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Critique of “Characteristics and Sources of Allegations of Ritualistic Child Abuse” submitted by Diana Napolis, M.A. in March 2008 (6/19/2008 update)

### Introduction

In 1994 after receiving a grant from the National Center on Child Abuse and Neglect to study the prevalence of ritual and religion related abuse in the United States, researchers Dr. Gail S. Goodman from the University of California at Davis, Jianjian Qin, Bette L. Bottoms, and Phillip R. Shaver submitted their findings in a 206 page research study. Numerous irregularities were discovered in this study which could not be solely attributed to methodological flaws but which appeared to have been purposefully designed to intentionally disguise the prevalence of ritual abuse. This was indicated by 1) a failure to correctly analyze the legal findings of hundreds of Social service agencies 2) a failure to design a valid perpetrator/victim scale which would measure intergenerational child abuse 3) and a failure to accurately classify cases as ritual abuse when it was clear that ritual abuse had occurred.

Dr. Goodman went on to disseminate further propaganda about what this study purportedly revealed in a 1994 New York Times article and in several other publications which included Dr. Goodman’s public acceptance speech to the APA in 2005 after receiving an award for Distinguished Professional Contributions to Applied Research. The following comments and questions were addressed to the researchers and to the Office of the President of the UC School system in hopes they could offer an explanation about these troubling issues.

### General Comments

In the introduction to this study the topic of satanic ritual abuse was presented to the readers by describing specific acts of Satanists such as torture, sacrifice of humans and animals, baby breeding, murder, and forced participation or observation of sex as “bizarre” and “extreme.” To mainstream Americans these satanic cult practices may indeed be interpreted as “bizarre” - which they are - but these practices are not necessarily unusual or beyond belief when typical negative occult or black magic practices are examined world wide. [See the Mark Kilroy/Mexico case and search the word “ritual” “satanic” or “devil worship” in every newspaper on ever Continent via

Lexus/Nexis]. I was concerned that by the continual usage of the terms “bizarre” and “extreme” throughout this study it might have served as a technique which was intended to stop rational thinking processes - which “buzz” words are often meant to do - and by the continual usage of these terms readers might have believed that satanic practices were synonymous with “unbelievable,” which of course is not the case.

It was also written that “The similarity of these reports across different parts of the country adds to their credence in some professional’s eyes ... However, because virtually no physical evidence to support these allegations has been found by the FBI (e.g., Lanning, 1991), there is also reason to doubt reports of murder, cannibalism ... that are often included in satanic ritual abuse reports.” I do not believe this analysis to be accurate given the fact that cases of cannibalism and murder are common world wide. There is no reason why the United States should be considered an exception from those practices especially since the crime rate in the US is considered to be one of the highest in the world, and the US is the home of refugees from locales that are known to practice black magic, such as Haiti, Africa, South America, Cuba, Mexico, and other third world countries. This logic is also based on a false premise: It is assumed that Mr. Lanning was reporting accurately about the state of the evidence.

In the introductory literature review of this study Michael Newton’s book, Raising Hell: An Encyclopedia of Devil Worship and Satanic Crime (1993) was apparently overlooked. In his introduction, Mr. Newton stated that he did not believe there was any legitimate reason why FBI’s Ken Lanning would continue to maintain there wasn’t any physical evidence to prove satanic crime existed given all of the documented evidence which proved otherwise. Mr. Newton chronicled numerous investigations which took place between 1970 to 1992 which culminated in the prosecution of Satanists or cult groups who were found guilty of murder and, in some instances, of cannibalizing their victims. The underlying documentation to Mr. Newton’s work is easily obtainable and it appears to be quite accurate. I agree with Mr. Newton. It is beyond dispute, Ken Lanning did not report accurately about the prevalence of satanic crime.

I have investigated the FBI’s involvement in ritual crime cases and have discovered the following facts:

A) In 1987 the FBI and CIA tried to cover-up what appeared to be a high-profile ritual abuse case involving an organization called the “Finders.” The CIA told investigating officials to close the case investigation because it had become a CIA “internal matter,” and reports indicated that the Finders were found in the FBI’s Counter-Intelligence Files. [See Officials Describe ‘Cult Rituals’ in Child Abuse Case, the Washington Post, Feb. 7, 1987, and Customs Reports, dated 02/07/87, 02/12/87 and 4/12/87.]

B) Testimony was given about the government’s attempts to intentionally create the

psychological disorder MPD/DID using Satanism as a trauma base [See March 1995, Testimony given at the President's Advisory Committee on Human Radiation, and Bluebird, Deliberate Creation of Multiple Personality by Psychiatrists, by Dr. Colin Ross (2000).]

C) In one particular case, evidence pointed to the government's direct involvement with organized satanic ritual pedophiles [See Bonacci v. King, Court Transcript dated February 19, 1999, Federal case No.4:CV91-3037]

D) The FBI has also been accused of ruining case investigations, either intentionally or because of lack of training. [See A Legacy of Pain, The Times Herald Record, June 11,1991, and Child Abuse at the Presidio, The Parent's Agony, The Army's Cover-up, The Prosecution's Failure, San Jose Mercury News, July 24, 1988, about the Westpoint and Presidio Army Base Daycare satanic ritual abuse investigations.]

A typical satanic ritual abuse case would not fall under the jurisdiction of the FBI unless the case involved interstate crime, or if the crimes occurred on a military base or an Indian reservation. If the crimes occurred outside the boundaries of the FBI's investigatory guidelines, the case investigation would fall under the jurisdiction of the relevant local police department. It is only in very rare instances, and only when they are invited, that the FBI become involved in local investigations. In addition, the FBI does not keep statistics on ritual abuse. Therefore, Ken Lanning was never in any position to make dismissive statements about the prevalence of ritual crime.

Mr. Lanning was an armchair analyst and even though he claimed that his unit provided consultation to others in law enforcement about these cases that was probably a rare event after he published his monogram in which he purported to find no evidence proving satanic crime. This proves the point that the government should not be investigating itself, and it is sometimes naïve to interpret the "talking points" of government spokespeople with the truth, especially about volatile topics.

In this study a decision was made to survey clinicians and agencies about both religion and ritual related abuse reportedly for comparison reasons. I believe that this was a mistake which resulted in too much data to accurately classify and which served to disguise or confuse issues about both religion and ritual abuse reports. The researchers routinely claimed that there were many cases which could not be classified because they were "ambiguous." If there had a more manageable data pool it might have been easier to clarify any questions the researchers had which would have then resulted in the full usage of the data which was provided by respondents.

I was concerned about initial bias, specifically so after reading the detailed questionnaire which was sent to clinicians and agencies who had encountered at least one ritual or

religion case. It was written, “The issues covered by the detailed questionnaire included the number of cases encountered, case features, characteristics of victims and perpetrators, abuse settings, legal pursuit and outcome of each case, case disclosure circumstances, case evidence, respondents’ degree of acceptance of the claims, and their experiences with ritual abuse workshops and seminars.”

On pg. 48 and 62, under Characteristics of Respondents, it was written, “A higher proportion of ritual cases were reported by respondents who had attended either ritualistic child abuse lectures or ritualistic crime lectures.” I recognized that argument from reading Ken Lanning’s/FBI report. He hypothesized that training about ritual abuse might prime therapists to create ritual abuse in their clients mind. The researchers wrote, “...Overall, the majority of the cases were reported by respondents who had attended lectures, seminars, and workshops concerning ritualistic child abuse or ritualistic crime...However, the direction of these effects is unclear. On the one hand, clinicians who encountered ritual abuse cases in their practices might be especially motivated to attend lectures and workshops. On the other hand, lectures or workshops might prime clinicians to detect or create signs of ritual abuse.” I disagree. I do not believe there is anything wrong with clinicians being trained to detect signs of ritual abuse, instead, the suggestion that therapists might create these beliefs in the mind of their client’s due to their attendance at ritual abuse trainings is an overly simplistic cause and effect scenario that doesn’t stand up to scrutiny.

It appears that this was one of the initial hypothesis at the outset of this research study, that the degree of therapist’s acceptance of their clients claims and their experiences with ritual abuse workshops and seminars, meant that they might be suspects in creating “false memories” in their clients. However, I note that this argument is not made in any other area of child maltreatment and it is only made about training involving satanic ritual abuse. If a therapist attended a training about neglect, would the same argument be made, that the therapist would more likely than not, based on this training, to “create” a neglect scenario in their client’s (child or adult) minds, which would cause their client to have “false memories” of neglect? Ethical and trained therapists do not do this regardless how controversial the subject matter is. Instead, advanced training in ritual abuse contributes more than not to consciousness raising and false positives are to be expected to be found in any type of child abuse.

In my opinion, bias was demonstrated throughout this entire study, and I want to be very clear about why I believe that. Extreme statements were quoted from Advisory Board members of the False Memory Syndrome Foundation and extreme conclusions were reached throughout this study that were based on FMSF themes. Although the researchers attempted to portray objectivity by including what they apparently thought was both sides of the argument, they came down on the extreme skeptics side about the satanic ritual abuse of children.

For example, on pg. 19, FMSF Advisory Board member Richard Ofshe was quoted. The researchers wrote, “At a recent professional conference, Ofshe (1993), a sociologist and expert on cult phenomena, asserted that a clinician’s having dealt with several cases of ritualistic or satanic child abuse is ‘prima facie evidence of malpractice.’” This is clearly an absurd remark which is not based on any evidence and I do not understand why such a statement was included in such a serious and pivotal research study. I investigated several cases of ritual abuse during my tenure as a Court Investigative Social worker for Child Protective Services, and I referred the victims to therapists who were experienced in treating ritual abuse. I can assure the researchers, I was not guilty of malpractice because of my ability to identify ritual abuse and neither were the therapists who treated the victims simply because of their skills.

In 1999 Professor Paul Cassell was instrumental in assessing whether FMSF Advisory Board member Richard Ofshe’s work was accurate and without bias. Richard Ofshe published an article, The Consequences of False Confessions, Deprivations of Liberty and Miscarriages of Justice in the Age of Psychological Interrogation, 88 J. Crim. L. & Criminology, 429, 1998. He claimed that there were a substantial number of defendants who falsely confessed to their crimes and because of that suggested sweeping changes be made in the criminal justice system. Professor Cassell’s article, The Guilty and the ‘Innocent’: an Examination of Alleged Cases of Wrongful Convictions from False Confessions, published in the Harvard Journal of Law and Public Policy (1999) Vol. 22, pp. 523-602, proved that Richard Ofshe did not report accurately about the facts of the cases he alleged were wrongful convictions. Why? Because he is a member of the FMSF and the FMSF have been proven to have a very obvious agenda.

As the researchers must have been aware, the FMSF was founded by a couple – Peter and Pamela Freyd – who were accused by their adult daughter (a memory specialist) of child molestation. The FMSF have spent considerable time and energy attempting to denounce the existence of satanic ritual abuse and repressed memory cases involving both SRA and sexual molestation. Unfortunately, FMSF founding board members, Ralph Underwager, and his wife, Hollida Wakefield, gave pro-pedophile supporting statements in Paidika, a journal for pedophiles in 1993. FMSF Board member Elizabeth Loftus has been accused of unethical behavior several times, and most recently, in 2007, she settled a lawsuit after she was alleged to have misrepresented herself in order to obtain information about a therapist’s case that she disagreed with. Regarding the ability to implant “false” memories, Dr. Loftus’ Shopping Mall Study was shown to have numerous methodological flaws by Lynn Crook in her article, Lost in A Shopping Mall – A Breach of Professional Ethics, published in Ethics and Behavior 9(1), 39-50, (1999). Therefore, giving the FMSF (an organization which attempts to discredit ritual abuse cases) credence in a report such as yours which attempted to portray objectivity about the prevalence of ritual crime was probably unwise.

For comparison purposes I will be discussing the researchers journal article, An Analysis of Ritualistic and Religion-Related Child Abuse Allegations, published in Law and Human Behavior, Vol. 20, No. 1. (Feb. 1996) pp. 1-34, in several of my questions in the body of this critique.

Finally, I would like to know what the researcher's initial hypothesis was about the prevalence of satanic ritual abuse in the United States. My conclusion, after thoroughly reading this research study and noting what appeared to be substantial irregularities, was that the agenda at the outset was to deny that satanic cult ritual abuse existed in attempts to impact the therapeutic, law enforcement, and legal (both Civil and Criminal) communities so they would not take the reports of victims seriously. This agenda was very apparent after reading the extreme statements made about this study years later by Dr. Gail Goodman which did not appear to be even close to the actual facts. I address this in my concluding remarks. In fact, the researchers argued against the enactment of State laws which would make ritual abuse a crime because they apparently believed that this research study disproved the existence of intergenerational satanic cult abuse of children. Just the opposite, not only did this data overwhelmingly prove that Satanic cults and/or families ritually abuse children, despite the researchers failure to accurately design a valid perpetrator/victim scale, but I believe it was obvious throughout this research study that there were numerous attempts to camouflage potential results which might prove that fact which cannot be solely attributed to methodological errors. I believe my analysis proved that this is exactly what occurred.

The following questions are addressed to the researchers, Dr. Gail Goodman, Dr. Phillip Shaver, and Bette Bottoms.

### Study 1

In Study 1, clinical psychologists (APs), psychiatrists (MDs) and clinical social workers (SWs) in the United States were surveyed who had encountered child/adult ritual or religion abuse cases.

1) Missing Data/Unclear Number of Clinician Reports: In Study One you claimed to have received 6,910 "valid" respondents (combining first and second wave postcards) from clinicians who replied to the initial postcard survey, stating they had encountered at least one ritual or religion case of abuse, but then only 2,136 follow-up questionnaires were sent. That meant (subtracting 2136 from 6910) that 4,774 people who initially responded to your postcard, claiming they had encountered at least one ritual/religion case, were never sent a follow-up questionnaire. I do not understand this. Why weren't 6,910 follow-

up questionnaires sent, and what was meant by initially stating that they were “valid” responses? What did these 4, 774 people write within their responses? What was the criteria you used to decide validity and then exclusion? It was written (after excluding 4,774 “valid” respondents) that out of the 2,136 questionnaires that were sent, only 797 people responded, which means 1,339 people did not respond to the questionnaire. I find this stated number curious because one would think that given the importance of the subject matter professionals would consider it a priority to respond to researchers who were gathering important data about the prevalence of ritual abuse.

It was finally reported that out of a total of 2,136 respondents, information was received by 720 valid respondents (after exclusions), of whom 297 were clinical psychologists, 200 were psychiatrists, and 223 were social workers (It is not clear whether or not this group referred to LCSW's) who provided information about a total of 1,652 cases of combined ritual or religion-related child abuse reports that they had encountered which included either adult or child clients. After eliminating 104 cases in which the client was not a victim, your analysis was based on 1,548 cases of which 387 were child ritual and 674 were adult survivor ritual which totals 1061 ritual abuse reports from some unnamed number of clinicians. *It appears that you statistically analyzed what types of clinicians reported either religion or ritual cases, but I do not see any number classified in whole numbers, describing just how many clinicians encountered reports of ritual abuse.* This becomes important because you claimed at the conclusion of this study that a small group of clinicians and agencies reported most of the ritual abuse cases and I am contesting that assessment.

On pg. 22, in the geographical section of this study, it was written, “The majority of those who had encountered any kind of case had encountered one or two.” On pg. 23, it was written, “We were also concerned with the number of cases reported by each respondent. Can you explain this contradiction? You wrote that a total of 15,423 cases were reported, after combining first and second wave data (and apparently after multiplying 2,136 respondents x 7.22 cases = 15,423 ritual/religion cases combined) which you statistically analyzed. You indicated on pg. 25, after analyzing the second wave data separately, that the mean number of child ritual cases reported by these respondents was 3.21. On pg. 25, you reported that the mean number of adult ritual cases encountered by such respondents was 2.93. In other words, during the geographical part of your study, it appears the numbers of cases that were “encountered” were taken seriously enough to analyze in the geographical area of your study but then the numbers that were taken seriously decreased dramatically in the rest of the study.

In fact, there was a lot of missing data which was quite troubling. For instance, on pg. 21, it was written under Returns, “There were 6,910 (35.86%) valid respondents after eliminating invalid respondents (e.g., those who were retired or deceased).” Does that mean that retired therapists who reported ritual or religion cases were eliminated from

this study? If so, one would wonder why given that their input would be valuable and based on their maturity they might have provided interesting insights which could have been included in this study. On pg. 27, it was written, “After eliminating 77 invalid respondents (either because the respondents decided after considering our criteria that they had not encountered any relevant cases, or because we decided that their cases were inappropriate, such as the alleged victim being an animal rather than a person) there were 720 valid respondents.” Clients are rarely in therapy due to animal abuse. See question No. 4 for more detail. On pg. 28, “There were 55 cases that could not be confidently classified, and we treated them as missing data for the ritual versus religion-related allegation type variable.” Why did you exclude all of these cases without clarifying with the reporting party what your uncertainties were about? Further, on pg. 28, under Analysis, “We excluded 104 cases in which the client was not a victim of abuse. In some of the cases the client was a victim but also allegedly had the role of a perpetrator or a relative of the victim. These cases were included.” This exclusion/inclusion was not clear. See question No. 5 for more detail. On pg. 28, “We were unable to classify 82 cases, which were treated as missing data.” Again, why didn’t you correspond with these clinicians to clarify what category they should be in given the importance of the subject matter? It appears that clinicians had reported what they believed to be ritual abuse of their clients, but then these reports were reclassified in some unknown manner until it met your criteria, which was quite unclear. See question No. 6 for more detail.

