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Cathleen A. Lewandowski
Cleveland State University, c.lewandowski@csuohio.edu

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A Comparison of Protective Service Workers' Perceptions of Ritual and Sexual Abuse in Children: An Exploratory Study

Cathleen A. Lewandowski

ABSTRACT. This article compares protective service workers' perceptions of sexual abuse to their perceptions of ritual abuse. Perceptual elements examined include the type of problem the abuse is for victims, difficulties encountered when investigating an allegation, treatment and assessment resources available in their communities, and a comparison of their definitions of sexual and ritual abuse. The professional community has not reached a consensus on the ritual abuse controversy. Perceptions found in the literature range from the presentation of ritual abuse as a serious social problem that is distinctly different from sexual abuse to a consideration of the ritual abuse phenomenon as multidimensional sexual abuse. The study seeks to contribute to the process of consensus building by giving voice to the perceptions of social workers in the public child welfare setting. Implications for the investigation of sexual and ritual abuse allegations for social work and the larger practice community are discussed. *[Single or multiple copies of this article are available from The Haworth Document Delivery Service: 1-800-342-9678, 9:00 a.m. - 5:00 p.m. (EST).]*

Cathleen A. Lewandowski, MSW, LSCSW, is a doctoral student at The University of Kansas, School of Social Welfare, Lawrence, KS. Her practice experience includes community mental health, child protective services, and social service administration.

Address correspondence to Cathleen A. Lewandowski, The University of Kansas, School of Social Welfare, Lawrence, KS 66045-2510.

The purpose of the present study is to compare protective service workers' perceptions of both the nature of ritual and sexual abuse and the difficulties they encounter in investigating and substantiating allegations of abuse. The rationale for comparing ritual and sexual abuse is twofold. First, ritual abuse generally includes sexual abuse, though sexual abuse is not always ritualistic. Second, no consensus exists on whether ritual abuse needs to be differentiated from sexual abuse, either at a conceptual or operational level. In the absence of professional consensus, protective service workers must rely on their own perceptions and the perceptions of coworkers to guide them through the investigative process. An examination of these perceptions can provide some insight into the underlying assumptions workers are using to guide them in the investigative process and contribute to the development of case workers' consensus on ritual abuse.

REVIEW OF THE LITERATURE

Ritual abuse was identified in the 1980s as a unique form of sexual abuse that has been defined in various ways in the literature. Some definitions link ritual abuse directly with Satanism (Young, 1991), while other definitions differentiate between satanic rituals and other forms of ritual abuse (Fraser, 1990; Jones, 1991; Lanning, 1991). Finkelhor, Williams, and Burns (1988) define ritual abuse as "abuse that occurs in the context linked to some symbols or group activities that have a magical, or supernatural connotation, and where the invocation of these symbols or activities are repeated over time and are used to frighten and intimidate the children" (p. 59). These authors suggest three subtypes of ritual abuse: *true cult based*, where sexual abuse is one component of the child's total immersion in the cult; *pseudo-ritualistic*, where sexual abuse is the primary activity and cult rituals are secondary; and *psychopathological ritualism*, where mentally ill adults abuse children while employing idiosyncratic rituals. Law enforcement officials may prefer the term multidimensional child sex ring, since all ritualistic activity is not spiritually motivated and not all ritualistic activity is satanic (Lanning, 1991).

The lack of physical evidence to substantiate charges of ritual

abuse has been cited as contributing to the erosion of the public trust in police and social service agencies to adequately handle investigations, and is problematic for confirming cases of ritual abuse (Jones, 1991; Lanning, 1991; Putnam, 1991). Mass sociogenic illness has been offered as one explanation of the emergence of ritual abuse as a social problem. In such outbreaks, the media has been identified as fanning the flames of mass hysteria (Jones, 1991). Others point to the proselytizing influences of ritual abuse training sessions where the facilitators are alleged to be seeking to convert individuals to a specific belief system (Putnam, 1991).

