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## **Participatory Action Research on Help-Seeking Behaviors of Self-Defined Ritual Abuse Survivors: A Brief Report**

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*The existence of ritual abuse is the subject of much debate. Ritual abuse survivor perceptions of seeking help have not been explored, and studies have yet to utilize self-defined survivors as collaborative researchers. This study addresses both issues. Participatory action research was utilized to design a survey and semistructured interview to investigate ritual abuse survivor experience of seeking help. Sixty-eight participants completed the survey, and 22 were interviewed. A group approach to thematic analysis aided validity and reliability. Participants reported experiencing disbelief and a lack of ritual abuse awareness and help from support services. In contrast, participatory action research was reported by participants as educative and emancipatory. Future research should explore the benefits of participatory action research for survivors of different forms of oppression.*

*KEYWORDS* methodology, maltreatment, support, qualitative

In the 1990s, a modest number of research articles (Faller, 1994) and clinical guides were published on ritual abuse. Moreover, a considerable number of clinicians reported encountering ritual abuse (RA) cases in their practices, about 10% in a study of members of the American Psychological Association (Bottoms, Shaver, & Goodman, 1991). Media hysteria, the rise of the False

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Memory Foundation (Salter, 2008), and the failure of feminism to fit RA into dominant paradigms of sexual abuse led to many professionals becoming wary of RA (Scott, 2001). For practitioners, investigators, and journalists, it was reassuring and convenient to redefine RA as a nonphenomenon. However, it is likely, this left individuals who self-defined as RA survivors more isolated and disbelieved.

RA is claimed to lie at the extreme end of the abuse spectrum, but, as with child sexual abuse (CSA), definitions are contested (Sarson & MacDonald, 2009). Recently, RA has been defined as “organised sexual, physical, and psychological abuse, which can be systematic and sustained over a long period of time. It involves the use of rituals, with or without a belief system. It usually involves more than one person as abusers” (Ritual Abuse Network Scotland, 2011, p. 1). Bibby (1996) highlighted the pre-meditated nature of abuse on multiple children, and Sarson and McDonald (2008) conceptualized RA as a form of torture. They defined ritual abuse torture (RAT) as the abuse, torture, and trafficking of children by organized groups involving parents and both known and unknown others. RAT is seen as part of nonstate actor torture (NSAT), which recognizes torture in domestic and private situations as opposed to state torture involving government and military personnel. According to Sarson and McDonald (2009), unlike state torture, NSAT fails to be recognized as a crime and is, therefore, often invisible to society.

Definitions of RA incorporate different forms of abuse, including sadism (Sinason, 1994); pornography (Schmuttermaier & Veno, 1999), mind control (Rockwell, 1994), cannibalism (Young, Sacks, Braun, & Watkins, 1991), and Satanism involving the sacrifice of children and animals (Coleman, 1994). Riseman (2008) referred to children being forced to behave like abusers, which increases child guilt and blocks disclosure. MacDonald and Sarson (2003) suggest these alleged acts are underpinned by a belief in male domination and a hatred of women and children.

Others have contested the existence of RA. Frankfurter (2006) dismissed RA as fantasy and Nathan and Snedeker (1995) construed RA as a witch hunt. La Fontaine (1994) conceptualized RA as a social construction within CSA; that is, children’s accounts were understood as false Satanism used by abusers to terrorize. According to Frankfurter (2006), if RA existed there would be physical evidence to support it. RA dismissal also takes the form of mental illness diagnosis in which clients’ accounts are interpreted as delusion or the result of brain disorders (Lotto, 1994). Loftus and Ketcham (1994), however, blamed therapists for misdiagnosing and introducing false memories to vulnerable clients.

According to Salter (2008), the politics of disbelief (p. 243) focus on women and children who have been brainwashed or coerced by feminists or fundamentalists into fabricating stories of abuse. From this perspective, women and children are viewed either as liars or extremely suggestible.

The debate on RA is complex and highly charged with extreme opposing positions that have led to difficulties in studying reported cases of RA. Most studies have been small in scale and relied on professional opinion rather than survivor reports. Incidence figures typically indicate small numbers—for example, 0.2% of CSA cases (Gallagher, 2000)—with higher rates reported in samples where abuse and its consequences are more extreme. Incidence figures, however, are partly determined by the acceptance and definition of RA. For example, therapists in Southern California have identified rates as high as 25%–60% (Friesen, 1991).

