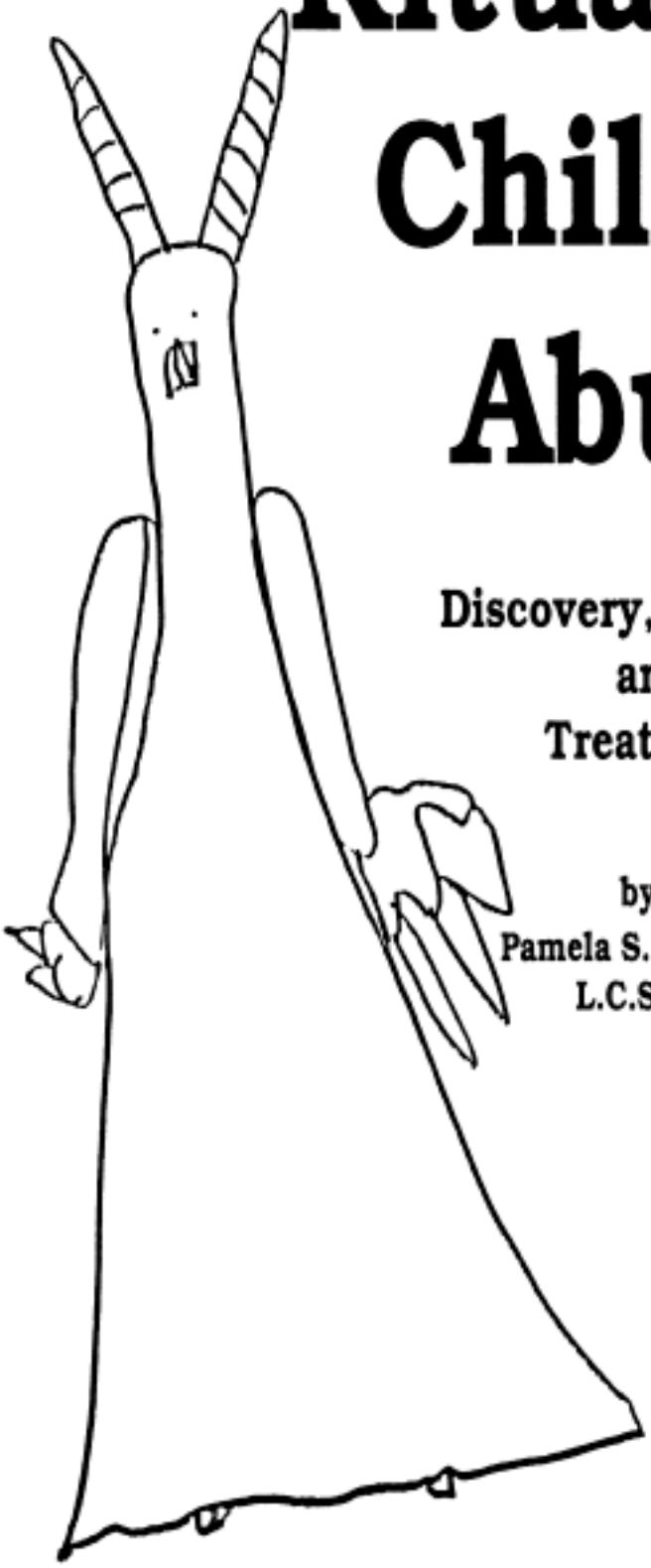
Ritual Child Abuse



Discovery, Diagnosis and Treatment

by
Pamela S. Hudson
L.C.S.W.

Copyright© 1991 by Pamela S. Hudson

"A Survey of Ritual Child Abuse Cases: Symptoms and Allegations" copyright© April 1988 by Pamela S. Hudson.

"Ritual Child Abuse: A Survey of Symptoms and Allegations" copyright© September 1988 by Pamela S. Hudson. Revised 1991. First published in In the Shadow of Satan, The Ritual Abuse of Children. published by Journal of Child and Youth Care, Alberta, Canada, 1990.

"Therapy With Children Who Have Been Ritually Abused" copyright© March 17, 1989 by Pamela S. Hudson. Revised June 1990. First presented as a paper at the seminar The Third Wave: Current Issues in Child Abuse, sponsored by the Child Abuse Prevention Council, Contra Costa County, California, March 31, 1989.

"Ritual Child Abuse Questionnaire" copyright© March 17, 1989 by Pamela S. Hudson.

Published by

R&E Publishers
Division of R&E Research Associates, Inc.

P.O. Box 2008, Saratoga, CA 95070
Phone: 408/866-6303
Fax: 408/866-0825

I.S.B.N. 0-88247-867-2

Cover art drawn by a 4 year old victim of ritual abuse.

First published January 1, 1991
Revised June 1, 1991

TABLE OF CONTENTS

SECTION	PAGE
Biography	3
Introduction	4
Ritual Child Abuse: A Survey of Symptoms and Allegations	5
Fort Bragg Day Care Case, 1984 - 1985	7
United States Telephone Survey, 1988	10
Teenagers and the Occult; Adult Ritual Abuse Survivors	24
figure: A Survey of Ritual Child Abuse Cases: Symptoms and Allegations, April 1988	27
Ritual Child Abuse Questionnaire	29
Preface	30
A. Symptom Cluster in Young Victims	31
B. Allegations of Sexual Assault	33
C. Allegations of Physical or Psychological Abuse	33
D. Identifying Information	38
figure: “Dear Pam, Don’t let the bad guys hurt you.”	39
Therapy With Children Who Have Been Ritually Abused	40
figure: “Fear is what we are talking about here.”	41
Definition of Terms	42
Background	44
Symptoms and Allegations	46
Disillusionment	48
Alienation	48
Reactions	49
Dissociation	51
Multiple Personality Disorder	52
Summary	53
The Therapeutic Approach	55
Group Therapy	56
Individual Therapy	57
Treatment Concerns Specific to Ritual Abuse	60
Disclosures	60
Religion	62
Information/Disinformation	63
Epilogue and Conclusion	64
figure: “The politico-religious struggle for the mind...”	66
Children’s Illustrations	67
Bibliography	72
Additional Resources	78
Idaho State Law	80

BIOGRAPHY

Pamela S. Hudson was born and raised in California, received her Bachelor of Arts Degree from Mills College, Oakland, California. She obtained her Masters Degree in Social Work from New York School of Social Work at Columbia University, New York City, New York. Ms. Hudson is a Licensed Hypnotherapist, a Licensed Clinical Social Worker, a member of the National Association of Social Workers, the Academy of Certified Social Workers, and the American Professional Society on the Abuse of Children. She has 32 years of experience working in mental health settings, both in-patient and out-patient. She has a private practice and also works in a county out-patient mental health clinic treating families with disturbed children.

For the past 5 years Ms. Hudson has been researching the phenomenon of ritual child abuse. During this time she has assessed and treated approximately 30 children reporting this type of abuse. She has participated in training videos on the subject and has presented trainings for professionals in child abuse in the United States, England, and Canada. She is the author of "Ritual Abuse Questionnaire," "Ritual Abuse: A Survey of Symptoms and Allegations", and "Therapy with Children Who Have Been Ritualistically Abused," and "Ritual Child Abuse: A Survey of Symptoms and Allegations."

INTRODUCTION

This book is a compilation of materials selected to inform and assist professionals working with severely and possibly ritually abused children. Families of children abused outside of the home and adult survivors of ritual abuse may find this helpful as well. Materials include papers prepared over a period of three years with the earliest, "Ritual Child Abuse: A Survey of Symptoms and Allegations," providing an overview of the phenomenon. The second section, "Ritual Child Abuse Questionnaire," can be used to assess the possibility of ritual abuse in a given child abuse case. The third section, 'Therapy with Children Who Have Been Ritually Abused," discusses treatment concerns specific to ritual child abuse. Finally, the Appendix includes a Bibliography, a list of Resources, and a copy of an Idaho State law identifying certain practices of ritual abuse as illegal.

Pamela S. Hudson, LC.S.W.
Post Office Box 807
Mendocino, California 95460
U.S.A.

RITUAL CHILD ABUSE:

A SURVEY OF

SYMPTOMS AND ALLEGATIONS

RITUAL CHILD ABUSE: A SURVEY OF SYMPTOMS AND ALLEGATIONS

Starting late in 1984 and continuing through to the present time, I have been seeing in my private practice and also in my work as a child therapist for a public mental health agency, children who present a consistent picture of symptoms and allegations which are commensurate with the newest phenomenon in the field of child abuse, ritual child abuse. In discussing these cases with colleagues in the mental health profession, law enforcement, and children's protective services, I find that while these cases are unusual, they do exist and the fact that the media has devoted considerable attention to them for two years has encouraged other victims of ritual abuse to come forth. Consequently, we are likely to see more ritual abuse survivors in our caseloads, before the courts, and in foster homes. The mental health profession needs to develop a body of knowledge and effective treatment approaches to better prepare for the growing numbers of these victims. A necessary component of such preparation is the willingness of professionals to share their work and openly discuss approaches to such cases. Greater dialogue between therapists and those in other disciplines working throughout the United States may be facilitated by the new professional organization, The American Professional Society on the Abuse of Children.[1]

[1] The American Professional Society on the Abuse of Children, 332 S. Michigan, Suite 1600, Chicago IL 60604, (312) 554-0166

FORT BRAGG DAY CARE CASE, 1984 - 1985

My introduction to ritual abuse occurred when several parents brought their children to me for assessment. Eventually I assessed about twenty-four children from this center, which was closed following an investigation by the State Department of Social Service.

The children came from households comprised of:

- 2 biological parents, intact home
- 1 biological parent and 1 step parent
- 1 biological parent.

The children in the Fort Bragg day care case ranged in age from 18 months to 3½ years when abused. Today they range from 4 to 14 years of age, with an average lapse between last known incident of abuse and 1988 of 11 months to 3 years. Both boys and girls are represented in this sample.

An experienced child therapist will observe that all but one of the Symptom Clusters can generally be found in any sexually assaulted child. It is the combining of the specific symptom cluster with the specific allegations which indicate the possibility of ritual abuse. The exceptional symptom in ritual abuse cases is the sudden eating disorder demonstrated by these children. Besides being revolted by meat, catsup, spaghetti, and tomatoes (which resemble organs), I had a case of a twenty-month-old girl suddenly start to throw away her baby bottle. When she was older she said the perpetrator urinated into her baby bottle during his visits with her. Later, she spoke of witnessing the death of a baby girl. In my experience young children forced to perform fellatio can develop a refusal to swallow saliva, an easy gag reflex, and complain of abdominal pain.

This population presented the following symptoms and allegations[1]: Section A, Symptoms, is largely self explanatory. Section B, Allegations, is set apart since it is composed of prosecutable crimes. Section C, Reported Physical and Psychological Abuses, lists allegations which are not medically provable and which prosecutors in the State of California have been reluctant to include in ritual abuse cases despite the reports, of multiple witnesses.

FORT BRAGG DAY CARE

			Yes/RSP[1]
A.	**Symptoms**		
	1	Acting out the sexual abuse	13/24
	2	Sudden extreme fear of the bathroom, bathing, washing hair.	10/24
	3.	Nightmares, night-terrors.	12/24
	4.	High anxiety disorder, separation anxiety.	16/24
	5.	Temper tantrums, oppositional behavior.	12/24
B.	**Allegations**		
	1.	Molested by other children.	11/24
	2.	Molested by strangers, day care workers, parent.	11/24
			Yes/RSP[1]
C.	**Reported Physical and Psychological Abuse**		13/24
1.	Locked in a cage or “jail”		

[1] The number on the left indicates how many children presented the symptom or allegation and the number on the right indicates the total number of children in this sample, i.e. 12/24.

2. Told that their parents, pets or younger siblings would be killed if they told anyone of the abuse.
3. Buried in the ground in coffins which they called “boxes.”
4. Held underwater.
5. Threatened with guns and knives.
6. Injected with needles, bled, drugged.
7. Photographed during the abuse.
8. Tied upside down over a “star,” hung from a pole or hook, burnt with candles.
9. Perpetrators wearing black robes, masks.
10. Participated in mock marriage.
11. Defecated and urinated upon.
12. Observed animals killed.
13. Observed torture and molestation of other children.
14. Saw children and babies killed. 4/24
15. Had blood poured on their heads.
16. Taken to churches, other day care settings, peoples’ homes, and graveyards for the ritual abuse.

Section C, with the exception of item #14, shows 13 of the respondents reporting one or more of the 16 forms of abuse.

UNITED STATES TELEPHONE SURVEY, 1988

In April 1988, after collecting the preliminary data from the Fort Bragg day care case, I conducted a telephone survey of 10 other families across the United States. My aim was to see whether there were similarities between the symptoms of my local population and those of children separated by great distances.' The question was, Is there a predictable pattern in ritual abuse of children and if so, what is it?"

This survey utilized my original sample population of 24 children to formulate the list of symptoms most frequently noted in these cases and the allegations or reports made by these children to either their parents or their therapists. I then telephoned parents whose names were given to me by the private organisation, Believe the Children, parents and others who had heard of my work, and those parents who initiated contact. No parent knew beforehand that I would be calling and, therefore, while some knew one another, no one had an opportunity to compare responses before my telephone call. Except for my own Fort Bragg sample, the data given was from the parent, not the child. Each case represents children from a given day care center or a child or children living with non-offending custodial parent (the offending non-custodial parent was identified by these children as the perpetrator), and a single case in which the identified perpetrator was a private babysitter who abused the child under her care. The fact that this sample does not include a case of a child living with offending parents is unfortunate because I am certain that this group comprises the largest population of ritually abused in our country and that these children are in the gravest danger, not only of abuse, but of losing their lives. However, these parents

[1] A local population is sometimes thought of as "tainted" since the children and their parents often talk among themselves. The so-called "contamination theory" holds that truth is jeopardized by communication among victims, parents, and therapists.

are not likely to cooperate with this survey since it would leave them open to prosecution. As long as these children are captives, therapists cannot reach them. I have spoken with four adult survivors of ritual abuse who report that in the course of these rituals they observed or participated in the torture and killing of their own or other babies. These women were former Satanists who have since left that cult and are in therapy.

