

**“MULTIDIMENSIONAL CHILD SEX RINGS”:
A SYSTEMATIC REVIEW OF THE LITERATURE**

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RIASSUNTO

Background: Nel 1983 Kennet Lanning inizia i suoi studi occupandosi di abusi sessuali rituali, e nel 1985 li definisce “*Multidimensional Child Sex Rings*” identificandone caratteristiche e modalità (Lanning, 1992). Nei suoi studi Lanning (1992), descrive le tipologie di reato connesse alla dimensione dell’abuso rituale sostenendo che non esistono prove certe in merito ad alcuni di questi reati. Sulla base di tali affermazioni Weir and Wheatcroft (1995) elencano come possibili ipotesi di generazione di falsi abusi rituali e quindi di falsi ricordi, la suggestione indotta di psicoterapeuti che coltivano speciali interessi circa gli abusi rituali e che credono nell’esistenza di questi crimini.

La presente analisi sistematica della letteratura, alla luce dei successivi accadimenti e di successivi aggiornamenti metodologici ha lo scopo di analizzare la relazione tra “Abuso Rituale” ed il falso ricordo che può manifestarsi durante la psicoterapia.

Materiali e Metodi: Tale studio è stato effettuato utilizzando le linee guida per l’utilizzo della metodologia PRISMA, effettuando una ricerca sistematica su PubMed, Scopus, ISI Web of Science, EBSCO, Google Scholar e ScienceDirect. Le parole chiave utilizzate per la ricerca sono state “ritual abuse” “AND” (i.e. operatore Boleano) “psychotherapy” “AND” “false memory”.

Risultati: Sono stati inizialmente trovati $n = 167$ records. Un solo articolo ha poi soddisfatto i criteri di inclusione ed è stato analizzati.

Conclusioni: Nel caso delle false memorie negli abusi rituali, sembra necessario implementare

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l'attività di ricerca per evitare che qualsiasi risultato ottenuto possa essere contrastato dai professionisti della salute o da teorie non validate scientificamente.

Parole chiave: abuso rituale, psicoterapia, false memorie.

ABSTRACT

Background: In 1983 Kennet Lanning began his studies dealing with sexual rituals, and in 1985 there calls “*Multidimensional Child Sex Rings*” identifying features and modes (Lanning, 1992). In his studies Lanning (1992), describes the types of offences related to the dimension of ritual abuse by claiming that there is no clear evidence about some of these crimes. On the basis of those statements Weir and Wheatcroft (1995) list as possible by declaring a false ritual abuse and then of false memories, the suggestion of special interest about the growing psychotherapists induced ritual abuse and who believe in the existence of these crimes. This systematic review of the literature, in the light of subsequent events and subsequent updates of methodology aims to analyze the relationship between “Ritual Abuse” and the false memory that can appear during psychotherapy.

Materials and Methods: This study was carried out using the PRISMA guidelines, by conducting a systematic search of the literature on PubMed, Scopus, ISI Web of Science, EBSCO, Google Scholar, and ScienceDirect. The following keywords used were “ritual abuse” “AND” (i.e., Boolean operator) “psychotherapy” combined with “AND” Boolean operator and “false memory”.

Results: The initial search identified $n = 167$ citations. Only one research report met the predefined inclusion criteria and was analysed.

Conclusion: In case of false memories in ritual abuse, it is necessary to implement the research activities to avoid that results obtained can be rejected by health professionals or by theories not scientifically validated.

Keywords: ritual abuse, psychotherapy, false memory.

INTRODUCTION

In 1983 Kennet Lanning began his studies dealing with sexual rituals, and in 1985 there calls “*Multidimensional Child Sex Rings*” identifying features and modes (Lanning, 1992). In his studies Lanning (1992), describes the types of offences related to the dimension of ritual abuse and his observations indicate that these peculiar cases are joined by the following characteristics:

More than one victim, almost aged under ten years, describing multiple cases of abused children in the same context;

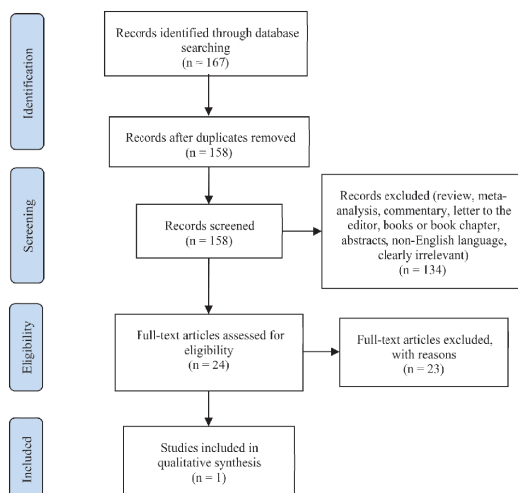
More than one molester; in 50% of cases, molester are present women; and generally the abusers are family members or relatives;

The use of fear as method of control;

Rituality, from the descriptions of the victims are frequent episodes of cannibalism, vampirism, use of urine or feces, mutilation, torture, sacrifices of animals and children massacred during the abuse;

Lanning (1992), concerning the MCSR also refers to the types of offences that specifying about “child abuse”, “abduction”, “murders or human sacrifice” there is no clear evidence about some of these offences. On the basis of those statements Weir and Wheatcroft (1995) list as possible by declaring a false ritual abuse and then false memories, the induced suggestion by psychotherapist having special interest about ritual abuse and believe in the existence of these crimes.