## PARTICIPATORY ACTION RESEARCH

Within the context of uncertain definition and incidence, Matthew (2002) argued that RA highlights the need for researchers, practitioners, and survivors to work together to develop a more complex understanding of the issues involved. Scott (2001), highlighting the issue of marginalization, criticized the practice of giving primacy of importance to professional over survivor reports and called for hearing all voices, particularly of those who are oppressed and unheard. According to Lykes, Hershberg, and Brabeck (2011), a democratic participatory research approach includes survivor voices in seeking to understand the others' experience and challenging social inequities embedded within the research process, such as the power imbalance of researcher and participant. More specifically, Teram, Schachter, and Stalker (2005) discovered that participatory action research (PAR) empowered sexual abuse survivors to explore and understand their own contexts of abuse as well as informing changes in professional practice. Significantly for mental health, Alpeter, Schopler, Galinsky, and Pennell (1999) found that survivors experienced healing through active research participation.

PAR, through fusing survivor voice and participatory research, promises an effective approach to enabling survivors, researchers, and practitioners to identify problems and utilize solutions (Silver, 2008). Participants as researchers engage in the tasks of research design, data collection, analysis, and writing. Forbat and Henderson (2005) argue this “fundamentally changes the relationship that participants can have with research, not only in terms of promoting interest but also in engaging in debates on epistemology, truth claims, and re-presentation” (p. 1126).

Kralik and van Loon (2006) involved CSA survivors in PAR to help professionals understand the survivor's perspective. Survivors reported on the empowering nature of being participatory researchers. Similarly, Sarson and MacDonald (2008) used the term “kitchen table” to describe their participatory research with RA survivors, resulting in participants reporting gains in awareness of how to protect others. PAR, however, is not without its critics. Challenges include the nature of informed consent, who benefits from the research, who determines the research goals, and how conflict is

dealt with (Lykes, Hershberg, & Brabeck, 2011). Issues further include the amount of time required to complete the project, the capacity to maintain multiple relationships between researchers, the nature of differing communication among participant researchers from diverse cultural backgrounds, the need for longer-term partnerships, and issues of gender and power (Lykes & Hershberg, 2012).

In summary, the voices of survivors have been largely neglected within research, and the inclusion of survivors as researchers is in its infancy. Due to the debate regarding the existence of RA, this situation is exacerbated for those who define themselves as RA survivors. The current exploratory study aims to address these omissions by utilizing PAR with such survivors. Specifically, the study seeks to (a) enable self-defined RA survivors (hitherto referred to as survivors) as researchers and (b) identify survivor experience of seeking help. Finally, this study explores the participants' experience of researching.

## METHODS

### Sampling

#### RESEARCHERS

Purposive sampling was used to approach help line workers who identified as survivors in a RA help line organization. To enable decision making, survivors were provided with information on the purpose and processes of PAR. Four workers initially volunteered to become researchers. In addition, 4 participants who completed the survey and 4 participants who participated in the interview subsequently volunteered as researchers. All were survivors. The research team totaled 12. All researchers were female, aged between 22 and 60 with an average age of 30 years. Socioeconomic status and ethnicity were unknown. Over the 9-month project, the number of researchers was as follows: first month  $n = 6$ , second month  $n = 7$ , third month  $n = 5$ , and fourth through ninth month  $n = 9$ . Nine researchers reported as registered disabled due to mental health concerns attributed to abuse, including posttraumatic stress disorder, complex trauma, dissociative identity disorder, bulimia, bipolar, and personality disorder. Six researchers reported physical disabilities attributed to abuse, including female genital mutilation, bowel disorders, and kidney and lung disease. The research team was led by the principle researcher (PR) who was a support worker and RA survivor, female, and middle aged.

#### PARTICIPANTS

Information about the study was posted on the help line message board explaining the researchers' activities, the rationale of the study, and an

invitation to participate and post comments. Participant information sheets and consent forms were sent via e-mail to all survivors known to the help line inviting participation in the research as either researcher and/or participant ( $n = 135$ ). Sixty-eight volunteered to complete the questionnaire. Of these, 22 participated in the interview. All 12 researchers completed the survey and the interview.

