

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 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.

Greetings From ERA

Hello Readers. Three months has come around very quickly and time again for the next newsletter. I have received a lot of correspondence during the three months and wish to thank those who have written supporting the newsletter. You may be aware of the media coverage of late on "False memory syndrome" on radio TV and in the papers. There are those who cannot accept that people will have "repressed memories" and who will constantly attempt to discredit the survivors that do.

Through my research, I have articles I wish to share with readers on the false memory debate. I trust you will find them of some interest.

Please find enclosed a separate issue of newsletter on an overview of the judicial system in regards to the civic creche inquiry ending with a fuller account on the appeal. (The final stage of the judicial system on the Peter Ellis - re civic creche case.) .

Readers, please remember that we welcome any material you wish to have printed in this newsletter relevant to the topic of ritual abuse, and any poetry and personal stories you wish to print.

Finally I wish to inform readers that E.R.A. is now an Incorporated Society. We have applied for funding to open an office (address to be notified) and build up a resource library on ritual abuse. We can now call for subscriptions to the ERA newsletter. Our mailing list grows with each edition, which can now be partly funded on the basis of subscriptions. To become a subscriber, and continue to receive our newsletter, please fill out the enclosed form, or contact us at the above address.

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FAMILY SNAPSHOT

Since my son's abuse at the Christchurch Civic Creche I am more vulnerable than I was before. I do a lot more crying. I become overly anxious if my son goes to a friends place to play. Is he safe? Relationships in the household are still "up and down", sometimes dysfunctional.

The abuse forced us to cope in each of our own ways. This created a distance between myself and my partner. We still go to counselling in attempt to cope better and to get back a closeness that we had prior to the abuse.

I have little acceptance of other perpetrators walking the street freely. The pain is still very raw about our precious son being abused in such a sadistic vicious way. However, our son is much better since his FIRST disclosure. He socialises well, thrives with his school work, plays like a normal 8 year old most of the time. Yet he still goes to counselling off and on for various issues that crop up.

He still eats with his hands, refusing to eat with a knife and fork. His main diet is potatoes, he still won't have a bath or shower without much negotiating, he is still obsessed with his clothing and hair, he still asks "when are the other going to jail"?, he is still overly modest, he becomes outraged if he gets interrupted when talking, he becomes very angry often over very basic instructions (e.g. please put you P.J's on). My son will never be given his innocence back.

I still feel guilty for leaving my son at the creche and not picking up any signs at all, and for believing the staff when they said my son was fine and happy at creche. I have learnt to be a better listener to my children and to HEAR what my children are telling me.

It has only been recent since I and my partner feel we have time to see a counsellor. We now have the time and energy. We see our son managing to cope with life and now feel it is time for us to care better for ourselves.

My son often says "I will never forget what happened to me"

I will never forget either, but we are all learning to cope better with the fact he was abused.

A NOTE TO SURVIVORS AND FRIENDS OF SURVIVORS

In the "Ms" magazine the writer came across an article on ritual abuse. Parts of it I feel are of value, and I would like to share them with readers

Ritual abuse leaves survivors with many problems. Depression, Post Traumatic Stress Disorder, and severe dissociative disorders including multiple personality disorder are all common in survivors. Certain rituals can leave survivors physically injured or maimed.

Yet while the effects of ritual abuse can be devastating, they are not necessarily permanent. Healing is possible. The strength and the courage that were needed to survive the abuse will see a survivor through the toughest days of recovery.

In order to heal, the bonds of mind control must be destroyed. Overwhelmingly fear, irrational thoughts and social isolation can keep the survivor shackled to the cult. The survivor must first be absolutely and unconditionally removed from that situation. This first step is often the hardest. It is essential to have a good therapist when working through these issues. Ask specifically if the therapist is experienced in ritual abuse issues. Some providers who are not educated about ritual abuse can actually make matters worse. The survivor has been through enough already. If money is a problem for you to go to counselling, the survivor should try the appropriate agency to provide free or reduced cost counselling for sexual abuse survivors. E.G. Contact family court social worker, or A.C.C. through your

doctor or therapist. The survivor writing this article encourages survivors to seek out their own resources. Education and support are the keys to recovery. How do we stop ritual abuse? For a start, we can believe that it exists. Because society tends to doubt stories of ritual abuse, this attitude carries over into the court system.

In the civic creche case, the children were considered good reliable witnesses and Peter Ellis was convicted and jailed for 10 years. However, in other parts of the world, children are considered poor witnesses. As we have experienced here in New Zealand, as within other countries, some people cannot accept that horrible crimes are committed upon

children, and offenders are freed. Children are re-victimised because people cannot face the truth. The truth is that ritual abuse exists. It is hideous and devastating. Generations of abusive behaviour cannot be overcome simply by throwing a FEW perpetrators in jail. Society must take on the responsibility of finding a way to eradicate all kinds of abuse.

Most importantly, if we want to stop ritual abuse, the first step must be to believe that these brutal crimes occur. Society's denial makes recovery much more difficult for survivors. Those who have suffered from ritual abuse need the same respect and support that would be given to survivors of any tragedy.

REMEMBERING TO FORGET

Source: *Listener*, 'Viewpoint' by Heather McDowell, (reg. psychologist), 1994.

"False memory syndrome" has been in the news recently. As someone who has worked extensively in the area of sexual abuse for the past 13 years, I am concerned with the way this term has been misused and misunderstood. The term "false memory syndrome" was coined in the Us to refer to instances where people with no previous memory of childhood abuse had recovered memories during therapy sessions. The implication is that such memories are "false". To address this issue, some salient points need to be made.

"False memory syndrome" does not apply to those who have memories of childhood abuse. Most of the abused children who come to the attention of authorities do have memories of the abuse - and that abuse is ongoing in a number of cases. Many adults who seek therapy have never forgotten childhood abuse. For others, a life event has triggered off a memory of abuse. This is not "false memory syndrome".

Recent newspaper articles have quoted studies to "prove" the existence of false memory syndrome, but some have little to do with childhood abuse. Frequently they are studies about the difficulties children have in trying to forget memories of being in a concentration camp or of seeing their parents murdered. However, there are critical differences between these traumatic experiences and those of childhood sexual abuse. In cases of murder or concentration-camp suffering, everyone is aware of what has happened to these children. No one denies the reality of the events or the child's feelings. The situations are commonly referred to and the children are treated sympathetically and given help to heal. Their memories are validated and believed.

Compare this to a situation of childhood sexual abuse. The abuse is kept secret. In most cases, no one knows about the abuse except the child and the abuser - and the child is usually bribed or threatened into silence. Everyone else acts as though nothing untoward has happened. A child in this situation must choose between believing their own reality - "this awful thing is happening" - or believing the reality of the people around them - "everyone is acting as though nothing has

happened". Faced with such a choice, most children choose the dominant reality. They are used to adults defining their reality. "No, you're just imagining it" "No, it's not that, it's this - because I say so." Is it any wonder, then, that these children desperately try to "block out" the abuse; to deny or "forget" what happened in an attempt to be "normal"? We know that "memories" of a wide range of situations can be deliberately planted using persistent and directive methods. Professionals with appropriate skills in their general field, and the specialist field of childhood abuse, do not plant memories. Contrary to some recent myths, we are definitely not trying to create work in this area. There are far more people seeking help than there are skilled therapists and counsellors. The only people generating a "sexual abuse industry" are the perpetrators of this abuse.

It must be remembered that this term, and the media stories surrounding it, came out of the US, where children can sue their parents. This is not the case in New Zealand. Here, when sexual abuse is suspected, the process for interviewing a child is clearly laid down in law and tightly monitored. Having seen the upset - at least in the short term - that a disclosure of sexual abuse brings, it is hard to understand how some people can believe that children would lie to bring this about. Children lie to get out of trouble, not to create a distressing situation.

