

THE SATANIC RITUAL ABUSE CONTROVERSY

Patti was 32 and her sister, Bonnie, was 45 when they began seeing Huntington Beach therapist Timothy Maas in 1988. Soon after the treatment began, both reached the conclusion that they suffered from a severe and unusual form of mental disorder called multiple personality disorder. The multiple personalities, they concluded, allowed them to repress three decades of abuse by their mother, 78-year-old Ellen Roe. As their therapy progressed, they uncovered increasingly bizarre memories—black-robed satanists performing bloody rituals, animal mutilations, satanic orgies, and infant sacrifices (Weber, 1991). Eventually, the two sisters brought a civil suit against their mother. In a 10 to 2 compromise vote, the jury ruled that although the women may well have been abused by someone, at worst Ellen Roe was guilty of negligence. The sisters were awarded no money (Lachnit, 1991).

Since the 1980s, stories like this have increasingly appeared. More and more adults are reporting recovered repressed satanic memories. Children have also begun to tell stories of satanic rituals. The term *satanic ritual abuse* (SRA) was introduced to describe this "new" form of child abuse. SRA refers to the systematic emotional, physical, and sexual abuse of children as part of satanic worship. Proponents of the reality of SRA believe that thousands of children each year are being victimized in satanic rituals involving cannibalism, sexual torture, incest, and murder. Are there large numbers of satanists preying on our children, or is the so-called satanism scare merely rumor and mass hysteria?

Many trace interest in SRA to the book *Michelle Remembers*, by psychiatrist Lawrence Pazder and his patient (and later, wife) Michelle Smith (Smith & Pazder, 1980). Smith was being treated by Pazder when she suddenly began to remember being victimized by a satanic cult during the 1950s. Among the many claims made by Smith is that she witnessed numerous ritualistic murders by the satanists. She was also force-fed the ashes of a cremated victim. On another occasion, a fetus was butchered in front of her and the bloody remains were smeared across her body (Victor, 1993).

Michelle Smith's story attracted considerable attention. Pazder and Smith were featured in *People Weekly* and the *National Enquirer*. They made numerous television and radio appearances and became nationally known "experts" on SRA (Victor, 1993). It was Pazder, in fact, who coined the term *satanic ritual abuse* in a presentation to the American Psychiatric Association in 1980. Despite the considerable attention, however, there is no evidence that Michelle's stories are true. In fact, her family, including two sisters who were not mentioned in the book, claim none of it happened (Victor, 1993).

Another survivor story that attracted national attention was *Satan's Underground*, by Lauren Stratford (1988). Like Michelle Smith, Stratford appeared on many television shows and used notoriety from her book to launch a career as an SRA therapist. When three writers for the evangelical magazine *Cornerstone* decided to investigate her story, however, they concluded that it was a "gruesome fantasy" (Passantino, Passantino, & Trott, 1990). Perhaps the most outrageous claim made by Stratford was that she was impregnated by satanists on three separate occasions, and each of the children was taken from her and killed. Because Stratford claims to have led a fairly normal public life, Passantino and his colleagues found her claims easy to investigate. They found several people who knew Stratford in high school and college (when she claims to have had the children), but each witness denied that she was ever pregnant. Stratford could produce no witness to her pregnancy. According to Passantino and his colleagues, no one from Harvest House (the publisher) ever bothered to check her story.

Proponents of SRA admit that some stories might be fabricated but continue to maintain that SRA is a real threat to children. Those who have been charged with investigating this threat, however, are skeptical. FBI agent Kenneth Lanning, for example, a well-respected authority on child abuse, confesses that

in 1983 when I first began to hear victims' stories of bizarre cults and human sacrifice, I tended to believe them. I had been dealing with bizarre, deviant behavior for many years and had long since realized that almost anything is possible. The idea that there are a few cunning, secretive individuals in positions of power somewhere in this country regularly killing a few people as part of some ritual or ceremony and getting away with it is certainly within the realm of possibility. But the number of alleged cases began to grow and grow. We now have hundreds of victims alleging that thousands of offenders are murdering tens of thousands of people, and there is little or no corroborative evidence.

