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ABSTRACT

One of the most shocking claims about child abuse in recent years is that satanic, occult, or ritualistic abuse is occurring and on the rise. To date, no one has attempted to assess the prevalence of claims of such abuse, or to determine the range of cases and the nature of the typical case. This study is currently surveying approximately 41,000 persons and agencies, including all county-level social service, law, and district attorney agencies, as well as a sample of psychologists, psychiatrists, and clinical social workers. Data gathered from 2,709 American Psychological Association (APA) clinicians represents a 46% response rate from this group. Preliminary results indicated that less than a third of APA clinical psychologists have encountered cases of ritualistic or religion-related abuse since January 1980. Among those who have encountered cases, the definition of ritualistic abuse varies. The two most common features, forced participation in sexual activities, and abuse repeated in a prescribed manner, have no necessary connection with satanism, the issue that makes ritualistic abuse such a volatile topic. However, 44% of cases viewed as ritualistic do include symbols or objects associated with the devil. The most extreme and bizarre features of ritualistic abuse occur more frequently in adult-survivor than in child cases. A few clinical psychologists account for a huge proportion of all ritual case reports, and almost all clinical psychologists who reported any ritualistic or religion-related cases believe their clients' stories on the basis of their clients' dramatic emotions and clinical symptoms, even though there is often no external evidence for them. (19 references) (LLL)

Profile of Ritualistic and Religion-Related Abuse Allegations Reported to Clinical Psychologists in the United States

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Profile of Ritualistic and Religion-Related Abuse Allegations Reported to Clinical Psychologists in the United States

One of the most shocking and baffling claims about child abuse in recent years is that satanic, occult, or ritualistic abuse is occurring and on the rise. Both children and adults have reported abuse involving multiple perpetrators; satanic or occult practices; and rituals complete with blood, excrement, and human sacrifice (Gould, 1987; Kahaner, 1988). Law enforcement professionals have responded with conferences and seminars in which occult crime experts recount classic cases, summarize the history of the occult, and explain how to identify satanic crime. Some state legislatures have passed laws targeting this kind of crime. And mental health professionals have held conferences and workshops in which experts discuss how to recognize and treat ritualistic abuse.

Only a few scientific studies of ritualistic child abuse have been conducted. Susan Kelley (Kelley, 1988, 1989), David Finkelhor and his colleagues (Finkelhor, Williams, & Burns, 1988), and Jonker and Jonker-Bakker (1991), working in the Netherlands, have described children who claim to have been ritualistically abused, many in daycare settings. Walter Young and co-workers (Young, Sachs, Braun, & Watkins, 1991) have published an account of 37 adult survivors of ritualistic abuse. All of these studies suggest that ritualistic abuse is particularly frightening and conducive to unusually severe symptoms. Research dealing with multiple personality disorder, a form of psychopathology thought to result from severe childhood trauma, also points to the harshness of ritualistic abuse (e.g., Hopponen, 1987; Kaye & Klein. 1987; Lawson, 1987; Sachs & Braun, 1987). If such abuse is common or increasing in prevalence, it obviously presents grave problems for children, therapists,

social service workers, and police--indeed for society more generally. If it is part of a nationwide or international satanic conspiracy, as many authors have warned (e.g., Raschke, 1990), the prospects are particularly disturbing.

Not surprisingly, the explosion of interest and apprehension concerning satanic and ritualistic child abuse has generated a skeptical response. FBI agent Kenneth Lanning (1989) has written, for example, that "faith, not logic and reason, controls the religious beliefs of most people, [so] some normally skeptical law enforcement officers accept the information disseminated at [occult crime] conferences without critically evaluating it or questioning the sources." Hicks (1989, see also 1991) has summarized the skeptical view as follows: "Child abuse does exist. Some people commit violent crimes while invoking the power of satan. Such people may act with others. But law enforcers cannot demonstrate the existence of a widespread satanic conspiracy: The evidence doesn't exist" (pp. 25-26). A skeptical book edited by Richardson, Best, and Bromley (1991), The Satanism Scare, analyzes fear of satanic crime as an example of societal rumor, myth, and urban legend.

