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Characteristics and Sources of Allegations of Ritualistic Child Abuse

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Abstract

The main goal of this project was to investigate the characteristics and sources of allegations of ritualistic child abuse. To accomplish this goal, a series of studies was conducted. One study consisted of a stratified random sample survey of clinical members of the American Psychological Association, American Psychiatric Association, and National Association of Social Workers. In a second study, a similar survey was sent to county-level district attorneys' offices, social service agencies, and law enforcement offices. These studies were conducted primarily to determine the number and nature of cases involving alleged ritualistic child abuse reported to clinicians and agencies nationwide. However, for comparison purposes, we also included questions about allegations of religion-related abuse more generally. Results indicated that the purported evidence for claims of ritualistic abuse, especially in cases involving alleged adult survivors of satanic cult activity, is questionable. In contrast, convincing evidence was available for a variety of types of religion-related abuse (e.g., withholding of medical care, abuse by religious officials, such as priests). A third study concerned the subset of cases from Study 1 that included claims of "repressed memory" of ritual and religion-related abuse. Reports of repressed memory of ritual abuse made by "adult-survivors" were found to be particularly extreme, especially when the adult survivor claimed to be both a victim and perpetrator of abuse. In a fourth study, we examined children's knowledge of satanic abuse. This laboratory-based study indicated that although the children we tested possessed stereotypic knowledge about the devil and crime, they did not evidence knowledge of satanic activity associated with child sexual abuse. Overall, these findings argue against the possibility that children are likely to invent stories on satanic sexual abuse on their own. Finally, in Study 5 we examined in detail three types of religion-related child abuse (i.e., beating the devil out of a child, abuse by clergy, and medical neglect). Overall, more convincing evidence of religion-related abuse than satanic ritual abuse was found. Implications of the findings of the five studies for forensic interviewing, clinical practice, and future research are discussed.

Executive Summary

One of the most shocking and baffling claims to emerge from American society's recent confrontation with child abuse is that satanic or ritualistic abuse has been occurring for decades and is still widespread. Hundreds of children and adults have reported abuse involving multiple perpetrators; intergenerational cults; and quasi-religious rituals complete with grotesque sexual assaults, human sacrifice, cannibalism, and consumption of blood, urine, and excrement (Feldman, 1993; Gould, 1987; Kahaner, 1988; Raschke, 1990; Wright, 1993). Law enforcement professionals have responded with seminars in which satanic crime "experts" recount classic cases, summarize the history of the occult, and explain how to identify satanic activity. State legislatures have passed special laws targeting this kind of crime, and mental health professionals have held countless conferences and workshops in which experts discuss how to recognize and treat "ritual abuse." Books by psychotherapists, from Michelle Remembers (Smith & Pazder, 1980) to Lessons in Evil, Lessons from the Light (Feldman, 1993) have stirred the interest of mental health professionals, journalists, and the general public.

However, what amounts for believers to a major and rising threat to society (Jonker & Jonker-Bakker, 1991) is discounted by skeptics as an example of urban legend, cultural fear, and societal rumor (Stevens, 1992; Victor, 1991) or as an example of children's and adults' suggestibility (Loftus, 1992). The lack of corroborative evidence for the extreme allegations involved in satanic ritual abuse claims has caused scientists and courts to question the credibility of child and adult witnesses who make such allegations (e.g., Felix and Ontiveros v. Nevada, 1993). As a result, there is increasing risk that actual victims of abuse, especially sexual abuse, will not be believed.

Of special significance to mental health professionals is the claim that many cases of alleged ritual abuse, and repressed memories of such abuse, emerge in the context of psychotherapy. This has led skeptical social scientists (e.g., Lindsay & Read, 1994; Richardson, Best, & Bromley, 1991) to doubt the competence and wisdom of psychotherapists and the advisability of using certain therapeutic methods, such as hypnosis, and diagnostic categories such as multiple personality disorder (MPD).

Surprisingly, given the multifaceted impact on American society of ritual abuse claims, little scientific research on this topic exists. We thus undertook in a series of studies to examine such questions as: What are the characteristics of allegations of ritual abuse? How often are professionals confronted with such allegations in their practices? Does solid evidence exist to substantiate the more extreme forms of abuse (including murder) often included in satanic abuse allegations? Do children possess the knowledge to create false reports of satanic ritual abuse? How do adults' and children's reports of such abuse compare to reports of other forms of abuse that are related to religious beliefs?

Goals and Objectives

The main goal of this project was to investigate the characteristics and sources of allegations of ritualistic child abuse made during the 1980s and early 1990s in the United States. To accomplish this goal, a series of studies was conducted. One study consisted of a stratified random-sample survey of clinical members of the American Psychological Association, American Psychiatric Association, and National Association of Social Workers. In a second study, a similar survey was sent to district attorneys' offices, social service departments, and law enforcement agencies. A third study compared the subset of cases from Study 1 in which repressed memory of ritual abuse was alleged with cases in which repressed memory was not at issue. Children's knowledge of satanic abuse was investigated in the fourth study. Finally, in Study 5, we examined in detail the religion-related cases we uncovered.

Study 1

The goal of Study 1 was to sample clinicians who might work with ritual and religion-related abuse cases and to ask them a wide variety of questions about such cases. The study consisted of two phases: a postcard survey to identify clinicians who had encountered relevant cases in their clinical

practice and a detailed survey to obtain more complete information about their cases.

