

When is the issue of false memory raised in historical child sexual abuse allegations?

An archival study of 496 British cases

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Abstract

This study demonstrates that false memory, particularly of historical child sexual abuse, is a significant issue in the English criminal justice system. This is the first study to systematically analyse a large database of cases from the UK in which the issue of false memory was raised. We examined a random sample of 496 cases from an archive of 20 years' worth of cases collected by the British False Memory Society (BFMS). The BFMS is a charity that provides support to those who claim they have been falsely accused of a crime on the basis of a false memory, dealing mostly with claims related to historical child sexual abuse. The results of this study show that the issue of false memory is raised often in the UK, with thousands of known cases. In our sample, the issue was raised most often in cases where the person said to have a false memory was a woman in her thirties who had attended psychological therapy and was accusing her now elderly father of historical child sexual abuse. Occupation of both the accuser and accused was varied, suggesting that the issue of false memory can become relevant to people from diverse occupations. We highlight the need for understanding as to the role of false memories in the criminal justice system and stress the need to change the false dichotomy of allegations being seen as either the truth or lies to one that acknowledges false memories as a reasonable third option.

Reports from the National Society for the Prevention of Cruelty to Children (NSPCC) show unsettling figures; over 3,000 children in the UK were identified as the victims of sexual abuse in 2014 alone, and one in 20 children in the UK have been sexually abused (NSPCC, 2015). Even more concerning is that the official statistics fail to describe the magnitude of the issue because it is thought that 1 in 3 children who are abused do not disclose the abuse during childhood (Radford et al., 2011). Failure to report abuse is related to many factors, including over 90% of the offenders in the UK being known to the victims, often being family, friends, or neighbours (Radford et al., 2011), and with disclosure resulting in adverse lasting and immediate repercussions that the victim wishes to avoid. This possibly helps explain why delayed disclosure of sexual abuse is very common (Smith et al., 2000), and why a significant proportion of victims wait until adulthood to report childhood abuse (London et

al., 2005).

In rare circumstances, however, allegations of historical (also referred to as ‘delayed’, or ‘non-recent’) child sexual abuse arise in certain circumstances, such as suggestive therapeutic settings, that suggest they may be the result of a false memory. A false memory is not an attempt to lie, rather it is the unintentional creation of all or part of an event that feels real to the individual but did not objectively happen (either it did not happen at all, or not in the way it is recalled). There is strong support for the existence of false memories of child sexual abuse, especially as a result of problematic psychological therapy (e.g., Loftus, 2007). Particularly compelling as evidence of false memories are recollections that are physically impossible, such as witnessing the sacrificial murder of people later found to be alive (McNally, 2003).

A review of the literature by Loftus and Davis (2006) points out that a number of factors contribute to the prevalence of false memories of child sexual abuse in certain kinds of psychological therapy, including misguided assumptions about symptoms of abuse, confirmation bias, use of problematic evidence, conformity, and social influence. This research shows that adults who undergo certain kinds of therapy can come to believe they experienced childhood sexual abuse that never actually took place. Individuals who erroneously come to believe they have been sexually abused can go on to wrongfully accuse others of committing a sexual assault.

The British False Memory Society (BFMS) provides information and support on the topic of false memories, with a particular focus on false memories of historical child sexual abuse. As part of this support, the BFMS provides a helpline that individuals can call if they believe they are, or someone they know is, being wrongfully accused. The BFMS does not accept membership from anyone with a criminal conviction. It is not an organization that focuses on miscarriages of justice or false allegations, *per se*. It also only accepts cases where the accused and accusing individuals are adults. In the small number of instances where a minor has contacted the helpline, details of the call have been recorded but the caller was

signposted to a more appropriate organisation and membership was not accepted.

The society has a scientific and professional advisory board comprised of eminent members of the scientific and academic community. Members of the current Advisory Board include consultant psychiatrists, clinical psychologists, and a number of psychology lecturers and professors.

Individuals who phone the helpline typically claim to be the parents of adult children who are wrongfully accusing them of historical child sexual abuse, after their now-adult child has sought psychological therapy for an unrelated concern. Over the past two decades, the BFMS has recorded some information each time such a call has been taken and has accepted cases for further support if there was belief that a false memory may have been involved. As such, the BFMS possesses a large amount of information on cases involving alleged false memories, with the majority of cases involving allegations of historical childhood sexual abuse.