Previously, however, in 1985 Summit argues that among the critical issues related to the recognition of the ritual abuse there are phenomena of self-protection, and inadequate knowledge of these forms of abuse.



Therefore, in the light of subsequent events and updates of methodology, this systematic literature analysis aims to analyse the relationship between the ritual abuse and false memory that can reveal during psychotherapy.

MATERIALS AND METHODS

Eligibility criteria

Have been included for eligibility all articles published in English in peer-reviewed journals that reported data on psychotherapy and false memory in adults, adolescents or children victims of ritual abuse. Were excluded, in accordance with the PRISMA guidelines, all non-experimental articles and therefore all reviews, meta-analyses, books or chapters of books, letters to the editors, commentaries, abstract/poster of conferences and all work clearly irrelevant. Also excluded were jobs whose full text was not available.

Sources of information and Research

The systematic literature search was conducted using the guidelines included in: Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) (Liberati et al., 2009). In February 2017 was initially conducted a systematic search using the following electronic databases: EBSCO, PubMed, Scopus, ScienceDirect, ISI Web of Science e Google Scholar. Also, was conducted a manual search of screening the bibliography present in the records identified in order to find potential relevant papers. The terms used in the research were “ritual abuse” AND (i.e. Boolean operator) “psychotherapy” AND “false memory” [Title/Abstract] o [All Fields]. The titles and abstracts were analyzed independently from all authors of the work, to ensure that the studies included one respecting with the inclusion and exclusion criteria chosen for eligibility.

RESULTS

The research carried out on electronic databases has initially identified a total of $n = 167$ records, as shown in the flowchart PRISMA (*Figura 1*), showing the number of jobs found, examined, inclu-

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ded and excluded. After eliminating duplicates ($n = 9$) the remnant items were $n = 158$. about these, $n = 134$ have been discarded because, after evaluation of titles and abstracts, they don't satisfied the eligibility criteria. About $n = 24$ full-text articles assessed for eligibility, $n = 23$ were excluded because no studies were found relating to the objectives of our review or because the full text was not available. Finally, only one article was identified as clearly relevant.

The only study that has met the eligibility criteria was conducted by James Ost et al. (2013), entitled “*Recovered memories, satanic abuse, Dissociative Identity Disorder and false memories in the UK: a survey of Clinical Psychologists and Hypnotherapists*”. The objective of this study was to examine psychological therapists' experiences of, and beliefs about, cases of recovered memory, satanic/ritualistic abuse, Multiple Personality Disorder/Dissociative Identity Disorder, and false memory. Hundred and thirty chartered clinical psychologists and hundred and nineteen hypnotherapists responded. In terms of their experiences, chartered clinical psychologists reported seeing more cases of satanic/ritualistic abuse compared to hypnotherapists who, in turn, reported encountering more cases of childhood sexual abuse recovered for the first time in therapy, and more cases of suspected false memory. Chartered clinical psychologists were more likely to rate the essential accuracy of reports of satanic/ritualistic abuse as higher than hypnotherapists. Belief in the accuracy of satanic/ritualistic abuse and Multiple Personality Disorder/Dissociative Identity Disorder reports correlated negatively with the belief that false memories were possible.

The results of this study revealed that 66 respondents (27.7%) indicated that at least a small subset of their clients or more had remembered abuse from a state of prior amnesia (Chartered Clinical Psychologists, $n=29$; Hypnotherapists, $n=37$). The Hypnotherapists were twice as likely (37/93, 39.8%) to report having seen clients who remembered abuse from a state of prior amnesia compared with Clinical Psychologists (29/145, 20%).

Respondents were asked to indicate on a five-point scale (1 Never; 5 Always) the extent to which they thought that reports of childhood sexual abuse made solely on the basis of memories recalled in psychotherapy (after a period of total amnesia) could be taken as essentially accurate. Two hundred and thirty-six respondents (78.1% of total sample) provided a rating. The 22.5% (53 out of 236) indicated that they believed such reports were ‘usually’ or ‘always’ essentially accurate. Sixty-five (27.5%) respondents stated that they believed such reports were ‘never’ or ‘rarely’ essentially accurate. There was no difference in the mean endorsement rating as a function of whether the respondent was a Chartered Clinical Psychologist ($M=2.88$, $SD=0.78$) or a Hypnotherapist ($M=2.94$, $SD=1.01$). The 66 respondents who indicated that they had seen ‘a small subset’ of clients or more who had recovered memories from a state of prior amnesia rated the essential accuracy of those claims as significantly higher ($M=3.48$, $SD=0.76$) than the 162 respondents who had seen no such clients ($M=2.66$, $SD=0.82$).