For the postcard survey, 19,272 postcards were mailed, 5,998 to clinical psychologists (APs) who were members of the American Psychological Association, 7,381 to psychiatrists (MDs) who were members of the American Psychiatric Association, and 5,896 to social workers (SWs) who were members of the National Association of Social Workers. Each clinician received a cover letter explaining that we were interested in child abuse allegations involving ritualistic or religious practices. Respondents were asked to report the number of such cases they had encountered during the 1980s.

There were 6,910 (35.86%) valid respondents; of the valid respondents, 2,709 were clinical psychologists, 2,071 were psychiatrists, and 2,130 were social workers. Of the 6,910 valid respondents, 2,136 (30.91%) reported that they had encountered at least one ritual or religion-related abuse case. The majority of those who had encountered any kind of case had encountered only one or two, yet a few respondents (1.4% of those reporting any cases) indicated that they had encountered more than a hundred cases. Only 13% encountered adult-survivor cases of ritual abuse and only 11% encountered child cases.

To gather information about specific cases, a detailed questionnaire was sent to clinicians who had encountered at least one case. Each respondent was asked to provide information about up to 8 ritual or religion-related cases. Respondents were instructed to select typical or representative cases to reflect the proportions of ritual and religion-related cases, and of child and adult survivor cases if they had encountered more than 8 cases. The issues covered by the detailed questionnaire included the number of cases encountered, case features, characteristics of victims and perpetrators, abuse settings, legal pursuit and outcome of each case, case disclosure circumstances, case evidence, respondents' degree of acceptance of the claims, and their experiences with ritual abuse workshops and seminars.

A total of 2,136 detailed questionnaires were sent out. Of these 797 (37.31%) were returned. There were 720 valid respondents, of whom 297 were clinical psychologists, 200 were psychiatrists, and 223 were social workers. These respondents provided information about a total of 1,652 cases of ritual or religion-related child abuse reported by either adult survivor or child clients. After eliminating cases in which the client was not a victim, our analyses were based on 1,548 cases, of which 387 were child ritual cases, 674 were adult survivor ritual cases, 171 were child religion-related cases, and 234 were adult survivor religion-related cases.

Our findings indicated that adult ritual cases were consistently the most extreme. For example, adult survivor cases involved more types of abuse than child cases, and adult survivor cases were particularly likely to involve severe forms of abuse, such as murder (which was rarely reported in religion-related cases). In addition, 33% of adult ritual cases involved such extreme acts as cannibalism, and 28% of adult ritual cases involved baby breeding for ritual sacrifice. Adult ritual cases also involved the highest numbers of victims and perpetrators. However, these results were often affected by "outliers," suggesting that there were a few outlier respondents who reported cases with particularly high numbers of victims and perpetrators. Ritual abuse cases were very likely to involve parents, acquaintances, and strangers as the alleged perpetrators; religion-related cases were more likely to be committed by persons in a position of trust.

Victims in adult ritual cases, especially in adult ritual cases reported by MDs, were the most likely to be diagnosed as suffering from MPD. Cases reported by psychiatrists were also more likely to involve bizarre and extreme features than cases reported by either clinical psychologists or social workers. These findings may emanate, at least in part, from the fact that we oversampled psychiatrists who specialize in dissociative disorders.

How was the abuse disclosed? Overall, child cases were far more likely to be disclosed to authorities or professionals, to family members or neighbors, and to be linked to corroborative evidence, but were less likely to be disclosed in therapy than adult cases. In adult cases, disclosure was

particularly likely to have occurred in therapy (especially in therapy with MDs). However, this pattern held for both ritual and religion-related cases.

Of particular importance to debates about ritual abuse is whether or not solid evidence of satanic cult abuse of children exists. We thus asked respondents to describe any corroborative evidence for the ritual or religion-related case elements. We included all relevant evidence in our analysis regardless of its quality. Moreover, it was possible that the ritual or religion-related case elements were false or faked, but the case nevertheless involved true abuse. To explore this possibility, we asked respondents to describe any corroborative evidence for the abuse/harm itself.

Regarding evidence of ritual or religion-related elements, child cases usually involved more evidence than adult cases. There was no significant difference between ritual and religion-related cases regarding such evidence; however, more evidence would have been expected for adult ritual cases, given the extreme allegations involved. Regarding evidence of abuse/harm, child cases were more likely to involve such evidence than adult cases. There were no significant overall differences between ritual and religion-related cases with respect to evidence of abuse/harm, except that religion-related cases more often involved perpetrator confessions. However, child religion-related cases were more likely to involve evidence of abuse/harm than cases in any other category. Child religion-related cases were also the most likely type of case to lead to affirmative legal outcomes while adult ritual cases were least likely to lead to affirmative legal outcomes.

When the evidence involved in ritual abuse cases was examined in more detail, it tended either to be ambiguous or to be reported by clinicians who were outliers on other variables. For instance, there was no hard evidence for intergenerational satanic cults that sexually abuse children. There was, however, evidence in a few "borderline" cases, typically involving a lone individual or two people whose abuse of children involved satanic themes. In contrast, convincing evidence of religion-related abuse was often found. The following quotations (each from a different respondent) convey graphically what it means for there to be concrete evidence of religion-related child abuse:

"My client was a 14-year-old boy whose eyeball had been plucked out of his head in an exorcism ceremony. The abuse was disclosed when, shortly after the incident, the child was admitted to the hospital emergency room. The fundamentalist minister acknowledged religious intent, and he was convicted. . . . I have never encountered a ritual abuse case but have encountered many religion-related cases."

