

PART 2

“SCREAMS THAT MUST BE HEARD”? [1]

CHAPTER IV

ALLEGATIONS, INVESTIGATIONS AND TRIALS

As George Greaves argues, allegations of ritual abuse constitute an important contemporary phenomenon--whether or not these allegations are true (1992: 49). Precisely why the allegations are important, however, differs significantly depending on whether or not ritual abuse "really happens". Greaves points out that if victims and survivors have indeed suffered ritual abuse, therapists will be increasingly called on to diagnose and treat the new and very challenging psychological problems that will inevitably emerge. Governments, law enforcement officials and others will need to provide resources for the treatment of victims. They will also need to reconsider their procedures for detecting ritual abuse and for trying, punishing or treating perpetrators. Scholars would also need to radically revise currently accepted theories about the religious beliefs and attitudes of the contemporary West. If, on the other hand, ritual abuse "does not really happen", certain police, therapists and other activists will need to urgently review the methods which lead them to uncover crimes that had never been committed, and to diagnose illusory illnesses and attempt to treat their symptoms (Greaves 1992: 49-50).

Although Greaves does not mention them--and this is a serious omission--there are other issues which would arise if the claims of ritual abuse survivors were shown to be literally true. It could mean that a massive conspiracy exists to prevent the detection of horrendous crimes. It could also mean that the political, legal and economic

systems of the contemporary West are secretly based on unknown and completely unconsidered structures and values.

In this part of the thesis, I will argue that ritual abuse does not “really happen” in Australia. The claims made by survivors and their advocates--and supposedly made by child victims--are uniformly improbable and frequently impossible. These claims have, furthermore, been tested by Australian police, in the courts and by other bodies, and examined by competent scholarly and journalistic investigators. When these investigations and trials failed to substantiate claims of ritual abuse, survivors, therapists and other activists accused those conducting them of being perpetrators, or of having connections of various kind to perpetrators. Investigators were also accused of being involved in other kinds of conspiracies.

I will also argue that allegations of ritual abuse arise in the most problematic fashion. They are made typically by adults who regard certain statements by young children to be disclosures of ritual abuse, and by adults who claim to have been abused many years before. Disclosures of ritual abuse by “child victims” and recollections of abuse by “adult survivors” typically follow periods of intensive and suggestive interrogation or therapy. Beliefs about the need to subject children and adult women to such interrogation and/or therapy, and perceptions of their efficacy in facilitating “disclosure” or the “recovery” of memories, are themselves based on some very controversial theories. These were developed to explain why children who had allegedly been sexually abused failed to disclose the abuse or retracted any accusations, and why adults who had suffered abuse in childhood were not be able to spontaneously recall this abuse--especially if it was severe and sustained.

There is, of course, unambiguous evidence that sexual and physical abuse of the most severe and prolific kind has been perpetrated in this country over the last twenty years. As I was contemplating this matter, the mass media was reporting that a 26-year-old Riverina man had pleaded guilty to manslaughter after beating the young child of his de facto partner to death in the hours following a drunken party (Glendinning SMH 31 July 2003). That same week, a Queensland man was given a virtual life sentence after being convicted of child sexual abuse, carnal knowledge and

the production of child pornography. His modus operandi involved using a network of crawl-spaces and spy-holes, that he had constructed in his home to observe and photograph children, and abusing some of them in hidden compartments. He had been arrested and extradited immediately after serving a prison sentence in Victoria for similar crimes. His misdeeds are believed to have involved over three hundred girls aged from one to fifteen years of age, in three states and over a thirty year period (Dibben QSM 1 Dec. 2002; Haberfield HS 27 July 2003).

Instances of ritualised and organised child sexual abuse have also occurred in this country--and in all probability continue to occur. There is abundant evidence that Australian children have been sexually abused by Christian clergy, for example, or by other adults and adolescents connected with the Christian churches--such as in schools, youth groups and sporting teams. Long lists of clerical perpetrators who have been convicted by the courts have, in fact, been compiled and published by survivors, their supporters and those with other agendas. Many of these perpetrators pleaded guilty to the charges brought against them (e.g. Coddington 1997; Hypocrites 2000; Clergy Sex Offender List 1998). Christian perpetrators gained access to children through their positions within religious institutions or as a result of their status as clergy or lay church workers. The Churches have historically provided perpetrators with a degree of protection--by transferring them to other parishes or schools after complaints were made, for example, or by ostracising complainants (Report WRC Vol. V 1997: 991, 997, 1003). In a very few cases, clergy or other Christian perpetrators have sexually abused children during what they described--or what their victims perceived to be--genuine religious rituals.[2]

In the past--but well within living memory--stern Christian educators and care givers also engaged in what would now be considered the physical abuse of children. In some instances, Christian educators in Australia practised what was considered physical abuse by contemporary standards (see Coldrey 2001: 4-6; Report UKSCOH 1998: #49ff.; Report SCARC 2001: 80-1). Such activities--whether they were acceptable or unacceptable by contemporary standards--were often perpetrated in a ritualised manner and sometimes even as part of some form of religious ritual.[3]

There have been some--albeit very isolated--cases of criminal sexual behaviour by "occultists" of some kind in this country (see Hume 1997: 218, 251 n26). The only substantiated Australian case vaguely comparable in type and notoriety to the British "occult abuse" cases cited by Scott and Tate was that of Robin Fletcher, who was convicted in 1998 (see Petraitis and O'Connor 1999: 47ff.). Variouslly described as a "Celtic pagan", "Druid", "Wiccan", Rajneeshi and high-ranking member of the Temple of Set, Fletcher had supplied drugs to two teenaged girls and performed sadistic sexual acts on them. He had encouraged them to work as underaged prostitutes and had solicited clients for them. Fletcher had convinced the girls of his expertise in magic and used this belief to gain and maintain their co-operation. Their sexual activities were supposedly part of their education and initiation as "witches".

There is also good--but untested--evidence that the sexual abuse of Australian children has taken place in a organised manner, perpetrated by wealthy and well-connected individuals who were protected from detection or prosecution by corrupt or incompetent officials. The Wood Royal Commission famously found that the Illawarra politician and businessman Anthony Bevan had been at the centre of "a very significant circle of paedophile offenders". Bevan and others had seduced boys and youths--or had had non-consensual sex with them--and had produced their own pornography. They had also transported boys and youths to Sydney to work as underaged prostitutes at a "boy brothel" and at private parties, and they had imported and distributed illegal pornography (Report WRC Vol. IV 1997: 824ff.).

The abuse perpetrated by these clergy and other Christians, self-styled occultists or members of "pedophile networks" is, however, very different from that reported by survivors of ritual abuse, their therapists and other activists. In every medium in which they give their accounts--especially where they were given before 1995--Australian survivors describe abuse which takes distinct and bizarre forms, is more severe and is perpetrated on a grander scale. Perpetrators are also typically described as members of Satanic cults and as subjecting their victims to various forms of "mind control" (e.g. Hodgins 1992; Johnson 1992c; Ogden 1993: 30-6; see also Report LCSCPPE Vol.3 1998: 44ff., 129ff). While some Australian child-victims of ritual abuse "disclose" very similar sorts of abuse, it is more common for them to make much more ambiguous

claims--which adults interpret as indicating that similar abuse has taken place (e.g. Booth and Horowitz 1992: 156ff.; Richardson and Meyer 1992; see also Report WRC Vol. IV 1997: 675ff.).

Although Australian theorists of ritual abuse have latterly claimed that the mass media misrepresented these sorts of claims and theorists' interpretations of them, journalists were quite faithfully--and, often, very sympathetically--reporting the information that they were being given by these sources. In the early 1990s, for example, the psychiatrist Anne Schlebaum was regularly cited in Australian mass media. Dr Schlebaum was a very high-profile activist, involved in a number of cases which were officially investigated, and a perennial speaker at ritual abuse and other seminars. She was a forthright proponent of the idea that ritual abuse "really happens", and her descriptions of such abuse were consistent with the accounts given elsewhere by survivors. Schlebaum is quoted by the press as saying that ritual abuse was perpetrated by Satanists and involved severe sexual abuse, human and animal sacrifice and the deliberate breeding of sacrificial infants and fetuses. She also stated that Satanists sell children to pedophiles and to the producers of child pornography--including "snuff" films (see Kennedy She April 1995; McGuiness SMH 26 Nov. 1990; Preston SMH 8 Dec. 1990).[4]

Impossible and Improbable Claims

Reports of ritual abuse--especially those given by child victims--may contain elements which cannot be literally true. The children who had allegedly been abused at a certain "Sydney Sunday School", for example, described how they witnessed an elderly member of a Christian congregation summon a demon and become physically transformed during secret Satanic rituals. Her limbs became misshapen, she changed

colour, and she grew wings and a tail (Report WRC Vol. IV 1997: 675-6). It is significant that the actual reports of ritual abuse in this case were mostly made by the children's parents and their therapist.

It is, however, more common for the "disclosures" of child victims to contain elements which are possible but extremely improbable. According to the social workers who treated them, the children in two separate Victorian cases alleged that perpetrators had fired guns in their presence, killed animals, and shot or stabbed infants and young children. These activities allegedly occurred when the children were attending preschools in suburban Melbourne or in regional centres (Richardson and Meyer 1992).

Adult survivors' accounts of their ritually abusive pasts are also possible--but very improbable. In one notorious case, a young woman told the high-profile Australian psychiatrist Jean Lennane that she had been raised in an abusive Devil-worshipping family which had connections with some of the world's highest ranking Satanists (Arena 2002: 260-1, 297; Report LCSCPPE Vol. 3 (Transcripts) 1998: 44, 129-30). "Miss A" claimed that she had been the victim of atrocious ritual abuse and had witnessed the abuse, murder and mutilation of others. She accused a well-known judge of being a perpetrator of these crimes. Besides being one of the highest ranking Satanists in Australia, the judge was also influential among international Satanist networks. Miss A accused him of making her suck the blood off a severed penis and of forcing her into a bath filled with mutilated corpses. At the judge's Melbourne castle, Miss A claimed to have seen the crucifixion of men and women, dead bodies hung up around the walls and children purposely bred for use in murderous Satanic rituals. The judge had supposedly gained his Satanic preeminence by using an axe to murder his predecessor--who was also a judge.

The attitudes of Australian therapists and other activists to these claims are frequently as problematic as the claims themselves. Dr. Lennane regarded Miss A's accusations as credible enough to supply them to Franca Arena for use in the campaign against high-ranking citizens who were believed to be the "chief perpetrators" of pedophilia in NSW (Arena 2002: 260-1; Bernoth SMH 27 Aug. 1997; Report LCSCPPE Vol.3

(Transcripts) 1998: 45, 49, 257). Lennane had been disgusted by the failure of the Wood Royal Commission to name these perpetrators--whose identity, she claimed, was an open secret. When questioned by her parliamentary colleagues, Arena seemed very reluctant to reject Miss A's bizarre claims (Report LCSCPPE Volume 3 (Transcripts) 1998: 44ff., 257).[5]

Theorists also provide some explanations for the bizarre claims of victims and survivors which are as incredible as the claims themselves. Australian theorists have suggested that perpetrators have given young children powerful hallucinogens, subjected them to sophisticated mind-control techniques or taken steps which ensure that any disclosures made by victims and survivors will be instinctively dismissed by investigators (e.g. ASCA 2001: 5; Halpern 1992; Halpern and Henry 1993: 29; Johnson 1992c; O'Donovan 1993: 8). These explanations are themselves quite implausible, and theorists made them especially when it became difficult to credibly promote the idea that the claims of victims and survivors were literally true. In August 1997, for example, the woman who had accused her estranged husband of ritually abusing their two children addressed an Australian Child Protection Alliance vigil outside Parliament House in Sydney (ACPA Vigil 15 Aug. 1997). Her allegations had in large part led to the man's conviction and imprisonment three years before--although the conviction was overturned on appeal after six months (Guilliatt 1996: 154-5). During an abridged account of the perpetrator's crimes, "Louise" claimed that her children had been given "LSD". Whether this drug could have made the children imagine that their father had abused them while wearing women's clothes, filmed them using a camera made of ice, performed animal sacrifices or taken them to murderous Satanic gatherings is a moot point (Guilliatt 1996: 148, 151-2). Even though she had written to her estranged husband in 1994, sympathising with him because of his own ritually abusive past and suggesting that he confound Satan by converting to Christianity, Louise did not mention the "ritual" aspects of the case at the 1997 vigil (Guilliatt 1996: 153-4). She instead presented the case as one of sadistic abuse by a lone perpetrator who had been set free by a detached and bewildered judiciary.