The term "false memory syndrome" is being used by those who, for whatever reasons, want to deny the occurrence of child sexual abuse. The fear, anger and confusion that is generated by their simplistic (mis)reports will make it harder to get skilled help. People who have suffered childhood trauma need and deserve the best help available.

THE FALSE MEMORY DEBATE

Comments made by David Calof, a Seattle therapist, from *Networker*, Sept - Oct 1993, U.S.A.

Over the last several years in response to much uncertainty and horror generated by the stories some abuse survivors tell, believers in what has come to be called "false memory syndrome" claim to recover repressed memories are the hapless victims of irresponsible therapists.

They claim that such therapists use hypnosis to implant memories where there are none, encourage their clients to believe in their fantasies, and urge adult survivors to confront and sue their parents.

Maybe there are a few therapists who are doing the kind of bad therapy that has recently received so much media attention (particularly in the U.S.A.)

The false memory believers treat extreme examples of bad therapy as if they were mainstream practice, and it seems to arise from basic misunderstandings of what therapy is and what therapists do.

It assumes there is some economic and emotional pay-off for therapists in implanting memories of abuse when nothing of the sort has actually taken place. It ignores the fact the people who have been repeatedly abused tell their stories reluctantly and disbelieve themselves. Advocates of false memory often paint a picture of an idyllic family victimised by overzealous or unethical therapists and lying clients. They avoid discussing the possibility of lying, sociopathy, amnesia, dissociation, alcohol blackout and other "false memories" in the families themselves. Some of the major misconceptions that underlie the current debate about false memory:

"It is preposterous to think that someone could entirely forget repeated rape

that occurred over years. Such 'uncoverings' must be the mutual delusion of therapist and client."

Therapist David Calof states: - "Memory disturbance after shocking and horrifying events is so well documented among survivors of other types of verified trauma, Brueno Bettelheim, for example, wrote eloquently of repressing his memories of "Dachau" and "Buchenwald" (concentration camps in Germany World War II) "A split was soon forced upon me, the split between the inner self that might be able to retain its integrity, and the rest of the personality that would have to submit and adjust for survival. Anything that had to do with the present hardships was so distressing that one wished to repress it, to forget it. Only what was unrelated to present suffering was emotionally neutral and could hence be remembered."

A study conducted in postwar Britain found that in times of public emergency, 15% of all hospital psychiatric admissions were for psychogenic amnesia. Winnie Smith, a former army nurse and author

of "American daughter gone to war" writes that she forgot for 16 years, whole segments of her traumatic experiences as a critical care nurse in Vietnam.

Why then are we so suspicious about the years of self-protective forgetting by those who were sexually abused? If such memories were induced only by pesky therapists, survivors of childhood abuse would not spontaneously recover them outside therapy. But they do. Lets look at some of the major misconceptions that underlie the current debate about false memory.

"Therapists believe that recovering traumatic memories will magically "cure" their patients"

The point is not to force memories of horrible things to the surface but to live free of the after effects of traumatic experiences. It is important for survivors to piece together their childhood experiences and to trust their present responses; otherwise, they may endlessly recreate the preconditions of trauma.

"Therapists pressure clients to jump to the conclusion that they've been abused"

Calof says "When I do my best work, I mirror

back to my clients the things they put into the room and then disown - their dreams, body sensations, horrific drawings, writing, memories. At the same time, I try always to stay half a step behind them as they wrestle with the conflict between believing and not believing their memories. My job is not to advocate for any version of reality. It is a forum where they may sit with all sides of their inner conflicts. I often ask "what do these images or sensations mean to you"? I do not encourage clients to seek external validation, from me or anyone else; it's much more important that they stew in their ambivalence and uncertainty and decide for themselves what their memories mean."

Because of the ramifications in the world outside the therapy room, therapists should get external verification before assuming that childhood sexual abuse took place.

"Therapists are Therapists - not detectives. Calof says "When clients come to me and genuinely risk disclosing and exploring their life's issues, the therapeutic relationship

must be, as it always has been, a sanctuary - confidential, private and safe. I work in the aftermath of shattering experiences. I am less interested in the pinpoint accuracy of every detail of client's memories than I am in the chronic debilitating after effects. I am not piecing together legal evidence. It is well beyond the usual clinical covenant for therapists to enter into their clients lives as researchers, detectives, solicitors or professional chroniclers.

Therapists using hypnosis often unwittingly suggest traumatic memories.

False memory advocates set up a straw man, suggesting that hypnotists don't know how undependable hypnotically refreshed memory can be. But in fact, we know that hypnosis can distort memories by conflating them with present beliefs and feelings. (In Washington, a victim who undergoes hypnosis as a part of post-traumatic intervention risks having all her recall from that point forward dismissed as evidence in court.)

There is good reason for these legal safeguards. Hypnosis is not truth serum. The essence of it's therapeu-

tic value is that it can alter someone's attitude toward his or her traumatic memories and blend past impressions with present day realities and beliefs. In this way, adult insights may be brought to bear on childhood perceptions. This complex interplay between memory and hypnosis can create memory distortion, and there is no way to distinguish this from true recall without corroboration. We do need to be careful. Clients under hypnosis are highly suggestible; and their 'memories' can be altered by unwitting suggestions or leading questions. Clinicians must be cautious about suggesting content and use open ended ways of providing empathy, support and validations. If hypnosis is used for searching out memories at all, it is best to wait until the client has been able to accept some of his or her memories already, and is willing and committed to exploring for further traumatic content.

As in other areas of clinical practice, there are few definitive research findings about the treatment of adult survivors. Like all therapists, clinicians who work with survivors must carefully look

to their practices to test the validity of their methods and assumptions. The tough minded questions to ask are "What are the effects of our assumptions and methods on our clients.", "Do they get better when we treat them as trauma survivors"?

Survivors need to find a place where they are believed, supported and not abandoned, no matter what memories or sensations they report. Many survivors may not get corroboration for their memories. What is important is not for clients to find external validations of their memories, but for them to learn to trust their perceptions and pay attention to the truth of their lives. The sanctuary of therapy is one place where many clients find they can confront their past instead of endlessly and numbly re enacting it.

Calof believes that listening to survivors stories and helping them explore the truth of their experiences has enabled them to turn their lives around. For now that is best - and the most satisfying - proof that he can advance that the stories told to him were true.

DIFFERENTIATING BETWEEN RITUAL ASSAULT AND SEXUAL ABUSE

By Louise M. Edwards

From *Journal of Child and Youth Care*, Special issue 1990, pp. 67-90.

This paper was put together for the first time in 1981, and re-done each year thereafter. Each change was the direct result of old knowledge that had finally taken on a new light and a fuller meaning to victims of the more severe assaults. This paper reflects the culmination of over twenty-five years of experience in working with people in jails, mental hospitals, crisis lines and agency counselling centres and, covers virtually every walk of life and every socio-economic scale (Butler, 1978). Each step along the way fed the writer new information about the human condition and man's inhumanity to man.

At the same time as she witnessed the unfolding of man's inhumanity to man, there also appeared the cases where the human spirit knows no bounds and the worst acts done to children bring out the survivor in the child that knew no limits in their ability to survive the horrific events that were occurring to him or her until they leave or run away. (eg. Morris, 1982; Hollingsworth, 1986; Bass et al. 1983)

It would take the straight world another fifteen years to catch up to the corrections system where everyone knew that child abuse was prevalent and damaging to children (Conway et al 1982) Whether in the street or straight world, denial was the buzz word and the familiar "know nothing, see nothing and do nothing" was the norm society maintained. Victims knew these words (Conway et al 1982) and offenders of all sorts depend on them for their safety (Sandford 1980; Rush 1980; Finkelton 1984.)