"The father performed an exorcism on his children by dismembering and then boiling them. Evidence? The children were dead."

"I saw the daughter of a woman who had thought her 12-year-old boy was possessed by the devil. The woman had had an incestuous relationship with the boy. . . . She decapitated him and had the daughter help her move the body--the daughter took the head and the mother took the body. Parts of the story were published in the local newspaper."

In contrast to these vivid examples of religion-related abuse, there was little concrete, publicly documented evidence for ritual claims, whether made by children or adults. Most respondents cited their patient's reports or behaviors; for example, "only patient's disclosure via hypnotherapy," and "play behavior, drawings, fear of satanic symbols." One respondent cited as evidence the Ritual Abuse Behavior Checklist--a questionable diagnostic checklist which includes many behaviors common to childhood (Gould, 1986; see Hicks, 1991). In only a few cases was physical evidence mentioned--usually "scars." For example, one respondent wrote, "scars on right hand--a very small pentagram on her wrist and very faint double cross on back of her hand." Another respondent wrote of a case in which victims were allegedly branded with a symbol associated with the devil. However, a third respondent's comments illustrate problems with accepting clients' claims of scarring: "Three adult siblings described patterned marks burned on genitals, but medical examination revealed no scars." Even when there were scars, it was not determined whether the victims themselves had caused them.

Some respondents cited evidence of ritualistic or satanic elements that was suggestive but not conclusive: "black clothing, devil symbols written everywhere," "there was a strange altar in the house." A few described cases of abuse motivated by pornography, mentioning "pictures" as evidence of the ritual aspects but failing to describe the nature of the pictures. In contrast, according to the FBI, no pornography illustrating child abuse involving satanic rituals has ever been confiscated by federal authorities in the United States (Farley, 1993; Lanning, 1992). In one case involving the documented death of an infant, the respondent noted that the police "investigated" Satanic cult involvement, but the outcome was not mentioned.

It is important to note, however, that a few cases were reported to us that might qualify as ritual abuse and for which there was evidence. For example, one respondent reported a documented case in which a male and a female perpetrator were convicted of sexually abusing two victims. The case was classified as ritualistic because the perpetrators took the victims to a desert and frightened them with an exhibition of animal bones. In other cases, there was apparently good evidence for ritually tinged brutality, but not in the context of an organized cult; for example:

"Over the last 8 years I have evaluated 700+ and supervised 500+ cases of alleged sexual abuse for forensic purposes. I've provided therapy to 150+ victims and 300+ sex offenders. Out of all these cases, only one sex offender was engaged in satanic activities, but his offenses seemed to be independent brutal assaults."

In general, the ritual cases with the most convincing evidence were unlike the satanic ritual abuse stereotype.

Do clinicians believe their clients' claims of abuse? Our results indicated that respondents overwhelmingly believed both the allegations of abuse and the allegations of ritual or religious elements of the abuse. Regarding allegations of abuse/harm itself, respondents more readily accepted abuse allegations in adult cases than in child cases. Also, they were quicker to accept abuse/harm allegations in religion-related cases than in ritual cases. Social workers had the highest rate of acceptance of abuse allegations among all professions, while MDs had the lowest rate of acceptance. There were no significant differences regarding the acceptance of ritual and religion-related aspects of the allegations. Overall, regardless of these differences, respondents' acceptance of both the allegations of abuse/harm and the allegations of ritual and religion-related case elements was very high.

In summary, a very small group of clinicians, each claiming to have treated scores of cases, accounted for most of the reports of ritualistic child abuse. Reports by adult survivors were particularly extreme, involving acts such as murder, which should have left some traces of hard evidence. However, hard evidence for satanic ritual abuse, especially abuse involving large cults, was scant to nonexistent. Evidence for lone perpetrators or very small groups (e.g., two people) who abuse children in ways that include satanic themes was uncovered, although such abuse was infrequent. More common was religion-related abuse (e.g., beating the devil out of a child, abuse by clergy); for religion-related abuse, convincing evidence was often found.

Study 2

In Study 2, we surveyed members of agencies that deal with allegations of child abuse. Specifically, the same questionnaire employed in Study 1 was sent to the offices of all county-level District Attorneys (DAs) and Departments of Social Services (SS), and to municipal Law Enforcement agencies (LAW). However, we restricted this part of our study to child cases only (that is, cases in which the abuse was reported before the child turned 18 years of age).

A total of 21,605 postcard surveys were mailed (2,690 to DAs, 3,056 to SS, and 15,859 to LAW). There were 4,655 valid respondents (a 21.55% return rate). The number of valid respondents was 706 for DAs (a 26.25% return rate), 1,037 for SS (a 33.93% return rate), and 2,912 from LAW (a 18.36% return rate). Although the response rate was particularly low for LAW and the results must be interpreted accordingly, it should be noted that, because the majority of the surveys were sent to law enforcement agencies, the total

number of responses and cases reported by them was still substantial.

Across the three types of agencies, a total of 1,079 (23.18%) of all valid respondents reported that they had encountered at least one ritual or religion-related case. The majority of those who had encountered any kind of cases had encountered only one or two, yet a few respondents (2.22% of those reporting any cases) indicated that they had encountered more than a hundred cases.