Each of the 10 telephone survey cases is identified by its day care name, locality or special circumstance.' Section I, "Ritual Abuse Symptom Cluster in Young Victims," and Section II, "Allegations," are not discussed in detail here since they are self explanatory. What follows is a detailed discussion of Section III, "Child Reported the Following Types of Physical or Psychological Abuse."

III. 1.**Confinement in Cage** 10/11

Confinement or isolation, frequently reported in ritual abuse cases, is an effective tool in psychological conditioning. Children who have been ritually abused often report being placed in a closet or a large dog cage. Children in widely separated communities add that a lion was in the cage with them. Perhaps a domestic cat and/or sound effects played while the cage was draped convinced the three-year-old. The other possibility is that the child was given an hallucinogen, subjected to sound effects simulating a roaring lion, while being told that there was a lion in the cage. Ritually abused children in the Netherlands have also reported having been put into a cage with a lion, however the "lion" turned out to be an adult wearing a lion costume. Small children did not notice the zippered "paws," older children did. A former Satanic priestess explained to me that the heavier steel cage is used to hold victims sometimes as long as three days, while the cage with slender steel bars is

[1] Refer to "A Survey of ritual Child Abuse Cases: Symptoms and Allegations," a chart of the survey, p. .

used not only to confine the victim but as the group's latrine. The child is urinated and defecated upon while caged. The West Point child could not stay in her crib because its bars caused a flashback.

2. **Threats** 11/11

Children from widely separated communities report being threatened with murder of themselves, their parents or pets, and of even an unborn sibling, if they revealed the ritual abuse to anyone. The McMartin Day Care child reported that her own pet cat was stolen and killed in her presence.
In the Babysitter case, the child was told that unless she kept silent, her family would disappear. The Gallup case child was threatened with having his house burned down. In the Presidio case, the child was not only threatened with the death of all his family, but also that of his mother's developing fetus. In the Parent in Coven case, one brother saw his pet turtle killed, the other, his pet hamster. The perpetrators warned the children if they did not "get them" another person would, so the children were afraid to tell of their experiences.

3. **live burial in caskets, coffins, boxes** 6/11

In the Parent in Coven case, the brothers described having been buried in a trunk, then in a coffin with a "rubber hose" coming into it and a "green tank at the other end." There are indications that a box confinement occurred in the Campbell case. The Alabama child reported confinement in a closet and a casket. The Gallup Day Care case reported being confined in a large appliance packing crate and in a freezer chest. The Presidio child said she had been put inside a box. In the Fort Bragg day care case a girl added that while in the freezer chest, her feet were immersed in ice cubes and ice was poured on her head. Two boys from the Fort Bragg day care case reported being buried in a large dumpster full of fish entrails and fish heads at the local fish processing plant. One boy remembers vomiting.

4. **Water torture** 7/11

The Parent in Coven child reported being held underwater, with what sounds like catheter tubes placed in his penis. The East Valley case in El Paso, Texas and the St. Cross Episcopal Day Care child in Hermosa Beach, California reported having been held underwater in backyard swimming pools. One child from the Presidio Day Care case reported being shoved head-first into the toilet bowl. Another indicated being held under running water in the bathtub. Some of the Fort Bragg, California children speak of being placed in a cage which was lowered into the Pacific Ocean and some, of having a sack put over the head and being submerged in a local recreational boating pond. The McMartin Day Care case child referred to being "in a boat in a pool." The West Point Day Care child developed a fear of toys and soap floating in the bathtub and said the perpetrators held her underwater. The Campbell day care child refused baths and refused swimming classes.

5. **Threats with guns or knives** 10/11

McMartin Day Care case parent stated "definitely" when asked whether their daughter reported being threatened with guns or knives. The West Point Day Care child became so fearful of guns she got up and left a wild west show. She reported having been threatened with both guns and knives. In the Parent in Coven case, both children speak of guns and daggers. The Gallup, St. Cross, Presidio and Fort Bragg children all report threats with guns and knives. The Campbell child is very young, but since her experience she has become obsessed with killing and plays killing games using both toy guns and knives as weapons. One child tried to stab his younger brother with a knife. Fort Bragg children report both weapons held to their heads and the guns fired over their heads.

6. **Drug Injections** 10/11

The McMartin child has scars on her knees and eyebrows from injections. The West Point child reports watching others being given shots and a dog being bled to death. The Campbell child reports shots being given in anus, groin, and buttocks. The Parent in Coven boys report being injected in hands, in ankles, and blood being drained from wrists. The Alabama case reports being drugged with Kool-Aid, but no shots. The Gallup child reported drugs administered to several children with Q-tips soaked in some chemical and then placed in a corner of the eye, also by syringe, used under the tongue. The St. Cross child stated she was injected in her "bottom," her thumb, and her vagina The Presidio child said he was cut so blood would come out of his mouth and that a pencil was inserted into his "bottom." The Fort Bragg children reported needles used both to bleed them and to inject them. Areas reported as injection sites included groin, between toes, and scrotum. They too reported that pencils or "sticks" were inserted into the anus. Some children witnessed these procedures. One girl fainted during a bleeding. The other children were told she was taken to the hospital, but the hospital has no record of treating her. The Parent in Coven children reported observing people whose legs were cut off bleeding to death.

7. **Filming and Still Photography** 11/11

The One boy in the Parent in Coven case reported that he was forced to pose nude for numerous "pictures," some taken while he was sodomized by the cult leader. His buttocks were a frequent subject for films. The McMartin, Fort Bragg, Gallup, and Campbell day care children all reported being both video taped and still photographed. The West Point Day Care child appears programmed to "pose sexy." Whenever a particular form of music comes on the radio, she strikes pornographic poses. One 3 year old Fort Bragg day care girl was triggered by Latin music to pose erotically. Clearly the act of filming the

rituals, as well as sexual activity, and torture, is characteristic of this form of abuse. One Fort Bragg child immediately regressed and became agitated when his picture was taken on his first day of school

8. **Bondage, locked in closets, hung by feet or wrists, spread-eagled over pentagrams, tied onto upside-down crosses.** 7/11

The McMartin and St. Cross children report being tied, the former put into a closet, the latter hung from a cross. Parent in Coven and the Fort Bragg children report being tied and strung up from hooks or poles. The Fort Bragg children report observing others being hung and one child fainting. The Gallup Christian Day Care child reported children being tied, drugged, and placed in the middle of a fringed carpet with a cobra design in the center. The other children had to sit in a circle and either sing or chant while staring at the drugged child who was said to be "dead." When the child revived, the day care operator told the children that his power brought the drugged child "back from the dead." The very young child in the Babysitter case plays bondage games.

9. Abusers wearing masks and robes, carrying candles 11/11

The West Point child reported that some black-robed men wore women's wigs. The Alabama child called the abuser "a scary monster with a devil face." The Babysitter child described black robes lined in red, tied with a purple rope. The child in Texas describes robes and devil faces, as do the children in the Oregon case. The Campbell child, Presidio child, and Fort Bragg children described perpetrators wearing black robes and animal masks. The Fort Bragg child said, 'They wore robes and their beauties were hanging out" "Beauties" is her word for breasts. Besides reporting the robed/masked people, children also showed symptoms of being terrified of policemen, doctors, and Santa Claus. It is obvious that the costumed perpetrators tried to destroy the child's trust in law enforcement and in

the medical community. In court, one McMartin child said the judge had been present at the abuse. My belief is that perpetrators don costumes of society's authority figures or children's heroes (e.g. Santa Claus), then abuse the children thereby conditioning them to mistrust or fear these people. The results include agitation/anxiety around Christmas time and noncooperation during investigation or trial.

10. Mock Marriages 6/11

The West Point child, Campbell child and Fort Bragg child each report being dressed in a princess costume and "married" to a little boy in a ceremony. The Fort Bragg child said she was the 'Princess of Darkness" and married the "Prince of Light" (the boy involved corroborated her story). The Campbell child continues to talk about her 'Princess Power" experience. The Campbell child speaks of a box full of costumes which the adults made the children put on before photographing them in various poses. The West Point child experienced a flashback during her first Holy Communion. When she put on her veil, she immediately regressed into infantile baby talk and became agitated and fearful. This mock marriage ceremony apparently dedicates the children to one another, possibly in the name of Satan. Adult survivors report being married to Satan. To date, only adult survivors have had any memory of events immediately following a "marriage." When these survey children actually marry in adulthood, it is possible that they will either recall the events surrounding this ceremony or become phobic against marriage rituals of any sort. One hopes therapy can alleviate a crisis at this point in their lives.

11. Defecation, urination, forcible ingestion of human wastes

Gallup child reports having to drink a "pee" punch. The McMartin child consumed the "devils's round." The Washington children said feces were smeared on them, they were urinated upon, had to drink/eat urine and feces, and had both injected into them. The

Campbell child said she had to drink her "pee" and eat her "poo." If she refused, the woman, who called herself a witch, spit in her face, pinched her all over and said, "You won't be going home to your mother. Your mother is mean and we'll kill her." One Fort Bragg child spoke of having to lie down while the perpetrator stood above him, legs spread apart,. and defecated into his mouth. Other children said feces were mixed into their day care hot food. A Santa Rosa, California child, not included in this survey, reported the perpetrators said something to the effect that "God is good, God made shit, so it must be good" while forcing her to swallow feces. In the Fort Bragg day care case there was a higher than average incidence of constipation which may have been the result of children withholding defecation to prevent the painful event of having to eat feces. This area deserves further research with ritual abuse survivors. Clearly, the purpose is the degradation or humiliation of the victim. The children feel dirty inside; they complain of stomach aches. Because this abuse occurs at the age children are trying to establish bowel and bladder control, it has a potent effect on their personality development.

12. **Witnessing animals tortured and killed** 10/11

The West Point child reports observing a dog electrocuted to death. The Fort Bragg children speak of a dog burned either with a cigarette or cattle prod. "Maybe this will make you think," is what the day care operator is reported to have said to the children as they watched her torture a dog. One boy said he and a puppy hung together. The puppy strangled. The McMartin day care child described rabbits and birds being killed slowly. The Gallup child talks about being forced to view the torture and killing of cows, horses, elk, chickens, and rabbits. The Presidio child speaks of a cat being killed. The McMartin child spoke of the perpetrators first poking nails or pencils into the rabbit or cat's eyes, then cutting off legs, then cutting the throat to bleed the animal, and finally cutting the chest

cavity. One Fort Bragg child would go through his home sticking pencils into the eyes of people in photographs about the house.

13. Fake Operations 6/11

Washington children were “operated on” and told that the perpetrators placed a box with teeth inside them from which a ghost will escape and kill all their relatives should they ever tell anyone what happened to them. The Gallup child was told by a “doctor” that he put something inside her heart. The St. Cross child was told that there is a bomb implanted inside of her which will cause her to blow up if she “tells,” also that her heart and brain were switched. The Presidio child, while not disclosing an operation, seems fearful of snakes possibly being inside of her. A Fort Bragg case reported his heart had been removed or replaced by that of the day care operator.

14. **Children’s descriptions of the torture and sexual assault of themselves or others** 10/11

The majority of the cases described either being sexually assaulted themselves and/or observing this happen to other children. The children also report being forced to mutually masturbate or pretend to penetrate one another. Earlier in this paper I described children witnessing other children being bled or hung by feet or wrists until they fainted. One Fort Bragg child reported being “cooked” in hot water. This turned out to have been a hot tub, however the psychological effect upon the victim and the children observing is that the omnipotent day care operator could cook you if she willed it. The West Point child described seeing adults tied with wires to trees and then burned to death. Her parents later found a tree, partly burned, with electric cables around its trunk. The children were reluctant to admit that they participated in the torture or sexual assault of other children, therefore this is generally a late disclosure.

15. Evidential medical examinations Findings commensurate **with sexual assault** 11/11

All the children showed scarring both vaginal and/or rectal. This finding indicates that sexual assault has occurred in all eleven cases. Although this factor is a symptom and not an allegation, it was more comfortable for parents to answer this question at this point in the survey.

16. **Babies, small children killed, carved up, and parts eaten** 9/11

This allegation generally reduces the credibility of cases being presented in court; however it is commonly reported in ritual abuse cases. Each child describes variations on the theme and while few will admit to eating human flesh themselves, several talk of the ritual sacrifice of babies and children. The children who lived for a time with the non-custodial Parent in Coven described adults being bled, carved up, parts eaten, and the rest burned. They also reported witnessing a woman give birth at a meeting and the newborn ritually sacrificed. The McMartin child speaks of seeing babies' eyes cut out and the bodies burned in a crematorium which she later pointed out to her parents. The West Point child mentioned seeing the burning of live people. The Oregon child describes observing a baby ritually killed and buried in a shoebox. She said its parents were crying. Presidio child spoke of a black baby killed. St. Cross child said that the baby was boiled, hung on a cross and cut. Fort Bragg cases described viewing the killing of perhaps four children, none of whom were known to the children. They included a "brown baby and a peach baby," a "little fella," and a small girl named "Tessie." The children said these children were talking, walking or crying prior to and during their murders which were generally that of being cut open. One Fort Bragg child showed me how the day care operator's hand over her own made her push the knife into the baby's chest. This child worries that one day she will go to jail for murder.

Another child told me that the day care operator “steals kids.” Several Fort Bragg day care children developed eating disorders. This could be due to the trauma of observing the taking of human or animal life and watching others eat the flesh, or it could be due to the possibility that they had to participate both in the killing and in the consumption of the sacrificial victims.