So too it is with cults. They depend on the same motto to keep themselves secret and to keep their activities going, even though they are illegal. (Gallant. 1985. Hollingsworth 1988.) It was the experience with highly resistant persons that made the writer Edwards' realise whatever secrets these people had to disclose, it would take time. It was with great patience and understanding that she uncovered the *differences between severe sexual assaults and rituals assaults*, and the concept of "telling" took on new magnitudes when it was so quickly linked to suicide. Who could know that the world of ritual assaults would be worse yet to penetrate, for it is exceedingly difficult for the victims to tell of the violence that had happened to them and that they had been made to watch and partake in. Edwards has seen that world many times and hopes that this paper will help those who are unsure of the differences between the types of abuse, and to know that in severe dissociative cases, the condition only comes from severe cruelty. (Kulft, 1982; Smith et al 1980; Kay et al 1987; Grossman 1987; Jones 1989).

If you have a case of sexual assault, and the suspicion is there that it is a cult-related case, special attention and patience are needed in order to get your client out of this maze in relative safety and with his/her mental health some what intact. When Edwards was wading through the maze many years ago with those first clients, two books were published that put the whole issue in perspective - Sandra Butler's book on incest called *Conspiracy of Silence* and Susan Brownmiller's book called *Against our Will, Men, Women and Rape*.

Sandra Butler shocked the professional world with her book *Conspiracy of Silence*.

In it she states clearly what every abused child had known for centuries, that all who try to tell are commanded to silence one way or another, and that those people who dare to help victims to tell are treated similarly. The more savage and perverse the crime, the more pressure to keep the secret. Brownmiller (1975) made comments about power and sex and history. Simply put, the abuse had all been going on for many years. As we unearth the crimes to women and children over the past twenty years, we now are seeing the last crime of all ritual assault.

Our immediate feeling upon hearing of such violent and calculated assaults on a child is to deny they exist (Masson, 1984) or pass it off as a psychotic delusion. The grim reality of children and adults telling stories of violent sex, or worse yet the murder of babies and children, urges us to pretend it did not happen to protect ourselves from the horrors of these client's stories. As helpers and as a society, working through our own denial is imperative to enable us to really see and hear the differences of regular, medium, and severe assaults. That clarity is our only tool to really hear ritually assaulted persons and their pain.

We need to understand clearly what separated the mild, medium and the severe depressed symptoms of children and adults who are attempting to gain back some control of their lives, in order to come to understand the degree of repression and denial of the ritually assaulted.

Since 1987 there have been a few articles published on the subject and one major book called *Unspeakable Acts* which dealt with the subject in a minor form. In April 1988, a Canadian book was published called *Ritual Assault*. The Author, Kevin Marron, discusses a case in Hamilton, Ontario that involved two children who were allegedly involved in ritual assault. It is the writer's belief that there is no town or city too large, or

too small, to not have the problem. To deny the problem is to watch our society erode into sickness rather than health. In fact it is a threat to our national security.

It is important to check out other reasons for the differences, but the worst enemy of ritual assault victims is the therapist's denial, and society's denial that such things occur anywhere, never mind in your own patients, or in our own city or town. The pressure not to see the signs and symptoms that differentiate the regular sexual assault victim from the ritual assault victim is overwhelming in any community and cannot be overstated. Entire sections of the community go against the person that is hearing these people. Such pressures from our community make therapists not want to really hear or see the devastation that these people experience, both as children and as adults. The following points are meant as guidelines for therapists who will hear first; for the police who will receive the reports of this new kind of assault; and for the social workers who are presently dealing with the aftermath of the problem, whether directly or indirectly. This list is by no means complete.

(1) Problems with menstrual periods and menstrual blood

With the ritually assaulted person, the fear of blood is never as up front as in other categories. It will come out after a trust has been built up. These women usually have problems with their menses, wither flowing heavy or never having periods at all. The denial of monthly menses is more to deny the cult experience than it is their gender. All express fear of that monthly blood flow and all have problems with the sight, and smell of sanitary pads. If the women had difficulties with the smell, and the therapist sees the look of terror in the patient's eyes and no reasonable explanation is forthcoming, than a possible warning flag is raised. The therapist may sense the revulsion to blood, even

from a cut finger but not connect it to anything. These same people will have revulsion to tomato juice or tomato sauce for seemingly no apparent reason.

Who would expect these fears to come from having tasted human blood, or worse yet, the menstrual flow. In an attempt to deny the horrendous experience, some women will change their sanitary pads many times a day, so as not "see" the menses, blood. In addition to the sight of blood, there is a corresponding compulsion to the smell.

For males that experienced ritual assault as children, and repressed it, a clue can be their abhorrence of their partner's menstrual flow.

(2) Panic at the sight of blood.

The sight of blood to most sexually assaulted persons is not usually a problem, unless of course they have been ripped or cut. The severely abused can relate the fears to the therapist and the fears can be resolved. There is embarrassment for the client, but she or he usually feels better once it is out, as they are validated that it was severe abuse that they had endured. Their equilibrium can then be restored and the issue is resolved in matter of months. In the case of ritually assaulted person, they become hysterical at the sight of blood from a cut or wound, and have no explanations as to why they are freaking out over such a minor manner. As a therapist you can only guess that it is something of significance, until the patient is more specific about his or her phobia to blood. Most have difficulty with blood transfusions or blood tests for healthy reasons. With children and adults, this fear of blood will show up in artwork as droplets of blood and gore and sometimes syringes. Again with no plausible explanation.

Another red flag that a child has been ritually assaulted or his or her preoccupation with playing with the blood from cuts and/or making upside crosses on walls etc. Ritually assaulted patients

describe blood in a manner unlike any other group of people. They know the difference in taste of blood, whether it is human or animal, and they know the feel of coagulated blood on their hands, feet, face, or body.

Another observation that the writer has made with ritual assault cases is that they tend to have nosebleeds than regular or severely abused children and adults. The explanation given by clients for the profuse nosebleeds is that it would serve to jog their memory about the ritual abuse so that they wouldn't deny that it happened and that eventually they would tell. The nosebleeds seem to stop after the painful material has been processed and resolved.

(3) Unusual symbols in their art work.

To the experienced therapist or interviewer of sexually, physically and emotionally abused people, there are common themes and symbols that often appear in the artwork of their patients. Some common examples are the penis, circles that represent the testes, the lonely tree, messor scribble drawings, drawings of lonely mountain or lake scenes, the egg broken or cracked, the cracked or broken heart, huge open mouths, the rectum or female genitals, the disguised version of female genitals in the form of flowers, the "penis flower", the Christmas tree, the zigzag wavy lines indicating the up and down feeling, the enclosed circles indicating trapped feeling (Klepsh & Logal 1985, Burns 1982, Dilea 1983). Other common ways are the figures of broken houses and people in both the regular and severely abused children and adults.

With the ritually assaulted persons there are some symbols that are the same, such as snakes. The Star, to ritually assaulted persons, has a different meaning than to non ritually assaulted persons. The "Star" is a satanic symbol. It is called a pentagram and includes both the five and six pointed stars depending on the region and the cult. The penta-

gram is a source of evil power. When police or therapists see this symbol in pictures that are drawn by children or adults, it indicates that they are trying to tell about some hurtful feelings.

The circle in regular or severely abused children generally means trapped, enclosed or isolated. It also can be an indication of the child attempting to hang onto their "wholeness" in spite of the stress they are under. The circle, to a child who is exposed to a cult, takes on many meanings or fears as the children are put in a circle with adults forming an outer circle with both the adults and children chanting. Drawings from these children would have much anxiety coming from the circle drawings. Some children draw the circle with a compass or free hand in a compulsive-obsessive manner, often drawing pages and pages of rigid circles.

