

Think Tank Report

*Investigation
of Ritualistic
Abuse
Allegations*

5



The National
Resource Center
on Child Sexual Abuse

INVESTIGATING ALLEGATIONS OF RITUALISTIC SEXUAL ABUSE

Proceedings of a Think Tank

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INVESTIGATING ALLEGATIONS OF RITUALISTIC SEXUAL ABUSE

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MR. LLOYD: Good afternoon. I would like to welcome you to the Think Tank entitled "Investigating Allegations Of Ritualistic Sexual Abuse."

I want to take a couple of moments to explain what our procedure is and to clarify what we are intending to do in this Think Tank.

This afternoon, we're attempting to address the issue of allegations of ritualistic sexual abuse. What can we pool from several sources of information that will help us do a better job in our investigations? This is not a training session. This is not a point/counterpoint debate about: Does ritualistic sexual abuse occur or does it not occur, and if so, how frequently does it occur? It is not information about the systems and symptoms, necessarily, of various types of ritualistic abuse, nor are we going to be spending time debating whether this type of abuse is practiced by those who are Satan worshippers as opposed to those of other faiths or of no faith at all.

What we are attempting to do is to pool some information from people who have actually studied children who have been victims of sexual abuse and ritualistic abuse, people who have studied cases, what we may know from interviews by child protective services caseworkers interviewing children, what we know about children and their fantasies, and what we know about children's reactions from watching TV.

We'll also be hearing from people who have worked with victims of psychological deprivation, terrorism or cults.

We are then going to hear from some interesting experiments that have been tried in some area: From the Los Angeles County Sheriff's Department about the multidisciplinary/multiagency protocols that they are in the process of developing, what they have learned in that process, and where they still see issues ahead.

We'll also hear from a prosecutor who has had some experience in prosecuting sexual abuse in out-of-home care in which there were overtones of possible ritualistic abuse, and the concerns of prosecutors of how multidisciplinary teams should operate. We'll also have someone who operates a private therapeutic resource program for children and families and has extensive experience. We'll hear about child protective services at the local level, and from statewide child protective services. These people will address whether it is possible to develop a protocol on a statewide basis that will help us in terms of investigation.

These individuals were listed, for planning purposes, as presenters and respondents, but you will hear that they will not respond directly to the previous person. In fact, they will

present their own perspective, and incorporate some remarks that address some of the previous remarks.

In addition to the presenters and respondents, we have some discussants. After each cycle of presenter/respondent, we will ask our discussants to present a few comments from what they have heard from both of the discussions, and also from their own perspective as well.

The first cycle, first presenter is Dr. Susan Kelley, Associate Professor at the School of Nursing at Boston College.

DR. KELLEY: I will share some of my findings from a research project I conducted in 1988 where I examined the impact of sexual abuse and ritualistic abuse of children in day care. I was initially interested in researching the effects of sexual abuse in day care in general; and with the various cases involving ritualistic abuse around the country, I thought it would be interesting to compare the differences in dynamics as well as the impact upon the child victims and their parents.

For the purposes of this study, I defined ritualistic abuse as sexual, physical and psychological abuse of children by adults engaged in cult worship.

My study is entitled, *"Stress Responses of Children to Sexual Abuse and Ritualistic Abuse in Day Care Centers."*¹

Although the problem of child sexual abuse has received much attention in the past decade, empirical evidence of the impact of sexual abuse has emerged only recently. Existing research suggests that sexually abused children display a variety of disturbed behaviors immediately following disclosure of the abuse. Initial effects of sexual abuse reported in the research literature include fear (Gomes-Schwartz, Horowitz & Sauzier, 1985; Conte & Schuerman, 1987), anger and hostility (Gomes-Schwartz et al., 1985), and guilt and shame (DeFrancis, 1969). In addition, sexually abused children often demonstrate inappropriate sexual behaviors (Friedrich, Urquiza, & Beilke, 1986; Tong, Oates, & McDowell, 1987; Gomes-Schwartz et al., 1985; Friedrich, Beilke, & Urquiza, 1988).

SEXUAL ABUSE IN DAY CARE CENTERS. In recent years the number of reported cases of sexual abuse in day care centers has risen sharply. Finkelhor, Williams, and Burns (1988) identified

¹ Susan J. Kelley, "Stress Responses of Children to Sexual Abuse and Ritualistic Abuse in Day Care Centers," *Journal of Interpersonal Violence* 4:4, pp. 502-513, (December, 1989), copyright 1989 by Sage Publications, Inc., Newbury Park, CA. Reprinted by permission of Sage Publications, Inc.

270 day care centers where sexual abuse occurred, involving a total of 1,639 victims during a 3-year period. Based on their national survey, they estimate the incidence rate of sexual abuse in day care to be 5.5 per 10,000 children compared with 8.9 cases of intrafamilial abuse per 10,000 children under 6 years of age. Although a disturbing number of children are sexually abused in day care, the researchers concluded that these large numbers do not indicate a particularly high risk to children in day care, but rather reflect the large number of children in day care and the risk of sexual abuse to children in all settings.

RITUALISTIC ABUSE. A particularly disturbing type of child maltreatment that has recently come to the attention of professionals is ritualistic abuse. Ritualistic abuse refers to repetitive and systematic sexual, physical, and psychological abuse of children by adults as part of cult or satanic worship (Kelley, 1988). Reports of ritualistic abuse are often characterized by forced ingestion of human excrement, semen, or blood; ceremonial killing of animals; threats of harm from supernatural powers; ingestion of drugs or "magic potions;" and use of satanic songs, changes, or symbols (Gould, 1987; Kaye & Klein 1987; Kelley, 1988). Sexual abuse occurs within the context of group rituals or ceremonies and is a means of inducing a religious experience for adult perpetrators.

Reliable estimates of the extent of this problem are not yet available for several reasons. Many professionals are unaware of the nature of ritualistic abuse and fail to recognize indicators. Even when cases are identified, child protective agencies do not categorize them according to ritualistic involvement. Another major obstacle to determining the extent of ritualistic abuse is the skepticism with which allegations of ritualistic abuse are met. The more horrible and bizarre the child's allegations, the less likely that he or she will be believed. In the national study of sexual abuse of children in day care centers (Finkelhor et al., 1988), 13% of the cases involved ritualistic abuse, suggesting that this is not a rare phenomenon.

The purpose of this study was to examine the stress responses of young children to sexual victimization in day care. Specifically, it was predicted that children who were sexually abused in day care would demonstrate more behavioral disturbances than a carefully matched group of nonabused children. Furthermore, because of the severe nature of ritualistic abuse, it was hypothesized that children who were subjected to ritualistic abuse would manifest the most severe psychological difficulties.

METHOD. Subjects. The 134 subjects in the study were divided into three groups. Group I consisted of 32 children, half of whom were male, aged 4 to 8 years, who were sexually abused in day care centers. The age of the subjects at the time of the abuse ranged from 1 to 4 years, with a mean of 2.38 years.

The time elapsed between the end of the abuse and data collection ranged from 8 to 36 months, with a mean of 26 months.

Group II included 35 subjects, 40% of whom were male, aged 4 to 11 years, and who were ritually abused in day care centers. Subjects were assigned to this group if they reported involvement in satanic rituals. The satanic rituals included worship of the devil, participation in ceremonial acts that involved adults wearing customs or robes and using occult symbols, and threats of damage from supernatural powers. Other important differences between the types of abuse experienced by children in Groups I and II will be described in the Results section. The ages of the children at the onset of the abuse ranged from 1 to 7 years, with a mean age of 3.2 years. The time elapsed between the end of the abuse and data collection ranged from 6 to 47 months, with a mean of 29 months.

Allegations of sexual abuse for subjects in Groups I and II were substantiated by the child protective agency responsible for investigating the charges of sexual abuse. Criminal charges were brought against the abusers in 92% of cases. When criminal charges were filed, 80% resulted in convictions of one or more offenders at the day care center. Of the remaining cases, 5% resulted in innocent verdicts, 7% had charges dismissed, and 7% of the cases had trials in progress. Group III, the comparison group, was composed of 67 nonabused children aged 4 to 11 years, with a mean age of 6.6 years. The comparison subjects were recruited through three day care centers and two public school systems in the Northeast. Questionnaires were mailed to 250 potential subjects for the comparison group. Of these, 189 were returned, resulting in a response rate of 76%. The first 67 nonabused subjects who matched subjects in Groups I and II on age, gender, socioeconomic status (SES), and history of having attended day care were selected for the comparison group. The Hollingshead (1975) two-factor index of social status was used to match families according to the five categories of social strata.

The subjects in Groups I and II were recruited nationally through the criminal justice system, a parent organization, and mental health agencies. With the permission of the potential subjects, the cooperating agencies provided the research with the names of 81 parents whose children had been sexual abused in day care centers. Questionnaires were mailed to the 81 parents; 67 were returned, resulting in a response rate of 83%. The subjects represented 16 day care centers in 12 different states where sexual abuse occurred. The researcher did not have access to all children who alleged abuse in each of the day care center cases, because access was limited only to those subjects involved with the cooperating agencies.

Procedures/Measures. The parents of the child victims completed three standardized instruments: The Child Behavior

Checklist (CBCL) (Achenbach & Edelbrock, 1983), the Symptom Checklist-90R (Derogatis, 1977), and the Impact of Event Scale (Horowitz, Wilner, & Alvarez, 1979). In addition, parents completed a questionnaire on the child's case history and demographic data. The data related to the subjects' history of victimization and the CBCL will be reported in this paper; the stress response of the parents is reported elsewhere (Kelly, in press).

The CBCL was initially scored with a software program that transforms raw scores into normalized T scores. The use of T scores allows for comparisons of scores when there are age and gender differences. T scores were obtained for Internalizing, Externalizing, Social Competence, Total Behavior Problem scales and five subscales appropriate for the four age/gender groups included in the sample. The Delinquent, Hyperactive, Schizoid, Depressed, and Withdrawal scales exist for the four age/gender groups included in this sample. Because, according to Achenbach and Edelbrock (1983), the Aggressive and Somatic Complaint scales are reasonably similar among the age/gender groups and suitable for comparisons among the age/gender groups, they were analyzed as well. One additional scale, Sex Problems, was derived as previously described by Friedrich, Beilke, and Urquiza (1988). The Sex Problems scale was abused on the total raw score of the six CBCL items pertaining to sexual behavior.

RESULTS. Data analysis was performed using the SPSS-X program on an IBM mainframe computer. Planned comparisons were conducted to compare mean scores on the CBCL and mean scores of interval level demographic data. Chi-square analysis was used to compare nominal level demographic data as well as variables related to the subject's victimization.

Demographic Data. There were no significant differences among groups on parental marital status, race, subjects' gender, number of siblings in the family, length of attendance at day care, and SES as measured by the Hollingshead index of social status (1975). Eighty-two percent of the subjects fell within the two highest social classes on the Hollingshead. The parents in the study were generally well educated; 96% were high school graduates and 58% were college graduates. Eighty-four percent of the families earned more than \$26,000 per year.

There are several variables on which significant differences among groups were found. The mean number of hours of day care attendance per week was significantly greater for children in Group II (mean = 26.09) than in Group I (mean = 14.72; $t = 3.54$, $p < .01$). Children in Group II were significantly older than children in Group I ($t = 4.01$, $p < .01$). It is important to note that there were no significant correlations between hours of attendance in day care or age of subject and scores on the dependent measures; therefore, the differences on these two

variables would not appear to explain any differences found among groups.

Variables Related to the Abuse. The mean number of child victims per day care center case was 38.4 children, with a range of 2 to 100 victims per day care center case. The child victims were sexually abused by an average of 3.4 different offenders, with a range from 1 to 17 different offenders per child. Ritualistic abuse was associated with significantly more victims per day care center ($t = 2.03$, $p < .05$) and significantly more offenders per child ($t = 5.01$, $p < .0001$). When the number of times the children were abused was divided into the categories of less than 20 times and more than 20 times, children in the ritualistic abuse group experienced proportionately more abuse than the children who were sexually abused without ritualistic abuse ($X = 4.32$, $df = 1$, $p < .05$). There were no significant differences between the two abuse groups on the duration of the abuse or months elapsed since abuse. The majority of children in both abuse groups received therapy: 90.4% in Group I and 94.3% in Group II. There were no significant differences between the groups in length of therapy or time elapsed since therapy ended.

Types of Abuse. Victimization in day care was associated not only with extensive sexual abuse, but with serious physical and psychological abuse as well (Table 1). The data reported in Table 1 were provided by the subjects' parents and are based on the children's disclosure to their parents, therapists, and law enforcement officials.

Sexual abuse. The types of sexual abuse ranged from fondling of the genitals to vaginal and rectal intercourse. Only female subjects were included in the items on vaginal intercourse and vaginal penetration with a foreign object. Of particular concern is the severity of the sexual abuse experienced by subjects in both groups with the majority of subjects reporting one or more forms of penetration. The children each experienced a mean of 6.6 different types of sexual abuse.

Children in the ritualistic abuse group experienced significantly more (mean = 8.34, $t = 5.67$, $p < .0001$) types of sexual abuse than children in the sexual abuse group (mean = 4.81). The results presented in Table 1 indicate that children involved in ritualistic abuse experienced significantly more forms of penetration (vaginal, rectal, and oral) than children abused without rituals. In addition, children abused with rituals were more likely to report having pornographic pictures taken, being forced into sexual acts with other children, and having their breasts fondled.

TABLE 1
Comparison of Sexual and Ritualistic Abuse Groups on
Sexual, Physical, and Psychological Abuse

	Group I Sexual Abuse (N = 32)	Group II Ritualistic Abuse (N = 35)	p
Type of sexual abuse			
Fondling of breasts/chest	21.9%	54.2%	.0065
Fondling of genitals	93.8	91.4	NS
Digital penetration	71.9	88.6	NS
Oral genital sex	59.4	88.6	.0061
Vaginal intercourse	31.3	71.4	.0151
Rectal Intercourse	28.1	66.7	.0019
Object in vagina	56.3	60.9	NS
Object in rectum	56.3	80.0	.0363
Pornographic pictures taken	59.4	88.6	.0061
Satanic rituals	0.0	100.00	.0001
Sexual activity with other children	43.8	94.3	.0001
Mean number of different types of abuse per child	4.81	8.34	.0001
Type of physical abuse			
Child physically abused	81.3%	97.1%	.0371
Given drugs	28.1	74.3	.0002
Deprived of meals	18.8	31.4	NS
Hit by abuser(s)	68.8	68.6	NS
Consumption of excrement	25.0	51.4	.0266
Physically restrained	37.5	71.4	.0053
Psychological abuse/threat			
Child threatened with harm	96.9	100.00	NS
Child would be killed	56.3	85.7	.0075
Parents would be killed	75.0	94.1	.0304
Sibling would be killed	31.3	31.4	NS
Dismemberment	15.6	37.1	.0472
Loss of parents' love	28.1	8.6	.037
Ritualist Abuse			
Threatened with supernatural powers	39.3	100.00	.0001
Chants/songs used	7.1	86.2	.0001

Physical abuse. Eighty-nine percent of the child victims were physically abused by the offenders. The majority of the children were hit by their abusers. Seventy-four percent of children abused in rituals and 28% of those abused without rituals were forced to drink a substance or drug that made them drowsy, perhaps in an effort to make them less resistant to abusive acts and less likely to accurately recall details of traumatic events. More than 50% of the children reported being physically restrained during the abuse. The consumption of human excrement, including urine, feces, and semen, was described by

38% of the children, with those in the ritualistic group recounting the most severe physical abuse.

Psychological abuse. Severe intimidation was used to prevent victims from disclosing their abuse. Ninety-eight of the abused children were threatened with some form of physical harm, with death threats being the most prevalent type of threat. Seventy-one percent of the children were told they would be killed, 8.5% were threatened that their parents would be killed, and 31% were told a sibling would be killed if the abuse were ever disclosed. The threats used were often very specific, such as, "I'll kill your mommy while she's sleeping" or "A UPS truck will come to your house and run you over if you ever tell." Offenders often convinced their victims that they had magical powers. For instance, some children were told that the offender would "come through the walls in their home and take them away." Over one-fourth of the children were threatened with a form of dismemberment, ranging from "Jesus will cut your arms off," to demonstrations of animal mutilation accompanied by the promise that "This is what will happen to you if you ever tell."

Ninety-five percent of the parents reported that their child was extremely frightened by the threats made by the offenders. Despite the fact that a mean of 2.2 years had elapsed since the abuse, 80% of the parents reported that their children had persistent fears related to the abuse. A significantly greater proportion ($\chi^2 = 4.13$, $df = 1$, $p < .05$) of the children abused with rituals (88.6%) continued to experience fears related to the abuse compared with the sexual abuse group (71.9%).

Ritualistic abuse. Children in Group II all reported participation in satanic rituals and threats with supernatural powers. The satanic rituals described often involved the wearing of robes or costumes, and use of paraphernalia, including candles, drugs, "magic potions" and satanic symbols such as inverted crucifixes and pentagrams. Eighty-six percent of children in the ritualistic abuse group described the use of chants and songs to invoke the power of Satan during the ceremonial abuse. The threats with supernatural powers were most often related to Satan, evil spirits, or demons, and included warnings such as, "Satan always knows where you are and what you are doing."

Stress Responses to Sexual Victimization. The results of the planned comparisons on the CBCL reported in Table 2 indicate that children sexually abused in day care (Groups I and II) demonstrated significantly more behavioral disturbances than nonabused children (Group III). The mean scores on the total behavior problem scale were significantly greater ($t = -16.38$, $p < .0001$) for the children abused in day care (mean = 66.74) than for the comparison subjects (mean = 43.19). Scores ≥ 70 on the behavior problem total score are at the 98th percentile and are considered to be in the clinical range (Achenback & Edelbrock,

1983). Forty percent of the abused subjects scored in the clinical range (scores ≥ 70); only 2% of the general population would be expected to fall into this range, indicating far greater behavior problems in this sample than in a normative group.

The internalizing dimension mean score was significantly greater ($t = -17.64$, $p < .0001$) for the abused subjects (mean \pm 67.05) than for the comparison subjects (mean \pm 44.19). Almost half (47%) of the abused subjects scored in the clinical range (scores ≥ 70) on the internalizing dimension. In addition, the externalizing dimension mean score for the abused subjects (mean = 62.46) was significantly greater ($t = -12.013$, $p < .000$) than the mean for the comparison subjects (mean = 44.80). Twenty-five percent of the abused subjects scored in the clinical range (scores ≥ 70) on the externalizing dimension. Sexually abused children scored significantly lower on social competence than nonabused children ($t = 3.69$, $p < .0001$), indicating that sexual abuse had a negative impact on their social functioning. Eleven percent of the abused subjects scored in the clinical range (scores ≤ 30) on social competence.

Sexually abused subjects (Groups I and II) scored significantly higher than nonabused children on all six subscales (Table 2): sex problems ($t = -5.622$, $p < .0001$), depression ($t = -11.543$, $p < .0001$), social withdrawal ($t = -11.276$, $p < .0001$), somatic complaints ($t = -9.49$, $p < .0001$), schizoid ($t = -10.00$, $p < .0001$), and aggression ($t = -8.538$, $p < .0001$).

Stress Responses to Ritualistic Abuse. Children in the ritual abuse group demonstrated significantly more behavior problems than children in the sexual abuse group ($t = 1.73$, $p < .05$). Forty-eight percent of the children in the ritualistic abuse group scored in the clinical range on the total behavior problem scale, compared with 32% of children in the sexual abuse group. Children in the ritual abuse group had significantly higher mean scores on the internalizing dimension of the CBCL ($t = 2.19$, $p < .05$). Fifty-seven percent of children in the ritualistic abuse group scored in the clinical range on the internalizing dimension, compared with 38% of the sexual abuse group.

TABLE 2
Child Behavior Checklist Mean Scores

	Group 1 Sexual Abuse (N = 32)	Group 2 Ritualistic Abuse (N = 35)	Group III Comparison (N = 67)
Behavior problem total score ^a			
M	64.78	68.69	43.19
SD	9.84	8.72	7.17
Internalizing score ^a			
M	64.84	69.26	44.19
SD	8.88	7.46	6.68
Externalizing score ^b			
M	61.03	63.89	44.80
SD	10.93	9.31	7.07
Social competency score ^c			
M	44.33	45.19	51.33
SD	10.80	11.41	10.64
Child Behavior Checklist subscales			
Depressed ^b			
M	66.69	59.54	55.43
SD	8.96	8.76	1.47
Aggressive ^b			
M	64.59	66.14	55.36
SD	8.99	9.86	1.81
Schizoid ^b			
M	65.40	67.11	55.63
SD	7.84	7.85	1.80
Social withdrawal ^b			
M	64.31	67.83	55.52
SD	6.84	8.64	2.05
Somatic complaints ^b			
M	64.63	67.54	55.78
SD	8.64	8.64	2.05
Sex problems (raw score) ^b			
M	1.27	1.59	.16
SD	1.51	1.94	.51

a. Group I and Group II > Group III****

Group II > Group I*

b. Group I and Group II > Group III****

c. Group III . Group I and Group II****

*p < .05; **** p < .0001

The findings from this study support and extend earlier reports (Tong et al., 1987; Friedrich & Reams, 1987; Conte & Schuerman, 1987; Gomes-Schwartz et al., 1985) that children are negatively affected by sexual abuse. Although the follow-up period was relatively short (2.2 years), this study does suggest that this group of children has persisting behavioral disturbances. Consistent with findings reported in earlier studies (Friedrich, Beilke, & Urquiza, 1988; Gomes-Schwartz et al.,

1985), the sexually abused children in this study displayed more sexual problems than the nonabused subjects.

