

END RITUAL ABUSE NEWSLETTER

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E.R.A. STATEMENT ON RITUAL ABUSE

Ritual Abuse is a very frightening terminology to many, but unfortunately this is the reality we are dealing with today. Denying ritual abuse exists is of no help to anyone, most of all the victims/survivors. It is a brutal form of abuse to children, adolescents and adults, consisting of physical, sexual and psychological abuse, and involving the use of rituals. It usually involves repeated abuse over an extended period of time. Physical abuse is severe, sometimes including torture and killing. Sexual abuse is usually painful, sadistic and humiliating, intended as a means of gaining dominance over the victim. Psychological abuse is devastating and involves the use of ritual indoctrination which includes mind control techniques. ERA's view is to keep the subject of ritual abuse on the public agenda, to educate and inform readers of its prevalence, and to discuss the diagnostic and treatment issues that arise from it.

Writer's Thanks

There has been a good response from those wishing to receive further newsletters on End Ritual Abuse. The newsletter will now be sent out on a quarterly basis per year. Reader response has been positive, with both parents of ritually abused children and councillors working in the field seeking a forum in which to gain, share and exchange information. E.R.A. would like to thank those who have supported the newsletter, and who made its continuing appearance possible. However, the writer involved in this newsletter have detected a need to reiterate that ERA merely represents some parents' views on this subject; ERA does not claim to represent all parents who have had children involved in these crimes.

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HOW SEVERAL FAMILIES ARE COPING ONE YEAR AFTER THE ELLIS TRIAL

FAMILY ONE - A GRANDPARENT'S STORY

Some time ago I undertook to write this article, but I kept putting it off, realising as I did so that the reason was that I did not want to face the emotions it would let loose in me. However, when I spent a horrendous evening watching videos of TV programmes on child abuse and pornography which I had missed when they were screened, and saw how similar this Christchurch case was to others in this country and overseas, I discovered again the anger that I needed to start writing. For me it is terribly important that the children's stories are not just believed but also told to the world at large so that other families may possibly be protected from the horrors which befell mine.

As a grandparent I wanted to help my daughter and partner as they established themselves professionally and financially, and I welcomed the opportunity to be close to my grandchild. When it was plain that they would need to have formal day-care for the child I thought that would be valuable for both parents and child. My own children had reached kindergarten age with very little contact with other children, and had problems adjusting to the hurly-burly, the need to share, and to relating to other children and adults. The creche was properly licensed and well-equipped. Initially it was housed in a most inappropriate building, but the Cramner Centre space was more than adequate, and looked attractive. The possibility of danger at the hands of the staff did not once cross my mind.

I took Mary to the creche or more often collected her once or twice a week over a period of years. Brought up in a simpler world, I have always presumed everyone innocent until I have reason to believe otherwise. Although I have read about sex-abuse and pornography, I had never expected to encounter it. I was active in lobbying for homosexual law reform, and have counted homosexual men as friends for a number of years. So when I encountered an openly homosexual man on the staff of the creche I reasoned that it was both a good thing that the children should have a male looking after them, and that the model of a caring gay male would be beneficial as the children developed their values. Although I found Peter Ellis's behaviour and appearance too flamboyant and outrageous for my taste, I suppressed my reaction, because I wanted to think the best of him.

It was the same with the women staff. I cannot say I warmed to any of them, but I looked for good qualities rather than bad, and as long as they were polite to me and Mary I asked no questions - they were the experts, they had been employed by the council, so I had no reason to question. One I recall was sulky, and another edgy and a show-off.

My times for arriving at the creche were quite predictable, and there were always other children being collected at the same time. If occasionally I felt I was not encouraged to linger I accepted that we had paid for a finite time, and also that I did not have the same status as a parent. I didn't ever go there unexpectedly, and apart from the play areas the only rooms I went into were the kitchen and the locker space. Mary often had wet pants in her bag and would be wearing creche pants, but this I attributed to or was told was the result either of water play or failure to get to the toilet in time. I have a very clear recollection of a boy who was screaming whenever I encountered him as his father left home, and I have since wondered what would have happened if I had not so readily accepted Ellis's reassurance about that screaming. When my daughter first told me of the allegations about Ellis I was not at all surprised, though I was sickened and frightened about Mary. But to begin with I thought that the victims would all be boys. Then we heard that some girls had made disclosures, but we felt confident that Mary could not have been involved, for we surely would have known. That was before we knew of the threats which would ensure that the children remained silent.

I will always remember the shock of being told that May was also involved. I did not cry, because I was too concerned with comforting my daughter, who was quite distraught. But I was sickened, angry beyond imagining at the abuse itself, and at the betrayal of trust by everyone at the creche. At this stage it was only Ellis that we were concerned about, but already the question was there - if there has been so much abuse of so many children, for so long, how could the rest of the staff not know or at least suspect?

In successive months I too lost my innocence. As more and more details came to light I learned more about sexual abuse of children, ritual abuse, child pornography rings, and sex tourism. As I sat

listening to evidence in court, and watched the behaviour of the accused staff, I began to realise that people who wield power over the weak and vulnerable can lose all sensitivity to the enormity of what they allegedly did. These people who were supposed to have a commitment to caring for children laughed at evidence of physical and psychological abuse, allegations of utmost depravity were greeted with smiles and laughter by them and their supporters. Outside the court I saw one of the women dance in front of the TV cameras, flirt with journalist's and with Ellis. I saw the women's friends make obscene gestures at the children's families, and take photographs of them (in spite of the suppression order this was not stopped) and I heard their mirth. I heard Ellis in the witness box speak as though the grossly abnormal is normal. Increasingly I felt as though I had been immersed in filth myself, and when I heard the parents relate what their children had revealed, I wanted to take those laughing people and somehow make them feel the pain.

Since Ellis's trial, and the relief that came from at least one being found guilty, my anger has increased as I have seen how the accused and their friends have used the media to gain sympathy. A lot of that anger is at journalists who, either through laziness or because of their own sinister agendas, repeatedly misrepresented the legal status of the women, writing that "they have been found innocent", giving time and space to their "plight" and the ways in which they are discriminated against. The families, whose chief concern is to protect the children, are not giving press statements or photo opportunities, and as a result the problems they encounter every day are ignored, and comments denying the veracity of the prosecution evidence go unchallenged. Articles by people like Frank Haden, who makes supporting statements for Ellis stating that judge and jury were at fault, which should have been the subject of a complaint to the Press Council, have escaped criticism. In my opinion, individuals who have not heard the evidence have made statements about injustice, signed petitions and given their moral support to the accused creche staff on the basis of what they have read in the papers. If I allow myself to think about the injustice which continue to be done to the children I become quite ill with the anger which consumes me.

My relationship with Mary has deteriorated over

recent months. Perhaps this is because she is growing older and more independent, but I am aware of inadequacies in the way I deal with her tantrums and other behavioural problems. In the past few years I have put a lot of energy into supporting her and her parents, and that has been at some cost. Nowadays I find myself wishing there was someone around to support me, but I also know that little nuclear family cannot yet say with any confidence that they are healed, and they will go on needing help, patience and love from me

FAMILY TWO

Six months ago I was thinking it was a mistake to have children. No children, no abuse. However, I do not feel that now. Although I am back to not thinking of the abuse a lot, I know it happened. It shouldn't have happened, but it did and we get through it. The effect on my family is certainly still present.

Easter used to be a fun, normal, exciting time. This year was difficult. My child became anxious and hypo, thinking that easter bunny (whom apparently is definitely male) was coming into the house at night to hurt her.

Any sort of ceremonies create difficulties, e.g. Xmas, Easter, birthdays etc.

Many times at creche a lot of excitement was conjured up, which ended up bad. My child cannot cope with excitement.

My older child (who was uninvolved) talks regularly of stress that the creche brought upon him. He felt left out of family attention, angry at his sister being hurt, a feeling of powerlessness overtook him at times and he was unable to talk to friends. He had no-one.

My life has been effected considerably. I can only work 2 days instead of 4 days. I cannot cope with more than 2 days.

My professional confidence has been damaged, in fact it has not returned. I feel I cannot stand out as I have felt under seige for so long. I cannot bear it when people feel they have the right to judge whether I'm telling the truth about my child's abuse. I am now hypersensitive to any questioning after my experience in court.

My child is still in counselling. Throughout all of this, however, my relationship with my partner became a lot closer, and support from other parents involved in the civic creche enquiry is most valuable to me. We survived.

CHILDREN WHO TELL AND THOSE THAT DON'T

CHILDREN WHO TELL

- from a mother of a child who went to court

It was three years of silence from our child. There was no major behavioural change apart from solemnness at times, which was put down to other things, until early 1992. A number of disclosures then took place about the abuse our child had to endure for two years.

