



## RESEARCH REVIEW

### Ritual Abuse: A Review of Research

-by  
Kathleen Coulborn Faller

The term "ritual abuse" is applied to acts that subject children to sadistic and terrorizing physical, sexual, and psychological abuse. However, children are not necessarily its only victims. Children sometimes describe adults being harmed in ritual abuse situations, and adults report such experiences as children and sometimes in later life. In many but not all instances, these reported activities appear to be supported by a belief system which may be satanic. Although historical roots can be found (Goodwin, 1993), ritual abuse is a relatively recently identified type of child maltreatment. Cases were first noted in 1983 (Waterman et al., 1993).

Professionals disagree about appropriate terminology to describe ritual abuse, the range of situations to include in the category, whether ritual abuse actually exists, and if it does, its extent and significance. Moreover, the debate about ritual abuse has been greatly influenced by emotional reactions and personal beliefs. This article cannot address in depth all of these issues. This article will focus on findings from selected empirical studies of reports of ritual abuse, attending particularly to the reported characteristics of ritual abuse, findings regarding differential effects of sexual abuse and ritual abuse, and available corroboration of victims' accounts. The author hopes that focusing on em-

pirical findings will inform the discussion of this very controversial kind of maltreatment.

#### The Research

Thus far, the studies on ritual abuse are small in number but nevertheless instructive. Those reviewed below have been selected for their rigor. They will be covered under four topics: research on professional experience with ritual abuse, research on ritual abuse in day care, research on community-based cults, and research on intergenerational ritual abuse.

#### Research on professional experience with ritual abuse.

##### *Bottoms, Shaver, and Goodman*

An ongoing study by Bottoms, Shaver, and Goodman (1991; 1993) funded by the National Center on Child Abuse and Neglect, examines the extent to which professionals in the helping and legal professions have encountered persons reporting ritual abuse. The researchers are exploring two categories of abuse: (1) those that fit a generally accepted definition of ritual abuse (to be further documented below); and (2) cases of religion-related abuse. The latter commonly involve abuse by a religious professional or in a religious setting. Altogether, 41,000 agencies and professionals have

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## NEWS

### New Board Elected: New Journal Officially Approved

-by  
Theresa Reid

#### New Board members elected

Five new members were elected to APSAC's Board of Directors for terms beginning January 1, 1994 and ending December 31, 1996: **Randell Alexander, MD, PhD**, University of Iowa, **Mark Chaffin, PhD**, University of Arkansas Children's Hospital, **Howard Dubowitz, MD**, University of Maryland, **Donna Pence**, Special Agent, Tennessee Bureau of Investigation, and **Diane Willis, PhD**, University of Oklahoma.

The following Board members were re-elected for their second terms as well: **Veronica Abney, MSW**, UCLA Neuropsychiatric Hospital & Institute; **Kathleen Coulborn Faller, PhD, ACSW**, University of Michigan School of Social Work; **Thomas Curran, MSW, JD**, Defender Association of Philadelphia; **Deborah Daro, DSW**, National Committee to Prevent Child Abuse; **Susan Kelley, RN, PhD**, Boston College School of Nursing; **Paul Stern, JD**, Snohomish County Prosecuting Attorney's Office; and **Linda Williams, PhD**, University of New Hampshire, Family Research Laboratory.

APSAC is very fortunate to have leadership of this calibre on the Board of Directors. I am confident that all of these outstanding professionals will serve APSAC well during the period of enormous growth that lies ahead.

**Patricia Toth, JD** (National Center for the Prosecution of Child Abuse) took office as APSAC's President on January 1, 1994. The Board elected the following officers at its annual meeting on January 23, 1994, in San Diego: **Linda Meyer Williams, PhD**, President Elect (Chair, Membership Committee), University of New Hampshire, Family Research Laboratory; **Benjamin Saunders, PhD**, Second Vice President (Chair, Program Committee), Medical University of South Carolina; **Paul Stern, JD**, Treasurer (Chair, Finance Committee), Snohomish County Prosecutor's Office; and **Kathleen Coulborn Faller, PhD, ACSW**, Secretary (Chair, Nominating Committee), University of Michigan, School of Social Work. Other Executive Committee members include **Veronica Abney, MSW**; **Randell Alexander, MD, PhD**; **Barbara**

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## Review of Research

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been contacted. Responses have been elicited from child protection agencies, law enforcement departments, district attorneys' offices, psychologists, psychiatrists, and clinical social workers

Presently, findings are available from responses of 2,709 members of the American Psychological Association. Of these respondents, 30% had seen cases of ritual or religion-related abuse (5,731 cases), 40% (2,292) of which were ritual abuse. There were more instances of child victims (58%) reported than of adult survivors (42%). The modal number of cases seen per professional was one and the median two, although 2% of respondents reported seeing in excess of a hundred cases

