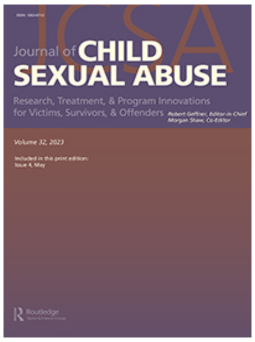

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Laurie Matthew & Ian Barron

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Ritual Abuse Survivors' Perspectives on Research Participation: An Exploratory Mixed Methods Online Study

Laurie Matthew[a] and Ian Barron[b]

[a]Eighteen and Under, Dundee, UK; [b]University of Massachusetts, Amherst, MA, USA

ABSTRACT
This exploratory study sought a deeper understanding of the perspectives of self-defined ritual abuse (RA) survivors, who had experienced sexual victimization, on participation in research. A mixed-methods qualitative design involving online survey and follow-up virtual interviews included 68 adults across eight countries. Content and thematic analysis of responses indicated that RA survivors were keen to be involved in a range of research activities to share their experience, knowledge, and support for other survivors. Having a voice, gaining knowledge, and feeling empowered were reported as advantages of participation, while concerns included exploitation, researcher ignorance, and emotional dysregulation caused by content discussed. To enable their engagement in the future research, RA survivors identified participative research designs, anonymity, and increased opportunities for inclusion in decision-making.

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Ritual abuse; definition; survivors; research participation

Organized child sexual abuse (CSA) is a pervasive yet barely recognized problem for society. CSA that involves organization of networks of abusers, acting together and systematically abusing multiple victims, can be defined as organized abuse (Salter & Richters, 2012). Organized abuse can also involve physical and emotional abuses, occurs in networks, institutions, and families, and can include technologically facilitated abuse (Schröder, Behrendt, et al., 2020). Early reports of organized abuse in the 1980s were met with widespread disbelief, and allegations were often dismissed as moral panic and/or false memories created by therapists (Salter, 2017). Organized abuse within a belief system including religious or supernatural connotations is sometimes referred to as ritual abuse (Salter, 2012). Ritual abuse occurs in particularly violent groups and includes torture of body, mind, and spirit; trafficking of victims; and exploitation of child and adult victims (Cartwright, 2021). Due to the continued politics of disbelief, survivors of ritual or organized abuse have remained marginalized, frequently disbelieved, misdiagnosed, and commonly suffering from few quality support services. Statutory services are described as

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CONTACT Ian Barron ibarron@umass.edu Center for International Education, University of Massachusetts, Amherst, MA 01054, USA

particularly unresponsive (Matthew & Barron, 2015). Salter refers to this as the consequences of entrenched ignorance (Salter & Woodlock, 2022).

Currently, there is no universal definition of ritual abuse with terminology varying across countries. In the United States, such harms are referred to as ritual abuse, mind control (RA/MC), and/or satanic ritual abuse (SRA: Miller, 2011, 2014), while in the UK, it is labeled ritual abuse (Matthew & Barron, 2015), and in Germany, it is named as organized ritual abuse (ORA: Schröder, Nick, et al., 2020). Lack of agreement on a definition and research limited to the existence of ritual abuse and validity of survivors' stories have led to many survivors defining their own identities (Noblitt & Noblitt, 2014; Salter, 2012). Self-definitions are more varied; however, they tend to incorporate the ritualized nature of abuse and the pervasive impact of harm (Matthew & Barron, 2015). This diversity of definition raises questions about the validity and reliability of the studies.

The prevalence of CSA, dependent on definition, impacts up to 36% of girls and 23% of boys (Kloppen et al., 2016), with girls two to three times more at risk (Stoltenborgh et al., 2011). The prevalence of ritual abuse in children is less certain. While many CSA studies report gender differences, the current authors found, RA studies are characterized by their omission of the analysis of the extent and impact of RA dependence on gender and sexuality. Indications are that sexual violence and organized sexual violence are a major problem in societies worldwide requiring a public health approach (World Health Organization, 2003). Between 1.2% and 16.5% of youth under 18 years report CSA at some time in their lives (Radford et al., 2011). Typically, CSA and ritual abuse continue for many years (Matthew & Barron, 2015). Where perpetrators are friends, family members, or partners, disclosure of the CSA can be extremely difficult, with delays ranging from 8 to 27 years (Smith et al., 2015). With RA, the norm is the absence of disclosure (Matthew & Barron, 2015).