An article in Christianity Today aptly captured the tension between believers and skeptics: "Within the past five years, ritualistic child abuse has become an emotionally charged issue that has rocked communities and divided parents, social workers, therapists, and law enforcers--some who charge a growing conspiracy of satanic worship, others who cry witch-hunt" (Kam, 1988, p. 51). What is most troubling from a scientific standpoint is th .t many believers and skeptics use similar modes of argument, basing their claims on newspaper articles, well-chosen examples, and personal philosophy, often arguing in an emotional or ad hominem way. All of the scientific studies cited earlier are based on the

assumption that ritualistic abuse exists, and all focus on the severity of its effects. To date, no one has attempted to assess the prevalence of claims of satanic, occult, or ritualistic abuse or to determine the range of cases and the nature of the typical case. What exactly is the evidence for the reality and pervasiveness of ritualistic abuse?

As a first step in addressing this question, we are conducting a nationwide study with the primary objective of determining the prevalence and characteristics of child abuse cases in the United States involving satanic, occult, or ritualistic elements. We are surveying approximately 41,000 persons and agencies, including all county-level social service, law, and district attorney agencies, as well as a random sample of psychologists, psychiatrists, and clinical social workers. In the present paper we summarize the initial results for clinical psychologists who are members of the American Psychological Association.

We contacted 6,000 APA members--3,000 randomly selected chiid clinical psychologists and 3,000 randomly selected general clinical, counseling, and school psychologists. In the first phase of the study, we mailed to each clinician a letter describing the project and specifying a list of case features mentioned in professional and popular literatures. We also included a brief postcard reply form on which respondents could indicate the number of cases of ritualistic child abuse they had encountered since January 1, 1980, cases reported by children and/or by "adult survivors" (i.e., older persons who claim to have been ritualistically abused as children). If a respondent indicated having encountered one or more cases, he or she was sent a longer "second phase" survey questionnaire designed to gather information about the cases referred to on the postcard. The third phase of the study has yet to be conducted. We intend to choose a subset of respondents to pursue in

more depth through detailed face-to-face and telephone interviews.

Because the literature did not provide a widely agreed-upon definition of ritualistic abuse, we decided to allow respondents to define it for themselves in terms of combinations of features mentioned in the literature. These features included: abuse by members of a cult; symbols (such as 666) associated with the devil; actual or staged sacrifice of animals or humans; cannibalism; ritual abuse involving drugs, pornography, and participation in, or observation of, sexual practices; and certain symptoms and diagnostic categories such as multiple personality disorder. In the postcard survey, respondents were asked to report the number of cases they had encountered that included one or more of the features on our list. In the subsequent survey questionnaire, they were asked to say which features characterized each case.

In pilot interviews conducted with police and social service officials, we were repeatedly told that although they had encountered few cases of ritualistic child abuse, they had handled cases in which a more traditionally religious person had abused a child sexually, physically, or psychologically--for example, by denying the child proper medical care or attempting to beat the devil out of the child, an act that some might call ritualistic abuse. Also mentioned were cases in which someone perceived by a child as a religious authority used his or her professional dress and position of trust to gain access to the child for abusive purposes, and cases that occurred in religious settings, such as church-affiliated daycare centers. To include all of these features, we broadened our focus to encompass both ritualistic and what we call "religion-related" abuse.

First Transparency

The results of the postcard phase of the study of APA clinicians are summarized in the first transparency. Of 6,000 letters and postcards sent out, 109 were returned without relevant or proper data because the respondent had retired, died, worked in a capacity that precluded seeing clients, or passed the questionnaire to a fellow professional who was not included in our random sample. Of the remaining 5,891 postcards, 2,709 were returned with relevant data--a response rate of 46%. Of these respondents, 1,908 (70%) had not seen a single case of ritualistic or religion-related abuse since January 1, 1980. The remaining 801 (30%) had seen at least one case. In all, ignoring one clinician who claimed 2,000 cases, the respondents had encountered 5,731 cases, of which 58% were child cases and 42% were adult cases. Overall, 40% were ritual cases and 60% were religion-related cases, but this varied considerably according to subsample: Child clinicians reported that 58% of their cases were ritual cases, compared to only 26% for clinicians in general.

Interestingly, the cases were not evenly distributed across clinicians; in fact, the modal number of cases was one, whereas a few clinicians (2% of respondents reporting any cases) reported having seen more than a hundred apiece. The median number was 2.

Because it has been suggested that a disproportionate number of clinicians in California have seen cases, we compared the proportions of respondents who had seen cases in different states. While the difference between .38 for California and .30 for the rest of the country was statistically significant ($\chi^2(1) = 12.10$, $p < .001$), the percentage difference was actually rather small, and California's figure was not far from the median of .35. In

fact, compared to California, many states had much higher proportions of clinicians reporting cases, including Iowa (.62), Montana (.60), Mississippi (.57), Utah (.56), and Tennessee (.54). In contrast, Vermont, New York, New Jersey, Arkansas, Hawaii, the District of Columbia, and North and South Dakota all had proportions below .20. The proportions do not seem to be systematically related to size of state or part of the country.

