimensional scale (Ross 1997) and in terms of its three composite subscales (Dubster and Braun 1995). Wright and Loftus (1999) contend that one of the limitations of using the original Dissociative Experiences Scale (Bernstein and Putnam 1986) with non-clinical populations is that the scores tend to be positively skewed rather than normally distributed. Consequently, the floor effect becomes problematic and little differentiation is evident between the participants' scores. To overcome this problem they recommend an alternative scoring still based upon the original 11-point scale. Here respondents are asked to rate the frequency of their experience in comparison with that of other people (from 1 = 'extremely far less than other people' through to 11 = 'extremely far more than other people'). This method has been found to reduce the skewness of the distribution and to allow for better differentiation of dissociative experiences in non-clinical populations. In this instance, the scoring for each item is requested in terms of this comparison method. A principal components analysis was performed to assess the dimensionality of the scale for two reasons: firstly, the alternative method was being used for scoring; and secondly, there

is some evidence of inconsistency in the dimensionality of the scale. The analyses, employing varimax rotation, revealed a four-factor structure that accounted for a total of 61% of the variance in scores. Three of the factors reflected the original factor structure (absorption, amnesic dissociation and depersonalisation/realisation) with the addition of another: fractured identity. Computation of Cronbach's alpha to assess the internal reliability of each of the subscales produced satisfactory scores for each subscale.

Results

Respondents' histories of child sexual assault, sexual revictimisation and amnesia for CSA

Thirty-seven per cent of the respondents ($n = 77$) reported a history of CSA. Additionally, 29% of the respondents ($n = 61$) reported adolescent sexual assault, and 19% ($n = 39$) reported adult sexual assault. Overall 65% ($n = 43$) of those who reported CSA indicated that they had experienced sexual revictimisation in either adolescence or adulthood and 29% ($n = 19$) of the survivors of CSA over 18 years of age reported sexual victimisation in each of the three life-stages.

Seventy-seven per cent of respondents who reported rape during their adolescence disclosed a history of CSA. Additionally, 61% of respondents who reported rape in adulthood disclosed a history of CSA. Eleven per cent of the sample ($n = 23$), which represented 30% of those who identified themselves as having a history of CSA, indicated that they had experienced a period of psychogenic amnesia for CSA.

Of those who reported a period of amnesia for memories of CSA, the average age of memory recovery was 31 years, which ranged from 11 years through to 52 years. Five of the respondents reported that they have remained amnesic for documented events that they know have happened to them, yet they have never had a conscious recollection of the incident(s). Most of the 'once-amnesic' respondents reported that their memory recovery experience had happened spontaneously, with only three declaring that this occurred in the context of therapy. A further three respondents indicated that they sought therapy following the trauma of the memory recovery.

With regard to the context of memory recovery, two of the respondents reported that it was upon the death of a loved one that their memories emerged. One expressed how she felt it was the profound sense of helplessness on the death of her husband that triggered the flashback. Three respondents discussed how they had experienced troubling nightmares of sexual abuse only to then come to realise that these were in fact intrusive memories of actual incidents. Other triggers disclosed by the respondents included childbirth, parents' divorce, a subsequent rape performed years later by the same perpetrator and drowsiness experienced as a side-effect of medication.

Inferential analyses

Adolescent risk for sexual assault

In order to calculate the relative risk for sexual assault and rape in adolescence associated with CSA and between victims of CSA on the basis of their memory for the abuse, two separate sets of chi-squared analyses were conducted. When exploring the risk conferred by CSA, the whole sample was used in the analysis. When examining the risk associated with having experienced a period of amnesia for the abuse, the analysis was conducted only on the sample of respondents who had indicated that they had experienced CSA. The percentages and odds ratios are presented in Table 1.

Table 1. Risk for sexual assault and rape in adolescence and adulthood.