The rates of encountering ritual or religion-related cases differed across agencies, with SS experiencing the highest rates and LAW experiencing the lowest rates. The rates also differed across geographical regions. Agencies in Pacific and Mountain regions were more likely to have encountered such cases, while the East North Central region and New England had the lowest rates. However, where at least one case had been encountered, the number of cases encountered by respondents did not differ significantly among agencies and regions.

To gather specific information about the reported ritual and religion-related child abuse cases, all respondents who had reported encountering one or more cases in the postcard survey were sent a detailed questionnaire. This questionnaire was identical to the one used in Study 1 except that items specific to adult cases were omitted. A total of 1,079 detailed survey questionnaires were sent: 213 to DA, 457 to SS, and 409 to LAW.

There were 266 valid returns (a 24.65% return rate). The number of valid respondents was 55 for DA (a 25.82% return rate), 118 for SS (a 25.82% return rate), and 93 for LAW (a 22.74% return rate). These respondents reported specific information about 739 personally encountered cases, of which 296 were religion-related cases and 412 were ritual cases (31 cases remained unclassified). Thus, our reported results were based on 739 cases.

Like clinicians, agencies reported that ritual abuse cases involved claims of particularly severe abuse. Regarding the number of abuse types allegedly involved in each case, ritual cases involved more types of abuse than religion-related cases. Contradictory to the belief that many bizarre cases are reported by SS, our results indicated that the cases reported by SS were less likely to involve extreme case features as compared to cases reported by DA or LAW.

Ritual abuse is often described as involving multiple perpetrators and victims, and relatively high numbers of female perpetrators and male victims. We therefore examined these features of the cases reported to us. Surprisingly, our data from agencies indicated that there was no difference between ritual and religion-related cases regarding the number of victims, either when victims of both genders were considered or only female victims were considered. When perpetrators were considered regardless of gender, ritual cases involved more perpetrators than religion-related cases. The majority of religion-related cases were committed by parents or persons in a position of trust: stranger and acquaintance abuse was very infrequent. Allegations against an acquaintance or a stranger were more common in ritual than in religion-related cases.

DAs, SS, and LAW were all involved in investigations of ritual and religion-related abuse cases in the decade of the 1980s. However, SS and LAW investigation was more common than DA investigation. Religion-related cases involved more social service investigation than ritual cases. We also examined the legal outcomes of the cases. Overall, there was little difference between cases involving ritual and religion-related allegations, with the only exception being for plea bargains: religion-related cases were more likely to result in a plea bargain than ritual cases. There were no significant differences between ritual and religion-related cases concerning other case outcomes, such as arrest, dismissal, trial, conviction, or acquittal. Surprisingly, the conviction rate in ritual cases was almost as high as in religion-related cases.

Religion-related cases were more likely to involve evidence of religion-related or ritual case elements than ritual cases. Furthermore, religion-related cases were more often associated with medical evidence and perpetrator confessions. In fact, none of the ritual cases reported by DAs and SS yielded

any medical evidence linked to the ritual or religion-related case elements. Our results also indicated that ritual cases were more likely to produce physical evidence than religion-related cases. However, the most frequently mentioned physical evidence included satanic symbols, books, artifacts, paraphernalia, etc. Other physical evidence included tatoos, drawings, scars on a child's or adult's body, film, photos, ritual dolls, masks, costumes, etc. Cases reported by SS were less likely than cases reported by DAs or LAW to involve physical evidence of ritual or religion-related elements of abuse.

As stated earlier, it was possible that the ritual or religion-related case elements were false or faked, but the case nevertheless involved true abuse or harm to a child. To explore this possibility, we asked respondents to describe any corroborative evidence for the abuse/harm itself. Religion-related cases were more likely than ritual cases to involve evidence of abuse/harm. The results also suggested that cases reported by SS were the least likely to involve evidence. Religion-related cases were more likely than ritual cases to involve medical evidence and perpetrator confession as evidence of abuse. Thus, in general, our results indicated that religion-related cases were more likely than ritual cases to involve evidence of abuse/harm and evidence of ritual or religion-related aspects of abuse. The only exception was that ritual cases involved more physical evidence of ritual or religion-related case elements. When there was a significant difference among cases reported by different agencies, cases reported by SS involved less evidence than cases reported by either DAs or LAW.

Overwhelmingly, respondents from agencies believed both the ritual abuse and the religion-related abuse allegations. Nevertheless, respondents showed a higher acceptance of the validity of allegations of religion-related abuse than of ritual abuse. Regarding the ritual and religious elements of the abuse, respondents from SS showed the highest level of acceptance while DAs and LAW were slightly more reserved about the ritual aspects of the claims; however, DAs showed the highest level of acceptance of the religion-related aspects of the allegations.

Study 3

Study 3 examined an issue of much current concern, whether or not victims of childhood abuse can repress and later recover memories of early traumatic experiences. A number of the adult-survivor cases mentioned by our clinical respondents involved allegations of ritual abuse in which memory of horrendous abuse was said to have been repressed for many years. It was thus of interest to identify and examine this subset of cases. Concerns about false memories of childhood victimization are particularly likely to arise when a case involves repressed memory for alleged acts of satanic ritual abuse. Few studies have directly examined the characteristics of such cases and the circumstances under which repressed memories of satanic ritual abuse are recovered.