The psychologists who had encountered cases of ritual abuse were asked to complete a second survey, describing the characteristics of the cases seen so that case profiles could be developed. Results are currently available from 297 respondents who report contact with ritual abuse cases. The most common features of ritual abuse cases were: 1. forced participation or observation of sexual practices (62%); 2. abuse related to rituals (e.g. prayers, chants, costumes) (53%); 3. abuse involving a cult (50%); 4. abuse related to symbols, beliefs, etc., involving the devil (46%); 5. abuse involving actual or staged animal sacrifice (40%); and 6. abuse involving actual or staged human sacrifice (39%). Less commonly reported characteristics, but nevertheless found in 15% to

34% of cases, were abuse involving actual or staged human torture, use of drugs, production of child pornography, cannibalism, and breeding of infants for ritual sacrifice (Bottoms, Shaver, & Goodman, 1993)

The authors note that one of the most important issues related to ritual abuse is whether it really occurred. As an indirect measure of this, they asked clinicians whether they believed the alleged harm had occurred (93% did), and whether they believed the ritual aspects took place (93% did), although 40% thought these were staged or faked. Bottoms and colleagues also queried about corroborative evidence. Forty-two percent of cases were investigated by protective services (44% of child and 12% of adult cases). Police investigated 30% of the cases (44% of child cases and 12% of adult cases). In 7% of cases a criminal conviction was obtained (11% of child cases and 1% of adult cases), although not necessarily of an offense confirming ritual acts.

Finally, the researchers asked respondents what evidence they had to support their beliefs that ritual abuse actually occurred. Clinicians cited such evidence as tattoos; letters and diaries; photographs and videotapes; satanic books and artifacts; perpetrator confession (30% of child cases and 15% of

adult cases); therapeutic evidence such as affect during disclosure and sequelae consistent with accounts (57% in child cases and 50% in adult cases); and the client's account alone (13% of child cases and 35% of adult cases)

Methodologically this is among the most sound studies of ritual abuse. However, this research is in progress. Additional analyses of the APA data will examine the ritual abuse cases separately from the religion-related ones. Findings from the other professionals surveyed will also be analyzed. The results so far indicate that a significant number of psychologists encounter ritual abuse allegations, and the vast majority who hear such allegations believe their clients. However, these researchers point out that their findings do not prove that ritual abuse does or does not exist (Bottoms, Shaver, & Goodman, 1993)

### Accounts of ritual abuse in day care

A good deal of what has been written about ritual abuse of children addresses reports of ritual abuse occurring in day care. Studies selected for review include two using national samples and three involving children reported to have been ritually abused in specific day care settings with comparisons to other groups of children.

#### *Finkelhor, Williams, and Burns*

With funding from the National Center on Child Abuse and Neglect, Finkelhor, Williams, and Burns (1988) conducted a study of substantiated allegations of sexual abuse in day care from all 50 states and the District of Columbia. They identified 270 cases of sexual abuse in day care involving 1,639 victims occurring between January, 1983, and December, 1985. When they examined the characteristics of these cases, they found that 36 (13%) involved ritual abuse. However, ritual abuse components were found in 66% of multiple perpetrator cases (compared to 5% of single offender cases).

Finkelhor and colleagues identified three types of ritual abuse: 1. true cult-based ritualistic abuse, 2. pseudo-ritualistic abuse, and 3. psychopathological ritualism. The first type involves an elaborated belief system that supports sexual, physical, and psychological abuse of children and could be satanic. In the second type, sexual abuse is primary, but the offender employs practices found in the first type for instrumental rather than ideological reasons, for example to inhibit disclosure. The third type of ritual abuse involves a lone offender, whose ritualism derives from delusions or obsessions. Unfortunately, the researchers do not report the number of identified cases in each category.

All ritual abuse cases in their sample had female offenders. When ritual abuse cases are compared to sexual abuse cases without such allegations, significantly more children were involved, for longer periods of time before discovery, and with more serious forms of sexual activity in ritual

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abuse cases. Ritual abuse cases were more likely to have both boy and girl victims. Moreover, ritual abuse was independently associated with increased symptoms of trauma when compared to other sexual abuse in day care.

### *Corroboration/Criminal justice response*

Finkelhor and colleagues also examined the criminal justice response to allegations. They found that having ritualistic elements meant the case was less likely to proceed to conviction. Nevertheless, 58% of the ritual abuse cases that went to trial did result in convictions. In the successful litigation, the prosecutors deemphasized the ritual elements and focused on the sexual acts, the coercion, and the identity of the offender.

### *Kelley*

Susan Kelley (1988; 1989; 1992b; 1993) conducted a study of identified ritual abuse victims in day care (N=35) and a comparison group of children whose sexual abuse in day care did not include reported ritualistic elements (N=32). Subjects were recruited nationally through the criminal justice system, a parent organization, and mental health agencies. All cases were substantiated by child protective services. In addition, Kelley had a matched sample of 67 children in day care with no reports of sexual abuse. Using a questionnaire and standardized instruments, she collected data from the children's parents on characteristics of the abuse and its impact on children and parents. Comparisons between ritually and sexually abused children will be presented.