	No CSA	CSA overall	CSA with memory	CSA with amnesia
Adolescent sexual assault	13% (n = 16)	58% (n = 44), OR = 4.4	47% (n = 14), OR = 3.6	87% (n = 19), OR = 6.6
Adolescent rape	6% (n = 7)	32% (n = 24), OR = 5.6	20% (n = 6), OR = 3.5	46% (n = 10), OR = 8.0
Adult sexual assault (sample over 21 years of age)	17% (n = 15)	40% (n = 23), OR = 2.4	31% (n = 8), OR = 1.8	58% (n = 11), OR = 3.5
Adult rape (sample over 21 years of age)	12% (n = 11)	28% (n = 16), OR = 2.3	18% (n = 5), OR = 1.5	47% (n = 9), OR = 3.9

Note: OR, odds ratio.

Firstly, with regard to risk for sexual assault during adolescence, the analysis revealed that in comparison with their counterparts who have childhood histories free of sexual abuse, survivors of CSA demonstrated a statistically significant greater risk ($\chi^2 = 44.461$, degrees of freedom [df] = 1, $p = 0.0005$). Furthermore, survivors of CSA who reported a period of amnesia for this abuse demonstrated significantly greater risk for sexual assault during their adolescent years than their counterparts who retained continuous memories for their CSA experiences ($\chi^2 = 8.626$, df = 1, $p = 0.003$). Overall, the findings suggest that an alarming 86% of once-amnesic survivors of CSA and 47% of survivors of CSA who retained their memories of abuse experienced sexual assault between the ages of 14 and 18 years in comparison with 13% of respondents who report childhoods free of sexual abuse. Upon calculating relative risk using odds ratios it was found that a history of CSA resulted in 4.4 times the risk of sexual assault. However, the relative risk conferred by a history of CSA appears to be moderated by the nature of the abuse memories. Those who retained their memory for the abuse demonstrated 3.6 times the risk and those who reported a period of amnesia demonstrated 6.6 times the risk. This suggests that adolescents at greatest risk for sexual assault are those with a history of CSA, particularly those who have yet to develop conscious awareness of their prior victimisation.

Similarly, with regard to risk for rape in adolescence, only 6% of respondents reporting a history free of CSA disclosed unwanted penetrative sexual contact in comparison with 32% of the survivors of CSA ($\chi^2 = 23.680$, df = 1, $p = 0.0005$). Again, risk was exacerbated in those reporting a period of amnesia for the abuse memories. Twenty per cent of CSA survivors reporting continuous memories disclosed at least one rape in adolescence in comparison with 46% of the once-amnesic survivors of CSA. In comparison with respondents reporting a history free of CSA, those who were once amnesic for memories of CSA demonstrated an eight-fold risk for rape during their adolescent years. Whilst survivors of CSA who retained continuous memories also demonstrated an elevated risk of 3.5 times that of their non-abused counterparts, this is significantly less than that of the once-amnesic survivors ($\chi^2 = 3.861$, df = 1, $p = 0.049$).

Adult risk for sexual assault

The following analysis was performed only on the data for respondents over the age of 21 years in order to prevent prematurely classifying adolescent respondents as being free of adult sexual assault and rape, when in fact they have not yet entered this life-stage and thus the possibility of such experiences has yet to be encountered. Additionally, where the analyses compared the two memory groups this was performed only on the proportion of the sample who indicated experiencing CSA. The percentages and odds ratios are presented in Table 1.

Firstly, with regard to risk for sexual assault during adulthood, the analysis revealed that in comparison with their counterparts who have histories free of CSA, survivors of CSA demonstrated a statistically significant greater risk ($\chi^2 = 8.600$, df = 1, $p = 0.003$). A significantly greater risk was also observed for survivors of CSA who were once amnesic in comparison with survivors who retained continuous memories ($\chi^2 = 3.928$, df = 1, $p = 0.047$). Overall, the findings suggest that 58% of once-amnesic survivors of CSA and 31% of survivors of CSA who retained continuous memories of abuse experienced sexual assault in adulthood in comparison with 17% of respondents who report childhoods free of sexual abuse. Upon calculating relative risk using odds ratios it was found that a history of CSA resulted in 2.4 times the risk of adult sexual assault.

