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## Participatory action research on help-seeking behaviors of self-defined ritual abuse survivors

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**Participatory Action Research of Self-defined Ritual Abuse  
Survivors Seeking Help:  
A Brief Report**

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1 PAR: RITUAL ABUSE SURVIVORS  
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5 **Participatory Action Research of Self-defined Ritual Abuse Survivors Seeking Help:**  
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7 **A Brief Report**  
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10  
11 **Abstract**  
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14 The existence of ritual abuse (RA) is the subject of much debate. RA survivor perceptions of  
15 seeking help have not been explored, and studies have yet to utilize self-defined survivors as  
16 collaborative researchers. This study addresses both issues. Participatory Action Research  
17 (PAR) was utilized to enable twelve survivor researchers design a survey and semi-structured  
18 interview, to investigate RA survivor experience of seeking help. Sixty-eight participants  
19 completed the survey and twenty two were interviewed. A group approach to thematic  
20 analysis aided validity and reliability. Participants reported experiencing disbelief and a lack  
21 of RA awareness and quality services. In contrast, PAR was reported as educative and  
22 emancipatory. Research needs to explore the benefits of PAR for survivors of different forms  
23 of oppression.  
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36 Keywords: *Participatory action research, ritual abuse, survivor experience*  
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1 PAR: RITUAL ABUSE SURVIVORS

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3 **Participatory Action Research of Self-defined Ritual Abuse Survivors Seeking Help:**

4  
5 **A Brief Report**

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7 In the 1990s, there were a modest number of research articles published on ritual  
8 abuse (Faller, 1994) as well as clinical guides. Moreover, a considerable number of clinicians  
9 reported encountering ritual abuse (RA) cases in their practices, about 10% in a study of  
10 members of the American Psychological Association (Bottoms, Shaver, & Goodman, 1991).  
11 Media hysteria, the rise of the False Memory Foundation (Salter, 2008) and the failure of  
12 feminists to fit RA into the dominant paradigms of sexual abuse (Scott, 2001) led to many  
13 professionals becoming wary of RA. For practitioners, investigators, and journalists, it was  
14 reassuring and convenient to redefine RA as a non-phenomenon. However, this left  
15 individuals who self-defined as RA survivors more isolated and disbelieved.  
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27 RA, is claimed, to lie at the extreme end of the abuse spectrum but, as with child  
28 sexual abuse (CSA), definitions are contested. Recently, RA has been defined as “organised  
29 sexual, physical and psychological abuse, which can be systematic and sustained over a long  
30 period of time. It involves the use of rituals, with or without a belief system. It usually  
31 involves more than one person as abusers” (Ritual Abuse Network Scotland, 2011). Bibby  
32 (1996) highlighted the premeditated nature of abuse on multiple children, and Sarson and  
33 McDonald (2008) conceptualised RA as a form of torture. They defined ritual abuse torture  
34 (RAT) as the abuse, torture and trafficking of children by organized groups involving parents  
35 and both known and unknown others. RAT is seen as part of non-state actor torture (NSAT),  
36 which recognises torture in domestic and private situations as opposed to state torture  
37 involving government and military personnel. According to Sarson and McDonald (2009),  
38 unlike state torture, NSAT fails to be recognised as a crime and is, therefore, often invisible  
39 to society.  
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## 1 PAR: RITUAL ABUSE SURVIVORS

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3 Definitions of RA incorporate different forms of abuse including sadism (Sinason,  
4 1994); pornography (Schmuttermaier & Veno, 1999); mind control (Rockwell, 1994);  
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7 cannibalism (Young, Sacks, Braun & Watkins, 1991); and Satanism involving the sacrifice of  
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10 children and animals (Coleman, 1994). Riseman (2008) referred to children being forced to  
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12 behave like abusers, which increases child guilt and blocks disclosure. MacDonald and  
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14 Sarson (2003) suggest these alleged acts are underpinned by a belief in male domination and  
15  
16 a hatred of women and children.  
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19 Others deny the existence of RA. Frankfurter (2006) dismissed RA as fantasy and  
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21 Nathan and Snedeker (1995), construed RA as a witch-hunt for something that doesn't exist.  
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23 La Fontaine (1994) conceptualised RA as a social construction within CSA, i.e., children's  
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25 accounts were understood as false Satanism used by abusers to terrorise. According to  
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27 Frankfurter (2006), if RA existed there would be physical evidence to back up such  
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29 allegations. RA dismissal also takes the form of mental illness diagnosis where clients'  
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31 accounts are interpreted as delusion or the result of brain disorders (Lotto, 1994). Loftus and  
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33 Ketcham (1994), however, blamed therapists for misdiagnosing and introducing false  
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35 memories (FMS) to vulnerable clients.  
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39 According to Salter (2008), the politics of disbelief focuses on women and children  
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41 who have been brainwashed or coerced by feminists or fundamentalists into making up  
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43 unbelievable stories. From this perspective, women and children are defined either as liars or  
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45 extremely suggestible. As Salter summarises, "over the last thirty years, that framework (of  
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47 disbelief) has been in ready supply, stemming both from the long standing medico-legal  
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49 tradition of denial, and from the activism of lobby groups of people accused of sexual abuse"  
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51 (Salter, 2008: 266).  
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54 The debate on RA then, is complex and highly charged with extreme opposing  
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56 positions that have led to difficulties in assessing the scale of the problem. Most studies have  
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## PAR: RITUAL ABUSE SURVIVORS