After our child's first disclosure, behaviour changed drastically. Our child became angry, violent, anxious, frightened, obsessive and so very very sad.

However, our child chose to talk to myself and my partner, police, interviewing officers, eventually a counsellor, and finally the judge in court.

Our child has healed to a degree, but maintains that "I will never forget, I always remember". Perhaps we need to remember that small but powerful comment.

Other children may tell by drawing and others may tell by behaving in particular ways. We need to be aware and understand a child's way of talking.

We have learnt that in most sexual abuse cases, the defence attempts to discredit children by blaming adults, stating that parents ask leading questions and therefore putting all the ideas in our children's heads. No sexual abuse case can ever be simple. But just because what the children say is difficult and disturbing, does not mean it is impossible.

What cannot be taken away is the willingness of our children to tell, as difficult as it was for them. Since children have talked, the non-believers have created a new theory to discredit them - "False memory syndrome". The fact is, however, that these cases are not going to go away, and while this type of abuse continues, hopefully the children will feel strong and safe enough to tell.

Our child will always need more from myself and my partner than any of our other children, who are still not accepting that other perpetrators are free and that Peter Ellis will get out of jail (apparently) when our child is 12-13 years old.

Many weeks will go by whereby our child is coping like any other normal 8 year old. Other times, which may develop within minutes, there can be anger, shouting, argumentativeness; aggression, refusal to bathe, refusal to eat anything other than potatoes.

Our life has changed. It will never be the same again. Our child becomes so volatile so quickly. **BUT HE HAS SURVIVED.**

CHILDREN WHO DO NOT TELL

A child who has been abused or is currently being abused may or may not show any signs of the trauma they experience. It is often very difficult for adults to put themselves in children's shoes and fully realise the extent of a child's dependence, the confusion of their feelings, the conflicts of shame, fear, love and obedience which are exacerbated by a lack of knowledge and understanding about bodies and sexuality. Thus children often experience and express pain and trauma in ways that adults do not recognise or understand.

Some children experiencing emotional, sexual and physical abuse continue to play, smile, laugh, attend school and do well. Even their mothers may not notice signs of anything amiss. They have found a way to separate themselves from fearful or unpleasant experiences and memories. This shut-off is a survival mechanism.

Other children do in fact show "symptoms" of distress. Those who know and/or care for them may not recognise the signals or may find other reasons to account for the child's problems.

Children may complain of stomach aches, may return to bed wetting, or may have nightmares. They may become silent, withdrawn, isolated and moody. They may become ill, hurt themselves often, and show unusual fears. They may refuse to go certain places, try to avoid certain people, or avoid being touched or cuddled.

The so-called "naughty kids" or "troublemakers and bullies" of a classroom may be showing signs of abuse by exhibiting excessive anger ("acting out"), wanting to hurt or disrupt others, and trying to harm those less powerful than themselves, since they can't show their anger at the abuser. Children may have learning difficulties, their school work may suddenly deteriorate, and they may be truant from school or even run away from home. These are distressed children; they are not "bad".

Children may become excessively outgoing, "hyper" and/or show adult sexual behaviours (open mouth kissing, flirting, sexual affection, excessive public masturbation, etc). In the past this response has been labelled provocative and has been used against children to imply that they, rather than the abuser, are responsible for the abuse. This is untrue, as children copy what they learn. Adult sexual behaviour in children is a key distress signal, implying unusual sexual awareness and knowledge that children usually have no access or exposure to. Some

girls also become over-responsible, trying to act as a full wife to an abusing father or resident male. Children undergoing painful and traumatic experiences, find a wide variety of ways to cope with their lives. It is very important that adults do not judge children for their truly admirable and inventive mechanisms to cope in a hostile adult world.

TRIGGERS IN CHILD SEXUAL/RITUAL ABUSE

Once you have learnt that your children have been ritually abused, you of course become concerned about their healing. Some people believe that putting it all behind them and not talking about it is best for the child. Some people believe that it is good for children to talk as much as possible. Some have read and learnt a lot along the way and others are doing their best with very little support and input. Some children have counselling and others don't. Whatever you believe about living with and helping your child after sexual abuse, the children will be encountering "triggers" and responding to them in their own unique ways.

"Triggering" is a complicated issue. Children who are traumatised may have triggers that will remind them of the trauma. An example to triggering is the Vietnam Veteran. He may see a helicopter which will remind him of the place where trauma took place. He may be triggered by cooking of meat which could remind him of death etc.

For ritually abused children, "triggering" is used by abusers to keep the children in a post traumatic stress state. A "trigger" is a thing, person, event, smell, taste, sight, noise or place that reminds the child, or brings back awareness of the abuse they suffered. They may know that the "trigger" reminds them, or they may feel upset, angry or scared without knowing why.

Nearly always the "trigger" will bring strong feelings to the child, and they may cry, hit out, have a tantrum, run away, avoid looking or encountering the "trigger", or rapidly change the subject.

Because parents rarely know what all the "triggers" are or can be, (since they weren't there when the abuse took place) these sudden behaviours of the child can seem quite odd, or upsetting, or annoying.

Being aware of likely "triggers" can help your child. If a certain park is a place that was regularly visited with the abuse, the child may find it an anxiety provoking place to be, and it may be best to avoid that place for a while until the child is more confident that they are safe.

This is an example of a "trigger" that is SPECIFIC, related to the actual circumstances of the abuse. Contact with or seeing the abuser, going to actual places or rooms where abused occurred (e.g. toilet), being with other children who were present when the abuse occurred can all accentuate fear, memories and distress for the child. Some people find that taking the child to such places can reassure them that they are no longer dangerous places.

Generalised "triggers" could include things that children have been threatened with e.g. swords, guns, death, separation, magic. While the sword you see is not the one the child has seen before, the fear of being cut up by a sword is generalised to all swords.

Stories, films or T.V. programmes about events or places related to the abuse, e.g. naked bodies, cages, cellars, wild animals, masks, could also induce distress and fear in the child. Boys may be afraid of their own penises, others of urinating or defecating if that was part of the abuse.

Severely threatened children will not understand that the abuser cannot or will not carry out their threats. They will be constantly underlying anxiousness when the abuser carries out the threat.

Reassurance about their safety and your willingness to protect them is important. Another way you can help allay their fears and fantasies is to use the times that "triggers" bring a reaction, to remind them that they are safe, loved and will not be hurt anymore by the abuser(s).. Whether they seem obviously upset, or act out angrily, or withdraw into themselves, you can assume they feel strongly about their memories and the actual experience. The child needs you to help counteract the abusers threats.

Being sensitive to these things can help reduce the harmful effects of the abuse. If a story or a film upsets them and you think it may be a "trigger", stop reading, turn off the T.V. and tell them they are safe and loved. Ask them if there is anything that is upsetting him/her, and if the story or film reminds them of scary things that happened with the abuser(s).

However, respect their feelings if they don't want to talk about it. If you're seeing a therapist you could

write the incident down and take it along to the child's next session.

Even if the "trigger" doesn't make sense to you, try to respect your child's awareness and memories. We can be sure they were abused and traumatised, but you may only find out later what "trigger" hurt them.

They may seem innocent events or things to an adult (e.g. a puppet show) yet for the child it may have been part of a quite terrifying experience initiated by the abuser(s).

Small physical hurts may assume great proportions if it reminds them of physical violence by the abuser(s). If your child has been involved in group abuse with other children, talk to other parents about what their children are saying, so that you can increase your awareness of likely "triggers". Also, work out how you can best assist your child and protect them from unnecessary fear and pain.

Over time many "triggers" will lose their potency for children, as long as they have not been denied and pushed underground by secrecy.

As children grow older, feel safe, and able to acknowledge what has happened to them, they may be able to revisit previously scary places, learn to ride in white cars, eat with groups of people, flush the chain of the toilet, eat with a knife and fork and so on. "Triggers" may reappear or new ones will appear at other critical times of their lives.

The above information has been covered briefly. Further information on this topic will be discussed in the next newsletter.

DISCIPLINING THE RITUALLY ABUSED CHILD

One of the challenges facing parents of ritually abused children is how to discipline effectively. (Source: 'Believe The Children')

When a child has been abused, the bond between parent and child has been severely damaged. The child may view the parent as powerless and have little or no respect for parental authority. It is not easy to re-establish trust and respect once that relationship has been violated. Many children will test their parents, acting out sexually or defiantly ignoring parental instructions, to see how far they can push before being abused again. Abused children may be "triggered" by events, sensations or flashbacks over which they and their parents have little control. Parents may feel frustrated and overwhelmed by the enormity of the task that confronts them.