## Research Design

The negotiated research question was, “What are the experiences of survivors of ritual abuse when seeking help?” Researchers began to read about research methods and decided to use a mixed methods approach to gather quantitative and qualitative data (Creswell, 2005). This enabled the nature of help-seeking to be both quantified and understood in terms of thoughts and feelings. Three researchers searched the literature, nine contributed personal experience, four took a role in coding and analyzing data, two transcribed, and three were involved in shaping and proofing an initial dissemination report.

## Measures

The researchers utilized an online survey and message board for discussion and conducted interviews to gain information on survivor experience when seeking help.

### ONLINE SURVEY

A draft survey was developed that asked the age, gender (male, female, transgender), type of agency/agencies involved with, and four initial definition options (RA survivor, survivor, worker, and other). Scaling questions utilized a five-point Likert scale (*very good, good, average, poor, no service*) for the agencies of rape services, police, domestic violence services, health services, and social services. Open-ended questions included: (a) what help participants needed from agencies, (b) the most common experience for participants from agencies following seeking help, and (c) anything else participants would like to share about the experiences when seeking help.

The first draft of the online survey was piloted with six participants. This led to changes in ambiguous wording—for example, “What do you think survivors need?” became “What do you think ritual abuse survivors need from agencies?” Two further redrafts were piloted ( $n = 10$ ) with changes to naming different agencies for participants to comment on. No word limit was set on responses. The survey was conducted over a 6-month period and took 20 minutes on average to complete. The survey was hosted by the SmartSurvey website with details about the study and contact details for

support. Links to survivor and other support agencies were provided. The survey was anonymous, and no questions were compulsory.

## INTERVIEWS

To facilitate participation, interviews were offered by e-mail, through the discussion board, by telephone, by Skype, or face to face. Online comments were anonymized with the option for participants to delete at any time. Initially, researchers had intended to interview one another but because of issues of confidentiality and support, it was agreed that researchers would answer interview questions themselves and record their responses in written form. All other participants were interviewed by the PR. Research questions reflected researchers' wishes to provide structure and avoid prescription. A short, semistructured script was developed and piloted ( $n = 4$ ). No adaptations were required. To increase empowerment, participants chose venue, time, method, and level of their involvement in interviews. The questions included: How do you define RA? Anything you want to share about your own experiences of seeking help? What are some positive and negative experiences of seeking help? What do RA survivors need? What would improve services? Anything else you want to share? The interview followed a conversational style, and all participants agreed to interviews being recorded.

## Analysis and Coding

The survey questionnaire was analyzed by identifying themes within participant responses and counting the number of participants who named the themes. This was reported as theme, number, and percentage. Transcription of interview material was by an experienced administrative worker from a survivor organization with an understanding of the issues and ability to keep emotional distance (MacLean, Meyer, & Estable, 2004). Alphabetically ordered letters instead of names were entered into an Excel spreadsheet as participant identifiers. Additional letters were added to show type of interview with "m" for message board, "e" for e-mail, and "f" for face-to-face. Using an iterative thematic analysis process, four researchers, first on their own and then collaboratively, analyzed and categorized statements, codes, and themes. Based on the PR's clinical judgment, trauma triggering incident details were removed prior to analysis. This included specific detail of abuse, religion, and names of abusers. Validity and reliability of analysis was addressed through a comparison between individual and group analysis. Participants were asked to analyze their own contributions. The process of thematic analysis involved: reading and re-reading participants' statements for familiarity, clustering and re-clustering statements of meaning into codes, clustering codes into themes, reviewing codes and themes, and finally recording and sharing the analyzed statements, codes, and themes

**TABLE 1** Online Survey Results

Participants	Gender	Ritual abuse self-definition	Identified needs	Experience when seeking help	Rating of perceived service quality (scale of 1 to 5, <i>very good</i> to <i>particularly poor</i> )
<i>n</i> = 68	48 f (71%)	58 (85%)	42 (62%)	60 (88%)	Police
		Self-defined	Support	Disbelief	4%, 7%, 0%, 62%, 7%
	20 m (29%)	10 (15%)	34 (50%)	60 (88%)	Rape
		Supporters	Increased awareness	Lack of awareness	1%, 4%, 7%, 62%, 26%
	Other abuses reported	24 (35%)	10 (15%)	Prejudice	Health services 0%, 0%, 5%, 3%, 87% Social services 0%, 0%, 2%, 11%, 87%

with researchers. The process of analysis was based on survivor experience rather than theory. Using SmartSurvey software, a report with graphs was generated and distributed to participants for comment.