been small scale and relied on professional opinion rather than survivor reports. Incidence figures typically indicate small numbers, e.g., 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, rates as high as 25-60% was identified by therapists in South California (Friesan, 1991).

### **Participatory action research (PAR)**

Within the context of uncertain definition and incidence, Matthew (2001) 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 marginalisation, criticised the practice of giving primacy of importance to professional over survivor reports and called for hearing all voices especially those who are oppressed and unheard. According to Lykes, Hershberg and Brabeck (2011), a democratic participatory research approach includes survivor voice in seeking to understand the 'others' experience and challenging social inequities embedded within the research process, e.g., the power imbalance of researcher and participant. More specifically, Teram, Schachter and Stalker (2005), discovered that 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 utilise solutions (Silver, 2008). Participants as researchers engage in the tasks of research design, data collection, analysis and writing. Forbat and Henderson argue this "fundamentally changes the relationship that participants can have with research, not only in terms of

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2 promoting interest but also in engaging in debates on epistemology, truth claims and re-  
3 presentation” (2005: 1126).  
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7 Kralik and Hoon (2006) involved CSA survivors in PAR to assist professional  
8 development in understanding survivor perspective. Survivors reported on the empowering  
9 nature of being participatory researchers. Similarly, Sarson and MacDonald (2008) used the  
10 term ‘kitchen table’ to describe their participatory research with RA survivors resulting in  
11 participants reporting gains in awareness of how to protect others. PAR, however, is not  
12 without its critics. Challenges include the nature of informed consent; who benefits from the  
13 research; whose goals lead; and how conflict is dealt with (Lykes, Hershberg and Brabeck,  
14 2011). PAR can be a complex and messy process. Issues include the amount of time required;  
15 the capacity to maintain multiple relationships; the nature of differing communication among  
16 participant researchers from diverse cultural backgrounds; the need for longer-term  
17 partnerships as well as issues of gender and power (Lykes and Hershberg, 2012).  
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32 In summary, the voices of survivors have been largely neglected within research and  
33 the inclusion of survivors as researchers is in its infancy. Because of the debate about the  
34 existence of RA, this situation is exacerbated for those who define themselves as RA  
35 survivors. The current exploratory study aims to address these omissions by utilising PAR  
36 with such survivors. Specifically, the study seeks to (i) enable self-defined RA survivors  
37 (hitherto referred to as survivors) as researchers and (ii) identify survivor experience of  
38 seeking help. Finally, this study explores participant experience of researching.  
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## 48 **Methods**

### 49 **Sampling**

50 **Researchers.** Purposive sampling was used to approach helpline workers who  
51 identified as survivors in a RA helpline organisation. To enable decision-making, survivors  
52 were provided with information on the purpose and processes of PAR. Four workers initially  
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volunteered to become researchers. In addition, four participants who completed the survey and four participants who participated in the interview subsequently volunteered as researchers. All were survivors. The research team totalled 12. All researchers were female, aged between 22 and 60 with an average age of 30 years. Socio-economic status and ethnicity was unknown. Over the 9 month project, the number of researchers was as follows: 1<sup>st</sup> month n=6, 2<sup>nd</sup> month n=7, 3<sup>rd</sup> n= 5, and 4<sup>th</sup> – 9<sup>th</sup> month n=9. Nine researchers reported as registered disabled due to mental ill-health attributed to abuse including post-traumatic 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 helpline 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 email to all survivors known to the helpline inviting participation in the research as either researcher and/or participant (n=135). Sixty-eight volunteered to complete the questionnaire. Of these, twenty-two participated in interview. All twelve 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