Like Finkelhor and colleagues, Kelley found that ritual abuse was associated with multiple perpetrators, multiple victims, and a high proportion of female perpetrators. Similarly, although both types of abused children in her study reported severe sexual abuse, ritually abused children were more likely to report more severe forms. Significantly higher proportions of ritually abused children reported oral sex, vaginal and rectal intercourse, object insertion in the rectum, pornographic picture taking, and sexual activity with other children.

Kelley also collected data on physical and psychological abuse, and found significantly larger proportions of ritually abused children than sexually abused children experienced these forms of maltreatment. Almost all of the ritually abused children were physically abused (97.1% vs. 81.3%). Other important distinguishing characteristics of ritual abuse included being given drugs, being made to consume excrement, and being physically restrained. With regard to psychological abuse, the ritual abuse victims were significantly more likely to have been threatened with death and dismemberment, and with death of a parent or loss of parental love.

Compared to the sexual abuse group, children who had also been ritually abused had significantly higher overall scores on the Achenbach Child Behavior Checklist and on the internalizing behavior scale, representing greater fearfulness, inhibition, and anxiety.

*Corroboration/Criminal justice response.* Kelley (1992b) reports that in 92 per cent of both types of abuse in day care, criminal charges were filed. In 80 per cent of cases, there were convictions. There were no statistically significant differences in the rates of conviction for the ritual and sexual abuse cases (Kelley, 1993).

### *Waterman, Kelly, Oliveri, and McCord*

Jill Waterman and her colleagues at UCLA (Waterman, Kelly, Oliveri, & McCord, 1993) received funding from the National Center on Child Abuse and Neglect to conduct research on the McMartin preschool case in Manhattan Beach, CA, and other cases from the area. Included in the study are 82 children reporting ritual abuse in a Manhattan Beach preschool (62% from McMartin preschool), and a comparison group of 15 children sexually abused without ritual elements in a Reno (Nevada) preschool. The Reno case involved one offender, who confessed, was sentenced, and incarcerated. In addition, there was a second comparison group of 37 preschool children, with no reports of sexual abuse, from a California community similar in demographics to Manhattan Beach.

This study is impressive in its scope, and of considerable importance given the level of media skepticism about the McMartin preschool case. It is a longitudinal study conducted over a six-year period, in four phases, using over 40 data-gathering measures. Data were collected using standardized instruments, protocols constructed specifically for this research, and interviews. Sources of information included past case records (including initial assessment for sexual abuse and medical records), the children, their parents, and their therapists in the instance of the two sexually abused groups. Articles reporting findings from this study have appeared in professional journals (e.g., Gonzalez et al 1993), and the authors have just published a book including the findings, *Behind the playground walls* (Waterman, Kelly, Oliveri, and McCord, 1993). Here the focus will be on select material comparing the ritually abused to the sexually abused children.

The researchers constructed a "sexual abuse grid." Completed by the children's therapists, the grid documents children's disclosures during therapy. It assesses 31 characteristics of ritual as well as sexual abuse. Sexual acts are separated into three levels according to intrusiveness; 13 of the 31 activities are characterized as terrorizing acts, and seven are defined as ritualistic acts. Like Kelley (1989), the UCLA researchers found victims in

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both the ritual and sexual abuse groups experienced extensive sexual abuse, but the ritual abuse group was significantly more likely to report sexual games and stories, ejaculation, anal intercourse, and object penetration.

None of the sexually abused children was subjected to terrorizing acts, but 98.5% of those alleging ritual abuse were. Illustrative are the following findings for the ritual abuse group: abuse of animals, 80%; threats of death to the child, 80%; sadistic acts, 78.5%; acts involving weapons, 78.5%; acts involving use of blood, 63.1%; threats of the use of magical powers, 66.2%; drugs taken, 58.5%; acts involving excrement, 55.4%; and acts involving monsters or ghosts, 46.2%. Less commonly cited terrorizing acts were acts involving dead bodies, and the killing of babies, children, and adults.

About eighty-eight percent of children alleging ritual abuse told their therapists about an experience categorized on the sexual abuse grid as a ritualistic act (vs. 7% of sexually abused children). These included magic (67.7%), satanic rituals (58.5%), acts involving churches (50.8%), singing or chanting (49.2%), symbols (40%), fire (32.3%), and a circus or zoo (20%).

An extensive assessment of the impact of ritual and sexual abuse (and comparisons to their non-abused sample) examined effects on overall distress level, cognition and school performance, affect, sexuality, and interpersonal relationships. The researchers collected information from the children, parents, and therapists, and assessed change over time. Select comparisons between ritually and sexually abused children will be presented.

General findings were that children alleging ritual abuse displayed greater symptomatology and made less complete recovery than the sexually abused children. Seventeen percent of the children alleging ritual abuse had significant problems five years after disclosure. Like other researchers, the

UCLA group employed the Achenbach Child Behavior Checklist (CBCL), using the parents' form with both parents and the teacher form with therapists. A comparison of mothers' ratings of their children "at the time of most distress" reveals that children alleging ritual abuse had significantly higher scores in terms of total behavior problems and internalizing behaviors. A comparison of therapists' ratings "at time of most distress" also reveals ritually abused children had significantly higher total behavior problems

than sexually abused children, but significantly higher externalizing scores (rather than internalizing scores). The researchers interpreted discrepancies between maternal and therapists' ratings to derive from the possibility that mothers of children reporting ritual abuse might not observe the internalizing behaviors displayed in therapy. As hypothesized, no differences were found be-

tween the two groups on the sexual problems subscale of the CBCL.