As difficult as it is for parents to discipline a child who has been abused, it is necessary to set limits for the child. Because ritually abused children have usually been involved in situations in which they are coerced into hurting others, it is especially important that parents intervene before the child's negative behaviour escalates. Allowing the child to engage in aggressive or sexual behaviour reminds the child of the violence in which he/she participated and reinforces the child's identification with the perpetrators. To break the bond between the perpetrators and the child, as well as to teach the child how to function in normal society, it is vital that parents find methods of disciplining that will not be viewed by the child as re-victimisation.

Some disciplinary methods common in our culture, such as smacking and isolation, may remind the child of the abuse and may actually intensify negative behaviour instead of correcting it. In normal circumstances, isolation is a form of behaviour modification used successfully by many parents. When the child misbehaves or is hurting others, the child is sent to his/her room for a time out period. Usually, the child is left alone in the room for a short period, varying from 5 to 30 minutes, depending on the child's age and temperament. An older child might be isolated for a longer period of time or "grounded" meaning that no socialising outside of the home is allowed for a week or other specified period. When applied consistently and fairly, this method is often effective.

Children who have been ritually abused, however, may view isolation as abandonment. Many ritually abused children report having been confined in small enclosed spaces as part of the abuse experience. Some refer to being locked in a "jail", where they were isolated until it was their turn to be molested. Most ritually abused children, especially those 6 years of age and under, are terrified of being alone, fearful that either they or their family member will be harmed or killed. The child may or may not be able to articulate this fear. To discipline the child by isolating him or her in a room alone may not correct the negative behaviour

but may actually increase the child's level of anxiety.

One alternative to isolation is to give the child a time-out while remaining in the same room with the child. The parent removes the child to a quiet room and sits with the child. During this time the parent does not engage in conversation or activity that could be misconstrued as rewarding the misbehaviour for which the child is being disciplined. A pre-arranged time limit may be observed, using a clock. (Avoid using an hourglass because children have reported the use of an hour glass in threats; e.g. "When the sands run out, you will die." The Grim Reaper, who represented death, sometimes carries an hourglass as well as a scyth.) At first, the parent will need to stay with the child for the entire time-out-period, but gradually spends less time in the room, eventually being able to isolate the child for short periods.

When a child is behaving in a manner that is dangerous to self or others and physical intervention is necessary, restraining the child is advisable. Instead of spanking or isolating the child, the adult stays with the child reassuring the child that he or she is safe and will not be hurt or allowed to hurt anyone. The child will probably resist being restrained - many ritually abused children report having been physically restrained and bound - but refusing to let the child carry out destructive impulses shows the child that the parent is in control and cares enough to intervene. Exploring appropriate ways for the child to channel his or her negative feelings is also an important part of modifying destructive behaviour.

Another disciplinary method that may be successful with children is the pairing of privileges with positive behaviour or accomplishments. Explain to children that in order for them to be able to do something that they want to do they must first accomplish some behaviour or goal that you have set. For example, when a child refuses to clean up his toys let (s)he know that if (s)he chooses not to put his toys away that (s)he will not be allowed to play with them next time. The next time that (s)he wants to play with those particular toys remind him that he may not because he made his choice before. Instead of making a child feel that they're being punished, you are creating an understanding that there are consequences to their behaviour and (s)he has control over these consequences. Whenever possible, the consequence should apply to the child's behaviour that you are trying to correct.

Being consistent and clearly defining consequences in advance is vital to the success of this method. Restricting meals or snacks is not recommended because ritually abused children have reported that meals were withheld as a means of gaining control over the children.

Putting the child on a point system also can be effective, if the child is old enough to understand cause and effect. For instance, if a child has earned high points during the week, the child may be rewarded with a special outing with the parent. If the child's points are low, because of negative behaviour, the child does not earn a reward. The promise of reward may be more motivating for some children than the withdrawal of a privilege. Giving ritually abused children control over consequences empowers them to take back the will that was taken away when they were victimised.

To help the children, it is vital that parents establish clear limits, consequences, and rewards and enforce rules consistently. Children who have been ritually abused have been trapped in a no-win situations; they have been manipulated, coerced, and terrorised. Because of the trauma they have experienced, ritually abused children may at first resist all efforts to set limits. They may fear that they are going to be tricked again and refuse to cooperate. Parents may feel so guilty about the child's abuse that they become either too lenient or too punitive. Parents who are prepared for setbacks are less likely to become discouraged. Children who are treated fairly and consistently eventually learn what is expected of them and what they can expect of their parents. The root of the word "discipline" means "to teach". Ritually abused children must re-learn how to cope and survive in the family and in society. It is a lengthy process for both the children and their parents.

Under the best circumstances, disciplining children is a process of trial and error. What is effective with one child may not work with another. Some children respond to verbal instructions, others require physical interaction. Each child has individual needs and each parent has an individual style of parenting. To feel safe, ritually abused children need to be in a predictable environment where boundaries are clearly defined and strictly observed. Accomplishing this is a tremendously demanding task for the parent, but the ongoing effort is worthwhile as the children begin to gain mastery over their lives.

(More on this topic in next newsletter)

FALSE MEMORY SYNDROME: FANTASY OR REALITY?

by Michael Owen M.A.

A Senior Clinical Psychologist, Michael Owen works at the Greenhill Child and Family Centre Western Bay Health, Tauranga. The views expressed in this article are his own

It is quite within the bounds of possibility for a man to recognise the relative evil of his nature, but it is a rare and shattering experience for him to gaze into the face of absolute evil.(1)

I was prompted to write this article by a short piece on Holmes about the Christchurch creche case of satanic abuse. In what I suppose was a gesture of journalistic even-handedness (or was it the Kiwi version of "it can't happen here") there was an opinion from Michael Hill of Victoria University who asserted that satanic abuse did not exist. Period.(2)

I made contact with the editor of this newsletter to offer a dissenting opinion and let the editor know that there were professionals who did not agree with what was presented. I did this as a gesture of personal support for those who struggle with the collective denial of their experience - we obviously have not learned from women's experience in our culture! And also because a full understanding of the archetypal(3) and spiritual dimensions of satanic abuse and why it surfaces at this time in our Judeo-Christian culture is critical if we are to come to terms with our collective shadow and the dark side of the Creator/Creatrix.(4,5,6,7)

First let me make my position clear. I am a psychologist and Jungian psychotherapist newly arrived in New Zealand from Canada and have worked with children and adults who have been satanically abused. It is my considered opinion that satanic abuse exists and these reports are entitled to be considered as true and unless clearly proven otherwise.(8,9,10) However the matter is more complex than a simplistic negation or assertion.

The term False Memory Syndrome (FMS) has come into prominence in the past two or three years to describe reports by children of satanic or sexual abuse or of adults in therapy reliving similar memories. The diagnosis of satanic abuse can fall into four different categories:

1) True positive. The abuse has happened and is believed (by the victim, court, parents etc.) to have occurred.

2) True negative. The abuse has not happened and

is believed not to have happened. Under these two categories there is no disagreement between what happened and what is believed to have happened. 3) False positive. The abuse did not happen but is believed by the individual to have happened. This is what is called False Memory Syndrome. I believe this occurs in a very small percentage of cases. Unfortunately these cases do occur for many reasons including inadequate training in depth psychotherapy, the unconscious use of power by therapists, premature specialisation in sexual abuse and "repressed memory work", unclear boundaries between the personal/symbolic and collective/political dimensions of therapy and, most importantly, possession(11) of the therapist and/or client by the powerful archetypes that sexual and satanic abuse evoke.

These issues will not be explored here however if we assume that FMS does exist we also have to ask the questions "Why do children and adults 'fantasise' about satanic abuse out of the thousands of other possibilities?" and "Why do people believe this to have occurred when in fact it has not?" These may lead us to deeper understanding of the matter of satanic abuse whether "true" or "false" as a psychological reality.(12) In fact it may point to the importance of sexual and satanic abuse as an issue of profound archetypal importance that is occurring at the end of the Christian aeon.(13)

4) False negative. The abuse did in fact happen but is believed by others not to have happened. This is the situation in vast majority of cases. It is interesting that there is no name for this state of affairs and this indicates that there is an unexamined dynamic at work in the collective unconscious.(14) I call this the False Denial Syndrome (FDS), where an individual, group or culture denies the existence of something that does exist, and it is a much greater problem than FMS.

We have seen this syndrome at work in Freud's abandonment of the seduction theory of neurosis in the mid 1890's when he eschewed the obvious - that the sexual abuse his patients reported were real - and instead took them as fantasy thus creating a cornerstone of Freudian theory. This error has continued for almost a century until the recognition

of the extent of sexual abuse in the 1980's. It seems all too obvious that the same error is being repeated with satanic abuse.