Organized and ritualized abuse causes long-term physical and psychological harm. Survivors experience a wide range of serious and enduring psychological symptoms (Campbell et al., 2009; Chen et al., 2010). A high number of adults with severe mental illness report physical abuse in childhood (11–66%) and sexual abuse as an adult (13–59%) (Grubaugh et al., 2011). Despite the high prevalence rate, only 12–44% report receiving help (Read et al., 2018).

Researchers with lived experience

Traditional research values impartiality, objectivity, and noninvolvement of the researcher as a participant (Beresford, 2010). Research that fails to recognize the importance of survivors in the planning and researching of abuse can devalue the knowledge of people with lived experiences (Matthew & Barron, 2015). RA survivors can be construed as being too close to the problem under investigation, and their knowledge dismissed as less reliable than that of the more distant academic (Beresford & Boxall, 2014). These beliefs are being challenged. Rose (2009) argues that all researchers come from a particular position, background, and value-base, and as such, Rose challenges the validity and reliability that places their knowledge ahead of people with lived experience of a particular issue.

People with lived experience of care have influenced and changed our understanding of the concept of "support" with the result that care is now redefined to mean cared "about" rather than cared "for," emphasizing equality rather than hierarchy (Beresford, 2010). The inclusion of people with lived experience as researchers as well as participants in participatory research is not neutral but political and part of a movement of social change. Participatory action research involves changing who has control within the research process, the nature of research production, as well as the capacity to improve participants and researchers lives (Beresford, 2010).

In the mental health field, some researchers argue that people with lived experience need to be central to research decision-making and there needs to be a serious investment in this type of research (Jones et al., 2014, 2021). Abuse survivors have reported involvement in research to be a helpful and insightful experience (Campbell et al., 2010). Survivors of RA involved in participatory action research to investigate survivor experience of seeking help reported experiences of disbelief, a lack of ritual abuse awareness, and lack of help from support services. The participatory action research was also reported by participants as educative and emancipatory (Matthew & Barron, 2015). Research is rare with this group of abuse survivors despite studies suggesting participation in research to be positive and empowering. This finding, however, remains inconclusive. The current study sought to gain insights into the impact of research participation from an RA survivor perspective.

Due to the uncertainty and complexity of the issues involved in exploring RA survivors' experience and understanding as participants, there was a need for a robust methodology. Guest et al. (2012) argued that mixed-methods analysis, integrating qualitative and quantitative approaches in a single study, can be regarded as a rigorous approach to data analysis. Similarly, Neuendorf (2019) highlighted the usefulness of incorporating mixed data analysis, utilizing content analysis and thematic analysis in qualitative studies. These two similar but different types of analysis produce different types of conclusions, with content analysis providing quantitative, neutral, reliable results and thematic analysis providing qualitative, inductive results. A particular value for the uncertain RA context is that content and thematic analysis can be regarded as complementary, with each providing a different perspective on a data set. Due to the exploratory nature of the study, this was the approach adopted.

The purpose of this exploratory mixed-methods study was to gain an understanding of the benefits and concerns of ritual abuse survivors about research participation to inform researchers in the future study design. The research questions asked were – what were RA survivors' experience of participating in research, what benefits did they perceive from participation, what were their concerns about participation, what would facilitate RA survivor engagement in future research, and were they any differences related to self-reported sexuality? The study, therefore, aimed to provide (i) insights for researchers into how to engage ritual abuse survivors in research and (ii) identify future issues for ritual abuse survivors to research. As such, the study expands the field's understanding of both the processes and outcomes of research into ritual abuse. RA survivors in this study were self-defined.

Methods

The study utilized a mixed-methods qualitative design of online survey and follow-up online interviews. Research approval was granted by the University of Massachusetts, Amherst. Contact details were provided to local support services for survivors who were triggered or experienced distress. RA survivors were recruited through a nonprofit agency based in Scotland providing support services for survivors. Survivors using these services were instrumental in recruiting other survivors to join in the research through word of mouth and social media. Survivors participated in a survey hosted on a secure online Qualtrics platform.