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Until hard evidence is obtained and corroborated, the public should not be frightened into believing that babies are being bred and eaten, that 50,000 missing children are being murdered in human sacrifices, or that satanists are taking over America's day care centers. (Lanning, 1991, pp. 172, 173)

If there is so little evidence confirming the existence of SRA, why do so many perceive the SRA threat to be real? One reason is that many of the major daytime talk shows (e.g., "The Oprah Winfrey Show," "Geraldo," "Donahue"), and some prime-time shows (e.g., "20/20"), have aired programs on satanism and SRA. The 1988 Geraldo Rivera special, "Exposing Satan's Underground," which featured Lauren Stratford and her story, attracted one of the largest audiences for an NBC documentary in history. Unfortunately, it is hard to imagine that many of the 19.8 million people who saw Stratford on "Geraldo" in 1988 were aware of the *Cornerstone* investigation or would later know that the book's publisher, Harvest House, pulled the book from store shelves in 1990 (Richardson, Best, & Bromley, 1991; Victor, 1993).

Another reason for misperceptions about SRA is that many helping professionals also believe SRA is real. Therapists, police officers, and child protection authorities, who are often required to attend seminars on current developments in their field, are exposed to SRA "experts." Although advertised as training workshops, these seminars tend to employ proselytizing techniques characteristic of organizations seeking recruits (Mulhurn, 1991). Many well-meaning helping professionals, who are generally motivated by the desire to help abused clients, become convinced of the existence of SRA through these seminars. These professionals, in turn, have influenced state and county governments to respond to the SRA problem. In Los Angeles County, for example, a Ritual Abuse Task Force was formed in 1988 to deal with the perceived increase in SRA. The task force received front-page attention in the *Los Angeles Times* in 1992 when many of its members claimed that satanists were attempting to silence them by pumping the pesticide Diazinon into the air-conditioning vents of their offices, homes, and cars. Despite the fact that Diazinon poisoning is easy to detect, according to the epidemiologist assigned to the case, none of the 43 alleged victims of the poisoning could provide any evidence (Curtis, 1992).

These factors help explain why so much of the general public believes the SRA threat is real. Can these factors also explain why so many people believe they were personally exposed to satanic abuse? Imagine an individual who is suffering in some way. That person might turn to a therapist to help alleviate this suffering. Recognize that therapists have been trained to suspect childhood histories of abuse in a large percentage of their clients. They are also trained to listen and accept victim accounts of abuse. Add to this situation a societal fascination with satanism, and distortions are possible, maybe even likely. In some situations, SRA may provide a therapist and client a believable explanatory framework for psychological symptoms and problems. This may be especially likely with highly disturbed clients, who may be more susceptible to explanations and interpretations offered by therapists who probe for SRA patterns.

The fact that clients (through the popular media) and therapists (through training seminars) are often exposed to the same theories of SRA may also explain why survivor stories, although independently offered, are often similar in detail. Proponents often cite this pattern as evidence that SRA must exist. According to Frank W. Putnam of the National Institute of Mental Health (1991), however, such reasoning represents a "naive and simplistic model of contagion" (p. 177). "The child abuse community," he continues, "is particularly susceptible to such a rumor process as there are multiple, interconnected communication/educational networks shared by therapists and patients alike." Satanist experts, talk show hosts, movies, and news magazine shows all share the same stories. Given that both therapists and potential clients are exposed to the same SRA stories, it is not surprising that survivor accounts are often quite similar.

Those who accept claims of SRA often maintain that society is simply unwilling to believe the "unbelievable." Proponents accurately remind us that sometimes the unbelievable is real. Until relatively recently, "outrageous" stories of sexual abuse and incest were dismissed as fantasy. At the same time, however, there is danger in accepting at face value accounts provided by "cult survivors," no matter how credible the witnesses might appear. Plausibility is not evidence. Lots of things are

possible. The more outrageous the claims, the more the burden of proof must lie with those who are making the claims. Skeptics continue to raise several questions for which there appears to be no answer (see Richardson et al., 1991; Victor, 1993). If the number of satanists is increasing, they ask, where are they all? Where are the defectors who could so easily expose the satanists? Where are the dead bodies the satanists have supposedly used for sacrifices? Where are the animal carcasses that have supposedly been used to threaten children into silence?

Understandably, therapists do not see their clinical responsibility as one of corroborating client accounts of abuse. At the same time, it is important that they recognize that unfounded claims of SRA probably hurt the goals of child protection. There can be little question that fabricated SRA stories have "fueled the fire" for skeptics who believe that children are not really abused. For example, despite the fact that many recovered memories may be real, fabricated SRA memories feed those skeptics who question the validity of all repressed memories. Similarly, although most childhood disclosures of abuse are substantiated, the fact that in a few highly publicized cases children have told improbable stories also feeds skepticism. Attention to SRA appears to be creating additional problems rather than providing much-needed solutions to child sexual abuse.

ing pictures of the child involved in sexual acts to the parents might also maintain a child's silence. Finally, overt acts of aggression, such as physically overpowering the child, may be used to reinforce secrecy (Budin & Johnson, 1989; Conte et al., 1989; Lang & Frenzel, 1988). Until recently, sexual offenses against children were largely characterized as nonviolent, with most experts estimating that physical violence accompanies approximately 20% of incidents (e.g., Timnick, 1985). Newer studies, however, suggest that offenders are more frequently aggressive (Becker, 1994; Stermac, Hall, & Henskens, 1989).