FDS is pernicious in its effects not only because it carries sociocultural weight but because it is unnamed and therefore unconscious and unavailable for discussion - it's socially invisible. If something doesn't reach consciousness it doesn't exist. As a result the FMS debate becomes one-sided because there is no other side.

So several questions are raised: 1) Why satanic abuse? and 2) Why now, in this historical time? We can gain some understanding of these questions by looking at Jung's writings. Although he never wrote specifically about satanic abuse his books *Aion* (15) and *Answer to Job* (16) give some clues to the deeper meanings of sexual and satanic abuse. In *Answer to Job* he examines the "divine drama" of the development of the God-image in the Western psyche.(17,18) From the polymorphous pantheon of the Greek world the God-image underwent a radical transformation with the appearance of Yahweh as in the Old Testament. Yahweh was a mixture of unpredictable, sharply contrasting opposites - wrathful and loving; creative and destructive; generous and narcissistic. He demanded praise and glory for himself and demanded that only he be worshipped.(19) The next major transformation was in Job's encounter with Yahweh. By holding to his integrity and his human consciousness Job was granted a glimpse of the shadow side of God of which God himself was unconscious.(20) At this point the consciousness of the created surpassed the consciousness of the creator. As an act of redemption and an enlargement of consciousness Yahweh was obliged to incarnate himself in the form of Christ - the good son. In doing this his image was transformed from that of the wrathful Yahweh to that of the loving father in whom there is no darkness.

However:

At the same time that Christ the good son of Yahweh was born, however, Satan the evil son was cast out of heaven, so that a *separatio* took place in the God-image, with the dark evil aspect being split off and repressed. However, the Book of Revelation predicts that at the end of the aeon there will be a return of the repressed through *enantiodromia* (21) and we will then

be dealing with the opposite of the good son.(22)

This statement suggests that in cases of satanic abuse we are dealing with not only the disturbed behaviour of perpetrators but also the emergence of an archetypal power that is the result of a two-thousand year-old dissociation in the Western psyche between the opposites: light and dark; good and bad; masculine and feminine. The resolution of this split will come from the recognition of the personal shadow within each of us and the collective shadow in our culture, and a healing of the war, inside and outside, between the masculine and the feminine.(23)

Jung's views also help us understand three phenomena. 1) The "satanic abuse scare" is seen as being a creation of Christian fundamentalists, and 2) Many incidents of collective sexual abuse have occurred within religious institutions. Within groups that hold most closely to the image of God as the all-loving father the *enantiodromia* Jung predicted will emerge the most clearly and the dark side of the God-image will affect those groups the most powerfully.(24) 3) The intensity and affect with which cases of FMS are discounted. The small number of cases of FMS attract considerable attention far out of proportion to their occurrence but "... the affect corresponds to the violence of the deed that caused it"(25) so the intensity of the discussion indicates that an archetype is constellated, and the central archetype - the God-image - at that.(26)

Those exhibiting FDS also use FMS as a scapegoat.(27) Because FDS is unconscious, by definition it is projected(28) onto an external object - cases of supposed FMS. But what is projected? Those who have been most vocal in raising the issue of FMS have been mostly male, academic psychologists and sociologists who have been unable or unwilling to examine the exclusively rationalist, scientific paradigm they work within, and are exceedingly collective in their views.(29) These individuals and groups are mainly, by nature and profession, thinking or sensation types(30) who evaluate through thinking and perceive through sensation. Their shadow or inferior (less developed) functions are intuition (perception though the unconscious) and feeling (valuing through feeling). The inferior function is always loaded with emotion - the reason why the shadow side of academic institutions is one of envy, jealousy and petty resentment - all signs of inferior feeling - and

all qualities assigned to women in our culture. Because we live in a masculine-oriented society these functions have been given less value and assigned to what is inferior and less developed in our society.(31) Much of the writing about FMS is replete with affect and emotionality.(32) For example: "... the book [Michelle Remembers](33) was one of the first bestsellers of its kind, impressing credulous readers in the worst possible way"; and "...increasingly bizarre and obviously fantastic tales"; or "...dizzying heights of absurdity and implausibility". Alternatively they take refuge in applying standards of scientific evidence or reducing the uncertainty of psychological phenomena to the comfortable certainty of organic processes or dubious, outdated, psychological formulations: "...the phenomenology of dissociative states is similar to that of temporal seizures", and "...delusions based on a *folie a deux* with a disturbed parent", and the old stand-by "Not one of these assertions is supported by empirical evidence".

Similarly their intuition is inferior - it is dark, foreboding and fantastic - as seen in some science fiction writing, particularly that written by scientists. So with the projection of inferior intuition anything that is not comprehensible through the five senses and rational thinking is devalued in an emotional crusade against superstition and irrationality. However their views as voiced by Michael Hill are more than just opinions, they are a disturbing contribution to the likelihood that the dark son will manifest itself in destructive ways particularly in the lives of women and children; more so than if the reality of its existence was acknowledged.

Schopenhauer said that "Every truth passes through three stages before it is recognised. In the first it is ridiculed, in the second it is opposed, in the third it is regarded as self-evident". I would hope that psychotherapists who deal with matters such as I have addressed in this article will give consideration to the clinical and archetypal aspects which I have raised as well as not allowing to go unchallenged the current popular and academic thinking about the reality of satanic abuse.

Footnotes

- (1) CW 9, par. 19. All references to Jung's writing refer to *The Collected Works of C.G. Jung*, Bollingen Series, Princeton University Press, 1953-1979.
- (2) On June 3, 1994 the British government released a report by Jean La Fontaine, a Professor of Social Anthropology at the London School of Economics. She found no evidence of satanic abuse in 84 cases studied and blamed Christian fundamentalists for inciting the satanic scare. (*Bay of Plenty Times*, June 3, 1994, p. 8)
- (3) Archetypes are the primordial, structural elements of the human psyche that have been laid down over millennia as patterns of behaviour and attitudes, and ways of behaving, thinking and feeling. Empirically it can be demonstrated that similar archetypes (such as the Great Mother, the wise old man, the divine child, the trickster) exist in all cultures and races at different times in history.
- (4) Sakheim, D. & Devine, S., *Out of darkness: exploring satanism and ritual abuse*, New York: Lexington, 1992.
- (5) Finkelhor, D. & Burns, N., *Nursery crimes: sexual abuse in daycare*, Newbury Park: Sage, 1988.
- (6) Von Franz, M.-L., *Shadow and evil in fairytales*, Dallas, TX: Spring, 1974.
- (7) 'In the shadow of Satan: ritual abuse of children', *J. of Child and Youth Care*, Special issue, 1990.
- (8) Nurcombe, N. & Unutzer, J., 'The ritual abuse of children: clinical features and diagnostic reasoning', *J. Am. Acad. Child Psychiatry*, 1991. 30(2), pp. 272-276.
- (9) Van Benschoten, S., 'Multiple personality disorder and satanic ritual abuse: the issue of credibility', *Dissociation*, 3(22), 1990.
- (10) Young, W., 'Sadistic ritual abuse: an overview in detection and management', *Primary Care*, 1993, 20(2), pp. 446-459.
- (11) Possession refers to the identification of the conscious ego with an archetype. This is seen in psychosis ("I am Jesus Christ"), the guru who identifies with the archetype of the wise old man, or whole nations which can be possessed, as with Germany in the two World Wars. In possession behaviour becomes collective and individuality is lost.
- (12) Whoever talks of such matters inevitably runs the risk of being torn to pieces by the two parties who are in mortal conflict about those very things. This conflict is due to the strange supposition that a thing is true only if it presents itself as a physical fact.. 'Physical' is not the only criterion of truth: there are also psychic truths which can neither be explained nor proved nor contested in any physical way. If, for instance, a general belief existed that the river Rhine had at one time flowed backwards from its mouth to its source, then this belief would in itself be a fact even though such an assertion, physically under-

stood, would be deemed utterly incredible. Beliefs of this kind are psychic facts which cannot be contested and need no proof. (CW 11, par 553)

(13) The Christian era is associated with the astrological sign of Pisces and the Piscean age (from the birth of Christ to the last quarter of the 20th century. The symbol of Pisces - the two fishes - is the antinomy of the Christ and the Antichrist (see *Aion: Researches into the Phenomenology of the Self*, CW 9).

(14) The collective unconscious are those images, dreams and fantasies that cannot be understood from the individual's life experiences and personal history. It is the psychological heritage that has been accumulated by humankind over millennia and it forms the psychic substrate of our everyday ego consciousness.

(15) CW 9.

(16) CW 11.