There are approximately five configurations of circles in the Satanic cult symbolisation. Drawings done by a child with any of these symbols in them should be noted. (Grossman, 1987, Goukl 1986, Warnke 1975).

- 1) The circle with the star in the middle.
- 2) The circle with the swastika inside.
- 3) The black mass symbol of lines and points.
- 4) The circle with the "A"

enclosed meaning abolition of all laws.

5) The Nero cross or upside down cross.

Other symbols may include:

a) Water -Means the river Styx, which is the water surrounding Hell.

b) Fish -In the water or alone means the piranhas will eat you if you try to escape from the cult.

c) Reptiles -Will drag your body into the swamps to rot.

d) Snakes -Will fill your body with poison, they live in your stomach. Also, used by the Satanic cults as a phallic symbol.

and the reaction to it is similar to other sexually assaulted persons.

e) Hound of Hell -Bay at the moon and eat raw flesh at rituals.

f) Earwigs -Children are told, repeatedly when they are tied up or confined, that earwigs will crawl into their ears and eat their brains out. The earwigs will make room for the snakes and spiders to live in their head.

g) Maggots & Worms - Eat your face and come out your nose when you blow it. The worms and maggots eat the parts of the child that the rest don't want.

h) Goats beard, horns, slit eyes, cloven hooves -All part of the devil's image

(4) The Victim's need for emotional support.

Victims of sexual assault require a lot of support at

best, but the absolute red flag to me is the client's absolute, passive and demanding need to be constantly reassured. After years of practice you develop a feel for how much dependency a new client will demand. These people do not want close contacts for fear that they will be used or hurt, paradoxically, they are demanding and needy.

(5) The Haunting scared look in their eyes.

With the regular abused person the look is seen to a small degree. With the severely abused person it is even more evident, but the level for the ritually assaulted person is much different. The look can only be described as a "haunted or hunted" look. It is a piercing stare that penetrates through people. I am told by former ritual assault victims that the look is meant to make or keep them alone at all times, as regular people will not feel comfortable around them. It serves to let other similar satanic people recognise the "zombie" - like blank look.

(6) Their inability to accept or know caring.

Most clients that have experienced emotional, physical or sexual assault have similar problems with knowing and accepting their own worth as people. Their self-esteem is usually low, but after time, effort, and support

are expended they begin to come around. With the severely abused it is obviously slower as their ability to trust is less, but they will often come around if the therapist is persistent and patient. You can see the gradual improvement on many levels. Their eyes show the glow of life returning, and that glow becomes brighter, the stronger they become.

For the ritually abused patient, caring is much harder to accept, as caring has a price tag that must be paid, usually in the currency of pain, either their own or someone close to them. All the while they are told "it is being done for your own good". Children raised in satanic cult believe that pain is good and that it is associated with purification of the child. The second message learned is that pain and love are synonymous with caring, a belief which is a common problem of abused people.

(7) The issue of brainwashing.

There is no question that people who are emotionally abused have received negative criticism often enough to have suffered a form of brainwashing. If a child is repeatedly told that he or she is "dumb" or "stupid" they will begin to believe it and after a time will set out to prove their parents right about their level of intelligence. If a

mildly or severely abused person is told that they are bad or evil over and over again, then it is no wonder that they have poor self-esteem. These repeated statements to the person are a form of brainwashing designed to control the child for as long as the family wants that control. As helpers, we hear of alcohol being given to children in all categories, but rarely is it given to browbeat the child mentally. It is most often to gain compliance from the child or keep them quiet and not screaming.

In ritual assault cases, chemicals are generally used with the negative statements, or ridicule, or blame to the child, as well as the threat to never tell or die. I say generally in this case because the fringe cult groups or dabblers usually do not follow the exact recipe that the more orthodox Satanic cults follow to the letter. Because of this treatment, the situation is a bit more complicated, but the message given to the child remains the same. They are told that they can never escape the power of evil and are given concrete lessons of how people die, or made to witness a person having their tongue ripped out for telling. These tactics were used and still are used in wartime activities to ensure and instil fear and compliance in the enemy (Conway & Singleman, 1978).

Another concern expressed when they come for help,

is their fear that the therapist may try to control their mind. They are told that the therapists will try to brainwash them and hurt them even worse.' In actual reality, the therapy consists of deprogramming the negative tapes that have been put into their minds by the cults. It is the writer's belief that the cults prey on the fact that as a group we caregivers are very neglectful of the patient with our use of labels. The writer believes that the cults program into member's minds, psychotic symbols to ensure that they will be labelled "crazy" or psychotic, and all that the patient says will be dismissed as sheer delusion, having no fabric or grain of truth in it at all. If the patient is unlucky enough to have been hospitalised for any psychiatric reason, the likelihood of him or her being believed about cult involvements as a child is nil. The client's worse fear from what he recalls of what was told him as a child is coming true, "if you tell, no one will believe you".

(8) The inability to make choices on their own.

Controlled people all suffer from the lack of experience in making their own decisions. One can be mildly abused but still have a controlling environment that impedes emotional development. It stands to reason that

the severely abused person would have more in common with the ritually assaulted person than any other group, but there are still some distinct differences between the two. These include:

a) Ritually assaulted persons are told that if they make a decision on their own, it could cost them their life. This again is reinforced by being made to view examples of someone who ran away, is returned and is being tortured or killed.

b) Chemicals are being used to gain greater control of their minds. This type of assault was used in wartime and is now being used by satanic cults to control people's minds to do the work of the devil for the rest of their lives.

c) Not doing what you are taught in the cult means that you must kill yourself. The reason is that if you cannot be of real service to the cult then you may as well be dead, and in dying you make Satan happy and that is the ultimate goal.

(9) Preoccupation with the phases of the moon.

In the writer's years of experience she claims there has been no group of clients, whether emotionally, physically or sexually assaulted, who ever cared where the moon was in the sky, never mind at what phase. Edwards states "The ritually assaulted clients all, at some point in the first months of therapy, will check the calendar and comment on this. During each appointment they will comment on the moon's phase. I am always made aware of the time of the full moon. At first I simply passed it off as their being interested in astrology, but when I started to notice the pattern of when the crisis times were, I began to ask more questions. Ritual ceremonies take place during the full moon and for clients who are remembering, the feelings and the events that took place at this phase are often recalled.

(10) Preoccupation with death or dying.

In mild cases of sexual abuse the fear of

death is generally not an issue, other than suicide. The fear of someone else killing them is not a common occurrence with this group of victims. The more severe cases of sexual assault may be worried about death, but only in so far as they fear they will be suffocated or will be ruptured so badly that they bleed to death. It is fear usually expressed in the manner that "daddy is trying to kill" or "uncle is choking me" etc. If the family is psychotic and out of control, the severely abused or mildly abused may have good cause to worry about death threats, but as a rule it is not common for them to fear being killed.

The child who has been exposed to ritual assault will have a real fear about being killed because she or he will have witnessed or have taken part in killing. These children will be made conspicuous by the violent games they play. They will be inclined to play games in which he/she plays or practices being dead, asks adults or other children when they are going to die, or plays games of eating dead people (Brown 1984). The death preoccupation often includes taking the eyes out of dolls or stuffed animals, or other forms of dismemberment.

(11) The Client's absolute fear of "Creepy Crawlies"

The sight of bugs, spiders, ants, earwigs etc. bothers some people some of the time, but not all the time. Most of our regular or severely abused clients could fare no better or worse than the rest of society on the matter of bugs, with the exception of males and females who have been sexually assaulted by an adult female. When they are forced to performed oral sex as children I have found that these clients have a loathing of spiders, but not an acute fear. They generally cover their mouths at the sight of the spider. Once they have dealt with the painful material about forced oral sex, they are able to handle the sight of spiders.