In the 1996 article, An analysis of Ritualistic and Religion-related Child Abuse allegations, Law and Human Behavior, Vol. 20, No.2 (which will be referred to as your 1996 journal article), you reported findings about what the psychologists canvassed had revealed who had treated ritual or religion related abuse. You indicated on pg. 7 that 338 psychologists returned the detailed questionnaire about the ritual abuse cases they had encountered or treated. These psychologists reported a total of 287 adult ritual cases and 457 child ritual cases which resulted in a total of 744 ritual abuse cases. This was only from one category of professionals – the psychologists. Without suitable explanation you then excluded a multitude of cases and reclassified many more which resulted in 386 ritualistic cases remaining. That means you excluded or reclassified a total of 368 ritual abuse cases that were originally reported to you by treating clinicians who had decided that their cases constituted ritual abuse. In addition, in the introduction to this research study, on pg. 4, you wrote that after eliminating cases, the analyses was based on 1548 ritual/religion cases, of which 387 were child ritual cases and 674 were adult ritual survivor cases, which were reported to you by MD’s, APs, and SWs. However, in your published article it was reported that psychologists alone reported 457 child ritual cases. There is a discrepancy of 70 ritual child cases. Can you please explain. Why were all of these cases excluded or reclassified? In lieu of a rational explanation which would explain all of the missing data, and other exclusions for questionable reasons, it gives the appearance that the data pool was manipulated in order to exclude potentially valuable information about ritual so that the prearranged conclusion could be reached that a small

number of clinicians and agencies were responsible for the most reports of satanic ritual abuse and that there was no evidence of satanic cults.

2) Unusual Number of Case Reports: In your published 1996 journal article, on pg. 6 about psychologists, it was written that “a majority of those who had encountered any kind of ritual case had encountered only one or two, yet a few clinicians (2% of those reporting any cases) said they had encountered more than a hundred a piece.” Yet, on pg 22 of this research study, you reported that out of the 2,136 psychiatrists, psychologists and social workers that were surveyed, “The majority of those who had encountered any kind of case had encountered only one or two...yet a few respondents, 1.4 of those reporting any case indicated that they had encountered more than a hundred cases.” I believe 1.4 refers to 30 people. Footnote No. 3, on pg 125 read, “Two clinicians claimed that they had encountered more than 1,000 cases: one respondent claimed encountering with [sic] 1,052, another respondent claimed encountering 2,000 cases.” I can understand why MD’s and psychologists would report many cases if they worked in hospitals or specialized Dissociative Disorders units (and as you acknowledged, Dissociative Disorder specialists were over-sampled), but I would have corresponded with these clinicians and asked them why they were reporting such high numbers especially when you specifically requested that respondents report up to eight cases only.

It appears that you were referring to these outliers when it was claimed that a small group of clinicians were responsible for reporting the most number of ritual abuse cases. If so that would be unethical and untruthful. By making that type of remark, it gave the appearance that a few fringe therapists were responsible for making the most reports of ritual abuse when in fact you also wrote that the majority of clinicians canvassed reported only one or two ritual abuse cases.

3) Describing Client’s Disclosures as “Bizarre” or “Extreme” Indicated Bias: Throughout Study 1, and in Study 2 and 3, the reported behaviors of satanists such as torture, sacrifice, and cannibalism were continually referred to as “bizarre” and “extreme.” Of course they are, but by including your reactions or opinions in a formal research study such as this, I believe it betrayed bias and lack of objectivity. Was it the intention that your readers come to the same conclusion? That if you, the researcher (the authority figure), decided that these reported behaviors were bizarre and extreme, the reader should come to that conclusion as well? I do not believe a researcher should judge behaviors. Instead, an impartial fact finder should objectively report information without giving ones opinion about it. If this lack of impartiality occurred in a therapeutic setting, the clinician would likely have to seek supervision because of the clinician’s counter-transference. If this occurred in an investigative setting, the social worker, police officer, or evaluator might have to be taken off the case if they too used these terms and it too interfered with their ability to objectively investigate. Potential reasons why this might be the case would be if the officials didn’t understand the subject matter, they didn’t believe the subject

matter existed, they were trying to cover up the subject matter, or they were too frightened to investigate the subject matter. A good supervisor would monitor these situations and take action when appropriate. Likewise, in this instance, I believe researchers should not be analyzing satanic ritual abuse reports if they have a biased reaction to the data they collect.

4) Discarding Cases of Animal Abuse: On pg. 27 it was written that 77 cases were discarded after discovering that the respondents decided they had not encountered any relevant cases, or it was decided that the case was inappropriate because the alleged victim was an animal, rather than a person. Why would clients be in therapy because of animal abuse, especially when these clinicians responded specifically to a research study about the ritual abuse of people which sometimes involves animal abuse? Isn't it possible that animal abuse could be considered a source of threat to victims of ritual abuse to not report their ritual abuse, for instance, as a child or even as an adult? Animal sacrifice is one of the features listed on pg. 135, in Table 1, F11. I believe it would have been appropriate to correspond with these clinicians and ask them what their clients were in therapy for and in what context they reported animal abuse.

5) Discarding Perpetrator Confessions: On pg. 5 it was written, "There were no significant overall differences between ritual and religion-related cases with respect to evidence of abuse/harm except that religion-related cases more often involved perpetrator confessions." In that statement were you referring to the confessions of the client's perpetrator, or were you referring to the confessions of a perpetrator of religious abuse who was in therapy? It was mentioned earlier that perpetrator confessions would be convincing evidence that ritual abuse had occurred. For instance, on pg. 43, under what you would consider to be corroborative evidence, it was written (d) confession or admission by the accused. However, on pg. 26, you wrote, "We excluded 104 cases in which the client was not a victim of abuse. In some of the cases the client was a victim but also allegedly had the role of a perpetrator or a relative of a victim. These cases were included." It appears by this definition (taken from this research study) that you automatically excluded perpetrators who either sought therapy on their own, or who were court-ordered into therapy, but you included a client who was a victim/perpetrator and a client who was also a relative of a victim. It is not clear what category these excluded perpetrators were in - ritual or religion. If they were from the ritual abuse category, why were ritual abuse perpetrators excluded from your study at the start? I assume by the reference to perpetrator/victim clients, you were referring to the multiple-role clients who were later identified in Study 3.

However, in your 1996 journal article, on pg. 9, the statements that were made about these inclusions/exclusions was completely opposite from what was written in the preceding paragraph. The number reported was reduced by half because these were reports about the findings of psychologists, and then you wrote, "...Finally, we **excluded**

56 cases in which a respondent's client was not an abuse victim (e.g., the client was a perpetrator or a victim's relative.)" In that statement you appeared to be stating that you excluded all non-victims in this category, including the exclusion (not the inclusion) of clients who were the "victim's relative." More importantly, you again overtly stated that perpetrators were excluded from your analysis. If these people were perpetrators of ritual or religious abuse, why were they excluded? In addition, I did not read in the entirety of this study any analysis of either 1) the confessions of clients who were both perpetrator/victim (multiple-role clients), or an analysis of 2) relative of a victim. Please explain. It is not clear in your Tables whether the perpetrator confessions referred to the client's abuser only. (See Study 3, Question 3.) In addition to the other discarded data for insufficient reason, I consider it to have been a severe methodological flaw to discard potentially valuable information from perpetrators in therapy.

6) Unclear About What Features Described Ritual Abuse: On pg 27 it was written that cases were defined as ritual if they exhibited 10 or more of the following features: Feature F1 to F11 and features F19 to F21 and, in some instances, the religious features F15 to F18. That seemed to be very stringent and unreasonable criteria because, although many ritual cases do include all of those elements, some might not, and it would be unreasonable to exclude them. If features F15 to F18 were marked, in addition to features describing satanic ritual abuse, did you consider that these clients might be victims of satanic ritual abuse perpetrated by church members? If so, I did not find a discussion about it anywhere in your research study. On pg. 28 it was written that cases were classified as ritual if at least one of features F1 to F14 or F19 to F21 were indicated. Can you please explain this apparent discrepancy? First you required that a ritual case had to have 10 features and then you wrote that they needed to have at least one feature.

In addition, the definition of F 12 was: "Ritualistic abuse involving forced participation in or observation of sexual practices." However, I did not read any further evaluations in this study about clients who might have been forced to observe sex. Since rape is a crime, but forcing someone to witness a sexual act is not, I am not sure why these two activities were included within one Feature. In the Tables, the Feature F12 was listed, but it was impossible to tell if you were referring to cases which evidenced forced sex within the context of ritual abuse, forced observance of sex, or both. More importantly, because the definition of F12 was: "Ritualistic abuse involving forced participation in or observance of sexual practice," it is conceivable that a respondent might have believed that his client was both a ritual abuse victim, and a rape victim, but not have described any other ritual features other than F12 since the acknowledgement of ritual abuse was included within the definition of the feature itself.

Because it was very unclear how ritual was being defined (although you did report that 50% of ritualistic child cases involved Feature F12), could you disclose whether or not a case was always counted as ritual abuse if a respondent checked F12 only? Although

there was a statistical analysis of F12 included in this article apparently you did not believe it had any particular meaning. According to your 1996 journal article, on pg. 9, it was written: “As can be seen in Table II, the most common feature of ritual cases was ‘forced sex.’ The next most common was ‘repeated practices.’ Notice that neither of these features necessarily entails participation by satanists or cultist of any kind.” I couldn’t disagree with you more. Rape or forced sex in the context of ritual abuse, paired with repeated practices which (on pg.135, Table 1 of this research study) included prayers, chants, incantations, wearing of special costumes, I gather, referred to satanic or some other malevolent group which used chants, prayers, etc... But again, because there were too many ritual behaviors in one Feature it is impossible to tell with certainty what the respondents actually reported.

Because 50% of all child cases reported F12 (forced sex in a ritual context), that finding was enough, in my opinion, to infer that children had been ritually molested for the purposes of this research study. It appears that the data pool was being manipulated by making these types of statements. Your respondents reported in good faith, according to your own features list, that rape in the context of ritual abuse had occurred but you then decided that this information was not persuasive for no discernable reason. Please refer to Question 8. I would consider the inclusion of too many possibilities in one ritual Feature, and the inclusion of “ritual abuse” in F12, to be a methodological flaw in this study which may have camouflaged potential results.

I had similar concerns about Feature F4, which included “magical surgery.” The definition read: “Abuse related to belief in supernatural, paranormal, occult, or special powers (for example, magical surgery, calling on spirits, magical flying). Did many respondents report this specific type of abuse, or did they just check F4, which would have made it difficult to tell what specific behavior the respondent was referring to? I did not find any analysis of magical surgery in this study, although possibly faked or staged elements of ritual abuse was briefly mentioned in this study. I believe the acknowledgement and understanding of magical surgery becomes important when analyzing the disclosures of victims of ritual because ritual perpetrators often either abuse, or pretend to physically abuse, children by staging events – which may or may not leave physical scarring - which may inhibit disclosures, or make disclosures difficult to believe. Please refer to Question 8 for more detail.

7) Inappropriate Research Design/Decision to Classify Case Evidence as “Features”: According to pg. 29, it was an intentional research design to classify clinician’s reports of ritual abuse under “Case Features” only. You then later listed what corroborative evidence there was to prove these case features. Although at first glance this decision gives the impression of objectivity, I believe the conclusions that were reached about the prevalence of satanic crime (even in spite of your own data) proved that clinician’s reports were ignored and this evidence was disguised under the designation of “Features”

only. As a result, I do not believe these clinician's reports were ever given the weight they should have been given. Although you purportedly evaluated what "hard evidence" there was to corroborate the ritual Features in the category, "Evidence of Ritual or Religion-related elements," I found the analysis to be unpersuasive, cursory and incomplete.

Some researchers rely on the self-report of a subject alone to prove the hypothesis of the researchers, and it is only this self-report, along with a review of the literature, that is included in many research studies. In a court of law, a victim's testimony too is considered to be evidence and it is given considerable weight. In this research study, it appeared that the researchers chose to disregard the clinician's evaluations of the first-hand reports of their clients, even though the clinicians pre-screened their client's disclosures and were in the best position to decide whether or not it appeared their client's disclosures were authentic. I believe that is what occurred after reading these types of concluding remarks. After describing the substantial amount of information which was furnished by clinicians about ritual, which included Features 1-14, you wrote:

a) "Clinicians overwhelmingly believed their clients reports but there was no 'hard evidence' for satanic ritual abuse, especially abuse involving large cults was scant to nonexistent." That type of statement was made in spite of the fact that clinicians reported that their clients disclosed abuse by satanic cult members, which is Feature 1 in Table 1. You also wrote:

b) "Clinicians overwhelmingly believed their clients but had little evidence to support their beliefs." That type of evaluation was made despite the fact that it was the clinicians who diagnosed their client and evaluated their symptoms to decide the validity of their disclosures, not you. (See Question No. 9). Apparently it was believed that your own evaluations of the information given to you was much more persuasive than the conclusions reached by the parties who were canvassed. I could not find any Tables scoring "Client's Claims" as evidence in either Study 1 or 2, but Table 36 from Study 5 about Religious abuse did include "Client's claims" as evidence.

In your 1996 journal article, on pg. 22, it was written that you asked the respondents to describe what they accepted as evidence for the genuineness of the ritualistic elements of their cases, and although you scored the therapist's judgments about client's claims in Table VII for the purposes of this article, it does not appear that you personally considered client's claims to be persuasive evidence. It was written, "As can be seen from Table VII, ritual abuse allegations, especially those made by adults, were likely to be supported only by client's words and dramatic emotional symptoms." It appeared to me that this type of remark was meant to undermine both the clinician's assessment and the client's trauma. In fact, in general, it appeared that this published article included more detailed information than was included in this research study, but more extreme

statements were made throughout.

Not only were clinical evaluations inappropriately undervalued, but I believe the researchers failed to reach a reasonable and obvious conclusion, based on the most responsible meta-analysis of the data. The data revealed, that at least in some instances, the authorities were alerted about the client's satanic cult or families commission of satanic abuse, sexual molest, torture and murder, which occurred either in the past or in the present, which meant these individual clinicians took these claims seriously, even though therapists are not expected to investigate their clients claims or collect corroborative evidence of ritual.

If single clinicians had reported that type of criminal behavior, it might have made sense to classify one or two accounts as "information" only, and perhaps even classify that information under the designation of "Features," afterwards classifying any corroborative evidence. But when multitudes of clinicians reported allegations of ritual molest, torture and murder, which they did in this study, I believe that these reports should have ceased to have been designated and described as simply a "Feature" but should have been interpreted as evidence of some type and been given weight. Therefore, this evidence that you received would have given me reason to hypothesize that wide-scale criminal activity was occurring in this country and some type of serious, considered action needed to be taken. I do not believe it was appropriate to insist that individual clinician's reports reach a legal standard of beyond a reasonable doubt before being assigned credibility because your research study was not a court of law. Instead of downplaying all of the 1061 reports of ritual abuse, which included accounts of abuse and murder, I believe a possible notification to the FBI about these alleged crimes might have been more appropriate due to the sheer number of reports that you received. Attempting to explain away this type of information by claiming that FBI's Ken Lanning conducted investigations and discovered no physical evidence of satanic crime is not sufficient because your cases were probably from different data pools. I was concerned after reading in the acknowledgement section of your 1996 published article that Ken Lanning was a project consultant to this study. Perhaps you would be willing to disclose what Mr. Lanning's official position was about all of the information that you received which proved that ritual abuse was occurring throughout the United States.

The director, Stephen Spielberg, has an organization called the Shoah Institute. He filmed the testimony of Holocaust victims so that valuable information about the victim's brutal assaults would never be lost or forgotten, and as a response to those who chose to deny that the Nazi Holocaust ever occurred. That is an example of one person's view of the value of informal testimony about a shameful and inhumane time in our history, but apparently the informal testimony of satanic ritual abuse victims, whose abuse, at minimum, is at least equivalent to Holocaust victims, wasn't persuasive to you at all. If the counter-argument includes the fact that the Holocaust was objectively proven to have

occurred, so has satanic crime. Although normally I would consider the choice of researchers to classify information about satanic ritual under Case Features, rather than as evidence of some type, to be a legitimate but debatable methodological choice in research design, in this particular study I do not believe it was. Instead, I believe (after thoroughly reading this research study) that this decision was consciously made in order to intentionally hide, disguise and minimize clinician's reports about wide-scale satanic cult crime.

8) Overwhelming Evidence of Satanic Ritual Abuse: As previously stated, on pg. 31 of this research study, it appeared that respondents provided you with substantial information about their client's ritual abuse but that evidence was then transformed into "Features." Even so, I believe the following accounts provided by clinicians in the following list of "Feature" were meant to encompass all child and adult ritual cases,

You wrote, "On average, the four most common features of ritual abuse cases were *forced sex, repeated practices, cult members and devil symbols*. These features were involved in more than 50% of ritual abuse cases." You then described other ritual features which included, "*abuse involving excrement and blood....abuse involving knives, candles, etc.; abuse involving animal sacrifice; abuse involving human sacrifice; and abuse involving torture of human.*" It was stated that these features were involved in more that 40% of [all] ritual cases.

Further, on pg. 31, after listing many ritual abuse features that involved adult clients, it was written "...however, none of these case features was involved in more than 50% of the child ritual cases with the only exception being F12, which was involved in 50% of the child ritual cases." You discovered that in 50% of all the child cases that were designated as ritual, sexual molestation had occurred, but it is unclear what other ritual abuse features were involved in these particular child case, unless you made that finding because F12 was the only feature checked by clinicians. Regardless, all it would take to prove that ritual abuse had occurred in a Juvenile Court setting would be for the child to repeat satanic chants, or describe another ritually abusive behavior, paired with statements or evidence about sexual abuse or some other type of harm. Although it is useful, it is not necessary for Doctors to find physical evidence of sexual molestation on all child cases heard in Juvenile Court because, as too many confirmed cases of sexual abuse cases result in no physical findings at all, the word of a child is given considerable weight and credibility.

Given that according to your own figures 50% of 387 reported ritual child abuse cases totaled approximately 193 child cases, it means that in at least 193 cases in the United States, one could interpret that children were in fact ritually abused. In addition to these findings, it was reported on pg. 44 that child cases were more likely to involve evidence of ritual case elements than adult cases, and it was discovered that child cases involved

significantly more evidence of harm than adult cases. Considering the fact that the child advocacy organization, Believe the Children, listed approximately 40 cases to prove to the public that ritual abuse of children occurred, this research study provided overwhelming evidence proving that the ritual abuse of children occurs, specifically by cults, and I believe your concluding remarks should have reflected that fact.