Investigations and Trials

Claims of ritual abuse have been examined by Australian police, in the courts, and by extra-judiciary bodies on a number of occasions. Some such investigations were conducted because parents, survivors and activists sought to have alleged perpetrators charged. In other cases, they were attempting to demonstrate that because certain incidents of abuse had occurred, their more general claims about ritual abuse must be true. The trial of "Louise's" husband (Regina vs K, NSW District Court 1994) is the only one in Australia where an alleged perpetrator of ritual abuse was--temporarily, at least--convicted.

Some Australian cases--most notably the case of alleged abuse at the Seabeach kindergarten on Sydney's Northern Beaches--involved highly flawed police investigations, which many activists have perceived as indicating that perpetrators of ritual abuse escaped detection and prosecution. This possibility was explored when the original investigation and preparation of the prosecution case were examined in turn by the Director of Public Prosecutions, Chief Police Superintendent Lola Scott, the Independent Commission against Corruption, Police Task Forces Disk and Omen, the Wood Royal Commission and the NSW Supreme Court (Favretti, evidence to WRC 14 Aug. 1996; Ralston evidence to WRC 13 Aug. 1996; Scott evidence to WRC 6 Aug. 1996; Hansard (NSW LA) 5-9-90: 6705). These scrutineers failed to uncover any evidence that ritual abuse had occurred. They did find, however, that many of the procedural irregularities or even instances of misbehaviour by police and others had been motivated by the desire to ensure--not prevent--a conviction (Counsel Assisting, statements to WRC 6 Aug. 1996, 13 Aug. 1996, 15 Aug. 1996; Fluit, evidence to WRC 15 Aug. 1996; French, evidence to WRC 6 Aug. 1996; Ralston, evidence to WRC 13 Aug. 1996; Report WRC Vol. IV 1997: 776ff.; Ryan, evidence in *Derens vs NSW Government*, Supreme Court 9 Feb. 1998).

Other Australian investigations of ritual abuse were extensive, thorough and competently conducted. Allegations made in 1989 and 1990 in the Sydney Sunday

School case were investigated by the police Child Mistreatment Unit and re-examined by the specially formed Police Task Force Disk. Members of the task force conducted hundreds of interviews, undertook extensive electronic surveillance of suspects, sought expert assistance from overseas police forces and even exhumed a grave (see Report WRC Vol. V 1997: 675ff.). This re-examination was itself examined by the Wood Royal Commission.

Four cases were investigated in a similarly intensive manner by Victorian police. These investigations involved extensive searches for corroborative evidence--including the excavation of buildings (Ogden 1993: 5; Ogden interviewed by Adams LNL ABC2RN 20 Sept. 1994; Ogden interviewed by Richards Four Corners ABCTV 29 Aug. 1994).

All of these cases involved allegations made by young children, which--unlike those in many adult survivor cases--had supposedly been committed recently and by suspects who were both identified and readily accessible to investigators. The allegations were also of a kind which should have been relatively easy to verify. It was alleged that perpetrators in the Sunday School case had physically abused the infants in a church creche, murdered a number of children and ritually dismembered their corpses. There was also supposed to have been a pentagram marked out on the church floor (Report WRC Vol. V 1997: 676-7). In the Victorian cases, victims alleged that murders, mutilations and animal sacrifices had taken place, and that pornography was produced by perpetrators. The children had also allegedly been removed from their own child-care centres and transported to other centres, as well as to churches and cemeteries (Richardson and Meyer 1992).

Australian therapists and activists do not convincingly address the fact that these investigations have failed and the prosecutions collapsed. Some simply ignore these outcomes or omit certain details in their subsequent discussions of the cases. They often resort to quite facile explanations for these outcomes--claiming that society is "in denial" about ritual abuse, for example, or that certain reliable observers are convinced that abuse took place (e.g. Whistleblowers Network, 1997).[6] On other occasions, however, activists have proposed quite incredible explanations for the absence of

physical, medical or forensic evidence in these cases. They accuse investigators and critics of being involved in abusive cults or of being sympathetic to them in various ways (Guilliat 1996: 224). They also suggest that other, more senior police, judicial officers and bureaucrats are members of abusive cults or corrupt in other ways. These conspirators thus supposedly facilitate widespread and horrific crime and ensure that secrecy is maintained (e.g. Johnson 1992c; O'Donovan 1993: 9-11).

Explanations for the absence of evidence for the claims made by victims and survivors have always been characteristic of accounts of and theories about ritual abuse (Mulhern 1991). Australian survivors, therapist and theorists thus had other ready-made--though unlikely--explanations for the failure of investigations and court cases. Cults, it is said, can "program" members--making them unaware that they took part in rituals. The effects of this mind control can also make survivors' testimony unconvincing--by ensuring, for example, that problematic "alternate personalities" emerge during investigations and trials. These techniques can be used to ensure that other witnesses are either unavailable or unable to corroborate survivors' claims. Cults are also supposedly capable of ruthlessly intimidating members, victims, potential witnesses and nosy outsiders.[7] They are said to be expert in eliminating forensic evidence, and to have ways of ensuring that no signs of even the most severe child sexual abuse will be detected by medical examiners (e.g. Powell n.d. [c.1999]: 45ff.; Spensley 1992a; RASSA 2000 "Aims", "Indoctrination").

Scholarly, Journalistic and Judicial Examinations

Survivors, therapists and other activists respond in similarly problematic ways to critical academic, journalistic or judicial examinations of ritual abuse. Those conducting such inquiries are accused of being perpetrators or of having connections of various

kind to the cults (see Report LCSCPPE Vol. 3 (Transcripts) 1998: 44ff., 101, 129-130; van Dyke BS (20) Nov. 1996).[8] It is also alleged that investigators are involved in other kinds of conspiracies.

In the case of the Wood Royal Commission, allegations of conspiracy arose as the commission's investigations and hearings were conducted and especially after Wood's report was released. Survivors and activists were deeply dissatisfied with the commissioner's assessment of the legal value--and even the more general validity--of many survivors' claims. Franca Arena stated that her activism in 1996 and 1997 had been motivated by the complaints about the commission that she had received from survivors and their supporters and by many stories that survivors of abuse told her. Some of these were accounts of ritual abuse (Arena 2002: 242ff., 257ff, 268). Survivors, their supporters and Arena herself believed that these stories should have precipitated the commencement of prosecutions against those accused and that, in the meantime, the identities of the accused should have been made public (Arena 2002: 271; Hansard (NSW LC) 31 Oct. 1996: 5623; 17 Sept 1997: 62ff.). When these allegations were properly scrutinised, however, many of them--including ones which have motivated some of Arena's most precipitate activism--were shown to be untestable, unreliable or problematic in other ways (see Report WRC Vol. IV 1997: 803, 821; Ryan Report to LC 1997: 2, 4).

Similar conflicts--and allegations of conspiracy--had occurred in the United States and Britain when claims by victims and survivors of ritual abuse were tested by the legal system (Jenkins 1998: 168 ; La Fontaine 1998: 64-5. 170). As Jenkins argues, allegations which had hitherto been uncritically accepted because of therapeutic or ideological considerations proved to be quite unsustainable when subjected to "radically different attitudes . . . about what constitutes convincing evidence" (1998: 165).

A similar sort of conflict also occurred when Edward Ogden undertook criminological research into ritual abuse in Australia. As I noted in Chapter II, survivors were keen to take part in Ogden's study, and they provided him with a wealth of detailed information. They clearly expected that the project would lead to widespread

acknowledgement that ritual abuse was occurring in Australia (Ogden 1993: 29ff.). Ogden's informants also expected that his findings--and the increased awareness and reforms that would flow from them--would be based on an uncritical acceptance of their accounts of ritual abuse. Survivors were therefore extremely reluctant to have him conduct even the most cursory test of their claims. Besides refusing to have medical or more superficial examinations, survivors would not properly identify themselves so that Ogden could verify their claims about previous investigations. They also refused to make statements that would allow police to initiate investigations of their claims and would not identify locations where they claimed a mass of cult-produced pornography was stored (Ogden 1993: 33-4, 33n, 34n).

A comparable determination that studies of ritual abuse validate the claims of victims and survivors has affected my own research. I had intended to conduct a study--somewhat similar to Scott's--based on the first-hand accounts of Australian survivors. Scott had been in part motivated to investigate claims of ritual abuse in Britain by her strong feminist beliefs and by her experience as the foster-mother of a young woman who claimed to have been subjected to such abuse (2001: 9-10). She sought not so much to test the veracity of the claims as to examine the ways in which the accounts of ritual abuse are unreasonably dismissed after being filtered through patriarchal "cultural frames" (Scott 2001: 1-3, 194). Scott thus gathered first-hand accounts by self-described survivors of ritual abuse and compared them to the published data about ritual abuse and the sceptical interpretations derived from this data.

Scott's female informants were recruited through British "organizations providing support/counselling to adult survivors of sexual abuse" (2001: 195). She began distributing questionnaires--36 of which were returned--in 1994 and subsequently interviewed 12 of the respondents. She also interviewed three male survivors whom she recruited separately from the United States (Scott 2001: 195).

Scott's most significant finding was that her informants were actually reporting types of abuse and the sorts of perpetrator groups which were very similar to those in certain substantiated cases where severe and bizarre forms of sexual abuse had occurred (2001: 84). Scott also found that her informants' descriptions of the groups to which perpetrators belonged had some similarities to incestuous extended families, pedophile rings, and groups involved in child pornography and child prostitution (2001: 63-4). Scott concluded that by not taking survivors' accounts seriously, sceptical theorists had erroneously "dismiss[ed] ritual abuse reports" by "consistent[ly] coupling . . . 'satanism' and ritual abuse . . . trivialising . . . claims and hystericizing claim-makers" (2001: 38-9)

Unlike Scott, I had had no personal involvement with survivors of ritual abuse or those who had been accused of it. Nor was my attitude to the issue conditioned by strong adherence to an ideological position. I was interested in both claims of ritual abuse made by adult survivors and those made in cases involving young children. I also wished to interview parents who believed their children had been ritually abused and also people who regarded themselves as having been falsely accused. I believed that it was important to assess the veracity--as well as examine the cultural significance--of the various claims.

I sought permission from Macquarie University's Ethics Review Committee to recruit these informants and interview them. I was subsequently asked to address a number of issues--concerning consent, confidentiality and the provision of clinical support for informants--that the the Committee believed "need[ed] to be addressed before this application [could] be approved" (Ungerer to Lynch 1 Sept. 1998).

When assessing the amended application, the Ethics Committee consulted Dr Colin Wastell--the Head of the Department of Psychology's Counselling Program and an expert on the impact of trauma on individuals. Wastell found my application very problematic. Of special concern was the fact that "the impact of the recalling [of abuse during interviews] is often experienced days and/or weeks later . . . This is due to the preverbal conditions in which the abuse is experienced and/or the overwhelming nature of the affects generated at the time of the abuse which results in fragmentary

non-verbal storage of the abuse memories". Wastell was also "concerned about the combination of the two groups[;] that is survivors and perpetrators (falsely accused or not)". He objected to the collection of conflicting accounts of the same instances of abuse which, he wrote, "raises concerns about the interview structure . . . [S]urvivors of ritual abuse have experienced this abuse within the context of the betrayal of trust and as such the creation of trustworthy structure is essential for their recovery. Unstructured interviews run the very real risk of re-traumatising the survivors . . . " (Wastell to Committee 14 Sept. 1999).