The longer survey questionnaire, sent to all respondents who reported having one or more cases, covered more issues than we can discuss here: For example, we asked respondents to provide information regarding the number of cases, types of case features, years and states in which the abuse occurred, characteristics of the victims and perpetrators, setting of the abuse (including its possible relation to parental custody disputes), the victims' DSM-III diagnoses, legal pursuit and outcome of the case, and so on. We also asked explicitly whether the respondent thought the reported abuse had actually occurred and whether the ritualistic or religion-related elements were authentic. Finally, we asked whether the respondent had attended workshops or seminars dealing with ritualistic abuse.

Of the 801 clinicians who returned a postcard saying they have encountered at least one ritualistic or religion-related case, 641 of them have so far been sent the longer survey questionnaire. Of these, 208 have been returned and 192 have been entered into our data file. The 192 respondents on whose data the present report is based have personally encountered 179 adult ritual cases, 111 adult religion-related cases, 167 child ritual cases, and 122 child religion-related cases. We asked them to describe up to eight cases in detail--all of the cases they had personally encountered, if less than nine; or eight representative cases if more than eight had been encountered.

Second Transparency

The most frequently checked case features constitute a prototype of ritualistic and religion-related cases. The second transparency shows the most and least common ritualistic features (i.e., features of cases that had at least one ritualistic feature and no religion-related features). The most common is "ritualistic abuse involving forced participation in, or observation of, sexual practices" (characteristic of 56% of ritualistic cases). The next most common is "practice or behavior repeated in a prescribed manner" (characteristic of 50% of ritualistic cases). Also common are "abuse by a member of a cult-like group" (47% of ritualistic cases), "abuse related to symbols associated with the devil" (44%), and "abuse involving actual or staged sacrifice or killing of humans" (40%). The least common features of ritualistic cases are: "abuse related to the breeding of infants for ritual sacrifice" (11%), "abuse involving actual or staged cannibalism" (15%), and "ritualistic abuse involving child pornography" (19%).

Third Transparency

The results for religion-related cases is shown in the third transparency. (A case was defined as religion-related if it had one or more of the four religion-related features and no more than three additional features.) The most common feature of religion-related cases was "abuse by religious professionals" (58%). The next most common was "abuse committed in a religious setting, a religious school, or a religious daycare center" (38%). Relatively

uncommon were "abuse related to attempts to rid a child of the devil or evil spirits" (24%) and "abuse involving withholding of medical care for religious reasons" (14%). When a religious case had additional features that were not specifically religious, they tended to include abuse by member(s) of a cult-like group and/or abuse involving forced participation in, or observation of, sexual practices. As you can see in the lower part of the table, these features were not very common in religion-related cases.

Fourth Transparency

One of our goals was to compare the features of child and adult-survivor cases. If we assume, as many people seem to do, that these different kinds of cases provide two windows on the same phenomenon, each with its advantages and disadvantages from an evidential standpoint, the features obtained from the two sources should be similar. The next transparency compares child and adult cases on some of the more controversial ritualistic features. As you can see, adult-survivor cases more often include these florid features. For example, 44% of adult cases but only 16% of child cases involve torture of humans; 61% of adult cases but only 37% of child cases involve abuse by members of a cult; and 50% of adult cases but only 31% of child cases involve human sacrifice. As shown at the bottom of the table, adult survivors are also more likely than children to exhibit certain extreme clinical features: severe amnesia, dissociation, and multiple personality disorder. This may be partly because of the greater frequency of diagnosing such symptoms in adults, but that would not explain the general severity of the adult experiences indicated by the other features.

Fifth Transparency

The results were somewhat different for religion-related cases. The next transparency shows that adult and child cases do not differ on three of the four religion-related features. They do differ on one, however--abuse by religious professionals. This is a feature of 72% of adult religion-related cases but only 44% of child cases. Perhaps this form of abuse remains hidden in many cases because children fail to disclose it, whereas untreated medical conditions or severe beatings are likely to receive public attention.