The prevalence of ritual abuse is not known and the existence of ritual abuse is highly controversial in the child abuse practice community. Social workers and other professionals involved in the investigation of abuse allegations divide into two camps: the believers and nonbelievers (Finkelhor et al., 1988; Jones, 1991). The existence of two professional camps points to the absence of professional consensus on ritual abuse. Lack of consensus among professionals most closely responsible for the investigation of ritual abuse reports hinders the development of standardized assessment procedures. Investigations that are inconsistent, untimely, and improperly conducted can further traumatize children and their families (Edwards, 1990; Jones, 1991; Jonker & Jonker-Bakker, 1991), serve to erode the alliance between police and workers in conducting abuse investigations, and could destroy the hard-won credibility of child abuse victims (Putnam, 1991).

Previous research has examined perceptions of ritual abuse of clinicians who have clinical experience with identified victims of ritual abuse (Caradonna, 1992; Conte, Sorenson, Fogarty, & Della Rosa, 1991). No studies have been conducted that examine the perceptions of protective service workers who have primary responsibility for assessing and determining which children should be referred for clinical treatment.

DESIGN

The present study addressed two research questions. First, do protective service workers' perceptions of ritual abuse and sexual abuse differ? Second, what concerns do workers have, if any, re-

garding the assessment and treatment of ritual and sexual abuse in public child welfare settings? According to definitions provided in the literature, nearly all ritual abuse contains an element of sexual abuse. Workers' perceptions of sexual and ritual abuse will be compared to foster a dialogue on whether ritual abuse is sufficiently different from sexual abuse to warrant separate assessment and treatment protocols.

Survey questions were grouped into three topical areas: ritual abuse, sexual abuse, and background information on respondents.¹ Ritual abuse and sexual abuse questions were the same, to facilitate a comparison of workers' perceptions. The survey instrument was multiple choice format, with the exception of a few open-ended questions. Open-ended questions asked respondents to provide definitions of ritual and sexual abuse in their own words, and to comment on what is needed to improve our response to ritual abuse. Relevant background information included respondents' gender, age, educational background, and work experience with the agency.

Three mental health professionals with experience as consultants to the public child welfare agency in Kansas on cases involving ritual abuse and as therapists to children and adults who were victims of ritual and sexual abuse served as consultants for this study. In addition to identifying key issues in the literature, the consultants provided some insight into crucial concerns for child protective service workers in this state. The survey was based on both a review of the literature and feedback from the consultants.

The consultants for this study indicated that in their experience, children who had been ritually abused were more likely than children who had been sexually abused to experience spiritual problems in addition to other types of problems. Research in the area of child sexual abuse has produced a long list of potential symptoms sexually abused children may experience (Kendall-Tackett, Williams, & Finkelhor, 1993), and does not discuss spiritual issues as a potential concern. In contrast, the ritual abuse literature addresses spiritual concerns through a discussion of evil spirits (Friesen, 1992), Christian faith (Underwager & Wakefield, 1992) and Satanism. Thus, the survey asked participants to identify the types of problems which in their opinion, children experience as a result of sexual and ritual abuse. The list of kinds of problems on the survey

instrument were physical, psychological, medical, emotional, spiritual, legal, and other problems respondents could identify.

Additionally, consultants to this study indicated that protective service workers may experience more difficulties when attempting to investigate and confirm allegations of ritual abuse than when investigating sexual abuse allegations. According to the consultants, these differences are related to the current lack of consensus on ritual abuse within the child abuse community. Based on their feedback, a list of potential difficulties was developed, which included children being too traumatized to respond to questions, the disbelief of law enforcement, workers' fear of lawsuits, children's inability to differentiate between reality and fantasy, courts' reluctance to believe bizarre reports, and the preponderance of allegations with no basis that make it difficult to confirm a real case. Participants were provided this list of potential difficulties, and were asked to rank order the problems they believed made it difficult to confirm a case of sexual abuse and a case of ritual abuse. Finally, participants were asked to respond to the adequacy of assessment and treatment resources for child sexual and ritual abuse victims in their area.