(17) The Book of Job serves as a paradigm for a certain experience of God which has special significance for us today. These experiences come upon man from inside as well as outside, and it is useless to interpret them rationalistically and thus weaken them by apotropaic means. (CW 11, par. 562)

(18) I have been privileged over the last 15 years to have worked with to Native healers, medicine people and elders in North America. The concept of evil in Western metaphysics and theology is paralleled in the knowledge of First Nations peoples in North America (Satan is called Stalking Death) and all indigenous peoples in a profound and extremely sophisticated way compared to which our Western understanding is in its infancy. Indigenous cultures have not developed as one-sidedly as our Western culture so the problem of evil is less marked and less starkly dualistic.

(19) In our times we are witnessing a recapitulation of this process. This may explain the rise of interest in, and incidence of, narcissistic and borderline personality disorders. Yahweh is the embodiment of both conditions.

(20) In dissociative states, which satanic abuse often gives rise to, we see the recapitulation of the "world of shards".

(21) The emergence of the unconscious opposite over the course of time (Gr: running counter to).

(22) Edinger, E., *Transformation of the God-image: an elucidation of Jung's Answer to Job*, Toronto: Inner City Books, 1992.

(23) ... we now know again that God is not only to be loved but also to be feared. He fills us with evil

as well as with good, otherwise he would not need to be feared; and because he wants to become to man, the uniting of his antinomy must take place in man ... (CW 11, par. 747)

(24) As a totality, the self is by definition always a *complexio oppositorum*, and the more consciousness insists on its own luminous nature and lays claim to moral authority, the more the self will appear as something dark and menacing. (CW 11, par. 716)

(25) CW 11, par. 561.

(26) Because the Christian trinity - the Father, the Son and the Holy Ghost - has excluded the feminine principle the issue of sexual and satanic abuse is inextricably linked with the restoration of the feminine principle to its rightful place in the collective Western psyche as Mary, the Mother of God, or as Sophia, the feminine counterpart of God. The interest in the Goddess at the present time is an aspect of this archetype as it emerges in individual and collective consciousness.

(27) Brinton, Sylvia Perera, *The scapegoat complex: toward a mythology of shadow and guilt*, Toronto: Inner City, 1986.

(28) An automatic psychic mechanism where the contents of the unconscious are perceived to exist in others. In this way painful or unacceptable contents are gotten rid of.

(29) Gardner, M., 'The False Memory Syndrome', *Skeptical Inquirer*, 1993, 17(4), pp. 370-375.

(30) The four psychological orientations or types are thinking, feeling, sensation and intuition. Thinking tells you what something is; sensation tells you if it physically exists; intuition tells you what its possibilities are, and feeling tells you what value it has for you. Intuition and sensation are complementary and are irrational, perceiving functions; thinking and feeling are complementary and are rational, judging functions. One function is the superior or most developed function and the opposite, complementary function is inferior or less developed and more unconscious.

(31) Johnson, R., *The Fisher King and the Handless Maiden: understanding the wounded feeling function in masculine and feminine psychology*, San Francisco: Harper, 1993.

(32) 'Memories of Hell: real life trauma or hysterical hypno-fear?' Fortean Times: *The Journal of Strange Phenomena*, 1993, (71) Oct-Nov, pp. 23-32.

(33) Smith, M., & Pazder, L., *Michelle Remembers*. New York: Pocket Books, 1983. This book was the first full account of satanic abuse.

POST-TRAUMATIC STRESS AND DISSOCIATIVE DISORDERS IN CHILDREN AND ADOLESCENTS

Believe The Children kindly gave the writer many audio-tapes on various workshops from their National Conference held in April 1993. A tape on the above disorder spoken by John Costigan, M.D., has been transcribed by the writers. The *Believe The Children Newsletter* (spring 1994) Volume XI Issue 1, also has an article written by John Costigan, who comments on the above disorders. The writer wishes to share this article with readers and wish to thank BTC for their permission to reprint the following article.

An expert on trauma and conduct disorders in young people, Dr Costigan is a Board Certified Child and Adolescent Psychiatrist. Trained at the University of Illinois College of Medicine, he fulfilled his residency in psychiatry at the University of Illinois. He received a fellowship in child and adolescent psychiatry at the institute for juvenile research in Chicago. Dr Costigan is a consultant to the Maryville Academy, Methodist Youth Services, and is a faculty member at the University of Illinois in the Department of Child Psychiatry.

Dr Costigan addressed his remarks at both a lay and a professional level of understanding in what he termed a "broad coverage" of a complicated subject. He defined post-traumatic stress and dissociative disorders by detailing their symptoms. He supplied anecdote and analogy to explain these types of symptoms as they are observed in real life. The difficulties in working with these diagnoses, and their resultant underuse in the field of child psychiatry, were described. He provided insight into how ritual abusers "guide" their victims by taking advantage of their disorders. A psychiatrist's concerns in working with dissociative disorders or post-traumatic stress disorder in a court of law, as opposed to clinically, were mentioned. He offered much hope and clarity in describing the evolving, but successful, approaches to treatment and efforts to standardize diagnostic parameters. Along with this, he believes there is the need to acquaint professionals with the existence of these distinct disorders. They often are not recognized, being mistaken for an array of other disorders of childhood and, as a result, improperly treated.

The symptoms of both post-traumatic stress and dissociative disorders, expressed in a child or adolescent, were originally adaptations to dire traumatic situations. Like the fight or flight response, they were a life-preserving reaction at the time. These reactions become a disorder as they continue to occur when there is no longer any threat at hand. The afflicted person has developed a sensitivity to life that signals danger everywhere, warranted or not.

Usually Dr Costigan is given very sketchy background knowledge on these children. He does not know much of their abuse or what they may have witnessed; many have a limited capacity, for a variety of reasons, to describe what they have been through.

POST-TRAUMATIC STRESS DISORDER

In post-traumatic stress disorder, children do not always recall events "clean". Before the ages of two-and-a-half to three years old memory in the developing child can be vague. Pre-verbal memories might be fragmented and, if there have occurred a variety of traumatic events, these fragments can clump together or float in an unclear fashion. Accounts can change in detail with each telling.

Because post-traumatic stress shows up differently in children than in adults, diagnosis can be difficult. Children may have been exposed to one, or a chronic, repeated series of events, that might include a multitude of experiences. Further complicating the recognition of this disorder in the young is that the psychiatrist's diagnostic guidelines, in their DSM III, lists unclear criteria for its application to children. DSM IV, Dr Costigan shared, will most probably differentiate "Trauma Disorders in Childhood," from post-traumatic stress disorders usually associated with war trauma. The label is under-applied by professionals now because the full range of symptoms are not always identified in the child. Often, a few symptoms that fit another disorder are noted, the wrong diagnosis is made and the child is treated incorrectly.

Dr Costigan sees post-traumatic stress exhibited in a pattern of interrelated symptoms. A re-experienc

ing of the trauma through some form of intrusive memory expression, behavioral repetition or traumatic play occurs. Outsiders may witness sleep problems, irritability, moodiness, angry outbursts, aggression, numb or shut-down emotions, or an amnesia of events. The suffering child or teen may feel detached from others, appear mistrustful and avoid certain activities. Observant professionals discern these reactions in the overall tendency toward increased arousal, traumatic transference and re-experiencing that accompanies the traumatized child's attempts to deal with what has happened.

Frequently the increased arousal is the behaviour that brings the child to the professional's attention. It keeps the child "bouncing around", extremely vigilant and ready to jump into action over anything. Dr Costigan tells parents it is "like having a spring that is wound as tight as it can go"; any little thing can "snap" it. The child's sense of immediate danger is renewed or recharged by intrusive memories or flashbacks. Actual people or situations may trigger this response.

Physiologically, these children are different and may remain so throughout their lives if not treated. Literally "addicted to an adrenaline rush" they exist in a hyper-vigilant state of readiness that often can draw them to argument, conflict and danger. This biological imbalance fits the many psychological theories on why the traumatized can be caught in cycles of retraumatization. For instance, the physically abused boy who provokes altercations and keeps getting beat up again and again. Hyper-arousal feeds the child's sleep disturbances, irritability and tendency toward angry outbursts. They feel apart and detached from others; this isolation increases their view of the environment and of people as threatening. Teachers and other adults may see these children as spoiled or bad-tempered.

More a dissociative experience than an intrusive memory, flashbacks are not readily recognized as such by the child. They can express through any of the senses, singly or in combination. It can be common, too, for the child to be overwhelmed with an effective flashback - feeling emotions unconnected to current events and not necessarily associated with anything consciously recalled. Such experiences can occasion acting out in sexual, aggressive or assaultive ways.