It is generally agreed that the degree of emotional impact of sexual abuse varies by the closeness of the relationship between the child and offender, with sexual abuse by a close relative, such as a father or father figure, having the most serious impact (Friedrich, Urquiza, & Beilke, 1986; Conte & Schuerman, 1987). The severity of impact of sexual abuse by nonfamily members found in this study suggests that the relative-nonrelative distinction is not always an accurate predictor of the impact.

The extreme forms of physical, sexual, and psychological abuse experienced by the majority of subjects in this study is alarming. The offenders deliberately and systematically terrified their young victims in order to ensure their silence. Given the severity of the abuse, it is understandable that the majority of children still experienced fears related to the abuse although 2 years had elapsed since removal from the abusive environment. These continued fears may in part explain the children's persistent symptomatology. Therapists who treat children abused in day care centers must focus not only on issues related to sexual abuse, but must also address issues related to the wide range of abusive behaviors children often experience.

The increased impact of ritualistic abuse found in this study is consistent with what has been reported by Finkelhor et al. (1988) and is most likely attributable to the extreme physical, sexual, and psychological abuse associated with ritualistic abuse. Survivors of ritualistic abuse are considered at risk for severe psychiatric problems, especially dissociative disorders such as multiple personality disorder (Gould, 1987; Kaye & Klein, 1987). As there is currently a dearth of scholarly literature on ritualistic abuse, research on the nature, incidence, and mental health consequences of ritualistic abuse is needed to counteract both the skepticism and sensationalism surrounding its reporting.

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I was particularly interested in whether parents of either group had been abused themselves as children, and now as adults, since their own child was sexually abused in day care, whether that would have an increased impact on them. It did in the case of mothers. Twenty-two percent of the mothers in the sample reported they had been abused in day care. That is consistent with some of the prevalence of abuse rates that have been reported in the general population. I found that mothers who themselves were sexually abused as children reported greater psychological distress than mothers who weren't abused as children but whose children were subsequently abused.

The only characteristic that clearly differentiated the two abuse groups was involvement of the children in satanic ceremonies. We're looking at differences in quality and quantity. When we look at the quality of the experiences, they didn't

necessarily vary along every dimension. But when we look at the quality of abuse, we found that ritualistic abuse was associated with more several sexual, physical and psychological abuse.

Children who were ritualistically abused were more likely to report experiencing one or more forms of vaginal or rectal penetration, involvement in pornography and sexual acts with other children. Children ritualistically abused were also more likely to report being given drugs, physically restrained and being forced to ingest excrement.

Although we're seeing the increase of severity in the ritualistic abuse group, we need to keep in mind the overlap that we saw in the different types of abuse. I would add a word of caution. When we hear a child disclose a particular type of abuse -- such as ingestion of excrement or penetration with a foreign object -- we should not jump to a conclusion that this is a case of ritualistic abuse. Some people have done that without looking at some of the other factors. We need to keep an open mind when we investigate any of these cases to the possibility that there may be ritualistic overtones, based on one or two types of abuse that the children have described, but not to jump to any conclusions.

The study findings supported my hypothesis that ritualistic abuse is associated with increased impact and psychological distress, not only in children, but in their parents as well.

MR. LLOYD: Thank you. You'll notice that Dr. Kelley's research focused on children who, quite clearly, were subjected to ritualistic abuse that had dimensions of having religious rituals attached to it. We don't know much about comparison-type research, where there was ritualistic abuse from other groups of individuals who may have had their own kind of psychopathology that was not necessarily religious.

Now we have Dr. Abigail Sivan from the Section of Child Psychiatry at Rush-Presbyterian-St. Luke's Medical Center, Chicago, Illinois.

DR. SIVAN: I will speak on what child development has to offer to those investigating allegations of ritualized abuse in preschool children. My remarks are entitled, "The Development of the Preschool Child."

Child and developmental psychology are by no means synonymous, but for the purposes of this presentation, I will be using them interchangeably to refer to those fields of study which address the question of what children do and say, at what ages, and how they do what they do and say. It is precisely in the area of cognition and thinking that the fields overlap; one focusing more on global observations of child behavior and the

other focusing on necessarily limited experimental studies which explore the details of a given transition or stage in the orderly sequence of child development.

I will not focus on child abuse research per se but on those areas of normal development which have a direct relationship to interpreting a preschool child's allegations of ritual abuse.

Child and developmental psychology are by no means synonymous, but for the purposes of this presentation, I will be using them interchangeably to refer to those fields of study which address the questions of: What children do and say, at what ages, and how they do what they do and say. It is precisely in the area of cognition and thinking that the fields overlap; one focusing more on global observations of child behavior and the other focusing on necessary limited experimental studies which explore the details of a given transition or stage in the orderly sequence of child development.

Let me begin first with thinking and language. Children are not miniature adults, nor are they incomplete adults. They make sense out of the world in a different manner from you and. Jean Piaget directed our attention to the qualitative differences among children of different ages with respect to their thinking. The thinking of the preschool child is preconceptual. This means that, although the preschool child is no longer tied to the experimental and sensorimotor stimuli of the early years, he or she has not yet fully mastered symbolization or representation.

In the years from birth to about two years of age, the thinking of children is characterized by a reliance on movement and action as a means of interacting and making sense out of the world. Piaget made the observation that these actions are organized into what he called "schemata." Preschoolers are no longer solely dependent on these sensorimotor schemata; instead, they can take these sequences of behavior into contexts which differ from those in which they were originally learned. This is accomplished through what Piaget referred to as "delayed imitation," and by the use of substitute objects to represent both objects and people in the environment.

Some representation is achieved through what we call "pretend play;" most is achieved through the development of language. Words function as signs and are able to represent actions, objects and people in their absence. Early language development is characterized by its privacy in the sense that, initially, children have difficulty separating out exemplars from classes. For example, "daddy" can be used to represent all adult males, while "dog" may be used only to represent the child's own dog, and not the class of animals which includes the neighbor's pet as well. There is much experimental research addressing which

attributes are learned first and in what order, but a discussion of that is beyond our purview today.

There is also much debate about the reciprocity between thought and language; the question of what influences what and in which ways is still a matter to be resolved. As one author suggested: The child does not carry around knowledge in his head. Rather, he has a computer in his head which acts on experiences, constructs interpretations and accounts of experiences passing by, and finally plans adaptive behavior. Knowledge is built on action and consists of plans for actions. In fact, it might be helpful to view language and its rules simultaneously as actions offered by the child to the outside world, or accommodation, and as experiences which the child processes from the outside world, or assimilation.

Let me review some of the characteristics which highlight the essence of preconceptual thought and language. The first is transductive reasoning. This is when children try to make judgments by moving from one preconcept to another. Let me give you an example. "Daddy is getting hot water; he is going to shave." Or, "I haven't had my nap, it can't be afternoon."

Juxtaposition is when children collect attributes of objects and situations and use the collection to define cause and effect. "I lost my pen because I'm not writing."

Syncretism is when everything is represented as relating or connecting to everything else without differentiation. You ask a child: "How does a bicycle go?" "With wheels." "And the wheels?" "They go round." "How do they turn?" "The bicycle makes them turn."

Centration is another characteristic of children's thinking at this age. Probably the most popular example of centration is the lack of conservation, or those times when children concentrate on one dimension at a time without regard for other relevant dimensions.

Egocentricity is another characteristic of preconceptual thought. This operates when children assume that others in the world see the world just as they do. Referents are assumed to be shared by all, and thinking itself is never an object of thought. There are three characteristics that play a part in the child's egocentricity. These are animism, or the imparting of feelings and actions to objects; artificialism, or the ascribing to outside agents the creation of events; and lastly, participation, or the connecting of human actions with the actions of things.

Let me give you a few examples. Animism: "It comes with us to look at us." (A child referring to the sun.) Answering the question: "Why are there waves on the lake?" "Because they have

been put there." Participation is one that I used to use when I was a smoker. "If I light a cigarette, the bus will come."

Piaget divides language into language for communication and egocentric speech. The latter is essentially self-serving and accompanies action. Communicative or socialized speech is characterized by the desire to communicate with others, but it is hampered by the cognitive limitations discussed earlier. As the child moves to a more conceptual level of thought, words gradually attain more shared meanings while symbols become more personal. At the preconceptual level, however, words, images and symbols are one in the same category and consist of a mixture of partially shared and partially personal meanings.

The learning of vocabulary is social, highly dependent on interaction with others speaking the same language. The learning of syntactical rules is more dependent on maturation. Early speech is characterized by one or two word phrases. In the third year, children begin and add more grammatical morphemes to their phrases. These morphemes represent features such as time (tenses) or number (plural), and the rules governing their usage are sometimes overgeneralized. We smile when we hear words such as "runned" or "mouses."

By the fourth year, children are using the future tense and looking at possibilities. Their phrases are becoming longer and more complex with two or more ideas embedded into one sentence. The syntactic structures themselves convey meaning, and the child's sense of the order of things is reflected in his speech and expression.

What have we learned about the thought and language of the preschooler? We've learned that these children are constantly trying to make sense out of the world around them. At first they make sense out of the world through movement and action. In the preschool years, they do this with the development of symbols and other forms of representation. Language is a powerful form of representation, and with it come many forms of expectations and shared meanings.

We have learned that both language and thoughts are organized by rules, and their acquisition is, in part, governed by the rapidity with which these rules are developed. A preschooler is in the process of developing rules, and reflects his thoughts in a manner less logical than the reasoning of adults. For this reason, the stories young children tell us are not as coherent and do not flow as well as those told by older children.

Let's turn our attention to memory and learning. Because the long-term storage of information has been assumed to be a verbally-based process, the reliability of the memory of young children has always been suspect. In a recent review, Funduais,

a British psychologist, contradicts this presumption and carefully delineates the memory abilities of children under a wide variety of conditions. I would like to summarize his thinking: Memory is not a unitary concept; rather, there are different kinds of memory, and each needs to be addressed separately.

Recognition memory is that memory required when a person is asked whether or not a physical stimulus is present or not. Have you seen this or that person before? Have you seen this object before? Children as young as four or five years of age do as well as older children in recognition tasks such as picture and facial recognition. In fact, there is one published study of a three-year-old recognizing an assailant in a picture line-up. It has been shown that preschoolers are able to recognize previously experienced locations as well as other children. However, remembering voices appears to be partially difficult for children of all ages.

Free recall memory involves recounting rather than simply recognizing information or events from the past. Preschool children tend to do poorly on this when compared to adolescents or adults. It is not that the children are less accurate in their account, but their recollections contain much less information. Children's errors can be viewed as errors of omission rather than commission. However, when given appropriate cues, it has been found that young children are able to remember accurately details not referred to earlier in the free recall situation.

There are two important variants of free recall memory: episodic memory and script memory. They differ. Episodic memory refers to the memories of specific details about dates and locations and requires an understanding of abstract concepts such as time, duration, sequence and succession. The research suggests that only in the school years are children able to appreciate and make accurate judgment about time. Younger children are tied to regular behavior routine such as bedtime or mealtime rather than clocks or calendars. I myself found that having a child identify his or her favorite TV shows and using these as anchors in the time continuum has been helpful.

Script memory refers to recall the past event in a free manner, one in which a person is free to report details that are personally relevant rather than specifics which are demanded by an interviewer. Script memory allows for description of those events accompanying a given type of situation: eating in a restaurant or when the baby-sitter comes, and detailed questioning follows the child's spontaneous version of events. Children as young as 35 months have been found to accurately relate to some event occurring from one month to over a year previously. Repeated exposure to an event brings about a more elaborate script. However, specifics of a given instance may still be lacking from a child's telling of that event.

The research described so far suggests the accuracy of children's memories for past events is a function of the child's age, type of memory required and the context or concrete cues from memory access.

Chi introduced another dimension in 1983. She examined those cases in which children possess more knowledge than adults. The research on chess masters suggests that experience and knowledge, not age, is relevant to memory and retrieval of knowledge relating to chess play. In these experiments, adult memory looked very much like that of children when the adults were not familiar with the field of knowledge. An adult can no more learn a piece of knowledge without its prerequisite than can the child. In fact, the performance of children and adults reversed when material to be recalled was more familiar to the child than it was to the adults. However, most of the time the adults knew more than the children do. As a result, adults learn faster than children.

What we have learned about memory and learning? We've learned that when allowed to relate a tale in his or her words, the preschool child does not relate a false picture. Rather, these children, not yet socialized into the relevancy of certain important features of the situation, ignore these features in the telling. When prompted, preschoolers can add relevant and true details. Cognitive limitations related to knowledge of time and sequence make a child's version of a story different from that of the adult. However, research has shown that in those situations in which children have more knowledge than adults, performance of adults and children reverse themselves and the children produce more elaborate and exact recollections than do the adults.

Let me move on to children's fears. Few studies have examined the developmental nature of fears. There are plenty of case studies in the clinical and psychoanalytical literature on abnormal fears, but the development of normal fears is a field waiting to be researched.

In 1976, Bauer published a research study in which he asked children of three different ages, 4 to 6 years, 6 to 8 years and 10 to 12 years to answer and discuss three questions. These were: "All of us are afraid of something but we're afraid of some things more than others. What are you afraid of most? Draw a picture and tell me about it."

Then he asked: "Sometimes we're afraid when we go to bed at night. Are you afraid when you go to bed at night? What are you afraid of? Tell me about it."

Lastly: "Sometimes after we go to bed at night and have fallen asleep, we have dreams. Sometimes dreams scare me. Did a dream ever scare you? Draw a picture and tell me about it."

Fifty-four children were interviewed and their interviews were taped for later analysis. The findings suggest a sequence in development of fears which proceeds from a global state, with lack of differentiation, to one of increased realism. Both kindergartners and second graders expressed fear of monsters, ghosts and animals. They readily reported experiencing bedtime fears and frightening dreams.

In contrast, the dreams of sixth graders were more realistic and included fear of bodily injury and physical danger. Sex differences were noted in the responses of older boys and girls. Most of the sixth graders categorically denied the presence of frightening dreams, and many fewer boys than girls endorsed the presence of bedtime fears as well.

Kindergarten children tended to identify the appearance of an object "because it looks ugly" as a sufficient condition for regarding that object as threatening, while older children would use hypothesized actions as indications of potential harm: "I guess he would have choked me or something." It is notable that the findings of this study are so consistent with Piaget's description of syncretic thinking and fusion of qualities. Older children used physical causality in their reasoning while younger children offered themes such as fear of ghosts and monsters with little realism, and vagueness in their actions.

Paralleling the development of language, play has egocentric aspects in which children play next to each other without interaction, and more social aspects in which play progresses from associative interaction to truly cooperative rule-governed games.

There have been many studies focusing on the content of children's play which have elaborated what children understand about the behavior of other people. Another set of studies have focused on sequence and frequency of fantasy play as it moves from reality play -- use of objects for their intended purpose -- and onto person fantasy. Object fantasy was found to follow a "U" function, while person fantasy followed a linear trend.

This year, the McArthur Foundation honored a preschool teacher from Chicago. Vivian Gussin Paley is no ordinary teacher. She is a careful observer and chronicler of the dramatic play of the preschool child. Boys and Girls: Superheroes in the Doll Corner gives us an inside view to the ways in which children take those characters from stories and television to use them for their own purposes.

The book is fascinating and easy to read. The message is clear. The dramatic play of children is a reflection of their cognitive development, of the social issues with which they are grappling, and of those environmental stimuli such as television and books which daily impinge on their lives.

The regularity of development sequences extends to both childhood fears and fantasy play. Fears change from the vague and undifferentiated to more realistic forms with age and are explained by higher levels of reasoning. Dramatic play also changes from egocentric to social, and preschool children are observed to be struggling with a definition of their gender roles in the larger scheme of things.

Television is often considered a powerful influence on the imagination and fantasy of children. Research has shown that TV can influence children as young as fourteen months. Moreover, television, as a teacher of concepts and vocabulary, has been the basis of many educational programs such as "Sesame Street." Television has also been used in the efforts to increase positive socialization with programs such as "Mr. Roger's Neighborhood."

Most of the research on children's television watching has focused on antisocial learning or aggression learned from exposure to adult programming. The research of the Singers on the effects of television on the behavior of preschool children suggests that heavy viewing had an inverse relationship with imaginativeness. In fact, less expressiveness in language and a greater trend toward overt aggression and uncooperativeness with teachers was observed in those children who spent more time before the television tube. The researchers did not expect such a clear pattern to emerge, but the strong relationship between viewing action shows and attacking other children and property was a consistent pattern that could not be denied.

There is no time to present the author's discussion of the characteristics of those families in which little control of television watching is exerted. Suffice it to say, in those families, the television set has become a member of the family. Its viewers consider the television actions acceptable behaviors to be imitated and they integrate these behaviors into their own world view.

Television is a powerful teacher of young children and provides alternative models of behavior from those seen in one's own environment. Some of these models are positive, many are not. However, the exposure to television does not increase a child's creativeness or imagination.

What have we learned that can be related to ritualistic abuse? We've learned that preschool children relating detailed and terrible tales of activities perpetrated by cartoon characters are probably not making up these stories. Instead, they are reflecting their increased knowledge of the situation. We've learned that newspapers writing about the preschooler who, "at an age when there is a particularly rich fantasy life, alleged this or that abuse," are making a false assumption. That rich fantasy life of the preschooler is a myth. It is a myth that was proba-

bly begun by Freud, who did not want, any more than we want, to hear the horrible tales told by babes. Most likely, these tales are reality. These tales are not the vague fears of monsters and ghosts, nor are they the aggressive and power games played out between the super heroes in the doll corner. These tales are different, and hearing them is terribly frightening to the listener.

If this review accomplished nothing else, I hope you remember that the constructions of preschoolers, whether in words or play, is not pure fantasy. It is highly likely that these are based on reality of the child's experience.

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MR. LLOYD: We now have the opportunity to have each of four discussants come and bring some insights. We will begin with Dr. Kathleen Faller from the University of Michigan School of Social Work.

DR. FALLER: I read Susan Kelley's work, and also the work of Jill Waterman and colleagues who have been doing a study of the Manhattan Beach cases. I was very struck by what I was reading. In a sense, it was a case of *déjà vu* in that I had worked on a number of cases over several years and had some of the symptoms they describe in the cases, but really had not been paying very much attention to them because I was diagnosing sexual abuse. I think also, a lot of times, what the children

said didn't make a lot of sense to me. The acts were very bizarre, and what Abby said with regard to that is very important.

I was also very concerned about whether people would believe the findings, and that by focusing on these rather bizarre statements and behaviors that children were describing, the case in court would be ruined. I think I've been remiss in some ways in not looking more carefully at these cases.

To prepare for this think tank I made a list of the symptomatic behaviors and statements in ritual abuse cases. (See Appendix A) I have a sample of 500 cases, and I did a search using these symptoms. I found 137 cases with some of these attributes. I then looked at them and narrowed it down to 55 cases that looked like they might represent cases of ritual abuse. Within that, only 19 of these cases were in day care centers. Even that number is skewed because I evaluated 12 of the cases from the Small World Center in Berrien County, Michigan. There were 72 victims there, and it was a center where there were reports of ritualistic abuse.

I divided the 55 cases into three groups. One group included cases I called "pseudo ritual." This was a group of 11 cases where I did not think that there were really any ritual elements. Rather, there were threats used against the children; there was group sex and drugs, or there was what I called "poop and peep" cases, where there were allegations of making the children eat feces or urinating in the children's mouths. However, these cases I didn't think had any relationship to ritual abuse.

There was a second cohort of cases of "private" rituals. In these, there was a dyadic relationship where the behavior was very ritualized and it was reported, but they are really separate from the kinds of cases most people are describing as ritual abuse. "Private" rituals constituted 10 of these cases.

Finally there was a group I called "organized" or "group" rituals. Thirty-two cases that fit into that group. I divided that group of 32 cases into three different categories. The first, which included only four cases, were cases that were of "polyincest." The sexual abuse was within the family. I have actually a much larger number of polyincestuous cases. These were the polyincestuous cases where there appeared to be some ritualistic elements involved.