Two previous studies were conducted in collaboration with the BFMS, 20 years ago. In the first study, Gudjonsson (1997a) circulated a questionnaire to BFMS members who claimed they had been wrongfully accused of child sexual abuse due to a false memory. Of the 282 respondents, 87% of accusers were female, with an average age of 29.6 at the first accusation, and most accusations (72.5%) involved the biological father of the accuser. The claims in this sample were said to have arisen in therapy, mostly therapy for depression or eating disorders. 73% of the accused said that the memory had been forgotten until they were able to 'recover' the memory. The most commonly reported repercussions of the allegations were discontinued contact with the family, initiating legal proceedings, and the need for the accused to themselves seek therapy to deal with the stress of being accused. In a follow-up study, Gudjonsson (1997b) examined the legal repercussions of 37 BFMS cases where criminal proceedings were reported. Once again, a questionnaire was sent to the accused. It was reported that in 23 cases the accused was charged, of these, eight resulted in a conviction with prison sentence. Gudjonsson concluded that "police, lawyers, judges and jurors appear reluctant to accept the testimony of accusers who claim recovered memories of sexual abuse"

(Gudjonsson 1997b, pp. 348).

While the previous study sent a questionnaire to BFMS members, this paper provides the first analysis of the BFMS paper records. Because it is impossible to know whether any particular allegation is the result of an actual occurrence, a false memory, memory distortion, or lying, we cannot say that what we are dealing with in this archive are actual false memories. In consequence, we will focus our discussion in this paper on ‘cases where the issue of false memory has been raised’. We are not assigning this a qualitative value and are not assuming that our cases involve actual false memories, as there is no way to attest to this. This paper hopes to elucidate a sample of the types of allegations where a claim of false memory has been raised in the United Kingdom over the past two decades, and to explain why understanding the prevalence and nature of such claims is critical for the development of effective policies to deal with such cases within the criminal justice system.

Method

A sample of 496 historical files where the issue of false memory was brought to the attention of the BFMS were analysed for this study. These files represent a random sample of cases from an archive possessed by the BFMS that includes approximately 2500 cases covering the period from 1993 to 2014. The society first started to record basic details of phone calls to the helpline when it was founded in 1993. There is a huge disparity between the files in the archive, many cases involving a one-off telephone call with no further contact between the caller and the BFMS. In other cases, members remain in contact for years, even decades. Some of these cases contain a large number of files, highlighting contextual detail regarding the allegations, and legal details about the case if the police have become involved.

Typically, a caller to the helpline contacts the BFMS in a considerable state of distress following an allegation of (normally) historic child sexual abuse. The accuser has typically received psychological or hypnotic therapy following depression, eating disorders, anxiety, or relationship problems. In some cases, the caller does not possess sufficient information about the allegation(s) to establish whether potential false memories are involved.

For the present study, BFMS files were redacted by the research team, removing all personal information that could identify those making the claims and others involved, before being photocopied, scanned, and analysed.

The archive contains three different types of files: (i) legal files provided by a solicitor; (ii) files containing legal documents provided by family members; and (iii) files in which no legal action was taken, and the accusation was only made to the accused or their families. There was large variation in the types of documents provided for each claim. The only consistency found for the majority of claims was a so called ‘Telephone Information Sheet’, which represents the first contact the accused or their family had with the BFMS. Since this sheet provides sufficiently summative information regarding demographics, the accusations, and the type of legal action taken (where the allegation resulted in police involvement), we undertook a preliminary analysis of this data. This focused primarily on what callers knew about the claim and felt comfortable sharing with the BFMS at the time of the first phone call. The BFMS makes it clear to the general public, through their publications and website, that they specialise in dealing with accusations of child sexual abuse, in which it is suspected that false memory is prevalent. As a result, we decided to discard from this analysis those claims that do not contain this accusation. Finally, any claims made to the BFMS by lawyers had an alternative ‘Telephone Information Sheet’ and presented themselves as a very distinct sub-sample as they cover legal aspects that are not found in the rest of the claims. Therefore, these claims were also excluded from the present analysis.