17. Transportation elsewhere for abuse; various methods of transport10/11

Two cases, Campbell and Fort Bragg, report that the children were told they were being taken to ‘Disneyland” where the children say they were abused. I showed a series of photographs of Disneyland to one Fort Bragg child who immediately identified them as the actual Disneyland, not the place she was taken, which the perpetrators called “Disneyland.” One so-called ‘Disneyland” site was underground. Another title perpetrators gave locations for abuse or ceremonies was the “haunted house.” I believe these titles are disinformation designed to discredit the small child’s story. It would be commensurate with the ritual abuse for perpetrators to tell preschool children they were being taken to “Sesame Street,” “Alice in Wonderland,” “the Wizard of Oz,” “Santa’s North Pole” or a “magic castle.” The actual descriptions of the settings indicate the use of private homes, empty buildings including barns, churches or military buildings, and even caves. Adults who survived ritual abuse have told me of being taken by every mode of transportation, except helicopter or submarine, to ritual sites. In this survey 4 children reported transportation by airplane, 3 by boat, 2 by submarines, 2 by helicopter, 1 by jet. Before we dismiss the less likely modes, e.g. jet, helicopter, and submarine, consider the simplicity of placing a toddler inside a box or cage, draping it and putting the child into a moving vehicle, then telling the child he/she is travelling in a helicopter or submarine. Again, the more outrageous the story, the less likely it will be believed. One Fort Bragg boy called the moving vehicle a “space ship.”

18. Sexual assault and terrorizing in churches, graveyards, other day care centers 10/11

Four cases report being taken to “other schools,” i.e. day care centers (McMartin, West Point, Gallup Day Care, Fort Bragg). McMartin stated she was taken inside a crematorium. Five others said they were taken to churches (Campbell, Alabama, Gallup, St. Cross, Fort Bragg). Two reported being taken to graveyards where “bodies were dug up” (Parent in Coven and Fort Bragg). Events described by the children include having “white stuff squirted” on her (Campbell) to being sexually assaulted beneath a painting entitled “Jesus Knocking on the Door to Your Heart” (Gallup). One Fort Bragg boy was taken by his parent to a Roman Catholic church after he started disclosing his experiences. He screamed and bolted from the sanctuary when the priest lifted the holy wafer in preparation for Communion. Two Fort Bragg children described being taken to see dead bodies. One reports being placed in a coffin and having the lid lowered.

Ritual abuse seems to occur frequently in day care centers which purport to be Christian and some Satanists deliberately use Christian settings. Apparently these perpetrators often lease the day care buildings from a church and abuse the children in the nearby sanctuary which is generally empty during the weekday. The Gallup Christian Day Care, St. Cross Episcopal Day Care, Fort Bragg day cares, and YMCA in El Paso, Texas, presented themselves as Christian-oriented operations. Parents in Fort Bragg were reassured by the fact that the day care operators had Bible study meetings on Saturday nights. The unaware parent believes that if a day care center is associated with a Christian church or calls itself Christian, it is actually Christian. Unfortunately, there is no way of knowing beforehand whether the care providers are benevolent or malevolent. Some Satanists deliberately use Christian settings.

SUMMARY AND COMMENTS

Judging by the data there is a profile, both of symptoms and of allegations, of those children who are ritual abuse survivors. While this sample is comprised of only 11 ritual abuse sites, each of them presented a picture of anxiety and post-traumatic stress syndrome as evidenced by reports of severe separation anxiety, fear of starting school, avoidance of their own beds, refusal to sleep alone, and fear of the dark. The next largest category of symptoms reported includes night terrors, night sweats, extreme fear of the bathroom/ bathing/rain, hyperaggressiveness, and an eating disorder. Vomiting and somatic symptoms occurred in 8 of the 11 cases. With regard to the allegations, each of the cases reported sexual molestation by adult strangers or day care workers, the threat of murder if the victims revealed the abuse, being photographed during the abuse, seeing abusers wearing robes and sometimes masks, and each had medical findings commensurate with sexual assault The cage torture, guns, knives, injections, being both defecated and urinated upon, observing animals killed, seeing other children tortured, and being taken off day care grounds for abuse were reported in 10 out of 11 cases. Group sex and small children being killed were described in 9 of the 11 cases. In over half of the 11 cases, children described being buried alive or confined in boxes, being held underwater, being hung on a cross or spread over a pentagram, participating in mock marriage, and being given fake operations.

The consistency of these findings, taken from cases across the nation, suggest a predictable pattern in ritual abuse. One is compelled to wonder about a conspiracy either among the perpetrators or among the toddlers. I believe that children who present these symptoms together with these allegations are likely to have been ritually abused. If the children report abusers wearing black robes and chanting “Hail Satan!” the abuse is likely to have been perpetrated by Satanists.

Rather than try to understand the way these effects are produced or where, when, and whether the perpetrators managed to commit these crimes, the therapist should focus on the child/parent/family trauma. No other child abuse case will demand as much from a clinician as that of ritual abuse. The child will be unpredictable, in some cases responding to programmed cues and behaviors which are unknown to the parent or therapist.' The father and mother will experience rage, grief, fear, and mistrust of any person trying to treat their child. The family will be filled with schisms between parents, between siblings (the abused vs. the non-abused), between child and parent. Such schisms will often occur between the clinician and his/her employer or agency. Those therapists, officers, and child protection workers who believe the children are isolated and sometimes ostracized by their administrators. Even journalists who present this topic to the public will notice themselves being shunned and their work "watered down" so the public can cope with it. This watering down effort is deliberate and certain district attorneys would rather the victims minimized the rituals and tortures both physical and psychological, and the reports of animal and human sacrifice. In one case the parents have decided not to give details of the Satanic rituals to their district attorney for fear he will not prosecute the case.

[1] Renner, T. Brainwashing in Ritual Abuse, unpublished. P.O. Box 3470, Berkeley CA 94703.

TEENAGERS AND THE OCCULT, ADULT RITUAL ABUSE SURVIVORS

I would like to say a word about two other types of ritual abuse clients, both of which I have treated. First, teenagers involved with the occult and Satanism are distinguished by their dramatic methods of attempted suicide, e.g. setting fire to themselves or slicing their own throats. The second outstanding characteristic is their fantasies of killing their parents, or other persons, in some gruesome manner. These alienated youth are often anti-authoritarian, anti-establishment, anti-Christian, anti-school, and anti-therapy with histories of considerable drug usage. The homicide and suicide risk is above average in this population.

The second group of ritual abuse clients is that of adult survivors, some of whom are forming their own organizations and publishing their own stories.[1] They present the greatest challenge to the therapist. Their abuse may have occurred decades earlier. Their guilt, rage, self-hate and alienation are great. Researchers have discovered that over 50% of the cases identified as multiple personality disorders were ritual abuse survivors whose parents were involved in Satanism or who themselves were recruited by Satanists while young.[2] They are generally fearful, self-destructive, and sometimes perpetrators themselves. They often abuse drugs, alcohol and smoke or overeat. They present a complex and fluctuating picture in hospital settings and in mental health clinics. It will tax the ingenuity of the mental health professional to just keep abreast of them during the course of treatment. They are variously diagnosed schizophrenic, borderline personality disorder, self-defeating personality disorder, bi-polar personality disorder, and multiple personality disorder.

[1] Survivor Book. P.O. Box 6274, Albany CA 94706.

[2] Braun, B.,Rush/Presbyterian St. Luke Hospital, 230 North Michigan #3200, Chicago IL 60601, (312) 372-1447.

Clinicians today report that both adult and child survivors of ritual abuse often present the symptoms of intermittent trance-like states and periods of amnesia.' Whether this is due to disassociation, hypnotism or drugs is difficult to determine. It may be a combination of all three. Obviously, these symptoms interfere with recollection of the events surrounding their abuse and makes treatment, investigation, and prosecution extremely difficult. It also explains why the ritually abused child does not immediately tell his or her parents of the abuse and why significant delay develops between time of incident, disclosure, investigation and possible prosecution. Extensive media attention to ritual abuse can jog children's memories and will, one hopes, encourage them to disclose earlier. If so, parents who obtain early counselling for their child will be preventing extended distress for the victim. Length of treatment may be as much as two or three years, but I do not advocate that this treatment be weekly after the midpoint of therapy. A child needs periods of consolidating gains and returning to his/her primary task of mastering those skills which are appropriate to his/her age. Undue or excessive focus on the rituals or Satanic philosophies vs. Judeo-Christian philosophies will, in my opinion, create a morbidity which is unhealthy in a growing child.

The child therapist and parent who relies on the child's inevitable growth process and provides the most supportive and therapeutic environment can be confident that these children will eventually recover. Symptoms may recur at puberty, young adulthood, marriage, on becoming a parent, and during other passages of life. If so, therapy at those times is recommended.

[1] Peterson, G. (March 1990). 'Diagnosis of Childhood Multiple Personality Disorder," Dissociation, VoL III, No. 1. pp. 3-9.

A SURVEY OF RITUAL CHILD ABUSE CASES:1
SYMPTOMS AND ALLEGATIONS
April 1988

	McMartin Day Care: Manhattan Beach,CA	West Point Child Development Center, NJ	Parent In Coven: CA	Alabama child in day care: CA	Babysitter case: Manhattan Beach, CA	East Valley YMCA Day Care El Paso, TX	Day care center: Campbell, CA	Gallup Christian Day Care: Roseberg OR	St Cross Episcopal Day Care: Hermosa Beach,CA	Presidio Child Devel-opement Center: San Francisco, CA	Day care center: Fort Bragg CA
I RITUAL ABUSE SYMPTOM CLUSTER IN YOUNG VICTIMS											
1. Compulsive, erotic behavior; acting out the sex acts.	yes	yes	yes	yes	yes	yes	yes	not noted	yes	yes	yes
2. A sudden extreme fear of the bathroom, bathing, washing, rain.	yes	yes	yes	no	no	yes	yes	yes	yes	yes	yes
3. Nightmares; night terrors, night sweats.	yes	yes	yes	yes	no, but bed wetting	yes	yes	yes	yes	yes	yes
4. Extremely high anxiety, fearful of being separated from parents, school refusal.	yes apart	yes	never	yes	yes	yes	yes	yes	yes	yes	yes
5. Hyperaggresslve, temper tantrums, oppositional behavior, school dleruptiveness.	yes	yes	yes	yes	yes	no	yes	no	yes	yes	yes
6. Sudden eating disorder; refuses meat, catsup spaghetti, tomatoes.	yes	yes	yes	no	yes	no	yes	yes poor appetite	yes	yes	yes
7. Fearful of going to bed, the dark, resists bedtime, will not sleep alone.	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes
8. Vomiting for no apparent reason, abdominal pain.	yes	yes	yes	yes	no	no	yes	no	yes	yes	yes

A SURVEY OF RITUAL CHILD ABUSE CASES (page 2)

	McMartin Day Care: Manhattan Beach,CA	West Point Child Development Center, NJ	Parent In Coven: CA	Alabama child in day care: CA	Babysitter case: Manhattan Beach, CA	East Valley YMCA Day Care El Paso, TX	Day care center: Campbell, CA	Gallup Christian Day Care: Roseberg	St Cross Episcopal Day Care: Hermosa	Presidio Child Devel-opement Center: San	Day care center: Fort Bragg CA
II ALLEGATIONS											
1. Child was molested by other children, child group sex.	yes	no	not stated	no	yes	yes	yes	yes	yes	yes	yes
2. Child was molested by adult strangers, daycare workers.	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes
III CHILD REPORTED THE FOL LOWING TYPES OF PHYSICAL OR PSYCHOLOGICAL ABUSE											
1. Reports being locked Inside a "jail" or cage.	yes	yes	yes	yes	no	yes	yes	yes	yes	yes	yes
2. Reports telling that abusers threatened to kill their parents, siblings or pets if they told.	yes	yes	yes	yes	yes	yes	yes	yea	yes	yes	yes
3. Was burled or put inside caskets, coffins, 'boxes.'	no	no	yes	yes	not stated	not stated	not stated but afraid of boxes	yes	not stated	yes	yes
4. Was held under water.	not stated	no	yes	not stated	no	yes	not stated but afraid of water	yes	Yee	yes	not stated but afraid of water
5. Was threatened with guns or knives.	yes	yes	yes	yes	no	yes	not stated but wants to 'kill' using both weapons	yes	yes	yes	yes
6. Child was Injected, drugged, or 'poked' with needles.	yes	yes	yes	yes	no	yes	yes	yea	yes	yes	yes
7. Children were photographed or filmed during abuse.	yes	yes	yes	yes	yes	yea	yes	yes	yes	yes	yes
8. Children were tied by ropes, hung from hooks, placed In closets, spread over Inverted pentagram or Inverted cross.	yes	not stated	yes	no	not stated but plays bondage games	not stated	yes	yes	yes	no	yes

A SURVEY OF RITUAL CHILD ABUSE CASES (page 3)

	McMartin Day Care: Manhattan Beach,CA	West Point Child Development Center, NJ	Parent In Coven: CA	Alabama child in day care: CA	Babysitter case: Manhattan Beach, CA	East Valley YMCA Day Care El Paso, TX	Day care center: Campbell, CA	Gallup Christian Day Care: Roseberg	St Cross Episcopal Day Care: Hermosa	Presidio Child Devel-opement Center: San	Day care center: Fort Bragg CA
9. Child describes abusers wearing robes, masks, having candles.	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes
10. Children were forced to participate In mock marriages.	no	yes	no	yes	no	yes	yes	no	Yee	not stated	yes
11. Children were defecated and urinated upon, and forced toilngest both.	yes	yes	yes	Intimated	yes	yes	yes	yes	yes	yes	yes
12. Children observed animals tortured and killed.	yes	yes	yes	yes	yes	yes	not stated	yes	yes	yes	yes
13. Children described being given fake operations.	no	no	yes	yes	no, but fearful of doctors	not stated	yes	yes	yes	no	yes
14. Children describe the torture and sexual assault of others or of themselves.	not stated	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes
15. Evidential medical examination: Findings commensurate with sexual assault.		yes	yes	yes	yes	yes	yes	yes	yes	yes	yes yes
16. Children described small children and babies being killed, carved up and eaten by participants, sometimes Including themselves.	yes	yes	yes	yes	not stated but throws baby dolls about	not stated	not stated	yes	yes	yes	yes
17. Children report being taken away from the care provider, travelling by car, airplane, helicopter, boats or submarines,	yes	yes	yes	yes	yes	no	yes	yes	not stated	yes	yes
18. Children describe being taken to churches, other daycare centers and graveyards for more terrorizing, torture and sexual assault	yes	yes	yes	yes	no	yes	yes	yes	yes	yes	yes

RITUAL CHILD ABUSE

QUESTIONNAIRE

PREFACE

This questionnaire is designed to collect data on one child at a time. To report on more than one child, please copy the questionnaire and use one for each child.