Therapists' ratings of ritually and sexually abused children on both the Children's Global Assessment Scale and the Brief Psychiatric Rating Scale for Children revealed that the children reporting ritual abuse functioned less well than the sexually abused children at termination of treatment. However, there were no differences between the groups on these two measures at the "time of most distress." On several measures the children reporting ritual abuse scored higher on feelings of powerlessness than the sexually abused children, including on external locus of control.

*Corroboration/Criminal justice response.* The researchers note in the preface to *Behind the playground walls* that at the end of seven years of litigation, the two juries that heard charges in the McMartin preschool case were deadlocked. However, after the first and longest trial, 9 of the 11 jurors who agreed to be interviewed said they believed the children who had testified had been sexually abused, but that the evidence presented did not allow them to reach that conclusion at the level of proof required in criminal prosecution, beyond a reasonable doubt, or at the 95 percent certainty level.

A major reason for the acquittal in the McMartin case was the absence of physical evidence to corroborate the children's accounts. For example, children described going into tunnels underneath the school, as well as witnessing satanic acts and sacrifices. The parents of children from McMartin sponsored an archaeological dig of the site, results of which were available during the second trial but not used as evidence in court (Stickel, 1994). Gary Stickel, the archaeologist who conducted the excavation, reports having found the features listed below (Stickel, 1994):

One filled-in tunnel 45 feet in length, about 30 inches wide, and a little less than four feet high was discovered 30 inches below the school floor. The tunnel had a chamber nine feet wide under classroom 4, Ray Buckley's classroom. Although all the teachers were accused of abuse by the children, a great many more allegations were made against Ray Buckley than against other teachers.

A second filled-in tunnel, seven feet in length was found under the bathrooms and classroom 1, extending under a three-car garage belonging to the triplex next door. Children described entering and exiting the tunnel from the triplex yard where the tunnel was found. The archaeologists concluded that the tunnels were both dug and filled in with landfill after the buildings were constructed.

Over 2,000 artifacts, including 100 animal bones and a Walt Disney bag (copyright 1982) items were found under the school. In addition, a small white plastic plate with three green, hand-painted pentagrams was found in the playyard dirt.

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Other relevant physical findings included a classroom with a deadbolt lock but no doorknobs, and switches marked "fire alarm" that were not wired to the fire department but could be used as a signal within the school. Because the school had been sold and was marked for demolition, the archaeologist had only 30 days to excavate and make drawings and photographs, and was not able to explore the full extent of the tunnel system (Stickel, 1993)

## *Faller and the Michigan Department of Mental Health*

About a year after the McMartin pre-school case came to the attention of authorities, a similar case, involving 172 children who made disclosures, was identified in southwest Michigan. In this case, allegations involved all teachers, including a male teacher who played a leadership role and was married to the director. This case has been studied by Faller (1988; 1990) and by researchers from the Michigan State Department of Mental Health (Bybee & Mowbray, 1993; Valliere, Bybee, & Mowbray, 1988). Faller collected data in the process of clinical

interviews with 18 children and served as consultant during the investigation of the case. The Department of Mental Health researchers conducted a record review and collected data on some of the children using standardized instruments. Both studies found extensive sexual abuse, substantial physical abuse, and some acts against children that appeared ritualistic, but minimal evidence of satanic practices. Both studies also found corroboration of abuse by children who observed the maltreatment of other children.

The Department of Mental Health (Bybee & Mowbray, 1993) reviewed the records of 106 children interviewed by the state police, the department of social services, and community mental health. They identified 62 children (58%) who disclosed their own victimization and 53 children (50%) who observed others being abused. Of the children observed being abused, 92% also disclosed their own victimization. The researchers also categorized the types of maltreatment as indicated in Table 1.

Bybee and Mowbray (1993) also assessed characteristics of the 106 children interviewed that were associated with disclosure of abuse. These were younger age, greater number of interviews (although the direction of the influence is not known), and use of anatomical dolls during the investigative interviews. In some studies, younger age has been associated with increased suggestibility in children (Goodman, Bottom, 1993).

**TABLE 1: Types of maltreatment**

Sexual abuse	Observed	Experienced
Fondling	56	36
Penetration	35	14
Oral sex	34	9
Sex with children	35	39
Penetrated adult	12	3
<b>Other abuse</b>		
Threatened with harm	47	10
Hit or hurt	44	22
Given meds/ bad food	11	4
<b>Ritual acts</b>		
Rituals/bestiality	28	14

*Disclosed by 106 children in Bybee & Mowbray (1993) study*

Faller (1988) used a different series of categories for sexual activity, but with similar results. Her categories for other types of maltreatment were as follow: sadistic acts (100%), threats of harm and death to children and their family members (100%), use of drugs (56%), confinement (44%), and animal killings or injury (22%) (Faller, 1988; 1990).

