

END RITUAL ABUSE

NEWSLETTER

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P. O. Box 21231
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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 E.R.A.

Hello Readers.

This time we are on target and have the newsletter out on time. It has been a busy time since the last issue with much research and correspondence taking place.

We are so grateful to many valuable organisation overseas who have been so helpful with information we have requested and the support they have given E.R.A. Thank you all.

E.R.A. is recognising the response we are getting from our newsletter. A number of New Zealand groups, organisations and mental health professionals have become paid subscribers to E.R.A and also write to request information on various issues.

The survivor's column has been of interest to the mental health profession and requests have been made in relation to the support group we run.

It has become apparent that E.R.A. really does have a place for many and we are pleased to have received positive feedback.

Readers, please remember that if you wish to write an article on issues that are important to you in relation to the subjects covered in this newsletter do not hesitate to write to E.R.A, PO. Box 21231, Edgeware Christchurch. Again we would like to acknowledge the assistance of the Lottery Grants Board in the production of this newsletter.

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A MOTHER'S STORY

My child first disclosed at 5 years 3 months. My husband and I separated, and my daughter was having access twice a week with her father. The day my daughter disclosed of abuse the access ended immediately.

My child first talked of "Daddy touched my vagina, he put penis in my bottom and other things in my bottom". The police were involved from that point on. My daughter had an evidential interview where she stated the above abuse and more. This child has talked of ritual abuse, multiple perpetrators, multiple victims.

My daughter became very withdrawn. She couldn't relate to other kids, she was bedwetting, having nightmares, and had an eating disorder. This behaviour continued for months. If my child saw a car that looked like her fathers she would scream in terror and hide on the floor in the back of the car. She was very uneasy, clingy, very suspicious of police, counsellors, teachers - in fact any adult unknown to her.

School was difficult for her. Stories about family - mum and dad etc effected her badly. She tried to run from school, hide under tables. She felt very unsafe and insecure. My daughter attended counselling from 5 years through to 9 years of age.

Her behaviour often went and still does from a very sweet girl to being very angry, and very manipulative, particularly with her mother. Her face would change, and her voice would often change, but my child would not remember what was happening. She would often ramble or mutter some language which the mother could not understand. Sometimes her language would be very baby like and vague and confused. My daughter had no recollection of what she had said, or in fact what was going on at all. She should look at her mother and wonder why her mother was responding to her the way she did.

My daughter is very sweet and polite when friends come to the house, but often when they go she would become angry, or lie, her voice would change to high pitch to low pitch, her eyes would shift and change. My daughter had no memory of any change.

Her mother states: "I would often have 3-4 people in the house all coming from my daughter". The psychiatrist stated in the report for the family group conference that "A focus on own identity, child putting on a act, no strong self concept, child considerably at risk of a number of personalities as an adolescent and as an adult. Untreated, a gloomy outlook probable."

My daughter is now 13 years of age. She projects being a happy bubbly person, but is in fact very very angry, particularly still with her mother. The mother feels she does not know her true child. The relationship with my daughter is still not how it should be, and I feel angry at having all her anger thrown at me. I believe she feels that I didn't protect her from her father.

My daughter still has bad dreams from the past. They are recurring dreams, she will often wet stating that they are outside, that her father and others are here to kill her. She still believes that no matter where she lives they will find her.

DEALING WITH DENIAL: INSIDE AND OUTSIDE OF OURSELVES.

Source: By Ellen K., *Many Voices* June 1995.

How do we deal with those who say we are victims of false memory syndrome, and that our therapists are at best misguided?

It took me a long time with a lot of hard work to achieve communication with my inside people. My illness or disorder or whatever it is, has many names - one of them is denial. Every time I see one of those articles about "falsely accused perpetrators," I have several reactions. Some parts of me want to have a temper tantrum and scream and kick and bang something. There are also denial parts of me that

come up and give me thoughts like "You have made all this up" or "See, people don't believe this" or "Could I have possibly made all this up just to please my therapist? He never pushed me or told me what to think, but he was very supportive and encouraging when my memories came up".

I think denial is a human instinct that comes up for most people when bad things happen. When President Kennedy was assassinated, I knew lots of people whose first reaction was "I don't believe it", or "This didn't happen" or "You're lying to me". In

this instance, we were quickly persuaded by the events that followed, that denial wouldn't work: the funeral, the widow in black, our new president on TV. All kinds of grieving rituals occur when someone dies. These rituals support us in our grief and allow us to accept what we have lost.

Society knows about denial and gives us rituals to work through our loss, when loss is death. The world has a very different reaction when a child is molested or raped by a trusted adult; there is denial and shame and guilt, and the abused child looks out at a world that pretends that nothing has happened and everything is fine and what is the big deal

anyway, nothing "really happened".'

I sit in my chair having imaginary conversations with strangers, trying to convince them and myself of my experiences and of my innocence. There are a lot of people in major denial in the world, trying to pretend there is no evil and nobody has been hurt. For me, I have reached a point of no return. When you reach a certain point of knowing, it is too late to say "Oh, I made it all up. I really don't know anything about this". We do know. Some people declare it in public places like the Oprah Winfrey Show. Many of us still need to protect our anonymity. That's okay too. For us, it is enough that we know.

BUILDING A PEER SUPPORT FACILITY FROM THE GROUND UP

Source: '*Many Voices*', Feb 1995, June 1995; by Nancy P.

Persons with Dissociative Identity Disorders have found themselves caught up in a paradox of mental health modernism. In the past fifteen years increased awareness about Dissociative Disorders has helped more people to get an earlier and correct diagnosis, but at the same time, mental health care has become increasingly snarled in rigid, economically-based systems. This has made it more difficult for persons to get the on-going support for treatment that is necessary for recovery. Many have reported they feel buffeted between the demands of an amoral health care market and their own need for continuity of care.

Already burdened by stigma, many Dissociative Disorder persons have had to face the added stress of being viewed by insurance providers or community health programs as being overly demanding. Indeed, many have been "dismissed" by provider systems for not meeting some arbitrary standard. To make matters worse, just finding services can be frustrating. And once a person has gained entry into care, they have the pressure of the "clock-ticking" - they are not given a choice about how long services will last. Others have found that just getting in the door does not solve problems. They find themselves in paternalist programs which demand complete compliance or the threat of a quick trip back out the door.

Therapists often report that they do not have enough time to provide the constant support that their DID clients need. They are frustrated when their clients are in and out of hospitals and day programs that offer little or no appropriate after-care-support. There has been almost nothing available to help their clients stabilise and manage their day to day living.

In response to such frustrations, persons with DID and their therapists have begun seeking alternatives. The need for friendly, supportive and consumer-driven facilities led to the development of unique programs and facilities. One such facility is Michigan's successful Rainbow House was conceived by, is run for, and by persons with DID. By following easy access, involvement at will and placement of peer support over bureaucracy, Rainbow House has established an environment in which persons with DID can relax, build friendships and work on their own day-to-day goals. Rather than expending enormous amounts of time in making paper trails, members spend their time doing what they feel is in their best interest. Members share in all aspects of running the centre doing everything from cleaning to finance. There is real sense of ownership. Once a member - ALWAYS a member, unless a person decides otherwise. No authority figure holds the keys. Members hire any professionals that they feel will be useful to the Rainbow House community. Members use the centre as they need or want to use it. By relating their past suffering and sharing their problems and strengths members have been able to find support and strength. The isolation and shame that has so often accompanied DID is released. Advocacy skills are exchanged and members are able to use these skills to help get their needs and wants fulfilled.

E.R.A.'s long term goal is to set in place a venue for adult survivors who are dissociative, multiple, who can feel comfortable to come to a place at any time when they need support, nurturing and time spent with them for as long as they need. A number of survivors have told us that they feel very isolated, and have great difficulty "putting the lid on" until their next therapy session. Such a place like the above is badly needed here in Christchurch. However, it will all take time, and funding would need to be obtained. In the following newsletter (November 1995) we will talk of "How to start your own peer-run facility".

DID YOU KNOW...

A number of non-believers of ritual abuse have publicly spoken out on how ritual abuse is 'nonsense'. That the people who talk of it are 'nutters', into a witch hunt, that's it's nothing but hysteria, and that there is no evidence to prove that ritual abuse or satanic/ritual abuse exists.

What about the survivors who are spread right throughout N.Z, who do not know each other who are talking about ritual abuse inflicted on them as children? Many of these survivors are 30, 40, or 50 years of age. All talking of the same or similar abuse.