I subsequently met with Dr Wastell and the then-Chair of the Ethics Committee--who was also a psychologist. At this meeting, Wastell explained his profound concern that interviews with survivors--whose experience of ritual abuse had made them highly dissociative--was likely to precipitate post-traumatic symptoms. He believed that parents whose children had been ritually abused were also likely to have suffered serious trauma, and that informants who have retracted their allegations of abuse may well be doing so because of dissociation or because they have been subjected to external pressure.

In order to overcome these problems, Wastell proposed that a "licensed clinician" actually conduct interviews with survivors and that my role in this aspect of data-gathering be managed by the clinician. My actual presence at interviews would be at the discretion of the clinician or survivor. The clinician had to be either the survivors' own therapist or someone recruited via the sexual assault therapist network. Among the mental health professionals that Wastell himself recommended was the above mentioned Anne Schlebaum--perhaps the best known and most zealous Australian promoter of the idea that ritual abuse "really happens". A clinician would also need to be present when parents of child victims and those falsely accused were interviewed. Clinicians would monitor all informants for 3 to 12 months. Wastell suggested that the research could actually be undertaken as a joint-project between a clinician and myself. Wastell further stipulated that should other means of data-collection--such as the use of posted or emailed questionnaires--be used, "anti-trigger" warnings would have to be included as part of the consent and questionnaire process and therapeutic follow-up would have to be provided. Survivors, victims' parents and the falsely

accused would need to be completely different and independent sample groups.

Conducting research into ritual child abuse is an ethically fraught project, and Dr Wastell--and the Ethics Review Committee more generally--made some necessary and reasonable conditions on the approval of the original application. They directed me to radically de-identify informants in any text, for example, and to ensure the prompt destruction of confidential interviews. Yet they also imposed some onerous restrictions on my research. Their stipulations meant that gaining access to survivors' accounts of ritual abuse would be extremely expensive and difficult. Survivors' accounts would also have to be collected--and very probably affected--by someone who strongly believed that ritual abuse "really happens" and that it was essential to accept the veracity of survivors' accounts. My capacity to critically analyse informants' accounts would be severely restricted, since I would be prevented from collecting conflicting accounts of the same instances of abuse. Retractors, whose experiences had been the basis of some devastating North American critiques of the notion that ritual abuse "really happens", were to be excluded from the research (Ungerer to Lynch 20 Dec. 1999).

It is possible that my original proposal was a casualty of the increasing tendency for universities to require those conducting research in history and the social sciences to fulfil ethical requirements more suitable for medical or other scientific research involving human subjects. It is also possible that the psychologists who strongly influenced the Ethics Committee believed that research into such an important and sensitive issue should rightly be conducted by one of their number, that research conducted by those in other fields be "managed" by psychologists, and/or that the issue should only be investigated using theories that are more widely accepted in psychology than in other fields (see Azar 2002; Gunsalus 2003; Perlstadt 2002: 3).

It is also possible, however, that my proposed research was a casualty of a form of activism which would eschew the critical investigation of ritual abuse allegations in this country. The objections which Wastell raised to my original proposal seemed to be conditioned by a view that claims of ritual abuse are inherently truthful--or should at least be treated as such. His objections also indicate his adherence to particular

theories about the capacity of psychological trauma to be stored within the brain until triggered by certain “sensory or affective stimuli”--such as being asked to recount it--or that abuse precipitates “dissociation” which may cause survivors to falsely retract their accusations (see van der Kolk 1994; van der Kolk and Fisler 1995). Throughout our conversation, furthermore, Wastell showed little appreciation of the possibility that research into “ritual abuse” could be an examination of why people in the contemporary West make false--indeed impossible--allegations and why such allegations are at times accepted. He had, he informed me, been involved in past cases of ritual abuse, and he seemed unaware of--or unconcerned by--the fact that two years before this meeting Anne Schlebaum had been humiliated during her appearance before the Wood Royal Commission, and only twelve months before, her beliefs and methods of “diagnosing” ritual abuse had been cited in the Commission Report as examples of how suggestive interviews, inaccurate reporting of children’s claims, and the drawing of illogical conclusions may construct false “disclosures of ritual abuse” (Report WRC Vol. IV 1997: 680-682). Wastell seemed similarly untroubled by the results of the various re-examinations of the Seabeach case. When giving an example of the trauma that the parents of ritually abused children may suffer, he noted the horrendous guilt that the Seabeach parents felt when they recalled seeing their children grimacing as they sat in a tub with “Mr. Bubbles”. Yet investigations into the case since 1990 had shown that there was no such tub at the preschool, that the alleged perpetrator Anthony Deren had not actually worked there and that “Mr Bubbles” was quite possibly the name of a clown who had innocently entertained local children immediately before allegations of ritual abuse arose (Counsel Assisting, statement to WRC 13 Aug. 1996; Wood statement to WRC 13 Aug. 1996, 15 Aug. 1996; ruling by Adabee J., in *Derens vs NSW Government*, Supreme Court 9 Feb. 1998).

I decided to withdraw the application and to use other means to access accounts of ritual abuse by Australian survivors, victims’ parents, those who considered themselves falsely accused and “retractors” (see Appendix 2). I was able to gain ethical approval for this version of the project on the third attempt.

Notes

[1] In December 1990, a headline in the Sydney Morning Herald labelled the claims of ritual abuse victims and survivors as “scream[s] that must be heard” (Preston SMH 8 Dec. 1990). This was one of series of articles in which journalist Yvonne Preston strongly suggested that ritual abuse “really happens”. They were among the first examinations of the issue in the Australian mass media.

[2] There are a variety of reports that Australian clergy or other Christians abused children--or engaged in other sexual misbehaviour--in the process of prayer, the administration of the sacraments or other rituals. Such perpetrators are also described as telling victims that the abuse had been sanctioned by God, or that it had a sanctifying or evangelical purpose. Although these reports do not constitute wholly reliable evidence, they have been made in cases--such as in that of the Queensland Labor leader, morals crusader and Baptist lay-preacher Keith Wright, or that of the notorious Catholic priest Gerald Risdale--where perpetrators admitted the abuse. Comparable reports relate to cases--such as at boys' homes operated by the Christian Brothers--where general patterns of sexual abuse have been acknowledged by the perpetrators' church or religious order. It is probably impossible to assess whether perpetrators actually believed in the sanctity or efficacy of these “rituals”, or whether they were a ruse or self-justification (see ARAVAW Report 1994; Cook and Cook 1994: 66, 107; Ormerod and Ormerod 1995: 112; SMH 15 Oct. 1994; Robson SMH 4 Dec. 1993 and 26 Nov. 1994). In a sense, virtually all sexual abuse by clergy has a “ritual” component, since it is their status of being “in persona Christi” which allows perpetrators to gain access to victims, ensures victims' co-operation and discourages them from disclosing the abuse (Cook and Cook 1994: 31-2, 66-7, 88ff.; Ormerod and Ormerod 1995: 9, 59).

[3] The Senate Community Affairs Reference Committee recently examined the treatment of children at Church-run orphanages in Australia in the post-war period. The Committee found that the clergy and others who ran these institutions punished children in public and in quite symbolic and ceremonial ways. Benthall (1991) has argued that comparable sorts of punishment traditionally administered in the

British “Public Schools” constituted genuine rituals. Such punishment--which continued in Australian institutions into the 1960s--was designed to facilitate the strict control of the children. It also reflected contemporary clerical disgust with the body and a determination to root out sin (SCARC Report 2001: 80ff.).

[4] A number of other Australian media reports around this time described ritual abuse as “really happening” or sympathetically reproduced survivors’ and theorists’ accounts. Others reported these accounts as part of a more balanced coverage of the issue (e.g. Preston SMH 29 Dec. 1990; Adelaide Advertiser 30 May 1994; Quinn and Weaver interviewed by Ollie ABC2BL 20 May 1994; “The Devil Made Me Do It” TEN10 11 Sept. 1990; “You must remember this . . .” Four Corners ABCTV 29 Aug. 1994).

[5] An account of “Miss A’s” claims is contained in the 1998 Legislative Council Standing Committee on Parliamentary Privilege and Ethics Report on Inquiry into the Conduct of the Honourable Franca Arena MLC Vol. 3 (Transcripts) (pp. 44ff., 101, 129-130).

The therapist Sue Powell regards Miss A’s account and the uproar that occurred when Arena provided it to the Privileges Committee as part of a conspiracy by perpetrators of ritual abuse. Powell describes Miss A as a “very programmed multiple” whose story contained elements of truth, but which “sounded so far fetched that the public would doubt [Arena’s] sanity”. Arena was thus “set up” and effectively silenced by “the covens” (Powell n.d. [c.1999]: 43).

[6] At the “Ritual Abuse Workshop” held at Queanbeyan Hospital in 1998, participants cited the Seabeach case when discussing the effects of trauma on the parents of abused children, the extensive and pernicious societal denial which surrounds ritual abuse, and the way in which perpetrators make preschools and other potential sites as attractive as possible to parents (videotape, 21 Sept 1998). The workshop moderator had earlier cited Summit’s problematic assertion that excavations of the site of the--now-demolished--McMartin preschool in California indicted that the children’s claims about a network of tunnels were true

(see Earl 1995). She clearly regarded both the Seabeach and McMartin cases as instances where good evidence was available if investigators were honest, competent and open-minded enough to consider it.

[7] Anne Schlebaum made just these sorts of claims to the media in the mid-1990s, after investigations of various child ritual abuse cases failed. Schlebaum told an ABC journalist that Edward Ogden's claims about the failure of police to find evidence of ritual abuse were the result of the intimidation to which he and his family had been subjected. She also suggested that Ogden may have somehow repressed the conscious knowledge of these threats (Schlebaum interviewed by Richards Four Corners ABCTV 29 Aug. 1994).

[8] The fact that accusations of Satanism were made against Edward Ogden is particularly ironic. Ogden had for some time campaigned for more vigorous investigation of child abuse and prosecution of perpetrators, and he was a prominent "anti-cult" activist. He was especially well known for his involvement in the investigation of the abusive Hamilton-Burne "Family" group in the late 1980s, and had even deprogrammed a number of former "Family" members (Ogden 1993: 4; Unseen, Unheard ATN7 2 May 1995).

CHAPTER V

ABUSE ACCOMMODATION AND RECOVERED MEMORIES

Victims and survivors of ritual abuse, it is claimed, have suffered mistreatment of the most horrendous kind. Yet they show no unambiguous signs of this abuse, and Australian investigators could find no other physical evidence of it. Allegations of ritual abuse, furthermore, arise in the most problematic fashion. What are taken to be disclosures of ritual abuse by young children typically emerge after these “victims” have been subjected to sustained and very suggestive interrogation. Adults who claim to have survived ritual abuse have generally undergone certain controversial kinds of psychotherapy. These investigative and therapeutic techniques--which were devised in the 1980s--are very different from those that had previously been used to detect sexual abuse, and Australian police, prosecutors and courts have increasingly come to doubt the veracity of allegations that arise following their use.

In this chapter, I will examine these new methods of detecting child abuse and the theories behind them. I will argue that they were mostly formulated by therapists, child protection advocates and others who believed--for philosophical and political reasons --that child sexual abuse was massively under-reported and undetected. Some also believed that very severe abuse was far more common than was generally accepted. They utilised some very problematic research data--or conducted research of their own--and concluded that abused children are likely to “accommodate” perpetrators,

and that the victims of severe and sustained sexual abuse would suffer serious “memory deficits”. These theories--and methods of precipitating disclosure or aiding in the recovery of memories of abuse--were very attractive to other therapists and activists with similar beliefs about the ubiquity of child abuse.

“Accommodation”

Critical examinations of cases where young Australian children have allegedly been ritually abused invariably show that children’s “disclosures” occurred following periods of sustained and most problematic questioning. In their testimony before the Wood Royal Commission, for example, investigators and prosecutors in the Seabeach case related that in 1988 and 1989, the children had been interviewed in turn by police, social workers connected to Camperdown Children’s Hospital, and by DPP solicitor Roger Ralston. Some of the children were repeatedly questioned by police and questioned twice by Ralston (French, evidence to WRC 6 Aug. 1996; Fluit, evidence to WRC 13 Aug. 1996 and 15 Aug. 1996; Ralston, evidence to WRC 12 Aug. 1996). The questions asked of the children were often highly suggestive and were put to them without the usual measures being in place to prevent interviews being “contaminated” or to ensure they were properly witnessed. It also was suggested that records of police interviews were subsequently altered to make the children’s answers more coherent and incriminating (Counsel Assisting, question and statement WRC 6 Aug. 1996; French, evidence to WRC 6 Aug 1996).