However, the previously identified moderating effect of the nature of the memories for CSA upon relative risk during adolescence, whilst still apparent in adulthood, is somewhat reduced in adulthood. Those who retained their memory for the abuse demonstrated 1.8 times the risk and those who reported a period of amnesia demonstrated 3.5 times the risk for adult sexual assault.

Similarly, with regard to risk for rape in adulthood, 12% of respondents reporting a history free of CSA disclosed unwanted penetrative sexual contact since the age of 22 years in comparison with 28% of the survivors of CSA ($\chi^2 = 4.599$, $df = 1$, $p = 0.032$). Again, risk was found to be significantly exacerbated in those reporting a period of amnesia for their abuse memories ($\chi^2 = 4.161$, $df = 1$, $p = 0.019$). Eighteen per cent of CSA survivors reporting continuous memories disclosed being raped since the age of 22 years in comparison with 47% of the once-amnesic survivors of CSA. In comparison with respondents reporting a history free of CSA, those who were once amnesic for memories of CSA demonstrated 3.9 times the risk for rape in adulthood. Whilst survivors of CSA who retained continuous memories also demonstrated an elevated risk of 1.5 times that of their non-abused counterparts, this is notably less than that of the once-amnesic survivors. Interestingly, the degree to which risk is elevated by amnesia for CSA appears to be somewhat less in adulthood in comparison with adolescence.

Dissociation, CSA and amnesia for abuse-related memories

A multivariate analysis of variance, employing Bonferroni's correction for four dependent variables and Tukey's post-hoc analysis, was computed to determine whether there were differences in the scores for the four dissociation factors between non-abused survivors of CSA with continuous memories of their abuse and survivors of CSA who were once amnesic. The means and standard deviations for each of the three groups are presented in Table 2. Overall, the findings suggest that there are statistically significant differences between the groups in relation to three of the dissociation subscales (depersonalisation/realisation, $F_{(2,172)} = 16.275$, $p = 0.0005$, $\eta^2 = 0.159$; dissociative amnesia, $F_{(2,172)} = 12.706$, $p = 0.0005$, $\eta^2 = 0.129$; and absorption, $F_{(2,172)} = 11.685$, $p = 0.0005$,

Table 2. Dissociation scores by group.

Dependent variable	Group	Mean	Standard error	95% confidence interval	
				Lower bound	Upper bound
Depersonalisation/realisation	No abuse	22.667	1.455	19.795	25.538
	CSA continuous memory	30.696	2.198	26.357	35.034
	CSA and amnesia	40.917	3.043	34.910	46.923
Dissociative amnesia	No abuse	21.010	1.256	18.530	23.489
	CSA continuous memory	28.283	1.898	24.537	32.028
	CSA and amnesia	34.250	2.627	29.065	39.435
Fractured identity	No abuse	21.695	0.744	20.226	23.164
	CSA continuous memory	23.783	1.124	21.563	26.002
	CSA and amnesia	25.208	1.557	22.136	28.281
Absorption	No abuse	21.638	0.627	20.400	22.876
	CSA continuous memory	23.522	0.948	21.651	25.392
	CSA and amnesia	28.625	1.312	26.036	31.214

$\eta^2 = 0.120$), which all demonstrate moderate to large effect sizes and a marginally significant difference for the fractured identity scale ($F_{(2,172)} = 2.672$, $p = 0.072$, $\eta^2 = 0.03$). With regard to the post-hoc comparisons for depersonalisation, statistically significant differences were observed between all three groups, whereby once-amnesic survivors of CSA demonstrated the highest scores and respondents with histories free of CSA demonstrated the lowest scores. In relation to dissociative amnesia, the two CSA survivor groups demonstrated significantly higher scores than those who reported themselves as having histories free of CSA (continuous $p = 0.005$; amnesic $p = 0.0005$), but the small observed difference between the survivors who were once amnesic and those who reported continuous memories did not attain statistical significance. In contrast, the statistically significant differences for the absorption scale were only evident between the once-amnesic group of survivors and both the non-abused ($p = 0.0005$) and the survivors who retained continuous memories ($p = 0.005$), but not between the latter two groups.