Conversely, ritual assault clients become hysterical in varying degrees, when a bug comes into their presence. The look of terror is there and it is very clear that these "creepy crawlies" affect their lives. They will often state that they have a lot of dreams about spiders and earwigs, which again is unlike dreams of sexually assaulted persons. To the ritually abused, the spiders are going to eat their brains or otherwise control them. The small creature seems to have a firm control over them, even though they are many more times bigger than the ant, spider or bug.

(12) Paranoid and cynical attitudes towards authority figures and life. It is fair to say that for all categories of assaulted persons that have a distrust for persons in authority, it is because the authority was breached by those charged with care. Their attitude to life will be affected by the same blatant disregard for their feelings and needs. By clinical standards most sexually abused clients would get the label "paranoid" attached to them, as most are very slow to trust, but there are differences in the ritually abused clients.

One of the chief goals in the Satanic cults is to break down the child's belief system about the world in which he or she lives. Clients that have escaped the cults all tell policemen, judges attending these meetings. I am told that they use the uniforms of authority figures so that the child realises that he can never tell because no one in authority will listen to him or her. (Warnke, 1986). The amount of "real" policemen, doctors, nurses, social workers, ministers, priests etc. in the cult is hard to estimate, but it would be safe to say that it is not all "dress up" and that there would be real professionals involved. This makes it hard for the child or adult coming out or wanting out to know who exactly they can trust, as I have heard of people who have gone for help only to discover the helper was also a cult person who was bent on trapping them again.

(13) If they tell they will go crazy or will be placed in a Mental Hospital. The only clients that have ever expressed this fear are the ones that have been emotionally abused by families or caregivers in addition to the sexual assaults. It is done to intimidate the child into silence or to make the person have doubts about their own mental competence. When these people get old enough to check it out they realise that the caregivers had lied to them. With emotional support and therapy the matter resolves itself to some degree or another.

Ritually assaulted persons have a greater difficulty with this one because the brainwashing was so intense that they believe telling would result in their being crazy, as the "spiders had eaten their brains out". When these people are old enough to check this out they find that there is ample evidence that people who have been ritually assaulted are now in mental institutions. What these people see on the mental wards usually does not reassure them that telling is in their best interests, as getting someone to believe them is next to impossible. They see drugs being given out, often in large doses, to control the patient and all the while they hear the phrase from the cult repeated in the hospital, "its for your own good" and "we care about you".

(14) Mutilation of the self.

In both mild and more severe sexual assaults there is some documentation of the child turning the guilt inwards and eventually hurting themselves as a form of self-imposed punishment for believing that they were so evil as to seduce, or otherwise be responsible, for having daddy or whomever, have sex with them (Sgroi, 1982). In the severe sexual assaults the mutilations often include the genitals, hands or breasts which the child believes to be the bad parts. Some times the pins poked into the skin, or knife cuts, are to remind themselves that they are alive and that they are not dead. Emotionally they feel dead and filled with guilt

and rage. The sight of blood is the only indication that they are not dead but truly alive.

In ritual assault cases the mutilations are very similar but the basis for the cutting is often done as a cleansing of the soul or purification as taught to them by the satanic cults. Suicide, or practicing dying, is often an underlying factor. Guilt for having survived the deaths of others is often involved in the self mutilations as a punishment to themselves for what they had to partake in or see. As children they were told they were responsible for the death of others and as children or adult survivors, they presumed it to be true. What comes out in the self mutilation is an odd mixture of self-purification, guilt, self-punishment and torture to self in practicing death. Therapy is about extracting this combination and having the patient live through the process.

(15) Animal Mutilations

In mild sexual assault cases the mutilation of creatures smaller than them is uncommon. In the severe forms of physical and sexual assault the need to project the pain and hurt onto smaller creatures does occur and is a glaring red flag to teachers and social workers when a child is torturing, or mutilating animals.

With these children, the main reason they pick on a helpless animal is to make themselves feel powerful or in control of something or some situation. For these children are, in fact, helpless in their home situations which are very violent to them. Control is possessed by the parent who is bigger than they are.

To the ritually assaulted, the acts take on more violence with the animals being grossly mutilated and spread about to make "Satan happy." The act has more to do with praising Satan than it does with killing or hurting some creature, although the outward appearance is the same. They are trained to kill and believe that the act is normal as long as Satan gets the credit for it. Look for Satanic symbolisation near the dead creatures in some crude form. The resistance to believing the client is usually well-founded in their experience with those in the mental health professions who assist on labelling the patient first and treating them second.

(16) Complaints that there are shadows in their mind.

In my experience, (the writer states) I have never heard this complaint from the regular or mildly abused persons. In my work, with severely abused people in jails, counselling centres and in private practice, the complaint of shadows never come up. The only exception to this was, as a nurse in a mental hospital, the comment from patients that "shadows in their mind controlled them" was sometimes heard. This was passed off as delusional thinking. In looking back I wonder just how many of these people were in fact there because of ritual assaults instead of the labels that were attached to them.

The ritually assaulted all, sooner or later, ask about the shadows in their mind that control them, or try to control them. These shadows are negative in nature, that is to say, they only tell the patient negative thoughts and deeds to be completed. The patients describe the shadows as all knowing and everywhere, and that they have no definite shape or size but have power. Some say they are primarily black in colour with varying shades of blackness. The colours blue and purple come up as well. Through treatment the shadows eventually lose their evil power and go away. The shadows are nebulous creations of the brainwashing, meant to control the child long after they are out of the cult, and guarantee that one day the child, as an adult, will return to the cult. Some patients have more than others and I, as yet, do not know why. It seems likely that there is a correlation with the amount of drugs given to the child when the negative brainwashing took place. This is the option of those that have been through the experience, and survived to talk about it.

(17) Sexual Dysfunction.

There appear to be problems in sexual functioning later in life for all categories of sexually abused persons. Some experience a lot of difficulty, even though the duration of sexual assaults was less than suffered by others. Others who were assaulted for longer periods of time, seem to fare better. Sometimes, there is no rhyme or reason, and problems can only be explained by the indomitable human spirit to survive. Some adults cope better than others, some need a lot of help, others less. The differences between all categories of sexually assaulted persons and the ritually assaulted person are marginal. They have much in common with the severely abused person. The sexually abused patient, with a violent background feels that sex shouldn't be this way but knows no other way. They often will search out help to ascertain the answers. Again, asking for help is a frightening or fearful task, but the risk to life is not here, so the patient gets the courage up and goes to look for the answers. He or she finds that sex can be fun and relaxing, and is content to function at the level suited to them. (Finkelhor, 1984; Courtois, 1980; Jones 1989.)

The ritually assaulted patient has a mark against them, when he or she thinks of going for help. The patient is leery of helpers and fears that the therapist may know why their sex life is poor. This would be telling and that would be breaking the cardinal rule of the cult, but let's suppose the patients gets through this hurdle. The most common statement that is made by ritually assaulted patients, is that they never knew that sex, pain and caring, or sex and pleasure/pain do not go together, for it is all that they have known. (Justice, 1979, Burgess, 1984) They are amazed when told that most people do not function that way, and truly can not comprehend it, as sex to them, even in masturbation has meant self-inflicted pain. The belief that sex is pain and pain is pleas-

ure is in their mind from brainwashing and personal experience.

If the therapist is empathetic and persistent, the patient will resolve much of the conflict surrounding their sexual dysfunction and function to a level that feels comfortable to him or her. The worst possible thing to happen to these people is if the therapist is one who feels that sex is okay with patients. The patient loses in many ways, because the idea that all people use you sexually is reinforced, and the chance to learn anything constructive is blown apart by the breach of trust, by yet another person. Sex problems are usually unresolved by such encounters, and create more doubt about society and helpers in general, which is the essence of Satanic belief. The purpose of satanic dogma is to break down the belief systems of children in society. These children grow up to be adults, who are programmed to come back and do what was done to them, and the cycle repeats itself.