METHOD

Once developed, the survey instrument was pretested with a group of five social workers to assure the questions were clearly understood and were perceived as unbiased. Prior to distribution, modifications were made to the survey, based on feedback from the three mental health professionals who served as consultants for this study, and the social workers who pretested the survey. The survey instrument was then distributed to the estimated 80 protective service workers responsible for investigating child abuse allegations in the four major populated areas in Kansas. The response rate was 31%, with 25 surveys returned. One worker returned the survey unanswered, stating that she did not feel sufficiently knowledgeable on the subject to respond.

Return rate was fairly equally distributed through the state's four major populated areas. Twenty respondents, or 83%, hold a BSW as their highest degree; two have an MSW degree, and two have other

degrees. Seventeen respondents were female, and seven were male. They ranged in age from 22 to 50 years. Twenty-five percent of respondents have been employed by the agency for one year or less. Overall, respondents have worked an average of eight years for this public child welfare agency.

FINDINGS

This exploratory study indicates that for these workers, sexual abuse and ritual abuse are perceived differently. Ritual and sexual abuse were defined differently, were perceived as being different types of problems for victims, and are thought to have emerged at different points in time. Overall, workers reported that assessment and treatment resources for both ritual and sexual abuse were scarce in their area. Respondents reported that the thought of investigating alleged cases of ritual abuse was scary to them, while the thought of investigating an allegation of sexual abuse did not seem scary. In these workers' opinion, the greatest difficulty in confirming cases of both sexual and ritual abuse was that children are too traumatized to respond to questions. That children don't know the difference between reality and fantasy was reported by respondents to be the second greatest difficulty for confirming ritual abuse. In sexual abuse investigation, workers reported that the number of reports with no basis made it difficult to confirm a real case. Only one worker identified a lack of protection from liability as a concern in investigating allegations.

Perceptions of Ritual and Sexual Abuse

All respondents reported that in their opinion, both sexual and ritual abuse posed more than one kind of problem for victims. The primary difference between sexual and ritual abuse is that 19, or 79% of respondents, perceived ritual abuse as being a spiritual problem for its victims, compared to 13, or 54% of respondents who perceived sexual abuse to be a spiritual problem for victims. To these respondents, ritual abuse poses more medical problems for victims than sexual abuse.

The thought of investigating ritual abuse was scary to 75% of respondents, while only 37.5% of respondents thought sexual abuse investigations were scary. Workers were consistent in their perceptions of the problems' duration, with 22 respondents believing that sexual abuse has always existed, and 19 respondents believing ritual abuse has always existed. Three respondents believed ritual abuse to be a more recent problem, emerging sometime within the last 200 years. For 23 respondents, sexual abuse is a moderate or serious problem, while 14 perceived ritual abuse to be a moderate or serious problem. Two perceived ritual abuse to be a slight problem, while eight had no opinion.

The study's consultants indicated that protective service workers are sometimes criticized both by other social workers and by other professionals with responsibility for investigating child abuse for overreacting to a phenomenon that may or may not exist. If such an overreaction among workers exists, it may be fueled by a belief in a "satanic conspiracy" (Underwager & Wakefield, 1992) or in a belief that evil forces are overshadowing good forces in today's world. Thus, workers were asked to respond to the following statement: "Ritual abuse is a sign of a greater evil that is taking over the world," and only three workers agreed, while 15 strongly disagreed with the statement.

Fifty-eight percent of respondents reported having direct contact with alleged victims of ritual abuse, while 92% of respondents reported having direct contact with alleged victims of sexual abuse. Thirteen percent of respondents reported that they were aware of verified cases of ritual abuse in their area office, while 21% of respondents reported being aware of verified sexual abuse cases in their area office. The number of sexual abuse victims with whom respondents reported having contact ranged from 2 to approximately 750, while the number of ritual abuse victims with whom they had direct contact ranged from 1 to 12.