E.R.A has been collecting articles from various papers in New Zealand over the last few years, and has found quite a number of articles about ritual abuse. Let's look at some of these articles: *'Evening Post'*, 3.9.91

Children in New Zealand have been sexually tortured in front of others in rituals performed by satanic cults, say counsellors who are helping some survivors in Wellington. Six Wellington women in their 20s and 30s are undergoing counselling for ritual abuse they say they endured through their childhood and adolescence....Hutt police officer Senior Sergeant Laurie Gabites who studied ritual abuse in the United States has confirmed what researcher Ms Stapp says: "It appears ritual abuse cults still operate throughout the country".

Gabites also states that "The problem in prosecuting a case is to get the sort of proof that would stand up in court....Cults are not new in New Zealand, but they are new in terms of people's awareness...."

'Sunday Star', 17.3.92

A shocking satanic mail order business with links to child pornography is flourishing in New Zealand and police are powerless to stop it....The mail order business offers a correspondence course in Satanism. As well, ritual weapons like daggers, staves and spears can be ordered through the mail. The extent of Satanism throughout the nation has stunned investigators already sickened by widespread child porn....They believe there is a strong connection between a child porn ring recently exposed in Christchurch and extraordinary claims by victims of satanic rituals in Wellington....Children barely

school age are said to be victims of the porn rings on both islands....The latest revelation to stun New Zealand police is a correspondence course on Satanism run from a box number in Petone, Wellington, by a group called Order of the Left Path.

Hutt police officer Senior Sergeant Laurie Gabites says his investigations in the US lead him to believe that cults are responsible for a horrific level of child abuse. He states "Anyone who doesn't believe these things are happening here are very naive".

'Christchurch Press', 17.9.92

A list of people, including prominent New Zealanders, who may have sought child pornography is not yet in the hands of the police....A spokesman for the Minister of Internal Affairs, Mr Lee, said the list of 4000 names was held by the ministry's investigative unit....Mr Lee said yesterday some people could be prosecuted who are on the list, under the proposed Films, Videos and Publications Bill, which would make it an offence to have videos containing child pornography....The problem was that the Bill might not be introduced until March next year he said....Present legislation, the Video Recording Act, made it an offence to supply illegal videos, but there was no offence for their possession....Mr Banks, the Minister of Police, revealed in Parliament on Tuesday that he was aware of the list, and that it contained names of prominent New Zealanders....There is widespread concern in the community about allegations that an international child pornography operation is being developed in New Zealand....The list of names was obtained during raids against an Auckland video dealer....The worst revelations were the "exploitation and shocking abuse" of children "Unbelievably down to the age of 3 to 5 years"...

'Christchurch Press', 6.12.93

A researcher, Ann-Marie Stapp, says that in the past three years she has identified 30 survivors of ritual sexual abuse and knows of 11 other alleged cases....She believes organised abuse rings of this nature exist throughout New Zealand and that the cases she has researched are the tip of the ice-berg....Ms Stapp, who describes herself as a family violence prevention

consultant, has a Bachelor of Arts majoring in Sociology and an Applied Masters degree in Social Work from Victoria University of Wellington says, "My job, as a researcher, is not to disbelieve, but to collect stories and make sense of them"....In appealing for a calm approach, Ms Stapp said that survivors of organised and systematic abuse (ritual abuse) deserved a sympathetic ear rather than being labelled as "crazy".

Many adult survivors are talking to their therapist about the ritual abuse they had to endure as very young children.

These survivors have come from all over New Zealand, eg. Dunedin, Timaru, Ashburton, Christchurch, Blenheim, Nelson, Wellington, Tauranga, Auckland and Whangarei. E.R.A. has been in contact with adult survivors who have talked of their abuse in these areas.

The media have a field day putting across to the public how bizarre all these allegations are and how it is such a new phenomenon, but in fact that is not the case. The reason why these survivors have not come public because of the real fear they have for telling, and also because they know that many people will not believe them. However, this is changing, and the phenomenon of ritual abuse is being understood slowly as it is hard to comprehend that such horrific abuse would be inflicted on children, but it is quite possible that it does happen.

DID YOU KNOW that Ellen Bass and Laura Davis, authors of the popular survivor self-help books 'The Courage to Heal' and 'The Courage to Heal Workbook' have won their first round in legal battle waged against them. In November 1994, two lawsuits filed against the authors, based on the claim that the book had induced 'false memories', 'false advertising' and other 'damages' inflicted on two readers in particular as well as society at large. The court's decisions affirmed the authors first amendment right to free expression.

This first success is cause for celebration and hope - but unfortunately not a final victory. The suits remain in process. The claims of responsibility for 'damage' caused by the books were dismissed, but there will be an appeal by the plaintiff's attorney and, if successful, this could lead to a lengthy court trial. There is also

the dangerous precedent being set by the action, which could inspire similar lawsuits elsewhere in the country. Such lawsuits would not only impact the survivor community, but would have a chilling affect on free speech in general.

The costs incurred by the defendants in fighting the action were staggering and promise to mount continually. The Defence Committee is putting out a call for help, both financial and otherwise. If you can help in any way, please contact them directly c/o Dana Scruggs, 340 Soquel Ave, Suite 205, Santa Cruz CA 95062 U.S.A. We shall be victorious.

Source: 'Body Memories', Spring 1995.

DID YOU KNOW that Dr Keith Le Page, who was considered the 'expert' on child abuse by defence lawyers for the civic creche case, has seen only *five* children in the last twenty years of his career? Expert! By whose standards?

DID YOU KNOW that Dunedin writer Lynley Hood is writing a book on the civic creche case. Hood claims that she is writing the book from a fair, balanced and factual perspective with no hidden agenda (Christchurch talk, 3.8.95). Strangely, she has no intention of interviewing any complainant parents, just non-complainant ones who believe that Ellis is innocent. Hood claims to be neutral and fair in her writing with no pre-empted opinion. Sorry, that's bullshit. She has supported Ellis from the beginning of her intention to write a book.

It's a bit like how the mainstream media work. Lets write a story, lets put it out to the public. Doesn't matter if they twist the factual information to suit and fit around their pre-empted, opinionated story, doesn't matter if they reabuse victims and their families, in fact it doesn't seem to matter how wrong they get it, or how sensational they make it. We bet some of the healthy, honest and reputable journalists and writers will be cringing to be associated with the shabby and dishonest ones.

DID YOU KNOW that Professor Stephen Ceci, of Cornell University in New York State is apparently considered the 'World Expert' or 'World Authority' on children's evidence. Not exactly sure who decided this, or in fact whether Professor Ceci considers himself exactly that, but

according to the TVNZ 'Assignment' programme on the civic creche case (Thursday 27th July 1995) and the local media that's what Ceci is.

In the *Press* (5.8.95) an article headed 'Lawyers seek creche case reply' states that "A refusal by the Department of Social Welfare to answer criticisms of its interviewing techniques in the Christchurch civic childcare case has drawn the fire of local lawyers". The article continues to say how the techniques were last week criticised by a world authority on children's evidence, who was Professor Ceci.

Apparently Ceci claims (after reading the transcripts of children's evidence) "the main problem with the interviews was the failure of interviewers to test other explanations for the children's allegations. Interviewers could also have prompted inaccurate statements from the children by asking the same question over and over"

This whole issue about evidential interviews, and how the interviewers prompted inaccurate statements, put words and ideas into the children's head, etc, is just crazy. Let's look at this process very carefully. The children disclosed to their parents first. Within the next few days they would have an evidential interview. These interviews were pulled to bits by defence, and on many occasions. Firstly in depositions, then often in chambers between lawyers and judge, in trial, and again in the appeal. A total of five judges did not accept the defence arguments that these interviewers were incompetent, nor that the interviews were not within the realms and boundaries of the evidential video recordings act.

Professor Ceci, and Dr Le Page and whoever else, can say whatever they like about the interviews, but people should remember that the law in NZ. is very different that the law in the United States, and that in Australia. We have very clear laws on evidential interviews, and let's remember that no one, not anyone, has publicly complained about these laws and regulations on evidential interviews, and the evidential interviewers until the civic creche case came about. Surely such 'experts' like Professor Ceci and Dr Le Page would have been very aware of our system here in NZ before the creche case, given the fact that Ceci in particular is considered the 'World Authority' on children's evidence.