Your comments are welcomed and will be useful. Please write comments on the reverse side of the form and indicate to which question your comments apply.

Extreme fear and other factors prevent victims of ritual abuse from simultaneously recalling every abuse incident in its entirety. It may take years before the child's full story is known, which means that the information given now may change or be added to at a later time. In cases where an investigation is in progress, it is suggested that you keep one copy of the completed questionnaire and give one copy to the investigative agency. When new information emerges notify the investigative agency. Date these additions in the Comments Section after the appropriate question. It will provide you with a convenient summary for future reference.

RITUAL CHILD ABUSE QUESTIONNAIRE

Pamela S. Hudson, LC.S.W.
Post Office Box 807
Mendocino, Ca, 95460
U.S.A.
Telephone: (707) 937-5952

A. <u>SYMPTOM CLUSTER IN YOUNG VICTIMS</u> (Circle YES or NO)

1.Does the child engage in compulsive erotic behavior, e.g. acting out sex acts?
[YES/NO] *Comments:*

2. Did the child develop a sudden extreme fear of the rain, the bathroom, bathing, or washing hair?
[YES/NO] *Comments:*

3. Does the child have nightmares, night tenors (screaming, sitting up in bed not recognizing parents) or night sweats?
[YES/NO] *Comments:*

4. Does the child develop extreme anxiety when separated from parents? Did the child suddenly refuse to go to school?
[YES/NO] *Comments:*

A. <u>SYMPTOM CLUSTER IN YOUNG VICTIMS</u> (Continued) (Circle YES or NO)

5. Did the child suddenly develop hyper-aggressiveness, have temper tantrums, or become oppositional and disruptive in school?
   [YES/NO] *Comments:*

6. Did the child suddenly develop an eating disorder, e.g. refuse meat, catsup, spaghetti, tomatoes?
   [YES/NO] *Comments:*

7. Does the child display fear at bedtime, refuse to sleep alone, display fear of the dark, refuse to go to bed?
   [YES/NO] *Not stated but:*

8. Does the child vomit for no apparent reason? Does the child complain of abdominal pain frequently?
   [YES/NO] *Not stated but:*

9. Was there an evidential examination by a physician, experienced in assessing child molestation, with findings commensurate with sexual assault?
   [YES/NO] *Not stated but:*

A. **SYMPTOM CLUSTER** IN **YOUNG VICTIMS** (Continued) (Circle YES or NO)

10. Did the child's toilet training suddenly reverse? Is the child encopretic (soiling) or enuretic (wetting)?
[YES/NO] *Not stated but:*

11. Did the child frequently appear dazed, drugged or groggy when returned from the care provider?
[YES/NO] *Not stated but:*

B. ALLEGATIONS OF SEXUAL ASSAULT (Circle YES or NO)

1. Does the child report children group sex or being molested by other children?
[YES/NO] *Not stated but:*

2. Does the child report being molested by adult strangers, day care workers or baby-sitters?
[YES/NO] *Not stated but:*

C. ALLEGATIONS OF PHYSICAL OR PSYCHOLOGICAL ABUSE (Circle YES or NO)

1. Does the child report being locked inside a cage or "jail?"
[YES/NO] *Not stated but:*

C. **ALLEGATIONS OF PHYSICAL OR PSYCHOLOGICAL ABUSE** (Continued) (Circle YES or NO)

2. Does the child report saying that abusers threatened to kill their parents, siblings or pets if they "told?"
   [YES/NO] *Not stated but:*

3. Does the child report being put inside a casket, coffin or box? ('They put me in `boxes' Mommy.")
   [YES/NO] *Not stated but:*

4. Does the child report being held under water?
   [YES/NO] *Not stated but:*

5. Does the child report being threatened with guns or knives?
   [YES/NO] *Not stated but:*

6. Does the child report being drugged orally or injected ("poked") with needles?
   [YES/NO] *Not stated but:*

C. **ALLEGATIONS OF PHYSICAL OR PSYCHOLOGICAL ABUSE** Continued) (Circle YES or NO)

8. Does the child report being tied by ropes, wires or cables, hung from hooks, placed in closets, spread over an inverted pentagram or placed on an inverted cross?
   [YES/NO] *Not stated but:*

9. Does the child describe abusers wearing robes, masks, carrying candles?
   [YES/NO] *Not stated but:*

10. Does the child describe participating in a costumed mock marriage ceremony?
    [YES/NO] *Not stated but:*

11. Does the child report being defecated and urinated upon? Does the child report having to ingest feces and/or urine?
    [YES/NO] *Not stated but:*

12. Does the child describe the torture and killing of animals (may include drinking animal blood)?
    [YES/NO] *Not stated but:*

13. Does the child describe being operated on and having "something" done to his/her body, something that the child can neither alter nor control?

C. ALLEGATIONS OF PHYSICAL OR PSYCHOLOGICAL ABUSE (Continued) (Circle YES or NO)

14. Does the child describe the torture and sexual assault of him/herself or others?
    [YES/NO] *Not stated but:*

15. Does the child describe small children and babies being killed, carved, and eaten by ritual participants, sometimes participating him/herself? (The examiner may want to ask whether the child saw adults or teenagers killed and eaten which children reported in a few cases.)
[YES/NO] *Not stated but:*

16. Does the child report being taken away from the care provider, traveling by car, airplane, helicopter, boat or an unusual conveyance?
[YES/NO] *Not stated but:*

17. Does the child describe being taken to churches, other day care centers, graveyards for more terrorizing, torture, and sexual assault?
[YES/NO] *Not stated but:*

18. Does the child describe being taken to underground places Iike caves, crypts, “the hole” or tunnels for more terrorizing, torture, and sexual assault?
[YES/NO] *Not stated but:*

C. **ALLEGATIONS OF PHYSICAL OR PSYCHOLOGICAL ABUSE**Continued) (Circle YES or NO)

19.Does the child talk about a “poo man” or “poop man” and a “bath lady” or “washing lady?”.’ [YES/NO] *Not stated but:*

[1] Added after survey because it is characteristic of these cases and may aid the investigator. Apparently a male perpetrator supervises the feces torture and a female perpetrator cleans the child afterwards.

IDENTIFYING INFORMATION

Date completing questionnaire:
Child's present age: Sex (circle one): M/F
Child currently residing with (circle one):
Parent/Extended family member/Foster home/Institution
Period of abuse (month/year): From To
Age during abuse: Age when abuse was first disclosed:
Child treated for abuse (circle one): YES/NO
If not, why not?
Alleged perpetrators:
(circle one) One/Several
(circle one) Male/Female/Both
(circle one) Relatives/Strangers/Friends
Race(s)
Abuse setting:
(circle all appropriate) Home/School/Pre-school/Extended family/
Summer camp/ Religious organization/
Other type

Investigated by authorities (circle one): YES/NO
Perpetrator(s) prosecuted (circle one): YES/NO
Perpetrator(s) convicted (circle one): YES/NO
Person completing questionnaire:
Relationship to child
Name
Street address
City (borough, district), state
Country
Telephone Day Evening

Dear Pam,
Don't let the bad guys hurt you.
Happiness
We need love and shelter from the storm.
Don't let Jennifer get hurt.*
I love you,
*Eric***

*16-month old baby sister
**4-year-old Satanic ritual abuse survivor: June. 1990.

THERAPY WITH CHILDREN WHO HAVE BEEN RITUALLY ABUSED

"Fear is what we are talking about here.
Fear is the commodity manufactured in the covens.
Fear is the essence of superstition.
Fear is in this audience, in all our hearts.

And it is in the hearts of the moms and dads
whose children have been abused
and whose children have not been abused.

Can you imagine how much of this fear
is in the mind of the small abused child?"

[Adult ritual abuse survivor]

DEFINITION OF TERMS

A. THE OCCULT[1]

1. beyond the range of ordinary knowledge; mysterious.
2.. secret; disclosed or communicated only to the initiated.
3. of or pertaining to magic, astrology, and other alleged sciences claiming use or knowledge of secret, mysterious or supernatural agencies.
4. hidden from view.

Synonyms: 1. metaphysical, supernatural
2. concealed, unrevealed; veiled, shrouded; mysterious, cabalistic.

B. SATANISM'

1. the worship of Satan or the powers of evil.
2. a travesty of Christian rites in which Satan is worshipped.
3. diabolical or satanic disposition, behavior, or action.

C. RITUAL[1]

1. an established or prescribed procedure for a religious or other rite.
2. a system or collection of religious or other rites.
3. observance of set forms in public worship.
4. any practice or pattern of behavior repeated in a prescribed manner reminiscent of religious ritual.
5. a book of rites or ceremonies.
6. of the nature of or practiced as a rite or rites: a ritual dance.

D. RITUAL MURDER[1]

1. a human sacrifice made to appease the gods or a god.

[1]. (1989). Webster's Encyclopedic Unabridged Dictionary of the English Language. Portland House, New York NY.

DEFINITION OF TERMS
(continued)

E. RITUAL ABUSE

The Report of the Ritual Abuse Task Force, Los Angeles County Commission for Women, provides the following definition:

> *Ritual abuse is a brutal form of abuse of children, adolescents, and adults, consisting of physical, sexual, and psychological abuse, and involving the use of rituals. Ritual does not necessarily mean satanic. However, most survivors state that they were ritually abused as part of satanic worship for the purpose of indoctrinating them into satanic beliefs and practices. Ritual abuse rarely consists of a single episode. It usually involves repeated abuse over an extended period of time.*
>
> *The physical abuse is severe, sometimes including torture and killing. The sexual abuse is usually painful, sadistic, and humiliating, intended as a means of gaining dominance over the victim. The psychological abuse is devastating and involves the use of ritual/ indoctrination, which includes mind control techniques and mind altering drugs, and ritual/intimidation which conveys to the victim a profound terror of the cult members and of the evil spirits they believe cult members can command. Both during and after the abuse, most victims are in a state of terror, mind control, and dissociation in which disclosure is exceedingly difficult.*[1]

Confusion is created by the fact that some of the trappings of Satanism, such as the use of special robes, candles, and chanting, to name just a few, are used in a broad spectrum of Judeo-Christian, Pagan, and New Age religions. Furthermore it is important to note that not all practitioners of the occult worship Satan and that many Satanists deny the practice of human sacrifice.

For the purpose of this paper, ritual abuse and Satanic abuse are used synonymously. Satanic ritual abuse is occasionally abbreviated to SRA, as in the term “SRA survivors.”

[1] Report of the Ritual Abuse Task Force, Los Angeles County Commission for Women, September 15, 1989. p.1. For copies of this report: Los Angeles County Commission for Women, 383 Hall of Administration, 500 West Temple Street, Los Angeles CA 90012, (213) 974-1455.

BACKGROUND

According to the document A Report To The President, dated 1987', the United States has seen an emergence of cases called Satanic or ritual child abuse. Fifty-three (53) such cases have been identified by Dee Brown, an investigative reporter, media specialist, and researcher[2].

In the Finkelhor, Williams, Burns, and Kalinowski report of March 1988, **a** careful analysis of 270 day care child abuse cases reported nationwide during the period January 1983 through December 1985, 13% (or 35) included allegations of ritualistic abuse[1].

These figures represent only the tip of the iceberg if we consider how many unreported or uninvestigated cases may exist. California had seventeen of Brown's 53 cases[4**]. In southern California, 8 different children's day care facilities, with a combined total of 870 identified victims, were named as suspect after police investigations. Some have closed; many remain open[s]. The most famous of these is the McMartin Day Care Center which is in court at the time of this writing'. In northern California, the Presidio Child Development Center, with over 50 suspected victims, is the case most often mentioned.

[1] (1987). A Report to the President. President's Child Safety Partnership, Final Report. U.S. Government Printing Office, Washington DC 20402, 190-893-814170170.

[2] Brown, D. (February 12, 1989 draft). Cases of Ritualistic Child Molestation Since 1980 - United States & Canada. Dee Brown, PO Box 169, 7324 Reseda Blvd., Reseda CA 91335, (818) 342-9188.

[3] Finkelhor, D., Williams, LM., Burns, N. and Kalinowski, M. (March 1988). Sexual Abuse in Day Care: A National Study, Final Report. Family Research Laboratory, University of New Hampshire, Durham NH 03824, (603) 862-1888.

[4] ibid. Brown.

[5] Malpee, P. (May 4, 1987). Overview of South Bay Area, Los Angeles. Paper presented at Affirming Childrens' Truth (A.C.T.) National Conference, Hermosa Beach CA.

[6] Schindehett, S., et al. (February 5, 1990). "On the Cover: After the Verdict, Solace for None," People Weekly, Vol. 33, No. 5, p. 75. January 18, 1990, the Los Angeles Superior Court jury acquitted the McMartin family on 52 counts and was deadlocked on 13 others. Seven of the 12 jurors believed some children were molested but were unable to determine whether the "children's remarks were true or whether they were being led by adults."

The other northern California case is that of a day care center in Fort Bragg in Mendocino County, which operated for about 5 years. I have seen 24 children from this setting who have reported being abused, having witnessed abuse, and/or who have demonstrated post-traumatic stress disorders. I have also treated 7 other children, not from this facility, who reported Satanic ritual abuse, and I have consulted on a ritual abuse case which was tried in Sonoma county. I am aware of other children in treatment for SRA abuse in other parts of Mendocino and Sonoma Counties. This paper discusses my 5 years experience treating these cases.