You then purportedly attempted to evaluate what the legal outcome was on these cases but because these analyses were found to be faulty, confusing, misleading, and therefore completely invalid (See Question No. 12 for more detail), it means that the legal case outcome, involving these features, could not, and cannot be validated, even if one had the intent to do so.

Additional reasons why it appears that these ritual reports could have stood on their own and been given weight – as reported by therapists based on the first-hand disclosures of their clients for the purposes of this research study - is because of the complexity of ritual abuse investigations and the inherent difficulty in discovering corroborative evidence of child sexual abuse, let alone abuse conducted within a ritual setting. To illustrate this point, taking your own “Features” *forced sex in a ritual abuse setting, repeated practices, cult members and devil symbols, which were evidenced in 50% of all cases, as examples:*

a) If the child was within the custody of a ritually abusing parent and being raped by one or more offenders (forced sex), there would obviously be little hope of finding any medical records to document this activity because sophisticated perpetrating parents do not take their children to doctors when they are actively being raped. That is as true today as it was 40 years ago. If some parents did take their children to doctors, there were no mandates governing reporting parties before the late 1970’s and children were considered to be the property of their parents. In addition, physical findings of child molestation are found in only approximately 20% of cases.

In Study 1, did any of these child or adult reports include any information that would lead the researchers to suspect that social services had removed them from their parents and had taken them to a doctor? If not, then there would be little medical evidence available, and the client’s disclosure about rape should have been sufficient to suspect rape had occurred.

b) If a child or an adult client reported satanic chants or rituals conducted on holidays (repeated practices), to their therapist, one would have to take the word of the client that this, too, occurred because this information is impossible to objectively verify unless there was more than one victim who corroborated the abuse or the perpetrator confessed to this activity, which is probably not going to occur in the majority of cases. Claiming that adult clients might falsely believe they were victims of satanic ritual abuse due to suggestive media influences is not as likely as the interpretation that the client might have

experienced an authentic memory or flashback of a satanic event which was triggered by a media event about satanism.

c) If a child or adult client reported that a perpetrator, following the instructions of a cult leader (**cult member**) hurt them, then it is reasonable to presume that the reporting client might have been a cult member as well, was born into a cult group or family, or was witness to disclosures by cult members who identified their group as a cult. For instance, in one serious ritual child abuse case I am familiar with, the children referred to the satanic cult that abused them as the “devil worship club.” Therefore, admissions about cults should have been interpreted as eyewitness accounts. If the client also confessed to being a cult member who perpetrated abuse against others, then these disclosures could have been used as perpetrator confessions. That type of admission could have been counted as a client’s self-report of the existence of a cult and no other objective evidence should have been required.

d) If an adult client reported that cult members abused them as a child within an upside-down pentagram (**devil symbols**), again this information might not be able to be objectively proven. Pentagrams can be sketched in chalk, etched in dirt, or painted and removed from floors.

I believe that unless there was some persuasive reason why clinician’s reports were suspect, their accounts of what their client’s reported should have been given weight. Instead, you attempted to minimize if not discard these reports based on the content of the therapists reports.

It would probably have been quite rare to have found medical evidence of the ritual element of the crime at the time of the abuse or even years later. For instance, scars. The shape of scars sometimes change over time. Because ritual abuse victims were children when they were abused (and sometimes drugged) while in the hands of their perpetrators, it is easy for perpetrators to trick them by, for instance, injuring them or pretending to physically injure them, saying that they’re “planting a bomb” inside of their body which would go off if the children disclose, etc... The first therapist in the 1980’s who heard this type of disclosure would probably have thought that their client was lying or was crazy. Fortunately, due to the diligence of treating professionals, it was reported in the early 1990’s that, in fact, “magical surgery” was quite commonplace in ritual victims.

Sometimes child alters of ritually abused adults do not age, they remain children. That means that the unusual disclosures of child alters who are MPD (who might be confused about events) should be interpreted with possible acts of “magical surgery” in mind. Instead, I read on pg. 46 of Study 1, this type of commentary:

Another respondent wrote of a case in which victims were allegedly branded

with a symbol associated with the devil. However, a third respondent's comments illustrate problems with accepting clients' claims of scarring: "three adult siblings described patterned marks burned on genitals, but medical examination revealed no scars." Even when there were scars, it was not determined whether the victims themselves had caused them.

Perhaps these types of statements were found throughout this study because you have no medical background. It remains to be seen how quickly burns on genitals heal due to the fact that the vagina is a mucous membrane. Regardless, when three siblings, (not one) make the same statement about a traumatic injury, or all three siblings evidence a belief that they were inflicted with a traumatic injury of the same type, that type of disclosure calls for further investigation, rather than making attempts to explain away the phenomena. Your analysis about other instances of scarring on victims which could have been self-inflicted was also cursory and unpersuasive. Some MPD's self-mutilate. Because a client injures themselves it does not automatically mean they were not victims of Satanism, nor does it automatically mean they were victims of Satanism. Self-injury or mutilation is a symptom which can have multiple explanations or interpretations. Perhaps the client was reliving an event; perhaps they received a phone call from one of their cult perpetrators instructing them to injure themselves; perhaps the client was in so much inner pain due to the trauma of satanic abuse that they cut on themselves to distract from the emotional trauma, or perhaps a cult member had hurt that client and the only proof they had that the assault occurred was a scar. I wonder why you were motivated to explain away this type of evidence or symptom, instead of interpreting physical evidence such as scars, within the context of other disclosures of possible abuse by Satanists from the perspective of the best interests of the alleged victim instead of the best interests of the alleged perpetrator. If you had acknowledged that self-injury is a symptom with multiple interpretations, that might have proven that the researchers were knowledgeable about the differential diagnosis that occurs in therapy; if you had interpreted a scar as evidence of a possible assault, that might have proven that the researchers were aware of the complexity of investigations.

9) DSM-III Diagnoses/Psychotic Disorders Ruled Out: On pg. 35 and 36 it was written that the most common presenting symptoms of clients included depression, insomnia, suicidal ideation, and excessive fears and phobias. Regarding their DSM diagnosis, it was found that a high proportion of victims in adult cases were diagnosed as suffering from MPD, but a few clients evidenced PTSD, Anxiety Disorder, Personality Disorder, and Adjustment Disorder. I note that in none of these cases (except for a few Table cases) did the adult client receive a diagnosis of Malingering, Paranoid Personality Disorder, Sociopathic Personality Disorder, Paranoid Schizophrenia, Delusional Disorder or other Psychotic Disorder. That means that these client's symptoms, diagnosis, and emotional disturbance/trauma were congruent with a satanic ritual abuse scenario, and none of these clinicians had diagnosed their clients with disorders that would lead to them unduly

questioning their client's disclosures. That is probably one reason why you discovered that these clinicians had a high level of acceptance of their client's reports. I believe my interpretation makes much more sense than the suggestion that clinician's acceptance about satanic ritual abuse might be due to the workshops or trainings that they might have attended, or because they were incompetent in some manner and were accidentally implanting false memories.

Since you found that most adult survivors of satanic ritual abuse were diagnosed with MPD, it might lead to the hypothesis that satanic ritual abuse tends to cause dissociation. If so, then it would be highly likely that child victims of satanic ritual abuse would also be MPD. Unfortunately, according to the DSM, Dissociative Amnesia is especially difficult to assess in preadolescent children, because it may be confused with inattention, anxiety, oppositional behavior, and Learning Disorders. However, because 387 children in Study 1 appeared to be ritual abuse victims, one would have expected more evidence of dissociative children. I consider that the decision to discount victim's eyewitness reports and therapist's evaluations, (in spite of their diagnosis which screened out psychotic disorders) and to neglect to categorize them as evidence of some type, to be a serious methodological flaw in this study. I would also suggest that an independent review be made of the DSM diagnose of child ritual victims.

10) Number of Perpetrators and Cult Settings Indicated Satanic Cult Abuse: On pg. 37 and 40, it was found that there were more perpetrators involved in adult ritual abuse cases and that ritual abuse was more likely to occur at home or in a "cult location" (eg. Cave, cemetery). (Refer to Question No. 18, Bias about Classification of Cases) The finding about multiple perpetrators and cult locations was in addition to the findings that forced sex in a ritual context, repeated practices, cult members and devil symbols were involved in more than 50% of all ritual abuse cases. That evidence should have served as persuasive evidence to any impartial fact finder that satanic cults exist. Thus, I believe that the final conclusion that the researchers reached about the nonexistence of satanic cult activity or its rarity was not supported by their own data.

11) Faulty Perpetrator-Victim Relationship Scale: On pg. 38, it was mentioned that the researchers used a perpetrator-victim relationship scale to measure closeness and types of relationships to the victim. 4 = parent/stepparent, 3 = person in position of trust, 2 = acquaintance, 1= strangers. It appears someone forgot to include scores for grandparents, uncles and aunts (extended family), and children or grandchildren in this relationship scale. Was this because none of your respondents gave information about these types of perpetrators/victims, or did you decide to consciously reject those relationships and not include them in your relationship scale at the outset. I assume by the word "parent," you were referring to the parent of an adult victim in therapy, or the parent of a child victim in therapy. But it does not appear that there were ratings for the grandparents of the adult victims as potential perpetrators, the client as both victim and potential perpetrator from

the past or in the present, the children of the adult victims in therapy as either victims or perpetrators, the grandparents of the child victims as potential perpetrators, siblings, or any other extended family as perpetrators, in this relationship scale. That was very valuable information that was excluded.

Clinician's could also have initiated CPS investigations, for example, if they had reason to believe that their client's potentially or were actually ritually abusing their own child, or if they had reason to believe that the client's ritually abusing parents still had access to children. That might have been interesting information to have gathered and classified, but those possibilities were never mentioned. *I believe that it was a very serious methodological flaw and omission in this study to exclude those relationships from your perpetrator-victim relationship scale because you only scored one generation of possible abusers or victims.* Based on this very serious omission, I do not believe that it can be factually or ethically claimed, as you wrote on pg. 48, that this research study provided "no hard evidence for intergenerational Satanic cults that sexually abuse children" (regardless if you refer to the abusive groups as cults or families), if you were excluding grandparents, grandchildren, and the extended family as potential victim/perpetrators.

12) Invalid Social Services Analysis /Legal and Social Service Response: In Study 1 it was concluded that clinicians would not be in a good position to have access to case evidence, and it was therefore important to consider the findings from Study 2 which canvassed agencies. That is true, in general, but there are other possibilities to consider. Given that children who have been ritually abused would not likely be taken to clinicians by their ritually abusing parents, one very important unanswered question in Study 1 was, who referred the client to therapy. If clients were referred to clinicians by Juvenile, Family or Criminal courts, one would have expected the clinician to have included the specific legal findings from those agencies, as well as information gained from the underlying investigative reports, unless it was too early in the case to have been provided that information. This would have constituted more objective evidence that crime had occurred. In custody cases, Family Courts often require all parties to have psychological evaluations. In Social services cases, specifically trained clinicians evaluate alleged victims and perpetrators. In Criminal Court, perpetrators are often mandated to attend court-ordered therapy, and victims of perpetrators often seek therapy, especially if they qualify for Victims of Crime funding. It is very common for these underlying investigative reports to be provided to clinicians to assist them with the differential diagnosis of their client. For example, social workers can access law enforcement records but clinicians cannot and have to take the word of their clients about any interaction with law enforcement. Conversely, clinicians can often provide valuable insights to the investigative CPS Social worker, Family Court Evaluator or District Attorney about the psychological condition of their clients, their guilt or innocence, and can often facilitate their client's admission to child abuse or other criminal offenses if these had in fact occurred. Since it is fairly common for clients to be in court ordered therapy or referred

by a court, the clinicians in Study 1 should have had much more evidence of value to report, and your analysis should have reflected that fact. However, it did not.

Several significant errors were made in the Legal outcome Section of Study 1. The researchers did not report accurately about the legal response by Social services. After a social services investigator finds probable cause to believe a child has been abused, or is at risk of being abused, petitions are routinely filed in Juvenile Court under the relevant Welfare and Institutions 300 code. The categories of abuse are in general, physical, sexual, emotional abuse, neglect, sibling petition, or “no parent or guardian.” After several court hearings are held, the child/children are made Dependents or wards of the court after a Judge makes a True Finding, based on the preponderance of the evidence, that the facts are correct as documented by Social Services that the child was abused or was in imminent danger of being abused. The parents are given a Reunification Plan which lists the steps the parents need to take before reunifying with their children. The parents have 18 months to comply or they lose custody of their children. It might have been an interesting finding to discover how many Juvenile Court cases involving ritual abuse resulted in parents reunifying or not reunifying with their children but because you did not include the correct court under the Legal outcome section of your research study, this type of outcome could not be classified.

The exclusion of the correct court system that governs social services was quite an omission and was a significant error in this study. This omission not only excluded the legal findings of Juvenile Court systems in California but excluded the legal findings of other Juvenile Courts throughout the United States, which completely invalidates this section of your research study. Instead, in Study 1, you mistakenly used the term “substantiated” and “unsubstantiated” to describe social services investigations and legal case outcomes. There are three terms - “substantiated,” “unsubstantiated” and “unfounded” - which refer to the social workers cursory investigation of an allegation after a referral has been received about possible child abuse, thus those terms describe case opening or closing codes only. They do not describe legal proceedings. After a social worker discovers that the allegation of child abuse was substantiated, and the choice is made to file a petition on a child’s behalf in Juvenile Court, it is Juvenile Court Judges who make legal findings about Social Services investigations, not the individual social worker. Therefore, these legal findings are much more persuasive evidence that child abuse occurred, rather than the terms substantiated, unsubstantiated, or unfounded. In approximately 1997, Social Services changed the term “Unsubstantiated” to “Inconclusive.”

As an example of the researcher’s further confusion over terminology, on pg. 42, it was written, “Ritual cases involved more social services “unsubstantiation.” I don’t know what you meant by that statement. As previously stated, in the 1980’s and 1990’s Social services in California had three categories of opening or closing codes after a case had

been investigated. Either the case was Substantiated, and a petition was filed on the child's behalf, or there were instances when the case could still be Substantiated but the allegation was not severe enough to take any action and the child was left in the home; Unsubstantiated means there was not enough information to prove abuse at the time, pro or con; Unfounded means no abuse was discovered and the allegation appeared to be false. Please notice that I did not state that the terms "unsubstantiated" or even "unfounded" meant that without doubt no abuse occurred. Professionals who work within the system understand this and make a judgment call based on the limited facts available at the time which appear to support the closing code. However, seasoned child abuse investigators know that the "facts" can change, sometime even years later, after further information is gathered. I have handled several cases in which it was later discovered that parents hid the abuse, children were too scared to disclose, or witness were too frightened to come forward, which resulted in an unfounded or unsubstantiated closing code at the time. Thus, even when a case is closed as unfounded or unsubstantiated, the information found within the prior investigation can be used as valuable evidence which can benefit a child in the event another child abuse referral is received. In other words, prior social worker investigations which were closed as "unfounded" or "unsubstantiated" can be used to make a child abuse case based on cumulative evidence.

On pg 41 there was even more confusion about social service terminology. You wrote under Case Outcome that, "Although adult cases had a lower rate of social services nonsubstantiation, they also had a lower rate of social service substantiation." I have no idea what that sentence meant. Nonsubstantiation and substantiation are contradictory terms. The term "nonsubstantiated" is not used by California Social Services. Perhaps you meant to use the term unfounded when you used the term nonsubstantiated. On pg. 42, you again wrote, "Regarding the difference between ritual and religion-related cases, ritual cases involved more social service unsubstantiation, less arrest of the alleged perpetrator, and fewer trials." Again, unsubstantiated means there was not enough evidence to prove whether or not abuse had occurred, and when there was not enough evidence to close the case as unfounded. Again, these terms do not describe legal/court outcomes. Perhaps you meant to use the term unfounded in the above statement as well.

In Table 9a and 9b, I noticed that the researchers used the terms unsubstantiated and substantiated, but the term "unfounded" was missing and, unfortunately, there was no mention of Juvenile Court proceedings at all. However, I did notice that the term "unfounded" was mentioned in Table VI, on pg. 19 of your 1996 published article about this research study, but the term "unsubstantiated" was missing. You wrote, "Although a sizable proportion of child ritual abuse cases were 'substantiated' by social services, social services were also significantly more likely to deem ritual as compared with religion-related claims unfounded." I don't quite understand that statement and I find that very difficult to believe. If social services deemed the ritual element unfounded, I do not believe they would have bothered reporting information about that particular case in a

survey which was specifically about ritual and religion related abuse. That comment would apply to both Study I and Study 2. I understand that some of the reports by respondents in this study could very well have included a skeptical response, however, due to my interaction with these agencies I am well aware that they are extremely busy people and do not have time for frivolous activities. In fact, social services do not keep statistics about ritual abuse so I do not understand how or why you received the number of replies that you claimed you did.

Different States use different terminology when describing case investigation opening or closing codes, but all Social Services agencies file petitions in Juvenile Court or other court system specific to that State. Any clinician responding to your questionnaire may or may not have detailed what their own States Social services opening or closing terminology meant and may have assumed that you knew. As a researcher I would have expected that you would at least have had a cursory knowledge of the systems that you were canvassing.

In the 1980's there was very little formal training about or acknowledgement of ritual abuse. The specific crimes for which a defendant was being investigated and charged are under penal codes or Welfare and Institutions Codes which, with very few exceptions, do not include ritual crime. Authorities do not necessarily investigate or include the ritual aspects of the crimes in their reports or to the court. That might be because authorities might have been uneducated about ritual abuse, or they chose to pass the information along interdepartmentally. Professionals make the judgment call whether or not to mention the ritual element of the crime because it might harm their case if they present facts about ritual abuse to an uneducated jury or a judge. The researchers were against States enacting laws making ritual abuse a crime. I'm in complete disagreement. If more States did so, it would formally acknowledge that this type of crime exists, investigators would then consider it a priority to look for evidence of ritual, it would give a prosecutor an opportunity to educate a jury and the public at large, and it would provide more detailed data so researchers could objectively study the prevalence of ritual abuse.