HOW DO WE WORK WITH OUR DISSOCIATION INSTEAD OF STRUGGLING WITH IT

Source: By Willow, for all the folks, the team & the little ones. 'Many Voices' April 1995.

When I have insomnia, I say inside: "OK. I need to get to sleep now. Could those who want to stay awake, go somewhere else now? Great, I'm sleepy now. Thank you, thank you, thank you"

At the dentist, I say inside, "Oops. I forgot to ask you all when we were getting the shots. Those who took the shots, please come back.. Thank you, Thank you, Thank you. Please stay here as long as the body is in the chair. We'll have a treat when we get home, OK" (they hate being there so much that they - and the novocaine - always leave unless I ask them to stay).

When I can't see clearly: "I need those who can see through these glasses".

"Thank you, Thank you, Thank you' That's great".

Any time: "Those who don't want to be here, If I don't need you, you can go somewhere else".

As I park at work: "OK. From now on, until the body is back in the car, can the body's lips stay still when we talk to each other inside? You all can talk out loud as much as you want when the body is back in the car again." It works great As soon as we are back in the car, the lips start moving with chatter (they seem to have this pretty well now. I don't have to ask very often).

Before we developed this way to cooperate, I had thought that I could never develop any system management until I identified who was who. And that seemed hopeless because everybody inside is still terrified of being known or named, even to me, for fear of being called out and brutally killed.

Now we have a great system of cooperation going. Requesting, not dictatorship. They can make the decision whether to cooperate or not. Here is how I/ we do it.

1) I always thank them as soon as I can. When the novocaine kicks in again, when my vision clears, when the information pops into my head, etc.

2) I don't ever ask any 'who'? questions because that scares them. I say "those who.." Those who can drive, those who know how to use the computer, those who remember about this etc.

They know who they are, and they make the decisions.

3) I always word the request in the positive - without using not or don't or any negative words, because they get confused by negative words.

4) I ask them to come (or tell them they can leave) right at the time they are needed, not an hour ahead or a day ahead, because they don't understand anything except present.

5) I tell them how long I need them by telling them "as long as the body", or "until the body" statements. ('While' doesn't seem to work.) Before I learned that, I had to keep asking "those who took the shots" to come back, again and again.

And I have learned to explain things in simple words to those inside:

At the dentist: "OK She's taking all the bad stuff out of our tooth so it won't hurt and it can be better. It's OK She's doing something good for us. She's a good person OK, she's done with that. Now she's putting good stuff where the bad stuff was".

When the car starts veering off the road. "OK If we run off the road, all of us will be dead-dead. I know you've been tricked into thinking that if you kill me, only I would be dead. But we would all be dead-dead. Do you understand? Are you okay with that? Can we all be safe? OK. Thank you. Thank you. Thank you (dead-dead means actually dying, not a fake death).

Early in developing this cooperation, I learned how important timing and speaking in the present are. I was sitting at a red light at an intersection that I had taken many times, writing down a great idea that I was going to use that night:

"I am going to ask all those who work at the library, and all those who love computers, and all those who can listen and understand, and all those who are good students - to get a good night sleep and go to the class tomorrow".

When the light turned green, I was totally disoriented. I knew I needed to drive, but I didn't know how; most of my drivers had gone to sleep. I actually drove down the wrong side of a six-lane street, wondering where I was and why the arrows on the pavement were pointing toward me. When I realised that a whole bunch of my team had gone to sleep, I called out, "Come back. Come back everyone. I need you here now. Thanks, You're great. Now lets make a U-turn and get back on the right side of the road."

When we were back safely on the right side of the road, I said, "When it's really time, I'll explain it to you again. And, when we get to the library, I'll tell you all about what we are going to learn".

That worked wonderfully. I was so sharp at the four hour class (and so exhausted afterward). There was just one glitch. The instructor turned out to be somebody that 'I' was scared of. So I said, "OK If I don't need you for this lesson, those who are afraid of Jerry can go somewhere else." And then we were fine. (I often tell the people inside that they can go somewhere "if I don't need you").

It's still amazing how wonderfully this all works (when I remember to ask) even though I don't know who's who - only a concept of how my folks are organised.

1) THE TEAM, Adults and older children, on a basketball floor in the woods, with a long bench for inactive players. We have at least five active on the Team at any time, and we make substitutions in the Team when a skill is needed or someone gets scared - not the switching that many multiples do.

2) THE LITTLE ONES (who are too young to be on the team)

a) Twenty-one infants sitting/lying in an oval (not a circle) in the woods where they constantly cry a big pool of tears. (I know the number only because it always gets drawn with twenty-one little blobs - without counting.)

b) Little animals and little children who live behind Winnie-the-Pooh type doors in a big tree in the woods. I think the tree is a nurturing present to them.

3) A FEW ISOLATED ONES, here and there, who are in the woods near the Team and the Little Ones, but are not part of their groups.

SURVIVORS COLUMN

Taking Myself Seriously

I keep hearing - "You are isolating yourself from activities, friends, from society. You're consumed by all this incest and ritual stuff. Can't you just forget about it? When is it going to stop? Why don't you go back to work and get back to reality? Are you going to get through it? Look what you're doing to your husband and family".

Wow, Blame, blame, blame. Doubts, doubts, doubts.

Why am I still being abused? My counsellor said, that if I disclosed my abuse that I'd be safe now, that there are people who would listen and understand. Hah' Where are they? So far, my counsellor and the other people that are safe for me are the ones that are surviving from incest and ritual abuse. So, the big question is - are survivors isolating themselves or is society isolating survivors?

Why don't we hear - "If that's what you need, then do it. Take your time, you've been through a lot. It doesn't matter how long it takes, the important thing is that you heal. You've done so well even to survive. Wow, you've been through all that and yet you have been able to act as if nothing was wrong. Gee, you're amazing".

Just a few affirmations, validations, encouragement. Wouldn't that be great? If I heard that from my friends and family every week, I would get through my traumas and choose to disclose them a lot more easily and heal without added stress. Whose problem is it really? The things that I was told as a child are being reinforced to me now in my healing, by my family and friends and society in general. I'm surviving two dysfunctional cycles. My family's cycle and society's cycle. This makes it so difficult. That what keeps survivors down and silent. It keeps the secret and the abuse continuing.

If each family member of a survivor can look to themselves and ask "how can I best support this person? What do they need? How can I help?" Why is this not happening? Why can she or he not be there? How can I survive in this relationship? If family and friends look at their feelings of trust, capacity of love, security within themselves and deal with them, then and only then can a survivor heal at a better rate. If we're given the right drops

of T.L.C. (tender loving care) then we'll grow. So if you want a survivor to get on with it and grow out of it, then you grow up first.

A survivor will grow anyway, as it's their long term choice and responsibility to grow. It's evolution of mankind - it's inevitable. However, it is prolonging ones growth if we hear negative messages all the time. If this happens from our family and friends then we feel suffocated by it and we don't want them around us. This isn't isolating ourselves, it's just us trying to breathe and survive. Discarding dingy bullies, that all. Are you a bully?

Sometimes, I feel like going to the moon to live just to have some peace. No wonder some of us try suicide, take drugs etc, or stay stuck in mindless confusion. Peace, that's all I want. Peace and freedom to grow. Well, I've decided that I'm going to get my freedom, here on earth. I've realised it's possible. You see, people who have cancer, or car accidents or lose a close person through death, any trauma really, these people receive understanding, validation and acknowledgement of their crisis. They're given what they need, they get financial support without being looked at disbelievingly. In short they get loved and supported. How wonderful. These people are dealing with one trauma. Don't get me wrong, they deserve support. So I figured that with my list of repeated traumas like:

- Sexually abused as a baby
- witnessing children being sodomised when I was just over 3 years of age and told my brother would be killed if I told
- drugged
- my hands and feet being cut with crosses to indoctrinate me into a ritual group
- penis being shoved into my mouth
- animals being tortured and killed
- put under floorboards with spiders and told they would always kill me if I told
- put in a coffin and fearing being left there to die, if I told
- being threatened to be burnt, by newspaper being put around me and a match held close
- raped when I was five, incest and ritually when I was older repeatedly
- being taken to a morgue and left there with

dead bodies on slabs

- repeated mind control messages 'Its your fault, you're a dirty girl, you're a bad girl'
- emotional manipulation, e.g. shown love and then sexually abused - incest and ritually
- emotional manipulation at school by two teachers and then sexually abused
- group sex with gay men and women - child prostitution
- child pornography - being filmed
- witnessing animal torture, eg. puppy dogs legs cut off
- witnessing mutilation of other group members as their punishment for not obeying the group
- repeated rape to get me pregnant
- becoming pregnant more than once and then my babies taken from my body when 3 - 4 months old and then killed in front of me and then flung at my side and then I was blamed.
- being forced to eat flesh and blood.
- urinated and defecated on and being forced to eat it
- repeated drug abuse
- being forced to kill
- being put on a cross at easter time (a mock crucifixion) and then sexually abused as punishment

(These traumas are what I've acknowledged to date. There are more. Part of me knows)

That I deserve a lifetime of paid retirement. Just in the last week, I've felt like getting away, going to the moon. I've felt isolated and misunderstood. I know why though. Because, it's not my problem. There is no reason why I should move to the moon or anywhere else, because I'm healing. If I can't move far or take part in anything, it's not because I don't want to, it's because I can't. Its a mental and therefore physical impossibility to move when one is in shock. It is a slow process.