The children had been subjected to intense questioning by their parents even before complaints were actually made to police (French, evidence to WRC 6 Aug. 1996; Fluit, evidence to WRC 15 Aug 1996). The parents were, furthermore, in possession of American literature about ritual abuse, and at least some of them were already

convinced that their children had been subjected to ritual abuse (Guilliatt 1996: 34; SB115, evidence to WRC 6 Aug 1996).[1]

The children who disclosed that they had been ritually abused at their Sunday School were subjected to similarly intense and suggestive questioning. These two children, aged six and four at the time of the alleged abuse in 1989, were extensively questioned by their mother and stepfather, and then by Anne Schlebaum (Report WRC Vol. IV 1997: 676, 680). There is evidence that the parents were convinced that they and the children were being tormented by demons before disclosures of ritual abuse were made (Report WRC Vol. IV 1997: 677-9).

Schlebaum interviewed the children together and in the presence of their mother. She continually reassured them that she accepted their claims, encouraged them to make further disclosures, and stressed that those they accused were evil and dangerous (Report WRC Vol. IV 1997: 680ff.). According to the Wood Royal Commission Report, Schlebaum's written versions of these interviews are "in several respects quite different from the history [the children] gave to her and appears to have drawn upon material derived by her from the parents" (Vol. IV 1997: 680).

The children named a number of others who attended the church and Sunday School as victims of or witnesses to ritual abuse. These children were interviewed--using more conventional questioning techniques--by child protection workers at a Sydney hospital and by investigating police. None of them claimed to have been abused or to have witnessed abuse (Report WRC Vol. IV 1997: 679).

At this time, many Australian paediatricians, child psychologists, social workers, police and others working in child protection were convinced that sustained and quite suggestive modes of questioning were necessary if children were to disclose sexual abuse (e.g. Briggs 1993: 44; Crutchfield 1992; Donnelly and Oates 2000: 155; Oates ALJ 1990: 130-1; Oates CAB Nov. 1990: 22; Richardson and Meyer 1992; Rope, evidence WRC 8 Aug. 1996). These measures were considered necessary to overcome abused children's "accommodation" of perpetrating parents or caregivers (Summit 1983: 164, 166).

The Child Sexual Abuse Accommodation Syndrome

American psychiatrist Roland Summit published his immensely influential article about "child abuse accommodation" in 1983 (see Donnelly and Oates 2000: 155). Summit argues that the available data suggest that child sexual abuse most commonly occurs in situations where children are in dependent relationships with perpetrators (1983: 157, 160). Abused children will therefore feel considerable conflict between their moral objection to perpetrators' activities and/or the pain or discomfort they feel, and their respect for the perpetrators' authority or the affection they feel for them. Summit suggests that perpetrators reinforce this sense of conflict by threatening or cajoling their victims. Non-perpetrating adults also discourage disclosure, or give children the impression that disclosures will not be accepted or that they will be blamed for any sexual activity that may have taken place (Summit 1983: 156-7, 159). Children will therefore "accommodate" perpetrators by not disclosing the abuse, or even co-operating--however unwillingly--with them (Summit 1983: 159, 162-3). Should spontaneous disclosure occur, it is likely to do so in circumstances that will cause the child to be disbelieved and will take unconvincing forms. Children are also likely to retract their disclosures of sexual abuse (Summit 1983: 164ff.).

Summit had not intended the Child Sexual Abuse Accommodation Syndrome to be a "diagnostic device", and his article never exactly specifies how "accommodation" can be overcome (Campbell and Lorandos 1994). He simply encourages therapists and child protection workers to facilitate disclosure by abused children and to accept both the veracity of the disclosure and the sole culpability of the perpetrator (e.g. Summit 1983: 159, 161).

Summit was later very critical of some therapists and child protection workers' attempts to achieve these ends (Campbell and Lorandos 1994; Summit 1994: 5-7, 11ff.; Lyon 1998: 464-5). They attempted to overcome "accommodation" using techniques which were likely to precipitate false or ambiguous statements--especially by preschool-aged children--which interrogators took to be disclosures of sexual abuse. These techniques could also convince young children who had not been abused that something wicked had been done to them, and that its effects were likely to be

serious and distressing.[2]

The Child Sexual Abuse Accommodation Syndrome is itself most problematic , however, and very likely to precipitate the kinds of excesses that Summit disavows.[3] Summit emphasises--and gives an authoritative, scientific justification for --the belief that child sexual abuse was far more prevalent than had previously been acknowledged and that therapists needed to grant the multitude of unrecognised victims the "permission and power to share the secret" that they are being abused (1983: 156, 159, 166-7). He also argued that it was essential for the abused child's health and welfare that their allegations--especially those investigated by police or other outside agencies--lead to the prosecution of the perpetrator and that therapists should act as children's advocates within the legal system. Failure to prosecute perpetrators is "tantamount to a conviction of perjury" against already troubled and vulnerable victims (Summit 1983:166). Therapists were thus encouraged to be vigilant about possible cases of child abuse and to convert their suspicions into allegations that could be advanced in forums where proof beyond reasonable doubt was required.

Summit states that he formulated the Child Sexual Abuse Accommodation Syndrome on the basis of "statistically valid assumptions regarding prevalence, age relationships and role characteristics of child sexual abuse and . . . from correlations and observations that have emerged as self-evident within an extended network of child abuse treatment programs and self-help organizations" (1983 : 157). The validity of the syndrome was verified by Summit's own clinical observations and by the deliberations of participants in "hundreds of training symposia" in North America, where "[d]iscussion of the syndrome typically opens a floodgate of previously uncorrelated or disregarded observations" (Summit 1983: 157-8).

Some of the incidents where therapists and child protection activists most problematically attempted to overcome "accommodation" actually involved members of the "network" that had informed Summit and validated his findings. Summit had, for example, cited Kee MacFarlane's findings about the "surprisingly" low age at which sexual abuse was typically initiated (1983: 160). MacFarlane subsequently set up an

organisation to inform therapists and others about the Accommodation Syndrome and to train them in overcoming it (Thoma 1997). MacFarlane also gained notoriety--and Summit's displeasure--when she attempted to obtain "disclosure" in the McMartin ritual abuse case by persistently and suggestively questioning preschool-aged children (Summit 1994: 11; Thoma 1997).

There are other more general problems with the data which Summit cites about such crucial factors as the extent of child sexual abuse, the typical age of victims, and the effect of abuse on them. Research into child abuse is plagued by the use of quite different definitions of what constitutes a "child" and what is considered "sexual abuse". Researchers' conclusions are based on surveys of very different populations, and they utilise different--and sometimes quite controversial--methods of collecting and assessing the veracity of the data (see Campbell and Lorandos 1994; Corby 1993: 60ff.).[4] In 1986, Finkelhor famously pointed out that according to the various contemporary studies, the proportion of women who had been subjected to sexual abuse in childhood ranged from 6% to 62% (Corby 1993: 60). These data are, therefore, very malleable, and some of Summit's "assumptions" about child abuse were shaped by the ideology of the researchers, therapists and activists--or by what their critics regard as their pathological puritanism (Gardner 1996: 333ff.; Jenkins 1998: 121ff., 216ff., 224ff.; Satel 1998; Wakefield and Underwager 1994: 38, 47ff.).

Summit is particularly indebted to researchers, organisations and sexual assault centres with an unabashedly Cultural Feminist ethos. They specifically provided Summit with his arguments about the typical age of victims, the identity of perpetrators, the "compulsive, addictive pattern" of abusive behaviour, patterns of disclosure and likely adult responses to it, the inevitably damaging effects of abuse, the need for therapists to validate disclosure, and the need for assertive intervention should abuse be suspected (Summit 1983: 157, 159, 160, 162, 164, 168).

Cultural Feminist theorists and researchers regard the sexual abuse of children, its characteristic types and patterns, and the common misunderstandings about it, as consequences of male oppression of women and girls in contemporary Western society (e.g. Herman 1981: 3). They argue that it is girls who are most commonly

abused--by men "who are part of their intimate social world"--because of the structure of the patriarchal family and the tendency for males to be socialised towards "sexually exploitative behaviour of all sorts, including rape [and] child molestation" (Herman 1981: 7, 56).

Cultural Feminists reject what they believe to be pervasive myths about sexual abuse, part of a "vastly elaborated intellectual tradition which served the purpose of suppressing the truth . . ." (Herman 1981: 9ff.). They thus regard theorists and researchers who perceive some apparent co-operation between victims and perpetrators as having failed to consider the power imbalance between adult males and female children, and the sexualized ways in which girls are taught--or compelled--to relate to their fathers and other men (Herman 1981: 36ff). Similarly, the mothers of abused girls--even those who know that abuse is being perpetrated or who collude with the abuser--are themselves victims of female powerlessness in the face of "despotic paternal rule" (Herman 1981: 49, 63).

The similarities between the arguments in Summit's article and Judith Herman's (1981) theories about "father-daughter" incest are particularly striking. Summit closely follows Herman in arguing that children who allege sexual abuse are not likely to be believed or may actually be blamed for any sexual activity that has taken place (Herman: 1981: 9ff., 22ff., 36ff.; Summit 1983: 156, 157, 159). Similarly, it was Herman's contention that victims are commonly induced--or forced--to co-operate with perpetrators, and that they may become convinced that they had somehow initiated the abuse or willingly participated in it (Herman 1981: 36ff., 49ff.; Summit 1983: 162-4). Summit also takes up Herman's proposition that the typically sustained nature of sexual abuse and the "accommodating" behaviour of victims explains certain "errors" in past literature and research data. These include fallacious ideas about the relatively late age at which sexual abuse typically occurs and about the frequency of false or dubious allegations of abuse (Herman 1981: 85, 129ff.; Summit 1983: 160, 164ff.).

Summit strips these ideas of their Cultural Feminist provenance and terminology--which could seriously retard the ability of therapists and others to act as effective advocates for abused children. He instead presents them as self-evident--though

long-undiscovered--truths and gives them the stamp of scientific authority. Ironically, Summit notes that many "mental health professionals" are not convinced that child abuse is occurring on a massive scale, and that they are sceptical about accusations that occur in certain circumstances. He contrasts this diffidence to the admirable certainty of other workers in the child protection field who have "less specific training" and exhorts professionals to "challenge and interrupt the accommodation process" (Summit 1983: 167).

Summit's critics regard the Child Abuse Accommodation Syndrome as distinctly unscientific. They commend those professionals who--much to Summit's dissatisfaction--regard "apparent cause-and-effect relationships" and an "emphasis on unilateral intrusions" as "naive and regressive". Critics object to Summit's claim that the "more illogical and incredible the initiation [of abuse] might seem . . . the more likely it is that the child's plaintive description is valid" (Summit 1983: 159, 161ff., 167; see Lucire 2000; Pendergrast 1995: 379; Thoma 1997). They also point out that, according to Summit, children disclosing abuse, not disclosing abuse, denying that abuse has occurred and retracting earlier allegations all indicate that sexual abuse has occurred. Lucire (2000) invokes Popper's deductive scientific method, and pronounces the Child Sexual Abuse Accommodation Syndrome unscientific and illogical. Using more colloquial language, Thoma (1997) describes adults suspected of sexually abusing children as being in a "Catch 22" situation.