After the files underwent preliminary analysis, they were divided into four distinct categories; (i) single accused: one accuser and one accused; (ii) multiple accusers: two or more accusers and one accused; (iii) multiple accused: one accuser with two or more accused; (iv) multiple accusers and multiple accused. The terms accuser and accused were used to avoid the legal connotations associated with the terms: complainant and defendant, and to avoid the implicit judgement that is associated with words such as ‘victim’. For this paper, we focused on the first category of claims, as this represents by far the largest dataset, and multiple accusers or accused proved difficult to meaningfully analyse the remainder of

the sample.

Results

General Description of the Dataset

From our original sample of 496 claims, 109 claims were immediately excluded because they had no 'Telephone Information Sheet' and 43 were excluded because they were legal claims and thus were reported by Barristers or Solicitors rather than the accused themselves, which changed the nature of the information available in these instances. We also excluded 21 claims unrelated to historical child sexual abuse, which included reports of physical or psychological abuse. This left us with 323 claims of historical child sexual abuse to analyse. Of these, 257 (79.5%) claims involved a single accuser and a single person accused of historical child sexual abuse, 21 (6.5%) involved multiple accusers, 44 (13.5%) involved multiple accused. In addition, there was one case involving both multiple accusers and multiple accused. This left us with a final sample of 257 claims for further analysis.

Types of accusations

Relationship between accuser and accused. The 257 claims of historical child sexual abuse were analysed for the relationship between the accuser and the accused. Table 1 highlights the distribution of claims in terms of these relationships. In an effort to address our concerns regarding the heterogeneity of the types of cases included in our full sample, we selected only the largest subsample for further analysis. As such, cases analysed after this section only relate to the 153 cases where daughters accused fathers.

Characteristics of accusers

Age. When discussing accusers in the following sections it is important to remember that we did not have access to the accusers themselves. Instead, we had to rely on information

and documents provided to us by the accused. In some cases, we were provided transcripts and letters written by the accusers themselves, but in other instances we had to rely entirely on the second-hand reporting of the allegations. Despite this limitation, we believe that these data can still give a good, albeit possibly imprecise, indication of the ages at which the alleged abuse was claimed to have taken place.

In our subsample of daughters accusing fathers, some of the accusers reported time periods over which they claimed to have suffered repeated episodes of abuse (e.g., “from 4 to 13 years old”); other accusers only reported the age at which the abuse started (e.g., “from 8 years old”); a few gave information about the duration of the repeated abuse with no specification of the starting age. In other cases, accusers could not provide an exact chronological time frame, choosing to describe the time of the alleged offence by using phrases such as, “it has been happening for years” or “when a young girl...”. This can be compared to prior examination of BFMS cases, where Gudjonsson (1997) asserted that 44% of accusers claimed to have been sexually abused before the age of 5, and a further 5% claimed that the abuse took place between birth and their first birthday.

In the present study, these claims were further grouped into specific categories of types of historical sexual abuse according to alleged starting age. Figure 2 summarizes the age of the accusers at the time of the alleged abuse as reported to the BFMS.

Further, we analysed the variables which provided information about the accuser at the time of reporting. The first variable we looked at was the age of the accuser at the time of reports of alleged false memories of historical child sexual abuse being made to the BFMS. From the 153 claims of daughters accusing fathers, 144 reported the age of the accuser.

Therefore, we could determine the average age of the accuser for these cases to be 30 years old (30.34; SD=9.22, Range = 9–55) at the time of reporting CSA.

Therapy. In order to determine whether there were any similarities between the accusers, we also looked at the personal information provided in the ‘Telephone Information Sheet’. From our sample of 153 daughters accusing fathers, 129 (84.31%) were reported to have undergone some sort of therapy, as described in Table 3.

Mental health of accuser. To determine why the daughters accusing fathers needed therapy in the first place, we examined information regarding their behaviour or health status that might require the intervention of a therapist. Starting with reports of any previous or current mental health issues, we identified twelve women diagnosed with depression, one amnesic patient as a result of a traumatic accident, one suffering from Down Syndrome, one dyslexic, one person suffering from anxiety, one diagnosed with PTSD, and one diagnosed with Bipolar Disorder.