Sexual and Ritual Abuse Investigations

Ritual abuse investigations were perceived to be more stressful than sexual abuse investigations for 45% of the respondents. The greatest difficulty in confirming cases of both sexual and ritual abuse as identified by these workers is that children are too trauma-

tized to respond to questions. According to respondents' opinion, the second greatest difficulty in confirming an allegation of ritual abuse is that children don't know the difference between reality and fantasy and that reports are so bizarre that courts are reluctant to believe them. For these respondents, the second greatest difficulty in confirming a sexual abuse allegation is that the number of reports with no basis make it hard to confirm a real sexual abuse case. For ritual abuse, respondents reported that the third greatest difficulties are that law enforcement tends not to believe reports and that reports with no basis make it difficult to confirm a real case. Lack of physical evidence was identified by six workers as an additional difficulty in confirming sexual abuse cases. Contrary to what was initially indicated by the study's consultants, fear of lawsuits does not appear to be a difficulty for this group of workers in confirming sexual and ritual abuse cases.

Six workers identified difficulties with other professionals when conducting investigations. Some concerns identified were a reluctance to help in the confirmation process, to spend money on expert witnesses, a lack of understanding of how victimized children behave, and the precedence criminal investigations take over civil investigations. Workers' concern for the precedence of criminal investigations over civil investigation could reflect the inherent conflict that exists between the goal of protective services to protect and treat the child and the goal of the criminal justice system to prosecute the defendant.

Actions taken to protect perpetrators was identified by three workers as an additional difficulty in confirming sexual abuse cases. One worker explained that some non-involved adults would make changes to their statements that would prevent a confirmation because "the child is thus protected." Workers did not identify other difficulties in confirming ritual abuse cases. Since these workers identify children's trauma and the tendency for law enforcement and the courts to disbelieve reports as the primary difficulties, it may be that few ritual abuse cases actually are taken to court.

Treatment, Assessment and Training Resources

Workers were asked to rate the adequacy of treatment and assessment resources for sexual and ritual abuse in their area. Mean scores

on a scale of one to four, with one being very inadequate and four being more than adequate were 1.9 for sexual abuse treatment resources, and 1.5 for ritual abuse treatment resources. Mean scores for assessment resources were 1.9 for sexual abuse and 1.3 for ritual abuse. On the whole, respondents reported that assessment and treatment resources for sexual abuse were somewhat inadequate, while resources for ritual abuse were very inadequate.

For 19 respondents, agency workers needed more training and education in the area of ritual abuse. However, all 24 respondents had received sexual abuse training and 23 respondents had received training on ritual abuse. Workers participating in this study have had an average of 54 hours of sexual abuse training and 53 hours of ritual abuse training.

More resources were needed for investigations, assessment, and treatment, according to six workers. One worker suggested that investigators should have the ability to track hospital and doctor records on children. Another worker suggested that the agency needed MSWs to work on a team with law enforcement agencies when investigating cases of ritual abuse. This worker also suggested that protective service workers be allowed time off on salary, to reenergize and recuperate. At a minimum, agency policies and procedures should be established that are specific to ritual abuse.

Definitions of Sexual and Ritual Abuse

Workers were asked to provide a brief definition of sexual and ritual abuse. Fourteen respondents provided a definition of sexual abuse, and eight provided a definition of ritual abuse. For these respondents, children are sexually abused when an adult has physical contact with a child for the sexual gratification of the adult. One worker defined sexual abuse as “the sexual victimization of a child or impaired adult for the sexual gratification of an individual who is in a position of power over the victim.” None of the respondents who used the word power in their definition elaborated on what they meant by power. Since abuse implies an abuse of power, research that examines protective service workers’ perceptions of power and its uses and abuses could shed light on their decision-making process for confirming ritual and sexual abuse allegations.