Faller (1990) compared the effects of alleged ritual abuse on the 18 children she interviewed from this setting to the impact of sexual abuse on children who were victimized by a single offender in a day care center or a day care home. Significantly higher percentages of ritually abused children were reported to have sexual acting out problems, sleep problems, emotional problems, behavior problems, and phobias.

As noted above, the Department of Mental Health researchers used standardized measures to assess the effects of victimization, comparing the children reporting abuse at this day care center to clinical and non-clinical norms, and to findings from a non-abused sample from the same community. A report is available comparing maternal responses on the Achenbach Child Behavior Checklist (CBCL) for sexually abused children and non-abused community children two years after the abuse was reported and then a year later (Valliere, Bybee, & Mowbray, 1988). The authors also compared the scores of both groups to clinical and non-clinical norms. The sexually abused children's scores were generally comparable to those of clinical norms, and significantly higher than non-clinical norms. Sexually abused girls demonstrated improvement on the CBCL between times one and two, but the boys did not (Valliere, Bybee, & Mowbray, 1988).

*Corroboration/Criminal justice response.*  
The male offender in this case was tried and convicted

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on the strength of testimony of one five-year-old boy. However, the case was reversed on appeal five years after conviction because of hearsay admissions, and remanded for re-trial. Because of the expense and the lack of availability of witnesses, the prosecutor allowed the man a plea bargain and he received probation. None of the remaining alleged offenders was prosecuted because the first case had exhausted the resources of the small community.

Studies describing reports of ritual abuse in day care provide information suggesting that both sexual abuse and ritual abuse may occur in day care. The national study by Finkelhor and colleagues (1988) is important because it documents both sexual abuse in day care and the presence of ritual elements in some cases, especially those involving multiple offenders. It is significant that this research was conducted prior to extensive media coverage of ritual abuse.

It is also notable that all studies of ritual abuse in day care involve cases substantiated by protective services, and that some cases resulted in successful criminal prosecution.

Nevertheless, there is a need for greater clarity of definition of ritual abuse in day care. In part, definitional problems derive from how ritual abuse in day care comes to light. The relevant events are perceived and described by children to adults, who then interpret them. What is called ritual abuse in day care may represent a variety of patterns of behavior, some of which may be motivated by belief systems and others by different dynamics, for example sadism or the desire to prevent disclosure.

In addition, except in the case of the research by Finkelhor et al. (1993), the studies are not able to examine the effect of ritual abuse independent of other factors, such as the presence of multiple perpetrators.

## Studies of community-based ritual abuse cases

Community-based cults are defined as those whose membership is contemporary and often made up of persons of various ages—children, adolescents, and adults in a particular community. Sometimes the locale of their activities is a church, but victims and observers from the community also speak of these events happening in houses, other buildings, or outdoors. Two studies in the literature describe findings on instances of community-based ritual abuse.

### *Snow and Sorenson*

Snow and Sorenson (1990) describe five neighborhood-based cults in a three-county area in Utah, four in suburban neighborhoods and one rural, all bordering on open areas, including canyons, gulches, fields, and cemeteries. Thirty-nine children, ages 4 to 17, from these five cults were seen by Snow and Sorenson. The researchers documented

the existence of three interlocking types of sexual activity: intrafamilial incest, adolescent perpetration, and adult ritual sex ring activity. All three components were found in four of the five neighborhoods. No adolescent perpetration was found in the fifth, but information from that site was less complete.

The researchers state that they had little understanding of ritual abuse when they began working with the children involved, and therefore their documentation of ritual elements is probably incomplete. The number of children seen from each of the five sites varied from 3 to 16. All children in the five sites reported forced sexual activity, violent threats, and multiple perpetrators and victims. However, for a child to be included in the study, he/she had to show at least six characteristics defined by the researchers as ritual abuse. At least two-thirds of children reported the following features: multiple abuse sites, pornography, ingestion and/or use of feces and urine, satanic ideology and/or paraphernalia, animal killing and/or mutilation, and drugs/magic/spells. Less common features were physical assault, bondage/isolation/confinement, berating the child, costumes, killing of adults or children, and eating flesh.

The researchers did not systematically collect data on the impact of the abuse, but they note that initially most of the children were not highly symptomatic, and the most common reason for referral for assessment was that another child had identified the index child as a victim. As the children revealed the abuse, they became more symptomatic. Moreover, symptoms previously minimized or overlooked were recognized as consistent with ritual abuse. Snow and Sorenson hypothesize dissociation, compartmentalization, and repression as the reasons the children initially were fairly asymptomatic. They also point out that the offenders were generally regarded as upstanding citizens and many were religious leaders. Moreover, before disclosure the adolescent perpetrators appeared well-functioning, and did not overtly self-identify as satanists.

*Corroboration/Criminal justice response.* The researchers note that 30 of the children received at least one additional evaluation, and in 28 cases their conclusions were supported. Confirmatory opinions were offered by 13 professionals representing 11 different agencies. One of the unsupporting assessments was conducted by a defense expert. Two adult perpetrators from different sites were successfully criminally prosecuted. Five adolescents from two other sites were charged. Two admitted to the charges and the other three were acquitted in bench trials.