In addition, the study examined reports of self-harm and other behaviour, which was thought to impact the health of the accuser. We found six female accusers who had attempted suicide on one or more occasion, six who had overdosed, and seven who were addicted to drugs, alcohol or both. To these figures we added another four reports of self-harm, for which no details about the nature of harm was provided. Along with looking at self-harm, we investigated how many of the accusers had suffered, or were suffering from, any eating disorders at the time of the accusation. Results show that from the twelve reported claims, nine accusers were suffering from anorexia, three from bulimia, one was overweight, and one was reported as having dieting issues.

The telephone information sheets also provide other contextual details regarding the allegations. For example, 17 claims of the accuser adhering to extreme religious beliefs, two accusers who were called ‘feminists’, and eight accusers were reported to have read the *Courage to Heal* (Bass & Davis, 1988), which has previously been linked with false memories of historical childhood sexual abuse (e.g., Ceci & Loftus, 1994). There are no clear symptoms of sexual abuse, but popular self-help books like *The Courage to Heal* present a checklist of indicators which readers are encouraged to use to ascertain whether they have

been sexually abused. Such checklists often include eating disorders, self-harm, depression, anxiety, and low self-esteem. Individuals ascribing to such notions are at risk for making assumptions about having been sexually abused even when no such abuse has taken place, and then attempting to recover memories of the presumed abuse.

Occupation. Looking at the profession of the daughters accusing fathers we observe a vast array of occupations, from manual workers to workers in the domain of education or health. This is described in Table 3, included in the appendix. 17 of the accusers were still in school or higher education at the time of making the accusation, of which four were pursuing or had obtained a degree in Psychology. Only six were unemployed (although one was a volunteer Rape Crisis Counsellor), eight were teachers, two were Social workers, five were involved in the therapeutic community (psychotherapy, hypnosis, and/or 'beauty therapy'), five were nurses and 14 had alternative jobs. The rest of the claims did not specify occupation.

Characteristics of accused

Age. The age of the fathers accused by daughters was only found in 80 out of the 153 claims. On average the accused was 62 years old (61.9; SD=10.03, Range = 37-85) when the claim of historical sexual abuse was first made by the accuser.

Occupation. The only additional information present in the 'Telephone Information Sheet' was the occupation of the accused. In terms of occupation, the majority of BFMS members work in a professional capacity, with only a small number of individuals who were employed in manual labour. Table 4, included in the appendix, describes in more detail the data on professions found.

Discussion

This study examined the prevalence and nature of false memory allegations in the UK. It showed that over the past two decades, the issue of false memory, particularly of historical child sexual abuse, has been of considerable concern to the British public. We

believe that the cases included in this sample represent the tip of the iceberg when it comes to the prevalence of legally relevant false memories, because individuals who raise the issue of false memory in the light of allegations, may not know about, or choose not to contact, the BFMS.

If the BFMS archive is even partially indicative of innocent individuals being accused of crimes on the basis of their accuser suffering from a false memory, normally as a consequence of poor psychological therapeutic input, then this is a cause of considerable concern. The impact of false allegations on the wrongly accused has recently been documented by Burnett (2016). Her book examines the progression of false allegations, and she documents the extent of the harm of false abuse allegations. Burnett argues that the issue of wrongful convictions is contemporary and prevalent, and that it is vital that the nature and extent of false memories is brought to the attention of policy makers and legal professionals.

Raising awareness about the issue of false memory can help the legal system to understand and appropriately process such issues. In the absence of independent evidence, Juries unaware about the unreliability of memory in historical allegations of sexual abuse may be forced to choose whether the accuser or accused is more believable. This is of particular importance due to the already sensitive nature of the types of allegations most often involved in such cases: child sexual abuse.

We do not advocate that the legal system should take all claims of false memory at face value, as this could be abused by perpetrators of crime, but we stress the importance of at least considering claims of false memory. A proliferation of scientific and academic research, as well as DNA exoneration cases from organisations such as the Innocence Project, has shown repeatedly that false memories of highly emotional situations are easy to create and can feel and look like real memories (for example see recent mega-analysis by Scoboria et al., 2016). How police and other agencies should handle the claim that a false memory has occurred in a particular case would benefit from evidence-based guidance.