The analyses were based on 490 cases from Study 1, of which 43 were repressed memory (RM) cases and 447 were no repressed memory (NRM) cases. In most of the cases, the client's only role was as the victim of abuse. These cases were referred to as single-role cases. In other cases, the client was a victim but also occupied other roles, such as perpetrator, relative of a victim, etc. These cases were referred to as multiple-role cases.

Findings indicated that RM cases, especially those in which multiple role clients were involved, were more likely to be ritual cases than NRM cases. Of the more extreme abuse features indicated on our survey, respondents were more likely to indicate the abuse feature in RM cases and multiple-role cases than in NRM cases and single-role cases, respectively.

Respondents indicated whether their cases included sexual abuse, physical abuse, psychological abuse, murder, or neglect. A composite abuse-type score was created for each case to measure the number of kinds of abuse involved in each case. RM cases involved more types of abuse than NRM cases, with more RM and multiple-role cases involving each type of abuse than NRM and single-role cases, respectively. The numbers of victims and perpetrators were larger in RM cases and multiple-role cases than in NRM cases and single-role cases, respectively. However, most of the significant differences were caused

by a few outlier cases.

The alleged abuse began earlier and lasted longer in RM cases than in NRM cases. The alleged abuse in multiple-role RM cases ended significantly later than in any other kind of case. RM cases included more diagnoses of MPD and eating disorder but fewer diagnoses of PTSD and personality disorder than NRM cases. The high proportion of MPD diagnoses in RM cases was striking: 68% of the clients in RM cases were diagnosed with MPD. Moreover, multiple-role cases included more diagnoses of MPD than single-role cases.

Overall, the results indicated that although RM cases involved more evidence for abuse than NRM cases, they produced no more evidence for ritual and religion-related aspects of the abuse than NRM cases. Close examination of the evidence involved in RM cases indicated that the evidence clinicians reported was generally weak and ambiguous.

Specifically, when we further examined the exact nature of the evidence involved in RM cases, there were 16 RM cases involving evidence for the abuse/harm itself; in three there was corroborative evidence; in one, physical evidence, and in the other 12, medical evidence. The reported physical evidence was "Client talks of cemetery which we visited. She showed me babies' graves before she was close enough to read tombstones." What the respondent implied here was that the client must have known about the babies' graves from satanic ritual activity, but surely the client could have become familiar with the cemetery in other ways. As for the 12 repressed memory cases with medical evidence, 7 were reported by one respondent who stated "no supporting evidence other than scars, etc." Another 3 cases, also reported by one respondent, had "MPD, scars on body; ongoing attempts by cult to recontact patient." The other two cases had evidence such as "scars and marks on body areas patient unable to reach; carved symbols patient would be unable to self-inflict" and "patient memory, unable to have children; wagon wheel, electric prods up vagina, drugs, blood." In some of these cases, the alleged abuse started from the birth of the victimized child in the 1940s or 1950s and was allegedly still occurring when the respondent dealt with the case. Over 100 victims ($M = 134$) and many perpetrators ($M = 84$) were said to be involved. Almost all types of abuse included in our list had allegedly occurred ($M = 4.75$). Nearly all of the ritual case features, such as rituals using human or animal excrement or blood, torture and sacrifice or killing of humans, cannibalism, child pornography, forced participation in or observation of sexual practices, etc. were supposedly involved in these cases. Yet despite the extreme brutality of the alleged abuse and the large number of people involved, the best evidence consisted of scars on the body, which by themselves do not unambiguously point to satanic ritual abuse. For example, even if these scars resulted from abuse, which is open to question, the abuse might not have included any satanic ritual component.

Regarding evidence of ritual and religion-related elements of abuse, only four repressed memory cases in our sample were bolstered by evidence; corroborative evidence in one case and physical evidence in the other three cases. The case with corroborative evidence was a religion-related case: the client's friend remembered the abusing priest's name, the client's brother remembered specifics about the setting, but none of them corroborated the alleged abuse. The physical evidence for the other three cases included, respectively: (a) "detailed description of articles used and ritual"; (b) "voodoo dolls found, witchcraft"; (c) "satanic symbols carved on abdomen and limbs." None of the evidence indicated the existence of the bizarre and horrible satanic ritual abuse scenarios which allegedly occurred in many RM cases.

Analyses were also conducted on evidence scores after outlier cases were excluded. With outlier cases excluded, the significant effects of case type (RM vs. NRM) disappeared, with the only exception being physical evidence for ritual and religious aspects of abuse.

Despite lack of strong evidence, respondents overwhelmingly tended to believe their clients' claims both of abuse/harm and of the ritual or religious aspects of the alleged abuse. Respondents' validity judgments of allegations of abuse/harm were related to the amount of evidence of abuse.

However, importantly, their judgments of allegations of ritual and religion-related elements were related to the number of bizarre features involved in the case and victims' age when the alleged abuse began, but not to evidence of ritual and religious elements of abuse.

Study 4

One important goal of our survey studies was to determine the source of allegations of ritualistic child abuse. In addition to conducting survey research, we also approached this goal in a laboratory study concerning children's knowledge of satanic themes.