The second category consisted of eight cases where the parents were chaperoning the children into situations where there appeared to be ritual abuse.

Just to give you an example of one of those cases, I saw two victims, ages 4 and 6. The father was a principal of a Catholic

school and the children described him as being involved in sexual abuse of them at home, but also molesting them, with a priest, who aptly was named Father Dick, and there was another adult male also involved. The children described the altar boys and altar girls also being involved. This father, who was the principal, also was a basketball coach at his school. Some of the cheerleaders from the basketball team were described as being involved.

What they described is what sounded to me like a Black Mass. They described being taken into the basement of the church. It sounded like there certainly was some form of worship that was going on and the children were sexually abused by the adults and then made to have sex with some of the other children.

The final category consisted of 20 children who were involved in extra-familial sexual abuse. The perpetrators were clearly outside of the home. They had no relationship to the children. 19 of these were in the day care centers and the other was a Boy Scout leader. I saw only one of his victims, but that victim described other children who were involved.

Let me just draw a few conclusions from reading the research and these particular cases. The first is, we need to be careful about being over-inclusive in terms of our definition. Some people who sexually abuse children are also cruel and sadistic. They really enjoy terrifying the kids, but it has nothing to do with a belief system. They often enjoy humiliating children, but it doesn't have anything to do with their belief system.

Also, a lot of times, particularly in the day care center cases, terrorizing the children is really used, not because it is part of a ritual, but rather, to prevent the children from disclosing the sexual abuse. One of the things to think about is that there is not the same close relationship between perpetrator and victim as there is in intrafamilial sexual abuse. The perpetrator is dealing with young children, who may be more prone to disclosure than older children who can be manipulated, and the terrorizing type of behaviors are necessary to prevent them from telling.

Second, I think there is some kind of transmission that takes place amongst offenders that leads to us finding, for example, the same kind of abuse and the same kind of chants and songs from one center to another. There probably is some communication among people who do this, just as there is some communication amongst pedophiles. But that doesn't mean, necessarily, that there is a conspiracy or necessarily that there is a network of people. However, there may be.

In addition to that, I have seen cases where ritual elements are transmitted inter-generationally. For example, you have one

person who is sexually abused as a child and then, as he or she becomes an adult, he or she becomes an offender and engages in the same kinds of behaviors. One case I worked on, there were wedding ceremonies that involved the first generation of offenders, and wedding ceremonies involved in the second; sucking of blood in the first generation, sucking of blood in the second generation; defecation and urination in the first and the second. I think these elements were transmitted as part of the traumatic reaction that the initial victim experiences, not as any belief system; but that this behavior is what we should be doing when we're sexually involved with children.

MR. LLOYD: The next discussant is Dr. Linda Meyer Williams of the Family Research Laboratory at the University of New Hampshire.

DR. WILLIAMS: The whole issue about the belief system and the difficulty in determining whether someone has a belief system or not, particularly when we're usually talking to kids and not to the perpetrators, is complex.

I think we need to come to some conclusions about a definition of ritualistic abuse; it's, perhaps, too broad to include cases that just have some element of ritualistic behavior -- as we did in our day care study -- if any of a number of kinds of activities took place. That's why we have some very different statistics than Susan Kelley does in her study. We'll have to remember, when we're looking at studies of ritualistic abuse, people are using different definitions.

The point about the belief system is that it is so hard to tell what is in the adult's mind. We have cases where adults repeatedly scourged kids with belts called "Black Beauty" and "Rainbow" and they hung them on the wall. I don't know whether that was a case we ended up calling ritualistic. It did have the beating and maiming, there was a definite belief system there and, I guess, there were ritualized abuses taking place, but it was different from some of the other belief systems we talk about.

There were others where they might have a little song or ditty they told the kids; "Kill the bird. Kill the kid. The devil..." and this and that. Yet, this may be strictly so that they can scare the kids and perpetrate abuse and get them not to tell. You don't know whether they are really Satan worshipers. It is so tricky to determine what cases should be included among ritualistic abuse cases and how we meet the criteria of a belief system.

In our study, we divided ritualistic abuse cases into three categories. "True cult cases" where there was this belief system elaborated, perhaps tied into some literature. And then we also

had the "pseudo-ritualistic" cases where there was use of ritualistic elements, but primarily to gain the cooperation of the children or to keep them from reporting. And then we had what we called "psychopathological ritualistic abuse cases" which are more often solo perpetrators, sometimes supplemented by a literature, but with their own psychopathological belief system about what should be done to kids and how to abuse them.

In what we would call a "true cult" case, there was the presence of Satan, a satanic Bible or use of other written materials that would indicate there is a belief system behind it. In some cases, documents were found, and in some cases the kids reported things that were read or said to them. I said we divided the cases into three categories. People will ask: How many cases did you have in each one? I don't know, because I couldn't divide the actual cases into these categories. What I'm really saying is, we hypothesized there are these types. We are still wondering what goes where.

Since we used this broad definition and we have some kind of different statistics than Susan Kelley reported, I wanted to mention a couple of things that don't appear in our book Nursery Crimes, (Sage Publications, 1988).

Susan Kelley said that in the ritualistic cases, 60 percent of the perpetrators were females. This often happens because you have cases with one male perpetrator and five or six females. So, you get an overwhelming number of females in the cases. We did find that in what we called ritualistic abuse cases, in 83 percent of them, there were women involved, but in only 28 percent of the other cases were women involved. This gives another perspective on it.

I'll mention one other statistic. On the church cases, about 16 percent of our ritualistic abuse cases were in church-affiliated day care facilities, and 13 percent of the other cases were in churches. There doesn't seem to be a big difference. We don't know what percentage of day care facilities are in church-related facilities because there are really poor nationwide statistics on day care in general.

We are trying to put this in perspective. What is the importance of ritualistic abuse? Are we paying too much attention to it? There are some really interesting issues that come up for me in this. One is that, when we're talking about ritualistic abuse, we're really changing our conception of sexual abuse of children. First of all, female perpetrators are very prominent here. Our standard kind of learning over the past years about sexual abuse has been focused so much around male perpetrators. It creates a whole new scenario of what's going on about abuse cases when we think about women as perpetrators.

We have to think about multiple perpetrators, and the applicability of the pedophilic motive, too. This really stretches our thinking about cases. The thing that's most fascinating to me is dealing with cases where there are multiple perpetrators. I'm not saying this is the bulk of sexual abuse. We all know most of the cases are single perpetrators and single victims, the things we have been dealing with for a long time, and they deserve our attention. But the multiple perpetrator cases really stretch our thinking on what's going on in child abuse. There are a number of adults having to interact about abusing the kid, not just one psychopathological individual and/or two pedophiles joining forces.

There has to be a value system, a belief system. Maybe not in the ritualistic sense, but something that allows a group of people to abuse and molest kids. So, trying to find out what could be going on between the individuals and how the ritualistic elements are used to keep the group members or perpetrators involved in the abuse (not so much what the ritualistic element's effect is on kids, but on the adults in the group) is something that I really think is important in looking at what is a small portion of all sex abuse cases.

MR. LLOYD: Our next discussant is Supervisory Special Agent Ken Lanning from the National Center for Analysis of Violent Crime at the FBI Academy.

MR. LANNING: I've got a brief time to summarize the most baffling and complex issue that I've ever confronted in my law enforcement career.

I'm greatly concerned that this issue is distorting the issue of child sexual abuse and is going to cause serious problems for this movement down the road and affect the credibility of the victims. I'm also extremely concerned because I believe, all across this country, people are getting away with molesting kids because we can't prove they're satanic devil worshipers. And we're getting lost.

The first comment I would like to make is a pretty obvious one, which is that everything I tell you here today and any time I come up to the podium, I will be speaking from a law enforcement perspective. That's extremely important to understand, because there are many other valid perspectives on this issue. There are the parental perspective, therapeutic perspective, social worker/child protective worker perspective, societal perspective, religious perspective and many others as we deal with this problem. But my perspective is only going to be the law enforcement one.

We have to understand, the most significant thing about each perspective is this statement: The amount of corroboration

necessary to act on these allegations of ritualistic abuse is dependent upon the consequences of such action. If I'm a therapist and my patient tells me these things happened and I choose to believe it, the consequences of belief and my actions based on that belief are primarily between me and my patient. When parents choose to believe their child, the consequences are primarily between them and the child. As one parent of these victims told me very profoundly: "I believe what my child needs me to believe." The consequences of action are limited so the amount of corroboration needed to take action may be small.

When you start to talk about social workers and child protective workers, the consequences of believing may involve denial of custody, denial of visitation, putting the child in foster care and so on. Therefore, I think the burden of proof is higher.

However, when we talk about the law enforcement perspective, now we're talking about me coming into your neighborhood and knocking on doors and asking your neighbors if you possibly have been involved in murders and have any bodies in your back yard. Just asking the questions has very severe consequences; never mind the consequences of coming into your home, searching it, seizing your property, arresting you and bringing you to trial.

Here we're talking about different levels of proof: reasonable suspicion to begin an investigation; probable cause to search, seize and arrest; proof beyond a reasonable doubt to send someone to the penitentiary. These are pretty high burdens of proof, and the burdens of proof that I operate with. So, when a therapist says to me: I believe what my patient told me, that's fine. That's what the therapist can believe. But law enforcement must have more than that.

Therefore, I would address my first comment to the information that my good friend Susan Kelley presented, and remind you that we have to distinguish between cases of "documented" ritual abuse, and cases of "reported" ritual abuse. Her study compares cases in which children report ritual abuse with cases where they don't report it. Whether or not it is documented is something else.

I frequently get reporters asking me the question: Has anyone been convicted of this? What is the "this" you get convicted of? One of the things we have to remember here is a lot of these gruesome, horrible things, (e.g. people standing in a living room saying "Hail Beelzebub," defecating on a wife or girlfriend, etc.) are simply not crimes. Obviously, things done with children are much more serious and potentially more likely to be crimes. But from the law enforcement perspective we have to differentiate between what is a crime and what we might find offensive and repulsive based on our own personal belief system.

I do not believe that this situation is an all-or-nothing proposition. It is not a matter either of we accept every single fact and detail that every victim reports or we throw the whole report in the garbage can. There is a middle ground. In any particular case, portions -- whether it be 5 percent, 10 percent, 50 percent, 90 percent, 99 percent or whatever -- of what the victims are telling us may be true. We need to avoid this all-or-nothing proposition.

I am also totally convinced, from the law enforcement perspective, that the application of the one-on-one intrafamilial mode for intervening in these cases has limited use. We do not throw away what we have learned from intrafamilial cases, we must know multi-offender/multi-victim cases are different.

One of the major problems I have with all of this -- and maybe some of you may not like this -- is the use of the term "ritualistic" abuse. In my opinion, we are opening up Pandora's box when we use this term. I don't care whether it is called "ritual abuse" or "ritualistic abuse" or "ritualized abuse," the term causes major, major problems.

The definition that David Lloyd used for this think tank: "Physical or psychological abuse accompanying sexual abuse, performed in an intentional recurring formalized style to reinforce and implement a belief system to which the perpetrators subscribe to, religious, quasi-religious, pseudo-religions or psychopathological." This causes some big problems. We open up this Pandora's box and start to label abuse as ritualistic with spiritual significance. The vast majority of abuse that might be termed "ritualistic," by this definition will turn out to be psychological and physical in nature and probably involve groups that are not satanic by any stretch of the imagination. If we start to talk about how people indoctrinate their children into religion and whether it is ritualistic abuse, we're talking about something with serious implications.

If I told you that an offender had taken his/her infant child and with a knife mutilated his genitals as part of a religious, spiritual ceremony, you would be horrified. But remember, we call that circumcision and we're not horrified. That's okay. We accept that one. Which ones do we accept and which ones don't we accept? I prefer not to use the term "ritualistic abuse of children." It presents all kinds of problems.

I have my own personal religious beliefs that I'm not going to discuss with anybody here because it is not a public forum for my beliefs. But I think we need to understand that interchangeably throwing words around like "satanic," "occult," "ritualistic," "witchcraft," "paganism," and "Santeria" confuses people. These things are not necessarily the same. If you start calling abuse satanic, as far as I'm concerned, you had better have some

hard-core proof that it is linked to a documented satanic activity and not some other "unpopular" belief system such as witchcraft, paganism, Santeria, or voodoo.

My own personal feeling is, when someone is abusing a child, committing a criminal act, and using his/her personal belief system to facilitate and enhance it or to rationalize it and justify it, I could not care less what religion or spiritual belief system we're talking about. Law enforcement must look at all of these cases from a neutral perspective. If the religious belief plays a role, we look at it. Labeling the crime with the belief or religion of the perpetrator is counterproductive, confusing and is asking for trouble.

I don't think there is anyone who can analyze complex human behavior and decide with absolute certainty that something is spiritual ritual and not criminal *modus operandi* ("M.O."), not cultural ritual, not sexual ritual, not psychological ritual or of some combination thereof.

In a sense, I work in the world of the "bizarre," and that's a perspective that I have. I work in a Unit where each day cases involving "bizarre" behavior come in to be analyzed. Implying that just because a victim talks about urination and defecation in the sexual activity, means the activity is part of a satanic cult, demonstrates ignorance of human sexual behavior.

MR. LLOYD: Now we have Dr. Sherrill Mulhern, an anthropologist at the Laboratoire des Rumeurs des Mythes du Futur et des Sectes of the University of Paris

DR. MULHERN: By way of introduction I should state that I am not an expert on children. The perspective which I am presenting will be that of an anthropologist, specialized on the one hand, in the study of religious cults, and more recently in the evolution of psychiatric diagnosis. In addition to doing field research, I prepare students for field studies among all sorts of cultural groups around the world. Our goal is to enable students to better enter and leave real practicing groups.

Personally, over the past 20 years, I have studied a wide variety of religious groups, I have experienced "blood rituals," specifically animal sacrifices, and have reviewed film research documents corroborating both the torture and death of humans for religious motives. In addition, I have just finished six months of field research on the rise of, what I have come to refer to as, "The Satanic Cult Rumor" particularly among psychiatrists, psychotherapists, hypnotherapists and their adult patients in the United States. The professionals in question are engaged in the treatment of alleged "adult survivors" whose memories of "ritual abuse" are described as having been encapsulated behind amnesic barriers which have been broken down through therapy.

For the moment I would like to address the problem of research methodology which arises with this subject. When anthropologists seek to describe the beliefs and practices of human groups they are obliged to get directly into the systemic of lived interrelationships, i.e. what is in fact, really going on. We cannot rely on after-the-fact reporting through questionnaires of what some people, who may or may not have been eyewitnesses, allege happened. Moreover, we generally shun vague, generalizing terms like "cult" because we are aware that there is no consensus on what these types of terms mean. For example: a statement like: "Cults ritually abuse children," is objectively meaningless.

This being said, I could stand up here and describe specific groups which I have studied, where children are "ritualistically abused" according to David Lloyd's proposed definition of that term. However, no one here wants to hear about these groups, precisely because they really exist, they can be visited, even though it is rather difficult to document all the activities of loosely organized groups in urban settings. Instead, during today's discussion, when we are talking about "ritualistic abuse in cults," we will spend most of our time talking "definitively" about behaviors and practices that none of us have ever seen and absolutely no time about the specific means which we employed to acquire and more importantly, to validate this "definitive description" of "just what it is that cults do." I am referring here to the lack of studies of the disclosure process itself.

The study of the effects of ritualistic abuse presented by Dr. Kelley illustrates the problem. It professes to describe the effects of some-THING which it is assumed happened, before the process of describing that THING has begun. We have no independent descriptive studies of the THING and pathetically little corroborative evidence of its occurrence. Ken Lanning and others have talked about the fact that in, what he refers to as, "these kinds of cases" there is essentially no material evidence outside the accusations and the disclosure process. Some take the frequently heard position that this is because perpetrators are so terribly smart and police are so terribly stupid. Some take the position that "someday we will find the evidence." However, during the ritual abuse training seminars which I have researched, the most popular position is the one which takes the uncovered memories of "adult survivors" as corroborative evidence for the veracity of disclosures of small children. I will address this use of adult memories later.

Here I want to underline the fact that we have essentially no studies of just how it became credible to speak of the THING "as if it were real" given the lack of evidence. Just how did we get from there to here, at this workshop, where we are bound by the ground rules to discuss the investigation of the "THING" irrespective of whether it exists or not. For the moment, although

the disclosure process in real situations is the only potentially observable aspect of ritual abuse allegations, it is the one aspect that is rarely researched. Admittedly, these are very troublesome studies to do because they open up the personal sensitivities of parents and therapists. However, by politely respecting disciplinary boundaries, by refusing to allow others to review the hidden presuppositions of our methods and by declining to scrutinize ourselves, we are creating a situation where crucial questions are increasingly difficult to ask.

So far, the speakers who have proceeded me have all referred to "ritualistic abuse" as if there was some general consensus as to what those terms mean and that whatever is meant really exists. We have allowed ourselves to speak as if "ritual abuse" exists, systematically dropping the term "alleged." The result is that by the magic of language, ritual abuse suddenly appears. We are talking about it as if it had some objective meaning outside of the subjective meanings that each individual here attributes to those terms. This confers an aura of reality on phenomena which may or may not have ever occurred.

I believe that we have come to the point where we are obliged to ask whether or not some ritual abuse allegations represent something other than a simple recitation of real experiences or the muddled hallucinations of innocent victims who are maliciously drugged. (It should be noted that the suggestion that hallucinogenic drugs are the source of the unbelievable parts of ritual abuse allegations serves essentially to maintain the innocence of the victim all the while maintaining the "innocence" of the disclosure process.) We will be obliged to look at those aspects of the therapy of a child, who may or may not be reporting some type of abuse, which could lead that child to report phenomena which are essentially impossible or unbelievable. We must analyze real material which might help us to understand the interrelationships between the child's "abuse" experience and the ways in which therapists are trained to elicit information about that experience. We must reexamine the question of the duration of the therapy and the evolution of the victims' narrative and we must ask if and why children are still in therapy many years after the alleged events.

I have seen handouts concerning the prognosis for children who have come to allege some or all of the many practices which are lumped into the term "ritual abuse," and I find them particularly frightening. No later than last week, I reviewed documents which stated that although "ritually abused children" who receive treatment may be facing many months or years of difficult therapy, their prognosis is still better than that of children whose parents question the veracity of their children's allegations and who refuse to put the children in therapy. There are absolutely no studies which prove that type of affirmation. These official handouts are in fact threatening parents who doubt either the

allegations or the disclosure process, that their children will suffer more than if they just cave in and accept that their children were "ritualistically abused" (whatever that means) and place their victimized children in the hands of therapists who are "experts in ritualistic abuse."

MR. LLOYD: We will move to the second cycle. Sgt. Beth Dickinson of the Juvenile Investigations Bureau of the Los Angeles County Sheriff's Department will discuss protocols of the multiagency investigation of these multivictim/multioffender cases.

SGT. DICKINSON: I, like Ken Lanning, will talk only from the law enforcement perspective about some of the problem area that we have encountered in trying to investigate cases that have bizarre allegations. I will also discuss the protocols that have been developed to try to address the issues of multiple victim/multiple suspect kind of cases.

Obviously, the multiple victim/multiple suspect cases involving the sexual abuse of young children present unique and overwhelming problems for law enforcement. They also present problems for social services, the medical community and the therapeutic community, especially if they involve young children between the ages of two and seven and if they have bizarre elements to them.

Many of these cases have received nationwide attention. By way of background, I was on a task force for over a year that comprised 21 investigators. At the time the task force was in effect, we had five preschools under investigation, which involved hundreds of children, many of who were making allegations of sexual abuse, and also they had some of the bizarre components to them. Because of Ken Lanning and others, we met over a period of a couple of years, several times, with people from across the nation who had the same kinds of cases. Many of us here today were together years ago on these meetings.

We discussed, in a Think Tank type of procedure as we're doing today, our information, sharing our common problems, frustrations and dilemmas we were having. Also, we discussed ways we could better investigate these major cases.

There are major problems that law enforcement faced in attempting to undertake investigations of this sort. One of the major problems was that most of the law enforcement agencies attempted to begin an investigation lacking adequate resources. That caused lengthy delays in the periods of time when children were interviewed, when witnesses could be interviewed and when suspects were interviewed. It also, in some cases, caused the law enforcement agencies to delegate investigative responsibili-

In the Los Angeles area, our Interagency Council on Abuse and Neglect formed a subcommittee and developed investigative protocols.²

They call for a multidisciplinary approach involving all of the entities and for having systems for working with medical, therapeutic, social services, state licensing, if it is a licensed facility, and other agencies. Those protocols were basically developed for law enforcement as sort of a contingency plan so they would have such a plan should such an investigation arise in their jurisdiction.