Recognition and treatment of post-traumatic stress

must take into account normal, age-appropriate or, perhaps, media-influenced activity versus traumatic behaviours. Dr Costigan stressed the need to chase the memories behind the behaviour and not the behaviour itself. Defining the recall process with his "bread pudding" analogy, he says he observes and talks with these children and occasionally a "raisin", or memory, comes up. With the appropriate medications stabilizing outbursts or violence, it is then possible for the child to face these 'raisins' of experience and stop reacting to them. Identifying and overcoming are aided with group, individual and family therapy, hypnosis and education for children on recognizing and communicating their symptoms and what is going on inside of them. Biofeedback neutralizes the hyper-arousal associated with post-traumatic stress disorder. Unfortunately many of these young people are misdiagnosed and given inappropriate medications. Untreated, the effects of trauma create much malfunction in school, home and elsewhere.

DISSOCIATIVE DISORDERS

Dr Costigan sees dissociation as essentially an avoidance of something too intense. It acts as a "switch" that "flips" with little provocation. He emphasized that dissociative disorders and post-traumatic stress disorder are two differing biological processes. In treating both disorders he says, "we are still in the process of trying to develop our skills". Medication is helpful in disrupting the tendency to dissociate. Individual, group and family therapy, as well as hypnosis and an educational approach are used to help dissociative children increase their emotional tolerance.

The symptoms of dissociative disorders in children and teens are problematic - many of them can be age-appropriate behaviours. Complicating this is the fact that symptoms can be "chameleon-like" and look like a number of different disorders that can lead to faulty diagnosis and partial or inappropriate treatment. He described these disorders as "terribly underlooked and terribly undiagnosed". In school the dissociative child or adolescent may appear to daydream and be characterized as "spacey". Many learn and absorb very little but receive no special consideration because they are not misbehaving. Sometimes their school achievement will fluctuate; they will be brilliant for a day and return to school the next day confused and forgetful.

More extreme conduct can be seen in some. More

often than not this behaviour will only manifest periodically during dissociative episodes. Tip-offs can be doing things out of context: the nice child who acts out sexually; an ordinarily gentle child suddenly assaulting someone. After these "segments" of inappropriate conduct a child may appear to lie about the incident, denying responsibility or involvement. In actuality they honestly do not realize what transpired because they were dissociating. Self-destructiveness and self-mutilation are common. Dr Costigan estimates that as many as 90% of girls engaged in "cutting" have been sexually abused, unless it is clearly a manipulative action or a direct imitation of other girls. Dissociative children may also steal or engage in food hoarding.

Emotionally such children are mercurial. Jekyll and Hyde personality changes can take place. Aggressive and explosive episodes can accompany the dissociation. Dr Costigan likens this to a "Lamborghini - zero to sixty in nothing flat". One moment the child is docile, asking for a hug and, without warning may violently bite or attempt to pull out the eyes of the caregiver. He has witnessed a 60-pound child throw around three of four adults easily as they attempt to subdue the attack. A few seconds later the child asks peacefully for a hug as if nothing had happened. Such incredible surges of strength run somewhat opposed to sudden, intense depressive episodes, often accompanied by suicidality, that can overcome a child with a dissociative disorder. Outsiders view these young people as crazy or manipulative. They are unwittingly having affective memories of trauma. The episodes may last a second or a half hour, but will regularly be preceded and followed by stable, apparently happy moods. Dissociative depressions do not respond to anti-depressant medications and appear disconnected to actual events.

Other symptoms observed and that can be normal behaviours in children are: imaginary friends and hearing voices. Dissociation can lead to a sense of depersonalization, derealization and the child's feeling that they have no control over what they do. Amnesias - trances, dazes and lapses of memory - are noted.

Adults can articulate these symptoms in themselves; children cannot. Many times people witnessing these characteristics will see these children as liars or manipulators and correspondingly the child's sense of the world as nonbelieving and hostile grows.

Dr Costigan's approach is to try to understand what life is like for the tormented child. The more he can explain to them, verbalise what they are unable to, the less afraid they are. When they are less afraid, they can start to deal with the disorder and their traumatic past. He helps the dissociative child or teen stay more in the present time. Time for most people is sequential - "A to B to C." For these children their inner sense of time collapses, past and present converge. Becoming better time travelers is an aim of therapy.

Behavioural fluctuations offer clues as to what may have happened to the child. This is helpful toward healing, but the behaviours themselves may pose problems for par-

ents, therapists, teachers and others in the child's world. Extreme misdeeds, as a result of dissociative periods, usually do not respond to discipline. Proper diagnosis and intervention to derail the dissociative process is necessary before the child can learn to make healthier choices, set limits and employ better judgement. Dr Costigan views multiple personality as easier to work with than other dissociative disorders because then he can address specific alters, or personalities, rather than vague states.

But alliances, therapeutic or otherwise, are difficult for children and adolescents suffering from both post-traumatic stress and dissociative disorders. Such children feel the double whammy of stigmatization from the original or ongoing trauma plus the ostracization from others because of how they "slug" through life symptomatically. For many, early childhood attachment in the home has been deficient and little positive attention ever comes their way. They may tell themselves they are bad people, feel different from others, self-blame and feel betrayed on top of the myriad symptoms they suffer. Improper medications may address some of the symptoms, but too often the incomplete cure labels the child as afflicted with an organic or neurological condition. The lack of response to drugs is offered as proof.

In the world of child and adolescent psychiatry today, Dr Costigan asserts, post-traumatic stress and dissociative disorders might be misdiagnosed as virtually anything. Regularly children will come to him with a chart showing a barrage of labels assigned to them by other professionals. The possibility of these disorders existing side-by-side with other disorders is not uncommon and complicates things. Also, because of the state of diagnostic guidelines at this time, exact wording may be irrelevant. The same disorder may be treated appropriately but go by a different name depending on where and by whom the health care is provided.

Of particular interest to parents and support people of children ritually abused were Dr Costigan's observations that people abusing in such a fashion have an insidious working knowledge of how these disorders operate in their victims. Ritual perpetrators recognise and manipulate the triggers of the traumatized. The triggers are used to keep the children in an active post-traumatic stress state or dissociative. A child overcome with the sudden, disconnected surge of emotion of an affective flashback will believe, as children have a tendency toward magic thinking anyway, that it was caused by the abuser. This is irrespective of proximity over time or distance and fulfills what the offender told the child would happen. In such a way, calculated terror is used to control the victim. Dr Costigan is concerned about psychiatry's response to ritual abuse because most of his colleagues tend to "pooh-pooh" it or avoid it altogether. He says the majority know little of dissociative disorders. He sees some progress though because the professional journals have begun to publish a few articles about the ritual abuse of children and its effects.

SLAUGHTER IN SALIDA - THE EVIDENCE STARTS TO SURFACE

By Daniel Ryder CCDC, LSW.

Some weeks ago, the "Holmes Show" interviewed Michael Hill (researcher on satanic/ritual abuse, based at Victoria University Wellington) as to whether ritual abuse existed or not. He stated that no-where in the world had there ever been any evidence shown of satanic/ritual abuse. The writer leaves it up to readers to decide whether that statement is correct or not. You may find the following article, based on research being gathered for a sequel to Daniel Ryder's first book, 'Breaking the Circle of Satanic Ritual Abuse' of some interest.

For 51 days in the Spring of 1993, the world watched rapt as detail after detail of abuse and cult mind control surfaced from the Branch Davidean compound, "Rancho Armageddon," in Waco, Texas. Just a little less than a year prior, in a courtroom in Oakland, California, graphic details quietly began to surface about a satanic cult compound that makes what was going on inside the Branch Davidean compound seem, well as if it was merely a Disney movie.

There were at least 50 known satanic cult members, stretching into a three county area, and representing a variety of walks of life. There was a David Koresh-type, charismatic leader (high priest). There was extreme code-of-silence programming; humiliation and subjugation; torture, including electric-shock, sexual abuse, child abuse; murder...

In other words, some of the same things ritual abuse survivors have been consistently reporting the last 10 years now.

A satanic cult in Salida, California established a residential compound (homes and trailers) in the late 1980's. Randy Cerny, the Director of the Northern California Ritual Crime Investigator's Association, was tracking the cult.

He said the group had evolved into a white supremacist/militaristic satanic cult. Guards were continually posted on the perimeters of the compound. Inside, cult members were continually forced to study the teachings of renowned satanist Alister Crowley, and other occultic literature. And high priest Gerald Cruz used sleep deprivation, electric shock, and other forms of torture to keep cult members in line.

"They were very secretive," said Cerny. "A very close knit, sophisticated group." However, that was about to change...

In the fall of 1990, several people broke away from the cult. This incensed the high priest, said Cerny. And he decided to make a lesson of the defection. Cult members found the defectors across town in an apartment. The defectors were beaten merci-

lessly with baseball bats, then bludgeoned to death. Cerny said the carnage scene rivaled the infamous Charles Manson / Tate-Labianca murder scene. Each ex-cult victim's head was even decapitated. Several days after the quadruple murders, a trial led back to the cult, and five of the cult members were arrested.