Population

Seventy-nine adolescents and adults responded to the survey and, of those, 68 fit the criterion of being over the age of 18 and self-identifying as a RA survivor. Of the 68, 17 had been involved in research before and 51 had not been involved in research. The inclusion of the latter group in the study provided a comparison of perspectives of researched participants with non-researched participants. After completing the survey, 13 survivors requested to provide further in-depth information through online interviews. Eight participated once contacted by the researcher.

Measures

Online survey

The survey was piloted with six RA survivors to ensure effectiveness, and their data were added to the dataset. Information about the survey was posted onto a secure online forum (RANS: Ritual Abuse Network Scotland) with links to an invitation for RA survivors to take part. Survivors sign up to access the forum. Interested participants could e-mail or private message researchers and ask for clarification and communicate responses through a secure chatroom or private message function.

Filters prevented those who were under 18 or did not define as RA survivors from taking part. The survey gathered information about gender, sexuality, and country of residence. The survey was designed so that survivors who had previously taken part in survivor research could answer questions about their experiences, both positive and negative, of research participation, why they had taken part, what they hoped to gain, and how they were affected. All participants could share their views about the advantages and disadvantages of research participation, what survivors could contribute to research, and what would make it easier for survivors to participate in research. All respondents were free to answer the questions they wanted to and disregard any questions they did not want to answer throughout the survey. No personal questions were asked about abuse experiences, and no identifying information was requested from survivors.

Online interviews

Secure online interviews for survivors who wished to provide further in-depth information were made available via e-mail or on the online forum. Survivors could choose whether to use live chat, private message, or e-mail to answer questions. The questions asked were the same questions from the survey with an invitation to expand further on their answers provided in the survey. Participants maintained their own privacy by choosing to use a name of their choice, sharing only what they were comfortable with and being able to delete their data at any time. All data shared by them was fully anonymized and kept on a secure password encrypted computer.

Analysis

Thematic content analysis was used to discover meanings and quantify the commonality of codes and themes. Thematic content analysis can be used on all types of written data including open-ended questions and is unique in that it has a quantitative and qualitative methodology (Bengtsson, 2016). Two researchers read and re-read the data as it emerged from the survey and interviews and searched for patterns of meaning and themes. For inter-rater reliability, each researcher examined the data separately and then came together to share codes and notes and agree themes. Once themes were identified, they were reviewed against codes over the entire dataset, and a thematic map generated. This was then compared and reviewed against the content analysis. The writing of the paper enabled another check on the validity and reliability of analysis including the selection of exemplifying quotes. The researchers analyzing the data were both RA survivors. One is the leader of a CSA survivor organization, the other is a student on placement. Both were females, one in her sixties and the latter in her twenties.

Results

Participants

Seventy-five percent of participants ($n = 51$) identified as female; 8.8% ($n = 6$) as male; 7.4% ($n = 5$) as questioning, and 8.8% ($n = 6$) as nonbinary. Regarding sexuality, 36.8% ($n = 25$) identified as straight or heterosexual; 25% ($n = 17$) as bisexual; 11.8% ($n = 8$) as gay; 10.3% ($n = 7$) as asexual and 2.9% ($n = 2$) as questioning; 5.9% ($n = 4$) as pansexual and 7.4% ($n = 5$) declined to answer. There were several comments made by participants about their sexuality, including sexuality varying and changing due to dissociative identity disorder (DID) and confusion around sexuality due to abuse trauma. One survivor said, “Not sure as still quite screwed up around sex and sexuality.”

Of the eight survivors who took part in interviews, seven identified their gender as female, one as male; three identified their sexuality as heterosexual, two as bisexual, two as gay, and one as questioning. All had previous research experience (RE). Participants resided in eight countries: 48.5% ($n = 33$) in the UK; 30.9% ($n = 21$) the United States; 5.9% ($n = 4$) Canada; 2.9% ($n = 2$) Switzerland; 5.9% ($n = 4$) Australia; 1.5% ($n = 1$) New Zealand; 1.5% ($n = 1$) the Netherlands; and 2.9% ($n = 2$) Sweden (see Table 1).