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3 experience, four took a role in coding and analysing data, two transcribed and three were  
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5 involved in shaping and proofing an initial dissemination report.  
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### 7 **Measures**

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9 The researchers utilised an on-line survey and message board for discussion and conducted  
10  
11 interviews to gain information on survivor experience when seeking help.  
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14 **On-line survey.** A draft survey was developed which asked the age, gender (male,  
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16 female, transgender); type of agency/agencies involved with and four initial definition  
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18 options (RA survivor, survivor, worker and other). Scaling questions utilised a five-point  
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20 likert scale (very good, good, average, poor, no service) for the agencies of rape services,  
21  
22 police, domestic violence services, health services and social services. Open ended questions  
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24 included: (i) what help participants needed from agencies; (ii) the most common experience  
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26 for participants from agencies following seeking help; and (iii) anything else participants  
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28 would like to share about the experiences when seeking help?  
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32 The first draft of the on-line survey was piloted with six participants. This led to  
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34 changes in ambiguous wording, e.g. 'What do you think survivors need?' became what do  
35  
36 you think ritual abuse survivors need from agencies? Two further redrafts were piloted  
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38 (n=10) with changes to naming different agencies for participants to comment on. No word  
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40 limit was set on responses. The survey was conducted over a six-month period and took 20  
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42 minutes on average to complete. The survey was hosted by the Smart Survey website with  
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44 details about the study and contact details for support. Links to survivor and other support  
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46 agencies were provided. The survey was anonymous and no questions were compulsory.  
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50 **Interviews.** To facilitate participation, interviews were offered by email, through the  
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52 discussion board, by telephone, Skype or face to face. On-line comments were anonymised  
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54 with the option for participants to delete at any time. Initially researchers had intended to  
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56 interview each other but because of issues of confidentiality and support, it was agreed  
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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 wish to provide structure and avoid prescription. A short semi-structured 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; positive and negative experiences of seeking help; what RA survivors need; what would improve services; anything else you want to share? The interview followed a conversational style. All participants agreed to interviews being recorded.

### **Analysis and coding**

The survey questionnaire was analysed 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 organisation with an understanding of the issues and ability to keep emotional distance (MacLean, Meyer and Estable, 2004). Alphabetical ordered letters instead of names were entered into an Excel Spread sheet as participant identifiers. Additional letters were added to show type of interview with 'm' for message board, 'e' for e-mail and 'f' face to-face. Using an iterative thematic analysis process, four researchers, firstly on their own and then collaboratively, analysed and categorised 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 analyse 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

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into themes; reviewing codes and themes and finally recording and sharing the analysed statements, codes and themes with researchers. The process of analysis was based on survivor experience rather than theory-led. Using Smart Survey software, a report with graphs was generated and distributed to participants for comment.

### Results

#### On-line survey

The on-line survey was completed by 68 participants. 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 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), e-mail (n=12) or through message board (n=4). Face-to-face interviews took place at the RA helpline organization offices (n=3) and three 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,

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2 they responded verbally to interview questions and gave written responses. All three revisited  
3 their written responses during the study to further clarify and assist with analysis.  
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### 7 **Data analysis**