Effects of Child Sexual Abuse

Authorities have debated the effects of adult-child sexual interactions in the context of a secret relationship since the initial recognition of CSA. Some have suggested that children who are sexually exploited by adults do not suffer mental harm—either while children or later as adults (e.g., Yorukoglu & Kempf, 1966). The majority of research evidence, however, suggests that a variety of negative psychological, behavioral, and interpersonal problems are more prevalent among CSA victims compared to individuals without such a history (see reviews by Beichtman et al., 1992; Beichtman, Zucker, Hood, daCosta, & Akman, 1991; Briere & Elliott, 1994; Kendall-Tackett, Williams, & Finkelhor, 1993). The consequences of CSA can be clas-

sified as either initial effects (occurring within 2 years following the abuse) or long-term effects (consequences beyond 2 years subsequent to the abuse).

Initial Effects. In terms of initial effects, investigators have identified a wide range of emotional, cognitive, physical, and behavioral problems. The specific manifestations of symptomatology appear to depend on the developmental level of the victim (Beichtman et al., 1991; Kendall-Tackett et al., 1993; Wurtele & Miller-Perrin, 1992). Table 4.1 displays the most common symptoms associated with CSA for preschool, school-age, and adolescent children.

In a review of 45 of the most recent empirical studies on initial effects, Kendall-Tackett et al. (1993) concluded that one of the two most common symptoms identified in sexually abused children is sexualized behavior (e.g., overt sexual acting-out toward adults or other children, compulsive masturbation, excessive sexual curiosity, sexual promiscuity, and precocious sexual play and knowledge). Sexualized behavior is also believed to be one of the most predictive consequences of sexual abuse (Friedrich, 1993). The other most frequent problem is posttraumatic stress disorder (PTSD) symptomatology, which includes a number of difficulties such as nightmares, fears, feelings of isolation and an inability to enjoy usual activities, somatic complaints, symptoms of autonomic arousal (e.g., easily startled), and guilt feelings.

Table 4.1 Short-Term Effects Associated With Sexual Abuse in Preschool, School-Age, and Adolescent Children

<i>Behavioral</i>	<i>Emotional</i>	<i>Cognitive</i>	<i>Physical</i>
Preschool			
Regression/immaturity	Anxiety ^a	Learning difficulties	Bruises
Social withdrawal	Clinging		Genital bleeding
Sexualized behavior ^a	Nightmares ^a		Genital pain
Sexual preoccupation ^a	Fears		Genital itching
Precocious sexual knowledge ^a	Depression		Genital odors
Seductive behavior ^a	Guilt		Problems walking
Excessive masturbation ^a	Hostility/anger		Problems sitting
Sex play with others ^a	Tantrums		Sleep disturbance
Sexual language ^a	Aggression		Eating disturbance
Genital exposure ^a			Enuresis
Sexual victimization of others ^a			Encopresis
Family/peer conflicts			Stomachache
Difficulty separating			Headache
Hyperactivity			
School age			
Regression/immaturity ^a	Anxiety	Learning difficulties ^a	Stomachache
Social withdrawal	Phobias	Poor concentration	Headache
Sexualized behavior	Nightmares ^a	Poor attention	Genital pain
Sexual preoccupation	Fears ^a	Declining grades	Genital itching
Precocious sexual knowledge	Obsessions		Genital odors
Seductive behavior	Tics		Problems walking
Excessive masturbation	Hostility/anger		Problems sitting
Sex play with others	Aggression ^a		Sleep disturbance
Sexual language	Family/peer conflicts		Eating disturbance
Genital exposure	Depression		Enuresis
Sexual victimization of others	Guilt		Encopresis
Delinquency	Suicidal		
Stealing	Low self-esteem		
Poor peer relations			
Hyperactivity ^a			
Adolescent			
Social withdrawal ^a	Anxiety	Learning difficulties	Stomachache
Self-injurious behavior ^a	Phobias	Poor concentration	Headache
Sexualized behavior	Nightmares	Poor attention	Genital pain
Sexual preoccupation	Obsessions	Declining grades	Genital itching
Precocious sexual knowledge	Hostility/anger		Genital odors
Seductive behavior	Depression ^a		Problems walking
Promiscuity	Guilt		Problems sitting
Prostitution	Suicidal ^a		Pregnancy
Sexual language	Low Self-Esteem		Eating disturbance ^a
Sexual victimization of others			Sleep disturbance ^a
Delinquency ^a			
Running away ^a			
Early marriage			
Substance abuse ^a			
Truancy			
Dropping out of school			
Stealing			
Poor peer relations			