Dissociation and sexual revictimisation

Having established that higher scores are typically associated with having previously experienced amnesia for abuse, the next analysis was performed to ascertain whether the occurrence of sexual revictimisation in both adolescence and adulthood was associated with higher scores on the dissociation scales. The means and standard errors related to adolescent revictimisation are presented in Table 3 and those related to adult revictimisation in Table 4. Independent t -tests were only computed on the data from respondents who reported a history of CSA.

When considering revictimisation in adolescence, no differences emerged between the two survivor groups in relation to any of the four dissociation subscales.

However, significant differences in dissociation scores were evident between the survivors of CSA who went on to experience sexual revictimisation in adulthood and those who did not. Here the analysis was only conducted upon survivors of CSA who were 22 years old and above. The differences emerged in relation to depersonalisation/realisation ($t = -2.638$, $df = 18$, $p = 0.017$) and dissociative amnesia ($t = 2.431$, $df = 18$, $p = 0.026$), but not for the other two subscales. The findings suggest that those who experience revictimisation exhibit significantly higher levels of depersonalisation/realisation and dissociative amnesia.

Investigation of potential gender differences

A chi-squared analysis between gender and amnesia for CSA was conducted on the data for the respondents who indicated a history of CSA to determine whether there are gender

Table 3. Sexual revictimisation in adolescence and dissociation scores.

	Revictimisation	<i>n</i>	Mean	Standard error
Depersonalisation/realisation	No	14	26.71	3.53
	Yes	10	34.70	7.10
Dissociative amnesia	No	14	30.14	3.30
	Yes	10	29.80	4.56
Fractured identity	No	14	24.93	1.15
	Yes	10	28.00	3.81
Absorption	No	14	25.00	2.18
	Yes	10	5.10	1.55

Table 4. Sexual revictimisation in adulthood and dissociation scores.

	Revictimisation	<i>n</i>	Mean	Standard error
Depersonalisation/realisation	No	14	24.85	2.88
	Yes	6	42.00	7.49
Dissociative amnesia	No	14	26.50	3.12
	Yes	6	40.33	4.76
Fractured identity	No	14	24.79	1.95
	Yes	6	28.33	3.44
Absorption	No	14	25.14	2.30
	Yes	6	25.67	1.82

differences in the propensity for experiencing amnesia for memories of abuse. This revealed that whilst a larger proportion of women with histories of CSA reported experiencing a prior period of amnesia for their abuse-related memories than their male counterparts (31% versus 9%, $\chi^2 = 2.238$, $df = 1$, $p = 0.135$), the findings did not attain statistical significance.

A further two chi-squared analyses were then computed between gender and both adolescent and adult sexual revictimisation to determine whether there are gender differences in the prevalence of sexual revictimisation. This revealed that whilst a slightly larger proportion of women with histories of CSA reported adolescent (26% versus 12%, $\chi^2 = 3.705$, $df = 1$, $p = 0.054$) and adult (12% versus 5%, $\chi^2 = 1.616$, $df = 1$, $p = 0.204$) sexual revictimisation, these observed differences did not attain statistical significance – although the results do suggest a borderline gender difference for adolescent sexual revictimisation, whereby females demonstrate about twice the risk of males.

Finally, two separate logistic regressions were performed to ascertain whether gender made a unique contribution to risk for both adolescent ($\chi^2 = 57.723$, $df = 10$, $p = 0.0005$; Cox and Snells' $R^2 = 0.340$ and Nagelkerke $R^2 = 0.517$; 86% of cases were correctly classified by the model) and adult sexual revictimisation ($\chi^2 = 40.647$, $df = 10$, $p = 0.0005$; Cox and Snells' $R^2 = 0.387$ and Nagelkerke $R^2 = 0.633$; 93% of cases were correctly classified by the model). 'Predictive' factors entered into the module included: current age, gender of the respondent, relationship to the perpetrator, shame, dissociation and five subscales from the propensity to trust scale. In neither case was gender associated with risk; the factor that contributed most to both models was amnesia for memories of CSA.

Discussion

Firstly, the findings offer substantial support to the contention that survivors of CSA who experience a period of psychogenic amnesia are at even greater risk for sexual revictimisation than their counterparts who retain continuous memories for their past victimisation.