Given the substantial problems with social services terminology, the exclusion of Juvenile Court legal findings, the lack of information about court ordered referrals that clinician's might have been expected to have received, and the subsequent underlying investigative reports, I believe Study 1 should be independently reviewed, or the results in this section should be completely dismissed. The legal outcome section was ostensibly set-up to objectively prove some of the case Features, such as ritual sexual assault or murder, but this section was too flawed to be considered valid. I am under the impression that your underlying questionnaires were discarded so perhaps a review can never be completed. Although, in a standard research study one might attribute this serious flaw to a methodological weakness, and to the profound oversight of the researcher, it is simply not believable that not one of these clinicians corrected your misunderstanding about the

correct Social Services legal outcomes involving Juvenile court. Therefore, in lieu of another rational explanation which would explain this omission, it appears that this portion of the research study was completely fabricated. Because you made such a serious error about Social Services, I believe the evaluations of law enforcement and DA investigation authorities to be completely suspect, and the findings in this section of this research study should be completely dismissed.

13) Alternative Reasons Why Adult Ritual Cases Might Not Be Prosecuted: On pg. 42 and 43, it was written, “Child religion-related cases were most likely to lead to affirmative legal outcomes while adult ritual cases were least likely to lead to affirmative legal outcomes.” You did acknowledge that this could be due to the statute of limitations making legal avenues difficult for an adult survivor to pursue but I do not believe that fact was sufficiently emphasized in your closing remarks about why adult ritual cases might not always provide evidence. Ritual cases leading to less affirmative legal outcomes could also be due to the fact that adults might seek healing in therapy, but still want to protect themselves from harm by not providing evidence to law enforcement which might result in their having to testify against a dangerous satanic cult. They might also fear that their disclosures might implicate themselves and they might not want to risk going to prison. One of your findings did include the fact that 50% of all ritual cases involved cults, and that adult ritual survivors alleged witnessing and participating in murder. That would especially be the case with multiple role clients. If one does not take the behaviors of satanic cults seriously, which I believe you did not, one might miss this possible interpretation of the data.

14) Unclarity About Corroboration of Ritual: On pg 43, it was written that ritual abuse evidence might be corroborated by: a) testimony by a witness or another victim; b) physical evidence, such as satanic paraphernalia; c) medical evidence, such as corroboration from a medical doctor or other medical personnel d) confession or admission by the accused.

In this classification system in the preceding paragraph did the researchers classify under (a) the possible eyewitness testimony of witnesses or victims who were witness to another’s abuse which might have included Features F1-F14? If so, I do not understand your statement on pg. 44. You wrote, “There were no significant differences between ritual and religious cases regarding eyewitness evidence. However, the lack of evidence in many categories makes the validity of these analyses questionable (e.g., there was only one religion-related case that involved physical evidence and only one ritual case that involved medical evidence.) Why were you questioning the validity of eyewitness testimony when you originally stated that eyewitness testimony would be corroborative evidence that ritual abuse had occurred. It appears that the reference to the “lack of evidence in many categories” might have also referred to the lack of evidence included within eyewitness accounts of ritual listed under ritual features in Table 5a. However, not

all of those features can be objectively be proven other than with eyewitness testimony. (see Question 8).

Further, in Table 5a, it appears that there was a substantial amount of information provided about ritual but, again, it was then designated as a “Feature,” instead of counted as evidence of some type. You then statistically transformed those features into a decimal that never reached a whole number. Which brings me to a statistics question: Can you explain in Table 5b, under Child Victim Type, what .35 cult members, .32 devil symbols and .22 excrement, blood means as it relates to information given to you about a total of 387 child ritual cases for this study? Again, I assume the underlying questionnaires have been destroyed which means that this statistical analysis is all that remains from all of the abuse reports which you purported to have examined. You did report percentage numbers on pg. 22 about adult ritual cases, but it was unclear what the exact percentage number of ritual features involved what number of child ritual cases. Plus, it is impossible to tell how many ritual features were involved in one single case. If you would, please provide me with the answer to only one question because I consider it to be the most important: How many cases of ritual child abuse, from Table 5a, evidenced all features or any features (except F12) in a percentage number. I understand that you were classifying case features when they were “statistically significant,” but I believe that it was a mistake and disservice to this type of study based on the above comments. It doesn’t matter what statistical significance these features had to some virtual pool of data which you decided was valid or relevant, what was important was how many clinicians in the United States reported these cases features, and what the exact evidence was.

15) Victims Unable to Disclose Abuse to Authorities/San Diego County: On pg. 43, it was written, “For adult case, especially adult ritual cases, it was highly unlikely that the case was first disclosed to authorities or professionals.” Again, that is probably because there were no mandated reporters before the late 1970’s; therefore, despite the fact that the client eventually disclosed their abuse to their therapist as an adult, there were obviously no mandated reporters from that time period who could respond to your survey except in retrospect. You did include the fact that the field of child protection was fairly young and mandates to protect children came into existence in the late 1970’s. It was only in the late 1980’s that some professionals knew how to recognize ritual abuse cases – via workshops and trainings. In other words, there was someone to report this type of abuse to due to consciousness raising within these agencies.

For example, because of consciousness raising, in 1990 social services in San Diego County developed a ritual abuse protocol after two State hearings were held in which 43 professionals reported their concerns about ritual abuse. Within 6 months a grand jury was convened, which had ties to the FMSF, and recommended that the ritual abuse protocol be withdrawn from CPS because they “did not believe” SRA existed. The SRA protocol was then withdrawn. In 1994 another Grand Jury was convened, recommending

that the DA not investigate SRA case at all and this study was used as one example of why not to take the subject of ritual abuse of children seriously, which then resulted in a backward trend in the field of child protection. That meant that there were no officials in San Diego County who victims could report their satanic victimization to which was a return to societies previous status of ignorance and denial about satanic ritual abuse. This research study was quoted in this Grand Jury report as concluding, “Results indicated that although the vast majority of clinical psychologists believe their client’s claims, the purported evidence for the claims, especially in cases involving alleged adult survivors of ritual abuse, is questionable ... Relatively few clinicians encountered case of ritualistic or religion-related child abuse ... A very small proportion of clinicians, each claiming to have treated scores of cases, accounted for most of the reports of ritualistic child abuse.” Because of the multitude of methodological errors that was discovered in this research study, and what I believe to be false conclusions, it is unfortunate that this study was quoted as a reliable source of information in order to shut down the topic of satanic ritual abuse in one county. I wonder in how many other counties that occurred.

16) Evidence of Child Abuse Should Include Both Religion/Ritual Categories: On pg. 44, it was written, “Child cases were more likely to involve evidence of ritual or relation [sic] related case elements than adult cases.” And on pg. 45, “However, child religion-related cases were more likely to involve evidence of abuse than cases in any other category.” More evidence could have been classified if it had been discovered whether the child cases you were referring to were social services, family court, or Criminal court referred. Regardless, if clinicians were treating child cases (either ritual or religion) who were referred by an agency, there should have been some type of evidence of abuse in both ritual and religion categories, otherwise the children would not be a ward of the court, which would have been applicable if the child was referred to the clinician by social services.

17) Dr. Catherine Gould’s “Dubious” Checklist: On pg. 46, it was written, “One respondent cited as evidence the ritual abuse behavior checklist - a dubious diagnostic checklist which includes many behaviors common to childhood (Gould, 1986).” I have this particular checklist and over 100 abnormal behaviors of children are cited, and only about 5 of these behaviors could possibly be construed as developmentally normal, in my opinion. Would you please list the specific behaviors that you considered to be developmentally normal on this list? Again, I believe you showed bias by making such a claim about a well-respected clinicians work.

18) Unacceptable Researcher Bias About Classification of Cases: On pg. 46 and 47 it was written that a few cases were reported to you which might qualify as ritual abuse and for which there was evidence. You wrote:

“One respondent reported a documented case in which a male and a

female perpetrator were convicted of sexually abusing two victims. The case was classified as ritualistic because the perpetrators took the victims to a desert and frightened them with an exhibition of animal bones.”

*I would never classify a case as ritual based on that description alone.* You then described the following case on pgs. 47-48 and wrote, in part:

“Chuck, aged 16, was admitted to a psychiatric hospital following an attempted homicide. He was living in a group home and stabbed the male house parent in the chest with a knife. Chuck was born to active members of a satanic cult. He had sexual intercourse with his mother as well as other female cultists from his earliest memory. He was bred for the cult... He spoke freely of the rituals, animal sacrifices, and sexual abuse as victim and perpetrator... His mother appeared on TV as a High Priestess, the father confirmed the life in a satanic cult, and the mother’s involvement in that cult.”

You then claimed this case description was “questionable” and was not a good example of a satanic cult because the satanic cult activities were alleged “mainly through questionable eyewitness reports.” What was questionable about this case study, or the eyewitness reports? As I reviewed in question No. 14 (regarding pgs. 43 and 44), you also stated the validity of eyewitness testimony was questionable when reviewing corroborative evidence for no discernable reason.

In my opinion you wrongly included a case as “ritual” in the first example and then wrongly dismissed a case as unpersuasive of satanic cult abuse in the next example. Unfortunately, you took the opportunity to state after the second case description that, “There was no hard evidence for intergenerational satanic cults that sexually abuse children,” right after describing the above intergenerational case of the 16 yr. old boy who admitted to satanic cult and sexual abuse – as both victim and perpetrator – who was sexually abused by his satanist mother! I am left wondering what amount of “hard” evidence would have been required for you to acknowledge intergenerational Satanic abuse. The mother was openly on television as a high priestess, and the father confirmed the life in the satanic cult. Sexual molestation and ritual activity was obviously perpetrated throughout two generations. In other words, in my opinion, your bias was so extreme, or your knowledge was so limited, that your analysis in this entire study has to be seriously questioned. Because your analysis of this satanic family was terribly faulty, by not considering it to have illustrated an example of “hard” evidence of satanic abuse, there is little reason to believe any of your analyses about the evidence of satanic ritual in any of these cases. If a child abuse investigator analyzed that family in the way that you did, they would have been removed from the case. Because satanists don’t respond to census takers, the only way one might discover satanic involvement would be via the

disclosures of victims/perpetrators/witnesses, which might include their own children or grandchildren, or perhaps a DA might prosecute an entire family. You had that information, but you chose to disregard it.

I also noticed that there was a bias in describing religion-based abuse more favorably in contrast with the descriptions of ritual abuse. For instance, on pg. 45, it was reported, under Examples of Ritual and Religion-Related Case Evidence, about a case description given to you about a 14 year old boy whose eyeball had been plucked out of his head, "The following quotations convey graphically what it means for there to be concrete evidence of religion-related child abuse: ...a father performed an exorcism on his children by dismembering and then boiling them... I saw the daughter of a woman who had thought her 12 year old boy was possessed by the devil. The woman had an incestuous relationship with the boy..." You then wrote "in contrast to these vivid examples of religion-related abuse, there was little concrete, publicly documented evidence for ritual claims, whether made by children or adults."

It appears to me that the above examples refer to abuse which was perpetrated due to mental illness rather than to any religious belief system. Regarding practitioners of Satanism, mental illnesses such as severe character disorders due to negative metaphysical indoctrination, pedophilia, Dissociative disorders, paraphilias, and early childhood abuse might describe their maladies. Interestingly, the DSM under Dissociative Disorders NOS describes "possession trance states" which could also apply to Satanists.

Without documented evidence which would have proven your respondents claims, one had to take their examples and their conclusions at their word. However, it appears you neglected to do this for the alleged ritual abuse allegations, but you did for the religion based allegations. On pg. 63, under Discussion, it was written, "Evidence for the religious aspects of religion-related murders was often conclusive and publicly documented. This was not the case for alleged satanic cult-related murders." I'm curious as to whether or not you actually saw the documents (news reports or court records) from these religion cases which involved a total of - 4 - murders. I did not read any information verifying that you did. My understanding from the introduction to this study was that you did not find newspaper accounts to be particularly persuasive. In that case, I am concerned about what appears to be a bias in not taking clinician's reports about descriptions of ritual murders by adults who claimed to have witnessed or were involved in the commission of those murder as children (or as adults) at their word, but you took the descriptions of clinicians who reported religion related murder at their word. The victims of satanic abuse would likely have suffered much more trauma because of the horrifying element of Satanism added to their sexual abuse, hence more dissociation and compartmentalization of their memory. As a result, as an adult, they might not clearly remember specific details so that law enforcement could successfully pursue their case, even with the assistance of their therapist.

A child from the 1970's would not likely report they were being abused, even if they realized it themselves (dissociation) because there was nobody at that time to report abuse to. Law enforcement officials do not always provide details about a crime to newspapers because they want to screen out potentially false confessions and prosecute the right perpetrator based on the details they provide about the scene of the crime. Even if details are given to newspapers, reporters may or may not choose to report about the grisly details out of concern that it might frighten or horrify their readers. In addition, even if a client did report their abuse at the time, and the newspaper did report it, Lexis/Nexis data bases do not go back that far.

As more evidence of bias against reports of ritual abuse, in Study 1 you stated that clinicians reported 405 religion cases. In Study 2 you stated that agencies reported 296 religion cases. That produces a figure of 701 total religion cases that were examined. In Study 5 it appears that 271 cases were analyzed which included religion cases from Study 1 and 2. Regarding ritual, in Study 1 and Study 2, you stated that clinicians and agencies reported a total of 1,473 satanic ritual abuse reports which were analyzed which is twice as many cases as religion. In addition, on pg 105 it was written that you analyzed a total of four religion cases which involved murder, but you claimed on pg. 31 that 50% of all adult ritual cases included human sacrifice, which would amount to approximately 736 cases of alleged murder that was reported in this country. In spite of this information, proving that substantially more ritual crime occurred than religious abuse, you then claimed that more laws should be enacted to protect children of religious medical neglect, and you argued against the enactment of any laws to protect children of ritual abuse. You concluded on pg 124 that, "Our research leads us to believe that there are many more children being abused in the name of God than in the name of Satan. Ironically, while the public concerns itself with passing laws to punish satanic child abuse, laws already exist that protect parents whose particular variants of belief in God deny their children life-saving medical care." I did not find this state of affairs to be at all ironic. The examples that were used to prove crimes "committed in the name of God" appeared instead to have been committed in the name of mental illness. Christian belief systems do not openly espouse aberrant or criminal behavior but the belief systems of Satanists most certainly do and the ritual behaviors that were described in this research study were in line with those satanic beliefs.

### Discussion

In Study 1 the researchers purported to analyze evidence about satanic ritual abuse which was provided by clinicians in the United States, but it appeared the validity of this data pool may have been questionable because there were too many exclusions without good reason.

In addition, there was a substantial error made in the legal outcome section of this Study, in which you failed to describe the correct legal response by Social Services and omitted mention of Juvenile court proceedings. Instead, you confused social worker designated case opening and closing codes – substantiated, unsubstantiated, and unfounded – and mistakenly believed these terms described the legal findings of social services. In addition, you confused the meanings of social services terminology, confusing unsubstantiated with unfounded, and unfounded with “nonsubstantiation,” a term that is not used in social services. Juvenile Court proceedings describe the correct legal response by social services. All social services agencies in the United States file petitions in some type of Juvenile Court, but not all social services use the same opening and closing terminology. Therefore, your analysis in the Legal Outcomes section about which ritual features were corroborated by investigative agencies can never be determined and is therefore invalid. Because it is not believable that none of these clinicians provided the correct court information as it involved their State, and in lieu of a rational explanation which might explain these omissions, it appears that this section of the research study was completely fabricated. Because of this massive oversight, I do not believe the analysis of Law enforcement and District Attorney can be accepted at face value.

It appears that one of the hypothesis of the researchers was that intergenerational satanic cults or families did not exist. However, because in Study 1 the perpetrator/victim relationship-scale omitted mention of grandparents of the adult clients, children of the adult clients, the client as both victim and perpetrator, grandparents of the child clients, or any other extended family members who might have been perpetrator or victims, this narrow relationship scale was never going to measure intergenerational family relationships. Instead, the conclusions reached by the researchers - that this study proved that intergenerational satanic ritual abuse did not exist - was invalid because only one generation of possible victims and perpetrators was classified. There was also no mention of any clinician instigated CPS investigations which might have included a report about the client potentially abusing their own children or the client’s perpetrating parents if they had access to children. In lieu of any other rational explanation which might explain these omissions, I am left with the belief that the perpetrator-victim relationship scale was purposely designed to document one generational only so that a pre-arranged conclusion could be reached - that the data did not support the reality of intergenerational satanic families or intergenerational cults who abuse children.

However, you did conclude in Study 1 that 50% of all ritual abuse cases reported by clinicians included *forced sex in a ritual context, repeated practices, cult members and devil symbols*. Other ritual features which included *abuse involving excrement and blood...abuse involving knives, candles, abuse involving animal sacrifice; abuse involving human sacrifice; and abuse involving torture of human* were involved in more than 40% of all ritual cases. There were also more perpetrators and victims reported in

satanic cult cases than in religion cases and some of these crimes occurred at cult locations. In addition, the Feature F12 – ritual rape - was reported in 50% of the child ritual cases which, from an investigative perspective, is all that is necessary to prove that ritual abuse occurred. However, there was no mention in a percentage figure what other ritual features might have been involved in these child ritual abuse cases, and it was impossible to tell from the Tables how many individual child cases involved what particular features. I believe the above information clearly documents evidence of satanic cult crime. Instead, I found the analysis of the evidence to be cursory and unpersuasive, and the researchers lack of knowledge about therapy and investigations was apparent. Instead of reaching the most obvious conclusion, that satanic cult crime existed in your closing summary, it was argued that clinicians should have provided better and more objective evidence that ritual abuse had occurred.