Previous research experience

Seventeen survivors (25%) had previously participated in academic research on abuse. Of these, 82.4% ($n = 14$) identified as women, 5.9% ($n = 1$) as male, and 11.8% ($n = 2$) as nonbinary. Regarding sexuality, 47.1% ($n = 8$) identified as bisexual, 23.5% ($n = 4$) as gay, 11.8% ($n = 2$) as asexual, 11.8% ($n = 2$) as heterosexual (straight), and 5.9% ($n = 1$) as pansexual. The country of residence was 70.6% ($n = 12$) from the UK; 11.8% ($n = 2$) from Canada; 11.8% ($n = 2$) from the United States, and 5.9% ($n = 1$) from Sweden.

Table 1. Participant country.

Category	Switzerland	UK	United States	Aust.*	Canada	Sweden	NewZealand	Netherlands
RE N = 17	12 (70.6%)	2 (11.8%)	0	2 (11.8%)	1 (5.9%)	0	0	0
No RE N = 15 (3.9%)	21 (41.2%)	19 (37.3%)	4 (7.8%)	2 (3.9%)	1 (2%)	1 (2%)	1 (2%)	2
Totals N = 68 (2.9%)	33 (48.5%)	21 (30.9%)	4 (5.9%)	4 (5.9%)	2 (2.9%)	1 (1.5%)	1 (1.5%)	2

*. RE = research experience; No RE = non-research experience.

Table 2. Views of RA survivors who had previous research experience.

Question	RA	Voice/visibility	Help	Empowered
	Awareness	Survivors		
Why take part in research?	14 (82.4%)	7 (41.2%)	6 (35.3%)	0 (0%)
How affected?	0 (0%)	1 (5.9%)	1 (5.9%)	14 (82.4%)
What hoped to gain?	10 (58.8%)	4 (23.5%)	1 (5.9%)	2 (11.8%)
Positive outcomes?	0 (0%)	6 (35.3%)	0 (0%)	17 (100%)
From eight Interviews	8 (100%)	6 (75%)	8 (100%)	8 (100%)

The survivors were invited to give views on their experience of previous research participation (see Table 2). Of these, 47.1% ($n = 8$) agreed to provide more in-depth information through online interviews to expand on their answers. Survivors could name more than one theme in their answers. When asked why they had agreed to participate in previous research, most survivors 82.4% ($n = 14$) said that they wanted to raise awareness about ritual abuse. Of these, 92.9% ($n = 13$) identified as female and 7.1% as male ($n = 1$). 41.2% ($n = 7$), all female, said that they wanted to have a voice in research and 35.3% ($n = 6$) agreed to research participation to help themselves and other survivors. One survivor said, "We are people who have survived, not victims, and we can do many things. Participating in research can change people's perceptions of survivors and make us visible."

Survivors were asked how they were affected by taking part in the research, and 82.4% ($n = 14$) said that they felt empowered, 5.9% ($n = 1$) said that they felt listened to, and 5.9% ($n = 1$) said that they had helped other people. One survivor said, "It made me feel listened to, not that I was the subject of research but rather a participant."

When asked what they had hoped to gain by research participation, 58.8% ($n = 10$) survivors said that they hoped for raised awareness about ritual abuse; 23.5% ($n = 4$) hoped for increased visibility and to have a voice, and 11.8% ($n = 2$) hoped to feel better through participation, "Hoping it might become more visible and better known as a crime and more help for survivors. Maybe people would learn more too", and 23.5% ($n = 4$) survivors said that they had not hoped for anything.

No negative outcomes were reported for 58.8% of survivors ($n = 10$) though 23.5% ($n = 4$) expressed frustration, "With the questions that really narrowed the reality to binary options" and "I felt I was still stuck in the same place." One survivor felt exploited when research was stopped due to researcher illness, "In a way it feels like we were used but I know it's not anyone's fault." Another survivor also participating in the same research became scared and confused, "It wasn't his fault, but it was scary and confusing."