The prevalence of CSA in the histories of individuals raped in later life in this study is consistent with previous findings. For example, Koss and Dinero (1989) reported that 66% of the rape victims over the age of 14 years in their study reported a history of CSA and that only 20% of the CSA sample reported that they had subsequently been free of sexual assault since the age of 14. However, Rich et al. (2004) criticised Koss and Dinero's analysis on the grounds of their failure to distinguish between the risk for sexual

revictimisation evidenced in adolescence and adulthood associated with CSA. The veracity of this criticism appears to be substantiated by the current findings. Firstly, whilst almost two-thirds of adult rape victims have a history of CSA, it appears that CSA is an even greater risk factor during adolescence, since over three-quarters of the adolescent rape victims reported a history of CSA and 86% of survivors of CSA reported experiencing a sexual assault by a different perpetrator during adolescence in this current study. Secondly, whilst overall Arata's (2002) estimation of the proportionate risk conferred by CSA being three times that of non-abused women appears to be concordant with the current findings, the combining of adolescent and adult experience of sexual revictimisation is shown to seriously obscure the real risk and elevation in risk associated with amnesia for abuse experienced in the adolescent years. In the current findings, respondents with a history of CSA exhibited 2.4 times the risk of adult sexual assault, in comparison with 4.4 times the risk in adolescence. This therefore suggests that people with a history of CSA are almost twice as likely (odds ratio = 1.8) to experience sexual assault during adolescence as they are in adulthood. Whilst risk remains elevated in adulthood it is somewhat reduced in comparison with that evidenced in adolescence. Furthermore, the estimation of three times the risk is a considerable underestimation of risk, both in adolescence and adulthood, for individuals who experienced amnesia for CSA. Respondents who reported amnesia demonstrated 6.6 times the risk for adolescent sexual assault, 8.0 times the risk for adolescent rape, 3.5 times the risk for adult sexual assault and 3.9 times the risk for rape in adulthood.

It has been hypothesised that the elevated risk associated with amnesia for abuse-related memories might be mediated by dissociative tendencies. Whilst this study itself is unable to provide definitive conclusions as to the veracity of this suggestion due to the cross-sectional and retrospective aspects of the study design, it does indicate that having been once amnesic for memories of CSA is associated with higher levels of depersonalisation/realisation and absorption than both non-abused counterparts and survivors of CSA who retained continuous memories of their abuse. Furthermore, being a survivor of abuse is associated with higher levels of dissociative amnesia in comparison with non-abused counterparts. Both of these findings are consistent with the findings from Chu et al.'s (1999) clinical study, even though they did not report on the separate subscales for dissociative experiences. All three of these factors may exert a detrimental effect upon the ability to monitor the environment for risk and to respond to imminent sexual threat and the subtle behavioural manifestations may well signal to predatory offenders suitable target status. Furthermore, there is evidence to suggest that higher levels of dissociation are associated with risk-taking behaviour, including substance misuse (Putman 1997), which is a known risk factor for sexual assault generally (Smith, Davis, and Fricker-Elhai 2004).

A comparison of men and women's experiences for amnesia and sexual revictimisation did not reveal any statistically significant findings, although some trends that are worthy of further investigation were evident. For example, women with a history of CSA reported three times the rate of amnesia for abuse-related memories, in comparison with their male counterparts. One possible explanation for this might be attributed to the fact that women are more likely to experience CSA as at the hands of a caregiver and they are more likely to be victimised at a younger age (Najman et al. 2005). Both of these factors have been found to be associated with amnesia for CSA (respectively, Cameron 1996; Elliot 1997). With regard to the risk for revictimisation, although the female respondents who were survivors of CSA demonstrated just over twice the likelihood of sexual revictimisation in both adolescence and adulthood, in comparison with their male counterparts, again these findings were not statistically significant.

This finding stands in stark contrast to those of previous studies (where history of CSA has been left out of the equation), which suggest that women are almost six times more likely to experience adult sexual assault than men (Elliott, Mok, and Briere 2004). If these current findings are a true reflection of actual risk, they suggest that gender disparities in risk are less evident in people who have histories of CSA. That is, men's risk for adolescent and adult sexual assault begins to approximate that of women's.