(18) Fear of confined spaces.

The difference in this regard between the ritually assaulted patients and the severely sexually abused group is no doubt marginal. Children who are confined to small spaces like closets, trunks, cellars, holes in the ground, or car trucks etc, often suffer from phobic or dissociative reaction later in life and will avoid small spaces such as elevators, etc. (Kluft 1982; Jones 1989). The degree of trauma is correlated with the length of time spent in isolation and the amount of harm and fear that was threatened by the person confining the child. The degree of trauma suffered by the child is greater when the relationship is that of mother/child as opposed to a stranger to the child (Finkelhor, 1979). There is more confusion to the child if the parent is involved in their confinement.

In ritual assault cases the spaces can be similar to those used in severe confinement cases - coffins, small cages or dark areas where the child is left for long periods of time to break their spirit. It

would appear to be worse for children, who are brutalised by family members, but often in cults, the family members are involved as well. If the abuse is done by strangers, it may be easier for children to cope with later in life. It would appear from current cases and recent research on ritual assault survivors that they as a group experience more fear of society because of the experience of isolation and related activities.

(19) Fear of the dark or night terrors.

Almost all victims of sexual assault have some form of night fears or terrors as darkness is associated with the assaults. It is well documented that children feign sleep or play possum until the offender comes into the bedroom, and then the child goes into a deep sleep to protect themselves from the knowledge that the offence occurred, as well as to protect themselves from any pain associated with the assault. Dr. Roland Summit (1975) has stated that children victims of such assaults "lie in fright long into the night hoping the intruder will go away." For most victims of sexual assault, dawn brings a peace that no one will bother them and thus a restful sleep can come . . .

Hypervigilance is a coping mechanism for most sexually assaulted children as it warns them of when to prepare themselves for the attack. If a child is afraid of both night and day, it would be safe to say that the offences occurred at any time, but generally night time is when most assaults occur.

One important distinction with the ritual assault cases is the child or adult may not simply be afraid of darkness, but of the "night", as evenings are when the activities happen. Children are often taken from their beds at night or in the middle of the night after they have gone to sleep. Often they are drugged before bedtime, so sleep and night get mixed up with darkness. Because the children are drugged, their natural protection of hypervigilance malfunctions and they are left in a real quandary to comprehend what actually occurred in the night. This malfunction makes them even more hyper and unsettled as they can't seem to trust their own mind to give them the proper signals in order to protect themselves.

(20) Eating disorder problems for children or adult survivors.

There appears to be some correlation between eating disorders in children and adults and being

forced to have oral sex with adults as children. (Toem, 1982). Many who have suffered this abuse have an avoidance for foods that remind them of texture, taste or smell of dirty or clean genitals. Some common examples of avoided foods are brussel sprouts, cabbage, meat, egg whites or soft cooked eggs, milk, tapioca, strong cheeses, bananas and fresh mushrooms, or fish. However, not enough data have been published to date on the effects of ritual assault and eating disorders in children.

Adult survivors or children who experience ritual assault, have a confusion about food as it is often used to mix drugs in, to pacify or immobilise the child. The natural nutrition and positive associations of food is now mixed with frustration, rage, immobilisation, confusion, anxiety, distrust, and fear. From my experience it is very apparent that children who are made to eat and drink foul substances do suffer greatly in their adult life. Many adult survivors know that their current eating problems have an origin in being forced by the cult members to eat human or animal flesh, being forced to eat animal

intestines, heart, excrement, and drink blood etc. In addition to the above, the child is forced to perform oral sex on males and females in the same night. Since the cult glorifies menses, the child is often made to do oral sex on the females who have their menses. The list of foods that the child or adult survivor will avoid now begins to lengthen and avoiding food entirely becomes a first choice. The internal guilt gets mixed up with food and self starvation is easy. I am told by adult survivors that children are made to eat and purge and are taught to do this. Thus we have bulimia, anorexia, and purging all rolled into one massive eating disorder problem for the ritual patients to overcome. (Levenkrow, 1982; Torem 1982.)

In Conclusion

I know as I write this paper that it is already dated, as new pattern form from what appeared to be non-issues at the time. When you start to hear items over and over again, it is impossible to pass them off as an individual problem, but a larger answer forms from what appeared to be no question or concern. In terms of regular and severe assaults,

we know that it does have a varied affect on children and adult survivors. It is the writer's belief that as the veil of secrecy comes off society, we will see more men and women tell of the real consequences that sexual activity forced on them as children, has done to their minds and bodies. We are already seeing the huge dependency problems associated with child sexual abuse and as we become more enlightened it will bring a clearer focus on the actual consequences of child abuse

Only time will tell of the true measure of pain endured by children from these assaults and how it affects their later sexual, social and physical functioning. For many the physical damage done to their bodies that cannot be repaired will continue to impair them. I think it is safe to say that for the children who endured ritual assault as children, their lives and their social and sexual functioning as adults is seriously impaired for most of their lives. Most go through their lives as zombies, fearing treatment and society in general. For those who are lucky enough to find treatment the hope for the future seems much brighter as they are able to break the bonds that have

bound them mentally and physically. These are the people who have seen the very worst of humanity as children, and the effects of this must have some lasting effect.

There are many stories about those who were severely damaged but this paper is testimony to those who were savagely abused and saw the worst in humanity, but for whatever reason it brought out the best in them as humans and for how they see the world. They have experienced life, death, hope and despair all in the same night, over and over again and somehow they retained a part of them that could still risk treatment, in the hope that the best in humanity would somehow be there for them THIS TIME.

This articles has been written in the hope that those of us who hear and see ritually assaulted persons will share and learn from each other, and in so doing teach others who have heard but were unclear as to what it was they were really told' The analysis is by no means complete, as there are always new patterns that become clear months and years later, but it is hoped that it may serve as a starting guide for therapists who already deal in sexual assault, to hear and see the ritually assaulted more easily.

'THE WHOLE TRUTH'

- from an ERA reader who recently attended a psychology seminar on child witnesses

Dear Newsletter readers.

I've just returned from a seminar presented at the psychology Department of Otago University called "The Whole Truth: Helping the child witness to give full accounts and accurate answers".

Susan Gee gave this summary of some of her research for her recently completed PhD thesis. I'd like to write it up for this newsletter but frankly I doubt I can accurately translate all the academic language, even though I've spent 10 years at University." (some time ago now of course and I do have a terrible head cold that might interfere in my 'listening')

No criticism here of Susan, it was a seminar presented for an academic audience, but having spent the time going I would like to salvage something to pass on, so here goes. (Sorry Susan if I got anything wrong).

Beginning from the legal requirement of all witnesses to tell "the whole truth and nothing but the truth", Susan and her researches undertook three studies to look at what adults can do to assist children to give complete and accurate evidence. They decided the more frequently asked question of "what age can kids best give complete and accurate evidence?" could not be answered as kids vary so much. The study focussed on children as witnesses in any situation with no specific focus on sexually or otherwise abused children. In fact, many of the results could be quite altered if a traumatic threatening situation was the event(s) to be recalled. Recall of ritualistic abuse has its own particular confusions.

One study had children see a magic show, another had children and adults see an adventure story video and have a book read to them. Another study interviewed children who had been to discovery world. So in many ways they tested memory recall and/or willingness to communicate in non-traumatic settings. It is not clear what relevance the findings would have to traumatised or frightened child witnesses such as those who have been ritually abused.

However, there were some interesting findings from Gees research and other that may be of interest to readers of this newsletter.

The children who were studied were divided into two age groups, 5-6 year olds and 9-10 year olds. Preschoolers weren't studied.