If my family and friends can't see or hear what I need, then that not my fault. That's their responsibility. If they're not behaving well and having a temper tantrum about what I am or not doing then I can't be expected to help them because I have enough to deal with and they have to work out how to help themselves. I'm staying on Earth, because I have a well deserved place here. It's my place and no one else's. So get out of my face, those people. When I hear negativity towards me or around me it's not my problem and I now know I'm

safe within my own space. I deserve it and my traumas count and deserve respect.

I'm giving myself respect and in turn, trust that others will give me respect for that. I'm finally taking myself seriously, 37 years later and 4 years into my conscious healing. Forward Ho...

Those people can dissolve and shrivel in their own space. I am growing.

(ERA thanks this survivor for her very moving story. She is so strong. This survivor and the following survivor belongs to E.R.A. support group)

Survivor's Story. Aged 48 yrs.

This will never, I suspect find its way into your column. I will send it anyway.

My father died on May the 14th. There, I wrote it down. At times I do not believe it but when I feel small I think so very different. I feel like a monster from an old movie. My head gets to feel very large. I feel small or I fly all around the room. I even hide in creaks and holes in rooms. So I feel mad, a real loony at times, but what's new.

I understand me more because my therapy has helped me, strange is it not, now once we understand things and share them they seem less scary.

He always said I'd have to die if, he died. My family has written spurring me along to take my life. But, I have glimpsed hope and felt a safeness never felt before since my therapy, so we all decided to be here all in one body gathered like toys in a toy box (safety in numbers).

My mind is flicking back and foward, black and white and colour flashes like a movie. Scenes of things I do not want to be part of. I am not safe, I have no safe person here and no one to talk to. He is winning my dad. I am losing what power he and his friends have over us; even in death, more so in death; like a parade of life, bits of memory float by.

Oh anyone out there who does not believe in ritual abuse? I can only say to you its true, it happens, always has, always will. Again and again you hurt us by calling us liars and other labels. I know what hell I am going through and how much fear is in me. Not you nor the supporters of local abusers. Me and my others, we live with the fear and blackness every day, and nightmares at night, until the day I die, maybe beyond.

I am afraid, I am sad, but mostly I am alone, even

in a room of people. Sometimes we float about in the air, other times we hide in cracks in the room, or even inside a person in their eyes or hair. It is very hard this living. Its sometimes made harder by remarks, disbelievers and rejection.

We looked and finally found a therapist who all of us could come and be with. We listened and watched. After a few years we trusted her with our darkness and fears, later our hopes. Its hard work for her and us, but its safe now and worth it.

Lately the worry and dispair has made life hard. Its not fair this having to beg for funding for therapy. If I was the abuser I'd have untold therapy if I wanted it. Not so for us. Every time you reapply or get reassess, you have to reveal a little more of your darkness and secrets to unbelievers. They turned me down. The ones who are supposed to help. Our Social Welfare system. A.C.C. is opting out. Where are we to go. There is nowhere. Even if you have a counsellor who works over and above what she or he is paid. You see I feel its very important to have money to pay our way. To me it's part of my power being restored. This is my therapy. I pay for it, even if this is by A.C.C. or Department of Social Welfare.

But I can not make myself beg and fight anymore. I feel I have enough to deal with within my self. Today I feel as though I have lost the will to live, like a floppy old doll, just too tired. Today I feel rejected by the system.

This survivor also attends the ERA support group, which has proven to be successful in terms of contact and support with each other. When they have down days, they do not have to wait for their therapy day. They now have a support network in place. The adult survivor group has had a number of contacts from people throughout N.Z. We have recently met a survivor who lives out of Christchurch, which was very valuable to all. At these meetings, the survivor's therapist comes with their client for safety reasons. This group is an important part of survivor healing. Their feelings of isolation, craziness and dispair are reduced considerably.

LEGISLATIVE ATTACK UNDER WAY

Source: 'Many Voices', June 1995.

'Many Voices' recently obtained information on some legislative proposals from false memory supporters which, if successful, will have harmful ramifications for survivors of ritual abuse. The following comes from an anonymous campaigner for *Many Voices*.

The Proposal: To Finance Preparation of Model Legislation titled MENTAL HEALTH CONSUMER PROTECTION ACT. It's dated August 1994 and it is jointly sponsored by the Illinois FMS Society; Ohio Parents Falsely Accused, Texas Friends of FMS, Minnesota Action Committee, and Florida Friends of FMS. This proposed Act is not officially sponsored by the FMSF organisation itself. Since FMSF is a not-for-profit 'educational' organisation, it can't legally be directly involved in politics. But the sponsors share the philosophy as well as the name. The legislatures of several states are being targeted: those of the sponsors, plus New Hampshire, and possibly others. They are also aiming at the Federal level.

What do these people want? It seems they want to wipe out all therapy except (perhaps) behavioural/cognitive. And they want to make it extremely rough for both clients and therapists in the process. The recommendations include:

Audio-and/or video-taping: 'informed consent'. Presumably at the first therapy session. Imagine walking into a new therapist's office, scared and confused, and being told you have to immediately make a videotape. This tape, and all your therapy records, must then be kept by the therapist for ten years.

Why? So the lawyers have material for the lawsuits that this Act is designed to permit. If enacted, this legislation would more properly be called the False Memory Lawyers and Witnesses Full-Employment Act. They want *third parties* (ie. your parents, siblings, "well-meaning neighbours", and who knows who else) *to be able to sue your therapist for negligence.* What sort of Negligence? Well they don't specify exactly. In fact, their idea of negligence is so broad, it could include almost anything....such as parents 'hurt feelings', if you choose not to 'stay close' to them (obviously, that's the therapist's fault). Or, if you recover a memory - even outside therapy - that

might have been because the therapist didn't prevent it from happening. *This group frequently refers to 'recovered memory therapy', but this 'technique' doesn't exist. Actually, they fear anything that might bring back memories....not only hypnosis and sodium amytal, but even guided imagery. (No more 'safe rooms', folks. They're 'imaginary'. Not scientific.) It's even possible they could sue the therapist because you choose to attend a support group or read self-help books.'*

And if a therapist uses techniques that are not backed up by institutional research, with controlled-studies (two groups, one gets the treatment, one doesn't, then they're compared) and 'numerous publications' - well the therapist doesn't get paid. No medicare, medicaid at all (and presumably, no insurance coverage either). While this sounds reasonable on the face of it, the 'science' requirement falls apart when we realise that mental health consumers aren't chemistry experiments. Breaking us down into groups that get specific, limited treatment, to be compared with a group that gets 'No treatment', is completely impossible. Imagine doing a 'controlled study' of suicidal patients. What happens to the control group? Do the 'scientists' just 'let em die'? Besides, the therapy works when it is individualised, not served out of a can like Chef BoyArDec. We're talking about personalities here (for us DD-clients, lots of personalities) and it is the rapport between the therapist and client that is especially healing. There's no way to measure this, or serve it up at will.

Further provisions include *banning what they call 'pseudo science' from the courtroom. No memory recovery or memory enhancement permitted (of course, they are ignoring the fact that False Memory Syndrome has no scientific standing whatsoever)*. They would *criminalise so-called 'fraudulent practices'*. (ie, if a client has a memory (in or outside therapy) that turned out to be mistaken, the therapist could go to jail). They would require 'relicensing' of all mental health counsellors according to precepts of this Act, and would lengthen the statute of limitations for suing therapists. There's much more. The full ramifications of this legislation, if adopted, could be discussed for hours.