Study limitations

The study has a number of limitations, which are largely related to the study design, wording of the questions related to sexual assault and respondent recruitment. Firstly, the retrospective design necessitates reliance upon memories, which in some cases may have spanned 40 or 50 years and thus could demonstrate some fallibility for the correct recollection of their actual age for some instances, which potentially confers some degree of fuzziness for the sexual assaults reported around late adolescence and early adulthood. Secondly, the retrospective, cross-sectional design precludes both statements of causality and computation of mediator analysis (Kraemer et al. 2008). Thirdly, the self-report nature of the survey means that reported incidences of sexual assault were unsubstantiated and thus may have included a small proportion of fabricated accounts. Fourthly, the wording of the question in relation to child sexual assault in particular may have inadvertently excluded a number of male respondents from being included in the 'assaulted' categories. The wording of the questions in each of the three life-phases implicitly asks for reports of 'unwanted' sexual contact, which it has been argued is inappropriate wording in relation to men since they are more likely to categorise their experience of sexual assault as 'consensual sex' (King, Coxell, and Mezey 2002), particularly in the context of a female perpetrator (Struckman-Johnson and Struckman-Johnson 2002). Finally, the fact that the sample was largely collected through web and email advertorials and nearly one-half the sample had an education up to degree level makes it highly likely that this method has missed some of those victims who have suffered the most pernicious effects of CSA, such as those who have become sex workers, those living in institutional care (psychiatric, learning and physically disabled, substance-misuse rehabilitation, prisoners) or who are homeless, and so forth. Thus, it might be that the estimations of the magnitude of risk conferred by CSA and amnesia are grossly underestimated.

Suggestions for further research

Since this is the first published study to have indicated that amnesia for CSA could be a significant risk factor for later adolescent and/or adult sexual assault, it is premature to make firm recommendations for the development of new intervention strategies without further investigation. It is currently unclear whether this is a replicable and robust finding or an anomaly of the sample studied. In light of the numerous criticisms of retrospective, cross-sectional research and the limitations of the actual study outlined above, it is proposed that a prospective study employing a more homogeneous group might be the preferred strategic option for more rigorously testing this hypothesis.

Implications

If these findings are valid, they suggest that almost one in 12 young people are likely to experience sexual revictimisation before the age of 19 whilst remaining unaware of their

original abuse. Consequently, they would not have had the opportunity to receive support/counselling to reduce their risk of revictimisation during adolescence, which is a particularly risky phase of their lives. Since the debilitating psychological sequelae of revictimisation serve to significantly impact not only upon the quality of life of the victim but also on the lives of their partners and children, alternative forms of intervention that include this high-risk group should be a priority. The findings have significant implications for the strategies employed for reducing sexual revictimisation. Currently, most interventions focus on those individuals identified as victims of CSA. However, since those who are amnesic are unable to disclose their victim status, they are unable to access support during adolescence when they demonstrate the greatest vulnerability. Consequently, it is suggested that widespread, generic, sexual assault psycho-educational prevention programmes might be employed within educational settings that capture those who possess this previously unidentified risk, without the need for recognition of their at-risk status. Additionally, most current psycho-educational intervention programmes appear to focus on attempts to change behaviour exhibited when confronted with social interactions that are characterised by unwanted sexual threat (e.g. assertiveness and removing oneself from the situation). To date these have proved largely ineffective with women who have a history of CSA. It is suggested here that this may in part be due to women who are, or once were, amnesic for their history of abuse tending to employ dissociation when confronted with an unexpected/unwanted sexually-charged encounter. Since dissociation is likely to be involuntary, they would be less able to employ newly learned self-protective strategies to avert the ensuing assault. Additionally, the tendency to dissociate in such circumstances may compromise the individual's ability to express her/his lack of consent and thus place her/him at risk not only from predatory offenders, but also from the advances of suitors perceived as being 'naïve but well-intentioned'. In such a scenario, conventional negotiation methods and indicators of consent would prove inadequate and misleading. If the suitor misinterprets his/her chosen partner's unresponsiveness, and lack of both verbal and physical resistance to or rejection of his/her sexual advances as implicit consent, his/her actions will be perceived as sexual assault/rape. Whilst this may not have been his/her intention, the consequence is the same as if it had been. Therefore, it may be of value to educate all young people in more effective ways of ensuring they have consent for sexual relations, rather than their reliance upon the simple absence of physical and verbal rejection; whilst the latter may be sufficient in relationships with individuals who have histories free of abuse, it is less likely to be appropriate where the person has a prior history of CSA.