In Study 1 a continued lack of objectivity was betrayed by continually referring to common ritual behaviors as “extreme.” It was written that, in spite of these extreme claims, frequently involving murder, evidence – according to you - was noticeably lacking. However, because the legal outcome of this study was found to be completely invalid, no one will ever know for certain whether or not these crimes actually occurred. Because of these errors, the raw information which was provided by these clinicians is all that remains from Study 1 to evaluate. That information included the fact that 50% of all ritual abuse cases reported in the United States included allegations of torture and murder. That information should have been taken very seriously because it was reported by multitudes of clinicians from different geographical regions of the country. These clinicians were not expected to have collected evidence proving that these crimes actually occurred, the fact that they reported this alleged criminal behavior after evaluating their clients should have been sufficient. Instead of taking a socially responsible approach to this overwhelming information, these alleged crimes were continually referred to as simply “Features.” In addition, the possibility was raised that some clinicians might have attended training about satanic ritual abuse which might have primed them to detect ritual abuse. I don’t believe that possibility should ever have been raised. A more rational interpretation might have been that these clinicians prescreened their client’s reports, and because their diagnosis did not include any psychotic disorders which might have led them to doubt their client’s disclosures, their evaluations alone should have been classified as evidence of some type. Because of obvious researcher bias when analyzing the corroboration for single ritual features, I believe the analysis of the overview of the evidence of ritual abuse must be completely rejected.

In conclusion, because of the thousands of missing and unexplained “valid” reports; the exclusion of other data for frivolous reasons; the overwhelming bias by the researchers which included describing satanic practices as “bizarre” or “extreme”; the confusion over what features defined ritual abuse; because it appears that you discarded confessions of perpetrators who may have been mandated into court ordered therapy, and the omission

of possible confessions by victim/perpetrators; because of the invalid perpetrator/victim relationship scale which did not measure intergenerational child abuse; because of the omission of the findings of Juvenile Court and the confusion over social services terminology; because of lack of information about clinician's possible referrals to CPS, reporting their clients or their abusing parents for child abuse, and the lack of information about any underlying investigative reports by Juvenile, Family, or Criminal Courts; because your classification of evidence excluded victim and clinician's reports as evidence; because it appeared that you incorrectly classified satanic ritual cases; because you appeared to be biased in favor of victims of religion cases over ritual cases – in spite of the fact that the category of ritual abuse contained the most number of damaging reports of abuse; and because of your refusal to recognize that satanic cults abuse children, in spite of your findings that 50% of all ritual abuse cases reported cult abuse, I believe that Study 1 should be independently reviewed by an impartial party, or the results in Study 1 should be completely dismissed as invalid.

## Study 2

In Study 2, agencies that investigated and/or prosecuted abuse in the United States such as Law enforcement, (LAW) Social Services, (SS) and District Attorneys (DAs) were canvassed about child religion and ritual abuse they had encountered.

Because I worked at CPS for many years, I am aware that none of these governmental organizations keep statistics about ritual crime. I believe that might be considered a methodological weakness in this study which should have been disclosed at the outset, or at least made you curious about the number of responses you received from these agencies

1) Too Much Missing Data/Unclear Number of Agency Reports: In Study Two, the researchers claimed to have received 4, 655 “valid” responses to the postcard survey by agencies who encountered at least one ritual or religion case of abuse, but you then sent out only 1,079 follow-up questionnaires to these agencies, leaving out (subtracting 1079 from 4655) 3, 576 people. Would you please explain – this number appears to be too large to have disqualified without good reason. What was the criteria that was used when deciding whether to include or exclude these respondents. What was the content of the postcards sent to you by 3,576 agencies? You then reported that a total of 10,117 ritual or religion-related cases were reported by respondents; the mean number of cases reported by each respondent who had encountered a case was 9.47. You reported that the majority of those who had encountered any kind of cases had encountered only one or two, then you reported on pg 52, after analyzing the second wave survey that 320 agencies encountered at least one ritual abuse case and that the “mean number of ritual cases reported by each such respondent was 6.03,” using the numbers from the second wave

survey. Does that mean that after both surveys were combined, 320 was the total number of agencies that reported ritual cases to you, or were there more agencies who reported ritual abuse? Can you please provide me with the exact number of agencies who reported ritual abuse. This becomes important because you claimed at the conclusion of your study that a small group of clinicians and agencies reported most of the ritual abuse cases and I am contesting that assessment.

You reported that out of 1,079 respondents, there were 266 “valid” returns which included 55 DA’s, 118 Social Services, and 93 Law enforcement. Some number of these respondents reported a total of 739 encountered cases of which 296 were religion-related cases and 412 were ritual cases, minus 31 unclassified cases. I believe 31 cases are too many cases to have left unexamined. It was written that “Because our results from clinicians indicated that ritual cases were more extreme than religion-related cases (e.g. involving greater numbers of alleged victims and perpetrators), we expected that a similar pattern would emerge in agency cases.” I’m curious about what your hypothesis was which would have explained this pattern. If similar evidence about satanic ritual abuse was provided to you by both clinicians and agencies from different regions of the country why wasn’t that persuasive evidence to you proving that horrific satanic crime occurs across America?

2) “Unusual” Number of Case Reports: On pg. 51, it was written, “The majority of those who had encountered any kind of cases had encountered only one or two, yet a few respondents (2.22% of those reporting any cases) indicated that they had encountered more than a hundred cases.” Because you wrote that a few clinicians were responsible for reporting over a hundred ritual abuse cases in Study 1, and then you made the exact same findings in Study 2 for agency cases - that a few agencies also reported over a hundred ritual abuse cases, I find that to be quite an anomaly. Given that my interpretation of your concluding statements was that you attempted to make it appear that a small number of professionals were responsible for reporting the most abuse, - apparently referring to outliers - (and therefore they shouldn’t be taken seriously), I am requesting that these stated numbers be investigated by a neutral third party.

3) Bias Describing Agencies Reports of Satanic Ritual as “Bizarre” or “Extreme”: Throughout Study 1 and in Study 2 the researchers continued to describe reported behaviors of satanists as “bizarre” and “extreme.” On pg 55, it was reported, “Contradictory to the belief that many bizarre cases were reported by SS, our results indicated that the cases reported by SS were less likely to involve extreme case features as compared to cases reported by DA or LAW”... Pg. 56, On average, ritual cases reported by DA and LAW were more likely to involve extreme features...” On pg. 64, under Discussion “...In general, child ritual case were not as extreme as adult ritual cases.”... In contrast, it is possible that children’s less extreme claims are more often valid than adult’s claims.” Again, of course these behaviors are bizarre, but by including

your reactions or opinions in a formal research study, I believe it betrayed bias and lack of objectivity.

4) Inappropriate Research Design/Decision to Classify Case Evidence as Case Features: According to pg. 55 it was an intentional research design in Study 2 to classify reports of ritual abuse by agencies under “Case Features” as well. The same argument under this category that was made in Study 1 also applies to Study 2. Although at first glance the decision to classify evidence as “Features” gives the impression of objectivity, the conclusions that were reached about the prevalence of satanic crime (even in spite of your own data) betrayed an agenda. I do not believe these agency reports were given the weight they should have because of the this research design, and I believe there was an attempt to hide, confuse, or disguise agency reports under the designation of “Features” and it was never intended to give these reports much credence.

That conclusion was reached after I read these particular closing remarks in Study 2: a) “In general, child ritual cases were not as extreme as adult ritual cases. There was more social service and legal investigation of child cases and more corroborative evidence of abuse. The corroborative evidence for ritualistic elements of the abuse was generally weak, however, even in the child cases.” I disagree, after reading about the physical evidence that was gathered to corroborate these ritual reports, I found this evidence to be more than persuasive to prove that ritual abuse had occurred.

Because agencies have probable cause to initiate investigations, and are expected to have at least given a cursory investigation of these reports, the information that these agencies provided about ritual should have been taken much more seriously than they were. Another biased statement that was made in this research study was: b) “Indeed, our respondents reported more evidence in child ritual cases than in adult cases, although most of it was still open to multiple interpretations. A final possibility is that both child and adult reported cases are largely false but that children have not adopted the suggested stories as completely or as coherently as adults.” These types of remarks, again, indicated to me that the reports by these agencies were never intended to be taken seriously. But because the analysis of the evidence under Legal Outcomes was incorrect, due to the lack of knowledge about Social Services and Juvenile Court, the case “Features” reported by agencies were not adequately explained, nor will they ever be, even if the researchers had the intention to report accurately. Consequently, although I would usually consider the choice to classify evidence under Case Features, rather than as evidence, to be a methodological flaw. In this particular study, I don’t believe it was. Instead I believe (after thoroughly reading your research study) that this decision was consciously made in order to intentionally hide, disguise, and minimize agency reports about satanic ritual abuse, based on the conclusions that you reached which your own data did not support.

5) Social Services and Reports of Murder: On pg 54, it was written, “For example, SS

typically deal with cases involving families, thus cases reported by SS (social services) should be more likely to involve a family as the perpetrator, the family's home as the setting of the abuse, and physical abuse, sexual abuse, and neglect but not murder as the crime." You forgot to mention two categories from the Welfare and Institutions 300 Code. In the 1980's and 90's, California social services routinely filed 300 (c) "Emotional abuse" petitions, they were not categorized as "psychological abuse" as you reported in Table 15. Also, I do not understand why you thought that murder would not be a typical crime reported by Social Services, given murder is mentioned in the Welfare and Institutions Code, specifically, under 300 (f) petitions which describe the child's parent or guardian causing the death of another child through abuse or neglect. These families are obviously unlikely to receive reunification services. In addition, if a murder is involved, the case would simultaneously be cross-reported to law enforcement, specifically the child abuse unit, for potential prosecution of the perpetrator.

6) Bias About Evaluating Satanic Case Features and Allegation Prototype: On pg. 55, it was written that "Averaged across agencies, the two most common features of ritual cases were **"repeated practices"** and **devil symbols"** that were involved, again, in more than 50% of ritual cases. But then you wrote: "Notice that neither of these features necessarily entails participation by satanists or cultists of any kind." That is the same statement you made in Study 1 when evaluating the features F1 and F12, and indicates bias. What other group of people would be using "devil symbols" as the context of the victim's abuse other than satanists? And by repeated practices, I assume you meant satanic chants and/or abuse at the time of Christian holidays? It is possible that some group of pedophiles might believe in their own minds that they were using satanic techniques to traumatize children and not be "genuine" Satanists, themselves, but in the absence of any data that supports that thesis (which includes the beliefs of the agencies who reported these cases to you), I believe it was a grave oversight for you not to admit that in 50% of these agency cases, children and adults were satanically ritually abused. Even if perpetrators who used the above trappings weren't "conscious" Satanists, their activity betrayed that their abuse was satanic. I believe certain practices, once committed, define the abuse and the abuser. If an average pedophile invoked satan while abusing a child (for purposes of an MO), even if they weren't genuine satanists before, they are most certainly satanists after this activity.

You then added "Other common features included *forced sex; abuse involving knives; altars, and candles; abuse by a member of a cult-like group; abuse related with belief in supernatural powers; abuse associated with activities involving graveyards, etc; abuse involving excrement or blood; abuse involving animal sacrifice; and ritual abuse involving drugs.* These features were involved in more than 20% of the ritual cases reported by agencies." Further, you wrote, "*Child pornography, human torture, and human sacrifice* were also relatively uncommon among ritual cases reported by agencies. Nevertheless, even these features were allegedly involved in a substantial number of

cases.” Again, I don’t consider this information to be only “features,” but some type of case evidence, especially if this information was evaluated by a court of law. However, you neglected to report in a percentage how many child ritual cases included what exact ritual abuse features. You then wrote on pg 56 under Types of Abuse, “When each type of abuse was considered separately, sexual abuse, psychological abuse (you probably meant emotional abuse), and murder were more common in ritual abuse cases than in religion-related case.”

On pg 56 it was written, “On average, ritual cases reported by DA and Law were more likely to involve extreme features. For example, according to Law, “13 % of ritual cases involved cannibalism.” Perhaps these law enforcement officers or DAs should have been contacted for further information. It is curious why they would bother to report a case if it didn’t involve a prosecution.

It was concluded on pg. 57 that, “although DAs reported the highest rate of murder in religion-related cases, none of the ritual cases reported by DAs involved murder. This result has an important implication: Even though 11-12% of ritual cases investigated by SS or LAW involved allegations of murder, none of these cases were accepted by DAs, presumably because of lack of evidence.” There could be many reason why DA’s rejected a case. Given that, I believe it would have been more responsible for you to have clarified with these agencies what the circumstances were that resulted in a lack of prosecution. Perhaps a child recanted or there were no credible witnesses. It is sometimes very difficult to induce a neighbor/witness to come forward on behalf of an abused child on the average child abuse cases because they are often fearful of retaliation. I would imagine that it would be even more difficult to induce a child or cult member to testify against a satanic cult for reported murder because it could result in death. Did any abuse occur to a child on these particular child cases, even though it did not result in a perpetrator being prosecuted for murder? That type of discovery might have proven to have been interesting information.

7) Were Statistics Illuminating or Obfuscating/Where is the Evidence: On pg. 55 it was written: “Finally, because DA’s typically accept cases with the most possible evidence, DA’s cases should constitute our best chances to find cases with proof of satanic abuse.” It is true that DA’s and law enforcement are the only agencies you canvassed who serve search warrants, and who are in the position to gather more evidence of ritual if they chose, yet except for five states who have made ritual abuse a crime, the main evidence gathered would have been to prove the crime the perpetrator was officially being charged with, such as sexual molestation. Perhaps, again, you should also have explained that DA’s do not always address the ritual elements of the crime at trials because of their concern that an uneducated jury won’t believe or understand the subject area. If more States made ritual abuse a specific crime, DA’s would not have that problem. But even so, in Table 14, after you made a statistical analysis of DA’s, SS, and Law, from F1 to

F14, a number after the decimal is given, and no number is a whole one.

Which brings me again to a statistics questions about these child cases: Can you explain in Table 14, under SS, what 2.4 cult members, .47 devil symbols and .24 excrement, blood means as it relates to information given to you, specifically by 118 Social Services agencies? I assume the underlying questionnaires have been destroyed which means that this statistical analysis is all that remains from all of the abuse reports which you purported to have examined. Can anyone tell how many ritual abuse cases reported by SS, for instance (which might have included a successful court outcome which in a SS agency meant how many Juvenile Court Petitions were upheld), had these ritual features included in Table 14? Were there 10, 20, 50 cases that included evidence such as cult members, devil symbols, and excrement? Plus, it is impossible to tell how many ritual features were involving in one single SS case. If you would, please provide me with the answer to only one question: How many SS reported cases included multiple ritual features in a percentage number? I understand that you were classifying case features when they were “statistically significant,” but I believe, again, that is such a mistake and disservice to this type of study, based on the above comments. It doesn’t matter what statistical significance these features had to some virtual pool of data, what was important was how many agencies in the United States reported these cases features, and what the exact evidence was.

8) Faulty Perpetrator-Victim Relationship Scale: In Study 1, it was mentioned that you used a perpetrator-victim relationship scale: 4 = parent/stepparent, 3 = person in position of trust, 2 = acquaintance, 1= strangers. In this portion of the study, which canvassed agencies, you reported on pg 58 that you used the same faulty relationship scale as in Study 1. Again, it appears you forgot to include the scores for grandparents, uncles and aunts (extended family), siblings or grandchildren in your relationship scale. This was quite an omission since child abuse is often generational. Was this because none of your agency respondents gave information about these types of perpetrators/victims, or did you decide to reject those relationships and not include them in your relationship scale at the outset. I assume by the word “parent,” you meant the parent of a child victim reported by the three agencies canvassed. *This limited relationship scale was not going to provide you with any evidence of value about intergenerational satanic ritual abuse because your scale only included one generation, and it appears that this was a serious methodological flaw in Study 2 as well.* Based on this very serious omission, I do not believe you can factually or ethically claim in Study 2 that you found “no evidence for intergenerational Satanism” (regardless if you refer to the abusive groups as cults or families) if you were excluding grandparents, grandchildren, and the extended family as potential victim/perpetrators. Specifically, you wrote on pg. 82 that there was no evidence pointing to large scale, well organized satanic cults. I believe that is a red herring. I don’t believe it matters how “large” or how “well-organized” a cult is, it is enough to prove that they exist.

9) Number of Perpetrators: It was reported on pg. 59 that, “Ritual cases reported by DAs and LAW involved a higher proportion of acquaintances as the alleged perpetrator...” What stopped you from hypothesizing that these multi-perpetrators could be interpreted as a cult, organization, intergenerational satanic family unit or group? If you did consider this, what was lacking in these DA’s reports for you to conclude in your closing remarks that there was little evidence proving abuse by satanic cults?

10). Invalid Social Services Analysis /Legal and Social Service Response: On pg. 60, you wrote: “Surprisingly, the conviction rate in ritual cases was almost as high as in religion related cases.” That means to me that the motivation for the crime - “ritual”- was proven to the DA, plus there was a conviction. How many of these cases evidenced that outcome in whole numbers? You neglected to report what exact ritual features in cases reported by DA resulted in convictions. The allegations ranged from rape to physical abuse to murder. Further, on pg. 60, you wrote, “There were often significant differences among agencies regarding case outcome: cases reported by SS were more likely to involve Social Service Substantiation.”

As was mentioned in Study 1, that is not an accurate description of the legal response by Social Services. The terms “substantiated,” “unsubstantiated,” and “unfounded” refer to the social workers decision to open or close a case only. In Table 17, you continued to use the term Substantiated, but you added a new social service term - “Unfounded,” and dropped the term “unsubstantiated.” This gives the impression that you added this term so that you could claim that social service agencies “unfounded” claims of ritual abuse, although you appeared to know little about what this terminology actually meant. Again, after a social services investigator finds probable cause to believe a child is being abused, or is at risk of being abused, petitions are routinely filed in Juvenile Court, under the relevant Welfare and Institutions 300 code. The categories of abuse are in general, physical, sexual, emotional abuse, neglect, sibling petition, or “no parent or guardian.” After several court hearings the child/children are made dependents/wards of the court after a Judge makes a True Finding, based on the preponderance of the evidence, that the facts as documented by Social services are correct, and the child was abused or was in imminent danger of being abused. The parents are given a Reunification Plan which lists the steps the parents need to take before reunifying with their children. The parents have 18 months to comply or they lose custody of their children. It might have been an interesting finding to discover how many Juvenile Court cases involving ritual abuse resulted in parents reunifying with their children in Study 2 as well.