Some professionals who are skeptical of children's allegations of ritual abuse argue that children's suggestibility is the basis of false reports. In contrast, professionals who believe children's allegations of ritual abuse often assume that children could recount such events only if they had indeed experienced them, and that children could not simply "make up" such stories. Thus, one important research question is whether children have the necessary knowledge base to create false allegations of ritual abuse.

The main goal of Study 4 was to explore the extent of children's knowledge of ritualistic child abuse. We were also interested in possible precursors to such knowledge as well as in children's knowledge of more positive religious symbols. We thus interviewed children about their knowledge of concepts such as the devil, hell, and heaven; their interpretations of drawings and symbols with satanic associations; and their knowledge of media that depict frightening or satanic activity. We included children from two religious groups, Protestant and Catholic, to examine the influence of religious education on their knowledge.

For the study, 12 children representing four age groups were questioned: 3- and 4-year-olds, 7- and 8-year-olds, 11- and 12-year-olds, and 15- and 16-year-olds. The main measure was a ritual knowledge questionnaire devised specifically for the present study. It contains six sections. The first section includes questions that probe for children's general knowledge of heaven, hell, God, the devil, witches, and angels. The open-ended questions concern the referent figures'/places' location and activities; how one gets to heaven or hell; and whether God, the devil, witches, or angels are like humans. The second section is composed of questions concerning whether children have seen various television shows and movies and what they think the movies or television shows are about. Various children's shows (e.g., Home Alone), religious shows (e.g., The Greatest Story Ever Told, Moses and the 10 Commandments), non-satanic horror shows (e.g., Freddie's Nightmares), and Satanic shows (e.g., The Seventh Sign, The Exorcist) are included. The next section of the ritual knowledge questionnaire contains questions about record albums from either singing groups or movie soundtracks. The questions concern what the album cover shows and what sort of music is included in the album. The albums include religious music (e.g., Walt Whitman and the Soul Children of Chicago), children's music (e.g., soundtrack from Lady and the Tramp), nonreligious music (e.g., Janet Jackson), and Satanic music (e.g., Slayer, Ozzy Osbourne). For the fourth section, children are asked to identify pictures of religious symbols (e.g., Crucifix, Christian all-seeing eye), one nonreligious symbol (a smiley face), and satanic symbols (e.g., inverted cross, pentagram, peace sign). Four questions are included in the fifth section. Two questions concern what a person would do if the devil tempted him/her to do something bad and how a person would worship the devil. Then the same two questions are repeated except in regard to God tempting a person to do good rather than bad. The final section of the interview contains questions about 12 picture scenes with either religious themes (e.g., Crucifixion, Jewish family seder), satanic themes (e.g., boy in ring of candles worshipping a goat's head, robed figures at a cemetery), or nonreligious themes (e.g., elderly woman carrying a basket).

Our results indicate that children have relatively little knowledge of satanic child abuse. As far as we could determine, none of the children possessed knowledge of satanic sexual abuse of adults or children. However, children's knowledge of satanic activities increased with age, as did their religious knowledge generally.

The closest response we obtained to a satanic abuse scenario was in response to the question, "A man and woman decide that they are going to worship the devil. What bad things would they do to worship the devil." A 16-year-old girl said "Have sex if unmarried, kill people, steal, cheat, lie, have sacrifice with living animals, have baby and kill it, and wear signs of the devil." We did not score this response as a satanic abuse account because it did not involve sexual abuse of a child or adult, but it does incorporate many other characteristics of ritual abuse claims. No other child came as close as this one to expressing knowledge of satanic ritual abuse.

Although the children did not evidence knowledge of full-blown satanic ritual abuse, they did express many precursors to such knowledge. For example, even some 3-year-olds knew that the devil kills. In response to the question "Imagine that a person meets the devil in the forest and the devil tempts the person to do some really bad things. What bad things would the person do?", one 3-year-old said: "Stick pins and needles in them, no needles, bit someone else, stab a knife in them, get blood out of them, put from back playdo (sic), and put napkin on their back, and eat them." In response to the same question, a number of 7- to 8-year-olds and 11- to 12-year-olds responded by talking about "doing bad things" such as vandalism, stealing, fighting, and lying. However, the 11- to 12-year-olds were at times more graphic: for example, an 11-year-old boy said, "Burn lambs or something, burn stuff, sacrifice stuff." A 16-year-old stated, "Kill people, drink their blood, perform living sacrifice with animals, steal, and worship the devil."

The 11- to 12-year-olds started to show knowledge of demonic possession. A child of 11 years, shown a common depiction of a devil talking to a person in a tempting pose, said "He was getting possessed by the devil." The 11- to 12-year-olds verbalized an association between satanic influence and cemeteries, black souls, the dark side, and evil spirits. One or two 11- to 12-year-olds and a few 15- to 16-year-olds indicated that wearing dark clothes was associated with the devil or clothes with satanic symbols such as pentagrams. Such knowledge might be molded into a satanic abuse report under suggestive or coercive interviewing.

Children's knowledge of satanic symbols also changed with age. None of the 3- to 4-year-olds or the 7- to 8-year-old knew the meaning of satanic symbols. When shown the inverted cross, one 3-year-old thought it was a sword and another a bench to sit on. One 7-year-old girl spontaneously drew for us a Nazi swastika stating that it was a satanic symbol. The 11- to 12-year-olds knew something about satanic symbols, such as 666 and the pentagram. However, a few 11- to 12-year-olds thought the Star of David was a satanic symbol. Some children 12 years and under did not differentiate the inverted cross from an upright one. The 15- to 16-year-olds indicated that they had seen satanic symbols (e.g., 666) in movies.