During the trial, noted cult expert and psychologist Daniel Goldstine was called to testify. He had interviewed the cult members, and had read through extensive diaries they had kept. And, as reported in the Dec 16, 1992 edition of the Modesto Bee:

He (Goldstine) called Cruz "evil and sadistic," yet considered him a charismatic leader of religious, satanic cult that controlled followers by using fear tactics, sleep deprivation, humiliation, torture, and in some cases, forced sexual acts such as sodomy. Three of the satanic cult members were sentenced to death, including Cruz. Two cult members got life. At least 45 cult members are still free.

NOTE: Cerny said the ritual evidence that came out during the trial definitely lends some credence to what some adult satanic ritual abuse survivors are now reporting across the country. "What if Cruz hadn't been caught?" said Cerny. "Let's project that 20 to 25 years down the road. Say someone walks into a police department, or therapists office and says: 'I'm starting to have memories that my dad was the leader of a satanic cult in California. And he would brainwash people, torture them with electric-shocks, sexually abuse me, sacrifice animals, kill people...'"

Cerny wondered, as do I, whether that would merely be passed off as a "false memory."

Satanic ritual abuse cases are surfacing with more and more frequency; and there are also, now, some convictions. I would recommend such books as: *Other Altars* by Craig Lockwood; *Our Little Secret* by Judy Steed; *Raising Hell* (an encyclopedia of Devil Worship and Satanic Crime) by Micheal Newton.

The writer wishes to thank Daniel for his contact, time and information that he gave.

GETTING BEYOND RITUAL ABUSE

- Thoughts for counsellors and clients from a Survivor
from Broadsheet, Autumn 1994

I am a survivor of ritual abuse. I am writing this piece because I want to encourage much thoughtful discussion about this kind of abuse, and how to get through the effects to the other side.

When talking about ritual abuse in New Zealand it is important first of all to acknowledge Kay Rosaline, who is the first known therapist in this country to work with a number of clients dealing with the effects of this abuse. It was Kay Rosaline who bought the Ritual Action Group together in Wellington, and who began networking around the country. Because of her injury she has not been connected with the group for three years. (I gather it is now defunct). Kay started the group because the need for mutual support and information sharing among counsellors and other agencies dealing with ritual abuse.

I have thought a lot about healing from deliberate, sadistic abuse. I've had a good deal to do with counsellors, as therapists and as friends. (Is there a good word for people who assist survivors?. I don't much like "counsellor", "therapist", or "healer". I'll use "counsellor" as the plainest).

I know from my own experience that there are key requirements for counsellors. The first is for them to believe what the client says, or at least to suspend disbelief. The second is to behave in accordance with professional ethics, especially with regard to boundaries. There have been creative counsellors (and some not so creative) entering into new knowledge, who haven't "obeyed the rules". While they might not have had a lot of choice at the time, it is very easy to slip into behaviours which are damaging to clients. Boundaries for people dealing with ritual abuse are vital. I know of counsellors who have ignored ritual abuse clients' boundaries. This was re-abuse.

Another requirement, in my view, is that counsellors continue to do their own personal work. Ordinary practice here is not sufficient. From many years experience I have found counsellors rarely deal adequately with "their own shit". Most do a certain amount and then stop. There has been some research done about counsellors working with survivors of ritual or other sadistic abuse. (*Therapists' Experiences of the Effects of Working with Dissociative Patients*, by Nancy Perry). Results show a high proportion of difficulties for the counsellor including unique ethical questions, changes in relationships with others, and conflict with colleagues. The counsellor will probably have a great deal of inner turmoil and this will need to be dealt with. They will need to do ongoing personal work as well as having regular supervision. The supervisor also needs to be adequately qualified. Without all this, the counsellor is unlikely to be able to be real with the client as they need to be.

I know that there are counsellors who virtually tells clients that they have been ritually abused. This is a difficult area. Obviously an experienced counsellor is going to see signs in a client that the person may not yet be aware of it. I think it is fine for a counsellor to suggest that the client think about possibilities, depending on how the client is going. I do think that when a client is ready, they remember abuse. On the other hand it's harder to remember bizarre abuse because it's harder to make sense out of such memories.

I have heard a counsellor being dogmatic about how healing from ritual abuse should go. I believe this dogmatism is disrespectful to survivors, and is about seeking individual power rather than seeking understanding and connecting with others. Just because some new terrible aspect of humanity emerges, this should not mean that those who are around survivors should claim authority. Each survivor is an individual. Our experiences have common features, and important differences.

It has also been said that professionals working with survivors of this kind of abuse should "throw out almost everything (they) know". I think this is dangerous nonsense. First of all, I don't know of any counsellor who is totally equipped to work with ritual abuse survivors. There are certainly, to my knowledge, no venues where survivors can safely and appropriately go when they need time out. Because this abuse has only lately been emerging into general awareness, there can be no certain best way to do this work. I believe it is essential for counsellors working with ritual abuse survivors to work together in developing their knowledge base and abilities in this field. (There is a U.S. organisation set up so that

therapists encountering clients with "multiple systems" often having been ritually abused) can gain support and information. It is the International Society for the Study of Multiple Personality and Dissociation, 5700 Old Orchard Road, First Floor, Skokie, IL 660077 - 1057, USA. There is a regular newsletter and other information available.)

I see some counsellors and others associated with women dealing with ritual abuse buying into the "awe full power" of the abusive group. In other words they get a bit paranoid. I know as well as most that perpetrators of ritual abuse are dangerous. This does not make them omnipotent. It is important therefore for counsellors - and people who write about ritual abuse - to "stay ordinary". Connected with this, sometimes counsellors (or writers) set ritual abuse perpetrators apart from other human beings. In my opinion they are part of the continuum of the patriarchy and that includes us all. Every person in the patriarchy grows up in an abusive system. However little we like it, we therefore all have within us aspects that abuse other people. I believe that what matters is that we are committed to getting rid of the abuser within ourselves and developing our most positive aspects. I have also found that when people write or talk about ritual abuse, the presenters often try to persuade the audience into a belief system. I think they should present information (including their own belief system) in an open and factual way. When persuasion is used it tends to discourage people from useful discussion. I know that many people would like to deny ritual abuse happens at all. This can make me feel crazy. However, I believe it is possible to present information clearly and carefully, respecting survivors, and still keep discussion open.

One of the most difficult things for many survivors of this abuse is the sensationalist way the media handles the topic. Sadly, *Broadsheet* is no exception. You had an article on ritual abuse recently (spring 1993) and the heading on the outside cover read "Ritual Abuse: Shocking N.Z. Story". This sort of garbage belongs to Truth, not a feminist magazine. When you "shock" people you make the topic freakish and set it apart from other human behaviour. This then encourages people to see those who have been ritually abused as separate from everyone else. It encourages the survivors to see themselves this way too. Because ritual abuse isolates victims, people talking about it should take

care not to repeat this aspect of the abuse.

I advise anyone seeking counselling if they think they may have been ritually abused, to check out the counsellor.

- 1) What experience does this counsellor have with people dealing with ritual abuse effects. What links to other counsellors experienced in this area.
- 2) In what ways does this counsellor inform themselves in an ongoing way about ritual abuse.
- 3) What professional body does this counsellor belong to, so that they can be accountable.
- 4) Does this counsellor have fortnightly supervision? What qualifications, experience and accountability does the supervisor have.
- 5) Does this counsellor do ongoing personal work? In my opinion there needs to be a balance in counsellors' work, and a good support system including adequate recreation.

6) How does the client feel about the counsellor? It is important to trust one's feelings as party of deciding. Clear thinking has a place here too.

I have written this piece from my own point of view. In my opinion there are very clear ethical, feminist ways in which counsellors should discuss their work with women (or children or men) dealing with the effects of ritual abuse. The first is to maintain absolute confidentiality. I know of at least one counsellor or healer who has not maintained confidentiality. With regard to ritual abuse, failure to do this is not only a betrayal of trust, it can put a survivor in a life-threatening position.

A second way to seek permission from survivors where they have gained information, each and every time they choose to do publicity about ritual abuse. Any woman can change her mind about how she wants information about her life used by another person, especially around abuse. Failure to be accountable in these ways is to build a career, an ego, out of other women's survivors pain.

Ritual abuse has powerful friends. Public awareness and discussion are among the first steps to ending it.

The writer would like to thank the author for this article and giving permission to print this in the E.R.A. newsletter. Giving respect to survivors is paramount, and it is most appreciated for her to have granted permission to reprint her story.