When a petition is filed in Juvenile court, it is the Judges who evaluate the evidence, which means that it is extremely valuable information when it is discovered that a child was made a dependent or ward of the court. I have great difficulty believing that not one of the 118 social services agencies that you canvassed in the United States provided you

with accurate information about Juvenile Court proceedings and petitions filed. It is clear from reading Table 15 that Social service agencies did report that sexual, physical, psychological, and neglect occurred for this research study, so what would be the rational reason explaining why the findings of Juvenile Court about these types of abuse were excluded from this research study? The fact that Juvenile Court findings were excluded in Study 2 is a very serious omission and methodological “flaw,” and it gives the appearance that you manipulated reports by these agencies to make it appear that there were less legal successful outcomes for children than there actually were. Since you made such a serious error about Social Services, I believe your evaluations of the other investigative authorities (including evaluations of the “extreme” claims) are completely suspect, and the findings in this section of this report should be completely disregarded.

It was also mentioned that, “The results also suggested that cases reported by SS were the least likely to involve evidence.” That’s probably because social services don’t serve search warrants, a fact which I believe should have been mentioned in this study.

11). Physical/Evidence of Ritual: On pg. 61, you wrote: “...Our results also indicated that ritual cases were more likely to produce physical evidence than religion related cases.” The most frequently mentioned physical evidence included satanic symbols, books, artifacts, paraphernalia, etc...Other physical evidence included tattoos, drawing, scars on a child’s or adult’s body, film, photos, ritual dolls, mask, costumes...” This was an extraordinary amount of corroborative evidence to have received by investigative agencies to prove that a ritual crime occurred. How many cases included this evidence in whole numbers? (I don’t see in Table 1 any category that mentions “books,” “artifacts” or “other paraphernalia.”) If any DA forgot to mention what was on film, I believe you should have corresponded with them to discover what was on it because abuse on film is persuasive evidence that abuse occurred.

Since investigative agencies (like clinicians) serve as a screening process, because it takes reasonable suspicion or probable cause to begin an investigation, I believe these reports by agencies should have been taken very seriously. Instead, you wrote on pg. 64 that, “There was more social service and legal investigation of child cases and more corroborative evidence of abuse. The corroborated evidence for ritualistic elements of the abuse was generally weak, however, even in the child cases.” I disagree. I do not believe there was anything “weak” about the evidence described.

#### Discussion:

In the final conclusions of Study 2 it was claimed that relatively few clinicians and relatively few agencies encountered cases of ritualistic or religion related child abuse

during the decade of the 1980's, and that a small minority of professionals were responsible for reporting the most claims of ritual abuse. However, according to Study 1 and Study 2, the researchers arbitrarily decided to exclude thousands of respondents for unknown reasons which indicates to me that it is highly probable that the data pool that you ultimately decided to analyze was contrived so that a prearranged conclusion could be reached that a small group of professionals were responsible for reporting the most abuse. It appears that you were referring to the outliers when you claimed that "hundreds" of case were reported by a small number of clinicians and agencies, even though you also concluded that the majority of professionals reported only one or two cases. This statement was made in spite of the fact that you acknowledged that you over-sampled dissociative disorder specialists which would account for the high number of cases that they encountered. Because of these discrepancies, please provide me with the exact number of clinicians and agencies who reported specifically about ritual abuse from both Study 1 and Study 2.

Throughout Study 2 you also continued to assert that satanic practices were "extreme" and "bizarre," which betrayed a lack of objectivity

In Study 2 you again failed to mention Juvenile Court proceedings and the correct legal response by Social Services, and it was supposedly these agencies that were providing you with information about their own investigative legal outcomes. Social workers decisions about case opening and closing codes are not legal findings, they refer only to conclusions reached about social worker evaluations of individual referrals that may or may not be precursors to court involvement. It is Juvenile Court Judges who make legal findings about social services investigations which are based on petitions filed under the Welfare and Institutions 300 Code. It is clear from reading Table 15 that Social service agencies did report that the sexual, physical, psychological, and neglect of children occurred, for the purposes of this research study. If that is true, what is the explanation for the exclusion of Juvenile Court proceedings in this section of the study about the legal findings of agencies? It is simply not believable that not one Social Services agency provided you with the correct information about their own legal response. Instead, it appears that you misrepresented the facts that were given to you, which means that in lieu of a rational explanation which would explain these omissions, it appears that this section of the research study was completely fabricated. Because you made a serious mistake in the Legal outcomes section of this research study, and you failed to accurately describe the correct legal response by social services in other areas of the United States, there is no reason to believe your findings were accurate regarding law enforcement or District Attorneys either. Instead, I believe the findings in the entirety of Study 2 are completely invalid.

In Study 2 the same flawed and invalid perpetrator-victim relationship scale was used. You excluded grandparents, siblings, and other extended family members of the child

client of these agencies. Therefore, the conclusion reached that Study 2 failed to provide evidence of intergenerational satanic child abuse was completely invalid because you measured only one generation of potential perpetrator/victims. In your concluding remarks, you wrote, “Believers in ritual abuse assert that it has been occurring in the same fashion for generations. If the intergenerational view is valid, current reports by child and adult survivors should be quite similar because they are simply two views of the same phenomenon. Our data challenge that premise.” *I believe the intergenerational view is quite valid but your perpetrator/victim relationship scale included only one generation.*

Regardless, the intergenerational view is not automatically invalid if the witness’ accounts are dissimilar. Children’s and adults ritual abuse reports could be two views of the same phenomenon, but the child and adult victims could be in two different psychological states in regards to reporting their abuse. Several research studies mention that children tend to disclose the more disturbing aspects of their abuse in the latter stages of therapy, perhaps due to dissociation and/or fear. The potential dissociation of ritually abused children was not emphasized in this study, even though dissociative experts were canvassed or “over-sampled.” Since it appears that many ritually abused adults received a diagnosis of MPD, that would infer that satanic ritual abuse tends to cause dissociation, and that children would be expected to be MPD as well. However, it is notoriously difficult to accurately diagnose children with this disorder and their “acting out” behaviors are diagnosed instead. That would provide one possible explanation as to why disclosures from adult patients may be different from that of children – the alters of the adults have disclosed their trauma, but the alters of the child victims are yet to be revealed. I believe that interpretation is much more compassionate than the conclusions that you reached: “It is possible that children’s less extreme claims are more often valid than adult’s claims ... a final possibility is that both child and adult-reported cases are largely false but that children have not adopted the suggested stories as completely or as coherently as adults.” I believe that statement was a remarkable gaffe that betrayed an agenda which is very similar to the FMSF and there was no evidence upon which to support such a remark.

On pg 33, you also mentioned that adult victims of these clinicians had a longer period of abuse than the children did. Wouldn’t that fact be another logical reason explaining why there was a perceived difference in the way adults and children reported their abuse? If a child is removed from their abusive home by social services, they are probably aware that they could be returned to their parents, which might stop some children from disclosing the more extreme elements of their ritual abuse, even if they were conscious of it. Whereas adults in therapy at least have the chance to remove themselves from the abusive environment so they might feel free to disclose more information. *More importantly, when children are removed from their homes that means their abuse stopped at a certain point, unless they were returned to their abuser after their parents complied*

*with the Juvenile Court Reunification plan.* Children in these cases probably have only one opportunity to disclose their abuse. All evidence supports the conclusion that the adults in therapy were never removed from their abusive homes. Hence, the longer amount of time they reported being abused, and perhaps the safer they felt exposing the extreme nature of their abuse, without providing evidential information of importance, so they would not have to testify and worry that their cult might kill them or risk that they too might go to prison.

A tremendous amount of information/evidence about satanic ritual abuse was reported to you in both Study 1 and Study 2. In Study 1 it was reported that the four most common features of ritual abuse cases were *forced sex in a ritual context, repeated practices, cult members and devil symbols,*” which were involved in more than 50% of ritual abuse cases, and you reported that 50% of all ritual child abuse involved sexual molestation which occurred in a ritual context. Despite not classifying agency reports as evidence of some type, the corroboration for the ritual element of the crime in Study 2 was substantial. In Study 2 you reported that 50% of ritual cases reported by investigative agencies involved repeated practices and devil symbols. However, you concluded that neither of these features necessarily entailed participation by satanists or cultists of any kind. That type of observation immediately betrayed unacceptable bias. As you mentioned, the conviction rate in ritual abuse cases was almost as high as in religion cases which is persuasive evidence to prove that both physical harm and ritual abuse was likely to have occurred, and there were more perpetrators found in ritual cases than in religion-related cases. Under corroborative evidence you admitted that ritual cases were more likely to produce more physical evidence than religion related cases. The most frequently mentioned physical evidence included satanic symbols, books, artifacts, paraphernalia, tattoos, drawings, scars on a child’s or adult’s body, film, photos, ritual dolls, masks, costumes. In total, the evidence reported by agencies indicated that a serious amount of satanic crime and abuse by cults was occurring, which means the conclusions that you reached were not supported by your own data. You wrote, “The corroborated evidence for ritualistic elements of the abuse was generally weak.” Did you mean the corroborative evidence (which appeared to have been substantial) in Study 2 wasn’t statistically relevant or the evidence was simply not there, which does not appear to be the case? You continued to dismiss what I believe to be very clear evidence of Satanism by describing it as “weak” or “ambiguous.”

It was also written that “Contrary to popular perceptions, reports of ritual abuse were not statistically associated (any more than reports of religion-related abuse) with custody disputes or daycare centers.” You did mention in several places in this study that respondents reported abuse that occurred in daycare. Perhaps you felt that the number of cases you received about ritual abuse in these settings was not statistically significant, but I also note that you did not canvass Family Court or State Daycare Licensing agencies to discover whether or not they kept track of ritual abuse cases they might have

investigated.

You also concluded that evidence for the religious aspects of religion-related murders was often conclusive and publicly documented, but that was not the case for alleged satanic cult-related murders. Although that is an interesting finding, Michael Newton did not appear to have trouble locating newspaper accounts or court records to prove satanic crime occurred for his book *Raising Hell: An Encyclopedia of Devil Worship and Satanic Crime*, and he was reporting criminal behavior from the same time-period you were.

Regarding religious motivation, it is a little known fact but cannibalism is one of the religious or anti-religious aspects of satanic cult murders, which may be one reason why clinicians who treat adult victim/perpetrators are not going to produce evidence of crimes which are that old, from clients who are in fear, with those features and, as another possibility, prosecuting agencies might have had to work with witness/perpetrators who recant. Satanic murder is referred to as “Sacrifices” because to Satanists the horrible context of the victim’s death is meant as an offering to Satan, which is obviously anti-religious, but is a “religion” motivation for them. You also concluded that there should have been more corroborative evidence in adult ritual cases to prove the “extreme” features. I do not agree. Reports of cannibalism/and murder and evidence are mutually exclusive. Cannibalism and murder = less evidence, not more evidence. Regardless, the clients who reported murder in both Study 1 and 2 may have been eyewitnesses or participants in these events. Even children in ritual cases are sometimes forced to participate in murder, along with an adult figure. There were too many cases of murder reported to be consigned to “false” memories. Although there is coverage of this type of motivation in foreign newspapers, in US newspapers the anti-religious aspect of satanic murders tends to be downplayed. In the San Diego Union Tribune, the editors took the position 15 years ago that satanic ritual abuse does not occur, and they do not accurately report about successful SRA case convictions from the past, or in the present.

In conclusion, given the thousands of missing and unexplained “valid” reports; the exclusion of other data for frivolous reasons; the confusion over definitions of ritual abuse; the flawed and incomplete perpetrator/victim relationship scale which did not measure intergenerational child abuse, confusion over and the imprecise usage of social services terminology, including the omission of Juvenile Court and what petitions were filed under the Welfare and Institutions Code in California and in every other social services agency in the United States; considering the amount of evidence of ritual abuse which was reported to you by agencies was actually substantial which was minimized; your exclusion of victim or agencies reports as evidence on its own merit; and your bias about classifying cases as satanic ritual, I believe that Study 2 should be independently reviewed by an impartial party, or the results should be dismissed as completely invalid.

### Study 3

In Study 3 the researchers examined the subset of cases in which repressed memory of ritual abuse was alleged with cases in which repressed memory was not at issue, using the same data (numbers) as was used in Study 1.

It was acknowledged that there was research which indicated that repressed memory existed and that actual victims of child abuse might have no memory for their traumatic experience, but you claimed that false memories of traumatic events might also be an issue. On pg. 65 you wrote, “In some cases, therapists have been sued when adults who formerly recovered memories of abuse later came to believe that their recollections were false memories induced by therapeutic practices.”

The FMSF has a legal brief which is publicly available which includes over 70 cases involving some type of legal action taken against therapist who treated MPD/SRA clients which they claim include “false memories” of satanic abuse. What are the odds that in over 70 cases therapists would have actually implanted false memories of satanic ritual abuse into their adult clients minds? Not very high. Another hypothesis is that because there are too many cases to be believable instances of therapist implanted false memories, the large numbers might indicate that therapists who treat this population may have been targeted by attorney’s working on behalf of the “false memory” and perhaps insurance fraud is occurring on a grand scale. There is overwhelming evidence which indicates that this is what is occurring.

Further, you wrote, “Concerns about false memories of childhood victimization are particularly likely to arise when a case involves repressed memory for alleged acts of satanic ritual abuse.” Who are the parties who are concerned that this might occur? The alleged perpetrators, organizations which protect them, or suggestible victims? And are these statements made because Ken Lanning purported to find little physical evidence of ritual abuse?

You quoted FMSF’s Elizabeth Loftus’s argument on pg. 66 that experimental research on suggestibility, memory impairment, and hypnosis in adults and children indicated that false memories can easily be created. My research leads me to believe that it might be possible for a young child to be manipulated into believing a lie told to them by researchers or their parents, but it has never been proven that false memories of traumatic events can be implanted in a client’s mind because, again, that would be an impermissible experiment. I do not believe a therapist can implant what appears to be genuine trauma. Bonafide pseudomemories should result in less actual trauma, not more. There is also no evidence which supports the belief that therapist can make a client believe a traumatic event occurred, which would result in abreactions, suicidal ideation, flashbacks, and detailed testimony.

1) Definition of Ritual Abuse Cases: it was mentioned on pg. 68-69 that ritual cases were defined in the same way as in Study 1. As previously mentioned, it was not clear how you were defining ritual cases. Did they have to include all ten features or at least one feature.

2) Decision to Classify Case Evidence as Case Features: According to pg. 70, it was again an intentional research design to categorize reports of ritual abuse given to you by clinician's as "Case Features." Even though it was evident throughout this study that clinicians reported a substantial amount of information about ritual abuse, the reports were never given the weight they should have because of this design. Your concluding statements did not review the overwhelming information about ritual which was given to you by clinicians, instead these types of remarks were made: a) "The results of the survey also indicated that clinicians tend to assign high credibility to their clients claims ... with these results in hand, one may wonder whether the clinicians' beliefs were justified ... when it came to allegations of ritual and religious aspects of abuse, clinicians' validity judgments were not related to evidence at all." (See question No. 7, 8) b) "Almost all of the physical evidence could be explained by factors other than satanic ritual abuse." It appears that you did not assign the reports of clinicians' any validity or interpreted these reports as evidence which I believe indicated that there was a conscious attempt to explain away all information given to you about possible satanic abuse.

3) Definition of Multiple-Role Clients: The definition of a multiple-role client was: "The client was a victim but also occupied other roles, such as perpetrator, relative of a victim, etc." (pg. 69.) I do not believe that this definition was appropriate because as many ritual abuse clients do occupy a role as both victim and perpetrator (in the past or the present) it means that their disclosures as perpetrators could have been used in this study as perpetrator confessions which is considered to be persuasive evidence. Instead, you confused this designation with "relatives of a victim" which just muddied up potential findings in this category. Why were the relatives of victims in therapy? Did they provide eyewitness accounts of satanic ritual abuse? It is unclear to me whether "relative of a victim" was in addition to a client being a victim as well but I tend to believe that is not the case. In addition, on pg. 70, you wrote that 93% of the repressed memory [RM] cases and 58% of the non-repressed memory [NRM] cases involved allegations of ritual abuse. On pg. 69 it was written, "The analyses were thus based on 490 cases, of which 43 were RM cases (12 were multiple-role and 31 were single-role) and 447 NRM cases (38 were multiple-role and 409 were single-role.) It is impossible to tell by that statement what you meant by multiple-role clients. Were they both perpetrator/victim, or were they "relative of a victim." How many of these cases, RM and NRM combined, involved multiple-role clients as both victim and perpetrator? My guess is that you cannot answer that question because the inclusion of relative of a victim confused this category which appeared to have been purposeful.

4) Where is evidence of the Multiple Role RM Confessions: You wrote on pg. 69 that 12 RM cases included clients who had multiple roles – as victims and perpetrators - or as a client and relative of a victim or, again, perhaps you were referring to a relative of a victim who was not a client. You did write on pg. 75 that, “Perpetrator confession would be strong evidence for the abuse itself and for the ritual and religious aspects of the abuse. *However, respondents reported perpetrator confessions in a small proportion of single-role NRM cases only.” How could that be when the definition of multiple-role clients was that they occupied both roles, as victim and perpetrator. Alternately, that statement might have referred to what confessions the perpetrator of the abused client made and not to the confessions of the client as both victim and perpetrator.*

I noticed in Table 28 that you did not score a decimal number under RM “confession.” Did that include the possible confession of the perpetrator of the client, or did that include the confession of the client who had both roles as victim and perpetrator. If you were referring to multiple-role clients as both victim and perpetrator, I assume that would apply to all 12 RM cases. I assume that means that you automatically had 12 confessions of perpetration of satanic ritual abuse, yet you did not mention this fact, nor did you appear to score it. Can you please explain why you omitted this information? As was mentioned in Study 1, the confusion that was created about multiple-role clients appeared to be, at least, a severe methodological flaw in your study.