And now I'll describe the second document I obtained. The cover page reads as follows:

"Lobbying made easy. Just follow the step by step instructions for the next twelve pages and watch new state laws enacted before your eyes. Taught by the Chief Lawmaker in the Texas Senate. Guaranteed to work 100% of the Time. Includes sample letters, timetable of events, source directory.

Up to now I've not felt I had sufficient documented proof to go on an outspoken campaign against FMSF tactics. But this certainly looks genuine. Page 2 of 'Lobbying made easy' appears to be the letterhead of one Herman W. Ohme, of San Antonio, Texas. If Mr Ohme did not prepare this brochure, he should find out who did, and sue them. Because the tactics proposed in this lobbying guide are atrocious. Whoever wrote this relishes control and manipulation. For example, on page 9, after referring to "headline grabbing" bills, he writes "we want to keep ours as quiet as possible, so we do not get the opposition out in force." And after discussing the need to prepare witnesses to testify, on page 10 he states: "The great thing about our arrangement is we get to stack the witnesses, because we get to name who will be testifying".

It is very hard to understand why, if such modifications in current therapy regulation are so necessary, the sponsors feel such a strong need to keep their actions quiet and to 'stack the witnesses'. This is not kosher and it's in writing. On letterhead.

In one way, you've got to hand it to the FMS-advocates. They've got a focus, they're organised, they've got top-skilled people doing their work. The lobbying brochure is excellent, by the way. Very detailed. Very clear. It could be used as a model for other lobbying efforts. - with a change of subject of course. My dream is to obtain their media made easy brochure. I don't know if these exist, but I bet they do. And if someone passes a copy on to me, I'll get it to the right places.

But back to this mis-named Act. The potential tar-pits in this legislation are so abhorrent, it's hard to believe it would get very far. But I am no longer so trusting as to imagine that 'right-thinking individuals' will see through this without it being explained simply. The FMS folks are very skilled at manipulation and weasel-wording. It's also possible they're proposing something totally outrageous in the hope that a (still-undesirable) 'compromise' might be adopted. Until this thing is completely out in the open and stamped flat-as-pancake by common sense, I am not going to rest easy.

TEN GENERAL PRINCIPLES OF INPATIENT TREATMENT OF PATIENTS WITH DISSOCIATIVE IDENTITY DISORDER

Source: 'Gathering Together', 5 March 1995

1) **Clearly stated and openly communicated goals, rules and regulations**

The goal(s) of the hospitalisation and the criteria for discharge should be clearly stated and put in writing for the patient and everyone involved in her care. The patient also should be informed of the rules and regulations of the psychiatric unit. Providing the patient with this information in writing allows the various alters an opportunity to review the information later, privately. This would have helped Michelle understand any differences in protocol due to the holiday and the fact that she actually made a suicide attempt during her second hospital stay. While it is desirable for all the patient's alters to have this information, it is not necessary or practical to speak directly to each alter. Typically, much of the whole system can be addressed by asking 'everyone to listen' and by asking those who can hear or understand more clearly to explain to others inside.

2) **Effective and open communication**

Good communication is essential to a good outcome. It must be well managed with the patient and immediate family, among staff members, and between staff and the patient's primary therapist. If we expect the patient to make progress, the external support system must mirror the goal of treatment, which is generally to foster internal communication, cooperation, and empathy among aspects of the system.

3) **Utilise the Alter System as a Resource**

Another major goal of DID psychotherapy is to help the alters understand they are all part of a system and thus responsible for one another and for the functioning of the system as a whole. 'Helper personalities' can be enlisted early in treatment and consulted throughout hospitalisation. They can provide useful information and may help comfort or stabilise younger or more impaired alters. Their input should be considered concerning their assessment of the patient's reliability in observing discharge contracts and readiness to leave the hospital. In the case of Michelle, without the input of 'Old Indian Woman' the no-harm contract might have been signed prematurely, possibly resulting in an unsafe discharge.

4) **Involve the Outpatient Therapist**

It is essential to involve the outpatient therapist in the treatment. The therapist can provide the staff with information it might otherwise take weeks to glean. Information and assistance from the primary therapist can serve to clarify and resolve issues more quickly and efficiently. The therapist also can provide a measure of consistency and constancy that is so vital in work with DID patients. Whether or not the primary therapist works with the patient in the hospital depends on several factors: hospital and policy, the therapists schedule and proximity to the hospital, as well as his/her judgement about whether this would be in the patient's best interest. Therapists must consider, for example, if frequent contact during hospitalisation may be too gratifying of regressive tendencies. If the therapist does not work with the patient in the hospital, s/he should consult with the hospital staff on a regular basis.

5) **Respect the Patient's Inner Reality**

To maintain empathy and rapport, hospital personnel must respect the patient's inner reality, which includes the alter system. If the diagnosis is known and accepted by the patient, it can be very helpful to hospital staff to provide a map or description of the patient's system. This saves time and reduces confusion among staff members. In the privacy of the patient's room and during therapy sessions, alters should be addressed by their preferred name. On the ward, patients should be told to expect that they will be called by their 'birth' names. This is less complicated and more closely replicates the 'real world' where people will refer to them by one name. This also helps the alters to learn that in some situations it is inappropriate for them to come out.

6) **Respect the Patient's Need for Privacy**

There is disagreement in the field over whether DID patients should have their own room (Kluft, 1984; Ross 1989; Purnam 1989). Although a private room may be construed as giving the patient 'special

status', it may also alleviate a number of potential problems. DID patients need a quiet and private place where their alters can safely come out and where inner processing and journalising can take place. Such privacy also offers a retreat for times when the patient feels overwhelmed. It is difficult to find suitable roommate matches for DID patients. For example, two severely dissociative patients may trigger each other; a patient with an uncomplicated depression may be frightened by a dissociative roommate; or a child alter may be frightened by a psychotic or paranoid roommate.

7) Avoid Mixed Diagnostic Population Group Therapy

Most experts agree that DID patients do not fare well in group psychotherapy with a mixed diagnostic population. However, the patient should be included in ward meetings. Art and other non-verbal therapies can be beneficial even if with mixed populations.

8) Use of Restraint and Seclusion

Physical restraints and seclusion should be avoided at a first recourse if at all possible since these may trigger earlier abusive experiences. If a patient must be restrained, it is important for the staff to repeatedly reassure the patient that they are not trying to hurt her, but they cannot allow her to hurt herself or anyone else. It is also important that restraint be removed as the patient regains control. If such an episode occurs, a staff member should process it with the patient later, allowing the patient to express her feelings and helping her to distinguish the episode of restraint from abuse.

9) Communicate the Procedure for Suicide Watch

If the patient is on suicide watch, staff should explain the protocol including the need to remove potentially dangerous objects and the need for regular checks. The patient's possible irritation about this should be acknowledged. In some cases, the following simple modification may be helpful and appropriate. Staff members may agree to knock before entering the room (with the clear understanding that they will have to come in immediately if there is no response). This can both empower the client and model respect for boundaries. Michelle recalled with gratitude how a nurse put a big sign on her door. PLEASE DO NOT ENTER WITHOUT KNOCKING. In this case, this device helped the patient accept the need for regular checks by staff members.

10) Recognise Child Alter's Need for Security and Comfort

Staff should remember that some of the alters are child-identified and developmentally delayed. Thus, it is often very comforting for the patient to bring a stuffed animal or other transitional object from home. Also child alters may have difficulty communicating verbally. The use of stuffed animals, crayons and paper, or other forms of play may be useful means of expression for such alters.

Conclusion

Many factors can affect a course of hospitalisation with a DID patient. It is not possible to 'perfectly' meet the needs of every patient. However, it is important to avoid unnecessary retraumatisation of patients and disruptions of hospital units.

With good communication, clearly defined goals, and informed, respectful treatment, a short-term hospitalisation can be generally positive experience and contribute greatly to the longer-term goals of treatment.

ERA would like to comment on the above article, based on some recent experience. The above suggestions of hospital care for a ritual abuse survivor, a multiple, or a person suffering from 'dissociative Identity Disorder' may not work in NZ. Hospitals.

Very recently ERA and an adult survivor went into the psychiatric unit of the Christchurch Public Hospital and met with the assessor of that unit. An appointment was made and we met for nearly 2 hours. The survivor was telling the Registrar that:

- 1) She was multiple.
- 2) That she has another character coming through and she is very very scared of her. She is violent, abusive and the survivor is scared that she will hurt herself and/or others.
- 3) That she wants to be in hospital in a safe environment where this character can come out.