When allegations arise in a setting where you have the potential for multiple victims and/or multiple suspects, you must allocate sufficient resources. We feel it is better to gear up for a major investigation and then gear it down within a week or two if we find that the allegations are not substantiated, than constantly trying to play catch-up, because the information gets out of hand and the contamination factor is a great deal higher. So, the major recommendation of the protocol is to use a task force approach.

You must have at least one agency that is in charge of the investigation, be it the law enforcement agency, the District Attorney or the Attorney General, whoever assumes responsibility for the criminal investigation. Then that agency will coordinate the investigation with other involved agencies, social services, state licensing, the medical community and the therapeutic community.

Timeliness is also of the utmost importance. So, we caution law enforcement to move within the first twenty-four hours to do their planning, to do their coordinating with the other disciplines and to determine whether there is a need and probable cause for search warrants and/or surveillance.

We also called for a system of what we have labeled Phase I and Phase II investigations. Phase I is basically assessment of the current situation, the children that are at risk. If it is a day care center, for example, quickly, a team should move in and interview all of the children who have exposure to the alleged perpetrators to see if there are other children disclosing abuse. If we do have the additional victims, then we feel the charges are substantiated. Then we move into Phase II which, in California, is a six year statute of limitations. So, the investigative team would get together and decide how far back to go and search for additional victims who could corroborate the recently disclosing children. Also, in the case of preschools, the search

²Available for purchase from the National Center for Prosecution of Child Abuse, 1033 North Fairfax St., Alexandria, VA 22314

could be for an older victim who would be more able to endure a prosecutorial process.

We call for a system for communicating with parents. At the initial meeting, we have some sample letters we send, some sample questionnaires that we use when we meet with parents and talk to them about any behavioral symptoms. Then, if the investigation progresses, we have weekly and/or monthly meetings with parents. Not to give them information about the investigation -- because that's considered contamination of the information -- but to at least share with them that things are happening, the investigation is progressing and answer questions for them about the court system and to just deal with some of their frustrations and concerns.

We call for a system for interviewing the children and say that only specialized investigators who have received state approved training on interviewing children, who have experience in interviewing children and who have demonstrated a knowledge of child development would be the ones that would actually do the investigative interviews. Coordinating the interviews is extremely important, too, giving the highest priority to the children who are disclosing and to children who have been named by other children; and again, avoiding multiple interview problems.

We call for a system for liaison with the therapeutic community. You may have therapists doing these initial evaluations and some doing ongoing therapy. The issue for us in law enforcement is that this should not replace an investigative interview. There should also be a system for liaison with the medical community. We ask that only qualified medical experts using established medical protocols do the exam. If you have a case involving many children, you need to look at having more than one expert to work with the investigative team.

We call for a system for dealing with the media. Law enforcement feels that the primary investigative agency should be the one in charge of dealing with the media and that a spokesperson should be appointed, not the primary investigators.

There should be a system for collecting and analyzing investigative information. We talk about a lot of things that can be done from a law enforcement perspective, like analysis, visual investigative analysis. Computers have been a wonderful tool to be able to index and cross-index all information. We talk about a report reader or supervisor who received the report from the interviewing teams. The reason for that is to avoid the cross-germination of information early on in the investigation. In other words, the interview teams interview the children. If they get disclosures and those children, perhaps, name other children, then that information is not shared with other investi-

ties to people who were not in law enforcement and did not have a background in investigation.

There seemed to be general confusion about how to approach the investigation. In some cases, there was a lack of coordination; multiple agencies were doing their own thing, with duplication resulting in multiple interviews and confusion on almost everyone's part regarding roles in this investigation.

Another problem that seemed germane to the country was failure to communicate with the concerned parents in a way that made them feel informed and involved in the process. This caused frustration. The lack of knowledge, in some instances, caused contamination of information because some parents began doing their own investigation. They began sharing information with each other about what their children were disclosing, and some were excessively questioning their children. Parents had a lack of trust in the system. Many became unwilling to participate in the investigative process.

From the standpoint of investigators, we felt overwhelmed, both by the magnitude of the investigation and by the allegations that were facing us that had bizarre components. Basically, we were frustrated with our efforts to attempt to corroborate this information.

Another dilemma was, the court system in most states just doesn't accommodate this age group well -- children two to seven years old. We began calling it the "perfect crime" because these children have special needs and in the cases that went to court, the defense attorneys were able to easily confuse the children on the witness stand. That has been mentioned already this afternoon several times.

We were faced with the lack of corroborative evidence: no pictures, no dead babies, no mutilated animal remains, no forensic evidence, no masses, no robes or candle services or, with rare exception, no confessions or adult testimony in exchange for immunity.

Also a dilemma in a lot of these cases was the interference by the media that had investigative reporters conducting separate interviews, interviewing parents, alleged suspects and possible witnesses.

Those are, just quickly, some of the problems that we face. There are others, but one of the main reasons for being here today, is to talk about how we can improve future investigations.

gators, but shared with the report reader or the supervisor who will then delegate another separate team to do the interview of the child who was named previously.

We also recommend that agencies have specialists to advise the task force; someone trained in forensics, special surveillance crews, child development experts, intelligence experts and any other expert consultants that are determined to be needed.

That is a thumbnail sketch of the protocol that has been distributed in our country. We are using the model. The Sheriff of Los Angeles County, Sherman Block, has agreed with this principle and has made it so that all out-of-home sexual abuse, as well as in-home sexual abuse, is investigated by one specialized unit. We are able to put these teams together and go out and handle these investigations in a timely manner. We're finding we're having a lot of success and we're doing the investigations well and are able to file several of these cases that involve young children and multiple victims.

In closing, I would like to say that these investigations are problematic. They are difficult to investigate. But hopefully, by establishing sound investigative protocols and by allocating sufficient resources to the investigation, and by making a commitment to work together on these cases, they will be properly investigated and, most importantly, successfully prosecuted.

MR. LLOYD: Larry Haroon is an Assistant District Attorney in the greater Boston area, specifically Middlesex County, with experience in some of the prior working sessions thinking about the same problem.

MR. HARDOON: Most of my comments will essentially dovetail with those of Beth Dickinson and perhaps elaborate on them to some degree.

By way of background, I've been a prosecutor, that is Assistant District Attorney, for close to twelve years now. I have specialized in child sex abuse cases for close to the past five; and currently I'm director of a child abuse prosecution unit that was recently formulated in Middlesex County, Massachusetts.

Middlesex County is a county that comprises 54 cities and towns in Massachusetts; it is the largest county, and has close to two million people in it. The unit that we have just begun to operate is staffed by 25 professional people. Those include attorneys, victim witness advocates, interviewers, state police investigators, resource people and support staff, and is housed in a newly-constructed space that was designed specifically for dealing with child abuse victims. I must say, it has been a

pleasure to be able to work in an atmosphere now that really truly, finally recognizes the degree of professionalism that is required in order to handle these cases.

I would like to echo, to some extent, the sentiments expressed by a few of the other speakers. It may well be, from a clinical therapeutic perspective, distinguishing between ritualistic sexual abuse and ordinary sexual abuse may have some significance. From my perspective as a prosecutor, there is little if any distinction to be made in terms of approaching or handling these cases. Ken Lanning's remarks to the extent that trying to focus on ritualized abuse is going to be problematic is probably true, because what it does is add into the legal pot another aspect of these cases that really doesn't change the way they are handled or approached. I would heartily concur, however, that to the extent the term is used -- I have no doubt it will continue to be used -- a sharpening of the definition is certainly called for.

The case that I was involved in in Massachusetts, for which I was chief prosecutor, is one that comes the closest of any case I know of, certainly in Massachusetts, to presenting some of the issues and problems that you typically hear about and see in these cases, both ritualized and nonritualized, but that involve multi-victim/multi-perpetrator abuse. The abuse took place in a day care setting. There were multiple perpetrators. There were multiple victims, 19 preschool children.

The abuse was repetitive abuse. There were threats to harm or kill that were uniformly made to these children. There were allegations of the mutation of animals. There were children who talked about dead babies. There were clown costumes that were utilized in connection with the abuse. There was the bizarre involvement of characters such as lobsters and robots that children talked about in connection with their intimidation. There were sexual games that they played, such as licking the ice cream off the elephant's trunk. You can use your imagination to surmise what that was.

There was the use of objects in connection with these cases: pencils, magic wands, scissors, sticks, and knives, that were utilized in connection with the rape of these children. There was the use of the photographs and video tapes as well. You can see that many of these characteristics and attributes are prevalent and present, whether or not you're dealing with a nonritualized abuse case or one that is ritualized.

We were able to convict all three perpetrators in the case in Massachusetts at separate trials. The investigation and conviction was clearly the result of a major cooperative effort on the part of prosecutors, police, child protective service workers, licensing authorities, the medical community -- and I

use that term broadly to include physicians and therapists -- and also experts in the field.

This case was in many ways the birth of a multidisciplinary approach to investigating and prosecuting these cases. The unit that I now direct reflects an effort to utilize this approach in each and every case we handle.

The balance of my remarks will deal with the use of multidisciplinary approach to handling these cases and the reasons that I believe it is absolutely the only way to handle these types of cases.

In the first instance, I think everybody who handles these cases in the legal arena will agree, that what is done during the investigative stages can make or break the success of the case in terms of the ability to obtain a conviction. Secondly, that whatever we in the legal community do, we need to do it in a way that absolutely minimizes the trauma to the children that are involved caused by their participation in the legal system.

The only protocol that can address both of these goals -- that is of having an investigation that is successful and of minimizing the trauma to the child at the same time -- is one that utilizes a multidisciplinary approach. Whether that is done voluntarily or by legislation, it should be done. It streamlines the investigation in the most efficient way possible. It certainly minimizes the trauma to the child by coordinating the contact that all of the agencies involved in the legal field have into one group. And it also enables you to coordinate, to some extent, media control and a number of other collateral aspects that arise in these types of cases.

In order for the concept to succeed, it needs to be planned out in advance; the members of the team need to know each other and they need to be trained to handle and recognize the issues in this case. In fact, you must have one agency that is in charge. My recommendation is that the prosecutorial agency, the District Attorney's Office assume that role. The reason for that, for practical purposes, it is the District Attorney that is involved in the case who is the equivalent of the captain of the ship. That is the person that is ultimately going to be taking this case into the courtroom. And everything that is done by every participant in the process is going to impact on what ultimately happens in that courtroom.

Additionally, for practical purposes, it seems to be the District Attorney that is able, perhaps because of the position that he is in, to elicit cooperation and coordination from other departments. Sometimes, if you have a police department that calls the child protective service worker and says, could you please do this or not do this or vice versa, you run into turf

battles or proprieties that the different agencies sometimes interject. If the prosecutor is the one that is making the calls to the different agencies, for whatever reason, those agencies are more willing, or seem to be more willing, to cooperate.

The team that needs to be put together in order to successfully have a multidisciplinary approach, I split up into the first team and then the back-up team. The first team needs to include a prosecutor. To have a team without the prosecutor in there would be like having a football team without a coach.

The police need to be on that team. The child protective service worker needs to be on that team, and a victim witness advocate, somebody whose sole role is to deal with the family and children and just help them in a supportive way to deal with the process.

And finally, it should include a position that we in Massachusetts have newly created and made a part of our unit, what I call a "child interview specialist." I think Beth Dickinson alluded to this type of person. It is a highly skilled individual whose sole responsibility on the team is to conduct those investigative interviews. That person, whoever that person is, whether it is one of the other team members who specializes in that or whether, as it is in our county in Massachusetts, a completely separate person, that is the person who should then have all of the investigative contact with that particular child.

The back-up team are the people that you might call in a particular case, and would include therapists, and medical doctors. It might include members of the licensing authorities that deal with day care centers, and it would include experts in general, child development experts, sexual abuse experts. It could be experts in the occult, if that happens to be the type of case you're dealing with. Generally speaking, it is a whole repertoire of experts that you would call into play depending on the type of case.

Additionally, the only way for it to work, frankly, is for every agency involved to designate specific people who are on the team. There need to be prosecutors who are experienced in handling these cases, police members in police departments who always handle these cases, and child protective service workers who always deal with the investigative aspects of these case.

Training by and between and for team members is essential; particularly if you're dealing with cases that do seem to have overtones of the occult in them. I surmise that most people dealing with those areas are fairly ignorant of them.

Additionally, it is important for the different components of the team to do training for each other; that is, it is very

important for the prosecutors to understand what the therapists' perspectives are and what the child protective service worker's perspective is. Vice versa, it is essential for the child protective service workers, when they do what they do, to understand the needs of the prosecutors and the police.

The concept of multiple teams that Beth Dickinson alluded to, I heartily agree with, but I would put it more strongly. In a case of multi-victim abuse, be it ritualistic or not, I would suggest that it is absolutely essential that you operate with multiple teams, because it is critical that those of us who, in any way, shape or form, interact with the legal system -- which includes all of those categories of people I mentioned before -- zealously strive to protect and preserve the integrity of the investigative process.

The reason this is so important is because, number one, it is the attack that is going to be mounted by the defense in any one of these cases. It is the only viable attack that the defense can mount in this type of case; that is, to attack the investigative process, if they are multiple victims. If you were a defense attorney dealing with a single victim, then you could attribute the child's allegations to a whole list of things that don't necessarily involve the investigative process. But you can't, as a defense attorney, take the position that 19 children have made the disclosures they've made because there were divorces in the family or siblings born or all of the other multiple explanations that typically are made in these types of cases.

So, the investigative process becomes extremely critical, and preserving the integrity of that process is essential. What that means is that you must use different police officers. You must use different child protective workers. You must use different child interview specialists, and you must use different victim witness advocates. You do not, in my view, need to use different attorneys. That is the person at the top who is coordinating all this. That is not just because I want to be a general. There needs to be a person at the top who is coordinating what is going on, and in my view, that has to be the prosecutor of the case.

The other category that I suggest may not require the utilization of different people are the medical personnel. I know that, in one of the reports that I mentioned, they advocated using different doctors for the examinations. My perspective on that is that, if you utilize different doctors for the examinations, then you are creating the necessity of having to use different doctors at the trial. One thing that a prosecutor never wants to do from a tactical point of view is to put on different experts in the case, because very expert is going to have a different way of describing the symptomology and the expertise in his/her field. You do not want to create a battle

of experts on your own side of the case by introducing multiple experts. So that is the only category where I question the use of more than one expert.

The multidisciplinary approach, by bringing together all of the participants at one time, enables the team to be as aggressive as it can possibly be in terms of utilizing search warrants. As Beth Dickinson said, time is of the essence in these cases, and anything that can be seized, whatever it may be, even though this may not be a direct reflection of the abuse but something incidental to it, is going to be helpful.

One of the things we utilized in our case, which was kind of a unique utilization of a search warrant, was the seizure of the locus of the abuse in our case. We had a search warrant and we seized the actual school building. We held it for two days. And in a very organized manner, we brought the children back to the school one at a time. It was very carefully orchestrated and we had the consultation of therapists and parents and it was done in a very supportive way. That enabled us to generate a great deal more clarification and corroboration of what these children had to say.

The multidisciplinary approach, by having all of the members of the team being familiar with all of the others' needs, should also be developing theories of access and opportunity any time that team members are involved in conducting their aspect of their investigation. That is because jurors will want to know how this could have occurred without being discovered earlier.

Another strength of the multidisciplinary approach is simply that the key strength to these cases is the multiplicity of victims; that is, the fact that a number of children are all saying similar things. If you can imagine, if I were to stand up here and describe to you how I saw the Lock Ness monster rising out of the Great Salt Lake, you would look at me and probably brush me off as a crackpot from Massachusetts, the state that voted for Eugene McCarthy and produced Michael Dukakis. But on the other hand, if all of the speakers had proceeded me up to this podium, and said that while we were traveling on a bus, we saw this creature rise up out of the Great Salt Lake, you can see immediately that there would tend to be a great deal more credibility -- maybe not that much -- attributed to my remarks.

What the team enables you to do, is not only to adopt a unified approach with respect to the parents and the children so that you can encourage them to participate, but in addition, the team provides a very much needed support by and between the members who work on the teams so that they're not working in isolation. They're not being overwhelmed by the characteristics and attributes of these kinds of cases.

Whether it is ritualistic or not, these cases typically involve bizarre allegations. The question arises from the perspective of the investigators: What do you do in a case that has allegations of mutilated animals or dead babies or lobsters or robots, none of which you will find? My response to that question, and I think it is an extension of something that Ken Lanning said, is that, what you need to do in these cases, from a prosecution perspective, is to focus on the crime, the criminal aspect of the case. It is a sexual abuse case and that's what you need to focus on.

You need to focus on the rape of the child that took place. You may need to, at least in the back of your mind, understand that what the child describes may be real or it may be illusory. You make note of them, you chart whatever these particular bizarre allegations are -- as you should chart everything else that a child says in a case like this -- and you accept them as "something," that the child has experienced, and maybe you hope that some of these bizarre allegations will surface from other independent team members who have interviewed some of the other children, in order for them to corroborate each other with respect to the existence of these "something's," whatever they were.

Basically, you concentrate on the sexual abuse of the case. You should not be afraid of these bizarre allegations. If a child can credibly describe sexual abuse to you, then I submit that jurors will accept the bizarre allegations as tactics to terrorize the child or whatever else. They will be able to deal with them. But certainly, the investigators should not be thrown off by those bizarre allegations in these cases.

There is much more I could certainly say with respect to the prosecution of these cases involving trial tactics, trial strategies, many of which exist, but I really have confined my remarks to adopting a multidisciplinary approach in their investigation.

MR. LLOYD: Dr. Faller, to you have any remarks to make?

DR. FALLER: I just want to make a couple of remarks about the whole issue of ritual abuse as opposed to sexual abuse, and talk briefly about Michigan's State plan, and I have some hand-outs that are a charting of the plan.

We've heard from Ken and we've heard from Beth and we've heard from Larry about the ritual aspect, whether you call it ritual abuse, is secondary. I think it is secondary and often it may be counterproductive to pursue it when your goal is criminal prosecution of cases. But those of us who are involved with trying to diagnose and treat kids can't ignore these elements. Whether you call them ritual or whether you call them sadistic or whether you call them satanic is not so important as that you

understand what's happened to the children and can treat those aspects of the children's experience as well as the sexual abuse itself. So, that's one of the things I think we need to bear in mind.

Let me say a little bit about This particular diagram, (See Appendix B) which is Michigan's response to the multi-victim out-of-home sexual abuse cases. We have a state system as opposed to a local system of decision-making around child welfare issues. That's why we have a state plan rather than a more detailed local plan like, for example, the plan that has been developed in Los Angeles County. There are certainly advantages of having state support, that is state guidelines for intervention in these kinds of cases. You have a state commitment. You also have a resource commitment on the state level, which I think is a considerable advantage.

When Beth was talking about her program and how it evolved, it really highlighted some of the shortcomings of the Michigan plan, which is one that was put together by people who are basically directors, or representatives, of state agencies, and then was fed to a committee -- we weren't quite an advisory committee. We were a committee to review a plan that was that thick and then to give comments back. There is a real importance of the hands-on people being involved in the development of any kind of program or protocol that you put into place, because they really know what the issues are. It is very difficult for local communities if it is imposed from above. The people who are imposing it may have little concept or understanding of what's going on at the community level.

Essentially, the Michigan plan is one where the state group called SARAT, State Abuse Resource Assistance Team, is supposed to contact local communities prior to any incident of multi-victim out-of-home sexual abuse and help them evolve the procedure that they are going to use. Then, when cases actually come up, SARAT is a resource, again, to help in the planning of the investigation of that particular case.

One of the problems that has occurred is that most communities don't think this is ever going to happen, and therefore don't spend their time meeting with this state agency that is going to impose a plan or help them develop a plan for a problems they don't have yet. So, that's been one of the dilemmas. Many of the communities have not invited them in to help organize to produce an ALERT Team -- which stands for Abuse Local Emergency Response Team -- that will then be in place.

One of the other problems that I've certainly experienced -- and this is partly the structure Michigan uses to develop its services -- is that after the state agencies get together and developed the plan, they gave it over to a private contract

agency. This private agency that exists at the state level has relatively little experience in sexual abuse and is trying to gear up so that they can provide service in this area. That's not the way it should be done. It should be people who have expertise to start with, rather than some people that are going to develop expertise after they get the contract and then put in place the service.

MR. LLOYD: Dr. Linda Meyer Williams.

DR. WILLIAMS: Just a couple of comments. I am more comfortable calling these cases or looking at them as multiple perpetrator/multiple victim cases and the special things they present. When we get to the brass tacks of investigating them, that is how we treat them. We seem to have the hypothesis that multiple perpetrator/multiple victim cases must always involve some element of ritual, some element of repeated, perhaps unusual -- in our context -- kinds of behaviors that people do. But because there are groups of perpetrators doing things, that doesn't mean "ritual" in the sense of any kind of belief system or ritualistic abuses that we've been talking about. We can elaborate more on this later.