Mendocino County in Northern California is a rural area known for the beauty of its natural surroundings and for the ease with which individuals can blend into the woods, maintain a low profile, and go undetected, if they choose. Some of Mendocino's notable examples of abusers include molesters like Tree Frog Johnson, murderers like: Leonard Lake and Charles Manson, as well as the Reverend Jim Jones, corruptor *sans pareil* Crime and cruelty are not limited to over-crowded urban settings.

SYMPTOMS AND ALLEGATIONS

Those who treat young ritual abuse survivors must learn the symptoms and allegations common to this form of abuse. In a telephone survey of 10 other ritual abuse cases across the United States, I found a majority of the children's reports coincided with those in my own population of 24 cases in a day care setting.'

Fort Bragg, Mendocino County. California, U.S.A.:

A	Symptoms	YES/RSP[1]
1.	Acting out the sexual abuse.	13 / 24
2.	Sudden extreme fear of the bathroom, bathing, washing hair.	10 / 24
3.	Nightmares, night-terrors.	12 / 24
4.	High anxiety disorder, separation anxiety.	16 / 24
5.	Temper tantrums, oppositional behavior.	12 / 24

B.	Allegations	
1.	Molested by other children.	11 / 24
2.	Molested by strangers, day care workers, parent.	11 / 24

C.	Reported Physical and Psychological Abuses	13 / 24[2]

1. Locked in a cage or "jail".
2. Told that their parents, pets or younger siblings would be killed if they told anyone of the abuse.
3. Buried in the ground in coffins which they called "boxes".
4. Held underwater.
5. Threatened with guns and knives.
6. Injected with needles, bled, drugged.
7. Photographed during the abuse.
8. Tied upside down over a star, hung from a pole or hook, burnt with candles.
9. Perpetrators wearing black robes, masks.

[1] The number on the left indicates how many children presented the symptom or allegation and the number on the right indicates the total number of children in this sample, i.e. 12/24. RSP indicates total number of patients.

[2] Section "C," with the exception of item #14, shows 13 of the patients reported one or more of the 16 forms of abuse.

8. Tied upside down over a star, hung from a pole or hook, burnt with candles.
9. Perpetrators wearing black robes, masks.
10. Participated in mock marriage.
11. Defecated and urinated upon.
12. Observed animals killed.
13. Observed torture and molestation of other children.
14. Saw children and babies killed. 4 / 24
15. Had blood poured on their heads.
16. Taken to churches, other day care settings, peoples' homes, and graveyards for the ritual abuse.

In 1988 I compared the findings from the Fort Bragg day care population with a telephone survey of ten other ritual abuse cases within the United States. Findings indicate that child ritual abuse survivors from widely separated geographical areas make similar allegations and present common symptoms.

> While this sample is comprised of only 11 ritual abuse sites, each of them presented a picture of anxiety and post-traumatic stress syndrome as evidenced by reports of severe separation anxiety, fear of starting school, avoidance of their own beds, refusal to sleep alone, and fear of the dark. The next largest category of symptoms reported includes night terrors, night sweats, extreme fear of the bathroom/bathing/rain, hyperaggressiveness, and an eating disorder. Vomiting and somatic symptoms occurred in 8 of the 11 cases. With regard to the allegations, each of the cases reported sexual molestation by adult strangers or day care workers, the threat of murder if the victims revealed the abuse, being photographed during the abuse, seeing abusers wearing robes and sometimes masks, and each had medical findings commensurate with sexual assault. The cage torture, guns, knives, injections, being both defecated and urinated upon, observing animals lolled, seeing other children tortured, and being taken off day care grounds for abuse were reported in 10 out of 11 cases. Group sex and small children being killed were described in 9 of the 11 cases. In over half of the 11 cases children described being buried alive or confined in boxes, being held underwater, being hung on a cross or spread over a pentagram, participating in mock marriage, and being given fake operations.

DISILLUSIONMENT

Research by Dr. Susan Kelley shows that while sexual abuse causes measurably damaging effects to children, Satanic ritual abuse creates even greater damage. Furthermore, children abused in day care settings are as traumatized as children abused by relatives[1].

Crime and cruelty in sexually abusive day care settings strike families in which the annual income ranges from $26,000 to $36,000. A sizeable proportion earned over $36,000. Satanic ritual abuse in some day care settings involved children who came from families with high educational levels: 28.6% of the mothers had Bachelor degrees, 25.7%, 1 to 3 years of college. Among the fathers, 35.3% had Bachelor degrees and 23.5%, advanced degrees. These families tend to be middle class, law abiding, dual-career families who want the best for their children and are willing to pay for it.

The day care center symbolizes our society's entry point. In its setting children are prepared to enter kindergarten. Social skills, academic skills, values, and physical prowess are taught so that the child may succeed in society. When parents learn that, instead of this, their child was brain-washed and subjected to ritual abuse, they feel betrayed by society. At this point, the entire family develops a psychological shield. There is general mistrust of society, especially if society does not bring about successful prosecution of this crime. Blue collar class families with whom I worked were already mistrustful of society's social systems but they were struggling to achieve more for their children than they themselves had. When they learned of their child's ritual abuse in day care, they were filled with rage. They experienced a "what's-the-use" feeling for they placed no confidence in any prosecutor, any justice court or in any law enforcement officer. They wanted retribution now. Both groups of families felt that they, as well as their children, were assaulted. They were all traumatized.

ALIENATION

When the parents of ritually abused children learned of their child's abuse, they became socially isolated and alienated from their community. Later in treatment evidence emerged that a more devastating form of alienation had taken place in the context of the ritual abuse. In instance after instance these children report that the perpetrators told them that their parents approved of the abuse and did not love them, thus deliberately alienating the children from their families. In fact, some children report being told that their biological

[1] Kelley, S.J. (April 29, 1988). Responses of Children to Sexual Abuse and Satanic Ritualistic Abuse In Day Care Centers. Table H Socioeconomic Status of Subjects. Paper presented at the National Symposium in Child Victimization, Anaheim CA.

parents were not humans but aliens. The children were then told that the perpetrators were their real parents.

Other ritually abused children report that they were shown two individuals who announced to them that they were their good parents. This couple or perhaps one adult would inform the child that their mother or father was bad and did not like the child and that that was why the parents brought the child to the day care center to let him/her be hurt. These two individuals kept referring to the biological parents as the "fake mommy and daddy." While other adults assaulted the children, the self-appointed "parents" did not. Sometimes the self-appointed "parents" made a show of protecting the child from the abuse. Later they informed the child that he/she was no good, was bad, and that they no longer loved him/her. This abandonment was followed by a second set of bogus parents and the process would be repeated with the result that the children became alienated from parents, real or bogus, leaving the child without any parent to depend upon. The resultant mistrust towards his/her own parents reduced chances for disclosure and shut the child victim off from comfort and healing by the parents.

Alienation between parent and society, parent and child, can include separation within the child from him/herself, the psychological term for which is "splitting" or "dissociation." One type of internal splitting consists of the child deliberately directing his attention away from what was being done to his body. The mind leaves the body, so to speak, because to focus on what is occurring to the body would be overwhelming. Several children told me of their elaborate plans to rescue each other and escape. Hiding the perpetrator's knives was the most common fantasy. Whether this was a belated mastery fantasy or a primitive method to stop the cutting of animals is not easily determined. Hiding the knives was, however, the most popular fantasy scheme mentioned in treatment. Another internal split was the "good" child versus the "bad" child. Children who identified with the aggressor, felt sexual pleasure, assisted in the abuse of other children or were overwhelmed by fear tended to overcompensate by behaving aggressively. Gould coined the phrase the "Satanic personality" to describe the hyperaggressive child.'

REACTIONS

Enter the therapist who is another stranger trying to "do something" with the child. The child does not know if you are one of "them", i.e. the perpetrators, or "a friend" of his/her "mom" (thus suspect) or "a friend" to the police, lawyers, judges or, actually a friend "for real" And by this time the child doubts that anyone would befriend a "bad person" like him or herself. Thus it takes the therapist a longer time to establish a therapeutic relationship with SRA survivors than with other sexual abuse survivors. Unfortunately, both

1 Gould, C. (May 2, 1987). Term: "Satanic Personality," used in address given at the conference Affirming Childrens' Truth. Los Angeles CA

law enforcement and social services workers have too many demands on their time to spend several months developing a child's trust and convincing the small survivor that he/she or his family -will not die if he/she discloses the abuse. The child's immediate response to SRA crime is almost invariably the falsehood, "nothing happened," because people are honest only when they feel safe.

Hyperaggression is a very common reaction to ritual abuse. The second common reaction is displayed by the group I choose to call "frozen," suppressed and repressed. They are mute in the interview room. They tell nothing about their experiences to their parents, or to the therapist (although they may disclose to peers), and they frequently have post traumatic play of sexually explicit behavior. They may avoid certain foods and places. Sometimes they sit for several minutes staring off to one side before answering. They seem to be both shut off and dissociative. The fact that children who have been ritually abused often report being drugged only complicates the picture.

The reactions of SRA survivors resemble the "anxiety hysteria" described by the Russian physiologist Ivan Petrovich Pavlov (1849-1936), who performed neurophysiological research on the reactions of dogs to stress and conditioning. Dogs were given prolonged and increased stress until they developed either:

increased excitement and aggressive behavior
or
passive reactions or inhibition.

At the farthest extremes of mental breakdown the former group went "wild and beyond control" whereas the latter developed "fear paralysis."[1] Lest the reader be reluctant to accept Pavlov's mechanistic approach claiming it applies only to dogs, be advised that unscrupulous physicians and elements within the national and international espionage communities have duplicated these experiments on humans with identical results.[2] A recent and more visible example in our time is the combat exhausted war veteran who shows the effects of his/her ordeal called Post-traumatic stress syndrome. These people may not have been isolated on the experiment table but many were forced to endure stresses beyond their mental and physical capacities.

It is my opinion that when an individual shuts down or tunes-out the abuse (negative stimuli), additional protective defense mechanisms develop, specifically dissociation and multiple personalities.

[1] Pavlov, LP. (1941). "Lectures on Conditioned Reflexes," Conditioned Reflexes in Psychiatry. Vol. 2, translated with an Introduction by W.H. Gantt, Lawrence & Wishart, London U.K.

[2] Thomas, G. (1989). Journey Into Madness: The True Story of Secret C.I.A. Mind Control and Medical Abuse. Bantam Books, New York NY.

DISSOCIATION

Jean M. Goodwin has developed the mnemonic "BLIND" as a shorthand for describing the severely and multiply abusive family environment which tends to cause some children to develop dissociative strategies.[1] Let me build on this list by adding the environment of Satanic ritual abuse.

"B" for Brainwashing
"L" for Loss of a loved one
"I" for Isolation
"N" for Not awake or alert for
"D" Death threats
"S" for Satanic ritual abuse

Dissociation has been defined by F. W. Putnam[2] as a:

" . . . complex psychophysiological process, with psycho dynamic triggers, that produce an alteration in the persons' consciousness. During this process, thoughts, feelings and experiences are not integrated into the individual's awareness or memory in the normal way." (p. 66).

According to Edward J. Frischholz[3]:

"Dissociation is an amnesic barrier that prevents the interchange of different memories. Repression is amnesia for unacceptable impulses."

One of my young female clients from the Fort Bragg day care case has a faulty memory. She cannot recall what she ate for breakfast that morning. Her day dreaming has thus far not interfered with academic progress but it is only a matter of time before this overactive fantasy life (she describes as "pictures in her head") will interfere with retaining,

[1] Goodwin, J.M. Recognizing Dissociative Symptoms in Abused Children. Department of Psychiatry and Mental Health Services, Medical College of Wisconsin, and Milwaukee County Mental Health Complex, (414) 257-4886.

[2] Putnam, F.W., Jr. (1985)."Dissociation as a Response to Extreme Trauma," Childhood Antecedents of Multiple Personality, Kluft, RP., editor. American Psychiatric Press, Washington DC, pp. 66-97.

[3] Frischholz, E.J. (1985). 'The Relationship Among Dissociation, Hypnosis, and Child Abuse in the Development of Multiple Personality Disorder," Childhood Antecedents of Multiple Personality, Kluft, R.P., editor. American Psychiatric Press, Inc., Washington DC, p. 108

analyzing and retrieving information. She is frequently in a trance-like state in the office. Her parents consider her "shy."

Another child victimized in day care would not speak but would just look at me, fear in his eyes, lips tightly pressed. I finally brought his sister into the room to break the tension.

A second female child stood still, not speaking for 40 minutes in my play therapy room. When she finally moved, it was to wordlessly draw overly detailed stereotyped pictures.

MULTIPLE PERSONALITY DISORDER

At the far end of the dissociative continuum are the multiple personality disordered children of whom I have had some experience. One day, in my cramped office, a small 5 year old boy's voice suddenly dropped into a deep-voiced, furious, and frightening gutteral adult male voice. Whether this abrupt change indicated an incorporation of the aggressive male perpetrator or an alter state for the child, I could not say. Perhaps it was his "Satanic personality" coming out. What I do know is that my instinctive reaction was fear as the tiny hairs rose on the back of my neck.

The standard treatment of MPD is that the therapist should relate to these alters as separate entities and endeavor to integrate the fragmented psyche. I have utilized drawn puppet figures moving in profile across a background. The child draws the figures and so externalizes his/her different personalities. I tend to conceptualize these elements to the child as facets of one whole rather than as totally separate alter states, probably because children' ego constructs are less formed, yet forming even as treatment continues and I do not want to encourage greater fragmentation.