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Appendix 1. Dissociative Experiences Scale (Bernstein and Putnam 1986) with the revised scoring recommended by Wright and Loftus (1999)

DIRECTIONS

This questionnaire consists of twenty-eight questions about experiences that you may have in your daily life. We are interested in how often you have these experiences. It is important, however, that your answers show how often these experiences happen to you when you *are not* under the influence of alcohol or drugs. To answer the questions, please consider to what degree the experience described in the question applies to you. Please consider how your experience compares with that of the majority of other people. Please place one tick in an appropriate box to indicate your response.

	Much less than others	About the same as others	Much more than others
1. Some people have the experience of driving or riding in a car or bus or subway and suddenly realising that they don't remember what has happened during all or part of the trip.			
2. Some people find that sometimes they are listening to someone talk and they suddenly realise that they did not hear part or all of what was said.			
3. Some people have the experience of finding themselves in a place and have no idea how they got there.			
4. Some people have the experience of finding themselves dressed in clothes that they don't remember putting on.			
5. Some people have the experience of finding new things among their belongings that they do not remember buying.			
6. Some people sometimes find that they are approached by people that they do not know, who call them by another name or insist that they have met them.			
7. Some people sometimes have the experience of feeling as though they are standing next to themselves or watching themselves do something and they actually see themselves as if they were looking at another person.			
8. Some people are told that they sometimes do not recognise friends of family members.			
9. Some people find that they have no memory for some important events in their lives (for example, a wedding or graduation).			
10. Some people have the experience of being accused of lying when they do not think that they have lied.			

Appendix 1. (Continued).

	Much less than others	About the same as others	Much more than others
11. Some people have the experience of looking in a mirror and not recognising themselves.			
12. Some people have the experience of feeling that other people, objects, and the world around them are not real.			
13. Some people have the experience of feeling that their body does not seem to belong to them.			
14. Some people have the experience of sometimes remembering a past event so vividly that they feel as if they were reliving it.			
15. Some people have the experience of not being sure whether things that they remember happening really did happen or whether they just dreamed them.			
16. Some people have the experience of being in a familiar place but finding it strange and unfamiliar.			
17. Some people find that when they are watching television or a movie they become so absorbed in the story that they are unaware of other events happening around them.			
18. Some people find that they become so involved in a fantasy or daydream that it feels as though it were really happening to them.			
19. Some people find that they sometimes are able to ignore pain.			
20. Some people find that they sometimes sit staring off into space, thinking of nothing, and are not aware of the passage of time.			
21. Some people sometimes find that when they are alone they talk out loud to themselves.			
22. Some people find that in one situation they may act so differently compared with another situation that they feel almost as if they were two different people.			
23. Some people sometimes find that in certain situations they are able to do things with amazing ease and spontaneity that would usually be difficult for them (for example, sports, work, social situations, etc.).			
24. Some people sometimes find that they cannot remember whether they have done something or have just thought about doing that thing (for example, not knowing whether they have just mailed a letter or have just thought about mailing it).			

Appendix 1. (Continued).

	Much less than others	About the same as others	Much more than others
25. Some people find evidence that they have done things that they do not remember doing.			
26. Some people sometimes find writings, drawings, or notes among their belongings that they must have done but cannot remember doing.			
27. Some people sometimes find that they hear voices inside their head that tell them to do things or comment on things that they are doing.			
28. Some people sometimes feel as if they are looking at the world through a fog, so that people and objects appear far away or unclear.			