Several respondents perceived ritual abuse to include physical,

emotional, and/or psychological abuse, in addition to including an element of sexual abuse. The repetitive nature of the abuse emerged as a key component in the definitions workers provided of ritual abuse. One worker defined ritual abuse as "a patterned and systematic torture of children by caretaker parent, etc., who physically, sexually, and psychologically terrorize and instill fear into their victims." Torture, fear, Satan, and evil are words that appeared in definitions of ritual abuse that were not present in definitions of sexual abuse. One worker defined ritual abuse in one word: evil.

DISCUSSION

Since a convenience sample was used, findings cannot be generalized beyond this group of workers. Generalizations to the non-sample urban public child welfare settings and other settings are suggested only when the practice context appears similar. Not one respondent in the present sample indicated a disbelief in ritual abuse, though most viewed sexual abuse as more of a problem, overall, than ritual abuse. Workers in general did not agree that ritual abuse was an indication of a greater evil that is taking over the world.

Fewer workers provided definitions of ritual abuse than sexual abuse and there was a strong indication that they thought they needed more training in ritual abuse. Some indicated a lack of expertise on ritual abuse, including the worker who did not complete the survey, due to her perceived lack of knowledge on the subject. These findings may indicate a degree of uncertainty or ambivalence towards ritual abuse, and may reflect that workers have had more contact with sexual abuse victims than with ritual abuse victims.

The trauma experienced by children was cited by respondents as the greatest difficulty in confirming allegations. This finding highlights the need to provide workers with specific recommendations for interviewing child abuse victims. The literature provides evidence for both a free recall approach that avoids leading questions (Naylor, 1989, Wakefield, & Underwager, 1989) and a more directive approach that uses dolls, drawings and other concrete forms of communication (Fundudis, 1989). Research that focuses on identifying interviewing methods that are effective in gathering evidence

that minimizes retraumatizing the child could enhance the quality of services provided in protective services.

For these respondents, sexual abuse includes a sexual component and an element of power, force, or exploitation. Their definitions did not include the possibility that sexual abuse can be repeated, and that it can occur over time. The key elements in respondents' ritual abuse definitions are that the abuse is repetitive and appears to be more ominous than sexual abuse, as indicated by the inclusion of the words torture, fear, Satan, and evil. Ritual abuse can include sexual abuse and is almost always repetitive. On the other hand, sexual abuse can be repetitive, and will contain a sexual component. That both ritual and sexual abuse can be sexual and repetitive in nature highlights the difficulties the child abuse practice community faces when attempting to operationalize definitions of sexual and ritual abuse.

Many workers viewed ritual abuse to be more of a medical problem for children than sexual abuse. This finding may indicate a belief that children are more likely to experience medical problems when the abuse is repetitive, as is the case in ritual abuse, than with sexual abuse, where the abuse may or may not be repetitive.

Some workers also used the word "satanic" in their definitions of ritual abuse. It is important to keep in mind that perpetrators of ritual abuse may have no affiliation at all with Satanism or any other belief system. Thus, thinking of evil as the abuse of the political power adults have over children as suggested by Peck (1983) may be more useful in understanding the spiritual trauma experienced by both ritual and sexual abuse victims than the more limited view of evil as Satanism.

IMPLICATIONS

This exploratory research indicates that for protective service workers participating in this study, ritual abuse exists and is conceptually different from sexual abuse. There is a potential for bias in this study in that workers who either doubt the existence of ritual abuse or who have not come in contact with alleged victims of ritual abuse may have chosen not to participate. As an exploratory study, the research generated data from 24 workers regarding the type of

problem the abuse is for victims, difficulties in investigating sexual and ritual abuses, adequacy of assessment, treatment, and training resources, and some working definitions of ritual and sexual abuse. Future research could examine the relationship between workers' perceptions of ritual abuse and the performance of their gate keeping function for alleged victims of ritual and sexual abuse.