This paper also makes specific observations that can help with our understanding of when the issue of false memory is raised. In our sample, typical accusers were, at the time of first making the claim, women in their 30s who had attended therapy. Those who were typically accused in our sample were men, usually the accuser's father, in their 60s. These findings accord with Gudjonsson's earlier studies (Gudjonsson, 1997). Because this was observed to be the most common typology, and we were concerned about generating statistics for dissimilar cases, our extended analysis only included daughters accusing fathers. While this reveals a general pattern that might be of interest, it does not mean that such characteristics make a claim of false memory more likely *per se*, as many cases of delayed disclosure do not end up with an allegation of the memory being false. However, it can potentially allow the police, lawyers, and victim support services to prepare themselves for the issue of false memory being raised in historical cases, particularly those that have similar characteristics to the ones noted in this study.

While average characteristics of accusers and the accused might be helpful, it is also critical that there is an understanding that the issue of false memory will not, and should not, only be considered when these particular characteristics are prevalent. Even in our sample, we found tremendous variation. Equally, while this paper focused on daughters accusing fathers, there were various configurations of the relationship between the accuser and the accused, with both intra-familial and extra-familial abuse allegations being present in our initial analysis.

Further highlighting the importance of understanding variation in false memory claims, the data show an occupational diversity of both the accused and the accusers, in a way that might be unexpected. Our paper shows that individuals who believe they are being wrongfully accused because of a false memory can come from all walks of life. We believe this to be an important finding that can help to remove erroneous expectations and biases that organisations who come into contact with false memory claims may currently hold. In support of a need for further awareness-raising about false memory, Patihis et al. (2014) conducted a large survey of therapists internationally which found that a significant number

of therapists still endorse harmful misconceptions about false memory. Additionally, a study by Shaw & Chaplin (2015) demonstrated that British police officers also believe many memory myths. Together these results point to a need for more education about false memory, particularly to individuals who deal with them as part of their profession.

It is also useful for the criminal justice system to understand the role that psychological therapy can play in the generation of false memories. Anyone can generate false memories, but highly suggestible interview settings increase the risk of modifying of a person's memory. A suggestible setting can include a therapist's office where patients are encouraged to try to remember back to a childhood drama (e.g., Lynn & Baltman, 2007). A highly emotional childhood event may have never occurred but can be fed and developed in therapy sessions until the patient starts using their imagination. It has been repeatedly experimentally demonstrated that misinformation, in this case suggesting that an emotional childhood event occurred when it did not, combined with imagination, is a potent recipe for false memories (e.g., Hyman, Husband, & Billings, 1995; Porter, Yuille, & Lehman, 1999; Shaw & Porter, 2015).

In circumstances where a false memory has been generated through leading and suggestive therapeutic techniques, we consider both the accuser and the accused to be victims. The accuser can be seen as a direct victim, since entire memories of events are introduced and elaborated within their mind, potentially leading to severe psychological repercussions and alienation. The accused often face alienation from the family, may lose respect within the community, and may even be prosecuted for a crime they did not commit.

In this study we found that therapy was mentioned in 84% of the cases where daughters were accusing fathers, which is unsurprising given the criteria used by the BFMS when screening these cases. While it was often unclear why individuals initially sought therapy, for the cases we do have available, many of the individuals sought help for issues including depression and eating disorders. Allegations were made after an individual had attended therapy. Certainly, from correspondence with members of the BFMS, many of the accused state that they believe that their accusers acquired a false memory of the event during

therapy.

In the cases available to us it is unfortunately unknown whether therapists suggested to their patients that they should try to recall an instance from their childhoods. From what we do know, the types of therapy sought varied tremendously, but a number of types of therapy which are known to use leading and suggestive questioning techniques that can produce false memories were listed, including hypnotherapy. At this point it is unclear the exact role that therapy plays in such situations, but it is clear that the issue of false memory is often raised in cases where therapy was sought by the accuser.

With this paper we attempt to open a dialogue regarding the role that false memory plays in claims of historical child sexual abuse. It is important to us that those involved in the criminal justice system understand and acknowledge that the issue of false memory is of paramount importance. Many people in the UK care about, and believe they are affected by, false criminal allegations resulting from false memories. Departments dealing with historical child sexual abuse allegations are in particular need of formal training on the science of false memory.