It is important to recognize that groups of people, when they try to do things together, whether they be perpetrators or investigators, start to involve rituals. We have to realize that in our MDT's multidisciplinary teams, we seem to be concerned about what ritualistic abuse we do to the kids in our investigations.

(Laughter)

I've been talking about teams for years. I don't know why we can't get them going everywhere, and I certainly support them. But you know, having rooms with mirrors and glass and video cameras are sometimes frightening things for kids. In going through our rituals of uniforms and lock-ups and big buildings, we have to be very sensitive to the way things we do might trigger upset in the kids.

We found, in our investigation of day care cases, that the multidisciplinary team cases were much more successful in terms of prosecution. But my sense of it is -- and we didn't really get into a lot of detail about how the teams work -- is that you can't legislate MDT's. You can legislate their existence but you can't legislate them to work. They require all sorts of "both/and" solutions where every member of the team has different needs and priorities in terms of what they have to do for their agency, for their mandate. But, all of these needs have to be balanced. That is where my sense is that the MDT's that work tend to be less hierarchical than when we're describing the prosecutor at the head or somebody else at the head. Although we probably do

need some coordinating head, teams really take a tremendous amount of compromise in those "both/and" solutions.

Just one quick note on parents. We also found that the parents' involvement was certainly critical. They are the most important part of the investigations, particularly in the multi-perpetrator/multi-victim cases. You try to circumscribe their role and tell them: "Don't ask the children all of these questions and interrogate them." but they are the ones who are going to get the information. At bedtime, and for some reason -- the child developmental experts can tell me why the mind works that way -- the kids start to relax and will talk about things and say: "I'm not going to jail, am I, Mommy" Then you find out why the kid was told he was going to jail and things about what happened come out. We really need to work with parents to get them to be helpful and record things and not be destructive to a case.

MR. LLOYD: Ken Lanning.

MR. LANNING: An important issue is what we call these kinds of cases. Earlier we mentioned the term "multiple offender/multiple victim" cases. Donna Pence from Tennessee's Bureau of Investigation uses the term "macro case." You can use a variety of terms to refer to these cases. One of the problems with the terms "multiple offender" or "sex ring" case -- a term that Ann Burgess was using in the early eighties -- that most such cases don't fit the dynamics of the cases being discussed here. In the book that I've just written, I'm proposing the use of the term "historical child sex ring" to refer to the more common and well documented ring cases which Dr. Burgess and others have discussed for many years. We know a lot about the operation of such child sex rings and I have been literally involved in analyzing many of these cases. Recently, more perpetrators in these cases have used an interest in satanism and the occult as a bonding mechanism and controlling mechanism to manipulate the children. This is no different, however, than a Scout leader using a troop or a minister or priest using the church for the same purpose. I do not include such use of satanism or the occult in the kind of cases being discussed here today.

I refer to "these kinds of cases" as "multidimensional child sex rings." Maybe that's just a temporary term to use until we have something better that doesn't have all of the loaded meaning of "satanism" and "ritualism" and "occult." It is a more neutral term. And "multidimensional" is somewhat descriptive because these cases clearly are multidimensional.

I first began to get involved in "these kinds of cases" in late 1982 before most of you ever heard of them. In the last six years or so, I have consulted on probably somewhere in excess of

200 of these cases. When I talk about the number of cases, I'm not talking about the number of victims. I'm talking about separate investigations. I'm not on the front lines. I'm with the FBI Behavioral Sciences Unit as a consultant. I talk to investigators, prosecutors, parents and all kinds of people. My viewpoint is a law enforcement viewpoint, but I spend hours on the phone with moms and dads of children abused this way, hours on the phone with many therapists, as well as with prosecutors and investigators.

The opinions I am expressing here today evolved over time. When I first heard the stories in the early eighties, I believed most of them were true and tried to uncover this evil conspiracy. My opinions evolved when I arrived at the fork in the road where it was becoming apparent to me that at least some of what the victims were alleging didn't seem to be true. I searched for answers to that.

In my previous remarks I talked about the out-of-home aspect of these cases. I would like to add, in my analysis of these cases, although there is a distinct out-of-home population, many of these cases occur within the home setting, and that must be recognized. As a matter of fact, the most common kind of multi-dimensional case being referred to me involved custody/visitation disputes. Most custody/visitation disputes do not involve allegations of any kind of sexual abuse, much less ritualistic abuse. Let me make that very clear. But of those ritualistic abuse cases that have been referred to me in the last six months to a year or so, a very high percentage of them have stemmed from the custody/visitation dispute scenario which is a within-the-family scenario. Another scenario from which these cases stem is the family, extended family, isolated neighborhood scenario. Most of these cases are also within the family.

I continue to search for explanations concerning these cases. I'm not going to get into the possible explanations. I discussed some of this in the book I've written. As I was battling with this confusion and trying to figure out what was going on, I went to many, many people from all different disciplines and tried to get some answers as to what was going on, and I have not been able to come up with any clear-cut satisfactory answers. As a matter of fact, I was talking to a good friend of mine a couple of weeks ago. She was at a conference with me in 1985, similar to this, all kinds of experts gathering in a big room discussing all this. She said to me something true but sad: "I don't know whether we understand this any better now than we did back in 1985 when we met," and that's a scary thought.

I don't know for sure what's going on. I can't explain it. All I think we can do is take the law enforcement perspective. And what I tell investigators all over the country: It is not your job to believe the children, it is your job to listen to the

children and assess and evaluate what they say and attempt to corroborate it.

These are investigative recommendations for dealing with these cases:

1. Minimize the satanic/occult aspect. I see no purpose in proving someone is a satanist. It is only significant to whatever extent it plays a role in the crime and to help you identify suspects and corroborate victim statements.

2. Keep the investigation and your religious belief separate. That's a hard thing for a lot of investigators when they are talking about satanism.

3. Listen to the victim. It is not your job to believe. It may be the therapists' job to believe, and moms and dads should believe, but investigators are objective fact-finders. When I was trained to be an investigator, I was told to be a fact-finder, to objectively find out what happened.

4. Assess and evaluate victims' statements. Listen to what they say. Have good skills in getting the information from them, but then assess and evaluate what they tell you. Consider and investigate all possibilities.

This does not make you an evil person in my opinion. This makes you a good investigator. Why are you checking it out? You mean you don't believe them? Our job is to investigate, to be a fact-finder.

5. Evaluate the "contagion," a very popular word. I hate to use the word "contagion" and "contamination" when you're talking about human beings, especially children, but I don't know what other word to use. It needs to be evaluated. Consistent statements, as already said, are very powerful as long as they are not contaminated. The fact that different people describe the same thing without talking to each other is not as big as a lot of people think it is.

The classic example is the TV commercial for Mysteries of the Unknown, from Time-Life Books. People who never met each other, all over America report being kidnapped by aliens from outer space, and when interviewed, all described the alien in the same way. Therefore, it must be true, right?

6. Establish communication with the parents. Tonight at nine o'clock, "Do You Know The Muffin Man" will be on TV. It is about satanic ritualistic abuse in a day care center, solved by a dad investigating the case. Dad happens to be a police officer. But my response to that is what they say about an attorney that defends himself: He's got a fool for a client.

A police officer personally involved in the case should not be investigating the case. I'm a parent myself. I have great sympathy for parents, but parents are not objective, rational, trained investigators, no matter how well-intentioned they are. Almost all of them are, in fact, well-intentioned, but they mess things up.

7. Plan ahead, as Beth and Larry said.

DR. MULHERN: I have just one comment and it concerns the inclusion of the term "experts in the occult" in your presentation. I presume that would include people of my profession. I would be considered an expert in the occult because I have studied real witchcraft groups as well as all kinds of other religious "cults." Curiously, trained field anthropologists specialized in religion rarely, if ever, figure among the "experts on ritual abuse" or "experts on satanism" who scramble for the microphone in the training seminars on satanic/ritualistic abuse that are being sponsored for therapists and other helping professionals. I would suggest keeping the participation of these self-proclaimed experts to a minimum.

The satanism which they are proclaiming themselves to be experts in, is essentially a rehashing of the "satanic" memories of a variety of individuals "homogenized" into a single Satanism through hours of networking between therapists, satanic investigators and "survivors," the whole thing sustained by deeply held religious beliefs. What they describe bears little resemblance to the kinds of things that an expert in religion or religious groups might present.

If, during an investigation, you happen to find all kinds of junk lying around a school, for example, I would be perfectly happy to provide you with a long list of the kinds of things that a variety of religious cults could do with the stuff.

However, I am telling you up front that the list would not be exhaustive, as kids and cults are inventive and they could have always thought of something new. Nevertheless, if you think it might be useful, even as something to hold on to, I would be pleased to oblige. This being said, I must underline my reserve when one calls in specialists in the occult or ritual abuse during an investigation.

MR. LLOYD: Our next presenter is Dr. Chris Hatcher, who is a Clinical Professor of Psychology and Director of the Center for the Study of Trauma, which is affiliated with the University of California.

DR. HATCHER: I've entitled my remarks, "The Investigation of Allegations of Ritualistic Sex Abuse: Contributions From Cult Investigations."

Allegations of ritualistic sex abuse of children present an increasingly difficult dilemma for law enforcement officers, social service workers, and mental health professionals. While a series of ritualistic child sex abuse cases have been investigated and successfully prosecuted, the number of alleged cases, dropped from further action due to lack of evidence to cross-validate the child's statements, is far higher.

There are three possible explanatory constructs which could account for this situation: 1) None of the allegations are true, and the prior convictions have been in error, 2) All of the allegations are true, and greater investigative skill/effort will produce the evidence to cross validate the child's statements, and 3) a unknown portion of the allegations are true, and greater investigative skill/effort will provide a set of procedures which will correctly classify true and false allegations. In the absence of data conclusively supporting any construct, a number of individuals have taken up positions of belief and assertion in one construct or another. Organizations have even formed to promote belief and assertion in a particular construct.

The current situation with allegations of ritualistic sex abuse of children in the 1990's displays significant similarities to allegations of coercive and violent behavior toward cult groups during the 1970's and 1980's. With this latter group, law enforcement personnel and mental health professionals first received allegations of coercive and violent behavior from parents of young adults who had become cult members, or from disenchanted young adults who were former members. For a number of years, these allegations could not be cross validated by other sources. Further, the sources of the allegations were viewed as potentially having other biases or motivations which reduced their believability. As time passed, parents of current cult members and disenchanted former members formed groups to provide support to themselves and to increase public awareness of abusive behavior within cults. Other individuals saw this as an assault upon religion and freedom of speech or even as group reinforced hysterical behavior. While coercive and violent cult behavior by cult groups did result in cross-validated criminal and civil cases prior to 1978, it was the deaths in that year of over 900 Peoples Temple members at Jonestown, Guyana that provided the depth of cross validated statements and physical evidence which convinced most people that some bizarre cult allegations, originally coming from possibly biased and therefore not totally reliable sources, could, in fact, be true. Subsequently, allegations of coercive and violent behavior by any cult or alternate religious group became the focus of intense public, law enforcement, and mental health professional interest (Hatcher, 1988, Hatcher, 1989a, 1989b, 1989c). Understanding of the organization of cult groups, cult coercive procedures, and cult development resulted in more efficient study and investigation. While this interest did produce cross validated evidence against other

groups and criminal convictions, the majority of new allegations were never substantiated.

Over time, this resulted in the de facto acceptance of the third potential explanatory construct for allegations of coercive and violent behavior against cults. Namely, that a limited portion of cults do engage in this type of criminal behavior, and that well informed, active law enforcement investigation of a specialized nature could uncover such behavior.

The purpose of this article is to review the lessons learned from the development of investigative knowledge about violent cults, and the implications for the investigation of ritualized sexual abuse of children.

DEVELOPMENT OF INVESTIGATIVE KNOWLEDGE OF VIOLENT CULTS.

Cult development. Knowledge of the organization of any group involved in violent crime is essential to a good investigation. If an investigator has reason to believe that his/her case involves an organized crime group, he/she can utilize one or more law enforcement data bases to access information about the group's hierarchy, resources, the type of criminal within the group likely to plan and direct a crime, as well as the type of criminal within the group likely to actually commit the crime. As knowledge of different organized crime groups accumulates, the investigator begins to have a picture of how such groups change and evolve over time. It is only recently that such knowledge about the development and organization of violent cults has been available.

There are three basic models of cult development (Bainbridge and Stark, 1979). The first is the psychopathology model which involves five stages (Silverman, 1967). In the first stage, the potential leader's emotional and social problems are too intense for the usual societal options. In the second stage, he focuses almost exclusively on these problems and becomes socially isolated. While drifting in this isolation, he now experiences visions stimulated by self-initiated sensory deprivation. In the fourth stage, the cosmic vision is received. In the fifth stage, the potential leader tries to tell others of his experience. Failure to interest others usually brings a return to individual psychological illness, while success means the start of the cult group. The life history of Jim Jones prior to the first People's Temple in Indiana illustrates this pattern of development.

The second model is that of the entrepreneur, where the leader consciously invents the cult in order to gain money, power, and/or recognition. The entrepreneur cult leader does not show a history of personal development consistent with the previously described psychopathology model. Rather, he/she has correctly determined that if the dedication and energy of the

truly believing cult member is channeled into business efforts, the material rewards can be substantial. The Blackstone Rangers began as a Chicago street criminal gang, then adapted in the 1970's to a gang rehabilitation program in order to embezzle thousands of dollars from federal grants, and finally evolved in the 1980's into an Islamic-based cult church while seeking the protection of religious freedom laws for criminal activities.

The third model is labeled subculture-evolution. Both the psychopathology and entrepreneur models are keyed to the individual cult leaders. The subculture-evolution model, however, shows some cults as evolving from group interaction, resulting mutual conversion to a set of beliefs and ideas (Cohen, 1955). Such development can be seen in The Committee for the Future (CFF) (Bainbridge, 1976). CFF planned to colonize the planets, beginning with Project Harvest Moon, which would employ a surplus Saturn V rocket for the first effort. As the predictable technological barriers became evident, CFF turned to the cult practice of rituals of psychic and parapsychological experience. Leadership existed, to be sure, but group consensus was the true determinant of group direction.

Cult destabilization to violence. Cult destabilization to violence is marked by two characteristic warning signs. First, a security force is formed due to a perceived outside threat. The members of this security force are initially trained in defensive hand to hand combat, with gradual movement into training in firearms use. From the standpoint of the cult leader, the ideal strategy would be to keep the members of the security force isolated from the rest of the cult group, as security squad training tends to release aggression long suppressed by cult rules of behavioral conformity. However, logistically, it is very difficult to isolate the security force from the larger cult group. The result is that security force members do return to the larger cult group at meals or the end of the day. Security force members then become more aggressive with non security force members, and this aggression spreads rapidly through the cult as a whole. Once this happens, cult leaders are faced with a political choice. If they wish to maintain control of their group, they must attempt to get ahead of this wave of aggression and violence and lead it, or risk loss of group control.

Second, a specific date is announced for cult goals to be achieved. Even if the date is 5 or 10 years in the future, the selection of an exact date exerts considerable internal pressure on the cult to assess progress toward their goals, and to view violence as a more acceptable, or necessary, option.

The pressure of a specific date for the realization of group goals combined with the rapid increase in interpersonal aggression initiated by security force development then becomes the pattern for cult destabilization to violence.

Violent cult goals. Violent cults view the world as having three levels of control: Government, overgovernment, and undergovernment. Government is seen as merely being essential to conducting the day to day operations necessary to keep the world functioning. The overgovernment is seen as a group of business interests who really make all of the major policy decisions, while allowing the undergovernment to continue to manage day to day decisions. The undergovernment is a group bound together by shared psychopathology, ideology, or religion. Terrorist groups who wish to overthrow both the government and the overgovernment may also be bound together by psychopathology, ideology, or religion. By contrast, the undergovernment is a more desirable level for the violent cult. There is no desire to overthrow the government. The violent cult is content to let others maintain the country, so long as it has the ability to dominate the members of the group, and commit crimes of violence as necessary to keep control.

Violent cult organization. Any organization, cults included, must fulfill certain structural requirements. There must be management, material acquisition and distribution, accounting and fiscal control, production, and/or solicitation of funds. Most critically, as the organization expands, there must be an increasing delegation of responsibility for decisions within the cult. The cult leader still retains ultimate authority and may extend that authority in an unpredictable fashion to illustrate his control, but some members must assume roles of leadership which cannot be supported by a simple dependence motivation.

Two major and one minor but highly significant roles have been identified in cult organizational structure. The first major role is the bureaucratic administrator. This role is concerned with the day to day operation of the group, not with policy. Members who seek out this role generally have a history of orderliness, mild achievement, and limited ambition. They have seldom functioned in a high administrative position, and see their talents as unrecognized. For almost all members in this role, it represents a lifetime career track in the cult. Such individuals may have great day to day power, may sit in the group's policy making council, but will not make policy or be advanced beyond this track. These members know that they are excluded from significant information about the criminal or potentially criminal, activities of the cult. Accepting this, they strive to make themselves valuable by their administrative efficiency and obedience.

The second major role is the opportunist. He or she has curiosity, but little commitment to the ideals of the group. This person rises to the attention of cult leadership by the ability to manipulate, or selectively inform upon others. This manipulation and informing must be selective, indicating a knowledge of loyalty and confidentiality to cult leadership. As

with various business organizations, such individuals are quickly identified as being on the fast track for promotion within the group. These members are usually between 25-35 years of age, with a high percentage of females. Almost all cult leaders are male, and many of these have directly indicated that their close female advisors are more aggressive, more loyal, and more creative in getting difficult things done in the group. A number of females in this role have stated that they are willing to devote considerable energy to maintaining their position in this role, as they feel that they could not attain any position in the outside world that would even approach this level of power and responsibility over others. The appearance of a strong opportunist can rapidly move a moderately successful cult leader into new activities. In the Matamoros, Mexico cult murders, preliminary evidence indicates that the appearance of Sara Maria Aldrete into the cult/criminal group of Adolfo de Jesus Constanzo was correlated with a dramatic increase in group sadomasochistic homicide and more successful criminal activities. Constanzo, a native of Miami, Florida, had lived in several areas of Mexico, with known sadomasochistic and criminal involvement, but with Aldrete's appearance at the group's Rancho Santa Elena, a rapid increase in abduction, torture, and homicide is recorded.

A minor, but highly significant, role within cult organizations is that of the specialist. The specialist has a personal skill: manipulative, sexual, political, or violent. This member has reduced duties within the cult, obtaining worth by the ability to carry out a given assignment and to keep that assignment reasonably confidential. Such members characteristically never rise to policy making council participation or true leadership. The specialist has a limited career life span in this role. His true function in the group may become too public, or he may become too competitive with other specialists for high risk/high value assignments. At this point, some specialists leave the cult. Others remain, but appear to have earned a semi-retired place in the group through their previous successful activities, while fulfilling a portion of their own individual psychopathic needs.

Use of deception and illusion. Both violent and non violent cults have demonstrated a high level of skill in the use of deception and illusion. Deaths, injuries, faith healings, or visions have been staged with considerable realism. Many cult members report that, over time, they came to accept such deception and illusion as necessary for group control, becoming participants in the deception process themselves. There also appears to be no prohibition against the use of such deception and illusion upon child members of the group. Ex-violent cult members will then report a series of crimes and violent acts. A portion of these acts are subsequently shown to have actually happened, a portion to have been staged, and a portion remain undetermined. Investigators of violent cults have learned not to

be deterred by the early discovery of such deception, but rather to accept that it is necessary to slowly and carefully sort through the total alleged events in order to finally identify the actual violent acts.

Violent cult types. Violent cults can be divided into two broad categories: mass movement and single movement.

Mass movement violent cults are dominated by an adult leader in the mid 30's age group or older. Membership progressively increases, with both family related and non-family related members. A detailed dogma is present, in which the belief system is organized, often original, scholarly, and is represented to hold the key to the meaning of life. Cult ceremonies which accompany the dogma are often very elaborate, with carefully defined meanings and roles for participants.

The first mass movement violent cults date back to pre-Christian periods in what is now Iran. For the new recruit, the explanation of the belief system was proceeded by three nights in the sultan's harem, with unlimited narcotic use. The sultan then explained that the recruit had just experienced heaven, and that if the new recruit were to die in the service of the sultan, he would go to a heaven like the one he had just experienced. A number of recruits saw this as an impressive religious position, and joined the sultan. Their subsequent ambushes of the sultan's enemies are the origin for the word "assassin."