### *Jonker & Jonker-Bakker*

A case from the Netherlands, described by Jonker and Jonker-Bakker (1991), two general practitioners who were involved, also is probably best

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**Given the number of reports of intergenerational ritual abuse by adults, it is somewhat surprising that there is not more research about this topic. Certainly it would be enlightening to have additional studies, especially studies of adults who do not suffer from dissociative disorders.**

authors state that adults, both men and women, abducted children for short periods and took them to various sites for the purposes of making pornography and ritually abusing them

The systematically collected data were primarily on the effects of the ritual abuse, yet included some description of the ritualized activities. They report that of 98 children, ages 4 through 11, interviewed by the police, 62 provided what police considered "usable information," and 48 made clear statements about sexual victimization. They also point out that the statements of children from different schools and in different localities corroborated one another.

Characteristics of the abuse noted are as follows. The abuse included being forced to perform oral sex on adults; having objects inserted in children's vaginas, penises, and anuses; being subjected to genital intercourse; and being forced to engage in sexual activities

with other children. Physical abuse consisted of being beaten with belts, being punched, being tied to poles and having knives thrown at them, having ropes tied around their necks "until their eyes rolled around in their heads," and having their heads held under water. They also report confinement, specifically victims being locked in closets and cages. Acts involving urine, feces, and semen were reported. Adults (animal costumes) and children (white robes) wearing costumes and ritual acts involving candles, a church, and an altar were described. The authors state that children spoke of ritual murder and torture of babies (black and white), a deformed brown child, and an elderly couple, apparently of foreign origin, and animal killing. Threats of death to children and their families and having their houses burned down were means used to inhibit disclosure.

Six to eight weeks after first disclosure, Jonker and Jonker-Bakker collected information from parents of 90 three- to 10-year-olds reportedly involved in this abuse, six to eight weeks after first disclosure. They documented the following sequelae: sleep disturbance, enuresis, sexualized behavior, swearing, aggression, isolation, and anxiety. They do not report any actual numbers from their survey, but the thrust of their article was to describe problems in the investigation.

They also asked parents if they thought their children had been abused. Eighty-seven per cent were certain and 12% thought it a possibility. Sixty-six of these children had been interviewed by the police, who thought 48% were definitely involved, 39% were a definite possibility, 9% a possibility, and 3% not involved. The authors also note that a child

psychiatrist evaluated a number of the children (number not specified) and thought the ritual abuse began in August, 1986 and reached a peak during Easter vacation in April, 1987, one month before the authors saw their first case, a boy with unexplained rectal bleeding.

*Corroboration/Criminal justice response.* Two men were arrested after pressure from parents who were very dissatisfied with police investigation. However, the men were later released for lack of evidence. Thus in this case, the alleged offenders were never officially identified, nor were the locations of the abuse, nor any physical evidence, despite children's allegations of child pornography.

It is hard to draw general conclusions about community-based cults from these two studies. They deal with very different populations and in specific geographical areas. In addition, each study has its shortcomings. Despite the corroboration in terms of successful prosecution and confession, Snow and Sorenson state they knew little of ritual abuse when they started working on the cases in their sample. Jonker and Jonker-Bakker's study lacks identified suspects and legal corroboration, despite the opinions of law enforcement and parents about the credibility of accounts. Moreover, their report lacks data, as it focuses primarily on the frustration of working on the case.

## **Studies of intergenerational ritual abuse.**

Adult survivors and, in some instances, adults who report that they are trying to extricate themselves from cults, are the primary sources of information about intergenerational ritual abuse. These adults also sometimes describe community-based cults. Many of the adults making these reports suffer from multiple personality disorder (MPD) and other dissociative disorders. However, not all of them do. Most of the accounts of intergenerational ritual abuse are found in clinical writing and anecdotal case studies (Mayer, 1991; Ryder, 1992; Stone & Stone, 1992; Wong & McKeen, 1990). However, there are two pieces of research on intergenerational ritual abuse.

### *Young, Sachs, Braun, and Watkins*

Young, Sachs, Braun, and Watkins (1991), all clinicians providing treatment of adults with MPD and other dissociative disorders, examined the accounts of adults reporting ritual abuse as children. Most of the information about ritual abuse emerged during the course of treatment. The emergence involved intensive images, flashbacks, and material surfacing during abreaction and, in some cases, during hypnosis. They report on 37 patients, ages 18-47 (33 females; 4 males), from four separate treatment sites. To be included in the study, patients had to have a diagnosis of MPD or dissociative disorder not otherwise specified (NOS) and to describe a history of childhood satanic ritual abuse. Thus, these were very severe cases, both in terms of psychiatric diagnosis and type of alleged  
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abuse. They provide data on the proportion of subjects describing 10 characteristics of ritual abuse and the proportion displaying eight psychiatric sequelae of ritual abuse. In addition, they note the corroborative evidence for the 37 cases

All patients reported the following experiences: sexual abuse, witnessing and receiving physical abuse/torture, witnessing animal mutilation/killing, and death threats. At least three-fourths report forced drug use, witnessing and forced participation in human adult and infant sacrifice, forced cannibalism, and marriage to Satan (women patients only). Seventy-two percent describe being buried alive in coffins or graves, and 60% of women patients report forced impregnation and sacrifice of their own child

Of the sequelae examined, all patients had post-traumatic stress disorder (PTSD) and dissociative states with satanic overtones. All but one evidenced survivor guilt. Over eighty percent had the following symptoms: indoctrinated beliefs, unusual fears, sexualization of sadistic impulses, and bizarre self-abuse. A substance abuse problem was found in 62% of cases.