## RESULTS

### Online Survey

The online survey was completed by 68 participants (see Table 1). All were English speaking, and 71% (*n* = 48) were female. Eighty-five percent (*n* = 58) defined themselves as RA survivors, and 15% (*n* = 10) as supporters of RA survivors. Seven disclosed they were also survivors of other abuse. When participants were asked what their needs were, the following themes were identified: support (*n* = 42), increased awareness (*n* = 34), and being believed (*n* = 24) were the most common. Another open-ended question asked about participants' experiences when seeking help. Disbelief (*n* = 60), lack of awareness (*n* = 60), and prejudice (*n* = 10) were the main themes. The themes of disbelief and lack of awareness were often reported together (*n* = 47). Some participants reported all three themes (*n* = 8). Participants were asked to rate quality of services. Police, education, rape, and domestic abuse services were judged "poor" (62%, *n* = 30), with health and social services rated "particularly poor" (87%, *n* = 30).

### Interviews

Interviews were carried out with 22 participants either face-to-face (*n* = 6), via e-mail (*n* = 12), or through the message board (*n* = 4). Face-to-face interviews took place at the RA help line organization offices (*n* = 3) and 3 at participants' homes (*n* = 3). Four participants made contact via private message through the message board. All became researchers and all were female.

Twelve participants provided e-mail interviews. Six became researchers. All lived outside Scotland and were female aged 25–50. All reported being registered disabled, and two reported being in paid work. Three researchers did not want interviews recorded. Instead, they responded verbally to interview questions and gave written responses. All three revisited their written responses during the study to further clarify and assist with analysis.

## Data Analysis

Five main themes were identified from participant interview responses: participation is powerful, self-definition, disbelief, lack of awareness, and prejudice.

### PARTICIPATION IS POWERFUL

Each researcher had her own journey, ideas, and understandings: “I would never have believed that me, with all my problems and my background, could actually be a researcher and find out things. It’s mind blowing.” Once the researchers became involved and took power and ownership, they found their involvement impacted both their lives and the research. Reading the words of others with similar experiences reduced their own isolation and galvanized some researchers into taking action for themselves and others. All researchers reported feeling empowerment and greater self-awareness as a result of their involvement in the research. Some even made significant personal changes during the study; for example, two were elected onto management committees of survivor organizations. One started studying at the Open University, one changed her university course to a research-based course, two went back to studying through open learning, three began to campaign for improved services for survivors, and three started voluntary work with support agencies. Furthermore, two researchers decided to make statements to the police about historical abuse. Researchers’ goals, as a consequence of the study, included campaigning, research, volunteering, education, fighting for justice, and addressing disbelief and lack of awareness about RA.

### SELF-DEFINITION

Participants were asked to define RA, and, although there was some consistency about key words used, participants wanted to avoid definitions that might in some way define them or prevent them from defining themselves. Many participants talked about CSA being ritualized to some degree and described RA as the same but perhaps “more extreme than other forms of abuse, as more people are involved.” Some keywords participants used to describe RA are found in the literature, such as “organized sexual abuse”

and “extreme” and “multiple” abusers. Some ( $n = 8$ ) spoke about belief systems and religion. Participants felt the abuse was too complex to be simply defined, and there was much discussion about having too narrow a definition, which misses survivors, or one too wide, which encompasses everyone and becomes meaningless. No one definition was agreed on as participants felt they should be able to define their own experiences. “I don’t want any more labels. I just want to be treated as a person. The abuse is extreme but I survived it.” Most regarded the backlash of the 1980s and 1990s as responsible for discrediting RA, and many were reluctant to reveal to agencies that they were RA survivors. Some linked the lack of awareness and general disbelief about RA to a lack of available support services.