Of course, one of the most important questions about ritualistic abuse is whether it is really occurring or not. Clinical psychologists might hear about such events but remain skeptical about them. In order to examine clinician-respondents' attitudes toward the ritualistic stories they have encountered, we asked whether or not they believed the allegations of harm, and what they thought about the ritualistic aspects of the allegations. Ninety-three percent of the respondents who reported such cases believe the alleged harm was actually done; the same number believe that the ritualistic aspects were actually experienced by their clients, although 40% think these might have been staged or faked in order to frighten their client. Overall, the clinical psychologists in our sample believe their clients' claims.

This led us to examine the nature of the evidence for the reports. In 42% of the ritual cases (65% of child cases and 12% of adult cases), there was a social services investigation. In 30% of the ritual cases (44% of child cases and 12% of adult cases), there was a police investigation. In 7% of the ritual cases (11% of child cases and 1% of adult

cases), the perpetrator was convicted of some offense, although not necessarily an offense confirming the ritual allegations. In general, then, there is not much legal confirmation of the ritual claims; however, this does not necessarily mean all reports are invalid. In many of the adult cases especially, no allegations were made in a manner or at a time that would have led to legal proceedings.

Sixth Transparency

We also asked respondents what they accepted as evidence for the ritualistic nature of the abuse. The answers were quite diverse, but most of them could be placed into three categories: (1) evidence that emerged in therapy, such as flashbacks, reactions to so-called "trigger" stimuli, post-traumatic play, and dramatic expressions of emotion; (2) physical or other corroborative evidence of some kind (e.g., tatoos on a child, letters and diaries, photographs, videotapes, satanic books and artifacts, perpetrator confessions); and (3) no evidence other than the client's claims. Fifty-seven percent of child cases were backed only by therapeutic evidence; 30% were backed by physical evidence or corroboration of some kind; 13% were based on no evidence other than a child's story. Fifty percent of adult cases were backed by therapeutic evidence; 15% by more tangible evidence; 35% by no evidence beyond the adult's claims. Overall, the overwhelming majority of the ritualistic claims, especially in adult survivor cases, are believed by therapists because of experiences they have had with clients in therapy.

It has been suggested that clinicians learn at workshops and seminars to identify cases as involving ritualistic abuse and then begin to encounter what they believe are such cases

(Mulhern, 1991). On our survey, respondents indicated whether or not they had attended "a lecture, seminar, or workshop concerned with ritualistic child abuse." Overall, 54% of respondents reporting one or more cases had attended such training events. We computed the average number of ritualistic cases reported by clinicians who had, or had not, attended ritual abuse workshops. Those who had attended workshops reported more than twice as many cases ($M = 2.01$) as those who had not attended ($M = .76$), a statistically significant difference, $t(179) = 3.89$, $p < .001$. Thus, there is a connection between encountering ritualistic cases and attending, or having attended, a relevant workshop; but it is not clear which influences the other. If a client alleged having been ritualistically abused, it would not be surprising for the clinician to seek relevant information through workshops and seminars.

Finally, we examined some contextual variables that might have been related to reports of ritualistic child abuse. Certain highly publicized cases, such as the McMartin Preschool case in Manhattan Beach, California, and many cases involving custody battles have led people to believe that daycare settings and custody disputes are closely related to claims of ritualistic abuse. Our results dispute these stereotypes; ritualistic features were no more common in custody-dispute and daycare cases than in other kinds of cases.

What do we make of these preliminary results? First, less than a third of APA clinical psychologists have encountered cases of ritualistic or religion-related abuse during the past decade. Second, among those who have encountered cases, the definition of ritualistic abuse varies. The two most common features--forced participation in sexual activities and abuse repeated in a prescribed manner--have no necessary connection with satanism, the issue that makes ritualistic abuse such a volatile topic. On the other hand, 44% of cases viewed as

ritualistic do include symbols or objects associated with the devil, a fact that needs to be explained by skeptics. Third, the most extreme and bizarre features of ritualistic abuse occur more frequently in adult-survivor than in child cases. Adult-survivor cases often involve patients with extreme dissociative disorders and generate little in the way of physical or legal evidence. It is possible that some of these disturbed adults are susceptible to believing in a history of abuse that is not based in reality (Ganaway, 1989). Fourth, a few clinical psychologists account for a huge proportion of all ritual case reports. Possible causes for this disproportionate reporting pattern need to be explored. Fifth, almost all clinical psychologists who reported any ritualistic or religion-related cases believe their clients' stories on the basis of their clients' dramatic emotions and clinical symptoms, even though there is often no external evidence for them.