As evidenced in this example, these mass movement violent cults are both self-destructive and destructive. The People's Temple/Jonestown case and the Rajneesh movement in Antelope Valley, Oregon are more contemporary examples of this category. Such cults characteristically will become involved in multiple crimes against property and person. Investigative agencies usually have advance warning about such group activities, although evidence may not be sufficient to accomplish early interventions.

Single movement violent cults are dominated by an adult or adolescent leader. Membership characteristically consists of extended family members or non-related members who function as a family-like small group. Dogma is limited. It is primarily borrowed from others, and is not internally consistent. It is based upon a belief that the world is composed of predators and victims, with members of the single movement violent cult being the privileged predators. Cult ceremonies which accompany the dogma are primitive, have poorly defined roles, and are subject to improvisational change. Satanic dogma, symbols, and ceremonies are a method of convenience that makes it easier to control others, rather than a dominant belief system. The motivation for the group is more focused upon the manipulation of others, and

progressive exploration of the limits of sado-masochism and sexual activities.

A contemporary example of the single movement violent cult is the Sean Sellers Case in Oklahoma City, Oklahoma. Sellers developed a small adolescent cult utilizing satanic ideas and symbols. The development of this group was eventually associated with Sellers' murder of Robert Paul Bower and both of his parents. From interviews given by Sellers from his cell on Death Row at the Oklahoma State Penitentiary, it appears that his primary motivation was the exploration of his own impulses. However, he was successful, on a small scale, in involving other adolescents who became vicariously interested in Sellers' thoughts, impulses, and violent behavior.

Single movement violent cults are also self destructive and destructive. They come to the attention of law enforcement suddenly, without warning, and most frequently for civil rights violations or homicide. Such cults typically move, within 1-3 years toward increasingly bizarre acts and intent to do violence to others for sado-masochistic motivations. A frequent early victim may be a weaker member who wishes to withdraw as the propensity for violence escalates, or a peripheral non-member who might risk the secrecy of the cult. Such cults are not well prepared for the post-homicide guilt. The leader must push the cult members into a closer and closer alliance, or into additional violence, in order to maintain control. The anxious, guilt ridden behavior of Sellers' cult member Jim Mathis is an example of this.

Investigative lessons. The study and investigation of any violent or potentially violent cult produces a large quantity of information. The members or ex-members who provide this information will tend to focus upon the unusual or bizarre aspects of group belief or activity, the power and authority of the group leader, actions by the group leader perceived to be immoral or in violation of the cult ideals, perceived maltreatment of themselves or others, and power/sexual relationships among various members. This information will be provided in a pressured, intense, and frequently disorganized manner. The end result is that almost all of this large quantity of information is interesting to the psychologist or sociologist. However, relatively little of this information turns out to be critical in terms of being able to provide validated multiple accounts of a particular type of criminal act or abuse by a specific person. Individuals involved in the investigation of violent cults soon learned to direct their efforts to separate interesting information about cult dogma or ceremonial practices from critical information which connected specific crimes to specific persons.

IMPLICATIONS FOR INVESTIGATION OF RITUALIZED SEXUAL ABUSE OF CHILDREN. *Need to investigate.* Current allegations of ritualized sexual abuse of children have proved frustrating for investigators as relatively few allegations are cross-validated at a level sufficient for a criminal conviction. However, prior experience with the cult phenomena of the 1970's and 1980's indicates that some bizarre and difficult-to-believe allegations of violence and criminal behavior are subsequently shown to be true. For this reason, each current allegation of ritualized sexual abuse of children warrants a careful and complete investigation. Standards for proceeding to trial in cases of ritualized sexual abuse of children should be equivalent to standards for proceeding to trial in any other criminal case. Strong belief in the guilt of the defendants is a corollary, not a substitute, for a complete well-researched case ready to be understood by a naïve jury.

Composition of investigative team. Generally, the most successful investigative teams in ritualized child sexual abuse cases are headed by a single detective or FBI agent who is a very experienced investigator, but not necessarily previously assigned full time to sex abuse investigation. This type of individual is able to utilize his/her experience in large scale, complex investigations which have successfully gone to trial, supported by law enforcement specialists in child interviewing and child sex abuse prosecution.

Team organizational charts and plans for the conduct of complex child sex abuse investigations are readily available from agencies such as the National Center for Missing and Exploited Children or the Los Angeles County Sheriff's Office. The implementation of such plans is essential to the critical versus interesting information sorting process previously discussed with reference to the investigation of violent cults.

Ritualized child abuse cases frequently involve a level of mistreatment of children combined with a religious or satanic veneer. Law enforcement officers do become somewhat accustomed to encountering individuals who do very strange psychotic or sociopathic acts. However, the existence of a strange religious or satanic veneer possibly existing among a group of individuals can present a more serious challenge to an officer's personal religious views. Prior experience with violent cult cases indicates that the investigative team needs to structure a candid and open discussion of each team member's personal religious views as the investigation begins.

Consultant Utilization. Investigation teams working on violent cult cases soon found themselves in need of specialized background information, and/or interviewing assistance. However, in seeking consultants, they found a series of individuals with primarily academic interests, varying levels of personal anti-

cult or pro-cult attitudes, varying levels of personal anti-law enforcement or pro-law enforcement attitudes, and limited experience in testifying in trials. Early use of such consultants produced a focus upon irrelevant material, breach of investigation confidentiality, and difficult court trials due to legal errors made by consultants during the investigation. These investigation teams then developed a program of consultant selection criteria and limited consultant participation.

Based upon this experience with investigation of violent cults, the following consultant selection criteria should be considered before involvement in a ritualized child sex abuse investigation:

First, obtain the potential consultant's written commitment to case information confidentiality. Such a written agreement will not hold up under certain types of legal actions, but this is not the major concern. The breach of concern is that the consultant will simply not know of the expectation of case information confidentiality, or will find involvement in a highly visible case too compelling to keep secret from colleagues.

Second, obtain a consultant resume, a full listing of any investigations which he/she has been involved with, and full specifics of the level of involvement with each investigation. Inform the consultant that you will need to do a background check, and then call the primary detective and attorney for each case. Compare their assessment of consultant utility and level of involvement with the consultant's own assessment. If the consultant has testified in any court cases, ritualized sex abuse or others, obtain the transcripts of the testimony.

Third, talk with the potential consultant to assess his/her level of belief in child sex abuse witness credibility. Absolute belief or disbelief in child sex abuse witness credibility is undesirable for any potential consultant.

Fourth, if the decision is made to retain the consultant, establish a designated member of the investigative team who will manage all contacts with the consultant.

Fifth, establish the level and limits of information which will be shared with the consultant.

Sixth, identify to the consultant what role you wish him/her to assume, and what roles you do not wish assumed. It is essential to keep consultants to roles for which they are professionally and legally qualified. For example, a sociologist may be able to provide useful information about group history, or the history of similar groups, but is not legally qualified to render opinions about individual behavior. More than one consultant,

each with a defined role, may be necessary to assist an investigation.

Seventh, insure that any contact which the consultant has with case witnesses meets the same legal standards as interviews by members of the investigation team.

Person based investigation. Investigations of violent cults accumulated large quantities of information about cult activities, and frequently bizarre beliefs, symbols, or ceremonies of cult members. However, the majority of this bizarre activity turned out not to be a legal violation by a individual. The main focus of the investigation of ritualized child sex abuse should be person based. A specific person or persons have or have not committed a criminal violation. The accumulation of information in ritualized sex abuse cases should always remain focused upon legally proving or disproving allegations against a specific person. A case should go forward to trial only with the allegations, often a limited percentage of the total allegations, which can be substantiated against a specific person.

SUMMARY. This article has reviewed the lessons learned from the development of investigative knowledge about violent cults, and the implications for the investigation of ritualized sex abuse of children. These lessons include: (1) cults or other small groups have specific patterns of growth and development leading to violent behavior, (2) cults or other small groups have specific internal organization patterns with several consistent role functions related to violent acts, (3) specific, skilled use is made of deception and illusion which can inhibit successful investigation, and (4) violent cults may be large in membership, well organized, and present in multiple geographical sites, or quite limited in membership, relatively poorly organized, and localized.

The implications for the investigation of ritualized sex abuse of children include: (1) there is a valid need to investigate carefully and completely even bizarre and unusual allegations, (2) the investigative team leadership and membership should be implemented with attention to both professional performance and awareness of personal belief systems, (3) specific selection and performance criteria should be developed for all consultants, and (4) the main focus of the investigation should be based upon the accumulation of legally proving or disproving allegations against a specific person.

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DR. FALLER: I had an opportunity to read Chris's article before, and to try to figure out where these cases that we're calling "ritual abuse" fit in. At first, I was at a loss. But actually, it was interesting to hear him talk because I think, if there are some parallels, it is with what he calls the subcultural evolution abuse situation where there is not so much a leader. I don't know how important satanic issues are or Satan is in ritualistic cases. I think it is much more the evolution, a sort of group culture that evolves in these cases through the interplay of various people who are exposed to one another and have an opportunity to influence one another.

Often there is someone in a leadership role in some of the sexual abuse cases, where there are these processes that we are now calling "ritual abuse." There is a leadership role, and also induction. However, this person is not a charismatic leader. Nevertheless, there is an induction of other people into that process, often a rather coercive one, that Linda (Meyer Williams) was referring to earlier, and that is the leader-offender may have something on some of the other secondary offenders that makes them cooperate. She was mentioning picture-taking, which is actually quite prevalent in these cases, perhaps being one mechanism. Sometimes there are other mechanisms that one can understand.

Chris was saying that there really have been no successfully criminal prosecution of ritual abuse cases. I want to refer you to the "Country Walk" case from Miami. That case involved a successful criminal prosecution. Iliana Furster turned state's evidence and testified against her husband. There was some ritual elements in that case. There was the tearing off of heads of birds, there was the wearing of masks and other kinds of practices that the children described that appeared to be ritual in nature. Perhaps that is the case we've been successful in criminal prosecution.

What we are hearing here today is a little bit worrisome to me in that criminal prosecution appears to be paramount in terms of our interest. I think criminal prosecution is very important, because one of the things we're struggling with in these kinds of cases is the disbelief. As long as there is no case that has been successfully criminally prosecuted, then we continue to have children whose experience have not been validated and we continue to have the problem of people questioning expertise and credibility of "experts" and others who are involved in these cases. Are they just a bunch of ineffective mental health professionals or law enforcement professionals who don't know what they're doing and botching the cases? We need to have successful criminal prosecution in order to validate that children do have these experiences, however they are described.

But as we're doing that, I think it is also important not to forget the victims and not to forget the parents. This is very traumatic for everyone who is involved. I've seen so many cases where, in a sense, victims and parents are sacrificed in the efforts to successfully criminally prosecute. We are all human and really care about the kids and care about the parents, and we shouldn't lose sight of that, despite the fact that, strategically, it is important to criminally prosecute in these cases.

DR. WILLIAMS: You brought up the prosecution of ritualistic abuse, and I don't know whether that's what Chris Hatcher meant. There are a number of cases that have ritualistic elements, as I define it, where there have been successful prosecutions. But very often, these elements are not brought up for the prosecution; as Ken Lanning said, you're not going to prosecute people for praising Beelzebub or whatever. So, the prosecution has been the crimes that have occurred.

We looked at that in our study and found that abuse cases with allegations of ritualistic abuse or ritualistic elements were no less likely to result in prosecutions or successful prosecution. In fact, just to report some of the good news on that, we found that 85 percent of all the cases that went to court actually did result in a conviction or a guilty plea. It is just that many cases don't ever make there. We shouldn't be quite so negative about what happens with the cases.

Chris Hatcher's work, I think, is just an inspiration in terms of my thinking about these cases. It is sort of embarrassing; as a sociologist and criminologist, to say I haven't really thought about ritualistic abuse as a sociologist and criminologist. It may not be that interesting to investigators and people who have to deal with the trauma to kids, but I'm challenged to think a lot more about what's going on in terms of group process and roles and leadership; how these belief systems evolve. I think it is important in our understanding of these cases.

MR. LANNING: I'd like to focus on the group dynamics, which I think are real important in these cases. When I first heard these stories I was inclined to believe them. A few people someplace, doing a few murders and getting away with it. I have no problem with that. I deal with that all the time. So certainly, I felt it is highly likely a few individuals in isolated places around the country are committing these murders from time to time and getting away with it.

When I started to have the problem is when I began looking at it from a national perspective. I had to total up what was getting reported to me. I wasn't dealing with a handful of people around the country committing a handful of murders. When I totaled them all up, I was dealing with thousands of people committing tens of thousands of murders and there are no bodies. That's when the skepticism began to grow.

I said, what's going on here? Part of the skepticism was based upon my knowledge of criminal activity, group criminal activity. Maybe some of you that are not law enforcement officers do not realize how difficult it is to commit a large-scale conspiracy crime. You all know that Ted Bundy killed a lot of people and got away with it for a long time. Let's bring Ted back from the dead and tell Ted: You're going to do it all again, but instead of doing it all by yourself, you have a partner. You don't have one partner, you have 10 partners. What do you think the chances are of Ted getting away with it for as long? Not very likely. Why? The answer is, simply human nature.

The "great" Charlie Manson, the alleged epitome of everything we're talking about here. How did he go down go down the tubes? The "great" Charlie Manson, at 33 years of age had spent more than half of his life in one institution or another. His infamous activity with his "family" lasted for only a few years. Once he started to kill, that was the beginning of the end. Sooner or later, it falls apart. How does it fall apart? Somebody is sitting in a jail cell and starts to brag, starts to talk.

Many people were almost happy when they heard about Matamoros. They looked at the events in Matamoros, Mexico and felt they

validated the claims of ritualistic abuse of children. They're wrong. The events in Matamoros illustrate exactly what I've been saying all along. I never said people don't kill people in this country. I see it every day. What I said was, when a group of people come together and degenerate to the point they are engaging human sacrifice, the group will begin to crumble and somebody is going to break ranks. From the first killing to the last killing, a minimal amount of time went by. When you interview suspects, they talk. When you dig, you find bodies. That is exactly what we find in the Matamoros case.

A television show for the 100th anniversary of the "Jack the Ripper" case recently profiled the five major suspects in the case. The American people could call in to a "900" number and vote for whom they thought did it. There were also five experts in the studio to give own opinion. More than 50 percent of the American public voted for a conspiracy by the Royal family involving the Queen's grandson and the doctor. All five of the experts picked the same paranoid schizophrenic operating alone. Why? The people in this country seem to like conspiracies. If only this satanic crime conspiracy is true! If everything these little children and all of these adult survivors all over the country are saying is true, when you add it all up, it is the greatest criminal conspiracy in the history of mankind. It makes all other criminal conspiracies look insignificant.

Chris brought up the issue of missing children, which is an important issue and an important analogy. In 1982-1983, we had the missing children hysteria: fifty thousand kids, a million kids, two million kids. A lot of people hooked their wagon to this rising issue. We don't hear so much about missing children now. As a matter of fact, many people's response is: that was an issue about which they were lied to. The American public now realizes most of the missing children were runaways, throwaways and parental abductions. I think there is an analogy here. There is the same potential for loss of credibility. That is why I'm here talking about this. I am concerned about the loss of credibility for the issue of child sexual abuse.

I was at a conference when someone said: If these satanists aren't killing all the missing kids, who is killing all of the missing children? All what missing children? Fifty thousand children, or humans, are supposedly murdered every year in this country by satanic devil worshipers. Do you know how many murders there are in the entire United States? Approximately 20,000, which means that satanic devil worshipers kill two and-a-half times as many people as all of the murders put together.

How many children are abducted and murdered by strangers each year in the U.S.? We don't know for sure, but the available data indicate it may be about 100 per year. We don't know with absolute certainty, but it is not 50,000 a year. Then, of

course, we supposedly have the "breeder babies" whose births aren't ever recorded so we don't know they are missing. Is that possible? I have no problem with it occasionally, from time to time. But again, I would expect that, sometime, someone would come forward before they had the baby murdered, maybe at the time she delivered, and I would say; "No, I don't think I want my baby chopped up by the satanic cult and eaten. I changed my mind." Maybe she is totally brainwashed. Does that explain it? Brainwashing cannot control everyone's behavior indefinitely.

Criminal prosecution: I would like to address that very quickly. I get a lot of calls from parents who call me about criminal prosecution. I say: Are you asking me as an FBI agent? As an FBI agent, I need to encourage you to, in every way, pursue this in criminal court and get this guy off the street. If you are asking me as one parent to another, I have a different response. You have to know your own situation, your own child. You have to know the situation that exists in your community, the expertise of the investigators and prosecutors. I never tell any parent that you have to automatically take these cases into court. Some of these cases may be too tough or confusing. It may be a problem for the criminal justice system. What I said at the beginning is a very important point and a valid one here. The definitions that we use in criminal investigation and prosecution may not be the same ones that therapists and other people that are dealing with other issues need to use.

DR. MULHERN: I'm going to react to a comment that Dr. Hatcher made: First, I think that I heard a few satisfied sighs in the room when you mentioned that in the case of Jonestown, there were allegations but no proof. I would like to point out that we are referring to an 18 month period and that during that time we had a place where we could find out exactly what was happening.

Getting people into religious "cults" (I refer to groups which can be localized) which have "gone bad" (where the level of overt violence-either physical or psychological--precludes interested visitors) is a difficult problem. For example, although I have trained students who were in Rajneesh in India, preparing students in anthropology who wanted to enter that group at a later date during the sojourn in the United States posed serious ethical problems, given the allegations which were circulating, as well as the logistical problem of getting them in and out. I must underline that I am referring to students of anthropology, not criminal investigators who work with a different set of guidelines. This being said, it remains that, as in the case of Jonestown, people in and around groups tend to talk, there are allegations and there are places to go to begin an investigation.

My second comment pertains to data concerning 15th century sadomasochistic groups. It must be clearly stated that we are

not talking about something that we can trace from the 15th century in the sense of genealogy. I have unfortunately seen "scientific" papers which leave one to understand that these groups can be traced historically, across recorded generations.

In addition, I would have liked to have had some kind of chart to illustrate the distinctions which Dr. Hatcher was making between cults and sadomasochistic groups across the historical spectrum. It is particularly hard for non-specialists to adjust their cognitive listening categories when the description keeps moving from what we might define as cults to what we might define as sadomasochistic groups.

Going back to the question of historicity, I am very sensitive to the matter of the temporal dynamics of groups, which might fit into Dr. Hatcher's definition of cults, which "go bad." One thing that we notice about these types of groups is their escalation of socio/cultural provocation (the breaking, within the group, of the rules of interpersonal behavior which are publicly upheld in the outside world) over time. When order in a group depends on the intensification of psychological or physical violence, things heat up. At such times, the risk of fallout increases. It is possible to observe this acceleration of the group dynamics. I would be willing to generalize this observation to include both large and smaller groups organized around an authoritarian charismatic leader with a messianic ideal of changing the world or of being the prototype of a new civilization, where generally held rules of social behavior no longer apply. These "cults" have a different dynamic than sadomasochistic groups and we need to be very clear on the definitions which we propose for specific group behaviors. I am personally very cautious when I use popular terms which have fluctuating descriptive meanings.

MR. LLOYD: Some of you have been asking: When are we going to get away from the law enforcement focus? One of the reasons why we did this, in fact, is because there have been law enforcement groups for a number of years that have been studying it in a more detail-oriented way than there have been in some other fields. Quite frankly, if an allegation is made, I think you have your head in the sand if you don't think that the media and the general public is going to put pressure on your law enforcement system to be pushing for a criminal conviction. They will probably have the license of the out-of-home care provider lifted. They will be more than happy to make sure the children and family get services, but they are going to be demanding that the law enforcement component come in as some part of the team. So, we were bringing that in as well today to make sure that at a child maltreatment conference, we don't also ignore the justifiable concerns, of the general public as well as another way of protecting children.

We welcome Sandra Baker, Executive Director of the Child & Family Institute from Sacramento, California. Sandy is going to talk from that local, more therapeutic perspective and the CPS perspective.

MS. BAKER: I would like to comment as far as the media that is so anxious to have these children protected and people charged. They have a tendency to turn somewhere along in the process and want them all freed and find out who is to blame. So we start out being reactive to that entire force. IF you don't think that that's part of this phenomena, look at many of the cases that we have seen. It definitely is part of what puts pressure on everyone to become reactive instead of proactive. A lot of what we're talking about today is trying to become proactive.

Some of you out there in the trenches -- which is where I am -- know it is nice to sit and listen to the people who have the time to study these issues, and I'm certainly glad they are there. But I want you to know that, from the social welfare perspective and the therapeutic perspective, you end up getting into it up to your eyebrows with very little chance to take any kind of a systematic approach or to do much of anything except trying to respond.