Two hundred and twenty-two respondents (73.5% of total sample) answered the question about how many cases of satanic/ritualistic abuse they had ever dealt with. Of these responders, 32.4% ($n=72$) reported that they had seen a case of satanic/ ritualistic abuse. In the sample of Chartered Clinical Psychologist responders, 50 (37.9%) reported one or more cases (range=1-20, $M=3.00$, mode=1). In the sample of Hypnotherapist responders 22 (24.5%) reported one or more cases (range=1-25, $M=2.63$, mode=1). Chartered Clinical Psychologists were more likely to report having seen a case of satanic/ritualistic abuse than Hypnotherapists.

Respondents were then asked to indicate on a five-point scale (1=Never; 5=Always) the extent to which they thought that their clients' reports of having experienced satanic/ritualistic abuse could be taken as essentially accurate. The 209 individuals (69.2% of total sample) who responded to this question, 80 (38.2%) indicated that they believed such reports were “usually” or “always” essen-

tially accurate. Fifty-four (25.8%) respondents stated that they believed such reports were 'never' or 'rarely' essentially accurate. Chartered Clinical Psychologists gave significantly higher mean endorsement ratings ($M=3.25$, $SD=0.89$) than Hypnotherapists ($M=2.80$, $SD=1.16$). Respondents who reported seeing a case of satanic/ ritualistic abuse gave significantly higher endorsement ratings ($n=66$, $M=3.62$, $SD=0.81$) than those who did not ($n=112$, $M=2.97$, $SD=0.92$).

Respondents were asked to indicate how many cases of suspected false memory they had ever dealt with in their practice. One hundred and fifty-three respondents (50.6% of total sample) answered this question. Hypnotherapists (37.0%) were significantly less likely to respond to this question than Chartered Clinical Psychologists (59.6%). Of the 153 responders, 35.9% ($n=55$) indicated that they had seen such a case. Clinical Psychologists were less likely (32 out of 109 responders) to report seeing a case of suspected false memory than Hypnotherapists (23 out of 44 responders).

Respondents were asked to indicate whether they thought it was possible that 'a person could come to falsely believe that they had been repeatedly sexually abused as a child if no abuse had occurred.' Hypnotherapists (42.6%) were significantly less likely to respond to this question compared with Chartered Clinical Psychologists. Of the 237 (78.4% of total sample) that responded, the majority ($n=205$, 86.5%) stated that they believed it was possible.

The specific aims of the survey were to examine the extent to which claims of recovered memory, satanic/ritualistic abuse, MPD/DID and cases of suspected false memory are encountered by Chartered Clinical Psychologists and Hypnotherapists. One in four respondents (66/238, 27.8%) reported that they had seen a case where an individual had 'recovered' an abuse memory from a state of prior amnesia (that is, no knowledge of the abuse prior to therapy). Twice as many Hypnotherapists (37/93, 39.8%) reported having seen such a case compared with Chartered Clinical Psychologists (28/145, 20%). Respondents who had seen such a case rated their essential accuracy as higher than respondents who had not seen such a case. This does not mean, of course, that the 27.8% of respondents in the present survey were witness to the recovery of a 'false' abuse memory. That is only one, of many, possible interpretations. A plausible alternative explanation is that the memory was genuine but the reported (or assumed) amnesia was not. It is clear, for example, that verified abuse survivors do not always disclose the abuse even when directly questioned.

The participants at the study were sufficiently representative in terms of gender, age and therapeutic orientation. Even if all of the incomplete responders did not respond because they had not seen a case of satanic/ritualistic abuse, the data show that a number of psychological therapists report beliefs that many cognitive psychologists would view as controversial. The results shows that 17.5% of respondents reported that they believed memories of abuse recovered after a period of total amnesia were 'usually' or 'always' essentially accurate. Whereas, the percentage of respondents who reported that false memories of an abusive childhood were not possible was 10.5%.

CONCLUSION

During the work of this review was highlighted a single article that has met the eligibility criteria of our study. The difficulty in finding relevant research articles, made evident problems with the investigation of a very broad topic but not so extensively studied. Studies on ritual abuse reported in literature seem to investigate very lightly the construct of false memories in therapy. Several reasons could explain such a deficiency in the literature. First, the lack of unique terminology to designate the same concepts. In various studies reviewed there was a tendency to use different terminology to represent the same phenomenon. Moreover, from the search of the literature, it became clearly apparent that many articles explore the theme of false memories in therapy acted after to the abuse, meant in the broadest sense of the word. On the contrary, the subject of ritual abuse is

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difficult to study. Regarding this, a study by Pelisoli et al. (2015) highlights that professionals dealing with child abuse do not always have an adequate knowledge of the subject.

The theme of ritual abuse represents a peculiar delicate subject, because of psychological implications and legal issues related to them, involving directly health professionals (psychologists, psychotherapists) who are facing with these patients in clinical practice, as revealed by the Ost et al. (2011) presented results.

For that, in research, it seems especially important to use uniformity in terms and in methodology used in order to increase the knowledge on the subject.

In the case of false memories in ritual abuse, it seems necessary to implement the research activities to avoid that the result can be rejected by health professionals or are not responding to validate scientific theories (e.g. Lanning, 1992).

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