SOURCE: Information for this table was obtained from the following references, which are representative but not exhaustive: Beitchman, Zucker, Hood, daCosta, and Akman (1991); Dubowitz, Black, Harrington, and Verschoore (1993); Everson, Hunter, Runyon, and Edelson (1990); Friedrich, Grambusch, and Damon (1992); Friedrich, Urquiza, and Beilke (1986); Gil and Johnson (1993); Gomes-Schwartz et al. (1990); Lanktree, Briere, and Zaidi (1991); Mannarino, Cohen, Smith, and Moore-Motily (1991); Mennen and Meadow (1994); Wells, McCann, Adams, Voris, and Ensign (1995); and Wozencraft, Wagner, and Pellegrin (1991).

a. Indicates most common symptoms for age group.

DO CHILDREN FABRICATE REPORTS OF CHILD SEXUAL ABUSE?

Each year, there are persons who go to jail and lose their life savings, their homes, their reputations, and their jobs because social workers, psychologists, prosecutors, jurors, and judges believe what young children tell them about being sexually molested. Hundreds of thousands of individuals each year are accused falsely of child abuse. (Emans, 1988, p. 1000)

The origin of the statement that "hundreds of thousands of individuals each year are accused falsely" is typically attributed to Douglas Besharov, the first director of the National Center on Child Abuse and Neglect and keynote speaker at the first Victim of Child Abuse Laws (VOCAL) conference (Hechler, 1988). Besharov attributes the large number of false allegations to massive publicity surrounding child abuse accompanied by a dramatic increase in reporting (Besharov, 1985). Is there an epidemic of false allegations? Do parents and other individuals who interact with children need to be concerned that they may be accused of CSA?

After watching the television news or reading the newspaper, it might be easy to conclude that the answer to both questions is a resounding yes. A number of well-publicized cases have contributed to the perception among many that there is an epidemic of false allegations. Celebrities Woody Allen and Michael Jackson, for example, have recently argued that they were falsely accused of CSA. Another case that has received a great deal of attention involved Dale Akiki, a mentally and physically disabled child care worker in San Diego. Akiki was recently acquitted of sexually abusing, torturing, and kidnapping nine preschool-age children. In their report, the grand jury rebuked therapists, parents, and prosecutors for being "overzealous" and using improper investigation procedures. "Lawyers should try cases, not causes" (Mydans, 1994, p. A7).

A few years earlier, one of the longest and most costly criminal trials in U.S. history, the McMartin Preschool case, similarly ended without convictions. In the 1983 McMartin case, Ray Buckey, his mother Peggy McMartin Buckey, and five other child care workers were accused of sexually abusing some 360 children over several years (Victor, 1993). As in the Akiki case, the defendants were said to be "devil worshipers" and were accused of many bizarre and unspeakable acts. The district attorney's office, citing the "leading questions" of many of the social workers who counseled the children, eventually dropped the charges on everyone except Ray and Peggy Buckey. In January 1990, the Buckeys were acquitted on 52 of the 65 counts against them. Later that year, the prosecution dropped the remaining charges against Ray Buckey.

Although highly publicized cases like these might suggest that most accusations of CSA made by children are fabricated, a more accurate appraisal results from evaluating the research evidence relevant to false allegations. One line of research has examined whether children have the general capacity to lie. Current research suggests that children under age 7 are unlikely to be successful at telling a lie (Morency & Krauss, 1982). Other experts have examined the capacity of children to lie about CSA specifically and have concluded that nonsexually abused prepubescent children simply do not have the sexual knowledge or vocabulary to describe many of the explicit sexual acts experienced during abuse. Another line of research has evaluated whether children have the capacity to form and recall detailed memories of events. Current research and theory regarding memory in children indicate that children's memory ability depends on their language skills and ability to order and interpret events, skills that are particularly difficult for young children (Perry, 1992). However, in some situations, younger children can provide more accurate recall than adults (e.g., for a particularly salient event; Lindberg, 1991). In addition, children as young as 2 or 3 years of age can reconstruct events with 75% accuracy when they mentally re-create a scene to be remembered (reported in Perry, 1992).