Survivors reported positive outcomes. All, 100% ($n = 17$) reported feeling good and empowered by research participation with 35.3% ($n = 6$) feeling they were listened to and had a voice; 29.4% (*n* = 5) reporting feeling good; 23.5% (*n* = 4) believing what they did was important; 5.9% (*n* = 1) feeling less isolated and 5.9% (*n* = 1) feeling more capable. The only negative experience mentioned was, “feeling uncomfortable at the time but it was also helpful to my recovery.”

Of all who took part in online interviews, eight reported being empowered and all believed in the importance of survivors contributing to research to raise awareness to help other survivors. Of those interviewed, 75% (*n* = 6) believed in the importance of listening to the voices of survivors and in being able to remain anonymous for reasons of safety.

Advantages and disadvantages of research

All 68 survivors who participated in this research were invited to share views about potential advantages and disadvantages for RA survivors in research participation; what might make it easier for survivors to be able to participate in research and what RA survivors might contribute to academic research. Results from survivors who had previously participated in research (25%, n = 17) and those who had not (75%, n = 51) were analyzed separately and compared (see Table 3).

Survivors reported five main themes that could be disadvantages (Table 3) for research participation, and there were differences between the views of survivors with previous research experience (RE) and those with none. Both groups of survivors closely agreed that researchers’ ignorance could be an issue, “Researchers might not ask the right questions as they maybe don’t know enough about abuse issues.” There was also agreement of the possibility of survivors being triggered, though those with no research experience 35.3% (*n* = 18) thought this a greater issue than those with research experience 23.5% (*n* = 4). By triggering, the survivors referred to becoming emotionally distressed or overwhelmed. Survivors explained, “Involuntary physical responses, cannot talk about it or there’s a horrible almost allergic reaction to it;” “could potentially bring up a lot of bad memories;” “emotional triggering of psychological wounds;” “flashbacks, panic and feeling of overwhelming terror.”

Survivors with no research experience were concerned about safety, with 49% (*n* = 25) expressing concern as compared to 5.9% (*n* = 1) of survivors with

Table 3. Disadvantages of participating in research.

Theme	Research experienced (*n*=17)	No prior research experience (*n*=17)
Triggering (emotional	4 (23.5%)	18 (35.3%)
Dysregulation) Safety	1 (5.9%)	25 (49%)
Researcher ignorance	2 (11.8%)	7 (13.7%)
Fear/shame/belief	0 (0%)	9 (17.6%)
Exploited	3 (17.6%)	1 (2%)
No disadvantage	6 (35.3%)	0 (0%)
Don’t know	0 (0%)	17 (33.3%)

research experience. Survivors mentioned, “the possibility of being identified, when you have hidden your identity and location so well from those that hurt you;” “being put in danger;” “the obvious potential disadvantage is danger to self.” Concern about exploitation was statistically higher among those with research experience with 17.6% ($n = 3$) compared to 2% ($n = 1$) of those with no research experience. A survivor with research experience explained, “they are vulnerable and can be taken advantage of.”

While 17.6% (n = 9) of survivors with no research experience mentioned concerns about feeling fear or shame or not being believed, no survivors with research experience mentioned these concerns, and 35.3% (n = 6) of survivors with research experience stated that there were no disadvantages to research involvement, while 33.3% (n = 17) said that they did not know if there were any disadvantages. Survivors suggested six advantages of research participation. Three of these were mentioned by survivors with research experience. These were increased safety 11.8% (n = 2), being believed 5.9% (n = 1), and survivors as experts 11.8% (n = 2). One survivor stated, “survivors are the experts so are the best people to learn from” (see Table 4).

Increased awareness and knowledge of RA through survivors’ research participation was regarded as the main advantage, with 76.5% ($n = 13$) of research-experienced survivors and 64.7% ($n = 33$) of non-research-experienced survivors in agreement about this. Those with research experience 82.4% ($n = 14$) thought that having a voice and higher visibility was the greatest advantage, while only 23.5% ($n = 12$) of survivors without research experience agreed.

Empowerment was thought to be an advantage by 29.4% ($n = 5$) of survivors with research experience compared to 11.8% ($n = 6$) of survivors with no research experience. “I think it can be very empowering and healing for a RA survivor to have their voice heard and be listened to by a supportive researcher as they tell their story.”