The fact that children in this study lacked knowledge of satanic ritual abuse does not necessarily imply that children's reports of satanic ritual abuse are true. The findings do suggest, however, that children would be unlikely to make up such reports on their own. The knowledge they obtain from their religious training, their families, and the media alone appear to provide insufficient information. However, many children evidenced knowledge of activities related to satanic ritual abuse, such as blood drinking, animal sacrifices, and killing others. It is unclear whether or not such knowledge could in fact be molded into a satanic abuse report.

A limitation to the generalizability of these findings must be noted. In our study, for ethical reasons, we did not ask children directly what they knew about satanic ritual abuse and related topics. Instead, we examined children's knowledge indirectly, through questions about heaven, hell, God, and types of music, movies, symbols, and pictures. Therefore our results must be interpreted with caution.

Study 5

So far, we have concentrated on reports of ritualistic child abuse. Religion-related abuse cases were used primarily for comparison purposes. However, because religious beliefs can at times foster, encourage, and justify abusive behavior, it was important for us to take a closer look at some of the

religion-related cases we uncovered. Therefore, we conducted further analyses of the clinicians' reports from Study 1 concerning such acts as beating the devil out of a child, withholding medical care, and abuse by clergy. To our knowledge, our sample of child abuse case reports involving religious beliefs is one of the largest ever to be examined quantitatively.

For the present analyses, three kinds of religion-related cases were considered: (a) abuse involving the withholding of medical care for religious reasons; (b) abuse related to attempts to rid a child of the devil or evil spirits; (c) abuse perpetrated by religious professionals such as priests, rabbis, or ministers. We chose to examine only "pure" instances of each of the three cases--that is, cases involving no more than one of each of these three defining features. The total number of religion-related cases considered in the present analyses was 271: 25 "pure" cases involving medical neglect (17 reported by children, 8 by adults), 69 involving abuse related to attempts to rid a child of evil (41 reported by children, 28 by adults), and 177 in which the perpetrator of abuse had religious authority (55 reported by children, 119 by adults--the status of victim as child or adult survivor was impossible to determine in 3 cases).

Results indicated that nearly all abuse perpetrated by religious professionals (94%) was sexual in nature. Religious professionals' role as unquestioned moral leaders apparently gave them special access to children, much like the access enjoyed by trusted family members in incest cases. About half (48%) of ridding-evil cases and a quarter (23%) of neglect cases also included allegations of sexual abuse.

Physical abuse, psychological abuse, and neglect were present at different levels across the three types of cases. By definition, neglect characterized more withholding of medical care cases than other types of cases, but it was also noted in some cases of ridding a child of evil. The incidence of physical abuse was higher in ridding-evil cases than in other cases. The physical abuse suffered by victims was often quite severe. One respondent wrote that a client described being "made to kneel on grater for hours. Metal device was put on her head, then her father would use a screwdriver to bang on head." The child had physical wounds to prove it. Psychological abuse was most commonly reported in child ridding-evil cases and adult medical neglect cases.

Finally, 2% of all cases involved a murder (three ridding-evil cases and one religious professional case). This probably underrepresents the actual number of cases that result in the death of a child, because our respondents were largely reporting cases in which their clients had survived abuse and entered therapy as a result.

It has been suggested that most sexual abuse committed by religious authorities, particularly Catholic priests, targets boys rather than girls (Isely & Isely, 1990) and is perpetrated by males rather than females. Surprisingly, our data did not support these suggestions. Male and female victims were about equally common, even in cases in which the perpetrator was Catholic ($M = 1.38$ girl victims and $M = 1.21$ boy victims per case). In fact, in cases reported by adult survivors, more female than male victims were reported to have been involved. The reason our adult reports included more female than male victims may be due to the disproportionately large number of women who seek therapy as adults. Ridding-evil and neglect cases did not differ from religious authority cases in the number of perpetrators, male or female. In religious authority cases, there were more male than female perpetrators, but even so, many female perpetrators were reported. The perpetrators were usually religious leaders such as priests or ministers, but they also included youth ministers, nuns, and at least one tribal medicine man and one archbishop.

Neglect and ridding-evil cases had a relatively early onset, but perpetrators with religious authority did not approach their victims until they were older (around 10 years old), suggesting that these perpetrators on the whole were less likely to abuse very young children. Religious authority cases were also discovered at a later time than other cases, probably because they were characterized by sexual abuse, which is less overtly physically

damaging than the abuses associated with the other case types.

Most of the alleged victims originally sought therapy for depression, especially victims of abuse by religious professionals, who also tended to report suicidal ideation and be diagnosed as suffering from affective disorders. Strikingly, over a third of the adult victims of ridding-evil and religious-authority abuse, and almost a fifth of the children who reported being abused by religious professionals, had considered suicide. The consequences of abuse by religious authorities have been speculatively equated with that of sexual abuse committed by other kinds of perpetrators (Isely & Isely, 1990). Here we document that abuse by religious authorities may be as psychologically damaging, and perhaps more damaging, than even the violently physical abuses of parents whose religious beliefs lead them to view their children as evil incarnate. (The possibility should be noted, however, that a subset of these cases may contain false reports and that false reports may be made by disturbed individuals who have not suffered the types of abuse they report.)