- 4) The survivor wanted close liaison between the hospital staff and her therapist.
- 5) She wanted a safe place for this character to come out so that the survivor can understand more about this character and so that the survivor can begin to heal.

In other words she wanted to be able to go through the memory, allow the rest of the team to get to know this character, and then begin the process of healing.

The survivor was very clear on what she needed. She was taking no risks, and she wanted to be kept very safe while doing this work. It may mean she will be in hospital for 2 days or 2 weeks, who knows right now.

The response was interesting. Firstly the assessor asked questions for approximately the whole 2 hours. He was trying to ascertain whether this survivor was Bi-Polar, schizophrenic, or whatever else. He did make one observation that the survivor was depressed. Surprise, surprise. What else would he expect with all the memories she was having. To be fair, if medication was needed, then maybe it could have been talked about for the depression alone. Instead, he made it quite clear that it would not be allowed for a survivor to go into hospital and go through the process of another character coming out (very common for multiples). He stated that it would be more than likely that medication would be given to stop that process to happen. Secondly on this matter, he said the staff would not encourage this character to come out, in fact they would encourage for the survivor to be her, nothing else. Interesting, don't you think?

The other discussion was on trauma. The assessor said, "I think you are suffering from Post Traumatic Stress Disorder". He said it was not necessary to know why, all details were not necessary, but the fact that the disorder is there can be dealt with by drugs.

But surely people in the mental health profession understand that with ritual abuse survivors, to work through the trauma, the survivor more than often relives the trauma through their therapy, and then slowly but surely the healing process begins. However, the assessor did not want to get into this debate.

The assessor then continued on to say that he did not think that the survivor was considered 'at risk' and that a hospital would not be available. He stated also that he did not think the therapy or in fact the type of therapy the survivor was having was doing much, and by the patient regressing in her therapy was not useful.

The basic message we got was that medication is the answer. Don't encourage other alters. They would not work with alters, and only encourage the real survivor (whatever that means).

The survivor felt totally unheard. She was clearly stating 'I feel unsafe, I feel as if I am going to hurt myself and/or others, I want help, I want to be in a safe environment. **HELP ME RIGHT NOW. I NEED TO BE CARED FOR.**'

We were turned away, and told to come back tomorrow, and further discussion can take place about the need for medication in terms of help, and maybe joining a therapy group on anxiety.

The lack of knowledge and understanding on ritual abuse survivors and multiplicity from a person who assesses people in crisis was frightening.

The entire session was taken up with explaining, explaining and justifying for the way the survivor is feeling.

The assessor also asked "Do you hear voices in your head", and very honestly the survivor said smilingly "Yes, a lot" The Registrar immediately wrote things down, obviously not understanding about the 'rest of the team' but no doubt to him suggesting 'Aha, we are on to something now - Paranoia, anxiety, craziness'.

We both realised just how backward NZ. is on this subject, and how bloody frustrating and abusive it is for the survivors and their process of healing and growth.

We think its well and truly time for a 24 hour safe home for adult survivors who can come and get the help they need **WHEN** they need it, instead of being reabused. And having 24 hour therapists on tap when survivors need them, rather than always putting 'the lid on things'.

OUT OF MIND BUT NOT OUT OF SIGHT

Source: *'Body Memories'*, Spring 1995.

The following article is taken from a flyer that was handed out by survivor activists in front of Cody's Books, in Berkeley, USA, where False Memory Syndrome Foundation board member Richard Ofshe was giving a talk on his recent book "Making Monsters". It offers another perspective on the False-Memory movement.

The False Memory Syndrome Foundation will not silence survivors.

The supporters of the False Memory Syndrome Foundation (FMSF) have gathered here to alert us that people are frequently victimised by manipulative mental 'health professionals', who convince them of things that are untrue.

For many of us who have battled our way through the mental 'health' industry in the hopes of gaining insights into our emotional confusions, this is not a news flash, because mental 'illness' - the idea the entire system of psychiatry is built on - is in itself a concept about which there is much controversy.

As Thomas S. Szasz, M.D. points out in his book *The Myth of Mental Illness* "It is important to understand clearly that modern psychiatry - and the identification of psychiatric diseases - began not by identifying such diseases by means of the establishment methods of pathology, but by creating a new criterion of what constitutes disease; to the established criterion of detectable alteration of bodily structure was now added the fresh criterion of detectable alteration of bodily function, and as the former was detected by observing the patient's body, so the latter was detected by observing his(sic) behaviour".

The judgement as to which behaviours and expressions of our personal experiences are accepted to be 'healthy' has always laid in the palm of 'doctors' and 'experts' trained and sanctioned by the current social order. And our dominant social order, which measures the worth of human life in dollar amounts, requires a disciplined, obedient population to maintain - regardless of immediate necessity - the constant production in which capitalist industrial civilisation is rooted.

In his book, *'Toward a Marxist Psychology'*, Phil Brown recognises that, "When the schools,

family, church, and other social institutions have not taught a person to conform, the state hospital is present to finish the task. What is called mental illness is nothing but a political classification relative to history, class, sex, race, and many other basic factors in the social order". In other words, (Szasz, *ibid.*) "Whereas in modern medicine new diseases were discovered, in modern psychiatry they were invented."

As many can attest who have suffered from the 'cures' to these invented diseases, mental 'health' institutions are places where we get our brains washed, doped, and/or electrocuted, as the case may be. In 1995, in Berkeley, you can still get your brain fried at Herrick Hospital by people who are paid living wages for the privilege.

But the FMSF is not here to quibble over a few brain cells here or there, or about the use of experimental drugs on unsuspecting and misinformed patients. Rather than protest these blatant, daily violations of human rights perpetrated in the name of 'medical science' by the psychiatric 'profession', the FMSF attempts to not only introduce yet another oppressive label into the same system, but seeks to overturn what few basic truths have been confirmed through the study of human psychology.

Humans learn who we are by recording to memory how we experience our realities. Throughout our lives, as we express ourselves, we express these experiences and memories through language, movement, sounds and images. When self articulation is discouraged or made impossible through the imposition of secrets, confusion and lies - as in the case in abusive homes where the abuser's main priority is to conceal his or her crime - our communication can no longer follow traditional

patterns, and we find ways to express our truths any way we see fit.

Some of the resulting patterns and behaviours are frequently considered awkward, unintelligible, or even frightening, and rather than attempt to truly understand the troubled person's plight, our society readily stigmatises us by labelling our communications symptoms of mental 'illness'. But no matter how cryptic our 'craziness' to those who try to decipher the meaning, the same message keeps repeating: Unresolved trauma causes ongoing disorientation, with the degree of disorientation being in direct relation to the degree of trauma.

Among the founding fathers of psychiatry, Pierre Janet along with Freud, before he retracted his work on the subject under pressure from powerful critics, found that while the traumatic events which caused the disorientation (now known as 'dissociation') were often acted out unconsciously by his patients, some of them appeared to have retained no conscious memory of events. The discovery that the disorienting symptoms could be alleviated to varying degrees by bringing the traumatic memories into consciousness and by talking about them directly resulted in the establishment of a new, more humane method of treatment: psychoanalysis. Ironically, it is individual therapists within that more human system whom the FMSF accuses of brainwashing its members' children.

Even without the controversy over the credibility of memory, the issue of child abuse is an even more complicated and convoluted issue than the various legal distinctions between different forms of violence perpetrated against women. It is still accepted practice in this society to regard children as property, not free individuals with the fundamental right to set their own boundaries. While no one protests when a child is publicly shoved around and spanked in the name of 'education', because it is still assumed that children, by their very nature, must be deserving of punishment, there are organised communities of pedophiles who rape and psychologically manipulate children, and then claim these violations of trust and abuses of power are 'consensual of love'.

But the FMSF does not have its members' children's interest in mind. Its primary purpose is to support and fend people who stand accused of having sexually mistreated. It seeks to intimidate and undermine survivors of child abuse who have found the courage to speak out, by breaking down the limited support network available to us. Its attacks are directly aimed at helpful, compassionate therapists who are often the first to provide survivors with a relatively safe place where the truth can be expressed.