The main scientific facts that we believe need to be disseminated to policy makers and those involved with the criminal justice system are (i) False memories are common; (ii) any person, at any age or intellectual capacity, can generate false memories; (iii) false memories are not lies; (iv) false memories are unintentional fabrications that feel very real to those who experience them and are the result of biological factors and social influences; (v) individuals can have false memories of entire events, or parts of events; (vi) confidence, complexity, vividness, and emotionality are unreliable indicators of memory accuracy; (vii) We cannot tell from an account alone whether it is the product of a false memory, instead we must look to see whether a leading, suggestive, or imaginative process has taken place to elicit the memory.

Additionally, it seems sensible for the criminal justice system to encourage formal policies and procedures with regards to how police, lawyers, and judges should process the claim that a false memory has occurred. This might streamline the processing of cases such as those discussed in this paper and help decision-makers to be evidence-based.

The present study represents a small first step towards understanding how frequently, and in what circumstances, the issue of false memory is raised in the UK, but it does not help us to understand how often false memories of historical child sexual abuse actually occur. While it is probably impossible to find out how many false memories there are, since most people do not realise when they have a false memory, it is possible to better understand risk factors for false memories outside the lab. It might be particularly useful for future research to look at false memory cases that are demonstrably untrue, such as the nature and progression of memories said to have taken place during what is referred to as the 'childhood amnesia' years (e.g., Hayne, 2004), where the brain is not yet able to form memories that last into adulthood. It is also important for future research to examine cases from other sources, given that a major limitation of our sample is its very selective nature, which is due to how the BFMS curated the database. Reaching out to international false memory societies and innocence projects, might help to gain a more comprehensive understanding of how many people claim to be the victims of allegations based on false memory and how we can address the needs of this population.

Ultimately, we hope to highlight the need for understanding the role of false memories within a legal context, and to encourage the criminal justice system to be more evidence-based in the way it deals with false memory cases. We particularly encourage the legal system to move away from a dichotomous view of claims being true or lies, and to better include the possibility of false memories.

References

- Bass, E., & Davis, L. (1988). *The courage to heal: A guide for women survivors of child sexual abuse*. New York: Harper & Row.
- Belli, R. F. (1989). Influences of misleading post-event information: information interference and acceptance. *Journal of Experimental Psychology: General*, 118, 72-85.
- Brandon, S., Boakes, J., Glaser, D., & Green, R. (1998). Recovered memories of childhood sexual abuse. Implications for clinical practice. *The British Journal of Psychiatry*, 172(4), 296-307.
- British National Society for the Prevention of Cruelty to Children. (2016). Child protection register statistics UK: 2011 – 2015
- Burnett, R. (2016). *Wrongful Allegations of Child and Sexual Abuse*. Oxford, UK: Oxford University Press.
- Ceci, S. J., & Loftus, E. F. (1994). 'Memory work': A royal road to false memories? *Applied Cognitive Psychology*, 8(4), 351-364.
- Greene, R. L. *Human Memory*. Hillsdale, NJ: Lawrence Erlbaum Associates Inc.. 1992
- Hayne, H. (2004). Infant memory development: Implications for childhood amnesia. *Developmental Review*, 24(1), 33-73.
- Hyman, I. E., Husband, T. H., & Billings, F. J. (1995). False memories of childhood experiences. *Applied Cognitive Psychology*, 9(3), 181-197.
- Loftus E. F. (1992). When a lie becomes memory's truth: memory distortion after exposure to misinformation. *Current directions in Psychological Science*, 1, 121-123.
- Loftus, E. F. (2007). Memory distortions: problems solved and unsolved. *Do justice and let the sky fall: Elizabeth F. Loftus and her contributions to science, law, and academic freedom*, 1-14.