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9 Five main themes were identified from participant interview responses, i.e.,  
10 participation is powerful; self-definition; disbelief; lack of awareness; and prejudice.  
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13 **Participation is powerful.** Each researcher had their own journey, ideas and  
14 understandings: “I would never have believed that me, with all my problems and my  
15 background, could actually be a researcher and find out things. It’s mind blowing”. Once the  
16 researchers got involved and took power and ownership, they found their involvement  
17 impacted on this research and themselves. Reading the words and experiences of others with  
18 similar experiences, reduced isolation and galvanised some researchers into taking action for  
19 themselves and others. All researchers reported feeling empowered by their involvement and  
20 all reported greater self-awareness. Some even made significant personal changes during the  
21 study, e.g., two were elected onto management committees of survivor organisations. One  
22 started studying at the Open University and one changed her university course to a research-  
23 based course; two went back to studying through open learning; three began to campaign for  
24 improved services for survivors; and three started voluntary work with support agencies. Two  
25 researchers decided to make statements to the police about historical abuse. Researchers’  
26 goals, as a consequence of the study, included campaigning, research, volunteering,  
27 education, fighting for justice and addressing disbelief and lack of awareness about RA.  
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47 **Self-definition.** Participants were asked to define RA and, although there was some  
48 consistency about key words used, participants wanted to avoid definitions that might in  
49 some way define them or prevent them from defining themselves. Many participants talked  
50 about CSA being ritualised to some degree and described RA as the same but perhaps, “more  
51 extreme than other forms of abuse, more people are involved”. Some key words participants  
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2 used to describe RA are found in the literature, e.g. “organised sexual abuse” and “extreme”  
3 and “multiple” abusers. Some (n=8) spoke about belief systems and religion. Participants felt  
4 the abuse was too complex to be simply defined and there was much discussion about having  
5 too narrow a definition, which misses survivors or too wide, which encompasses everyone  
6 and becomes meaningless. No one definition was agreed as participants felt they should  
7 define themselves. “I don't want any more labels. I just want to be treated as a person. The  
8 abuse is extreme but I survived it.” Most regarded the backlash of the 1980's and 1990's as  
9 responsible for discrediting RA and many were reluctant to reveal to agencies that they were  
10 RA survivors. Some linked the lack of awareness and general disbelief about RA to a lack of  
11 available support services.  
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25 **Disbelief.** Fear of disbelief was a theme that cut across participants' communication  
26 (n=12). During interviews, participants explored the reasons behind this and consequences  
27 for survivors. Many understood some reasons for this lack of belief. “We face denial and  
28 disbelief on a scale that beggars belief. They can't handle our abuse at all but they don't have  
29 to, they just have to listen, but they don't”. Others felt angry, particularly when speaking  
30 about their experiences of not being believed in childhood. Some expressed child protection  
31 concerns. “How can we safeguard children from something that is not known about or  
32 recognised”.  
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43 Issues of mental illness and vulnerability were reflected in experiences of participants  
44 when seeking help. “I was given ECT...at the age of 13. They diagnosed posttraumatic stress  
45 disorder, at 16 a counsellor diagnosed False Memory Syndrome” and “when I started with  
46 my new therapist and started to remember ritual abuse she didn't believe me. I was  
47 devastated. It is hard enough trying to cope with some of these very extreme memories  
48 without having professionals disbelieve”.  
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**Lack of awareness.** Lack of knowledge and awareness was highlighted as an issue, which affected participants. If there is disbelief, scepticism 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 possibly has contributed to an inequality of services and services that only some woman, 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 low, or no awareness, participants cannot get 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 emerged and, according to participants, experienced widely (n=6). Some attributed it to disbelief of survivors' stories, “There is a real stigma and its 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 with many reluctant to reveal RA. Some linked prejudice experienced with

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2 other wider prejudices, of race and ethnicity, “and I have been treated badly ...and told me to  
3 go back to my country to seek help”. Generally, even when the prejudice was not overt, there  
4 was a lack of sympathy and humanity in those workers that one would generally equate with  
5 kindness, “they weren't people, they were nurses with a clipboard and a job to do.”  
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11 Finally, some survivors reflected on their increasing use of the Internet to access  
12 support and the advantages of this, e.g., “Because I can remain anonymous online I feel much  
13 safer to disclose about myself and to share with other people who have personal experience  
14 of the things I am trying to heal from. As I am socially very isolated at home online forums  
15 give me an opportunity to give to other people. In the real world I would not be having any  
16 opportunity to recognize that ability in myself and so my view of myself would be depleted  
17 as a result”.  
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### 27 Discussion

28 The current study indicates that PAR may contribute towards a growing sense of  
29 holding power within a world where largely survivors experience powerlessness. The current  
30 authors consider this particularly relevant for RA survivors who, in seeking help, report  
31 experiencing disbelief and prejudice. Survivor researchers were able to apply a critical  
32 theorist perspective through engagement in and reflection upon research activity (Baum,  
33 MacDougall & Smith, 2006). Researchers were aware of the inversion of the power that  
34 occurred from change participant position from researched to researcher (Alcoff & Potter,  
35 1993). As such, researchers were alert to choice and control underpinning most decisions  
36 during the research process (Crotty, 1998).  
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49 In order to ensure a degree of objectivity, researchers engaged in a self-reflective  
50 process which questioned the research process and the researchers influence on this process.  
51 For example, the issue of power was an on-going challenge that needed to be made explicit  
52 among researchers with the PR maintaining the focus on the original research question, rather  
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3 than letting agendas drift to other researcher interests. In an attempt to navigate these  
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5 dilemmas, the PR sought, over time, to make explicit the changing nature of the relationship  
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7 between researchers and participants.  
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10 The PR's position was central to the research process and experienced as complex in  
11  
12 nature. Because researchers wanted to remain anonymous with each other, the PR became the  
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14 conduit for communication. As new people joined, the PR had to explain and check  
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16 understanding of the research process. Discussions between the PR and the other researchers  
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18 increasingly revealed researchers different goals.  
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21 Previously, Scott (2001) had indicated that survivors of RA were perceived as not  
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23 constituting a group with specific interests and, therefore, PAR could be judged as  
24  
25 unnecessary. This study indicates otherwise. Survivors identified themselves as a group with  
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27 shared experiences in seeking help who had the capacity to collaborate as researchers. The  
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29 most significant finding was the reported transformational outcomes for researchers, some of  
30  
31 whom reported achieving significant life changes. PAR then, appears to have been an  
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33 empowering process with survivors reporting changes in perception of themselves,  
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35 recognition of new knowledge and skills as well as gaining a sense of power through  
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37 conducting research. As such, survivors through PAR have been enabled to become agents of  
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39 change in their own lives and the lives of others, e.g., potentially highlighting the existence of  
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41 ritual abuse; understanding how survivors can define themselves; raising awareness of how  
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43 survivors in seeking help can experience disbelief from professionals as well as challenging  
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45 the research community to explore differing forms of inquiry and knowledge. The authors  
46  
47 suggest that, as many of these issues are relevant to all kinds of survivors, further research  
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49 with PAR across a range of survivor groups is needed.  
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## 1 PAR: RITUAL ABUSE SURVIVORS