While the FMSF name implies a primary interest in treating an ailment a surprisingly large number of people are afflicted with for a syndrome that is only a couple of years old, its real focus has astonishingly little to do with mental 'health' reforms. Whereas

the validity of repressed memories has been repeatedly challenged, debated and confirmed for much of the past century, the FMSF only appeared in 1992, not long after changes in the judicial standards of evidence extended the statute of limitations to accommodate survivors of child abuse who had repressed all memories of the events until well into adulthood. It was out of the resulting panic among parents whose adult children were publicly demanding reparation for the injuries they had caused and breaking as silence that had been festering for centuries, that the FMSF was born,

Of course no one can deny the possibility of false accusations. Political prisoners and inner-city youths, who witness or fall victim to police and judicial injustices and false accusations on a daily basis, have also existed since far longer than 1992. But just as the FMSF is not really concerned with the daily abuses of children or mental 'patients', it certainly is not concerned with the daily abusers of prisoners.

But people unjustly incarcerated know that memory is not the issue when false accusations are made. While we possess a great ability to distort reality and to convince ourselves of things that are not real, our memories are absolute. We either remember or we don't. When false accusations are made, the real issue is the truth. We either tell it or we don't. And the FMSF doesn't.

THE USE OF MIND CONTROL

Source: S.O.A.R.. Vol 5, July/August 1995.

In the past few weeks there has been widespread coverage of a cult known as the Branch Davidians, in Waco, Texas, and of their leader, David Koresh. Although the coverage was prompted by a government raid on the Davidian complex for allegations of criminal arms possession, child abuse, and rumours of a mass suicide plan, the questions it raises about cults and control are important to address.

I've heard people wonder "How could someone be convinced to believe such strange ideas? What kind of weak-willed person could be taken in like that?", and "Why would someone stay in a group with such destructive ideas and beliefs?" These seem to be very common concerns that need to be resolved through education about mind control and its effects.

Mind control is not brainwashing. Brainwashing is coercive. The victim knows from the start he is in the hands of an enemy, and usually complies only to gain relief to fit his action. The effect is usually not lasting, and disappears once the threatening force is gone.

Mind control is more sophisticated and subtle. Victims are manipulated and deceived. They respond to prescribed choices, all the while believing that they are making informed decisions. Mind control is more permanent and more devastating than brainwashing.

One statement I heard this week that did make perfect sense was that cults are very much like dysfunctional families. Most of the methods used are the same whether used to control a large group, a family or a child. Following is a compilation of methods, ways they are implemented and some of the common effects to those being controlled.

Complete obedience and subservience to one person - used by the 'leader' to his/her advantage. That person is usually a charismatic individual who has established the group for personal gain. He/she offers relief from the rules of society, or total care, or 'unconditional' acceptance. However, he has a very stringent set of rules for his follower, which he is not required to follow. David Koresh is the only male in their complex allowed to have sex with the females (any one he wishes), watch TV, or listen to rock music. Laughing, crying and play-acting can be punishable offences, so that children are punished for being child-like. By giving control of their

entire lives over to one person, even in the promise of escape from the pressure of society, adults actually suspend their rational thought processes, and can frequently be persuaded to commit acts of violence for the leader, in the name of loyalty. All emotions are to be directed toward the leader in the belief that any affection or love will lead the person to damnation. As the leader's actions become more bizarre, so do those of his/her followers.

Use of absolute truth - this is the emphasis on beliefs that are unverifiable and unquestionable. By completely surrounding someone with only the thoughts they are 'supposed' to have, it is possible to replace any independent thought with group thoughts and beliefs. There is also denigration of critical or independent thought, limiting choices (if any), and an insistence that a person's distress is due to lack of belief, and can only be relieved by conformity. Thought-stopping rituals may be employed to block out negative thoughts. After all, if the leader is perfect, and the beliefs are perfect, then any negative thought about them must be a defect in the follower. So, trying to be perfect, he puts the thoughts out of his head, and before long, starts to feel guilty for even thinking them. Punishment may be given out in response to questioning.

Dispensing of existence - the controlling people in this kind of environment draw a sharp line between those whose right to exist can be recognised and those who possess no such right. This can be accomplished by openly stating that only group members have the right to live, or by making sure that the individual knows he lives only because of his value to the group or the leader. "You belong to us", is a statement that conveys this feeling, and someone who grows (or grows up) to believe this is true, will feel no worth outside of that given to him/her by others.

Bi-Polar attitudes - the 'in or out', 'us' against 'them', hatred of others that helps to keep participants in the group, or under control. One of the principal objectives can be to turn everyone in the group or house against everyone outside. By convincing their followers that everyone outside of the group or family is against them, the leaders are able to maintain control with little fear of desertion.

Use of shame, fear and guilt - A controlled person (adult or child) can be made to feel shame or guilt about the actions she has forced to participate

in by being made to believe that she chose whatever happened. In turn, that increases her dependence on the controller, because she becomes certain that no one else would like her if the truth were known. There can also be fear of several things such as rejection by the leader, fear of discovery, or fear of whatever fate she has been told awaits her if she leaves.

Double binds - a situation in which a person is told one thing, while something totally opposite is happening. An example of this is the adult who says, 'I love you', while hurting a child. The discrepancy between the action and statement can cause dissociation as a response to having to believe one or the other.

Environmental control - this includes a lot of different things such as lack of sleep, insufficient nutrition, lack of proper clothing, no contact with the outside world, isolation from friends, family, school, no medical attention when ill, the use of violence and/or drugs, lack of outside information, and mind-numbing activities that include hours of chanting, speaking in tongues, or meditation.

The lack of sleep, proper nutrition and clothing places the person in a very vulnerable state, often willing to do what is required in order to get necessary items. Isolation also increases the incidence of physical and sexual abuse because the people are not monitored by outsiders. Children's births may not be recorded, they may be schooled within the group or family members. Sometimes illness is seen as the work of the devil, and sick people often deny their symptoms to escape punishment.

Social relationships are carefully restricted, and intersexual relationships are usually forbidden, with the sexes segregated by gender.

Without outside information, there is nothing to judge the current situation against. And even information about the group or family is controlled from within, so that the victim only knows what he/she is told.

Violence and drug use can cause flashbacks, dissociation and nightmare for many years after they have ended.

Once a leader can regulate a person's physical reality, then that person begins to think that what is happening to him is supposed to be happening to him - control of thought is almost automatic.

Material control - the giving of all possessions, including paychecks, homes, and autos to the group (this may also include the 'giving' of children or spouses). Or the outright commandeering of these

by the leader on the grounds that 'everything belongs to everyone', with the leader making the decision about who actually gets what. If a child grows up in this atmosphere, believing that nothing is his, and can only be used with special permission, he may soon learn that there is a great price to pay for that use. (ie. children may only be allowed to play with toys while being photographed for pornography, or necessities are given only in response to 'good performance').

Physical response. - this can range from a fenced compound, like that used by Branch Davidians, to confinement in a house, or a small space like a closet, box or cage. It can also be as subtle as constant supervision or surveillance. Instilling a belief in an inability to get away or escape can cause a loss of hope and lead to an enforced dependency that only deepens with time.

The earlier a person becomes involved with this totally controlling atmosphere, the more severe the resulting emotional and psychological damage can be.

After leaving (by choice, by force, or by luck), people may feel deep depression due to a sense of meaninglessness because their days are no longer strictly regulated. They may feel out of step and behind their peers in career and life pursuits. They feel a loss of innocence and self-esteem if they come to believe that they were used, or that they wrongly surrendered their autonomy.

Leaving also can mean leaving friends, and the intimacy of sharing significant experiences. The loss of a way of life in which everything is planned often creates what some call a 'future void' in which they must plan and execute all their tomorrows on their own. Certain individuals cannot put together any organised plan for taking care of themselves.

If they have been caught up in a round of long, repetitive lectures couched in hypnotic metaphors, hours of chanting while half-awake, meditating, drug-induced states of cooperation, or the intimidation of violence, they may have learned to produce states of altered consciousness in response. Certain significant words or ideas can trigger a return to a trance-like state - a familiar unshakeable lethargy and episodes of 'floating' like flashbacks that can occur weeks, months, or years later. They cannot listen and judge; they listen, believe, and obey. Simple remarks are taken as commands and followed, even though the person does not feel like doing the bidding, or even abhors it.

Another horrifying burden is the fear of the group

or abuser. Some people have reported warnings or heavenly damnation for themselves, their ancestors, and their children. There are often repeated attempts to get someone to return, from using harassment and threats to incidents involving the use of force, causing some to get unlisted phone numbers, move away from known addresses or take assumed names. And fear may be great, if family members remain in the abusive situation, thus making a complete break almost impossible.