- Loftus, E. F., & Davis, D. (2006). Recovered memories. *Annual Review of Clinical Psychology*, 2, 469-498.
- Loftus, E. F., & Pickrell, J. E. (1995). The formation of false memories. *Psychiatric annuals*, 25(12), 720-725.
- London, K., Bruck, M., Ceci, S. J., & Shuman, D. W. (2005). Disclosure of child sexual abuse: What does the research tell us about the ways that children tell? *Psychology, Public Policy, and Law*, 11(1), 194.
- Lynn, S. J., & Baltman, J. (2007). Recovered Memories. *The Wiley Blackwell Encyclopedia of Gender and Sexuality Studies*.
- McNally, R. J. (2003). *Remembering Trauma*. Cambridge, MA: Harvard Univ. Press
- Porter, S., Yuille, J. C., & Lehman, D. R. (1999). The nature of real, implanted, and fabricated memories for emotional childhood events: implications for the recovered memory debate. *Law and human behavior*, 23(5), 517.
- Radford, L., Corral, S., Bradley, C., Fisher, H., Bassett, K., Howat, N., & Collishaw, S. (2011). Child abuse and neglect in the UK today: Research into the prevalence of child maltreatment in the United Kingdom. Accessed from NSPCC website: <http://www.nspcc.org.uk/childstudy>
- Santrock, J. W., Warshak, R., Lindbergh, C., & Meadows, L. (1982). Children's and parents' observed social behavior in stepfather families. *Child Development*, 472-480
- Shaw, J., & Porter, S. (2015). Constructing rich false memories of committing crime. *Psychological science*, 26(3), 291-301.
- Scoboria, A., Wade, K. A., Lindsay, D. S., Azad, T., Strange, D., Ost, J., & Hyman, I. E. (2016). A mega-analysis of memory reports from eight peer-reviewed false memory implantation studies. *Memory*, 1-18.

Shaw, J., & Porter, S. (2015). Constructing rich false memories of committing crime. *Psychological science*, 26(3), 291-301.

Smith, D. W., Letourneau, E. J., Saunders, B. E., Kilpatrick, D. G., Resnick, H. S., & Best, C. L. (2000). Delay in disclosure of childhood rape: Results from a national survey. *Child abuse & neglect*, 24(2), 273-287.

APPENDIX

Table 1

Relationship between accuser and accused

<u>Relationship</u>	<u>Number of claims</u>
Daughter accusing father	153
Daughter accusing mother	4
Son accusing father	13
Son accusing mother	11
Sister accusing brother	9
Niece accusing uncle	8
Granddaughter accusing grandmother	1
Granddaughter accusing grandfather	6
Stepdaughter accusing stepfather	23
Stepson accusing stepfather	1
Extra-familial claims	28
Total Claims Included	257

Table 2

*Type of therapy sought by accuser
(N=129)*

<u>Therapy</u>	<u>Number of claims*</u>
Psychiatric Therapy	30.23%
Group Counselling	4.65%
Individual Counselling	23.25%
Church Counselling	4.65%
Psychotherapy	9.30%
Hypnosis	5.42%
Drug abuse therapy	1.55%**
Regression	0.77%
... Other types of therapy	11.62%
Unknown	17.05%

*numbers do not add up to 100% since some accusers were reported as having had multiple types of therapy.

**there were more accusers reported as drug abusers than those who sought therapy for it.

Table 3

Professions held by accusers in this sample.

Professions in the domain of Education

Student
Teacher
PhD

Professions in the domain of Psychology

Unemployed Rape Crisis Counsellor
Psychotherapist
Counsellor at Social Services
Social Worker
Hypnotherapist

Medical professions

Nurse
General Practitioner
Retail and Health Care student
Radiographer
Mid-wife
Health visitor
Medical secretary

Manual labour

Potterer
Cleaner
Van driver

Other

Journalist
Beauty therapist
Aerobics instructor
Secretary
Solicitor
Telephonist
Manager
Business owner
Qualified chartered accountant
Real estate agent
Personal Assistant
Archaeologist