The younger children had less complete recall in general. Most children when freely recalling were very accurate (above 90%). When being questioned children were more likely to comply with than correct an interviewer.

Children interviewed using objects which were the same as those present during the event, gave more information and more accurate information, especially the 6 year olds.

When the interviewers purposely included misleading questions or misinformation the 6 year olds agreed with the misinformation more than the 9 year olds did. Six year olds were more likely to agree with interviewers under all circumstances, than to disagree.

It was rare for children of any age to incorporate any misinformation in future free recall situations (in other words they only agreed to please the interviewer, they didn't believe the misinformation).

In other studies it's been shown that after school age there is no effect when there

has been a single incident of misinformation. Sometimes there are effects with pre-schoolers.

How an interviewer responds to an answer of "don't know" affects how accurate kids answers continue to be. If the interviewer re-asks the questions after a "don't know" answer the child is more likely to respond inaccurately. (trying to please the interviewer).

When misinformation is given and a "don't know" answer is not allowed, people of all ages accept that the misinformation must be the right answer because "the interviewer knows best".

A confident child witness is more likely to be accurate. On re-looking at their answers adults and children can usually discriminate between their accurate answers and their errors.

In her study Gee found the children were under-using the option of saying "I don't know" and the younger the child the less they used it. Younger children generally responded more confidently and this was not related to the correctness of answers.

The researchers wanted to know whether specific instructions or 'training' prior to the interview would reduce the errors that came from compliance. They gave the kids a fun training package to let them know (a) they didn't have to agree, (b) no-one wanted them to guess, and (c) to let them practice ways of saying "I don't know", disagreeing etc.

They found a positive result in that this "training" decreased the errors for misleading questions, especially the forced choice ones. The negative result was that it also decreased correct responses to non-misleading questions as they were trying too hard to say they didn't know. They still tried so hard to be obedient that it decreased the accuracy of their report. The more involved with an event the children were, the more accurate their recall.

Susan Gee's conclusions were:

(1) There was a trade off between completeness of recall and accuracy of recall in her studies. When they tried to increase the completeness of recall, there was less accuracy and vice versa. She suggests further studies consider both.

(2) The useful goal for productive research is to aim to increase a rich understanding of the complexities not to search for global conclusions. (This won't suit the legal system").

(3) Reaffirmation that the interviewer can affect both the completeness and accuracy of a child's evidence.

Overall I thought this research had more interesting things to say about how kids and adults comply and try to please someone they see as an authority, rather than to tell what they know. The biggest problem for witnesses at any age seemed to be a combination of self doubt and a belief that the interviewer must know best.

Teaching our kids (our society in fact) how to trust their own perceptions and how to communicate them to others, as well as not to be afraid to say "I don't know" if one doesn't know, would be a useful social intervention that would (long term) increase the credibility and accuracy of witnesses. (Somewhat like the campaigns not to smoke to say No etc). Because of the mind control techniques often used in ritual abuse, those children will be less likely to know for sure what happened anyway.

Susan also talked briefly about the German court system which is non-adversarial, where they allow kids to free recall, and then they use a rating system to determine what they are recalling.

Does anyone know more about this who might like to write about it for the newsletter?

TRAUMA AND MEMORY

Comments by Mary Sykes Wylie - Senior editor of "The Family Therapy"
(*Networker*).

Sceptics who doubt the validity of recovered memories of child abuse premise their arguments on the unreliability of normal memory, and refer to a large body of experimental research on the universality of distortion, illusion, fantasy, factual inaccuracy and confusion of events people think they remember with certainty. For example, The car that dented yours was a dark green one you believed, but in fact it was a dark blue one.

You remember breaking your arm when you were 8 years old, while on a family holiday in New Plymouth and you fell off a swing, but in fact you were in Tauranga and fell off a horse.

If ordinary conscious memories are so untrustworthy, sceptics ask, how much faith should be placed in traumatic memories recovered via flashbacks, dreams, trance- states, or body memories.

How can any rational person believe a witness to obviously absurd and impossible events - a survivors recollection of having her hand cut off as part of a ritual abuse scenario and then magically sewed back on for example, or the belief of another person that the president of the United States was present at a brutal scene she endured? Such "memories" say doubters, are pre-emptive evidence that the material is entirely false.

But therapists are exasperated when abused and presumably disturbed clients are expected to demonstrate a higher level of order, logic, and consistency (not to mention 'clear-headed' dispassion) in their recollections than are non abused people for ordinary non traumatic happenings. If emotionally healthy people cannot dependably remember benign or neutral events from last week, why is accurate recall of every detail required for distant childhood misery and abandonment.?

Furthermore, therapists point out, there is a large body of data, documenting evidence for the dislocations of memory caused by trauma, including childhood sexual abuse. One of the most recent studies was conducted by Linda Meyer Williams of the University of New Hampshire, and preliminary findings were published in "the Advisor" (Summer 1992), a newsletter of the American Professional Society on the abuse of children. Williams followed up on a non-clinical sample of 100 women 18 to 20 years after they had been brought as children to a large urban emergency room following sexual abuse. (Article in Newsletter 4 commenting on Williams study by psychologist Patricia Crittenden.: The Dominion)

Interviewing these women without indicating that she knew of their abusive background, she asked them whether they had ever been sexually abused as children. Thirty-eight percent of this sample reported that they had not been abused in spite of hospital records to the contrary. The women who denied abuse might simply have chosen not to disclose it, except that the questions put to them at the time of the interview concerned equally intimate material about their personal and sex lives that they did not hesitate to answer fully.

Several of the women provided dramatic examples of amnesia and screen memories for the abuse. One for example, said she had never been abused herself, but remembered that her uncle, who she said died before she was born had "molested a little girl" and "when the little girl's mother found out ...she took a butcher knife and stabbed him in the heart, killing him". The interviewer, who had not known the detail of this woman's story during the interview, later found out that it was this woman, her sister and a playmate who had been abused by the uncle. The mother of the playmate did, in fact, stab the man to death.

Traumatic memory does seem to bear little resemblance to the tepid, anaemic and rather desiccated experimental laboratory paradigms of the memory researchers, and might be expected to leave a much deeper imprint.

Experimental cognitive psychologists point out with relative ease, that people can have memories for presumed events that, in fact, never happened to them. Psychology professor Elizabeth Loftus of the University of Washington, a leading expert on memory and an advisory board member for False memory syndrome foundation, even managed to implant the "memory" of a minor trauma into a young teenager, who was led to believe he had been lost in a mall when he was 5 years old. So convincing was the implanted memory to him that he spontaneously began adding details of his own elaborations. On the original story that he was now convinced had really happened.

The memory - real or implanted - of being lost in a mall once as a child, for example, would seem to have less far-

reaching life consequences than being repeatedly beaten and raped by one's father. Profound terror, grief, isolation and pain do indeed have a tremendous impact on long-term emotional, cognitive and even physiological functioning according to scientists studying the chronic effects of severe trauma on human psychobiology and extreme and/or chronic trauma is believed to have peculiar effects on memory not obtainable under any imaginable (not to mention ethical) laboratory conditions, obviously, truly traumatic events cannot be staged with human subjects to prove the impact of trauma or memory.

Nonetheless, since world war II, a large body of clinical research documents that both amnesia - the partial, temporary or complete forgetting of an event - and hypermnesia - the capacity to relive over and over, via flashbacks, for example every minute detail of an occurrence are characteristic of post-traumatic stress disorder. Further, trauma victims are known to psychically dissociate themselves from the events while they are happening. A rape victim experiencing the rape as if she were floating above her body, feeling distantly sorry for the person being assaulted. For some time afterward, this same woman, while unable to consciously remember the rape, may suddenly experience intense physiological and emotional arousal - terror, increased heart rate, hyperventilation, tremulousness - when she sees a man walking down the street. Alternatively, she may remember the details of the rape, but recount them in a dead, apparently unfeeling voice, as if she were talking about someone else. The emotional 'memory' of the rape has been dissociated, segmented off from

the narrative memory of the event.