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3 **Limitations**

4 Self-definition with regard to RA is a novel concept, which requires further research.  
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6 Within the current study, participants asserted their experience as ritual abuse; however, most  
7 researchers but few participants' reported serious mental health diagnoses, which could be  
8 either a source of their perception that they have been ritually abused and/or a consequence of  
9 the experience of ritual abuse. Participants in the current study defined themselves through a  
10 diversity of experiences and as such findings are relevant to current participants rather than  
11 generalised to what may be a wider group(s) of RA survivors. It is important to also  
12 recognise that the participants in the study were all derived from users of a specific survivor  
13 help-line and message board. All researchers and participants were female which limits  
14 generalisation to male survivors. Major challenges included negotiating: (i) the research  
15 question and design; (ii) competing and idiosyncratic agendas; (iii) boundaries of  
16 confidentiality; (iv) interpretation of the findings; (v) community politics and; (vi) differences  
17 in researcher and participant priorities. All these issues introduce bias into the research  
18 process. While the study has sought to be as transparent as possible, the findings and analysis  
19 remain exploratory in nature. Finally, survivors were not asked their explicit experiences  
20 about specific professionals such as therapists, counsellors, CPN's or psychologists but rather  
21 their broad experience of universal services. This was intended to empower survivors to share  
22 their views about help-seeking in a non-prescriptive way.  
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45 **Conclusions**

46 The current study found survivors appeared to suffer from the continued polarised  
47 discourse around belief, memory and mental illness. The researchers discovered that  
48 survivors reported low awareness of RA issues among professionals, which in turn resulted in  
49 services being perceived as poor. As a consequence participants reported they were reluctant  
50 to reveal histories of RA due to anticipated negative reactions. The authors suggest there is a  
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## PAR: RITUAL ABUSE SURVIVORS

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, social supports and life opportunities being developed. In terms of the process of PAR, survivor researchers were able to be critically reflective upon (i) their experiences of seeking help; (ii) the action they engaged in, i.e. the research process itself; and (iii) the action participants engaged in beyond the study, i.e. 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 would seem 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. 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 and building such diverse communities. Males and females need to be included in future studies. It would be of interest to explore how survivor agencies are helping RA survivors, in contrast to a range of services, in a way that is perceived as supportive. Finally,

1 PAR: RITUAL ABUSE SURVIVORS

2  
3 it will be of value to trace the trajectory of any change in services behaviour, both positive  
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5 and negative, from the perspective of survivors.  
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Table 1: On-line survey results

| Partici-pants | Gender                  | RA Self-definition   | Identified needs  | Experience when seeking help   | Rating of Perceived service quality (very good – particularly poor)  |
|---------------|-------------------------|--|---|--|--|
| n=68          | 48 f (71%)<br>20m (29%) | 58 (85%) Self-defined<br>10 (15%) supporters<br>7 (10%) also other abuses reported | 42 (62%) support<br><br>34 (50%) increased awareness<br><br>24 (35%) being believed | 60 (88%)disbelief<br><br>60 (88%) lack of awareness<br><br>10 (15% ) prejudice | Police 4%-7%- 0%-62%- 7%<br><br>Rape 1%-4%-7%-62%-26%<br><br>Health services 0%-0%-5%-3%-87%<br><br>Social services 0%-0%-2%-11%-87% |