Six themes were identified as factors making it easier for survivors to participate in research (see Table 5). Survivors with research experience 64.7% (n = 11) thought more researchers being interested and having more opportunities to be involved in research would make participation easier. Survivors said, “more wide-spread studies;” “more conversations about this happening;” “research methods should be vetted with and even designed with

Table 4. Advantages for RA survivors in participating in research.

Theme	Research experienced (*n*=17)	No research experience (*n*=51)
Empowering	5 (29.4%)	6 (11.8%)
Raise awareness/knowledge	13 (76.5%)	33 (64.7%)
Voice/visibility	14 (82.4%)	12 (23.5%)
Safety	2 (11.8%)	0 (0%)
Believed	1 (5.9%)	0 (0%)
Survivors as experts	2 (11.8%)	0 (0%)
Don’t know	0 (0%)	5 (9.8%)

Table 5. Factors making it easier for RA survivors to participate in research.

Theme	Research experienced (*n*=17)	No research experience (*n*=51)
Safety	5 (29.4%)	20 (39.2%)
Awareness	2 (11.8%)	12 (23.5%)
Online creative methods	2 (11.8%)	12 (23.5%)
Support	4 (23.5%)	8 (15.7%)
Researcher interest	11 (64.7%)	0(0%)
Being believed	0 (0%)	4 (7.8%)
Don't know	0 (0%)	19 (37.3%)

RA survivors to ensure protection of the survivor and to ensure the research will gather meaningful information which is relevant to the experience of survivors." No survivors without research experience mentioned this. Both groups of survivors thought safety was important but a higher percentage of survivors without research experience 39.2% (n = 20) thought this when compared to survivors with research experience 29.4% (n = 5). "I think feeling safe is important key factor in participation.;" "the obvious potential disadvantage is danger to self;" "possibly being harmed if asked too many personal questions;" "potential exposure of their identity."

Awareness of survivors' issues and using online or creative research methods were thought to be important by both groups, though percentages were higher for those with no research experience with 23.5% (*n* = 12) believing this, compared to 11.8% (*n* = 2) of those with research experience, "increased awareness, better knowledge survivors are the experts."

A higher percentage of survivors with research experience 23.5% (*n* = 4) compared with survivors with no research experience 15.7% (*n* = 8) thought that having support would make it easier to participate in research. "Keep it highly anonymized, support right after participation;" and "having support as that would make it easier to open up" (see Table 7, discussed in more detail below).

Being believed was important to 7.8% (*n* = 4) survivors with no experience. "Knowing that we will be believed." No survivors with research experience mentioned this. Survivors with no research experience 37.3% (*n* = 19) did not know what would make it easier for survivors to participate in research.

"Lived experience" was the most important research contribution by 58.8% (n = 30) of survivors without research experience compared to 41.2% (n = 7) of survivors with research experience. "First-hand experience of what happened;" "Lived experience and knowledge about assessing safety, gaining internal cooperation from parts to stop contact with abusers and how to process traumatic memories while staying functional;" "Insight from unique experience;" and "Insights & specific details are ritual abuse" (see Table 6).

Knowledge and awareness of RA was the most important contribution to research according to 52.9% (*n* = 9) of survivors with research experience compared to 39.2% (*n* = 20) of those with no research experience. "Case studies of recovery might be very valuable;" and "Information gained from experience that could lead to better understanding of what RA is and how to heal from it."

Table 6. What survivors can contribute to research?

Theme	Research experienced (*n*=17)	No research experience (*n*=51)
Lived experience	7 (41.2%)	30 (58.8%)
Knowledge/awareness	9 (52.9%)	20 (39.2%)
Help for survivors	1 (5.9%)	7 (13.7%)

Table 7. Disadvantages of participation: Sexuality breakdown (no research experience).