Learning to live without the constant controlling influence of another person, and with flashbacks, memories, and nightmare is very difficult, and can take years of therapy, practice and very hard work to achieve.

It can be done - our readers and supporters prove it.

HOPE FOR CHANGE

By Margaret Smith

Source: 'Reaching Out' Newsletter, April 1995.

In 'Reaching Out' April 1994 newsletter, I shared my frustration about friendships and work. Since that time, a lot has happened to change how I feel. The reality of how alone and hurt I felt last year has not changed. What has changed is that this year I have taken steps to improve my life, and I am finally seeing the benefits of my choices.

Friendships.

For me, probably the hardest part of remembering the ritual abuse was how it affected my ability to function. Before I remembered, I was a cum laude honour student, well respected, and had some very close friends. I was more-or-less a 'normal' college student.

Once I remembered, my entire world fell apart. I could no longer be 'fake' and hide my true feelings. Friendships in which I could not share my feelings felt like a burden. Friendships in which I could share my true feelings were strained, because people didn't know what to say or do. Soon I trusted no one.

The programming surfaced full-force. I was extremely afraid that they would kill me. I sought help and found over and over again that I was let down. I wanted so badly to be treated with respect. Many of the therapists I met didn't seem to really care about me. They had their own agendas and didn't really listen to how I felt.

Then, there was the issue of being believed. For the first four years, that was the most important part of remembering the ritual abuse. If someone didn't believe me, I didn't want to talk about it. Even simplistic comments such as, "Well, let's say that might have happened", made me feel betrayed.

I constantly had to make people understand why

it was so important to me that I was believed. Most professionals wanted to 'deprogramme' me, tell me how to think and dress, enmesh with me, and/or not allow me to be my own person. Almost everyone I told had limits on what they could believe. It was so incredibly frustrating that I continued to spiral into a pattern of pain and self-destruction.

Friendships were not any easier during those four years. I had a few friends that I talked to, but it seemed like I was a burden to them. My life was always painful and things didn't seem to improve. I always needed to talk about how I felt, and I always felt bad. I never wanted to be positive. That made me feel fake. I needed to feel bad, and then be loved and comforted. I rarely felt that support.

I felt very, very alone, but soon I came to accept my loneliness. There were times when I longed so desperately for someone to talk to, but I knew if I reached out, I would only be hurt. The tone of my friend's voice was sometimes condescending. Approaching someone with that much vulnerability gave my personal power away.

I finally found a therapist who I really liked. She was very gentle with me and seemed to really care. When she had her baby, though, a lot of conflict developed. She was not as emotionally available, and she became more doubting of some of my memories. I was devastated and I could not sort through the pain. Financially I could not afford the fee anyway, so I decided to terminate.

I think the turning point in my healing was writing the book '*It's love and unity I want*'. In that book, I clarified for myself what I wanted out of healing, and how I wanted to get there. Now, I just had to implement it.

Slowly, some of my thought patterns started to change. I no longer wanted to be vulnerable and someone let me down. I didn't want to be put down, so I stopped sharing everything that I thought and felt with people. I chose how much I shared with people, depending on how supportive they were with me.

Work

I also had to work during the most difficult times in my healing process. My mind was filled with memories and feelings related to the ritual abuse, yet I had to hide all of it at work. I only did temporary work, because I couldn't seem to sell myself to a company. I also had problems getting along with people. I didn't know how to 'let go' of things and compromise. I was in so much pain and felt so powerless about the ritual abuse, that each conflict at work was like reliving the humiliation in the cult.

I never gave up. I continued to work just to barely put food on the table. I knew that I didn't care about material possessions or having the nicest clothes. I grew up in a very wealthy community. I knew that 'game' was not for me. Soon, though, I realised that money could buy me safety and freedom. If I had money, I could live in a safe neighbourhood and buy an alarm for my home. I could buy books I need. Most of my stress centred around how I was going to pay bills.

A year ago, I started working for a large company in the information systems department. I liked the job a lot, but some of the people were terrible. A friend of mine told me, "I think we will always meet rude people in the world. We just have to remember that there are good people too." And she was right. I had a few friends at work who also saw the bullshit, and we would talk about it and how unfair it was.

I also found that it was not good to make enemies. I learned that I had to find a way to deal with those people. I wasn't going to let them run me out of my job and take food out of my mouth. I started developing skills to diffuse conflict, while still maintaining my self-respect. Now, I am one of the most respected communicators at our company. When they need someone to deal with a difficult person, they call me.

I don't like dealing with difficult people. I still wish that everyone wanted to be fair and get along. But I know that the reality of life just isn't that way. Through trial and error, I learned how I wanted to be in the work-place, and now I am successful. What helped me the most was having a few people at work who I could really talk to, and who I feel were supportive of me.

RESOURCES AVAILABLE

Suggested List of Books on Ritual Abuse

Breaking the Circle on Satanic Ritual Abuse, Recognising and Recovering from the Hidden Trauma, Daniel Ryder, CompCare Publishers, Minneapolis, also at Kate Sheppard BookShop, Manchester Street. Christchurch.

(Looks at recovery from RA within the twelve-step program)

Ritual Child Abuse, Discovery, Diagnosis and Treatment, Pamela S. Hudson, S.C.S.W. R&E Publishers, Division of R&Research Associates Inc. PO Box 2008, Saratoga, CA 95070 USA, also at Kate Sheppard Bookshop, Manchester St. Christchurch, and also at E.R.A. Inc, P. O. Box 21231 Christchurch.

(Useful for people who work with children)

Suffer the Child, Judith Spencer, Pocket Books, 1989.

(auto-biography written by a survivor of satanic ritual abuse)

Nursery Crimes, David Finklehor, Sage Press, Newbury Park, CA 1988.

Also at Christchurch Public Library.

(Looks at child abuse in child care settings. Has a section on RA and gives statistical data of connection between allegations of RA and child pornography)

Ritual Abuse - What it is - Why it happens - How to help, Margaret Smith, Harper San Francisco 1993, also to loan through E.R.A. Inc, Box 21231 Christchurch.

(Excellent guide to healing from the after effect of RA. Highly recommended)

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

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

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

Unspeakable Acts, Jan Hollingsworth (1986).

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

Trauma and Recovery, Judith Lewis Herman, M.D. Published by Basic Books (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".

Satanic Ritual Abuse and Multiple Personality Disorder - Understanding and Treating the Survivor, Holly Hector.
(can be ordered through ERA,\$24.95)

Eunice Fairchild's Book of Poems called *Cry from the Heart*. Order through E.R.A., \$24.95.

Dissociative identity response

Working with Multiple Personality and Dissociation. \$30 plus \$5 postage outside Victoria. Order from AAMP&D, PO Box 85, Brunswick Vic 3056.
(Papers on 1993 seminar weekend on treatment of MP)

Diagnosis & Treatment of Multiple Personality Disorder, Frank W. Putnam, The Guilford Press, New York, 1989.

The Family Inside - Working with the Multiple. Doris Bryant, Judy Kessler, Lynda Shirar. W.W. Norton & Company, New York, 1992.

(Great book, written by two therapists and their multiple client. Looks at lost developmental stages of the abused child)

United We Stand: A book for people with multiple personalities, Elians Gil, Launch Press, California 1990, also on loan through E.R.A. PO Box 21231. Christchurch.

(Lovely booklet, explaining multiplicity to children and child personalities)

Also Available

Tapes 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 J. 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 K. Faller, Ph.D., A.C.S.W.
- 15) Litigating child custody cases involving allegations of sexual and ritual abuse. By Craig Hammond.
- 16) Closing Address: 'Taking Action', By Beth Vargo.

NETWORK

My name is John David and I am a survivor from Ritual Abuse. I am interested in writing to other Men Survivors from ritual abuse.

I wish to write in order to share our experiences on how we survive, to alleviate men's isolation and for thoughtfulness, clarity and safety.

I have been in recovery with therapy and support groups for six years. I have done lots of work with national and local media on RA, pedophile organisations and incest, and have given evidence to Royal Commissions.

Through the local survivor organisation we provide resources and information to survivors and supporters including mens groups.

Understandably, I'm not looking for details of a cult. Articles, bibliographies or any other resources for men would be appreciated.

My address is through a survivor community organisation,

Wollongong Ritual Abuse Survivors and Supporter.

John David
Men Survivors From Ritual Abuse
Wollongong RASS
P.O. Box 5379.
Wollongong 2500 NSW
AUSTRALIA.

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