5) Cases Excluded For Inadequate Reasons: On pg 69, it was written that 426 cases were excluded because they were “ambiguous.” I believe that was way too much information for you to have excluded in such an important part of this study, especially because you drew such extreme conclusions, denying the validity of ritual abuse in the conclusion of this section. If your data had not been so unmanageable perhaps it would have been easier to communicate with the respondents until your uncertainties could have been clarified. Regardless, it is difficult to believe that all of these cases were ambiguous if the reports you received included the diagnosis and symptoms of the clients. Why would 426 clinicians ambiguously report information about their client’s possible repression when you directly asked these clinicians to report about the circumstances of their client’s disclosures? Did you mean to infer that 426 clinician’s ignored your request? It is very difficult to believe that is what occurred. Instead, you decided to use a very small pool of people of 43 RM cases (12 were multiple-role which was meaningless because you included relatives of victim) from which to draw conclusions – there was no persuasive evidence for satanic ritual abuse. You also wrote that you excluded 30 cases (all in the NRM group) in which clients were not victims of abuse. I assume that statement means that you excluded perpetrators who were in therapy at the outset.

You mentioned that because there was only one child repressed memory case, in a data pool of 695 child cases, this category was completely excluded. I find it very difficult to

believe that out of 695 child cases, only one child in this group was diagnosed as dissociative, since adult survivors of ritual abuse tend to be diagnosed with MPD. But perhaps that is because Dissociation in children is difficult to diagnose. However, because of the 426 exclusions of the data, for no justifiable reason, I believe the findings in Study 3 should be completely dismissed.

6) Evidence of Satanic Abuse: On pg. 72, it was written that RM and multiple-role case involved more victims, cult locations, as well as perpetrators than NRM single cases. This is indicative to me that a satanic cult or satanic family unit may have been involved. Were you able to discern whether any of these clients admitted to ritually abusing their own children? Given that this type of admission would result in a CPS referral, that question might be difficult to answer because clients might not want to make this admission outright because it has severe consequences. Nevertheless, a CPS referral might have been made in these cases if the therapist knew the client had children, or had access to children, and considered, because of the content of their client's admissions, that these children might be at risk of abuse. How many respondents reported this as a possibility? If they did report it, would you have been able to score it? I am led to believe the answer is no because you had no relationship scale for children of adult clients as potential victims.

7) Bias About Ritual Evidence: On pg. 75, it was written under evidence, "We included all relevant evidence in our analysis regardless of its quality. Evidence that some would consider quite ambiguous or unconvincing, (e.g. pentagrams on walls, satanic books or artifacts) was nevertheless scored." Where in your tables did you acknowledge "Satanic books" were scored. I didn't find it. Why did you think that this type of evidence was ambiguous or unconvincing. I do not agree and I find that type of remark indicated bias. If an adult or child was reporting ritual abuse, which probably included sexual victimization, and evidence was found of (upside down) pentagrams and satanic books in the home, I would find that to be very obvious corroborative evidence of satanic crime. In fact, I have a number of appellate decisions in which the court upheld the satanic motivation for the crime based on this type of satanic paraphernalia which you just dismissed as "ambiguous" and "unconvincing."

A therapist who described his client taking him to a graveyard where babies were supposed to have been buried was described by you as not persuasive because the client could have discovered that graveyard in some other way; a therapist giving you information about the scars on their clients was described by you as unpersuasive because these injuries could have been self-inflicted; you found obvious satanic paraphernalia to be ambiguous, and eyewitness reports of ritual to be questionable. You claimed on pg. 81 in your concluding remarks that "...Almost all of the physical evidence could be explained by factors other than satanic ritual abuse. For example, the patient's detailed description of articles used and rituals does not necessarily verify the allegation; the

patient may have acquired the knowledge from other sources, such as popular writings about satanic ritual abuse.” This type of analysis is completely unreasonable. You appeared to have held ritual abuse cases to a higher standard of evidence than religious abuse cases, and I believe you betrayed, by this type of unreasonable analysis, that you had an agenda which will be clearly described in my closing remarks

8) DSM-II-R Diagnosis and Clinicians Evaluations: As I discussed in Study 1, and which applies to Study 3, clinicians who were surveyed in this section were in the best position to evaluate the veracity of their clients disclosures better than you were. Specifically, in these repressed memory cases, the clinicians who, after evaluating their clients symptoms and after differentially diagnosing between various forms of mental illness, reported that their clients diagnosis did not include Malingering, Paranoid Personality Disorder, Paranoid Schizophrenia, (although you mentioned schizophrenia) or Delusional Disorder. Again, I note that none of these clients were diagnosed with a psychotic disorder which means the clinicians had no reason to disbelieve their clients “extreme” accounts of torture and murder although extreme victimization could cause a psychotic reaction. You wrote that the major psychological disorders reported were MPD, PTSD, Anxiety disorder, Adjustment disorder, “Personality Disorders,” and Eating Disorders, with RM cases including more diagnoses of MPD and eating disorders. You also reported that 68% of the clients in RM cases were diagnosed with MPD. Given that these clinicians provided a screening process for this research study which more than likely excluded potentially frivolous reports of ritual abuse, the reports by these clinicians should have been taken much more seriously than they were. The diagnosis of MPD obviously means that the client suffered some type of major childhood trauma. Instead of considering that the evaluations of these clinicians included meaningful and valuable data, you second guessed their diagnosis and evaluations with little reason to do so. These clinicians would have little motivation for suggesting ritual abuse scenarios to their client because treating a satanic ritual abused client is very draining and traumatizing on its own which sometimes results in vicarious traumatization in clinicians. Clients would have little motivation to frivolously adopt “suggestions” of satanic victimization because it tends to result in breaks with parents, friends, and results in profound despair. Instead of interpreting a client’s “adoption” of these ritual abuse scenarios as possible attention-getting ploys, another interpretation might be that by adopting these satanic stories it might make them objects of ridicule and fear. What type of client voluntarily chooses that reality. When authentic MPDs clients switch alters, they are not always in control and they sometimes behave in childish ways, or are outright dangerous, which would also not make them popular clients. However, clients might have a motivation to fake MPD, or frivolously accuse their therapist of malpractice, if it resulted in huge monetary settlements for the attorney and client, or if they have been instructed to recant by their cult group. You did mention in Feature F1 that cult members might feel compelled to follow the orders of their leader.

You also provided scores for “inappropriate toilet behavior” as a presenting symptom. I have never heard that term applied to an adult. Please explain.

9) Faulty Victim/Perpetrator Relationship Scale: It was mentioned on pg. 74 that the same 4-point relationship scale as used in Studies 1 and 2 was employed in Study 3. You wrote that if more than one type of perpetrator-victim relationship was involved in the case, the highest score (thus the closest relation) was used. That indicates to me that you designated the parent only as the closest possible relative relationship, which leaves out grandparents, children, and extended family. Ultimately, again, this limited relationship scale was not going to provide you with any evidence of value about intergenerational satanic ritual abuse, and was a serious methodological flaw and omission in Study 3 as well, because you included only one generation of possible victims or perpetrators. I believe it would have been useful in this section to analyze the admissions of multiple-role clients – at least in the population of confessed perpetrator/victims.

#### The Researchers Concluding Remarks

On pg. 122, it was stated, “An important key to solving the puzzle of reports of ritual abuse, it seems to us, is to conduct further research on the particular kinds of clients, clinicians, and agency professionals who account for the vast majority of allegations of ritual abuse cases. It would also be helpful to conduct investigations in the therapeutic process in which many of the adult ritual and repressed memory cases emerged. If some special combination of therapist beliefs, clients predisposition, and therapeutic procedures accounts for the recent explosion of ritualistic and repressed memory cases, it is very important to find out what this combination is.”

It appears by the above statement that the researchers were attempting to attribute most reports of ritual abuse to a small minority of therapists and agencies so that these reports would be construed as aberrations. Unfortunately, I believe the data pool was manipulated so that the researchers could come to that conclusion. There is nothing wrong with suggesting investigation of all aspects of ritual abuse reports. But because you routinely discounted evidence of ritual throughout this study without good reason, I believe it was inappropriate to suggest that the reporting parties be investigated – instead of the vast numbers of reports of ritual torture, murder, and sexual abuse of children which were received - because you decided the evidence submitted had no meaning or value. Instead it appears these were attempts to divert attention from the evidence onto the reporting parties which is commonly known as shooting the messenger.

#### Discussion

In Study 3 the researchers purported to analyze repressed memory cases using the same data that was used in Study 1. It was reported that 426 “ambiguous” cases were excluded which you could not confidently classify as repressed memory, in spite of the fact that you specifically asked clinicians to describe the circumstances of their client’s disclosure. It is simply not believable that 426 clinicians either forgot or were unclear about what the context was of their clients disclosures in this section of the questionnaire. Even if they were unclear, because this was such an important subject, I believe it would have made sense to correspond with them until your uncertainties were clarified. Instead, you decided to use a very small pool of people of 43 RM cases from which to draw conclusions that satanic abuse did not occur.

In Study 3 you chose not to include client/clinician’s reports of ritual abuse as evidence on its own, and concluded that the evidence in repressed memory cases was “weak,” tended to be more extreme and, again, described information as “bizarre,” which indicated a lack of objectivity. I didn’t interpret the evidence given as weak or bizarre. Nevertheless, you did report that 93% of RM and 58% of NRM cases reported satanic ritual abuse. That is a phenomenal amount of reports to have received. In your conclusions it was written, “Our results indicate that repressed memory cases, especially those in which clients occupied multiple roles, tended to be more extreme and often involved bizarre features.” That may have been true, nevertheless it appears (although you had no score for these admissions) that these multiple-role clients confessed to their participation in these “bizarre” features which included murder. It appears that you forgot to include the confessions from satanic ritual RM multiple-role clients as persuasive evidence, even though your own definition of multiple-role clients was that they occupied both roles, as both victim and perpetrator.

You also concluded in this section about evidence, “The only physical evidence was the client’s descriptions, voodoo dolls supposedly used in satanic ritual, and satanic symbols carved on the client’s body, even though the alleged abuse was quite severe for these cases ... compared to the severity of these cases and the bizarre claims involved ... the evidence was weak and ambiguous ... almost all of the physical evidence could be explained by factors other than satanic ritual abuse ... For example, the patient’s detailed description of articles used and rituals does not necessarily verify the allegation; the patient may have acquired the knowledge from other sources, such as popular writings about satanic ritual abuse.” Your painstaking efforts to deny throughout your study that ritual crime occurred (except for the occasional lone offender who frightened their victim with animal bones) is really quite problematic. By that type of reasoning, the patients who described religion related abuse could have been contaminated by the huge numbers of lawsuits against priests, which result in substantial settlements for the accused, so their statements to their therapists should be ignored as well.

You then wrote that “clinicians tend to assign high credibility to their client’s claims...there was a trend such that the more extreme and severe an allegation was, the most likely clinicians were to believe it ... in repressed memory cases with multiple-role clients clinicians unanimously believed that allegations of abuse/harm were true, and ...unanimously agreed that the allegations of ritual and religion-related aspects of the abuse were also true ... with these results in hand, one may wonder whether the clinicians beliefs were justified ... when it came to allegations of ritual and religious aspects of abuse, clinicians validity judgment were not related to evidence at all.” I believe the real question is not why did the clinicians believe their clients but why didn’t you believe the clinicians? You concluded that their beliefs were not related to the evidence, when in fact it was your conclusions that were not related to the evidence. These clinician’s overwhelming belief in their clients was probably due to the fact that they were knowledgeable about black magic practices, they evaluated and diagnosed their clients and none of their clients were diagnosed with psychotic disorders, or had any other evidence that might indicate that their client might be lying about being witness to or perpetrators of torture and murder. Therefore, I do not believe that the clinician’s belief in their client was a sign of incompetence, as you suggested, but it was instead due to the fact that they knew their client. Unfortunately, although you purported to statistically classify information given to you about ritual abuse by professionals in the United States, you apparently concluded that it would be wise to second-guess all of these professionals evaluations or reports and conclude that ritual abuse was rare, or did not occur, after you discounted the very evidence which they provided to you. Although it was briefly mentioned that you could not say with certainty which one of the allegations were true, and which were false, the overall conclusions that you drew were heavily judgmental about the lack of validity of these case reports. Further, you then inferred, after emphasizing that these respondents attended ritual abuse trainings, that they might be implanting false memories of satanic ritual abuse in their clients. I believe that was both an unethical and dishonest conclusion.

It was concluded on pg. 117 that “if there was indeed torture and sacrifice of humans, murder, and cannibalism, more hard evidence, such as victim’s body remains should have been found.” You stated this even though you also acknowledged that client’s who disclosed this information to their clinician were the least likely to have reported these crimes to the authorities. That is for several reasons. These victims are children of satanic cult families, and there were no mandated child abuse reporters before the late 1970’s, which means these alleged crimes were never investigated. Given that, it is not fair or logical to expect that clients who had been ritually abused 10-30 years prior to the date of your study, would be able to produce evidence of excrement, blood, torture and sacrifice of another, cannibalism, child pornography, and forced participation in ritual sexual activity, especially if they were dissociated victims. I believe it should have been enough that they reported their participation in those events. It is also highly likely that some of these clients reported that they were continuing to participate in their cult, but you failed

to mention that possibility. That means it would have been highly unlikely, not likely, that evidence would be discovered. In addition, as least in some cases that I am aware of, therapists have suggested to clients to report to the authorities that a murder had taken place as a child, as a mere formality for therapeutic reasons, and it was never expected that there would be a legal outcome in those cases. Finally, and most importantly, because the legal outcomes analysis of this research study was completely invalid, the legal analysis of law enforcement and District Attorneys investigations (or corroboration for the “extreme” case elements), is very questionable.

It was also concluded at the end of this study that a large proportion of the ritual evidence came from a few clinicians and agencies. I do not believe that is an accurate assessment, but even if it had some truth to it, that is because you set the study up that way in advance. You excluded too much data without sufficient reason in all three studies. You then concluded that, based on Study 1, 2, and 3, “The satanic ritual aspects of the alleged abuse was largely unsubstantiated,” and referred to FBI’s Ken Lanning reported conclusions, apparently believing that you reproduced his findings. In social services terms, unsubstantiated means there was not enough information to prove the abuse occurred, pro or con. I do not agree with that assessment. I find the overall information which was given to you was past the preponderance of the evidence standard, past clear and convincing evidence, if not beyond a reasonable doubt, (because of the overview of all of the evidence) for you to conclude that satanic ritual cult abuse was occurring in the United States in great numbers and the public needed to be informed.

Given that you did not follow through with sending questionnaires to thousands of clinicians who reported they had encountered a ritual or religion abuse client (you excluded way too much data); you continued throughout your study to refer to common black magic practices as “extreme” or “bizarre” which was not an objective stance; you excluded 426 “ambiguous” cases in Study 3 without good cause; you failed to include the clients and the clinicians accounts as evidence but only as prototypes or features; you failed to consider that the large numbers of victims and perpetrators in these cases might be potential cult members (even with abuse occurring in graveyards); you failed to produce information of value given by multiple role clients – including their own confessions of abuse - because you muddled that distinction; because of your inability to understand why clinicians might believe their clients accounts or testimony about ritual abuse (in lieu of evidence which would have been difficult to gather), and your bias in describing satanic abuse evidence; because of your terribly flawed perpetrator/victim relationship scale which did not measure intergenerational child abuse; and because of your biased speculation that there were a few clinicians who accepted, or in the worst case, created “false “memories” – in the face of all of this overwhelming evidence that ritual abuse occurred which you described as ambiguous, your final conclusion stating that there was no unequivocal evidence pointing to large-scale, well-organized satanic cults was completely invalid. There were too many methodological flaws in your study to

produce a valid result and your data did not support these particular conclusions. Because of all of these points that I have raised, I believe Study 3 should be independently reviewed by an impartial party and/or the results completely dismissed.

#### Study 4

In Study 4, children's knowledge about satanic ritual abuse was evaluated, using forty-eight children chosen from a subject pool composed of parents who had expressed interest in allowing their child to participate in research at a university.

You claimed on pg. 84 that some researchers had hypothesized that highly publicized adults' stories in the news media might have become a cultural source of children's allegations of ritual abuse. That sounds very much like the arguments made by Jeffrey Victor, Advisory Board member of the FMSF, and I find that idea to be preposterous. Toddlers and teenagers rarely read newspapers. Toddlers are usually in daycare and teenagers are in school. It probably would not be a normal occurrence for teachers to show horror films to their students in school. If there was some accidental exposure to coverage of satanic ritual abuse, the toddlers or latency age children would probably not understand the subject matter. When children do return to their homes, many parents monitor what television or movies their children watch for appropriateness. Even if they do not monitor their children's viewing habits, there have been very few true life accounts of serious satanic ritual abuse on television. Regarding fictional horror films, movies never enact or depict the sexual molestation of children, paired with satanic ritual, and in most satanic ritual abuse cases (which you did acknowledge) it is sexual molestation that is being disclosed.

On pg 95 you wrote about a 3-year-olds knowledge of ritual abuse, "Although the children did not evidence knowledge of full-blown satanic ritual abuse, they did express many precursors to such knowledge. For example, even some 3-year-olds knew that the devil kills. In response to the question 'imagine that a person meets the devil in the forest and the devil tempts the person to do some really bad things. What bad things would the person do', one 3-year-old said: 'Stick pins and needles in them, no needles, bite someone else, stab a knife in them, get blood out of them, put from back playdo, and put napkin on their back, and eat them.'"

It was not sufficiently explained why you considered that description of satanic activities to be a normal response by a 3-year-old child and why you thought it was normal to have such detailed knowledge about satanic practices. I do not agree that his/her description was an average or common response which one might expect from a 3-year-old. In fact, if I heard a 3-year-old give such a description about Satanism, I would consider making a referral to CPS. If I was the investigating social worker on this case, I would evaluate

whether or not this child might be a victim of satanic ritual abuse, or had witnessed the satanic ritual abuse of another. It is very troubling that you would consider this 3-year-olds response as normal, but it does shed light on why it was thought that Dr. Catherine Gould's ritual abuse checklist was "dubious" and thought it described normal behaviors.