These strange dissociative effects - the capacity to both "forget" entirely while in one state of mind, and "remember" events with almost uncanny precision and vividness in another state, is vastly exaggerated when the trauma occurs at a very young age and is repeated again and again.

Harvard Medical School Research psychiatrist Bessel Van Der Kolk maintains that when a child is continually exposed to trauma, the operation of the limbic system - a group of structures located below the brain's cortex that filter, and help integrate emotion, sensation, experience and memory, is sharply and chronically disrupted. The brain is so overwhelmed, so many times, by negative stimulation and arousal that it cannot accommodate and integrate all the information it is receiving. Memory and emotion are, in effect, severed. This helps explain the phenomena of flashbacks and body memories in the absence of conscious recollections which sceptics find so hard to believe. The emotional sensations related to trauma are remembered through a different memory, either as bodily sensations or visual images says Van Der Kolk. At subsequent moments of very high arousal, the trauma comes back - not as word, not as memories but as a flashback or nightmare or visual image, and the person experiences it again: but the words are simply not there because it has not been integrated into the totality of his or her experience.

Traumatised people do not "repress" their traumatic memories in the classic psychoanalytic sense, which refers to motivated "forgetting" of memories that evoke unpleasant internal conflicts. During trauma, the feelings and knowledge of what is happening are so terrible, so unacceptable, that they are blocked off from the logical, sensible, conscious self and assigned to a kind of limbo self - a parallel invisible, unheard self-segment, not unlike the self that exists in a bad dream. That is that walled-off self-segment, which experienced and remembered the trauma, the cringing, terrified, injured child. For example - follows the more or less capable adult like a doppel-ganger - an unshakeable ghostly counterpart or double.

"As the trauma is fixed at a certain moment in a person's life, people live out their existences in two different stages of the life cycle," writes Von Der Kolk. "the traumatic past and the bleached present.

Societies, too, dissociate their knowledge of trauma - massive injustice, torture, genocide - preferring to live in the "bleached - present" of conventional disbelief and logical denial. The instinctive reaction to terrible news, by either an individual or a society, is denial and dissociation, framed in the terms of everyday realism and common-sense - it cannot be true, it is too implausible, I am not the sort of person to whom this kind of thing happens, we are not the kind of people who do these sorts of things. But in the end, for society, as for the dissociative patient, recovery from pathological dissociation, is only possible through discovery - recognition that the confrontation and acceptance of the trauma, followed by correction and then hopefully transformation.

CRACKING DOWN ON CHILD PORNOGRAPHY

Source: 'First Call For Children', UNICEF, April-June 1994.

The production and distribution of child pornography are illegal in many countries, although the possession of such material is not uniformly prohibited. Now, as the exploitation of children through sex tourism and child prostitution is drawing greater attention, governments are recognising that one way to crack down on the entire international industry is to make the possession of child pornography a crime.

Charlie, a 39 year-old pornographer, interviewed in *The Sexual Trafficking of Children: An investigation of the Child Sex Trade* describes how easy it can be to make money selling child pornography. "The nicest thing about the business is that the prices never go down: if anything, they go up if the heat is on...Keeping on the move helps, so does paying off the parents when I need to. And the nicest thing of all is that I always get lots of customers."

What is profit to Charlie and other like him. - this highly lucrative business is estimated to rake in tens of millions of dollars a year worldwide - is a sordid web for the child victims, with loosely spun threads entangling children in prostitution and sex tourism.

Child pornography, like all sexual abuse, inflicts deep wounds that can be difficult to heal. It is also a permanent record of that abuse - a commodity traded, sold, kept and viewed. "Child pornography is a recurrent form of abuse and exploitation" says Florence Bruce, Director of Programmes at the International Catholic Child Bureau (ICCB). "Such abused children grow up knowing that the evidence of their abuse will circulate for years into the future."

In October 1993, representatives from Denmark, Finland, Norway and Sweden participated in a seminar in Stockholm on sexual exploitation of children, jointly hosted by the Swedish Committee for UNICEF and Radda Barnen (Swedish Save the Children). Members of Parliament and repre-

sentatives of the Ministries of Justice, Social Affairs, Foreign Affairs, the police, the travel industry and children's ombudsmen all attended.

With the exception of Norway, the possession of child pornography is legal in these Nordic countries, making countries like Denmark and Sweden major centres of distribution. The meeting concluded that Nordic cooperation to criminalise possession of child pornography is needed as part of a broad campaign against child sex tourism and sexual abuse.

Legal Measures To Protect Children

Legal protections for children against such sexual exploitation as child pornography very widely, according to a survey carried out by ICCB in 1988. All countries, the survey indicated, had passed laws to protect children from being sexually abused by an adult. Yet the laws, as well as the minimum age of consent, varied significantly and there were many loopholes.

In Japan and Thailand, for example, there was no minimum age of sexual consent for a boy, and girls were protected by law only up to the age of 13. Children in Chile were not protected from sexual contact beyond age 12. The survey also found that laws dealing specifically with child pornography covered mainly the offences of production and distribution.

More stringent laws, outlawing the possession of pornographic material, are important steps towards ending all sexual exploitation of children. If pos-

session were illegal, demand for pornography would shrink, networks of child abusers would be under pressure and scrutiny, and child victims could be traced and helped. Buyers could be punished and/or receive therapy to help control their attraction to children. And Societies would become more aware of the extent and degree of child sexual abuse in their midst.

The programme of Action for the Prevention of the Sale of Children, Child Prostitution and Child Pornography, adopted by the Commissioner on Human Rights in 1992, urges States to enact legislation that would make it a crime to produce, distribute or possess child pornography. It also calls for new legislation and penalties to address new forms of technology used to produce and distribute pornography.

The Council of Europe has also recommended that all its member countries outlaw possession: the Forum of Child Welfare has set up a subgroup to address the issue in Europe, and in April 1992, Interpol, in an effort to coordinate international police efforts, held its first International Symposium on Offences against Children and Young Persons. At its

meeting, it recommended that "member countries which have not yet done so, enact legislation making it an offence to produce, distribute or possess child pornography". ICCB will be collaborating with these organisations and others to update their 1988 study on child pornography as well as to lobby European countries to amend and enforce their laws.

What Is Child Pornography?

Child pornography is defined in several ways, including "any visual or audio material which uses children in a sexual context," and "a permanent record of a child being abused by an adult".

It includes photographs, films, slides, drawings, magazines, playing cards, videotapes and computer images. These may depict a range of activities, from a young girl undressing, to children of all ages, including infants and toddlers, engaged in intercourse, oral sex, masturbation, rape, incest, sexual sado-masochism and bestiality.

Collected mainly by paedophiles - people who are sexually attracted to children - child pornography is used to heighten sexual arousal, to lower children's inhibitions and instruct them in sexual practices, for bartering with other paedophiles

for new material, and for blackmail. It is also permanently records a paedophile's own sexually abusive relationship with a child.

There is no distinct profile of paedophiles. They may come from all walks of life - from prominent doctors, lawyers and social workers, to teachers, policemen and clergymen, friends, relatives and even parents are often involved in the business and receive money and other rewards for use of their children. Some paedophiles may not actually have sex with children, but as distributors and collectors of child pornography, they too victimise children and are, in effect, child molesters.

Although child pornographic materials are produced throughout the world, children from developing countries are often recruited, according to Helena Karlen of Radda Barnen. "These children are economically and socially exposed and easily manipulated" she says. In these countries, money can be a powerful lure for many of the child victims and their parents, who receive financial rewards for their participation.

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 Bouie.
- 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"*

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