#### DISBELIEF

Fear of disbelief was a prevalent theme across participants’ responses ( $n = 12$ ). During interviews, participants explored the reasons behind this as well as consequences for survivors. Many tried to understand the reasons behind this lack of belief. “We face denial and disbelief on a scale that beggars belief. They can’t handle our abuse at all but they don’t have to, they just have to listen, but they don’t.” Others felt angry, particularly when speaking about their experiences of not being believed in childhood. Some expressed child protection concerns. “How can we safeguard children from something that is not known about or recognized?”

Issues of mental illness and vulnerability were reflected in experiences of participants when seeking help. “I was given ECT [electroconvulsive therapy] . . . at the age of 13. They diagnosed posttraumatic stress disorder, at 16 a counsellor diagnosed False Memory Syndrome” and “when I started with my new therapist and started to remember ritual abuse she didn’t believe me. I was devastated. It is hard enough trying to cope with some of these very extreme memories without having professionals disbelieve.”

#### LACK OF AWARENESS

Lack of knowledge and awareness was highlighted as an issue that affected participants. If there is disbelief, skepticism, and lack of awareness, it seems possible this might be one of the reasons for poor services: “There is so little knowledge and so many myths.” All participants spoke about experiences of poor services, limited awareness, and services that rejected them on discovering the type of abuse experienced.

According to participants, “Awareness is low across most services, with statutory services being the worst.” This was reflected in the survey and teased out further in interviews. “No one really wants awareness of this because it all sounds so weird.” This has possibly contributed to an inequality of services and services that only some women, and no men, can access:

- “They didn’t know what to do with me.”
- “I’ve been advised by several people not to mention it, because the minute you do you’re basically unwell, rather than a survivor. If it’s not there they don’t have to set anything up to deal with it, they don’t really want to stir up a hornet’s nest. So it’s much easier to pretend it’s not there.”
- “Lots of workers get scared when they hear about it but workers are also scared of the media and what might happen if they hear.”

If there is little or no awareness, participants cannot receive good services. If there are poor services, participants remain silent and unable to share their experiences.

#### PREJUDICE

Participants were reluctant to reveal they were survivors because of the stigma and discrimination they experience: “I live with constant stigma and have no expectations.” This was another theme that widely emerged ( $n = 6$ ). Some attributed it to disbelief of survivors’ stories: “There is a real stigma and it is little wonder when you are faced with tails that defy belief and multiple personalities too.” While others linked it to lack of awareness and fear: “There is so much fear around this. Workers fear for their jobs, professionals for their reputations, and me for my life.” Regardless of the cause of prejudice, it presents another barrier to participants when seeking services. Some also experienced other, wider prejudices against their race and ethnicity: “I have been treated badly . . . and told to go back to my country to seek help.” Generally, even when prejudice was not overt, there was an apparent lack of sympathy, kindness, and humanity: “They weren’t people, they were nurses with a clipboard and a job to do.”

Finally, some survivors reflected on their increasing use of the Internet to access support:

Because I can remain anonymous online, I feel much safer to disclose about myself and share with other people who have personal experience of the things I am trying to heal from. As I am socially very isolated at home, online forums give me an opportunity to give to other people. In the real world I would not be having any opportunity to recognize that ability in myself and so my view of myself would be depleted as a result.

#### DISCUSSION

The current study suggests that PAR may foster survivor empowerment and combat feelings of powerlessness. The current authors consider this

particularly relevant for RA survivors who, in seeking help, report experiencing disbelief and prejudice from others. Survivor researchers were able to apply a critical theorist perspective through engagement in and reflection upon research activity (Baum, MacDougall, & Smith, 2006). Researchers were aware of the inversion of the power that occurred from the change in participant position from researched to researcher (Alcoff & Potter, 1993). As such, researchers were alert to choice and control underpinning most decisions during the research process (Crotty, 1998).

In order to ensure a degree of objectivity, researchers engaged in a self-reflective process that questioned the research process and the researchers' influence on this process. For example, the issue of power was an ongoing challenge that needed to be made explicit among researchers with the PR maintaining the focus on the original research question rather than letting agendas drift to other researcher interests. In an attempt to navigate these dilemmas, the PR sought, over time, to make explicit the changing nature of the relationship between researchers and participants.