Other serious psychological symptoms were displayed by the victims. Multiple personality and other dissociative disorders, once rarely diagnosed, were fairly common in our sample, being diagnosed in over 20% of adult cases of ridding-evil and medical neglect.

It is impossible to validate with certainty the cases reported to us, but we did ask a number of questions designed to obtain some indication of validity. First, we were interested in whether our respondents believed their clients' claims of harm. Overwhelmingly they did. The overall belief level among clinicians was 1.96, on a scale ranging from 0 "not true" to 2 "true." There was no difference in belief among the three case types.

What was the basis for the therapists' strong beliefs? We asked them to describe the evidence for their cases, both for the harm itself and, separately, for the religious aspects of the case. Although concrete evidence might be expected in cases involving medical neglect or physical torture to rid a child of evil, we did not expect to find hard evidence for sexual abuse perpetrated by those with religious authority. Indeed, much controversy currently surrounds the validity of such claims. Our expectations were supported: Allegations of abuse by religious professionals were the most likely to be supported only by clients' claims and less likely to be accompanied by medical or other physical evidence. Even so, there was convincing evidence in many of the cases; one respondent wrote, for example: "She has clear memories and has confronted the priest. He has reluctantly admitted it."

Interestingly, children's claims were backed with more convincing evidence than adults'. Compared to adults' reports, children's reports were significantly more likely to involve corroborative evidence and less likely to be substantiated only by the clients' symptomology and therapist's opinion. In general, this is probably due to the long delay between the events in childhood and their description to a therapist years or even decades later.

We also asked respondents to indicate evidence specifically supporting the involvement of religion in the abuse. Again, children's reports were more likely than adults' to be substantiated by corroborative evidence, while the evidence for adults' claims was more likely to consist only of the clients' symptomatology and the therapist's opinion. Corroborative evidence was particularly likely in cases involving ridding children of evil and medical neglect. In fact, all child reports of medical neglect were substantiated, either by medical evidence or perpetrator confession. In contrast, there was little hard evidence supporting the claims of abuse by religious professionals. In fact, in 11% of the cases, respondents made a comment indicating skepticism about the religious elements of the abuse, usually about the identity of the perpetrator. For example, one respondent wrote, "Sexual abuse by priest is patient's self-report. Over two years, it became unclear whether abuse had occurred, or whether 'father' was actually perpetrator and the priest (father) was metaphor."

Overall, there was less compelling evidence in cases reported by adults than in cases reported by children, especially in ridding-evil cases.

Evidence for religious beliefs leading to harmful medical neglect or attempted exorcism of children was particularly convincing, often including a straightforward admission by parents.

We also asked the clinicians to tell us about outside investigations and legal outcomes of the cases. Social services were most likely to investigate ridding-evil and medical neglect cases. There were large victim-type (child vs. adult) differences indicating that social services was much more likely to have investigated child cases, and there was much less often an investigation of any kind in the adult cases, which in fact were rarely even reported to officials. Cases reported by children were much more likely to have been formally investigated by police or district attorneys' offices than cases reported by adult survivors.

Concerning case outcome, compared to adult allegations, claims made by children were also most likely to be reported initially, substantiated by social services or by police arrest, and adjudicated. They were also more likely to be tried successfully: Only 1% of adult cases ended in conviction, whereas almost 20% of child cases did. Surprisingly, given the pattern of results regarding case evidence, once child cases were reported, arrests, trials, and convictions were most likely in cases perpetrated by religious authorities.

Interestingly, few cases (1% of ridding-evil cases and 1% of religious-authority cases) resulted in civil suits, even though skeptical journalists have recently suggested that victims, particularly those who allege past sexual abuse, may press charges only out of a self-serving desire to seek financial compensation.

Finally, perhaps our most disturbing finding is that cases involving medical neglect were unlikely to be prosecuted even in the face of compelling evidence and when the abuse was extreme.

It is important to note that in our survey we ignored other forms of religion-related child abuse that are of importance and need future examination if we are to fully understand the point at which religion fosters damaging abuse rather than compassionate child-rearing. Perhaps the most obvious of the forms of abuse we did not investigate is severe physical punishment for disciplinary reasons rooted in religious ideology.

Conclusion

Lay and professional worries about children being abused in ungodly ritualistic ways have resulted in new legislation in several states that makes "satanic" or "ritualistic" abuse punishable more severely than abuse that does not have anti-religious connotations. Our results suggest, however, that religion-related abuse is actually more common than satanic abuse. As one of our respondents, the head of a child and adolescent psychiatry unit at a prominent mental health center, commented: "I am convinced that the publicity about ritual abuse has led to unfounded beliefs in many people. The cases I report herein are sad: an adult recalling abuse by fundamentalist parents who may have been psychotic, two children who were abused by fundamentalist parents who believed that they were carrying out Biblical injunctions. These are bad enough situations without having the general population alarmed about some sort of satanic conspiracy." We agree. Our research leads us to believe that there are many more children being abused in the name of God than in the name of Satan. Ironically, while the public concerns itself with passing laws to punish satanic child abuse, laws already exist that protect parents whose particular variants of belief in God deny their children life-saving medical care. The freedom to choose religions and to practice them will, and should, always be protected by our constitution, but the freedom to abuse children in the course of those practices ought to be curtailed.