In 1985, we were doing this same kind of thing, getting groups of people together and saying: What are we doing wrong and what is this and how can we go about taking a new look and getting better at what we do here? I think we have made quite a bit of progress and you can tell that primarily by looking at the number of protocols that are being developed, the papers that are now being written and the studies that are focusing on particular kinds of issues that we've heard today, all of which will contribute a great deal to the knowledge in this field.

I come from the perspective of working in intrafamilial child sexual abuse back in the days when I got examined as to what was wrong with me for believing the people involved actually had these experiences, and in the same numbers as I was beginning to see and other people in the field were. There was the same degree of skepticism. I'm not saying this is perfectly analogous; it is not. But it feels very familiar, having been there about ten years ago, to when I would go into staffing and innocently say in a group of professionals, including psychiatrists, that my client has been sexually abused by her father. People would gasp: You believe this? You know, what happened to you when you were a child? There were all kinds of reactions that many of you also experienced at the time when the field did not accept readily that a large number of kids were being sexually abused within their own families. Yet, people in the trenches, therapists and people in the children protective services had this to deal with, with very few guidelines as to where to go.

How do therapists get involved in these cases? All different kinds of ways. What are their roles and pitfalls and barriers and problems, and maybe, what can we do about some of those?

How do they get involved? Many times they are the individuals who uncover the problem or hear about it first of all. Because parents are observing behavior problems or unusual kinds of symptoms in children, they take them to a therapist. They don't necessarily look up in the phone book and find "specialist on ritualistic abuse." They just go to a person, because that isn't what they are identifying. They know the child is doing weird things, or causing problems, or being identified as a problem by somebody else or something. So they hear about it from a friend in their neighborhood, get the telephone book out, ask another agency, whatever, and find a therapist.

The therapists take the children into the private practice or agency practice or whatever it is. All of a sudden, they start hearing things that concern them. The first problem that is presented is pretty benign. The child is having difficulty sleeping at night and having nightmares and talking about monsters. You don't know when you first start listening to this that every session you hear is going to get progressively more bizarre and worse and more frightening to you.

We get a lot of calls from therapists. Our agency is a treatment center for intrafamilial child sexual abuse, and we would like to stay that. We are not actively recruiting or wanting to become the known experts, because there is such a dearth of knowledge. If you do anything in the field of child sexual abuse, people begin to call and say, "Help us." What do you do? You take this case, and you have some degree of expertise in the field. But when you get into some of these other more specific types of cases on day care, ritualistic abuse and adult survivors, then you're on pretty thin ground as far as expertise.

The child begins to start presenting problems. Now, at the point in time that this happens, the child may not even be in the same setting in which some of it occurred. You have a big problem right there. You see something being presented and there could be very much of a delay factor in when the child was physically in that setting and in when the child begins to talk about it, reveal symptoms or anything else.

Another problem is that many times therapists, individual or agency therapists outside the system, are not nearly as suspicious as some of us who have worked in this field in protective services, law enforcement or whatever. They assume that whoever brought that person in is not part of the problem, which right off the bat could get you into a whole lot of trouble. So the therapists begin to reveal to that person pretty openly what they

are finding, what is going on, and their concerns. Again, this could be the beginning of the unraveling of an entire situation.

Many times these therapists have had very little training in their professional backgrounds of how to deal with any kind of issue of child abuse, let alone more specialized issues in these areas. If they have had any training, that isn't even always helpful. There is a problem with having received smatterings of training and workshops throughout the country, without ever having put it together in any kind of cohesive fashion. There are therapists who haven't heard anything about it and then there are therapists that have heard one or two workshops about it, and neither of those two things seem to be extremely helpful. But their knowledge and experience base may be limited in all aspects of a case that begins to show signs of a child having been molested by multiple offenders or in some kind of a ritual type of way.

So, they have little experience working with child abuse in general, and almost none working with other agencies, and other professionals. Some therapists can go through their entire career without ever having to make a child abuse report. That is becoming less and less possible because of the changes in the law, emphasis on training and all of the other kinds of things. But still, there are a lot of individual therapists whose clients are usually not the kind of clients that they end up making police reports on. So, they have unrealistic expectations about what the system is going to be able to accomplish or do.

Many of them go to the police and just expect an arrest and conviction will result from them telling that this happened. They believe this and they have no idea of the type of system problems they get into. They get outraged about the fact that CPS people cannot go and remove the child from the home based upon the therapist's work. The District Attorney's office isn't going to immediately file and start and start a case that will all be completed and over in a matter of weeks. They simply don't have any kind of idea how mammoth a system this is when you see how complicated it can become.

They don't have a perspective of what part they are going to play in this entire process. They may have been the person in charge of the case up to the time that the report is made, but they lose that position immediately. Many times, again, they have a lot of outrage and indignation about this, when other people don't consult with them about everything that is going to happen from that time forward, about whether or not the child should be removed, whether or not an investigation should start and all of the other kinds of things that go along with this. They don't have any idea at this point in time what is going to happen after the report is going to be made, and what their role should be in it.

They come with their individual religious attitudes and beliefs about this. One of their problematic attitudes may be towards other professionals. They don't believe that the other professionals have the degree of expertise or know how to do their job as well as they do. They don't believe that law enforcement should ever be involved in personal matters between the family and the child. So their own attitudes and belief systems, whether religious, toward other professionals, toward the prosecutorial process, or whatever, get in their way at this point in time about what they should do.

They also may have had truly bad experiences with making reports in the past, and they may not get any better when they make this one. You are hearing about the best of those systems. You're not hearing about the ones that the rest of us deal with on a day-to-day basis. You're hearing about the ones in Los Angeles, where they had one of the biggest fiascos in child abuse, put together something that makes sense. Most of us are in communities where they don't have those resources and certainly not their drive. A lot of times, therapists who have tried to make these referrals have been met in this case and previous cases with things like: It is not in our jurisdiction. We don't have any control over that. Why don't you call licensing. We don't work after five o'clock. Call us back when you know what happened. Things like this, when they have tried those to make a report, truly discourage those therapists or other professionals from continuing to being involved in this system in a productive and cooperative way.

I think that we therapists also have a real tendency, because of our background and training and what we have been taught to do and why we chose this profession, to be really interested and concerned about the immediate safety and well-being of the clients that we're working with, to the exclusion of the bigger picture. That is not all bad. That is one of the elements that have to contribute to the process. It is one of our strengths, but also something that can get in the way.

Therapists may say: "Get that child out of there and close that center down immediately," without any regard for the fact that to do that might mean that they can reopen six months later. There is more of a process that they need to take a look at.

They also do the same thing in immediately drawing the conclusion that this whole kind of system is too stressful to put their client into any kind of a way. They are looking at it from a different perspective; that is, how is this event or series of events or history of events affecting this particular client at this time? And again, we have to ask therapists at this point in time to take a bigger view, a broader view, something that they might not ordinarily do because of their ultimate concerns about what will happen if an intervention process isn't effective here.

There is something much less flattering to therapists, too, but I'm going to mention it anyway because it has been alluded to all along; and that is, this kind of "getting on the bandwagon" phenomena. They have been to a lot of training and they have never seen cases like this, but they sure hear about it. When they get an opportunity, they say: Aha, my chance has come. And they are real enthusiastic and they can see it as the basis for a new book or TV docudrama or becoming a major speaker at workshops throughout the country.

I'm not saying this is a big element here, but I think it definitely exists. People are kind of excited about getting their first ritualistic abuse case or cult case, and that is another element that is getting in the way here. I've heard people say: That has never happened where I live. Three months later, it does. I'm not saying that isn't legitimate, but there is something here in the creation process, too, of people really being enthusiastic.

I hate to tell you, but it is your worst nightmare come true. You can ask anybody that has ever been into it. It is not a pleasant process. People here say congratulations for getting into this field when you are taking great personal risk and you're not on the fast-track to achievement, it is true, but other people may not actually realize that that's the case.

What is it that therapists can legitimately bring to a team that is helpful and useful? What are their skills and what do they know? We know a lot of things they don't know about, and I think it is important for therapists to know what it is they don't know. They don't know how to be investigators. They may contribute tremendously valuable information to the investigation process, but that is not what they chose to go into this profession for, or what they trained for. What therapists know can help the investigation process, but the investigation itself is not something that is a therapist's specialty. It is important to remember that.

What we as therapists know or are supposed to know is crisis intervention, looking at a situation and beginning to apply the skills and techniques that we've learned to try to help cope and manage with the immediate problems that come. Whatever the circumstances are, around the child or an adult revealing a history of this kind of abuse, we are immediately in a crisis, even if this happened 50 years ago, or 75 years ago.

Defense is a coping technique, and for whatever reason, it is breaking through, and it is putting that person in an immediate crisis. It begins to circle out like a pebble dropped into water, into rings into which that crisis begins to also affect everyone else around them, including the therapist, the investigators, parents, families, and the community, ultimately. In the

bigger picture, one of the circles has become a social circle of how much of this exists and what are we to do about it? That kind of crisis intervention skill that a trained therapist has to bring can be very valuable in the entire process.

Where do we start? What do we do? How do we feel? What kind of context can we use to help contain this information so that the crisis skills include containment and a shoring up of defenses that exist?

I want you to know that I mean this, not just on the individual level, but on the interpersonal level; some people can only handle so much confrontation and revealing and breaking down of defenses at one time. That is the thing for therapists to remember. I believe that even if you think that this is true, that you need to let other team members come to this conclusions themselves, without having you just bestow it upon them all at one time. Sometimes that process needs to develop over time as a part of the team process.

Many therapists know what developmental issues are and how they affect an investigation, especially interviewing of a child. Sometimes they don't know it, but they do know where you can obtain that information as to what a child is capable of reporting in verbal language skills.

One of the biggest areas of information is defenses and coping skills. How do children develop to cope with this? How does it affect their memory, affect their ability to tell? The defenses such as repression, presentation, denial, and splitting: how do those affect an investigatory process with an individual child or with a whole group of children? That's a piece of knowledge that we have that we can contribute to this process.

Interactional skills, and the ability to assess risk factors, these are something that therapists are trained to do and know how to do. Those kinds of issues can be put into this process that can help the whole situation become more successful.

We also know about processing in groups. Chris talked about some of those earlier in systems analysis and a knowledge of group processes that take place.

How do therapists overcome the barriers? One of them is to get in the multidisciplinary team before they get a case like this. To get one afterwards is like closing the barn door after the cow has skipped. If you as a therapist have an involvement in your community and you've been to training, if you have the opportunity within your community and are in a position to get some people to talk about this or to get training ahead of time, that is one of the things you can contribute. You must understand the roles, the difference between roles and become involved

in that before you get involved in a tremendous case. If you don't know that and don't bother, and then get a case, then you should turn it over or get out of it, or develop that knowledge and those skills.

The other thing is, it is important to ask for help and support from other professionals, be willing to go to people who have had the experience and ask for help. No one that I have ever seen in this field can handle one of these alone. It just is an overwhelming process. Staying centered yourself, staying focused on what it is that you're supposed to be doing and not lose yourself in this process is one of the most important parts. Therapists who deal with these, whether they are helping adult survivors or children, can lose themselves completely, begin to lose their own boundary systems, or a sense of reality themselves. Part of being able to keep that process from happening is to communicate with each other and ask for help.

MR. LLOYD: Last, but certainly by no means least, is Charles Wilson, Director of Child Welfare Services, Tennessee Department of Human Services.

MR. WILSON: I bring a perspective of being a State Child Welfare Director in a state that is a little unusual, in that we have responsibility to investigate allegations of all types of sexual abuse involving a child under the age of 13, regardless of who the alleged perpetrator is. That broadens our perspective from that of other states in California, which focuses more on family-related abuse.

We found with our experience in this area that we have to play a balancing act, so to speak. We need to make our staff aware of issues of ritualistic abuse, aware of the phenomena, but avoid dwelling too much on it, because we have to also recognize the potential is out there, as Sandy alluded, that you can begin to see it everywhere, under every rock. Watch it.

Certainly, with the level of worker turnover that child welfare experiences in our state, approaching 30 percent a year, you have to be careful with the inexperienced staff that you don't send the wrong messages to them one way or the other.

When you are conducting a child protective investigation, we are after several things. Was this child abused or neglected? If so, can we determine by whom? What must be done to protect the child from further abuse? What can we do to remediate the effects of that abuse?

As a general principle, in our state we believe strongly in team investigation. We have a state law that says child sexual abuse investigations are to be conducted jointly by a law enforcement and child protection investigative team. We have also

found the mental health clinician as an advisor -- a father confessor -- to be a very useful element in the process.

We've also seen in the ritualistic cases we've encountered, or in the investigations we have encountered, that ritualistic abuse impacts on the case on four levels. It first impacts the way we do our interviewing. These children may have experienced levels of intimidation far beyond that present in most of our cases, intimidation in a different context and intimidation of a different nature. It is a very traumatic thing for a young child to be told that, "If you tell, Mommy and I will get a divorce and you will go on welfare." That's a really heavy burden for a five-year-old to cope with. Compare that to a child witnessing a pencil stabbed through the eye of a parakeet and be told: "This will happen to Mommy if you tell." The level of coercion in these cases can be overwhelming.

There may be magical elements that the children have been introduced to. The fear that the abuser has the ability to strike from any direction at any time, that nothing is safe and no place is safe, makes the children less trustful of investigators, whether they are CPS or law enforcement. We need to be conscious of that.

Also, I would underscore the developmental issues raised by Sandra because in too many of the cases we've been involved in, including ritualistic cases, things have gone wrong because the investigative staff failed to grasp the developmental issues they were dealing with. That leads to a lot of problems. When you don't quite understand what the child is saying or don't know how to phrase it in three-year-old language, you are likely to get into significant trouble. That is a failing that many of us have across the country: making people involved in the front-line investigations capable of thinking like and talking to a little kid.

The potential presence of ritual abuse also affects the evidentiary issues. It is the source of potential evidence, and the source of great frustration. With teams of law enforcement officers, the potential is there for securing physical evidence of a crime. If they move fast enough. Our most noteworthy case had resulted in one conviction out of four people charged, with seven unindicted co-conspirators. The search warrant was sought and received probably three weeks after the interviews began -- too late to find evidence in the day care center. The evidentiary issues with ritualistic cases raise some potential issues of law enforcement training, as well as in social work training. I think that's something that we talk about, particularly with law enforcement officers. The types of strategies for search warrants is something that Donna Pence, who is in the audience, who trains the law enforcement officers in Tennessee, stresses. We

think the nature of the ritualistic element provides opportunities for crime scene related evidence and should be pursued.

The children we are dealing with are extremely damaged, frightened, slow to trust. In the Memphis ritualistic case, the one where the conviction was secured, we have been working for three -- now, I guess, four years -- with some of those kids and still have quite a ways to go with them. Ritualistic behavior impacts differently on the victim as well. It also impacts on the prosecution and legal aspects.

The defense actually loves to get one of these because it makes their life easier. Now they are dealing with the incredibility factor. Would you believe allegations of the Baptist minister who baptizes children in a ritualistic fashion in the name of Satan in the Baptist Church? It is a pretty hard thing to accept. You may get juries to believe abuse has occurred, but it is hard to get jurors to believe that the ritualistic aspects could be true, things clouding all the issues.

The media, as Sandy says, is so ready to say, "Do something about this horrible case. Do something." Three weeks or three months or three years later it is writing, as they did in The Memphis Commercial Appeal: "Witch Hunting In The Eighties:" a week-long series of articles comparing the case to the witch trials of Salem, Massachusetts and suggesting that it was implausible that the ritualistic abuse could have occurred in all these places around the country. Rather, they suggested, sometime in 1984 we got together and designed this international conspiracy to hatch these cases around the country.

Ritualistic allegations impact on each level of the court system. We deal in a civil procedure. We deal with it licensing actions. We deal with juvenile court. And it is something that the courts are unfamiliar with. We see ritualistic abuse occur in a variety of settings. We see individuals within their family ritualistically abusing their children.

Often in public forums like this relating to ritualistic abuse, it takes on the connotation of occult and the satanic. We see it in a variety of places. We see a fair amount of Christian ritualistic abuse in the Bible Belt, people doing things as the Bible directed, both physical and sexual. While that isn't the topic today, it is ritualistic abuse and hurts just as much. We see ritualized beatings and ritualistic induction into sexual acts based on some reference in the Bible, followed by prayer, and some of the same things we see with some of these other cases, except they are relying on a different perspective of the crime -- or of religion.

We've seen, in a few of the intrafamilial sexual abuse cases actions we felt had a ritualistic satanic tone to it. We've had

a judge in the southeast part of Tennessee who said: The evidence is very compelling, but I'm a Baptist. They are Satanists. What do you want me to do? It is so befuddling to a judge that someone would do this that he couldn't bring himself to believe it, and consequently he continued visitation with the person we believed had sexually assaulted the child.

Ritualistic behavior impacts on a number of levels. For us, what you do about it from a CPS point of view becomes key, then. The cases, as we indicated, can appear with the solo perpetrators acting within the family. They can appear on a very broad scale with lots of perpetrators, lots of victims, what we call "macro" cases, very large cases. That seems to be a name that stuck one day with these. Old time social work training had "micro" associated with working with clients, and "macro" working with big systems. In many ways, these become big system investigations.

No matter what type of case you're dealing with, our strong bias for our staff and training, and what we encourage law enforcement to do, is to maintain the focus on the abuse. The ritual may be weird, but ritual is not a crime and is not child abuse unless it becomes emotionally abusive in its own right. Given some of the things done in the name of Christianity, which aren't sexual abuse but can be construed as psychologically abusive, we have given reasonable latitude to people for practicing religion within their families. The main thing to focus on in the case is the abuse. Don't get wrapped up in the ritual, because that will take you down a path that the defense will love for you to walk down.

When you're dealing with a single case of abuse, one thing that we've encouraged people to do when dealing with an alleged single perpetrator, is to conduct the investigation consistent with normal practice, except to add one other variable, a critical evaluator: somebody who will sit in the staffings, play the devil's advocate, and bring the focus back to the abuse if necessary, on what you know rather than what you believe. Again, if you go off on a tangent, you may suffer the consequences in juvenile court, if you're trying to take the child out of the home to protect them, or in criminal court if you're seeing a criminal penalty.

There is an article coming out in the American Professional Society on Abuse of Children's Advisor, written by Donna Pence, which we contributed to, that is called "Macro Case Investigation." It outlines how we encourage our staff to investigate these cases. We have a similar type of strategy in our policy manual which basically says: When you're dealing with multiple victims and multiple perpetrators, you have separate investigative cells, different teams investigating different cohorts of children, as Beth Dickinson suggested. Isolate those investiga-

tive cells when it becomes ritualistic. If Group I comes up with an unusual factor -- it may be the color of a investigative mask -- Group II wouldn't know about that unless they get it from the kids. It has a much more powerful effect if is isolated from cross-germination amongst the teams. The result should be charted by a coordinator who takes all of the information and is keeping track of it.

The other think in that article which becomes useful in the cases we've looked at is how parents react. We've seen a variety -- different types of parents reactions. It is important to understand how parents may react. We see some parents become very intrusive in the investigation. They are convinced somebody ought to do something about it right now and they won't wait for us. We had a parent totally destroy an alleged sexual abuse case in Memphis. I don't know if this occurred or not; we'll never know because it became so confused. She got pictures of those defendants and showed them to her children. She took the children to see their houses, and asked, "You've been in that house, haven't you?" She was so involved in things that the investigation was lost and clouded in the process. Controlling those parents' actions becomes very important.

We also have seen uncooperative parents, parents who may have had a prior contact with the CPS system or don't want you around for whatever reason. We also see parents who want retribution. They are off looking for vengeance.

We also have disbelieving parents, parents who may have been abused themselves who want to pretend it will go away. Their greatest damage is they will try to get the child to retract in one way or another.

Finally we have supportive parents. Parents can become a key from the CPS point of view. We have a special role in working with them and we think we can do something to help control that phenomena.

The last key point in all these cases is to control for overinterpretation of the children's statements. That becomes critical on the developmental level, particularly with the front line CPS workers. For every real ritualistic abuse case, I believe there are other cases where people are ready to see it where it doesn't exist. Speculation becomes reality. Theory becomes reality.

Four years ago in Sacramento, we were trying to talk about this in one of these early meetings. People were saying a lot of the same things as the people here. Others quite knowledgeable in the field were trying to speculate as to why people would sexually abuse children in a satanic ritual way. They came up with several theories. Clearly, no one had the answer why.

Three weeks ago, in Nashville, Tennessee, the Vanderbilt Department of Psychiatry had a conference on ritual abuse of children. What was the theory three years ago is now presented as absolute fact: "The purpose of abuse, to initiate selected children in orthodox satanism by means of confusion, severing of attachment bonds, sexual assault and terror." Everyone in that conference knows now or thinks this is something we've known for years, rather than theory that has been hatched into fact.