Theme	Heterosexual (*n*=23)	LGBT (*n*=23)
Triggering	6 (26.1%)	12 (52.2%)
Safety/support	7 (30.4%)	15 (65.2%)
Research ignorance	0 (0%)	6 (26.1%)
Fear/shame	1 (4.3%)	7 (30.4%)
Don't know	10 (43.5%)	1 (4.3%)

Some survivors without research experience (13.7%, $n = 7$) also thought that contributing to research would help other survivors. "Better information and help for people who have been through ritual abuse;" "Also information about the human mind and body – what it experiences and how it adapts and develops because of traumatic mind-body conditioning and the capacity it has for healing and evolving through and past such trauma. This information could be used to help with healing general trauma/less intense traumatic experiences that many humans suffer."

Gender and sexuality

The data were analyzed in relation to gender, but there were no obvious differences. In terms of sexuality, for data comparison, LGBT+ participants were combined into one category with 55.9% ($n = 38$) identifying as LBGT+; 36.8% ($n = 25$) as heterosexual (or straight), while 7.4% ($n = 5$) declined to state sexuality. The data indicated that there were distinct differences in views identified between LGBT+ and heterosexual participants. This is most apparent in participants with no research experience due to the larger numbers.

Safety and support were a greater concern for 65.2% (n = 15) of LGBT+ survivors compared to 30.4% (n = 7) of heterosexual survivors (see Table 7). Being triggered was higher for 52.2% (n = 12) LGBT+ survivors compared to 26.1% (n = 6) heterosexual survivors. Fear and shame were a greater concern for 30.4% (n = 7) of LGBT+ respondents compared to 4.3% (n = 1) heterosexual respondents. Researcher ignorance was a concern for 26.1% (n = 6) of LGBT+ respondents compared to zero heterosexual participants. There were slightly different views, based on sexuality, in responses to the advantages of research participation with raised awareness agreed by 65.2% (n = 15) of heterosexual participants and 47.8% (n = 11) of LGBT+ participants, as most important.

Table 8. Factors making participation easier for RA survivors: Sexuality breakdown.

Theme	Heterosexual	LGBT
Safety	8 (34.8%)	12 (52.2%)
Awareness	2 (8.7%)	8 (34.8%)
Online creative methods	4 (17.4%)	7 (30.4%)
Support	2 (8.7%)	5 (21.7%)
Being believed	0 (0%)	4 (17.4%)
Don't know	10 (43.5%)	1 (4.3.%)

Safety was the main issue for 52.2% ($n = 12$) LGBT+ survivors compared to 34.8% ($n = 8$) heterosexual survivors to make research participation easier for survivors (see Table 8). What would make participation easier was not known by 43.5% ($n = 10$) heterosexual survivors compared to 4.3% ($n = 1$) LGBT+ survivors. Being believed was only important to 17.4% ($n = 4$) LGBT+ participants.

Discussion

According to Matthew and Barron (2015), the voices of self-defined RA survivors have been largely neglected in research. In addition, Salter (2019) talks about the invisibility of ritual abuse outside the trauma and dissociation arena. The experiences and perspectives of self-defined RA survivors on research participation were explored in this study to gain a better understanding and consider how to improve RA survivors research participation and visibility.

Survivors from eight different countries participated with the majority from the UK and the United States. People of different gender and non-gender identities were included, though most survivors 75% ($n = 51$) identified as female. Females are thought to be two to three times more at risk of CSA (Stoltenborgh et al., 2011), and males are considered less likely to disclose abuse (Alaggia et al., 2017) which might explain the higher numbers of female participants.

Interestingly, 55.9% ($n = 38$) of respondents identified as LGBT+ compared to 36.8% ($n = 25$) who identified as heterosexual. Current estimates of the prevalence of LGBT+ people in the community are between 3.8% and 5% of the population (Eristavi & Baer, 2022; Gates, 2011); therefore, a disproportionately high number of LGBT+ participants took part in the study. Or perhaps there is a disproportionate number of LGBT+ people who are RA survivors?

All survivors who had previously participated in research reported positive outcomes, including feeling empowered, a finding consistent with previous research (Matthew & Barron, 2015). Primarily, RA survivors were motivated to participate in research to raise awareness about RA, and this was echoed by

RA survivors with no research experience as an advantage of research participation. It is likely that RA survivors wanted to raise awareness due to survivors reporting a lack of RA awareness leading to poor services and being silenced (Matthew & Barron, 2015). Research-experienced survivors thought that increased visibility was an advantage of research participation and that participation led to empowerment, increased safety, and survivors regarded as experts.