### Concluding Remarks

The researchers claimed throughout this study that organized, intergenerational, sexually molesting satanic cults did not exist, and that a small number of clinicians and agencies were responsible for the most reports of satanic ritual abuse. I am contesting both of these conclusions. In my opinion, there were too many methodological flaws, too much data was arbitrarily excluded, the conclusions reached were unsupportable and not based on the data gathered, and researcher bias, if not blatant manipulation, was prevalent throughout this research study.

I believe that there were ongoing attempts by the researchers to psychologically manipulate the reader into disbelieving that certain satanic practices existed by making value judgments about these practices from the start. The researchers continued to categorize reports of torture, cannibalism and murder as "bizarre" and "extreme," and by the continual usage of those "buzz words," it served as a "thought stopping" propaganda technique, intended to influence the reader into agreeing with the researchers assessments and conclusions. As unfortunate as it is, these are the practices of satanists and black magic practitioners world wide which a Lexis/Nexis search of "satan" "devil worship" and "ritual" would reveal.

Overall, there were too many serious methodological errors and omissions in this study to ignore and, in some instances, I believe, the researchers were caught in outright fabrications. In lieu of a rational explanation as to why this might be the case, I am left with the conclusion that these researchers manipulated their data to reach conclusions that had been predetermined:

1) In Study 1, Study 2, and Study 3, there was too much data excluded, in fact thousands of reports from respondents without good reason. The researchers alone were responsible for the massive amount of data that they arbitrarily decided to exclude, perhaps in efforts to come to the predetermined conclusion that a small minority of professionals were responsible for reporting the most accounts of satanic ritual abuse. I would like the researchers to clarify what the exact number was of clinicians in Study 1 who reported 1,061 reports of ritual abuse, and the exact number of agencies in Study 2 that reported 412 reports of ritual abuse. It appears that the total number of ritual abuse reports that were examined by these researchers was 1,473, not 12,000, as was reported in the New York Times in 1994. I would like the researchers to confirm or deny if they were

referring to the minority of professional – or outliers - who supposedly reported “hundreds” of allegations of ritual abuse claims from both Study 1 and Study 2, when they concluded that a small minority of professionals were responsible for reporting the most abuse. If so, I would consider that to be both unethical and dishonest because they also reported that the majority of professionals reported a few cases each.

2) In Study 1 and Study 3, there appeared to have been a decision to exclude ritual perpetrator confessions at the start, for no discernable reason, which leaves me with the impression that these perpetrators were excluded because it would probably have provided admissions or confessions about ritual crime. It is not clear if these perpetrators were or were not in court-ordered therapy.

3) In Study 1 and Study 3, the researchers failed to classify information provided to them by clinicians about satanic practices as evidence, instead the researchers classified this information under “Features” or “Prototypes.” Unfortunately, I believe the researchers failed to convincingly or completely analyze these “features,” under corroborative evidence of ritual.

Although at first glance the decision to classify evidence as “Features” gives the impression of objectivity, the conclusions that were reached about the prevalence of satanic crime betrayed a decided lack of objectivity. The clinicians were in the best position to evaluate their client’s veracity, not these researchers. The clinicians did not diagnose their clients with Malingering, Paranoid Schizophrenia, Delusional Disorder, or any other mental illness which might lead them to believe that their clients were fabricating information. Therefore, all of these clinicians prescreened these reports and I believe their evaluations should have been given much more weight than a typical self-report of a subject, which is given credence by researchers in the average research study. Instead, I believe there was an attempt to hide, confuse, or disguise clinical reports under the designation of Features and it was never intended to give these reports credibility. I came to that conclusion, in part, because of these types of remarks which were made by these researcher about the totality of the evidence which was given to them, which led me to wonder why these professionals were canvassed at all: a) “Clinicians overwhelmingly believed their clients but had little evidence to support their beliefs.” and b) “Indeed, our respondents reported more evidence in child ritual cases than in adult cases, although most of it was still open to multiple interpretations. A final possibility is that both child and adult reported cases are largely false but that children have not adopted the suggested stories as completely or as coherently as adults.” There was no evidence to support the belief that the accounts of adults about satanic ritual abuse were false, let alone the possibility that children or adults would adopt suggested stories about Satanism.

I believe these researchers also failed to reach a reasonable and obvious conclusion based on the most responsible meta-analysis of their own data. In Study 1 it appeared that in

some cases reported by clinicians, the authorities were alerted about the client's satanic cult or family's commission of sexual assault, torture or murder, committed either in the past or the present, which means that these individual clinicians took these claims very seriously. Because multitudes of clinicians reported these allegations, these types of report should have ceased to have been classified as just a Feature, should have been interpreted as evidence of some type, and would have given me reason to hypothesize that wide-scale torture and murder was occurring in this country and some type of serious, considered action needed to be taken. Instead, these researchers great contribution to society was to suggest that the therapists be investigated.

In Study 2 the researchers categorized evidence reported by agencies as "Features" as well. Unlike Study 1, more corroborative evidence for the ritual aspect of the crime was described. As was true of clinician's, these agencies too prescreened information about ritual abuse before providing it to these researchers. Because it takes probable cause to initiate investigations, and it takes convincing evidence to reach legal conclusions, agency reports should have been taken quite seriously, including the reports which did not have a successful legal outcome. I believe that when a researcher receives multitudes of reports about criminal behavior, corroboration of individual cases becomes less important, due to the volume of information that was received describing the same activities.

4) In the Legal Outcomes sections in Study 1 and Study 2, the researchers failed to report accurately about the legal response of Social Services by neglecting to include Juvenile Court proceedings which are based on petitions filed by social workers under a section of the Welfare and Institutions 300 Code. The researchers not only omitted mention of these facts, but failed to report the number of petitions which might have been filed on behalf of abused children. Therefore, these researchers failed to correctly include or analyze the legal mandates of social services. The researchers also failed to define Social Services terminology accurately, confusing the meaning of terms, such as substantiated and unfounded, with unknown terms such as "nonsubstantiation" to describe social services legal outcomes. Substantiated, unsubstantiated (now 'inconclusive') and unfounded are social worker findings, which refer to case opening or closing codes, and have very specific meanings; however these are not legal findings. When petitions are filed in Juvenile Court by Social workers, it is the Judge who evaluates the evidence, therefore these are the legal "findings" which are persuasive evidence that abuse has occurred, rather than the case opening and closing codes. That is true in California and in all social service agencies throughout the United States, although different States have different opening and closing codes. It is simply not believable that in both Study 1 and Study 2 that not one clinician or social service agency reported accurately about social service/Juvenile court proceedings. Instead, it appears that this entire section of this research study was completely fabricated. Given that this is what appears to have occurred in this case, the analysis by these researchers of Law enforcement and District

attorneys legal findings is also highly suspect.

5) In Study 1 and Study 3, the researchers failed to mention whether or not clients were mandated into therapy by any court system. And, if so, the researchers failed to mention whether or not these clinicians had received any underlying investigative reports from Juvenile, Family, or Criminal Court, and then continued to assert that clinician's were not in the best position to gather evidence. That is true in general, but is not true with court-ordered or court referred clients. These reports are given to clinicians in order to provide background information on the case, to assist the clinician in the differential diagnosis of their client, and to assist the investigative agency in the differential diagnosis of child abuse. None of these possible scenarios were discussed by these researchers.

6) In Study 1, Study 2, and Study 3, the researchers designed a severely flawed and incomplete perpetrator/victim relationship scale which failed to include or measure immediate and/or extended family relationships, such as grandparent or children of adult clients, grandparents of the child clients, or uncles, aunts, or other extended family relationships. Without the appropriate relationship scale, one cannot gather the data necessary to prove or disprove intergenerational child abuse because only one possible generation of potential victims and perpetrators was measured. It appears that these researchers tried very hard to exclude any further information that would provide evidence of intergenerational child abuse, in addition to neglecting to include the appropriate relatives in the perpetrator-victim relationship scale. They did not score the admissions of the client as both victim and perpetrator in any section of this research study, and in Study 3, even though multiple-role RM clients were defined as clients who occupied the role of both victim and perpetrator, nothing was mentioned about these perpetrator confessions, or if it was a family member who was abused. No mention was made about clinician's potential reports to CPS about their client's possible perpetration of their own children, or if the client's perpetrating parents still had access to children. It is simply too difficult to believe that therapist and agencies did not provide this type of information to these researchers about immediate or extended family members who might have been either victims or perpetrators. Instead, it appears that they consciously chose not to score those relationships. As a result I do not believe that the perpetrator-victim relationship scale supported the conclusions of these researchers – that there was no “hard” evidence to support the intergenerational satanic abuse of children whether perpetrated by families or cults – which makes it appear that this section of the research study was also completely fabricated, and their conclusions should be completely dismissed as invalid.

7) In study 3 the researchers excluded 426 “ambiguous” cases for unpersuasive reasons and claimed that none of the 426 clinicians provided enough descriptive information for the researchers to decide whether or not these cases included repressed memory. Instead, a very small pool of 43 RM cases was used from which to draw extreme conclusions. The

researchers claimed that only 12 of these cases had evidence to support the ritual abuse claims. Since the researchers specifically requested that clinicians explain the circumstances of their client's disclosures, it is simply not believable that 426 clinicians failed to provide this information. Instead, it appears that the results of Study 3 were intentionally skewed in favor of the researcher's predetermined conclusions that only a small portion of repressed memory cases had evidence of ritual, clinician's evaluations should be disregarded, that clinician's belief in their client's disclosures might be based on ritual abuse trainings or workshops, and therapists might be implanting "false memories" in their clients.

In addition, the researchers betrayed their bias by making these types of concluding statements about MPD clients: a) "Whatever caused the symptoms, it is easy to imagine that they are connected with suggestibility, both in therapy and in daily life." About clinicians: b) "Together with the fact that most of the significant effects concerning evidence in repressed memory cases disappears after eliminating outliers, one can speculate that there are a few clinicians who accept (or in the worse case, even help to create) "false memories," and these clinicians are willing to accept ambiguous evidence as proof of the existence of satanic ritual abuse." First, I do not believe that these researchers should have excluded any persuasive evidence (the outliers) which might have proved to be important information about ritual abuse. Second, the ritual evidence which they described as "ambiguous" was actually persuasive. Third, because there is no scientific evidence to support the belief that clinicians can implant false trauma or traumatic memories in the minds of clients, these researchers should never have raised it as a serious possibility. Because the researchers excluded data for unbelievable reasons, which indicated to me that they might have been skewing or omitting data in order to reach predetermined conclusions about the validity of satanic cult abuse, and because of the extreme bias that was rampant in Study 3, I believe that the conclusions reached in Study 3 must be completely dismissed.

8) In Study 1 it was reported that the four most common features of ritual abuse cases were forced sex in a ritual context, repeated practices, cult members and devil symbols," which were involved in more than 50 % of ritual abuse cases. There were also more perpetrators and victims reported in satanic cult cases than in religion cases and some of these crimes occurred at cult locations. In addition, the Feature F12 – ritual rape - was reported in 50% of the child ritual cases which, from an investigative perspective, is all that is necessary to prove that ritual abuse occurred.

In spite of this, these researchers claimed there was no evidence to prove satanic cult abuse, despite the fact that 50% of all clients reported they were abused by cult members. In Study 2 it was reported that 50% of ritual cases reported by investigative agencies involved repeated practices and devil symbols. However, the researchers concluded that neither of these features necessarily entailed participation by Satanists. These types of

findings are completely and unacceptably unreasonable and biased. It was also concluded that there should have been more objective evidence of murder, even though the findings in this study indicated that clients were eyewitnesses or direct participants in these activities. In addition, the supporting evidence submitted or described by clinicians and agencies about ritual was quite substantial

I was disturbed to read that Ken Lanning of the FBI was a project consultant on this research study. Because it appears the government has a conflict of interest about the public's awareness of satanic ritual crime, this research study should have been independent from reported "government" findings. Instead, it appeared that there was an inappropriate attempt to duplicate Mr. Lannings findings

This study was funded by the National Center on Child Abuse and Neglect, and I believe the conclusions reached should have reflected the fact that children of satanic victims and MPD's need advocacy because they are a very vulnerable class of abuse victims. This class of abused people need evaluators who are rational and who have experience in the subject that they are surveying. Instead, I am sorry to report that I found Dr. Goodman's, Phil Shaver, and Bette Bottoms analysis throughout this research study to be superficial, false, and misleading, and did not reflect that they knew anything about therapy or investigations.

The researchers opined that based on the findings in this study which they continued to assert provided little evidence of satanic ritual abuse, that ritual abuse laws should not be passed because - based on their "analysis" - satanic ritual abuse was not occurring on any grand scale. I am in complete disagreement with these conclusions. Not only did this study, despite its profound flaws, provide substantial evidence of the existence of satanic cults that ritually molest and abuse children, but there was reason to be alarmed at these findings, not pacified. Based on the substantial information provided to these researchers about the existence of satanic ritual abuse, I believe these researchers should have argued for the enactment of ritual abuse laws which could only protect children and adult victims. It would also assist in piercing the denial surrounding satanic ritual abuse, it would provide data about the prevalence of ritual abuse, and provide valuable data for further research.

On October 31, 1994, Daniel Goleman of the New York Times reported in an article entitled, Proof Lacking for Ritual Abuse by Satanists, after interviewing Dr. Gail Goodman, that 6,910 psychiatrists, psychologist and clinical social workers, and 4,655 District Attorneys, Police Departments and Social services agencies had reported a total of 12,000 accusations of group cult sexual abuse based on satanic ritual, but not "one that investigators had been able to substantiate." This was not an accurate account of the "Characteristics and Sources of Allegations of Ritualistic Child Abuse." The total of ritual reports received in Study One and Two appears to have been 1473, not 12,000.

Because this false statement was given to the media, in addition to what appears to be fabrications throughout this research study, I believe it provides overwhelming evidence that these researchers had a prearranged agenda to minimize or deny that the satanic cult abuse of children existed. Furthermore, I believe it is clear that these researchers not only did not substantiate 12,000 reports of ritual abuse, they did not persuasively substantiate even one. Unfortunately, this study has been used by others to make the claim that children are not being ritually abused in the United States, in part, because of the erroneous numbers -11,000 and 12,000 - which Gail Goodman reported to the media. This same misinformation is on a multitude of web sites on the internet. It is disturbing that this study or propaganda was funded by the National Center on Child Abuse and Neglect and was used to claim that satanic ritual abuse was invalidated by the scientific community.

As further evidence proving that the researchers were purposely distorting the facts about what this research study revealed, after the American Psychological Association [APA] gave Dr. Goodman an award for Distinguished Professional Contributions to Applied Research in 2005, Dr. Goodman's response was published in the American Psychologist, November 2005 issue in an article entitled "Wailing Babies in Her Wake." She stated:

"However, in some of our research, false memories of child abuse were undoubtedly uncovered. In the 1990's, a rash of reports by adults and children of satanic ritual abuse (SRA) were featured in the media. In their more extreme forms, these reports included claims that Satanists (i.e., people who were said to be demonically possessed or in league with the devil) had infiltrated the Federal Bureau of Investigation (FBI) and American preschools to abuse children sexually and that satanic cult members were kidnapping (and even breeding) thousands of babies who were then sexually abused and

slain in satanic rituals. In close collaboration with Bette L. Bottoms and Phillip R. Shaver, I conducted a national survey study of prosecutors, law enforcement officers, and child protective services workers, as well as of mental health professionals, to learn more about allegations of SRA (Bottoms, Shaver, & Goodman, 1996). Our survey revealed that there was essentially no hard evidence of organized, child abusing, satanic cults that had infiltrated preschools or the FBI or that had kidnapped or slain babies. *In contrast, there was much indirect evidence of clinical induction of false memories and plentiful evidence of religion-related abuse, including sexual abuse by Catholic priests ... Although much of my research indicates that children can have largely accurate memories and can resist strong suggestions, they can, in contrast (as indicated by the dramatic examples of ritual abuse claims) also tell wild tales, cave in to misleading questions, and make important errors.* The same is true of some adults, of course. All of the books about personal cases of alleged SRA were written by adults who seem to have believed their own stories."

The title of Dr. Goodman's article appears to have been very appropriate given her assessments which were in apparent service to undermining children of satanic crime. There was no evidence to indicate that children were telling "wild tales" about ritual abuse in this study. Dr. Goodman also made extreme statements about what this study purportedly revealed in the Journal of Social Issues, Vol. 62, No. 4, 2006, specifically pg. 818. Dr. Goodman stated:

"Around 1989, at the same time my research was showing the conditions under which normal children could resist false suggestions about abuse, several of us began to study dramatic and increasingly prevalent claims of so-called "satanic ritual abuse" (SRA; Bottoms, et al., 1996). It quickly became apparent that many if not all such claims involved false reports, not only by children but also by adults ... When we looked into such claims in a huge national study, we-like the FBI-could find no evidence for these extreme allegations, but we did find plenty of evidence for highly leading and coercive interviews with children, use of psychotropic drugs and hypnosis on depressed women, and promotion of satanic ritual abuse ideas by religious organizations and poorly trained clinicians (Bottoms et al., 1996) Fortunately, by the mid-1990's, the child protection and legal fields, along with most educated adults, had moved away from worries about SRA claims."

I believe that the above analysis was not what this research study revealed and is an example of blatant propaganda. What rational explanation might there be to explain these types of statements since Dr. Goodman's data did not support these extreme conclusions/

I am requesting that a response be provided to each one of the questions that I have raised. If I made an error in any one of my points or questions, please do not hesitate to correct me. If the Office of the President agrees with my finding that the multitude of errors in this study invalidates its findings, I am requesting that UCDAVIS formally withdraw this research study, admit to the many methodological errors which nullify its results, provide an apology to the public, including a correction in writing about the mistaken numbers which were provided to Daniel Goleman of the New York Times by most likely Dr. Gail Goodman as the lead researcher, and censure the researchers involved.

Thank you for your time,

Diana Napolis, M.A.