*Corroboration/Criminal justice response.* The authors note that corroborative evidence was difficult to secure, because of the passage of time, the lack of law enforcement involvement, and a decision not to seek corroboration from family members because of concerns about patient safety. However, in eight cases, medical exam revealed supportive physical findings, including scars on the back, a satanic tattoo on the scalp, and a disfigured nipple. Other evidence they cite included the ability of four patients to identify cult members and their roles from photographs. These pictures were apparently obtained from other patients from the same vicinity, but who had no contact with the index patients during their treatment. Finally, in one instance, a patient described her mother giving birth to an infant that was sacrificed. Her brother recalled the infant's home funeral but never saw the baby, and there was no birth record for the infant.

### *Kelley*

A study that examines intergenerational ritual abuse from a somewhat different perspective was conducted by Kelley (1992a). She evaluated reports involving 26 children from 14 families. Half were boys and half girls. These children were on average 2.3 years at onset and 5.6 years when alleged ritual abuse ended. Data collection occurred after the abuse ceased, when children were on average seven years old. Information about possible intervention between the time of disclosure and data collection is not provided. The mean number of victims per family was two, and mean number of offenders per child was five. Abusers were parents, grandparents, and great-grandpar-

ents, as well as uncles and aunts, cousins, and siblings. As in other reports of ritual abuse, a substantial proportion of offenders was female (45%). Sixty-one per cent of children were abused by two generations of older relatives, and 57% of cases involved extrafamilial as well as intrafamilial offenders.

Ritual characteristics reported by the children or caretakers included terrorizing threats and acts (89%), including having spiders or other insects placed on them; death threats (77%), making pornography (81%), threats with supernatural powers (89%), satanic reference (92%), animal killings (54%), being made to ingest drugs (89%), songs and chants (69%), and being made to ingest or touch excrement (85%).

The Achenbach Child Behavior Checklist was completed on the children, and, despite the fact that on average abuse had ended 3.8 years earlier, scores were in the clinical range for 73% of subjects on total problems, and 81% on internalizing and 50% on externalizing scales.

*Corroboration/Criminal justice response.* As to corroboration of reports, all cases had been substantiated by child protective services with regard to at least one perpetrator. In all cases involving an offending parent or stepparent, the child had been removed and visitation denied. Finally, half of the cases had criminal charges pending at the time of data collection.

Given the number of reports of intergenerational ritual abuse by adults, it is somewhat surprising that there is not more research about this topic. Certainly it would be enlightening to have additional studies, especially studies of adults who do not suffer from dissociative disorders.

### **Conclusions**

The number of studies of ritual abuse is modest; in some instances sample size is small, and some samples are drawn from a single location. Researchers' choices about what cases to include and what characteristics to study obviously influence findings. In addition, the present source of most reports of adult survivors of ritual abuse are clinicians treating MPD and other dissociative disorders. This source may introduce a bias in our understanding of adults who report ritual abuse. These clients are very disturbed and are described as highly suggestible. Moreover, techniques sometimes used in their treatment, such as hypnosis and guided imagery, are said to induce false memories. These characteristics have led some to argue that reports of ritual abuse by such clients are entirely fabricated (Ganaway, 1991; Mulhern, 1991) and others to be concerned about the veracity of their accounts (Faller, 1990). Yet clinicians report treating adults who describe ritual abuse experiences and do not have dissociative disorders. It would be useful to study these kinds of clients to see if their accounts include the same bizarre characteristics

***Virtually all types of corroboration...have their limitations. All may be open to other interpretations than supporting ritual abuse, or are low frequency findings, or both.***

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# Review of Research

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***Especially fruitful would be multidisciplinary research using teams of professionals from mental health, sociology, religion, anthropology, and law enforcement, which would allow for diverse perspectives on findings and systematic collection of confirming and disconfirming information about this complex and bewildering phenomenon.***

Further, the categorization of contexts as used here needs refinement. There is an overlap between community-based cults and intergenerational cults. Moreover, there is a cohort of cases where one parent is allegedly involved and the other not. Perhaps this constitutes a separate category of cases. There are also out-of-home situations other than day care where ritual abuse has been reported, for example, cases of ritual abuse described as being perpetrated by a subgroup within an organized religious group. To clarify our understanding of alleged ritual abuse, future research needs to attend to all of these limitations, and others.