None of our descriptive evidence proves that ritualistic child abuse does or does not exist, but it clarifies the nature of the allegations and pinpoints areas for further investigation. For example, it seems from responses to our questionnaire that many kinds of abuse now classified as ritualistic have nothing to do with supernatural claims or with nationally organized cults. It has proved socially dangerous to combine such different phenomena as abuse by a compulsive, demented individual and ideologically motivated abuse inflicted by religious or satanic cult members. The term "ritualistic" is too loose and emotionally loaded to serve as a professional diagnostic category. Our data suggests that clearer, empirically-based descriptive categories for abuse claims may be established.

Finally, we would be especially interested in examining recordings of therapy sessions involving clinicians with ritual cases. And, we would also like to explore further the

connection between workshop attendance and the resulting propensity to recognize formerly unnoticed or unclassifiable evidence of ritualistic abuse. Clarification of these and related issues is necessary if we are to understand the phenomenon called ritualistic child abuse.

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SUMMARY OF APA CLINICAN POSTCARD SURVEY RESPONSES

6,000 Original sample

(5,891 Valid sample)

↓

2,709 returned:
46% response rate

Reported at Least One Case	Reported No Cases
801 (30%)	1,908 (70%)

5,731 Cases Reported:

58% child
42% adult survivors

40% ritual
60% religion-related

Transparency 1.

PROTOTYPE OF RITUALISTIC CASES

Most Common Features:

% Cases:

56% Ritualistic abuse involving forced participation in or observation of sexual practices

50% Abuse related to any practice or behavior repeated in a prescribed manner (including prayers, chants, incantations, wearing of special costumes)

47% Abuse by a member or members of any cult-like group in which members feel compelled to follow the orders of a leader or leaders

44% Abuse related to symbols (e. g., 666, inverted pentagrams, inverted or broken crosses), invocations, costumes, beliefs, etc. associated with the devil

40% Abuse involving actual or staged sacrifice or killing of humans

Least Common Features:

28% Abuse involving actual or staged torture of humans

27% Ritualistic abuse involving drugs

19% Ritualistic abuse involving child pornography

15% Abuse involving actual or staged cannibalism

11% Abuse related to the "breeding" of infants for ritual sacrifice

Transparency 2.

PROTOTYPE OF RELIGION-RELATED CASES

Most Common Features:

% Cases:

58% Abuse by religious professionals such as priests, rabbis, or ministers

38% Abuse committed in a religious setting, a religious school, or a religious daycare center

24% Abuse related to attempts to rid a child of the devil or evil spirits

14% Abuse involving the withholding of medical care for religious reasons, resulting in harm to a child

Additional Features Less Frequently Indicated:

8% Abuse disclosed by an individual with a dissociative or multiple personality disorder traceable to earlier ritualistic or religious abuse

6% Abuse by a member or members of any cult-like group in which members feel compelled to follow the orders of a leader or leaders

5% Ritualistic abuse involving forced participation in or observation of sexual practices

Transparency 3.

Comparison of Child and Adult-Survivor Ritualistic Cases

Features	% Child Cases	% Adult Cases	X^2	p
Abuse by member(s) of any cult-like group	36.7	60.6	13.1	.001
Abuse involving sacrifice or killing of humans	31.3	50.0	8.4	.004
Abuse involving torture of humans	15.6	44.2	23.1	.000
Abuse disclosed by an individual with a dissociative or MPD disorder traceable to earlier abuse	12.5	57.7	53.2	.000
Ritualistic abuse resulting in amnesic periods or preoccupation with dates	7.8	44.2	41.6	.000

Transparency 4.

Comparison of Child and Adult-Survivor Religion-Related Cases

Features	% Child Cases	% Adult Cases	X^2	p
Abuse involving withholding of medical care for religious reasons	14.3	14.0	.002	N/S
Abuse related to attempts to rid a child of the devil	27.0	21.1	.57	N/S
Abuse by religious professionals such as priests, rabbis, or ministers	44.4	71.9	9.25	.002
Abuse committed in a religious setting, religious school, or religious daycare center	41.3	35.1	.48	N/S

Transparency 5.

EVIDENCE GIVEN BY RESPONDENTS FOR THE RITUALISTIC NATURE OF THE ABUSE

Categories of Responses	% Cases: Child	Adult
1. Evidence that emerged in therapy (e.g., dramatic emotions, reactions to "trigger" stimuli)	57%	50%
2. Physical or other corroborative evidence (tatoos on client, photographs, satanic books)	30%	15%
3. Clients' claims only	13%	35%

Transparency 6.