The PR's position was central to the research process and experienced as complex in nature. Because researchers wanted to remain anonymous with one another, the PR became the conduit for communication. As new people joined, the PR had to explain and monitor understanding of the research process. Discussions between the PR and the other researchers increasingly revealed researchers' different goals.

Previously, Scott (2001) had indicated that survivors of RA were perceived as a group with no specific interests, and, therefore, PAR could be judged as unnecessary. This study indicates otherwise. Survivors identified themselves as a group with shared experiences in seeking help who also had the capacity to collaborate as researchers. The most significant finding was the reported transformational outcomes for researchers, some of whom reported achieving significant life changes. PAR, then, appears to have been an empowering process, with survivors reporting changes in perception of themselves, recognition of new knowledge and skills, and gaining of a sense of power through conducting research. As such, survivors, through PAR, have been enabled to become agents of change in their own lives and the lives of others by, for example, potentially highlighting the existence of ritual abuse; understanding how survivors can define themselves; raising awareness of how survivors, in seeking help, can experience disbelief from professionals; and challenging the research community to explore differing forms of inquiry and knowledge. The authors suggest that, as many of these issues are relevant to all kinds of survivors, further research with PAR across a range of survivor groups is needed.

### Limitations

Self-definition with regard to RA is a novel concept that requires further research. Within the current study, participants defined their experience as

ritual abuse; however, most researchers and few participants reported a serious mental health diagnosis. Mental illness could be a consequence of ritual abuse and/or a source of the perception of having been ritually abused. Furthermore, participants relayed their unique experiences, which limits the generalization of findings to other survivors. Participants were also from one survivor help line, further limiting generalization. As all researchers and participants were female, findings may not be relevant for male survivors. Major challenges included negotiating (a) the research question and design, (b) competing and idiosyncratic agendas, (c) boundaries of confidentiality, (d) interpretation of the findings, (e) community politics, and (f) differences in researcher and participant priorities. All these issues introduce bias into the research process. While the study has sought to be as transparent as possible, the findings and analysis remain exploratory in nature. Finally, survivors were not asked about their explicit experiences with specific professionals such as therapists, counselors, certified pediatric nurses, or psychologists but rather their broad experience of universal services. This was intended to empower survivors to share their views about help-seeking in a nonprescriptive way.

## Conclusions

The current study found survivors appeared to suffer from the continued polarized discourse around belief, memory, and mental illness. The researchers discovered that survivors reported low awareness of RA issues among professionals, which in turn resulted in services being perceived as poor. As a consequence, participants reported they were reluctant to reveal histories of RA due to anticipated negative reactions. The authors suggest there is a need for survivor agencies to raise awareness of issues for RA survivors, share the experiences of survivors, and encourage development of survivor-sensitive services. PAR appears to be an empowering process for self-defined survivors, resulting in new competencies, positive perceptions, and social supports as well as the development of new life opportunities. In terms of the process of PAR, survivor researchers were able to be critically reflect on (a) their experiences of seeking help; (b) the action they engaged in, such as the research process itself; and (c) the action participants engaged in beyond the study, such as real-life change and ongoing research. Despite these methodological challenges, PAR offers a promising approach to achieving social change through research and contributing to personal growth of participant researchers. Although this study has focused on ritual abuse, future PAR research with other survivor groups is likely to be applicable and worthwhile.

## Recommendations

The current study suggests the RA debate requires more research, including survivor-led participatory research. More PAR studies need to be conducted

by RA survivors and survivors of other types of abuse to explore whether there are longer term transformational changes. Studies need to explore the impact of PAR on improving agency response to survivors. Furthermore, there is a need for investigation into the complexities and challenges of PAR with survivors with a focus on discovering the most effective methodologies for participant gains and useful messages for helping services. It is suggested that PAR, with its exploratory, qualitative, rich and in-depth approach, is useful for a wide range of survivor groups where research is still in its infancy. PAR also provides a culturally sensitive way of bringing together diverse communities. Males and females should also be included in future studies. Furthermore, it would be of interest to explore how survivor agencies, as opposed to professional agencies, help RA survivors. Finally, it will be of value to trace the trajectory of any change in professional services behavior, both positive and negative, from the perspective of survivors.

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