Table 4

Professions of accused

Professions in the domain of Education

Lecturer

Teacher

Scientist

University Professor

School Master

Medical professions

Pharmacy technician

Doctor

Manual labour

Toolster

Caterer

Painter

Piano tuner

Other

Lawyer

Minister

Bookkeeper

Accountant

General manager

Ex-army officer

Activity coordinator

Business owner

Engineer

Royal Marine officer

Self-employed

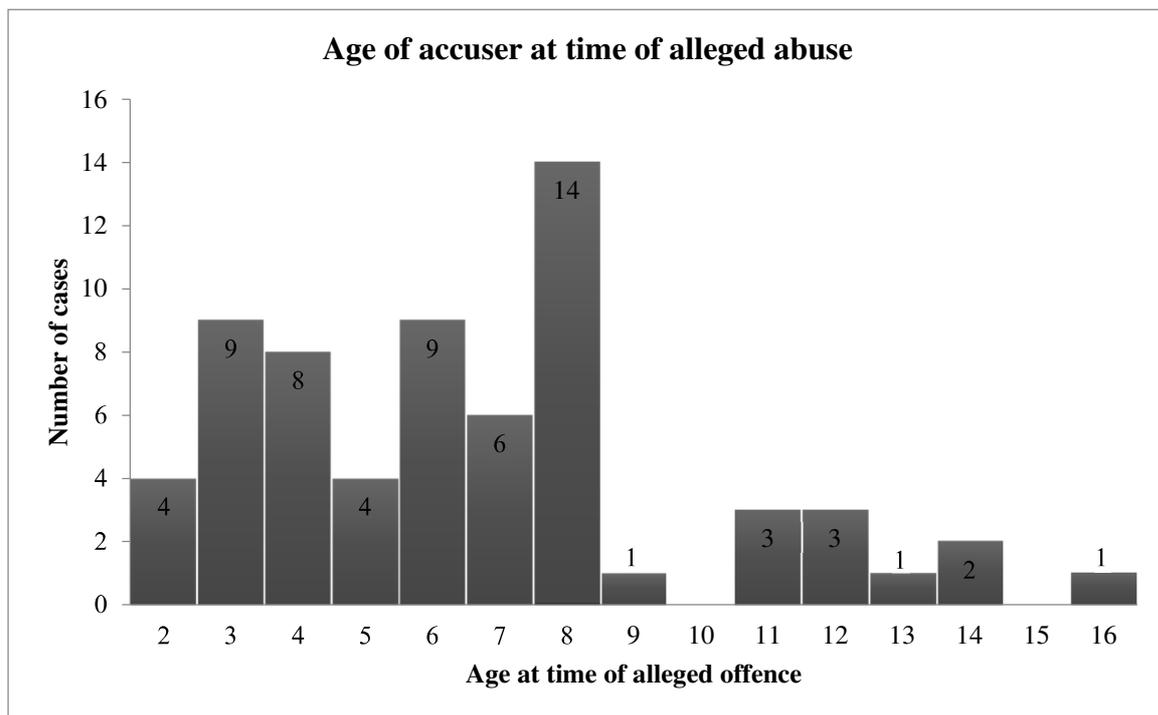
Retired

Solicitor

Priest

Writer

Figure 1



*Only 65 cases are included in this figure from our subsample of 153 cases. 88 cases did not mention starting age so could not be included.

M1907 MANCHESTER 2007

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TELEPHONE INFORMATION DATA SHEET

Selected:
Agree D.P. YES / NO

See comments

Call taken by: _____ Date: 25.1.07.

RELATIONSHIP OF ACCUSED / ACCUSER: Father / Daughter

Caller Details:

RELATIONSHIP TO ACCUSED: Partner adopted @ 4
(two when he met mother)

Name: [redacted] Age: _____

Address: [redacted], Salford, Manchester

Post Code: [redacted] Phone - Home: [redacted]

Profession: _____ Phone - Other: _____

Other children: Names Age Sex

How did you hear about BFMS?: Internet.

Support received by accused (e.g. GP): _____

Accuser Details:

Name: V [redacted] Age: 26 Profession: _____

Accusation: Vague csa From Age: ? school age To: _____

When did the accusations start?: last week

How was the accusation made?: To dad

Therapy Details / Other Influences:

Therapy: Yes / No / ? Private / NHS Evidence of RMT: Multiple therapists:

Therapy type: Counselling Place of Therapy: York.

Psychiatrist/Therapist Names: _____

Hospital/Unit Name: _____

Previous mental health history: Eating disorder - depression
sexuality problems

Feminist: CTH: Religious: Eating Disorder: Self Harm:

Other self-help literature: Before/after therapy: _____

Legal Details
(see overleaf)

Legal Details:

Criminal: Civil: Trial: 0 CPS