The research that does exist indicates that ritual abuse is reported by both children and adults who describe similar experiences in a variety of contexts. Studies suggest that ritual abuse consists of a combination of severe forms of sexual abuse, which often involves group sex and child pornography; physical abuse including acts of torture, confinement, and use of chemicals; and psychological abuse, frequently entailing threats of severe harm and death and undermining victims' belief systems. In addition, a large proportion of cases subjected to inquiry appear to involve

ritual elements consistent with satanism. Moreover, research that compares victims of ritual and sexual abuse indicates that there are fairly consistent differences in the maltreatment itself, and in its effects, ritual abuse having more severe short-term and long-term effects.

Studies find some independent corroboration of allegations. Those involving children have produced a fair amount, for example substantiation by protective services and law enforcement, successful criminal prosecution, and in a few instances, offender confession. The two studies that address issues of credibility in adult cases, Bottoms and colleagues (1991) and Young and colleagues (1991), indicate that there is less corroborative information for allegations made by adults. Several factors may help account for this lack of corroboration. Adults' accounts are not subject to mandated reporting and would not be a protective services concern. Today's state child protection systems began in the mid-1970's, and would not have existed when many adult survivors were children. In addition, in old cases corroborating evidence might be less available, law enforcement might be less likely to investigate, arrests are harder to make and prosecution is more difficult.

However, it is important to bear in mind that there has been no corroborative evidence, from research or other sources, of a widespread Satanic conspiracy, particularly one involving the practice of human sacrifice (Lanning, 1991). Many re-

ports by adults specifically refer to human sacrifice and conspiracy. In contrast, except for similarities from site to site, children's accounts do not indicate a widespread conspiracy, and less frequently entail satanic reference.

In addition, virtually all types of corroboration other victims; eyewitnesses; medical evidence; physical evidence such as documents, pornography, and ritual artifacts; substantiation by protective services or law enforcement; successful criminal prosecution; even offender confession--have their limitations. All of these may be open to other interpretations than supporting ritual abuse, or are low frequency findings, or both.

Nevertheless, further research that examines both the process of disclosure of ritual abuse and a range of types of corroborative evidence would be useful. Among the pressing questions for further research are the following: What is the range of sites where allegations of ritual abuse are found? What sorts of accounts are given by latency-aged children and adolescents who report ritual abuse? What are the characteristics of persons described as offenders in ritual abuse cases? Are there any systematic differences between children who do and do not describe ritual abuse in a multi-victim setting? What sort of interaction occurs between victim and professional in situations of delayed disclosure? What is the relationship between children's statements regarding ritual abuse and adult conceptualization and interpretation? What are the similarities and differences in descriptions of ritual abuse of adults with dissociative disorders and those without? Finally, and perhaps most important, what sorts of corroboration can be systematically documented for allegations of ritual abuse? Especially fruitful would be multidisciplinary research using teams of professionals from mental health, sociology, religion, anthropology, and law enforcement, which would allow for diverse perspectives on findings and systematic collection of confirming and disconfirming information about this complex and bewildering phenomenon.

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## Media Reviews

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use of one example throughout the two tapes helps give the series a unifying way in which to focus on the topics presented.

These two tapes are well prepared and well organized. At times the movement from topic to topic by different participants in the discussion is hard to follow or connect, however Eliana Gil does set the stage and summarize for the viewers. This tape is an excellent resource for therapists working with children who molest. It is probably more appropriate for experienced therapists who encounter these issues and want to direct their treatment efforts toward the specific issues of children who molest than for the neophyte practitioner learning basic skills.

The second series of two tapes addresses adolescent sex offenders. Five expert clinicians in the field join Eliana Gil to discuss first assessment and then treatment issues. This video series does an excellent job of covering the issues in an organized, interesting, and quite complete way. The first video tape (60 minutes) addresses assessment issues, including definition and types of adolescent sex abuse, characteristics of the adolescent offender, characteristics of families of offenders, and the specific process and content of a comprehensive assessment. Participants also delineate risk factors, and discuss modalities in which assessment can take place in relationship to risk and protection of the community. The discussion is thoughtful, specific,

and full of examples of insightful clinical strategies and interventions. Interspersed within the group discussion by the experts is an interview with an adolescent offender and his parents which is powerful and unifying to the topics presented.

The second tape in the series (60 minutes) continues both the group discussion and further exploration of the same case to illustrate the development and course of treatment. Topics addressed include deviant arousal, denial, and the use of penile plethysmography. The process of treatment is discussed and specific techniques such as focusing, thought stopping, and overt sensitization are presented and discussed through the roundtable of experts and illustrated through the case example. Treatment modalities and relapse prevention are presented and individual, group, and family modalities as well as the appropriateness of outpatient, residential, and/or secure institutional settings are explored. Family work as an integral part of treatment is addressed. To close, issues of countertransference and the support needs of the professional engaged in this type of work are discussed with frankness and sensitivity.

This pair of tapes on adolescent sex offender assessment and treatment are highly recommended for all who are engaged in this type of treatment. They may also be excellent educational tools for

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