One of my 4 year old ritual abuse survivors has three distinct personalities and she protects them all. She becomes angry when we talk about her alternate personalities (the host, the destructive/avenging alter, and the helpless, inchoate infant alter). Another ritual abuse survivor age 6½ uses the toy telephone to call either her mother or me while in one of her 8 personalities. Her mother and I share aloud our impressions of the attributes of these alters. During a recent session I suggested that all the personalities might like to go home and bake a chocolate cake. One personality, the avenging-destroyer alter, was so disruptive we ventured the idea that this one not help bake the cake. Immediately the mother and I received a series of outraged phone calls from all the alters saying "Sigrid", must also help bake the cake. At this point her mother and I appealed to the seven other alters to keep "Sigrid" under some control. They all cheerfully agreed to do so and the baking session went without disruption. This incident is included to illustrate the fact that while the avenger alter is generally unwelcomed by therapists, parents, school teachers and

society, it is nonetheless an integral part of the congregation of alters and cannot be excluded.

Another example is a telephone client age 5 from Southern California whom I have never met but whose mother calls when there is a crisis. Young SRA survivor, John, was in the midst of a raging temper tantrum because his mother made him stop playing after he struck a child. He was screaming, kicking, sobbing, hitting with full force. She asked him if he could stop. He screamed louder. These uncontrolled tantrums reportedly lasted for hours in the past. She was still holding down his feet to prevent his kicking her when I told her to say firmly, "You need to calm yourself down, then you can go play." She repeated this several times, emphasizing if. Immediately he started calming down. There were some angry remarks but she handled them calmly and clearly. In twelve minutes he was in sufficient self-control to have a drink of water and then go outside. Again, the emphasis is on acknowledging and strengthening the socially appropriate parts of the child's self no matter how broken he/she is by ritual abuse.

But, before such interventions are utilized one needs to thaw out the inhibited, frozen child. This process takes much time. It calls for considerable spontaneity. I reassure the child that he/she is safe and try to get the child to verbalise his/her internal images. Failing this, the child is asked to draw them. The closer the therapist is to lowering the veil of secrecy, the more anxious the child becomes.

Giving sufficient reassurance and showing the child that he/she can be unguarded and not be harmed will sometimes free the child to disclose the abuse. Once, a closed-off, nice, quiet boy blew up in fury and started to throw toys at me. "I hate you!" he yelled. His mother was shocked. I said, "I can understand how you are mad at me. I'm making you remember. But I did not hurt you. Someone else did. Now I'll draw their pictures and you can throw things at the pictures." I picked up paper and pen and he named 3 perpetrators which I drew on paper and placed on the wall. Whereupon he furiously assailed them with missiles for five minutes non-stop. The anger subsided, he relaxed and smiled. This was the moment he began to interact with his mother and me. The frozen, distant, inhibited behavior had gone. Additional disclosures soon followed.

SUMMARY

1. Albeit ritual abuse may account for a relatively small number of all child abuse cases, they nevertheless do occur in our modern United States, Canada, and Europe.

2. Ritual abuse occurs in urban settings but it can also occur in rural settings and examples of cult crime have surfaced in every state in the union.

3. Parents of children ritually abused in a day care center are generally middle class and well educated.

4. Parents of ritually abused children become alienated from a society which they feel has let them down.

5. Families whose children have been ritualistically abused suffer from grief, alienation and distrust.

6. Children develop two primary defensive postures as a consequence of ritual abuse: 1) hyperaggressive behavior, and 2) frozen/suppressed/inhibited behavior. Both groups reveal an extraordinary amount of anxiety around bedtime, with clinging behavior, nightmares, bedwetting, and general regression in toilet training.

7. Children abused in day care are as traumatized as children abused by relatives.

8. Children ritualistically abused in day care are more traumatized than children sexually abused in day care without Satanic rituals.

THE THERAPEUTIC APPROACH

The child therapist must be completely reliable, emotionally calm, attentive and, by his or her presence, convey confidence that the situation will improve. As a general rule, the young child is not separated from the non-abusing parents in the early interview sessions. I encourage the parent to join us. Sometimes I will suggest the child to invite the parent into the office to join us in playing an entertaining board game. I deliberately play the role of benevolent grandparent and support the parent in his/her support of the child. In a few cases I have let the parent interact with their child in a session while I acted as a supervisor to the parent who is the therapist or healer of the child. If the parent is too overwhelmed or disturbed, I take the active roll. Both the parents and the child rely on me although, due to their mistrust, I am frequently tested and challenged. This is to be expected and should not be taken personally. They are handing their child over to another "child person" and are naturally wary.

Children have taught me that they, not I, are the best judges of what to inform their parents regarding the abuse. Too often I have tried to inform parents of details disclosed by their children, in an effort to explain various types of peculiar play activity or behaviors, only to see that parent, totally shocked by the information, pull the child out of treatment. Obviously this action rules out further disclosures and ends treatment before the child is ready. One little boy looked up at me and said, after disclosing the blood being poured on his head and seeing his mother become infuriated, "See, I told you so." I never saw him in treatment again. This delicate balance between empowering the alienated parents and not overwhelming them with the enormity of their child's abuse is a continuous challenge to the therapist treating ritualistically abused children.

I use various therapeutic models interchangeably. Psychodynamic therapy addresses the guilt each child and family feels. Behavioral modification therapy may be used to curb the abused child's attacks on his family pets or younger siblings. Cognitive therapy is applied when assisting a phobic child to address fears. Thinking processes can be altered by the brain-washing utilized in ritual abuse. This damage will be discussed in another paper, now in progress. Family therapy sessions and sibling group therapy sessions are appropriate. I consult with school personnel concerning school adjustment. Grandparents are often very important and can provide much needed respite to the grieving parents during the initial stages of treatment.

Hypnotism and pharmacological therapy were not used in my early work. However, since March, 1990, I have become convinced that the use of hypnotism may be appropriate with children who are amnesic or who present a clinical picture of Multiple Personality Disorder. For this reason I recommend that therapists obtain training and certification in hypnotherapy.

I recently approached a local pediatrician regarding one young child who was becoming debilitated because she was too nauseated to eat and too fearful to sleep. He prescribed Promethazine Hydrochloride (Phenergan Syrup, Plain) dosage 1 or 2 tsp at bedtime. The results were amazing. The child was mildly sedated so fell into a light sleep from which she awoke the following morning with a genuine appetite and no anxiety. In four days she was sleeping regularly and replacing lost weight. Her mood had improved and behavior normalized.

World War II veterans and Pavlov's dogs responded well to prolonged sleep with Bromides. Abreaction, (verbalizing or acting out an adequate resolution of a repressed traumatic experience with the appropriate emotion or affect)[1] was even greater and more quickly obtained when the therapist combined ether gas and guided imagery.[2**] I do not believe children acting in a stereotyped manner or talking about suicidal or homicidal ideas necessarily need to be hospitalized. Generally this is done to relieve adults who believe hospitalization will protect the child from his/her destructive impulses. Hospitalization only serves to further isolate them from their loved ones and this loss (see Goodwin BLINDS p. *) furthers their distress. It encourages a loosening of the bond between child and non-offending parent who is usually persuaded to hospitalize their child against his/her own better judgement. It would be better to post a family member beside the child during periods of agitation.

GROUP THERAPY

The fear of cross fertilization, i.e. the contamination of testimony resulting from witnesses talking together, ruled out group play therapy for those ritual abuse victims for whom the group treatment modality might be appropriate normally. I view this contamination concern as ill founded. In another multiple victim case, I saw several children in a group setting. The group therapy mode allowed them an opportunity to be mutually supportive and to clarify feelings towards one another regarding instances in which one victim was forced to abuse another. These children corrected each other's misrepresentation of the events and were scrupulously honest towards all. They reconciled with one another and helped heal one another.

Like Vietnam veterans, my small Fort Bragg ritual abuse clients were happy to see one another in town or in passing in the waiting room. They were glad to see that the other had survived the nightmare. They are still very close to each other. I think group therapy would have been beneficial and suggest that mental health clinicians disabuse the legal profession of the myth of "contamination."

1 (1989). Webster's Encyclopedic Unabridged Dictionary of the English Language. Portland House, New York NY, p.5.

2 Sargant, W. (1959). Battle for the Mind. Pan Books Ltd., London U.K., p. 56-57.

I am aware of only one therapy group for ritually abused children. It occurred in southern California where the children began the post-traumatic play of torturing and killing one another ceremonially, at which point the two therapists terminated the group, not wanting to "further" this activity. Actually, the two therapists were unable to cope with the enormity of the abuse experienced by the young SRA victims.

INDIVIDUAL THERAPY

My most frequently used initial treatment approach is play therapy. I have a doll house, sand tray, numerous dolls, stuffed animals, puppets, art supplies, board games, and toys. I may take photographs of the children's sand tray designs and their doll house arrangements. Each child's art work is kept in its own basket which has the child's name on it. They know I keep notes and are gratified by my wanting to include report cards, doctors' reports, police reports, and even well done school work in their files. The parents bring me a written account of the week's developments which also goes into the file. This procedure saves lengthy telephone calls, provides accurate records, and sets direction in the therapy hour.

I use Richard A. Gardner's story-telling technique and his Talking, Feeling and Doing Game'. If they win in a board game, tell a story well, improve in attitude or behavior at home or in school, they can chose a prize from the Prize Jar which is prominently displayed on a low table. In it are small cars, whistles, sugarless candies or gum, balloons, tiny figures, peanuts, charms, erasers, and, their favorite, bubble gum. Very seldom does a child leave without a prize. It is extremely important to clarify that prizes are not awarded for additional disclosures of abuse. Rather, sessions are associated with nurturing and other positive experiences to keep them pleasant. The child never leaves my sessions horribly upset, no matter how heinous were the events he/she described.

Besides Gardner, the therapeutic stories found in Nancy Davis' book, Once Upon a Time, are especially helpful.[2] They are divided into fifteen departments with three stories geared specifically to the SRA survivor abused in a day care center. 'The Glass Pitcher" explains to young children that they are not evil even if they were forced to do evil acts. After reading this story to a 4 year old client, I suggested that the child's mother let her use the family's ice tea pitcher to play and replay the beautiful metaphor of filling, emptying, cleansing, and refilling. One can substitute a faceted clear plastic container if breakage is a concern.

1 Gardner, R.A. (1986). The Psychotherapeutic Techniques of Richard A. Gardner. Creative Therapeutics, P.O. Box R, Cresskill, New Jersey, 07626-0317.

2 Davis, N. and Sparks, S.A. (1988). Once Upon a Time: Therapeutic Stories to Heal Abused Children. Nancy Davis, Ph.D., 6178 Oxon Hill Road, Suite 306, Oxon Hill MD 20745.

If I have a tiny hyperaggressive junior Satanist in my office, I first set limits on acting out behavior, then help him/her to see how this “being mean” is a protection against being hurt. Sometimes I have the entire family solemnly promise never to allow anyone to hurt him wain, ever. (A ceremony borrowed from the Strategic Family Therapy Model). They can actually be over protective for awhile. Not infrequently, the child who terrorizes in the daytime needs to crawl into bed with his parents or siblings in the nighttime. I give permission for that. If the child needs hugging every evening, give the hugs. One can gauge how frightened these children are by how aggressive/oppositional they are. It disarms them when the parents’ response is loving and patient.

Generally a parent will ask their extremely agitated child why the child thinks he or she had such a bad day. Sometimes the child knows what was said or done to trigger this agitation, but sometimes the child is responding to messages or programmed cues. If the abuser said, ‘’I will come in a helicopter and get you,” the child may become irrational whenever a helicopter flies by. One of my clients does this and at this point he has forgotten the warning and just responds with panic whenever a helicopter is in his neighborhood. Other messages implanted into the young victim’s mind might be, “Everyone wearing blue pants is one of us,” or “I’ll come and get you when you’re asleep.” The child is forever watchful, forever fearful, sometimes panicked.

Frozen/suppressed/inhibited children present an even greater challenge. These children behave well in school and initially get excellent grades but at some point their grades slip and to this they appear indifferent. They stare at you and say that nothing ever happened and that everything is just fine. The fact that they are acting bizarre, (e.g. rubbing against banisters, suddenly attacking a parent with a carving knife, endlessly fingering scissors or sharp implements, and asking about death or dying) seems not to register upon their conscious minds at alL They have a vague indifference, a “floaty” quality, an air of dazed day dreaming. They just do not seem to “be there.” They have what I call “floaty eyes”. Their eyes are large, unfocussed and generally gaze somewhere beyond your left shoulder. To halt the dissociative process I recommend a technique told me by Jean Goodwin, M.D. Simply say to the child, “One, two, three, awake!” and they will.

Another technique I use to reduce the terror and phobias in small victims is that of E.M.D., or Eye Movement Desensitization developed by Francine Shapiro’ [2]. The discoverer of E.M.D., Shapiro, at the Mental Research Institute, Palo Alto, California, has been researching and utilizing this procedure for three years, with promising results. E.M.D.

[1] Shapiro, F. (1989). “The Efficacy of the Eye Movement Desensitization Procedure in the Treatment of Traumatic Memories,” Journal of Traumatic Stress, Vol.2, No.2, pp. 199-223_

[2] Shapiro, F. (1989). “Eye Movement Desensitization: A New Treatment for Post-Traumatic Stress Disorder,” Journal of Behavior Therapy and Experimental Psychiatry, Vol. 20, No. 3, pp. 211-217.

may accelerate healing in traumatized patients. Its effect is similar to sleep therapy (the patient sleeps for several days) which the English found beneficial when used on victims of shell shock during World War H.' E.M.D. is quicker and less invasive than hypnotism and holds promise for severely abused victims. It will be interesting to see the results of further testing of this new technique.

[1] ibid., Sargant.