When exploring the disadvantages of research participation there were differences in the views of survivors with research experience and those without experience. The latter group were more concerned about their personal safety and feelings of fear and shame than those with research experience. Given the positive experiences of those with research experience, perhaps such fears had been mollified. Both groups had concerns about being triggered and researchers' ignorance.

Most (64.7%, $n = 11$) survivors with research experience thought that the most important factors in engaging survivors in research were research opportunities and researchers' interest in RA. This is likely due to their own positive research experiences. Those without research experience were focused on personal safety, with awareness of RA and the need for creative research methods concentrating on the safety of the survivor, as important factors to enable survivor's participation. Throughout, survivors highlighted the need for anonymity and fear of their identity being disclosed, leading to danger from abusers. RA survivors have good reason to be fearful given the complex issues and extreme abuse associated with RA (Salter, 2019), yet participants were still interested in participating in research to raise awareness. Survivors thought that their main contribution to research was their lived experience and awareness, and those without research experience focused on participating in research to help other survivors.

Survivors made several suggestions about how research could be conducted to make survivor participation easier. This included having multiple-choice questions, friendly design, more research opportunities, and online research to aid anonymity. Survivors suggested being able to participate in all aspects of research including design and methods and making survivors more aware of research opportunities. Honesty and transparency about who will see information and reassurance that there are no wrong answers were highlighted.

While there were no differences in views in relation to gender, there were some significant differences in relation to sexuality. The LGBT+ participants had higher fears about safety, triggering, researcher ignorance, needing support, shame, and fear of not being believed, than the heterosexual participants. This may reflect the added insecurities felt by members of the LGBT+ community.

Limitations

The research design was exploratory, qualitative, and utilized a small sample size, all factors limiting representativeness, generalizability, and assertions of causality. While RA lacks a universal definition and self-definition is commensurate with the field of RA support, it meant that there was no single and consistent definition of RA for the study. Similarly, as participants selected from a range of interview methods that were conducive to their sharing, no one approach was used throughout the study. As it was mainly females who took part in the research, different genders may have different views. As the study was concerned with RA survivor views, analysis was at a level of perception and open to judgment of participant and researchers. The views of those who dropped out are unknown. Maybe they would have brought different perspectives. It is also possible other researchers could have identified other themes.

Conclusion

The current study found that RA survivors were keen to be involved in all aspects of participatory research. Survivors reported that they contribute lived experience, knowledge, and support for other survivors through research. They identified a wide range of advantages for their participation including having a voice, gaining knowledge, and feeling empowered, however RA survivors were concerned about being exploited, researcher ignorance, and being triggered by the research. RA survivors identified several factors that would enable their engagement in the future research, including helping design research, anonymity, and more research opportunities.

Recommendations for research

Survivors in this study were clear about their desire to raise awareness about ritual abuse through being involved in research. Researchers should be encouraged to research further in this field and to engage in a meaningful way with survivors so that survivors can safely have their voices heard and quality research informed by survivors can be carried out. Future studies need to explore the use of a universal definition for RA. Researchers need to develop participative designs and creative approaches to enable RA survivors to feel safe and participate in research. The promise of anonymity is essential. Researchers need to be aware of, not only the benefits of RA survivor participation in research but also the concerns and risks for RA survivors and how to foster the former and mitigate the latter. Research needs to be carried out to investigate whether the high numbers of LGBT+ people found in this study are replicated elsewhere with other RA survivors. A comparison of sexuality with survivors of other kinds of sexual abuse would also be beneficial. Research with male RA survivors is recommended to give them a voice and explore their views in case these are different. RA survivors should be involved as co-researchers in future PAR studies.

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Notes on contributors

Laurie Matthew is the Director of Eighteen and Under, Dundee, Scotland.

Ian Barron is the Director for the Center for International Education, University of Massachusetts, Amherst. MA, USA

Ethical standards and informed consent

All procedures followed were in accordance with the ethical standards of the responsible committee on human experimentation (University of Massachusetts, Amherst, United States) and with the Helsinki Declaration of 1975, as revised in 2000. Informed consent was obtained from all patients for being included in the study.

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