Beware of experts, self-proclaimed and otherwise. I don't know how many of our staff have run off to buy a satanic Bible and tried to interpret it, or overinterpret things. The nature of such interpretations becomes very damming.

In a case in south central Tennessee in which we believe sexual abuse occurred, while not ritualistic, we had the staff focusing on what they thought was ritualistic abuse. One child on the video mumbled something which sounded like "gerimangle." (Mumbling) The staff started processing: "Mangle?" "Mantle?" one said, "I saw 'The children of the Corn' last night, where the priest wore a mantle. That may be what he's talking about." The children were talking about monsters. The staff was off chasing these theories for a week. When we did our staffing and asked: When did you interview them? November 1, was the response. What was October 31st? Halloween. "Oh, we hadn't thought of that." The kids were obsessed with monsters and demons. What would you expect them to be on the day after Halloween? They were so wrapped up in their theories of ritual they missed some obvious explanations. Controlling for over-interpretation isn't easy and I think it is critical.

Sandy indicated some people get excited about these cases. If not excited, it does make your adrenaline run. Some people are ready to believe it because of that.

Maintain the focus on the abuse from the child protective viewpoint. That's what we're after.

MR. LLOYD: Kathleen Faller.

DR. FALLER: I just want to make, I think, one comment. That's to go back to what Sandra was saying, to think back to how, in fact, do cases evolve? I think that a large proportion of the cases evolve in "dribs" and "drabs." Children say a little bit, they begin with the things that are easiest to talk about and over time, more and more information comes out. It takes a period of several months. In fact, with some of the boy victims of this kind of abuse I spent six months before I thought I had a pretty clear picture of what happened. That doesn't work very well if you think about investigative processes and trying to get the children interviewed in a timely fashion.

Another issue is having an expectation that children will respond to fairly direct kinds of questions. It can make it difficult to produce the kind of findings that make it possible to criminally prosecute these cases when the therapist or the person who is doing the assessment has to spend time with the child getting over the child's fears about talking. That is, the child has been inhibited from disclosure by a range of pretty scary things. The therapist has to explore those first before he/she can get the child to talk about the sexual abuse. This is the kind of process that, unfortunately, a therapist is better able to do than somebody who is the CPS worker or a law enforcement person, because we are trained better in doing nonconfrontive interviews with kids. This may be necessary if we're going to elicit the kind of information that will allow us to help the children. One of the dilemmas, of course, is that we may then "contaminate" the case and it may not then be possible to criminally prosecute, or even in some cases, to protect the child in the juvenile court.

DR. WILLIAMS: Sandy said that people who are dealing with this subject need to get the information and educate themselves. The multidisciplinary team can certainly give support for the people working on these cases, which is as important as what it does to improve the investigatory outcome and lessen the impact on kids. People need to turn over cases that "push their own buttons," to recognize what they can handle and what they can't handle. I think that's really important. That's where a team can be really helpful in helping you identify where things are pushing the wrong buttons. Even at the Family Research Lab where we don't do hands-on clinical work but were doing the day care study, we would spend three hours on the phone talking with someone from a case and we needed to relieve the tension and to have permission to laugh about it.

Gerry Hotaling, who worked with us early on this, has a great sense of humor. We spent one afternoon calling up pet shops to find where abusers get a lot of boa constrictors, parakeets and birds to use in some kind of ritualistic abuse. "Hello, Bob's Pet Shop, do you have four parakeets?" It sounds sick.

(Laughter)

But we need a sense of humor to look after ourselves in handling many of these cases. I would like to end on that note.

MR. LANNING: Charles mentioned the Memphis Commercial Appeal article, which interestingly accused me of playing a role in this hysteria. The FBI put out a special issue of the Law Enforcement Bulletin in January 1984. It recommended that law enforcement all work together and communicate with each other.

The Memphis article alleged this was a factor in why this contamination spread. It is ironic that now I'm being labeled as the great unbeliever and dismisser of all this.

Let me conclude by trying as quickly as I can, to make a couple of comments about the therapeutic approach, I agree with Kathleen and any speaker who pointed out that the therapeutic approach, is a very valid, legitimate approach. It is very important that we understand the differences, and so on and so forth. There are, however, a couple of comments I would like to make about the therapeutic approach as it pertains to the criminal investigation.

Number one, many therapists, as we were just told, are good at getting children to talk. One of the problems is sometimes the way they get the information is not in a way that is legally admissible in court, and we have the problems that were just discussed.

Along these same lines, one problem that comes up, particularly with adult survivors, is the use of hypnosis during therapy. The whole business of suggestibility under hypnosis -- and I won't go into that area -- is a problem for the criminal justice system. Witnesses to crimes cannot even testify in many criminal courts if they've been hypnotized about what they observed. If the therapist has hypnotized the patient during therapy, there are some potential problems for criminal prosecution.

I didn't have time to explain all of the dynamics of these types of cases and analyze them, but it may very well be we're talking about two distinct types of cases: one involving adult survivors, and another involving children recently victimized. They may be the same or slightly different. I'm not sure. There are a lot of differences between the adult survivor and the young child-type case.

Some therapists have been criticized for the way they have handled these investigations. When therapists are accused of not being good investigators, my response is that they are not supposed to be investigators. When a therapist does a poor investigative interviewer, that's not the fault of the therapist, that's the fault of whoever in the criminal justice system designated, requested, or allowed the therapist to be the investigative interview. Even when a therapist assists law enforcement in an investigative interview, law enforcement or the prosecutor should still be in control.

One therapist called me up in tears because she is being sued, and said: "Mr. Lanning, I never told anybody I was an expert. They came to me and I was trying to help do the best I can, and now I'm being sued."

On the other hand, we have to admit our limitations. In a lot of cases, law enforcement has said: We don't know what to do. The therapist said: "I know what to do, I'm an expert in child sexual abuse." But, in fact, they have very little experience in multi-victim/multi-offender cases. We have to be careful about who is an expert.

I'm not an expert on child development. I'm somewhat confused, however, because I read in one place that when little children talk about human excrement and fear of monsters this is supposed to be an indicator they have been abused in a satanic cult. In another place, I read it is normal child development and it means nothing. I am not sure which it is supposed to be.

The level of proof or corroboration, when it is only between the therapist and patient, can be minimal; whatever the therapist decides is all he/she needs. However, there are times when this changes, in my opinion. It changes when the therapist decides to go public, to go on a TV program, to write books about it, or starts to spread the word all over the place. Because the consequences of the action taken are now higher, the therapist, I think, has to give some thought about how much evidence and corroboration he/she really has.

One therapist in a case told me that a child stated she was cut up and put back together again and also witnessed other children who were cut up and eaten. I asked: "Do you believe the child witnessed a child being cut up and eaten?" "Absolutely." "Do you believe this other child was cut up and put back together?" "No, I don't." What's the difference? One is possible, the other isn't. That seems to be the criteria. If it is possible, they believe it.

I'm also going to say something now that may be shocking to many of you. I happen to believe that very few victims in these cases are lying about their victimization. I define a lie as a deliberate malicious intent to deceive. I believe most of these victims, adult survivors or children, are describing what they sincerely believe, or have come to believe, happened to them.

I was asked to be on a show to debate some of these adult survivors, and I told the people who produced this television show I absolutely would not go on the show. I do not debate victims of crime. Although I have some doubts about the nature of their victimization, there is no doubt in my mind that most of these victims are not lying.

When we have a bizarre, undocumented account of strange abuse in a victim's background, it may, in fact, be corroboration that something terrible happened to this person. That's very important for a therapist. This person had some traumatic event in his or her life. But it may very well be that we'll never

know with enough certainty who did it or exactly what happened so that we can prosecute in criminal court. That doesn't mean the person is not a victim.

The last thing I would say is to point out again, you cannot wait until these things come upon you. If you're going to deal with them, you have to be planning in advance. You can't wait until this happens. You have to have some kind of planning.

The National Center for Missing and Exploited Children has published a monograph with two appendices. One is the protocol from Los Angeles Beth mentioned and the other is Donna Pence's article on the macro case investigation.

DR. MULHERN: I would like to address the question of relevance of the adult survivor material. I am going out on a limb here because I feel that it is time to do so. I was at a conference last year where I gave a paper, before a group of therapists, who were treating alleged adult survivors of (satanic) ritual abuse. My paper was based on six months of field research with therapists, patients and investigators. The methodology which I used reflected my own experience as an anthropologist, as well as training which I received in police investigation techniques and in hypo-therapy techniques.

I had requested that attendance at the session be restricted to therapists because I felt that, given the results of my research, to publicly confront alleged victims would be futile.

While there is every indication that "adult survivors" have suffered some kind of victimization, it is much harder to establish the exact details of just what that victimization entailed. This is especially true when one becomes familiar with the methods which are used to access, over time, the "encapsulated" memories of what really happened.

During that conference, Dr. Roland Summit chaired a session on ritual abuse. He began the session with the statement "Down with doubt!", which he followed with a couple of disparaging remarks about anthropologists. I want to underline that doubt is one of the essential tools of descriptive social science, particularly when one is describing people's beliefs. Beliefs color informants' versions of the behavior which they perceive.

For example, I recall a young member of the Children of God telling me that God had provided food and lodging for the local commune. Perhaps; however, God had a bank account somewhere, and an adequate account of the financing of the local commune had to go beyond the believing members' version of reality.

I bring this up because I have observed that, during recent years, child therapists and individuals in child protective

services have begun pushing therapeutic interviews with children beyond initial and even repetitive denials of victimization. Doubt is permitted only until the abuse narrative is uncovered. Once disclosure begins, belief becomes resolute. At times this has meant that, when interacting with children, listeners are called upon to push their subjective believing beyond the limits of apparent objective possibility. Once the disclosure begins, there seem to be no guidelines for doubting. Doubt becomes un-therapeutic.

I believe that this is one of the fundamental reasons for the prevalent appeal to the "adult survivor of satanic/ritual abuse" material. The latter seems to provide perplexed investigators with missing information on the motivations of alleged perpetrators. It apparently explains the who, why and how of perpetrators' mischief.

There is a cult, the goal of whose rituals is mind control and the brainwashing of innocent children to become future members of a religion devoted to the worship of evil. The fact that no one ever noticed the cult until the adult survivors began remembering, confirms the postulate that the cult is brilliant. It has infiltrated society so completely that blood infant sacrifices, cannibalism and mutilation which seem impossible to corroborate have been overlooked for generations.

I think that I can understand why therapists want to believe; however, I also think that it is possible to reach a point where dogged devotion to belief becomes counter-productive. I have uncovered numerous individual cases involving both adult and child victims, where therapists, confronted with details which seem to go beyond the limits of conceivable reality, have interjected "excuses" or "explanations" for impossible narratives. For example, during an interview, when a patient described somebody floating up in the air and crossing the room, a therapist suggested, during the session, that what was being described was an illusion produced by hallucinogenic drugs. You will note that the therapist's subjective definition of what can be real has suddenly colored and effectively redirected the narrative. In other words, while stabbing a baby is conceivable, it is much harder to conceive of such a behavior when the baby is described as floating in the air.

By interjecting the possibility of drugs, the impossible is explained away while the gore and grime is saved. Everything which is physically possible becomes real, i.e., believable and everything which defines the laws of physics is a hallucination, i.e., unreal. I might point out that there is every indication that for the disclosing patient impossible details may be just as real as those which are possible.

When one concentrates the research focus on discovering the specific ways in which therapists come to "believe" in the reality of satanic/ritual abuse, one immediately uncovers a remarkable myth-making network of therapists, patients and investigators blending together specific idiosyncratic data into one a-temporal, analytic grid. I say this because, when one examines specific adult survivor stories, it becomes immediately apparent that initially, patients were not saying the same things, but came to say similar things over time.

I would venture the hypothesis that the reason for this apparent similarity is that patients are increasingly being heard in the same way. I would substantiate this hypothesis by referring you to any number of training seminars in satanic/ritual abuse where the presenters have publicly stated that it takes an "educated ear" to understand what patients are really saying.

An analysis of the content of training seminars, as it has evolved over the past couple of years underlines the fact that what we are dealing with is a rumor. This rumor has an observable internal dynamic which, as it spreads, has left the data of therapy floundering in its wake. For example, I just attended a conference where "experts" in ritual abuse seminars "described" at length the sophisticated mind control and brainwashing techniques which the "cults" have allegedly used which have enabled them to remain unnoticed for so long. I heard passionate evocations of the "Manchurian Candidate" and astonishing explanations of sophisticated brainwashing techniques which owe their efficiency to an acquired addiction to endorphins released during the violent torture of infants and small children. Another expert declared that anything and everything was a potential trigger which could set off satanically programmed behavior, and that every day was potentially a satanic holiday. I admit that this simplified the note taking process.

A terrific amount of adrenalin is released when people start talking about this stuff. For example, a recent, day-long training seminar which I attended featured an adult survivor panel. The whole thing was very tearful. As each adult survivor finished her story, she was greeted with a standing ovation. In this charged atmosphere, therapists tend to lose their critical faculties and passed over some rather extraordinary details offered by the speakers. At one point, one of the adult survivors declared that she had ovaries sewn into her so that she could breed more babies. Now I do not know how much you all know about implant surgery, but I would venture a guess that if that statement were true, satanists would be making millions of dollars with people who are having difficulty conceiving children.

I would like to close with just a few final remarks on seminars which are ostensibly organized to educate your therapeutic ear. Inevitably, the faculty at these seminars is composed

exclusively of believers, and I hypothesize that the goal of the training is not to help people to hear reality better, but to convert people to belief. As an anthropologist who has devoted a good part of her career to the study of religious conversion I would point out that conversion to belief may provide the individuals with the intimate conviction that they can suddenly see and understand realities which they have never seen before. Unfortunately, when belief becomes the linchpin of all understanding, anything which would cause the believer to doubt must be systematically eliminated. To put it succinctly, the ear educated by belief is also a deaf ear.

APPENDIX A

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THE RITUAL

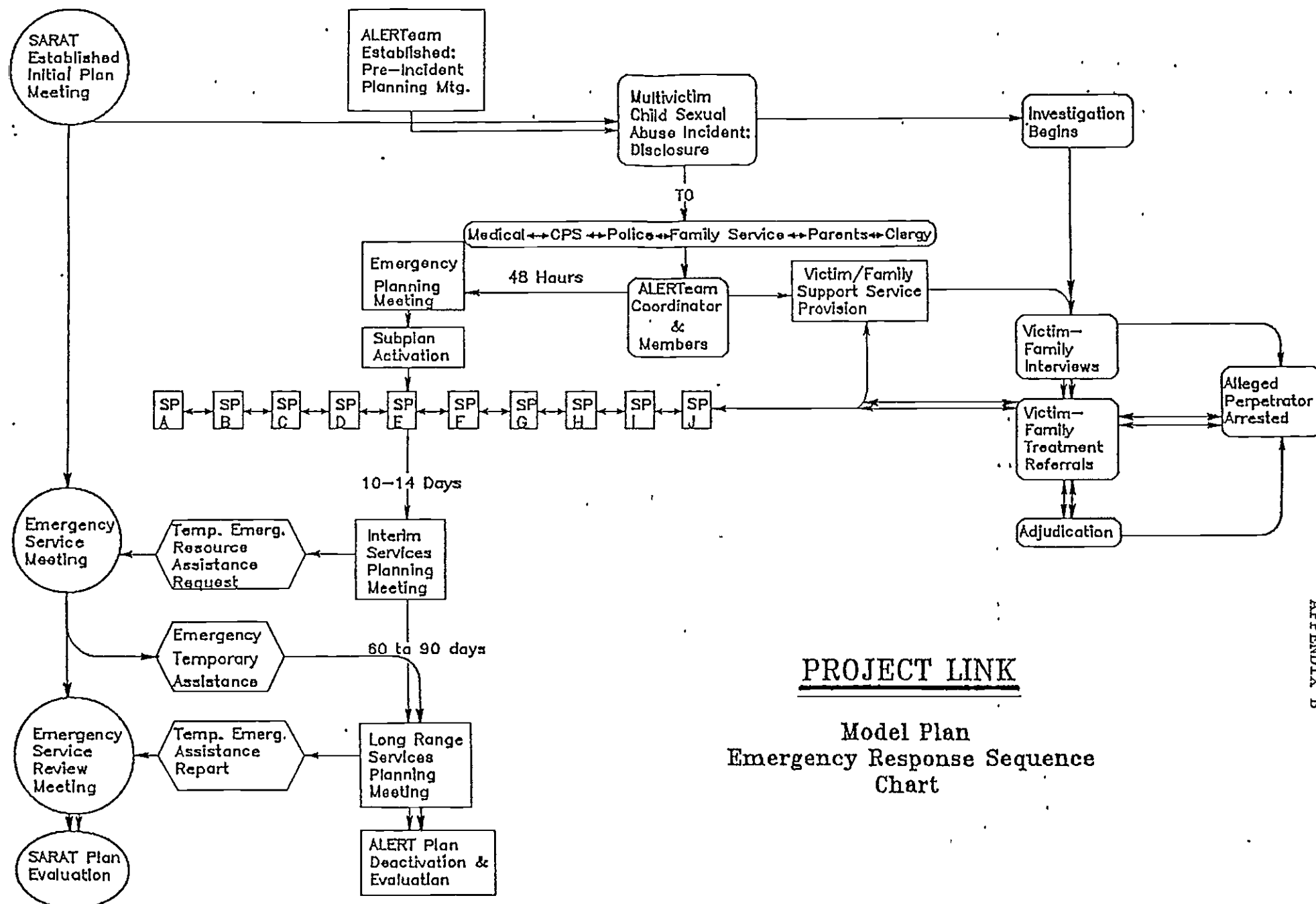
Unusual dress--masks, costumes, make-up
Religious places--cemetery, altar, church
Chants/songs
Artifacts--crosses, skulls, pentograms, 666, satanic bible
Ceremonies/games
Sacrifices/killings
Semen
Blood
Feces/urine
Potions
Drugs

ABUSE

Sexual
Non-contact
Fondle
Penetration
Oral
Circumstances
Dyad
Group-adults with children
Group-kids with kids
Exploitation
Ritual

Physical
Confinement/tying
Hitting
Hitting with instruments
Gun or knife
Burning
Giving drugs

Psychological
Threats of harm
Threats of death
Supernatural powers
Victim wrong-doer
Distortion of facts



APPENDIX C

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Listing of a publication herein is not an endorsement of the publication by the National Resource Center on Child Sexual Abuse, the National Center on Child Abuse and Neglect, or the Office of Human Development Services, U.S. Dept. of Health & Human Services, nor do any of the statements in any such listed publication necessarily reflect their views.



The National Resource Center on Child Sexual Abuse

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A Collaborative Effort of
The National Children's Advocacy Center
and The Chesapeake Institute

APPENDIX D

THE NATIONAL RESOURCE CENTER ON CHILD SEXUAL ABUSE

The National Resource Center on Child Sexual Abuse is an information, training, and technical assistance center designed for all professionals working in the field of child sexual abuse. The primary goals of the Resource Center are to advance knowledge and improve skills. We pull together a vast network of information comprising the expertise of outstanding leaders in the field to help professionals better respond to child sexual victimization cases.

The National Resource Center on Child Sexual Abuse is a collaboration of the National Children's Advocacy Center of Huntsville, Alabama, and The Chesapeake Institute, Inc., of Wheaton, Maryland. They share a commitment to a child-focused multidisciplinary approach in the investigation, treatment, and case management of child sexual abuse.

The Resource Center offers state-of-the-art information, consultation, and training to all agencies and personnel involved in protecting children through an array of services:

- Information Service, providing consultation and referral for professionals through a toll-free number (1-800-543-7006), and the preparation of selected bibliographies and other reports.
- Roundtable Magazine, a quarterly publication offering a central ground for open communication through timely articles, book reviews, conference notices, columns on the personal side of working with child sexual abuse cases, and a gallery of children's artwork.
- Multidisciplinary Training and Consultation, in comprehensive conference programs and internships exploring practical aspects of investigation, management, treatment, and prosecution of child sexual abuse cases.

Alabama Office
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Wheaton Maryland 20902
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Information Service
1-800-KIDS-006

- Think Tanks, dynamic forums for experienced practitioners and researchers to explore current knowledge of critical issues and point directions for future work. (Reports of the proceedings may be purchased.)
 - Targeted Assistance to foster culturally based competence in addressing the ethnic and cultural needs of children and families in the context of child sexual victimization, and to foster increased participation of minority professionals in the field.
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**GOALS OF
THE NATIONAL RESOURCE CENTER ON CHILD SEXUAL ABUSE**

To provide information, training, and technical assistance to professionals working in the field of child sexual abuse

To help bridge research and practice

To serve as a model of interagency and multidisciplinary cooperation

To identify successful and newly developing treatment models

To support the professional and the field

To become a center of leadership and excellence in the field