TREATMENT CONCERNS SPECIFIC TO RITUAL CHILD ABUSE

DISCLOSURES

In ritual abuse, the child's disclosure (e.g. the telling of what happened) is an incremental and slowly progressive process. It may take a year or more before the entire story is told. Before and after every major disclosure the child experiences another severe anxiety period lasting from one to several days. This is because the perpetrators told the children that terrible consequences will follow if they reveal what happened. Kee MacFarlane once referred to this as fearing "the curse." Another characteristic of disclosure in ritual abuse is that of disclosing gradually increasing degrees of horror ending in the bizarre. Try to picture peeling an onion layer after layer until you reach the center, only to find a light bulb. It does not make sense, it is implausible, it is too strange to be credible. Children realiz[e] that the more incredible or bizarre their experience appears, the less likely they will be believed.

The following is an example of an incremental and progressive disclosure:

'They touched my privates,"
to,
'They pooped on us,"
to,
They tied us to a tree,"
to,
"They took pictures,"
to,
'They steal kids,"
to,
'They killed the doggy,"
to,

"They killed the baby,"

to,

'I ate the baby,"

to,

'They took us in a submarine."

Note that the submarine is the least credible and last told. The last disclosure is most likely disinformation planted by the perpetrators. Possible explanations are that the perpetrators, who practice magic, created an illusion that the children were drugged and experienced hallucinations or, more simply, that they lied to the children. It is an error to immediately assume these reports are just flights of imagination or fantasies.

> One adult survivor explains this implanted disinformation process thus:
>
> "Children who are trance-induced and then asked to role play are highly susceptible to accepting that which was role played. If cued to remember the role play post hypnotic state, the child will remember and defend the hypnotically induced suggestions as factual. The role play programming is used during rituals to confuse the child. For example, the child may have role playing scenario in which he/she is bathed by a person dressed in a Mickey Mouse costume. Under hypnosis, the child is given the cue that when he/she hears a given sound, he/she will see Mickey Mouse. Later, the non-hypnotized child is sexually molested while the given cue is sounded. The child recalls the hypnotic suggestion and thinks Mickey Mouse is the perpetrator."

RELIGION

Given the premise that Satanic ritual abuse is a “spiritual assault” (Gallant), a therapist is not permitted the luxury of scientific detachment from spiritual issues when working with SRA survivors. Therapists will find themselves examining their own belief systems and that system’s impact upon their work. This is not the same as examining one’s value system, which is easy to articulate. Though it is a difficult process, spiritual self-scouring eventually strengthens the therapists’s effectiveness. I have treated SRA children from Protestant, Catholic and Muslim families. There is not one jot of difference in their pain or grief for their corrupted children. A Jewish father brought to my office an enormous Strawberry Shortcake doll house complete with furniture and dolls to give to a Muslim father and his four-year-old ritually victimized daughter. A Christian SRA four-year-old girl entertained the four-year-old Muslim victim and later said to her mother, “The bad guys got her, huh, Mom.” No one had told her anything.

SRA children talk about the Devil or Satan or “the God of Hell.” They say that they were forced to chant “Baby Jesus is dead Baby Jesus is dead.” over a recently sacrificed infant. They report being sodomized beneath Christian paintings and taunted with, “Have Jesus help you now.” The courts may omit the spiritual assault but therapists cannot be so oblivious.
My approach is to accept the fact that Satanic beliefs were implanted in the young child and to investigate the supportive parent’s own belief system. Attendance at church is less significant than whether that belief is comforting and enduring. I ask the parent to re-examine the beliefs of his or her faith and see what it says about witchcraft, sorcery, human sacrifice, and Satan, then to talk to a minister, rabbi or other religious leader for guidance and support. The parent is thereby aligned with “the good guys.” Eventually the parent introduces the young child to his/her own religion, in small increments because the parent is deprogramming the child and must proceed gently. Suddenly attending church could be traumatic unless one prepares the child since Satanic ceremonies parody Christian services and a flashback may occur. Be very sensitive to the child’s reactions in church_ But whether it is God the Father or Allah the Most Merciful, all damaged children are blessed and forgiven. A combination of prayer, forgiveness, and love is probably the most beneficial treatment possible, turning the “negative self-cognition” (Shapiro) into a positive one. Children need to be reassured that they are basically good and that what was done to them or they did to others could not be helped. As one mother says to her child, “You couldn’t help it, I love you.”

INFORMATION/DISINFORMATION

Let us assume that the therapist has addressed David Finklehor's post-traumatic stress disorder symptoms: "nightmares, phobias, hypervigilance, dissociation, somatic complaints, sleep problems, deadness of affect."' And let us also assume that the therapist has dealt with the child's impaired coping skills, low self esteem, inability to protect him/herself, depression, overcompensating by acting aggressive and dominating. What does the therapist do when the child reports human sacrifice, cannibalism, tortures, kidnapping, drugs and masked/caped perpetrators? I think the best approach is to explain these events to the child: appeal to his/her cognitive capacities.

At first, I did not do this because I worried lest I influence the childrens' conceptualizations and damage cases from the point of view of criminal prosecution. My concern about prosecution grew dimmer as the years rolled by and none occurred. Now my first concern is helping the little children. While I caution against explaining to a small child in the early stages of disclosure and trauma, the aims and methodology of Satanism, I will not hesitate to explain it to the over 6 year old who has one year's time between him/her and the abuse. At this age a child can comprehend abstract belief systems, motivation, and planned outcomes. Sometimes just learning that one purpose of ritual abuse is to make the victim sexually assaultive and hyperaggressive is enough to motivate the child to change. If in psychodynamic therapy, the child is asked to understand his feelings and thoughts, he/she can also be asked to understand those of the perpetrators.

In order to do this effectively, the therapist should study Satanic writing and occult literature to understand its form of communication, theory, and goals. Discussion with adult survivors is invaluable and I owe much to those who have shared their experiences with me so that I can better help the children.
Specifics such as "writing in the book" (The Book of Shadows) during the ceremonies can be explained to the child, as well as why babies are killed, why humans are eaten, why mock marriages and mock operations are performed. We even know why the child is told his parents are not his real parents. All these brainwashings, tortures, disinformation, and distortions are explainable and should be explained.

Children's questions such as, "Will they come back and get me?" are less easily answered because these children were filmed and we know from adult survivors that very often Satanists recontact their ritual participants. Kidnapping fears are prominent in ritually abused children.

[1] Finkelhor, D. (1987). 'The Trauma of Child Sexual Abuse: Two Models," journal of Interpersonal Violence, Vol. 2, No. 4, pp. 348-365.

Parents' questions such as, "What will happen when my child grows up?" are also difficult. While studies show that therapy for abused children is more beneficial than no therapy', we have no way of predicting whether Satanic programming will result in permanently altered personalities now or in the future. Adult survivors report numerous commands which they were programmed to obey at certain times in their lives. When terminating treatment of these SRA children, I recommend that the parents watch for relapses into excessive aggression or excessive withdrawal. If these occur, the parents are advised to bring the child back for more therapy. Only an extended study of these children will provide information regarding predilection for molestation of other children, drug and alcohol abuse, self mutilation or suicide.

Adult ritual abuse survivors state that one possible outcome of SRA indoctrination is vulnerability to Satanic recruitment at an older age. These and similar worries cause parents and therapists to ponder the childrens' futures and the course our society should take if Satanism becomes more prevalent. One hopes that with early identification, therapy for both child and family, and a growing public awareness of the heinous nature of ritual abuse, its evil influence can be mitigated.

EPILOGUE AND CONCLUSION

In 1896, Freud presented a paper entitled "The Etiology of Hysteria" to the Society for Psychiatry and Neurology in Vienna, Austria. In this paper he outlined the seduction theory which postulates that the patient's hysteria, e.g. mental illness, has its origin in a "violent infantile sexual scene." He believed that these experiences were real, that the patients were telling the truth, and that these experiences had a damaging and lasting effect on their later lives. His words were: "rape, abuse, seduction, attack, assault and trauma."[2] By 1903, he appeared to reverse his views and said the scenes were fantasies. This reversal has created skepticism, the skepticism, injustice.

The significance of this event most keenly affects those of us involved in ritual abuse cases because the case which changed Freud's mind, the singular case of Emma Eckstein (which he and his friend Fliess mishandled), was one of the earliest examples of ritual abuse in the history of psychoanalysis. Emma told of a devil sticking pins into her finger (today the children speak of being "poked") and putting candy on each drop of blood (and probably eating it). Our children speak of people wearing devil masks bleeding them with needles.

[1] (December 1986). "Effectiveness of Therapies", Children's Mental Health: Problems and Services, Background paper, Congress of the United States, Office of Technology Assessment, Washington, D.C., 20510-8025, Library of Congress Catalog Card Number 86-600539.

[2] Masson, J.M. (February 1984). "Freud and the Seduction Theory," The Atlantic Monthly, p. 52.

The other scene Emma recalled in hypnosis was being circumcised, which consisted of cutting off a piece of the labia minora (confirmed by medical examination), and someone sucking up the blood "following which the child was given a piece of the skin to eat."

> "I dream, therefore, of a primeval devil religion whose rites are carried on secretly, and I understand the harsh therapy (judgement) of the witches' judges." (Freud)

In his landmark book, The Assault on Truth: Freud's Suppression of the Seduction Theory, Masson postulates that Freud believed that Sabbats ("ritualized ceremonies in which perversions are acted out") were real events. But for personal and not scientific reasons, Freud decided to interpret the patient's memories as fantasies, not real events.'

Ninety four years after Freud's landmark paper was presented in Vienna, we are back to the startling decision that our patients are telling the truth. They were raped and traumatized and the lasting effect" is chronic post-traumatic stress syndrome not hysteria. One hopes that by 1996, one hundred years after Freud's initial paper on Hysteria, we shall have adopted the more logical view that previously repressed rape memories are, in the words of one ritually abused child, "no fun" to recall. I submit that it is "no fun" to fantasize ritual abuse and that 3 or 4 year olds could not possibly invent identical reports across the United States, Canada, and Europe.

Therapists are still developing approaches to treatment. Learning centers are conducting longitudinal studies of SRA victims and their families[2]. There is much more information needed but we do have some data and, by sharing our work, we can develop practice guidelines which are effective in the treatment of ritually abused victims.

END

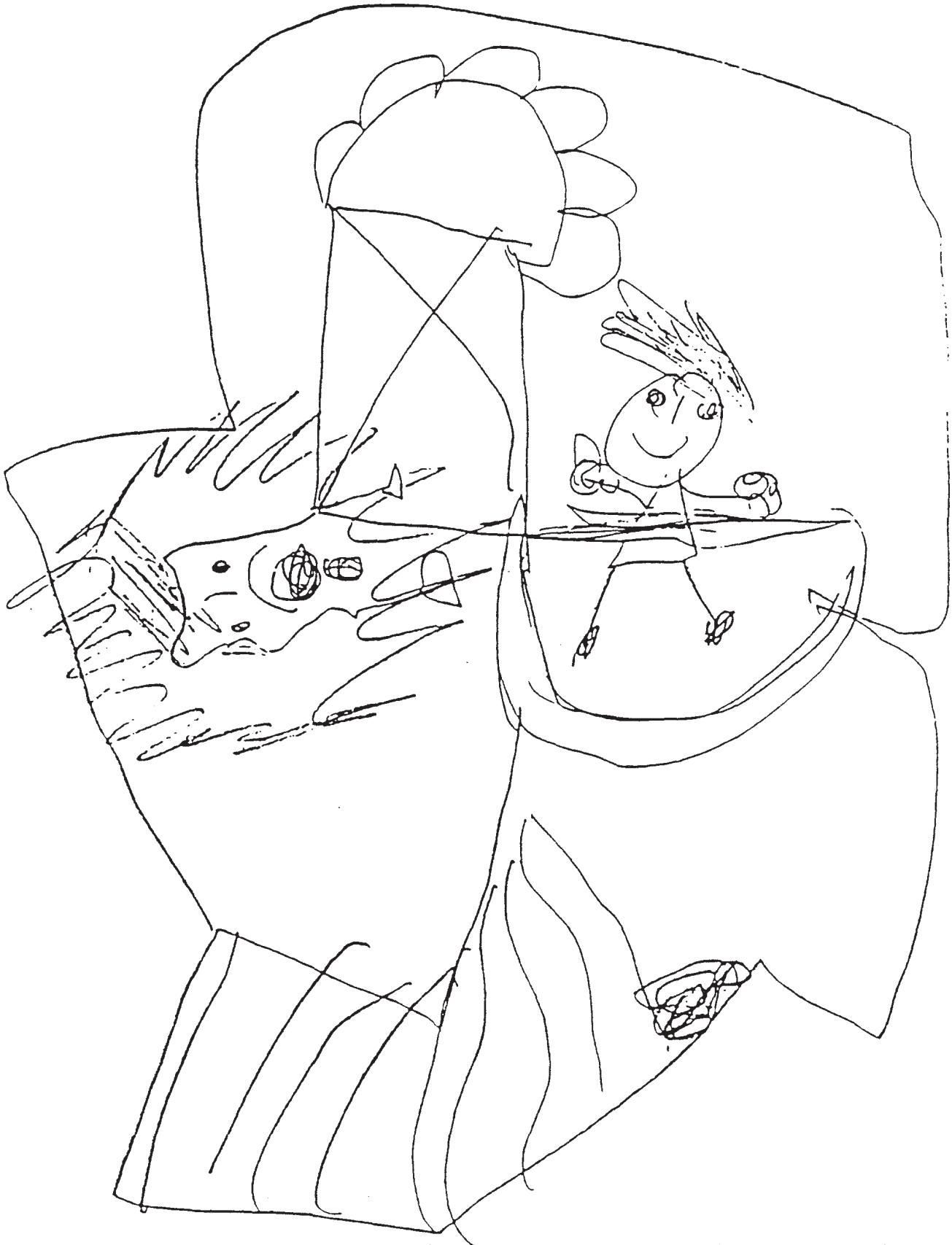
[1] ibid Masson

[2] Waterman, J., Kelly, R.J., McCord, J., and Oliveri, M.K. (October 1990). Reported Ritualistic and Non-ritualistic Sexual Abuse in Preschools: Effects and Mediators, Executive Summary. Department of Psychology, U.C.L.A., Research and Education Institute, Harbor - U.C.L.A. Medical Center, Los Angeles CA.