"Recovered" Memories

The allegations of ritual abuse made by Australian adults emerge in quite different ways from those in child cases. Virtually all adults who report having suffered ritual abuse do so years or even decades after the abuse occurred. They claim that until

recently, they had “memory deficits”--to loosely use Herman and Schatzow’s phrase--before “recovering” their memories of these horrendous events. The survivor who addressed the ASCA seminar in Newcastle, for example, recounted that she had first become suspicious about her past when her sister “recovered” her own memories of ritual abuse. Fragmentary memories began to emerge as she undertook the “journaling” exercises suggested by a marriage guidance counsellor. The survivor was subsequently treated by a clinical psychologist and underwent four years of counselling with another therapist, who “directed” the more complete recovery of her memories. Later still she became involved with ASCA and first disclosed that she was a survivor of ritual abuse during an exercise at the organization’s retreat “Mayumarri” (14 March 2002).

This survivor’s experience is strikingly similar to those of the two women at the centre of the so-called “Bunbury” case (Regina vs. J, WA Supreme Court 1994) in Western Australia. These women alleged that as children they had been subjected to ritual abuse by their father and other male relatives. The sisters--who were in their twenties when their memories began to emerge--had sought therapy for depression and regularly attended sessions over a period of years (Guilliatt 1996: 58, 60, 68, 71). The older sister was treated by a psychologist who was also a committed Christian. He accepted that memories of sexual abuse could be “recovered” and had previously encountered patients with such memories. He conducted therapy in a quiet, shrine-like room and used such techniques as free-association and automatic drawing (Guilliatt 1996: 59, 62, 64). A year after this woman recovered memories of abuse, her younger sister commenced hypnotherapy. She was subsequently treated by a general practitioner who used “guided imagery” techniques and provided her with a copy of The Courage To Heal--an influential recovered memory text. This woman subsequently received other counselling, and attended meetings of support groups for survivors of incest (Guilliatt 1996: 71, 74-5, 80).[5]

The women’s accusations came before the Western Australian Supreme Court in 1994, where a jury acquitted their father on 15 charges and was unable to reach a verdict on another 57. The WA Director of Public Prosecutions did not initiate a retrial (COSA Newsletter 1995; Guilliatt 1996: 216-7).

Survey and other data indicate that most Australian survivors of ritual abuse--like the sisters in the Bunbury case and the survivor at the ASCA conference --“recover” their memories after commencing therapy or counselling to deal with other problems.[6] A minority independently come to realise that they had been abused. They seek therapy or counselling in order to more fully recover or to clarify their memories and to have the effects of the abuse treated. A small minority of survivors claim that their abuse only recently ceased--or even that it is ongoing. These survivors also tend to report, however, that the abuse began years or even decades before and that they too suffer some form of “memory deficit” disorder. They claim that they were unaware of the continuing abuse, or that their ongoing contact with perpetrators was in some other way unavoidable.

Explaining “Memory Deficits”

Therapists most commonly regard Australian survivors of ritual abuse as having “repressed” or “dissociated” memories, or as suffering from “Multiple Personality Disorder”--which was renamed “Dissociative Identity Disorder” in the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association in 1994 (see DSM-IV 1994: 485ff.). These conditions entail differing--but not inconsistent--ideas about why survivors are unable to spontaneously recall memories of ritual abuse and about the sorts of effects survivors are likely to suffer as a result of this unknown and untreated abuse.

The Canadian psychiatrist Colin Ross calls 1980 the “landmark” year “in the history of Multiple Personality Disorder” (1989: 44-5). In that year several influential papers about MPD were published, and the controversial condition was given “official diagnostic status” in the Diagnostic and Statistical Manual of Mental Disorders. The year 1980 might also be considered a landmark one for the belief that MPD--and other conditions affecting memory--were linked with sexual abuse in childhood. A number of the papers on MPD published that year made this connection, although at this stage researchers did not regard child abuse as the predominant cause of MPD, nor did they

believe that very severe child abuse was a common occurrence (Pendergrast 1995: 158-9; Ross 1989: 45-6). It was also in 1980 that Pazder and Smith publicly suggested that child abuse was perpetrated by Satanists and that victims might only “unearth” memories of such abuse decades after it occurred.

In the 1980s and early 1990s, researchers--such as Herman and Schatzow, Briere and Conte, Williams, and Terr--conducted surveys and clinical studies which they believed indicated that many adults who had been sexually abused in childhood could not spontaneously recall the abuse (Ofshe and Watters 1994: 305ff.; Pendergrast 1995: 95ff; Wakefield and Underwager 1994: 67-8).[7] Other researchers published studies of the incidence and characteristics of MPD among Americans “in the mental health system” and found that a “history of childhood sexual and/or physical abuse” was the most common “nonspecific diagnostic” clue for the disorder (Ross 1989: 94ff.). These researchers, and numerous scholarly and popular writers, subsequently attempted to precisely explain how such “memory deficits” could occur.

These surveys, reports and studies are widely cited in the Australian literature about ritual abuse and by speakers at ritual abuse conferences, seminars and workshops. They have had a significant influence on the way certain therapists perceive and treat patients' problems, and they have been used to explain the discrepancy between the number of reported instances of child abuse in this country and what activists believe are the “real” numbers. There has always been considerable harmony and co-operation between “recovered memory” theorists, therapists and activists in this country--even though they may explain the loss and subsequent recovery of survivors' memories in different ways. This harmony actually increased as the concept of “dissociation” became pervasive in Australian ritual abuse literature and discourse. In her 1995 address to the Australian Association of Trauma and Dissociation Conference in Melbourne, the association's president Carol Jackson actually referred to “delayed/dissociated/repressed” memories (Jackson 1995). Memory “repression” and “multiple personality” came to be treated as compatible interpretations of dissociative symptoms or as different manifestations of dissociation.

The various North American “memory deficit” studies--especially Williams (1994)--were part of a concerted attempt by researchers in the 1980s and 1990s to investigate the extent and characteristics of child sexual abuse and the effect of abuse on victims.[8] It was generally accepted at this time that statistics which were based on reported cases of child sexual abuse seriously understated its true incidence and prevalence. Researchers therefore attempted to discover the extent of child abuse by surveying adults--especially adult women--about their experience of childhood abuse, whether or not it had been reported (Corby 1993: 53ff., 61). Some used generalised community samples, while others surveyed students undertaking tertiary education (see Corby 1993: 60ff.). At least some of the studies of “memory deficits” of abuse also emerged from--or were influenced by--attempts by Cultural Feminists to use Freudian theories to analyse male violence against women and children and to treat the victims of this violence using psychoanalytical techniques. Cultural Feminists were, of course, also convinced that this sexual violence was far more prevalent than official figures and previous studies suggested (Herman 1981: 56ff.; Herman 1994 [1992]: 31-2; Wakefield and Underwager 1994: 67ff.; Waldby 1987: 17-9).

The various “memory deficit” studies constitute problematic evidence that memories of sexual abuse in childhood can be recovered. Questioned during a “Daubert” hearing in 1997, van der Kolk conceded that they do not verify the accuracy of recovered memories to a strictly empirical or legally acceptable standard (Dale vs Diocese of Burlington, Va. et al 26/27 Sept. 1997). Study authors claim only that their findings are suggestive that this process occurs and that recovered memories of abuse could be accurate.

Whether these studies even suggest that memories can be accurately recovered is contentious. It is, for example, doubtful that the subjects in Herman and Schatzow's seminal 1987 study had actually “recovered” their memories of abuse. Herman and Schatzow--like Williams--fail to fully explore the reasons for the poor recall reported by 62% of their subjects. Only 26% of them, in fact, reported “severe memory deficits”, and even these had recalled enough of their abuse to have commenced group therapy for survivors of incest (Ofshe and Watters 1994: 309-10). All of the subjects in this study were--like those in Herman's 1981 study of “father-daughter” incest--undergoing

therapy, and critics argue they were under “pressure to find abuse in their past” (Ofshe and Watters 1994: 311).

Similar problems with the sample occur in Briere and Conte’s investigation of “amnesia for abuse” and in van der Kolk and Fisler’s exploratory study of memories of trauma. There was no external or independent evidence that the subjects in these studies--unlike those in William’s study--had been abused in childhood, and the researchers made no attempt to verify their “recovered memories” (Ofshe and Watters 1994: 308ff.). Briere and Conte questioned 450 self-identified victims of child sexual abuse undergoing therapy (Ofshe and Watters 1994: 307). Of these, 59% reported that there had been times prior to their eighteenth birthday when they could not remember their abuse. Briere and Conte concluded that “amnesia for abuse” was common for survivors (Ofshe and Watters 1994: 307-8).

van der Kolk and Fisler (1995) had actually advertised for subjects with memories of “terrible life experiences”, and the vast majority of their 46 subjects reported having suffered either sexual (63%) or physical abuse (23%) in childhood. The researchers interviewed these subjects and compared their descriptions of the way they had recalled traumatic and non-traumatic events. van der Kolk and Fisler concluded that “memories of traumatic experiences are retrieved differently from memories of personally significant, non-traumatic events”, although they also caution that once “the sensory and affective imprints” of trauma are incorporated into a personal narrative this semantic memory like all explicit memory is subject to varying degrees of distortion”.

“Repression”

A revised view of the concept of “repression”--which Freud had used to describe the “defence mechanism that serves to repudiate or suppress emotions, needs, feelings or

intentions in order to prevent psychic 'pain' (variously experienced as trauma, anxiety, guilt or shame)"--was first promoted by Cultural Feminists in the 1980s (Loftus and Ketcham 1996 [1994]: 50). Unlike Freud, his Cultural Feminist disciples regarded repression as a wholly unconscious mechanism and proposed that emotion-infused memories of sexual abuse in childhood could be recovered in a "pristine" state during therapy (Brewin 1997: 145; Loftus and Ketcham 1996 [1994]: 50-1; Ofshe and Watters 1994: 25, 33). Cultural Feminist neo-Freudians also promoted types of therapy which were likely to precipitate sudden mental images, bodily sensations and troubling emotions--which were subsequently interpreted as suggesting sexual violence in childhood (Loftus and Ketcham 1996 [1994]: 52-3, Ofshe and Watters 1994: 25, 83ff.; Pendergrast 1995: 47).[9]

Ideas about "repressed memories" were popularised in Australia by accessible books which both explained the concept and informed readers about the signs of undiscovered sexual abuse in childhood. One such work, Bass and Davis' The Courage to Heal (1988), has been described as the "bible of the incest-recovery movement"--although Fredrickson's Repressed Memories: A Journey to Recovery from Sexual Abuse (1992) is its "textbook" (Loftus and Ketcham 1996 [1994]: 53; Pendergrast 1995: 69). The Courage to Heal was given to the accusing survivor in at least one ritual abuse prosecution in this country, and I heard delegates at an ASCA seminar consult the work to settle a dispute about the proper attitude survivors should take to their abusers (Guilliatt 1996: 74; ASCA "Surviving Child Abuse" Conference 14 March 2002).

Neither book is a scholarly work--Bass and Davis, in fact, have no relevant training or qualifications--and their explanations of what "repression" is and how it operates are quite general and couched in vague and at times figurative language. The first relatively detailed and explicit theory about repressed memories of child abuse--by American psychiatrist Lenore Terr--was formulated some time after the first "memory deficit" surveys had been conducted, after survivors began recovering memories of abuse in neo-Freudian therapy, and as sceptics were challenging the notion of repressed memory in print and in the courtroom. Terr's article "Traumas: An Outline and Overview" was published in 1991--after she gave expert testimony for the

prosecution in the trial of George Franklin for a murder committed almost twenty years before (Loftus and Ketcham 1996 [1994]: 58).

Based on her own clinical experiences and on anecdotal data, Terr proposed that children repress memories of multiple, continuing episodes of psychic trauma--such as ongoing sexual abuse (Terr 1991: 10, 11, 15). She differentiated this "Type II" trauma from "unanticipated, single events" or "Type I" traumas. Terr argued that children are likely to "retrieve detailed and full memories" of Type I traumas, but will respond to Type II trauma with "massive denial, repression, dissociation, self-anaesthesia, self hypnosis, identification with the aggressor and aggression turned against the self" (Terr 1991: 15). Victims supposedly anticipate that one of a series of ongoing episodes of trauma is about to occur, and so make "[m]assive attempts to protect the psyche and to preserve the self". They therefore "forget" their abuse, and may "forget whole segments of childhood--from birth to age 9, for instance . . ." (Terr 1991: 15-16). In her testimony at the Franklin trial and in a book about the case, Terr explained that victims of Type II traumas may initially recover repressed memories when they experience events or emotions similar to those that accompanied the trauma--although some victims may never recover their memories (see Ofshe and Watters 1994: 254, 267ff.).