LOCAL INFORMATION

(Source: 'The Press')

WELLINGTON

A Wellington Hospital creche worker Geoffrey Davtd Scott, aged 35, years pleaded not guilty to 20 charges alleging rape, unlawful sexual connection, indecencies and assault between February 1991 and July 1992.

Ten Children talked of yukky kisses to mouth, toes, fingers and vagina, penis and bottom being touched, tockling games, sticks in bottom, children touching other children, penis and fingers in vagina.

Parents spoke of behavioural changes from their children while attending the creche. Children were reluctant to be dropped off at creche, a child behaving sexually towards a puppy by exposing his penis and told the animal to suck it. One child stopped talking and started wetting herself during the day. During the trial, 3 charges involving two of the original 10 children were dropped.

Justice Neazor's gave a 3 and a half hour summing up in the High Court at Wellington on Tuesday 10th May and the six-man - six-women jury retired at 5 p.m. Jury deliberated for 3 days.

Scott's trial went for approximately 4 weeks and resulted in more than 730 pages of evidence, excluding transcripts of videotaped interviews with the children.

Justice Neazor told the jury it was important to recognise the accused was not charged with generalised sexual abuse but with particular criminal acts.

Defence had Dr Le Page, Psychiatrist from Australia, give evidence stating basically that children are unreliable witnesses and their backgrounds had not been delved into enough to give the evidence indicating why these children were having behavioural problems. He also claimed that it was the Police, Interviewing Officers, Parents and therapists who put all these ideas into the children's heads.

(Interestingly enough, Defence in the Ellis case also employed this character Dr Le Page from Australia to state exactly the same comments about the Civic creche complainant children.)

Karen Zellous was employed by Crown in both cases (Wellington and Christchurch) to give her expert opinion on the children.

Scott was sentenced to seven years imprisonment on 10 July 1994.

AUCKLAND

An application for name suppression by a North Shore Creche owner was refused when the woman appeared in the North Shore District Court (19.4.94) on nine new charges of cruelty to children.

Margaret Lillian Bower, aged 60 years, had appeared earlier on six charges of ill-treating children who attended her creche.

The first six charges were withdrawn yesterday but Bower faced nine new charges of ill-treating children between October 12th last year and February 2nd 1994.

Bower was remanded on bail to April 26th 1994. This case was heard by a jury and Bower was not convicted on any charges. Children did not give evidence in court.

DONATIONS RECEIVED

E.R.A. Newsletter Vol. 1 No. 1 was sent out to approximately 420 counsellors through New Zealand, to overseas contacts and some parents.

The response from counsellors has been slow but positive. Approximately 30 counsellors wish to receive a newsletter on a regular basis.

(Newsletter will be sent out quarterly per year).

The writer believes the newsletter should continue with the given response and hopes in time the numbers will increase.

All donations sent to E.R.A. have been used for newsletter Volume 1. It would be appreciated for further donations to be sent to E.R.A. to cover all costs relating to this Newsletter, E.G. Layout, photocopying, envelopes, postage, overseas resources etc.

Please send donations to:

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RESOURCES

E.R.A. has managed to build up a relatively good resource library. All material is available to be shared with readers, for a small donation - we suggest \$3 per item.

VIDEO TAPES

- 1) Children at Risk.
- 2) Identifying dissociation in children.
- 3) Treating dissociation in children.
- 4) Ritual Crime.

AUDIO TAPES

- 1) Ritualistic and Cultic Abuse (3), by Catherine Gould. Family psychotherapy practice, Seattle.
- 2) Satanism and Ritualistic Abuse. Wellness for ourselves and others, by Catherine Gould, Family psychotherapy practice, Seattle.

BOOKS

- 1) 'Disorder - Understanding and treating the survivor', by Holly Hector. Can be ordered through E.R.A. (We have a number of copies available). Price: \$24.95.
- 2) Eunice Fairchild's Book of Poems called 'Cry from the Heart'. Order through E.R.A., \$24.95.
- 3) 'Ritual Abuse: What it is - why it happens - how to help', by Margaret Smith. Published by Harper San Francisco. (A division of Harper Collins publishers). Available for loan from E.R.A. on a donation basis.
- 4) 'Satanic Ritual Abuse and Multiple Personality Disorder - Understanding and Treating the Survivor', by Holly Hector.

E.R.A. has tapes available are from "Believe The Children" first annual conference 1993. (U.S.A.):

- 1) Welcome Address "From Heartbreak through healing. By Beth Vargo.
- 2) Keynote Address By Loren Coleman M.S.W.
- 3) Post-traumatic stress and dissociative disorders in children and adolescents. By John Costigan, M.D.
- 4) Ritual abuse. Evaluation and treatment strategies for children and adolescents. By Kimball Ladien, M.D.
- 5) Ritual Abuse. Healing the mind, body and soul. A survivor's perspective. By Laura Buchanan, R.N.
- 6) The victim-sensitive interview. By Mark Bouic.
- 7) Panel Discussion.
- 8) Ritual child abuse. A law enforcement perspective. By Detective Robert J. "Jerry" Simandl.
- 9) Multiple personality & dissociative disorders in adult survivors of ritual abuse. By B. Braun, M.D.

10) Prosecution of Multi-Victim Multi-Perpetrator child abuse cases. By H.P. Williams, Jr.

11) Rituals for Healing: Personal journeys on the spiritual path. By Rev Dan Stauffacher.

12) Panel Discussion.

13) Medical corroboration diagnosis of child sexual abuses. By Howard B. Levy, M.D.

14) Sexual Abuse of children in cults. A professional overview. By Kathleen Faller, Ph.D., A.C.S.W.

15) Litigating child custody cases involving allegations of sexual and ritual abuse. By Craig Hammond, Esq.

16) Closing Address: 'Taking Action', By Beth Vargo.

RECOMMENDED READING

'Don't make me go back mommy - A child's book on Satanic Ritual Abuse'. By Doris Sanford & Gracia Evans

'Blasphemous Rumours - Ritual abuse: Fact or Fantasy', by Andrew Boyd. (1991), Harper & Collins

'Ritual Child Abuse - A survey of symptoms and allegations', by Pamela Hudson, available from Kate Shepherd Bookshop, Christchurch.

'Behind the Playground Walls - Sexual abuse in pre-schools', by J Waterman, R.J. Kelley, M.R. Oliver, & J. McCord. 1993.

'Ritual Abuse Booklet - Definitions', By Los Angeles County Commission for Women. Can be purchased from E.R.A.

'Breaking the Circle of Satanic Ritual Abuse', by Daniel Ryder, Tandem Press. Available from Kate Shepherd Bookshop, Christchurch.

'Nursery Crimes. - Sexual Abuse in daycares', By Finkelher & co. (1988)

'Unspeakable Acts', by Jan Hollingsworth (1986)

'Michelle Remembers', by Michelle Smith and Lawrence Pazder. (1980).

Trauma and Recovery', by Judith Lewis Herman, M.D. Published by Basic Books (division of Harper Collins) 1992. From Kate Sheppard Bookshop. This book was recommended at N.A.L.A.G. (National Association of Loss & Grief) Conference 1993:

"Trauma and Recovery is astute, accesible and beautifully documented. Bridging the worlds of was veterans, prisoners of war, battered women and incest victims. Herman presents a compelling analysis of trauma and the process of healing. She presents a convincing case for the empowerment and care of all trauma victims".

ERA NETWORK

E.R.A has made many contacts recently with many groups overseas relating to ritual abuse. e.g. supporting groups. We would like to mention one group whom we have heard from so far. They are called S.O.A.R. (Survivors of abusive rituals).

In 1991, L.C.(a survivor) began working within a small group of adult survivors of ritualistic child abuse. Because they were unable to arrange frequent meetings, two people within the group started a newsletter to enable members to keep in touch in between meetings. The purpose of the newsletter is to give survivors information, as well as provide a forum for their ideas, questions, memories, fears, feelings, and triumphs about the healing process. Most of the material comes from survivors, a small amount comes from therapists and they try to present an informative article every issue. They hope to give the readers a safe place to "tell" without being identified.

The newsletter is published bi-monthly, 120 subscribers, including people in many states and other countries. Most of them are survivors and therapists, but they do have a few law enforcement people, researchers, and educators on their list.

This group is now receiving E.R.A. newsletter on a regular basis, and the writer takes the opportunity to thank S.O.A.R. for their donation towards this newsletter. E.R.A. will also be receiving S.O.A.R newsletter on a regular basis. For those survivors or others who are interested in this newsletter the address is:

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If you, or a colleague or friend, are interested in receiving a newsletter on a regular basis, please fill out the form enclosed.

A donation to ERA would be appreciated to cover costs.

I wish to receive a newsletter on a regular basis

Name: _____

Address: _____

Occupation: _____