Critics suggest, however, that children are not *intentionally fabricating* stories or memories, but that false reports result from parents and professionals who *create* such memories in children. Studies have examined the suggestibility of children by exposing them to some event and questioning the child about it. Most studies find that young children, especially preschoolers, are more suggestible than older children and adults (Ceci & Bruck, 1993). By age 10 to 11 years, however, children are no more suggestible than adults (Saywitz & Snyder, 1993).

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The memory of young children, as a result, can be contaminated by misleading information. Loftus and Ketcham (1991), for example, described research whereby preschool and kindergarten children were shown 1-minute films and subsequently interviewed. Children were asked suggestive questions such as "Did you see a boat?" and "Didn't you see a bear?" and responded affirmatively that they had seen these objects in the film. Because there was no boat or bear in the films, the researchers concluded that they were able to alter the children's responses or possibly create a memory simply by asking a suggestive question. Others have criticized the connection between this research and false allegations of sexual abuse, arguing that the circumstances in such experimental situations are quite different from an actual event of sexual abuse.

Investigators have also evaluated interview techniques relevant to sexual abuse investigations and found that in general, the techniques are not unduly suggestive. The majority of children, for example, do not disclose sensitive material in response to open-ended questions about a medical exam (Saywitz, Goodman, Nicholas, & Moan, 1991). Studies evaluating the use of anatomically correct dolls indicate that they are unlikely to elicit erroneous information (Everson & Boat, 1990). Other research has shown that the use of reinforcement during the course of an interview does not affect accuracy of recall negatively (Goodman, Bottoms, Schwartz-Kenney, & Rudy, 1991). Evaluating an interview technique for research purposes, however, may not reflect the way in which some interviews are conducted in the "real world." Asking a child the same question repeatedly, for example, could make the child feel pressure to respond affirmatively (e.g., "Did he touch any of your private parts?"). Making reference to the responses of other children potentially involved in sexual exploitation might also unduly influence a child's response and result in a false allegation (e.g., "Jose said that Jimmy touched his penis, did anything like that happen to you?").

The most direct research evidence associated with false allegations comes from studies that have examined samples of cases reported to child protection agencies or other professionals. Most studies of official estimates of CSA indicate that approximately 50% of CSA cases are unsubstantiated (Wiese & Daro, 1995). Confusion continues to exist, however, regarding what kind of case constitutes an unsubstantiated case. Some have equated "unsubstantiated" with false allegations. This definition, however, is misleading because there are several reasons why a case may be labeled unsubstantiated. Unsubstantiated cases include reports that are fabricated (false) as well as those involving insufficient evidence. Unsubstantiated cases theoretically include true reports with insufficient evidence as well as false allegations of abuse.

Current estimates of false allegations of abuse range from 3% to 8% of sexual abuse reports (Everson & Boat, 1989; Jones & McGraw, 1987). For example, Jones and McGraw (1987) reviewed 576 reports of alleged sexual abuse made to the Denver Department of Social Services in 1983. Of those 576 reports, 53% were confirmed as substantiated reports of abuse. Seventeen percent were unsubstantiated but categorized as representing a legitimate suspicion by the reporter. Another 24% were categorized as having insufficient information to make a determination about the abuse. The remaining 6% of reports were categorized as false allegations. Of the false allegations, 26 were reports from adults, and 8 were made by children or adolescents (5 of these 8 reports were made by disturbed adolescents who had been sexually victimized by an adult in the past). Of the adult cases, the large majority were allegations that arose in the context of custody or visitation disputes, although other studies have indicated that the overwhelming majority of custody disputes do not involve sexual abuse allegations (Faller, 1993).

There are several reasons to be cautious about results from such studies, because rates of false allegations vary depending on the type of population sampled (Everson & Boat, 1989). In addition, whether a report is considered to be true or false depends on the criteria used, which can vary from the consensus of clinicians to the disposition of child protective services to a judge's opinion. Such judgments are fallible, and as a result, the "true" rate of false allegations could be either somewhat higher or lower. Despite these methodological limitations, the rate of false allegations across studies is consistently low, representing a minority of reports. Even the smallest percentage of false positives, however, warrants continued research focusing on the methods of validating sexual abuse such as increasing the accuracy of validation attempts, improving interview techniques, and enhancing training for evaluators. By preventing false allegations, we not only avoid harming those falsely accused but refocus attention on identified victims of abuse.