There was no contemporary support for Terr's theory by researchers on the nature and operation of memory. The literature, in fact, suggests that a long period of time between an event and its recollection is likely to affect the accuracy and detail of memory. It is thus very common for adults to have poor recall of childhood--or even to forget much of it (see Thomson 1995). Memory is also highly reconstructive--and quite unlike the "film" that Terr describes (Loftus and Ketcham 1996 [1994]: 57). Adults elaborate sparse memories with imaginative details and can readily incorporate information--including false information--from other sources into their memories (Dalla Barba 1995: 108; Loftus 1997a: 177ff.; Thomson 1995).

Researchers found that neither children traumatised by a single event nor those who have experienced repeated incidents of trauma suffer amnesia. In fact, children are more likely to recall repeated trauma than single incidents--although they may not have

clear and accurate memories of particular incidents--and older children who have experienced repeated trauma are troubled by intrusive memories of it (see Loftus 1997a: 173; Ofshe and Watters 1994: 266-7; Pendergrast 1995: 100; Wakefield and Underwager 1994: 183-4). Even one of Terr's own studies--which she cites in her 1991 article--shows that children over three years of age who had been subjected to repeated trauma could recall it (Ofshe and Watters 1994: 265). Loftus even disputes Terr's contention that children vividly recall Type I traumas. Her own studies show that stress causes memories of traumatic events to lack detail and accuracy (Loftus and Katchem 1996 [1994]: 57-8).

There are numerous other problems with Terr's theory. She fails to explain why memories of both Type I and Type II trauma should be so accurate and vivid when they are supposedly processed and then recalled in entirely different ways. This is especially troubling in connection with repeated incidents of trauma--where Terr argues that sufferers experience "massive denial", "psychic numbing", and "dissociation" (Ofshe and Watters 1994: 267). Terr also states that she became interested in repression after meeting Franklin's daughter--and accuser--only months before appearing as an expert witness on the subject at his trial (Ofshe and Watters 1994: 264). In addition, it is possible that much of the external data on which she based her theory consisted of unverified accounts of repression and recovery provided by people who had recovered memories of abuse after undertaking therapy (Ofshe and Watters 1994: 264-5).

Trauma Memories

From the mid-1990s, Australian therapists and activists increasingly used "physiological" theories about the effects of trauma--especially those proposed by

van der Kolk--to explain the delay between incidents of ritual abuse and survivors' reporting of it. The theory of "trauma memories" was increasingly adopted in response to the effective criticisms of "repressed memory" theories. This occurred as many local theorists were also moving away from the view that ritual abuse was perpetrated--or exclusively perpetrated--by large and well-organized Satanic cults (Loftus 1997a: 173; for an Australian example see Jackson 1995).

The influential psychiatrist van der Kolk--as mentioned in Chapter II--has proposed that the brain processes memories of trauma in entirely different ways to ordinary memories. While trauma may result in the "explicit or declarative memory" of an event being partially or completely lost, the "implicit" memory is not affected (van der Kolk 1994). When trauma victims are exposed to stress, or to environmental situations or emotional states similar to those in which the initial trauma occurred, "memories (somatic or symbolic) related to the trauma are elicited" (van der Kolk 1994). Proponents of "trauma memory" theory thus label the objections raised by researchers of memory to the earlier "repressed memory" theories as irrelevant to their own work (e.g. van der Kolk and Fisler 1995; see also Brewin 1997: 146; Neimark 1996).

van der Kolk did not enter the debate about adult survivors' memories of abuse via feminism or the psychoanalytical tradition. His "master texts" are those of Janet and his followers rather than Freud, and his theories were formulated on the basis of research into the physiology of the brain, on studies of combat veterans and others who had been exposed to verified "traumatic stress", and on animal experiments (van der Kolk 1994; van der Kolk and Fisler 1995). His work was, however, enthusiastically adopted by feminist and Freudian therapists and activists. Judith Herman's Trauma and Recovery is, in fact, an accessible explanation of how trauma--such as child abuse--may result in "fragmentation becom[ing] the central principle of personality organization" (1994 [1992]: 107). This "fragmentation of consciousness," she writes "prevents the ordinary integration of knowledge, memory, emotional states, and bodily experience". van der Kolk provided Herman with "critical feedback" as she was writing the book (Herman 1994 [1992]: x).[10]

van der Kolk proposes that dissociation--rather than any "naive" conception of repression--is the "central pathogenic mechanism" affecting the memory of trauma victims (Loftus 1997a: 173; van der Kolk and Fisler 1995). Dissociation--"a compartmentalization of experience"--results in "elements of the experience . . . not [being] integrated into a unitary whole, but . . . stored in memory as isolated fragments and stored as sensory perceptions, affective states or as behavioural reenactments" (van der Kolk and Fisler 1995). These "trauma memories" are initially recovered as "mental imprints of sensory and affective elements of the traumatic experience", which are later incorporated into "a personal narrative that can be properly referred to as 'explicit memory'" (van der Kolk and Fisler 1995).

van der Kolk's critics argue that the link between "trauma memory" theory and the studies--particularly the animal experiments--cited in his work are extremely tenuous. They also point out that other studies exist which show that the memories of victims of severe and repetitive trauma were not thus affected (Thomson 1995; Wakefield and Underwager 1994: 280, 282). van der Kolk's proposals are based, furthermore, on some controversial views of dissociation and "implicit memory". Dissociation is a "hypothesised" mechanism, and researchers and therapists perceive it in a number of different ways--only one of which relates to the "partitioning" of memories (Brewin 1997: 147; Schooler and Hyman 1997: 535; see also DSM-IV 1994: 477). There is little research into the process by which dissociation may affect memories of trauma, or into the relationship between "dissociation" and other "cognitive" and "clinical constructs" (Schooler and Hyman 1997: 535). van der Kolk's assumption that traumatic "sensory" memories are part of the "implicit memory" system--which "influence[s] performance without awareness"--is also hypothetical and highly controversial (Neimark 1996; Schooler and Hyman 1997: 532-3).

As I have discussed, there are also problems with the way therapists and activists--and, indeed, van der Kolk himself--apply "trauma memory" theory to actual cases where survivors have "recovered" memories of sexual abuse in childhood. His assertive courtroom testimony--and even the fact that he is prepared to testify in "recovered memory" cases--contrasts markedly with the circumspect and even speculative tone of his scientific papers.[11] In his 1995 article, van der Kolk states

that although “trauma may leave indelible sensory and affective imprints, once these are incorporated into a personal narrative” they are subject to “condensation, embellishment and contamination” (van der Kolk and Fisler 1995). Here van der Kolk seems to contradict both his testimony about the probable accuracy of recovered memories and the use to which his theories are put by therapists and activists. He also states that for claims of bizarre abuse to be credible, they must involve realistic relationships between perpetrators and victims. van der Kolk is thus sceptical about all accounts of ritual abuse (van der Kolk, testimony Dale vs RC Diocese of Burlington, Va et al. 26/7 Sept. 1997).

Multiple Personalities and Dissociated Identities

Although the notion that an individual may have “multiple personalities” is both ancient and widespread, it is the explicitly scientific theories of Multiple Personality Disorder--such as those proposed by psychiatrist Colin Ross--that have been particularly influential among Australian ritual abuse therapists and activists. They use Ross’ theory, that MPD is a defensive “dissociative” disorder precipitated by traumatic childhood abuse, to explain how survivors may have no conscious knowledge of past ritual abuse (Ross 1989: 71-2, 86). They propose that memories of ritual abuse are held by one or more of a survivor’s “alternative personalities”--of which the untreated “host personality” is unaware (e.g. Halpern and Henry 1993; Johnson 1992c; Powell n.d. [c.1999]; 15).[12]

Ross concedes that MPD, and his conception of the disorder in particular, is “a controversial diagnosis” (1989: 57, 93). Like van der Kolk, Ross has a particular perspective on the nature of dissociation, the possible sites in which dissociation may occur and its symptomology (Ross 1989: 86-7, 88-9). His description of those

suffering dissociative disorders as experiencing a disruption of the normal dissociative process--by which thoughts, memories and other psychic elements are constantly and variously associated, dissociated and reassociated--is relatively uncontroversial (Ross 1989: 86-8). Ross, however, goes on to argue that in MPD sufferers trauma has precipitated a specific form of dissociation, so that "alternate personalities" or "alters" are created. These are "fragmented parts of the person" or "packets of behaviour developed for transaction with the world" (Ross 1989: 109).

Although Ross has numerous theoretical allies, his ideas about the incidence of the disorder and his diagnostic methods have been criticised by some MPD therapists--including pioneers in the discovery and treatment of the disorder. They regard Ross' estimation of the number of people suffering MPD--possibly 2% of the urban US population--as grossly overstated, and they discern little scientific rigour in his techniques (Ross 1989: 90-1, 93).[13] Ross also notes that many of the patients that he and his theoretical allies regard as suffering MPD would be given different diagnoses by other psychiatrists (1989: 94ff.).

There are certainly some troubling paradoxes in the scientific theories of MPD proposed by Ross and others. Ross and his theoretical allies stress that MPD is almost inevitably precipitated by severe childhood abuse (Ross 1989: 45, 95, 101-2). Yet those suffering MPD--or at least their "host personalities"--have no conscious memories of this abuse and initially exhibit few obvious signs of the "multiplicity" it supposedly precipitates (Ross 1989: 84-5, 93). Some, in fact, lead successful and relatively untroubled lives. Ross and his allies cite studies of MPD among recipients of mental health care to argue that MPD is very frequently misdiagnosed as such serious disorders as schizophrenia and/or various organic mental disorders (1989: 94-6). Yet even among this troubled group, a diagnosis of MPD can only be made after lengthy and intensive therapeutic procedures (Ross 1989: 84-5, 103, 219).

Ross and others cite the existence of "spirit possession" in the past and in a variety of contemporary cultures to argue that MPD is not a new, North American--and iatrogenic--condition (Noblitt and Perskin 1995: 74-5; Ross 1989: 9ff.). They differentiate themselves and their authoritative scientific theories of MPD from the

shamans and exorcists of historical and anthropological literature. They also implicitly differentiate themselves from contemporary theorists, therapists and sufferers who--explicitly or implicitly--regard the disorder as the periodic domination of the sufferer by autonomous internal entities or even as some sort of invasion by external ones (see Spanos 1996: 270-1).

The proponents of scientific theories of MPD insist that alters are "highly stylised enactments" or "devices"--rather than "people" (Ross 1989: 109). Ross states that terms such as "dissociated ego state disorder" or "borderline personality disorder with fragmented personality states" would be better descriptions of the disorder. He goes so far as to describe MPD as "elaborate pretending" (1989: 109). Alters are typically created when a "little girl" who suffered sexual abuse "imagin[es] that the abuse is happening to someone else" (Ross 1989: 72).

Yet even the scientific theories of MPD--and the language that their proponents use to express them--tend towards a "personification" of alters. Ross proposes that the "little girl" whose abuse precipitated MPD spends most of her life so convincingly "pretending . . . that she is more than one person" that she "believes it herself" (Ross 1989: 109). He also suggests that MPD sufferers may have "highly structured" personality systems with "rigid amnesia barriers, defined switching sequences, sharply demarcated switches and *clear-cut identities* for the main alters" (Ross 1989: 110 my emphasis).

Alters who are not controlling the sufferer at any given time continue an active, elaborate and independent existence within the unconscious (Mulhern 1994: 276; see also Pendergrast 1995: 260-1). According to some therapists, furthermore, the most crucial stage of treatment of MPD involves "eliciting" or "calling out" alters, so that patients whose symptoms may hitherto have consisted of headaches, having gaps in their memories of childhood, or habitually referring to themselves as "we", will temporarily speak or behave as someone--or something--else (Ross 1989: 103ff.; 228ff.).