Actions taken to protect perpetrators during the course of investigations have implications for the workers' dual role in protective services to both investigate and advocate for clients. Family members may have several different reasons for protecting the alleged perpetrator, and an assessment of family members' protective behavior can indicate whether the worker's investigative or advocacy roles need strengthening. Careful attention to the needs of all family members and to the family as a whole without compromising the investigation is a continued challenge for the protective service worker. Tending to the needs of all family members can be a particular challenge when there are allegations of ritual family abuse, since the abuse is more intergenerational and therefore more resistant to the protective practices of child protective services. Further research is needed to evaluate the effectiveness of current and alternative approaches to investigating sexual and ritual abuse allegations while simultaneously addressing the needs of both the child and the adult family members.

It is perhaps not surprising that workers in a public child welfare setting report that assessment, treatment, and training resources are somewhat inadequate for this population. Continued efforts to increase public awareness of the needs of child sexual and ritual abuse victims can facilitate the allocation of resources to publicly funded agencies providing services to children who have been sexually abused. Additionally, social workers and other professionals committed to enhancing the quality of public social services can begin to identify the services that are most critical to the recovery and healing process.

An interagency team approach to child sexual and ritual abuse investigations can provide more role flexibility within the child sexual abuse practice community, thus offering more options to both the families being served and to professionals on the interagency team. Resources may also become more accessible as agencies

begin to consider creative ways to work together within the team framework. The collaborative work that would be required within an interagency team framework could foster useful innovations in the investigation and treatment of child sexual and ritual abuse. That ritual abuse was perceived as evil and as a spiritual problem suggests that clergy and other religious leaders could serve as valuable resource persons to an interagency team.

Definitions articulated by these workers can contribute to the development of risk assessment models for use in child welfare agencies. A recent study found that predictors for the reoccurrence of sexual abuse were sufficiently different from physical abuse to suggest that separate prediction models were needed (McDonald & Johnson, 1993). Additional studies are needed to determine whether the harm experienced by child victims of ritual abuse is sufficiently different from harm experienced by child victims of sexual abuse to require the development of separate risk assessment models and treatment protocols. This question may best be addressed by building on our knowledge of risk assessment in sexual abuse and by drawing upon knowledge obtained through clinical experiences with victims and perpetrators alike.

Risk assessment models for both sexual and ritual abuse should include an assessment of physical, psychological, and spiritual harm. Psychological and spiritual harm experienced by children who had been sexually abused could be equally as devastating to the child's development as for children who'd been sexually abused in a ritual manner. The difference may have more to do with the extent and severity of the abuse and the perpetrator's intent to harm, than whether or not the abuse contained a ritual element. For example, a review of 45 studies of sexual abuse on children found that penetration, the duration and frequency of the abuse, force, the relationship of the perpetrator to the child, and maternal support affected the degree of symptomatology experienced by victims (Kendall-Tackett et al., 1993).

Since a primary characteristic of ritual abuse identified in this study is its repetitive nature, a larger study focusing on identifying factors that contribute to multiple or repeated incidents of sexual abuse could serve to address the credibility issue identified by Jones (1991). Relevant areas include children who have experienced the

reoccurrence of sexual abuse, perpetrators who have sexually abused more than one child, and families where there is more than one child who has been sexually abused.

Finally, the number of alleged ritual abuse cases known to workers participating in this study was small, relative to the number of alleged sexual abuse cases. Though small in number, ritual abuse consultants indicated that workers can feel overwhelmed by the challenges posed by a ritual abuse investigation, which may be exacerbated by an absence of agency protocol to guide the investigation. Professional efforts aimed at a conceptual clarification of ritual abuse could reduce the impact these relatively small number of cases have on protective service workers' daily work experience.

NOTE

1. The entire 47-item survey, entitled *Child Ritual and Sexual Abuse Perceptions of Protective Service Workers in Public Child Welfare*, can be obtained from the author.

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