This paradoxical personification of “enactments” or “devices” also occurs in Australian ritual abuse literature and discourse. Australian therapists and activists cite the theories and terminology of Ross and other North American experts when using language such as “dissociated component part[s] of the psyche” to describe alters (e.g. Cintio n.d. [c.1994]; Halpern and Henry 1993; Johnson 1992c). Yet they propose that the alters not only operate without the knowledge of the “host personality”, but act quite independently. Alters are believed to have gained professional qualifications that the “host” is not aware of, been married, spied on therapists for abusive cult leaders and taken legal action against therapists (e.g. Halpern and Henry 1993; Powell n.d. [c.1999]). Training videos produced by the Women Inspiring Natural Growth and Support (WINGS) group show actual group therapy sessions where alters reveal that they had--without the knowledge of the “host personality”--been long term members of abusive cults . During therapy alters claimed not to know where they were, and supposedly failed to recognise their therapist or fellow group members. Some alters physically fought with these “strangers”. The “core personality” of one member only became aware that she had spent the last few weeks undergoing therapy when the therapist removed her “cult eyes”. Alters were also expert in an elaborate “cultic” sign language and had extensive knowledge of witchcraft--which they attempted to use on the group.[14]

This crude and blatant “personification” of alters is not simply the result of overzealous or poorly trained therapists attempting to treat MPD sufferers. Ofshe and Watters describe a videotaped group-session conducted by Ross himself at which ten women sat on the floor, giggling, sucking their thumbs, talking in “high-pitched and lispy voices”, and later--frightened by the elicitation of one woman's demonic alter--“crying hysterically . . . huddl[ing] together and consoling each other” (1994 : 206).[15]

Ross' most acerbic critics regard MPD as itself an artifact of poor therapy (Lynn and Pindar 1997: 484; Ofshe and Watters 1994: 209; Spanos 1996: 241ff.). These critics typically examine the scholarly literature on MPD, and propose some compelling alternative interpretations of the etiology, diagnosis and treatment of the disorder. MPD therapist-theorists acknowledge that the disorder cannot be diagnosed until a lengthy period of specialised therapy--which very frequently involves the use of hypnosis--

has been undertaken (Ofshe and Watters 1994: 209, 215; Spanos 1996: 241-6). According to their own literature, MPD therapists initially identify possible cases by questioning patients--who are seeking treatment for a variety of problems and are typically unaware of the abuse which precipitated their MPD--about such ubiquitous occurrences as memory gaps, nightmares and daydreaming. In subsequent sessions, therapists question patients about their lives. Critics argue that this is done in ways that suggest to patients that ubiquitous occurrences and sensations are symptomatic of a mental health problem, and that this problem involves the presence within their psyche of "another". Further questions--which are based on patients' previous answers--also suggestively condition the characteristics of this emerging "other". After a time, therapists notify patients of their diagnosis--applying persuasion or pressure to those who resist it--and inform them of the symptoms they are likely to notice. Some time into the therapy, therapists will attempt to "elicit" an alter, then to begin the process of eliciting--and later--"integrating" all alters within the "system" (Ofshe and Watters 1994: 209-213; Ross 1989: 93ff., 205ff., 218ff.).

Murder, Multiple Personalities and Ritual Abuse

The Australian ritual abuse literature includes a number of detailed descriptions of how Multiple Personality Disorder was diagnosed and treated here (e.g. Cintio n.d. [c. 1994]; Jackson 1992; Richardson 1993). I believe that these accounts are as open to sceptical reinterpretation as their American counterparts. The notorious Wigginton case --popularly known as the "Lesbian Vampire Murder" case--is a most instructive Australian example of the ways in which therapists use very problematic techniques to diagnose MPD.

The account of the Wigginton case, as written by the journalist Ron Hicks (1992), also reveals the connections which are perceived to exist between MPD and ritual abuse. Hicks not only accepts the validity of MPD, he uses the memories of abuse held by one of Tracey Wigginton's alternate personalities as the basis of an elaborate speculative argument about the murder and the activities of abusive cults in Australia.

Hicks has also written about the Sydney Sunday School ritual abuse case, and explored links between this case, Seabeach and the disappearance of Samantha Knight (Report WRC Vol. IV 1997: 676). He began his research on the Seabeach case in an attempt to assist NSW politician Deidre Grusovin “in the Mr Bubbles campaign”, and his magazine articles about the case precipitated legal action by the Derens (Hicks Aust 18/19 May 1996). Mrs Grusovin recommended to me Hicks’ account of her campaign to expose high-ranking Australian pedophiles, believing that it provides a good summary of her activities (11 Feb. 2002).

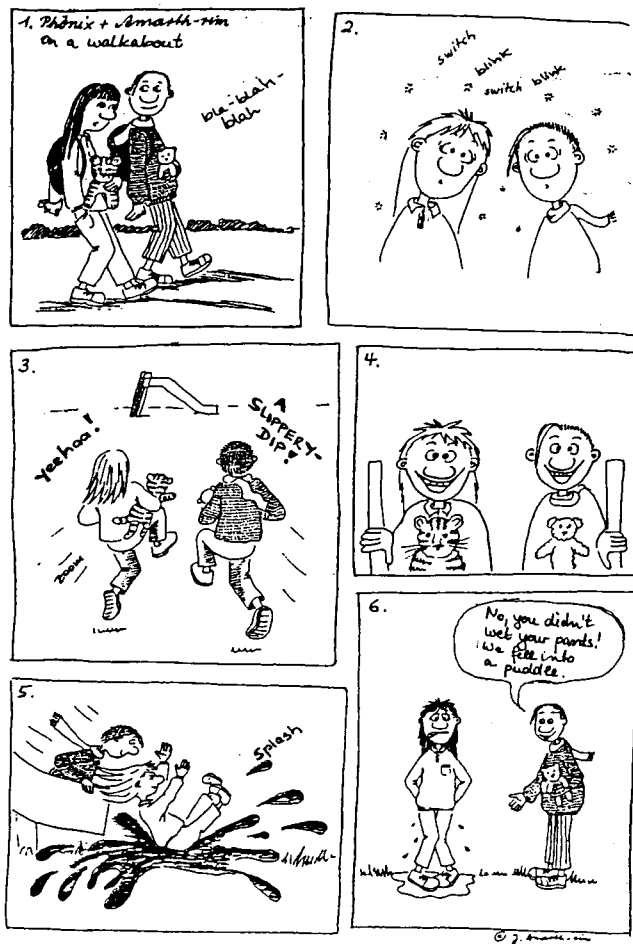


Fig. 2. A Cartoon from Beyond Survival magazine (20), Nov. 1996 shows the “triggering” of the “child alters” of two Australian survivors of ritual abuse. One “host personality” is unable to remember her alter’s misadventure.

Wigginton was arrested for the unprovoked stabbing murder of a 47-year-old man in Brisbane in 1989. The Queensland Public Defender's Office explored the possibility that Wigginton was either not mentally responsible for the crime or unfit to stand trial, and had her assessed by psychiatrist James Quinn (Hicks 1992: 13). Quinn diagnosed MPD and was able to "elicit" a number of Wigginton's alters (Hicks 1992: 18-9, 27ff.). "They" admitted the murder and described attending sacrificial occult rituals (Hicks 1992: 27-8, 31). Hicks implies that Wigginton's sudden subsequent decision to plead guilty--and thereby discontinue contact with Quinn--was an attempt to avoid having her cultic background and the ritual motivation of the murder made public (Hicks 1992 36-7, 327-8, 342-3). Yet Wigginton's decision followed the Queensland Mental Health Tribunal's rejection of submissions made by lawyers and her realisation that some "eminent professionals" would be challenging Quinn's diagnosis in court (Hicks 1992: 34-5).

Although this is an unusual case, the problematic means by which Wigginton's MPD was diagnosed and treated are actually quite typical. Quinn was convinced that MPD was a valid mental disorder, and he almost instantly suspected that Wigginton was suffering from Multiple Personality Disorder. Aided by a psychologist and expert on hypnotism, Quinn subjected Wigginton to an intense and extended period of therapy (Hicks 1992: 15-7, 24ff.). Wigginton was psychologically fragile and very suggestible before the murder, and obviously very vulnerable to suggestion while awaiting trial. Hicks states that during sessions of hypnosis, the therapists scrupulously avoided suggesting to Wigginton that she had MPD (1992: 27). He concedes, however, that it was likely that Wigginton was already aware of MPD and its symptoms, and it was most definitely in her interest to be diagnosed with a serious mental disorder (Hicks 1992: 23).

Hicks also admits that the therapists had questioned Wigginton's alters about their involvement with the occult (1992: 31). Quinn was later a strong public proponent of the idea that ritual abuse "really happens" (see FWN March 1999; Guilliatt 1996: 143; O'Donovan 1994: 7). It is very probable, therefore, the claims of ritual abuse in this case--as well as the clear signs that Wigginton had MPD--emerged after the therapists cued Wigginton about their prospective diagnosis, the symptoms that made them

suspect MPD and the possibility that she had been traumatised by a Satanic cult.

Cults, “Thought Reform” and Recovered Memories of Ritual Abuse

The accounts that appear in the ritual abuse literature describing the various ways in which therapists recognised survivors of ritual abuse and helped them to deal with their “memory deficits” reveal that these methods are as problematic as MPD therapy (e.g. Henry and Halpern 1993b). The practices of some therapists--especially those, I would argue, who are in private practice--in fact resemble the much-criticised “thought reform” techniques used by certain new religious movements.

Many influential ritual abuse theorists and activists--such as Kahaner, Katchen, Noblitt and Perskin, and Raschke--became concerned about the abusive activities of Satanic cults due to their activism in the so-called “anti-cult movement”. This movement arose in the 1970s in response to the perceived dangers posed by unorthodox Christian, Eastern, neo-pagan and other groups that had gained significant followings during the “counter-culture” of the late 1960s and in subsequent years (Jenkins 1998: 172). Although this was originally an American movement, comparable concerns very quickly spread to and proliferated in other countries--including Australia.

Anti-cult activists were particularly critical of and alarmed about unorthodox groups’ use of highly coercive methods of inculcating and maintaining members’ beliefs and commitment to the group. Cults were perceived as using violence and “thought reform” techniques (Ogden 1993: 10-12; Singer and Lalich 1995: xi-xii). Other objectionable characteristics of “cults” included the status, conduct and questionable motives of leaders, the sexual behaviour legitimised by the groups’ philosophy and mission, and the problems associated with children being raised within such groups (Hume 1997: 206ff; Jenkins 1998: 172; Ogden 1993: 10-12; Singer and Lalich 1995: 50ff.).

In the 1980s, many anti-cult activists began to focus on the supposed activities of secret Satanic cults (Introvigne 1997; Jenkins 1998: 172; Victor 1998). They accused Satanists of having characteristics which were comparably objectionable to those of the counter-cultural cults (if not worse), and of perpetrating comparable (if not worse) abuses. Concerns about Satanic cults merged with those about the widespread abuse of children in American preschools. The ideas of the anti-Satanic segment of the anti-cult movement were increasingly taken up by conservative, devil-hating American Christians, and by child protection activists and mental health professionals--who believed they possessed the means to uncover the abusive activities of Satanists (Jenkins 1998: 172-3; Victor 1998).

Descriptions of Satanic cults' authoritarian and self-interested leadership, their use of violence to maintain internal discipline and combat external threats, their mistreatment of children and their use of "mind control" techniques are characteristic of much ritual abuse literature and discourse--including that produced in Australia (e.g. Halpern and Henry 1993; Hodgins 1992; Johnson 1992c; Powell n.d. [c.1999]; RASSA 2000 "Indoctrination"). When in the mid-1990s Australian theorists retreated from the views that ritual abuse was the work of explicitly "Satanic" perpetrators, they actually revived the sorts of "anti-cult" arguments that had been made in the 1970s. According to the moderator of an Australian ritual abuse seminar in 1998, many survivors had been abused by members of unorthodox religious groups. Perpetrators either kept the true nature of their beliefs and practices secret or were members of secret versions of otherwise orthodox religions. In the course of the seminar, the moderator and participants compared perpetrator groups to--or speculated about the hidden beliefs and practices of--the Children of God, the Christian Brethren, Jehovah's Witnesses and the Seventh Day Adventists.[16]

The objectives and techniques of therapists who precipitate the recovery of memories of ritual abuse in their patients--and of the groups in which survivors continue the memory-recovery process--would, however, themselves conform to anti-cult activists' definition of cultic "thought reform" (see Singer and Lalich 1995: 64). Survivors typically enter therapy seeking help for a variety of complaints and are "unaware" that therapists intend to precipitate the recovery of memories of abuse. Therapists--such

as the psychologist at the centre of the Bunbury case--treat their patients in environments that are likely to facilitate the acceptance of hypnotic or pseudo-hypnotic suggestions (Guilliat 1996: 62). Through their charisma or the enforcement of strict payment regimes, therapists are able to commit patients to lengthy and regular periods of treatment (e.g. Henry and Halpern 1993b). Therapists create states of powerlessness, fear and dependence in patients by convincing them of their abusive pasts, the likely effects of this childhood trauma or the ongoing danger which perpetrators pose. Old patient attitudes--such as the belief that they had a happy childhood--are replaced by memories of an abusive past and their acceptance of their status as a survivor. A closed system of logic is also inculcated in patients. They come to accept that their alleged perpetrators' denials are a sign that the abuse really took place and that--because they could not recall the abuse before entering therapy--they must really have been abused (Loftus and Ketcham 1994: 151-2).

To summarise, I believe that a critical examination of allegations of ritual abuse in Australia shows them to be impossible, improbable and unsubstantiated. These claims typically arose after young children were subjected to lengthy and suggestive interrogations and/or after adults underwent problematic forms of psychotherapy. These methods of obtaining "disclosures" of ritual abuse or of helping adults to "recover" memories of it are based on controversial theories about the "accommodation" of perpetrators by young children and the inability of adults survivors to spontaneously recall sustained periods of severe sexual abuse. These theories explain why--in the view of many child protection advocates--child sexual abuse is so dramatically under-reported. However, they were based on very problematic data and were mostly formulated by therapists and others who were already convinced that child sexual abuse--including abuse of the most severe kind--was very common. In practice, many therapists actually subjected survivors to forms of the "mind control" similar to that supposedly used by abusive Satanic cults.

Allegations of ritual abuse--and the widespread acceptance of such claims in the late twentieth century--thus cannot be explained as responses to activities that "really happen". There have, of course, been other occasions when people were accused of committing quite similar atrocities, when such allegations were widely believed, and

when comparably strong actions were taken in response to them. In Part 3, therefore, I will compare the panic about ritual abuse in the contemporary West to the “witch hunting” activities described by anthropologists and historians.

Notes

[1] It is possible that one Seabeach parent’s familiarity with ritual abuse literature actually made her suspicious that her daughter had been abused. There had been long-standing rumours that a Satanic coven was active on Sydney’s Northern Peninsula where the preschool was located. In October 1988, the mother of a three-year-old girl became concerned when her daughter struck a seemingly erotic pose. She questioned the child and was told that “Mr Bubbles” had taught her to behave this way (Hatty 1991: 263; “Mr Bubbles” OCRT 1999; Sexton 2000: 36). According to the literature, one “sign” that young children have been ritually abused is that they will strike erotic poses--since perpetrators train children to appear in pornography (e.g. Gould 1992 210, 216). The American literature that was available in Australia at this time was predominantly concerned with the ritual abuse of children in daycare settings.

The proprietor of Seabeach, Dawn Deren, later claimed that had the parents been truly familiar with young children, they would have realised that their seemingly strange behaviour and statements were actually quite normal (Hole SMH 12 Aug. 1989).

[2] Therapists and child protection workers attempted to overcome victims’ “accommodation” of perpetrators during the numerous investigations of abuse in American preschools that followed the publication of Summit’s article. These investigations--especially those where children were making seemingly incredible claims and where investigators were accepting them--inspired critical researchers

to examine the available evidence about the susceptibility of young to prolonged and suggestive questioning and to test such evidence in the laboratory.

Researchers found young children could be influenced by relatively innocuous questioning, and that they could be quite easily induced to falsely claim that they had actually witnessed certain events (Campbell and Lorandos 1994; Ceci and Bruck 1993: 431ff.).

Studies conducted after the formulation of the Child Sexual Abuse Accommodation Syndrome, furthermore, questioned the veracity of the physical and behavioural "signs" which made parents or other adults suspicious that children had been abused--so that measures to overcome "accommodation" were required--or which were used to confirm such suspicions. Expert clinicians were shown to be quite poor at assessing behavioural signs of sexual abuse in children, frequently interpreting ubiquitous statements and behavioural traits as indications of abuse. Until the late 1980s, normal marks, protrusions and colourations of children's genitals and anal regions were similarly regarded as symptoms of abuse (see Atabaki and Paradise 1999; Campbell and Lorandos 1994; Pendergrast 1995: 365).

[3] Some of Summit's critics take a fairly jaundiced attitude to his repudiation of his more impetuous and overzealous disciples (see Lyon 1998: 464-5; Pendergrast 1995: 379-80).

(4) Summit's article draws heavily on Judith Herman's theories about "father-daughter" incest. For the purposes of her own study, Herman used a relatively broad definition of incestuous sex as "any physical contact [between girls and 'related' adult males] that had to be kept secret" (1981: 70). She conducted "semistructured" interviews with 40 women--all from Massachusetts and predominantly Roman Catholic. They were, furthermore, recipients of outpatient treatment from an "informal network of [Boston] therapists in private practice" and "had already dealt with the incest trauma . . . in their therapy" (Herman 1981: 69). Many of Herman's conclusions were thus based on accounts of a small, ethnically and religiously uniform group. These were troubled and possibly politicised women, who were recounting events that had occurred an average of fifteen years before

(Herman 1981: 68-9, 84). No attempts were made to verify these accounts, but Herman was confident about their accuracy due to the vividness of the women's memories, the similarities between their accounts, and the similarities between these and certain other accounts of incest (1981: 70).

[5] A detailed account of the "Bunbury" case is contained in Guilliatt (1996). Therapists and activists who believe that ritual abuse "really happens" regard Guilliatt as an unreasonable sceptic--if not something worse. Yet Guilliatt's account of the process by which the women in the Bunbury case recovered their memories of ritual abuse is totally consistent with the survivor's account given first hand to the 2002 ASCA seminar, as well as with Ron Hicks' account of how Tracey Wigginton came to realise that she had unknowingly been involved in an abusive Satanic cult.

[6] There are several studies that provide information about Australian "survivors" of ritual abuse. These include Johnson's 1992 "Summary of . . . Information", and surveys undertaken by ASCA in 1997 and by psychologist Merle Elson in 1998. Both surveys deal with "recovered" memories of sexual and sadistic abuse, as well as ritual abuse. I will discuss them in detail in Chapter IX.

Other sources of information about adult survivors of ritual abuse in this country come from published accounts by or about survivors, accounts presented at seminars and workshops, accounts of therapists who have treated survivors, and legal documents.

[7] Diane Russell came to similar conclusions, although her influential 1983 study examined the extent and characteristics of child sexual abuse among a sample of women in San Francisco rather than the victims' ability to recall it. She found that the incidence of abuse was "shockingly high" and that many more subjects may have repressed . . . [their] experiences from their conscious memories" (Russell 1983: 144, 151).

[8] See Chapter II for a discussion of Williams' problematic 1994 study.

[9] These “Cultural Feminist neo-Freudians” should not be confused with feminists whose revision of psychoanalytical ideas focused upon the liberation of female sexual desire and chaotic corporeality (see Grosz 1989; Grosz and Probyn (ed.) 1995). It should also be noted that many theorists of sexual assault, child abuse and ritual abuse who use Freudian concepts are very critical of Freud’s repudiation of his earlier child “Seduction Theory” (e.g. Boyd 1991: 281; Herman 1981: 9). Henry and Halpern’s “psychoprocessing” technique is an illuminating Australian example of Cultural Feminist neo-Freudian conceptions of memories of abuse and the very suggestive nature of their application in therapy. Henry and Halpern (1993b) claim that they had originally used psychoprocessing to treat prisoners in pre-release programs and other clients “with life issues”. They found, however, that their clients “were appearing to recall childhood memories which they had repressed or dissociated”. Many of these clients, it was claimed, had suffered ritual abuse and had been subjected to “sophisticated brainwashing . . . in an organized criminal . . . ‘cult’ situation”. Psychoprocessing, according to Henry and Halpern, benefits clients by allowing them to do “inner work”, to enter “‘trance’ state[s] where the inner focus is heightened”, and to by-pass “the conscious mind . . . allowing access to information known subconsciously”. To these ends, therapists “provide . . . client[s] . . . with a receptive . . . environment in which to recall, disclose or reach out for help”. Therapists relax clients, guide them into “a safe place inside” and then facilitate their “retrieving memories and expressing emotions around trauma”. Therapists and clients work on case histories provided by the clients and the “internal landscapes” that clients have drawn. They hold discussions--during which clients use ideomotor hand signals--and explore the “symbolism” in the clients’ presentations using intuition, association exercises, and internal dialogues and role plays.

Henry and Halpern provided delegates to the 1993 AAMPAD annual conference with a detailed description of the “psychoprocessing” technique, and recommended its use by therapists or by “anyone [seeking] to be responsible for him/herself”.

[10] Many critics of “repressed memory” theory claim that Herman does not mention the concept in her 1981 work on “father-daughter” incest (e.g. Loftus and Ketcham

1996 [1994]: 50; Wakefield and Underwager 1994: 67). Herman does seem to have been aware of nascent theories of “repressed memory” in 1981--but her attitude to them was ambiguous. She recounts how a “psychiatrist of [her] acquaintance” had proposed “repression” as a possible explanation for the very low recorded incidence of incest perpetrated by women. Herman--who believed that the sexual abuse of male children by female perpetrators was as rare as the figures suggested--proposed that the “concept of repression might be more aptly invoked to describe the social response to the reality of [‘father-daughter’] incest” (Herman 1981: 21).

[11] As part of his testimony in the 1997 Dale case, van der Kolk stated that he did not consider it essential for clinicians to seek corroboration for patients’ claims that they had been sexually abused in childhood. He also noted that the controversy about the validity of recovered memories was a recent one. Defence counsel countered that it was only recently that people were attempting to initiate prosecutions or obtain damages over events that occurred decades before (Dale vs RC Diocese of Burlington, Va. et al 26/7 Sept. 1997).

[12] Ross regards his theories of MPD to be entirely consistent with those proposed by Bennett Braun and Richard Kluft (Ross 1989: 71-3). These theorists too are extensively cited in Australian ritual abuse literature and discourse.

[13] A study by Ryan suggested that “about 5% of [North American] university students [may] have MPD”. Ross does not consider this estimate “preposterous” (Ross 1989: 91).

[14] Members of the WINGS group made several training videotapes showing group therapy sessions conducted on 12 July 1994, 15 Aug. 1994, 15 Feb. 1996 and 23 Feb. 1996.

[15] In the early 1990s, Ross began to speculate that the CIA had deliberately precipitated MPD in thousands of individuals. The agency was also supposedly encouraging official and professional scepticism about the disorder (Ofshe and

Watters 1994: 223-4, 321n.; Ross interviewed by Morris CKLN-FM88 6 April 1997). At virtually the same time, however, Ross was also proposing that around 90% of recovered memories of ritual abuse were false and that the valid 10% were actually accounts of survivors who had misunderstood the abuse they had suffered at the hands of such perpetrators as unorthodox Christian groups, occultists and producers of pornography. He went so far as to label much of the therapy used to treat survivors of ritual abuse as part of a "destructive psychotherapy cult" and to admit that he was a member of the False Memory Syndrome Foundation (Robinson 1995; Ross int. Morris CKLN-FM88 6 April 1997)!

[16] "Ritual Abuse Workshop" Queanbeyan District Hospital 21 Sept. 1998 (videotape).