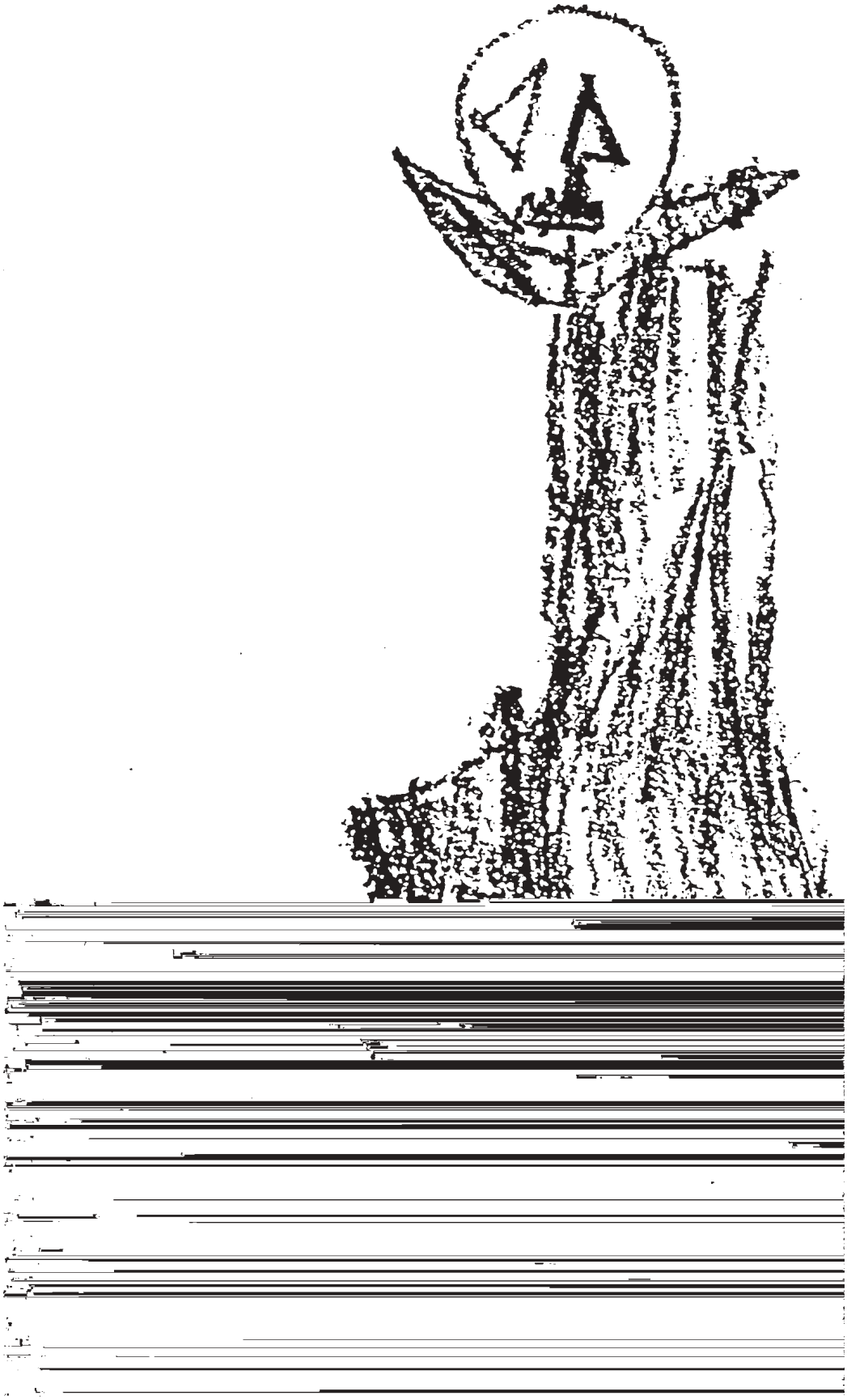
"The politico-religious struggle For the mind of man may well be won by whoever becomes most conversant with the normal and abnormal functions of the brain,
and is readiest to make use of the knowledge gained."

William Sargant

CHILDREN’S DRAWINGS



Drawing by 4 year old victim showing herself tied to a tree and another girl on the ground apparently being abused



(3) The penalty upon conviction of a first offense shall be imprisonment in the state prison for a term of not to exceed fifteen (15) years.Upon conviction of a second or subsequent offense,the penalty shall be for a term not more than life imprisonment.
(4) For the purposes of this section, “child” means any person under eighteen (18) years of age.

SECTION 2. That Chapter 50, Title 18, Idaho Code, be, and the same is hereby amended by the addition thereto of a NEW SECTION, to be known and designated as Section 18-5003, Idaho Code, and to read as follows:

18-5003. CANNIBALISM DEFINED — PUNISHMENT. (1) Any person who wilfully ingests the flesh or blood of a human being is guilty of cannibalism.
(2) It shall be an affirmative defense to a violation of the provisions of this section that the action was taken under extreme life-threatening conditions as the only apparent means of survival.
(3) Cannibalism is punishable by imprisonment in the state prison not exceeding fourteen (14) years.

SECTION 3. That Section 19-402, Idaho Code, be, and the same is hereby amended to read as follows:

19-402. COMMENCEMENT OF PROSECUTIONS FOR CRIMES AGAINST CHILDREN AND OTHER FELONIES. (1) A prosecution for any felony other than murder or any felony committed upon or **against** a minor child must be commenced by the filing of the complaint or the finding of an indictment within three (3) years after its commission. Except as provided in subsection (2) of this section, a prosecution for any felony committed upon or against a minor child must be commenced within five (5) years after the commission of the offense by the filing of the complaint or a finding of an indictment.
(2) A prosecution under section 18-1506 or 18-1508, Idaho Code, must be commenced within five (5) years after the date the child reaches eighteen (18) years of age.
(3) A prosecution under section 18-1506A, Idaho Code, must be commenced within three (3) years after the date of initial disclosure by the victim.

SECTION 4. That Section 19-3024A, Idaho Code, be, and the same is hereby amended to read as follows:

19-3024A. ALTERNATIVE PROCEDURE FOR TAKING TESTIMONY OF A CHILD WITNESS — ORDER — PRESENCE OF COUNSEL AND DEFENDANT — FILMING, VIDEOTAPING OR TRANSMITTING OF TESTIMONY. 1. As used in this section:
(a) ″Child witness″ means a person who is under the age of sixteen (16) years and who is alleged to have been a witness of, or a witness to an alleged violation of the provisions of sections 18-1501, 18-1506, 18-1507, 18-1508, 18-1506A, 18-1514, 18-1515, 18-6605 and 18-6608, Idaho Code.
(b) ″Simultaneous electronic transmission″ means any device capable of projecting a live visual and aural transmission such as closed-circuit television.
2. Notwithstanding any other provision of law or rule of court, the court in any criminal, youth rehabilitation, or child protective act proceeding, upon written notice of the prosecutor made at least three (3) days prior to the date of the preliminary hearing or trial date on which the testimony of the minor is scheduled, or during the course of the proceeding on the court′s

own motion, may order that the testimony of a minor sixteen (16) years of age or younger at the time of the motion be taken by contemporaneous examination and cross-examination in another place and out of the presence of the judge, jury, defendant and attorneys, and communicated to the courtroom by means of two (2) way closed-circuit television, if the court makes all of the following findings:

(a) The minor′s testimony will involve a recitation of the facts of an alleged sexual offense or ritualized abuse committed on or with the minor.

(b) The impact on the minor of one or more of the factors enumerated in paragraphs (1) through (4) of this subsection 2(b), is shown by clear and convincing evidence to be so substantial as to make the minor unavailable as a witness unless closed-circuit television is used.

(1) Threats of serious bodily injury to be inflicted on the minor or a family member, of incarceration or deportation of the minor or a family member, or of removal of the minor from the family or dissolu tion of the family, in order to prevent or dissuade the minor from attending or giving testimony at any trial or court proceeding or to prevent the minor from reporting the alleged ritualized abuse, physi cal or sexual offense or from assisting in criminal prosecution.

(2) Use of a firearm or any other deadly weapon during the commis sion of the crime.

(3) Infliction of great bodily injury upon the victim during the commission of the crime.

(4) Conduct on the part of the defendant or defense counsel during the hearing or trial which causes the minor to be unable to continue his or her testimony notwithstanding the notice requirement contained in subsection 2 of this section.

In making the determination required in this section, the court shall con sider the age of the minor, the relationship between the minor and the defendant or defendants, any handicap or disability of the minor, and the nature of the acts charged. The minor’s refusal to testify shall not alone constitute sufficient evidence that the special procedure described in this section is necessary in order to obtain the minor’s testimony.

(c) The equipment available for use of two (2) way closed-circuit televi sion would accurately communicate the image and demeanor of the minor to the judge, jury, defendant or defendants and attorneys.

3. (a) The hearing on a motion brought pursuant to the provisions of this section shall be conducted out of the presence of the jury.

(b) Notwithstanding any other provision of law or rule of court, the court, in determining the merits of the motion, shall not compel the minor to testify at the hearing; nor shall the court deny the motion on the ground that the minor has not testified.

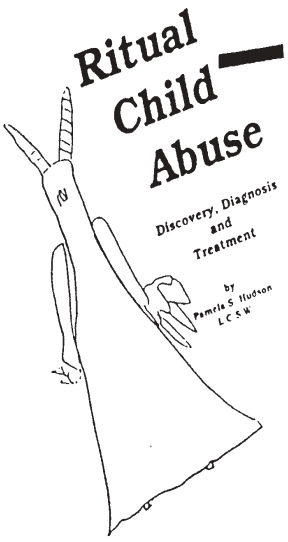
(c) In determining whether the impact on an individual child of one (1) or more of the four (4) factors enumerated in paragraph (b) of subsection 2 of this section is so substantial that the minor is unavailable as a witness unless closed-circuit television is used, the court may question the minor in chambers, or at some other comfortable place other than the courtroom, on the record for a reasonable period of time with the support person, the prosecutor, and defense counsel present. The defendant or defendants shall not be present. The court shall conduct the questioning of the minor and shall not permit the prosecutor or defense counsel to examine the minor. The prosecutor and defense counsel shall be permitted to submit proposed questions to the court prior to the session in cham bers. Defense counsel shall be afforded a reasonable opportunity to con

suit with the defendant or defendants prior to the conclusion of the ses
sion in chambers.
4. When the court orders the testimony of a minor to be taken in another
place outside of the courtroom, the court shall do all of the following:
(a) Make a brief statement on the record, outside of the presence of the
jury, of the reasons in support of its order. While the statement need not
include traditional findings of fact, the reasons shall be set forth with
sufficient specificity to permit meaningful review and to demonstrate that
discretion was exercised in a careful, reasonable and equitable manner.
(b) Instruct the members of the jury that they are to draw no inferences
from the use of two (2) way closed-circuit television as a means of facil
itating the testimony of the minor.
(c) Instruct respective counsel outside of the presence of the jury, that
they are to make no comment during the course of the trial on the use of
two (2) way closed-circuit television procedures.
(d) Instruct the support witness, outside the presence of the jury, that
he is not to coach, cue, or in any way influence or attempt to influence
the testimony of the minor.
le) Order that a complete record of the examination of the minor, includ
ing the images and voices of all persons who in any way participate in the
examination, be made and preserved on videotape in addition to being
stenographically recorded. The videotape shall be transmitted to the clerk
of the court in which the action is pending and shall be made available
for viewing to the prosecuting attorney, the defendant, and his attorney
during ordinary business hours. The videotape shall be destroyed after
five (5) years have elapsed from the date of entry of judgment. If an
appeal is filed, the tape shall not be destroyed until a final judgment on
appeal has been ordered. Any videotape which is taken pursuant to the pro
visions of this section is subject to a protective order of the court for
the purpose of protecting the privacy of the witness.
5. When the court orders the testimony of a minor to be taken in another
place outside the courtroom, only the minor, a support person designated by
the court, a nonuniformed bailiff, and, after consultation with the prosecu
tion and the defense, a representative appointed by the court, shall be physi
tally present for the testimony. A videotape shall record the image of the
minor and his testimony, and a separate videotape shall record the image of
the support person.
6. When the court orders the testimony of a minor to be taken in another
place outside the courtroom, the minor shall be brought into the judge′s cham
bers prior to the taking of his testimony to meet for a reasonable period of
time with the judge, the prosecutor, and defense counsel. A support person for
the minor shall also be present. This meeting shall be for the purpose of
explaining the court process to the child and to allow the attorneys an oppor
[unity to establish rapport with the child to facilitate later questioning by
closed-circuit television. No participant shall discuss the defendant or any
of the facts of the case with the minor during this meeting.
7. When the court orders the testimony of a minor to be taken in another
plate outside the courtroom, nothing in this section shall prohibit the court
from ordering the minor to be brought into the courtroom for a limited purpose
including the identification of the defendant or defendants as the court deems
necessary.
8. The examination shall be under oath and the defendant’s image shall be
transmitted live to the witness via two (2) way contemporaneous closed-circuit
television.

9. Nothing in this section shall affect the disqualification of witnesses pursuant to section 601 of the Idaho rules of evidence.

10. The criminal justice council shall submit a report to the legislature on or before January 1, 1990, summarizing the experience of courts which have used contemporaneous closed-circuit television pursuant to the provision& of this section.

11. The provisions of this section shall not be construed to amend section 19-3024 or 19-809A, Idaho Code, or rule 803(24) or 804(5) of the Idaho rules of evidence.



A very important manual for all counselors, law enforcement personnel, parents and libraries.

This manual will help you discover the facts, treat the child and help in the healing process.

Pamela Hudson is a caseworker, a consultant in ritual abuse cases, and a seminar leader in the subject. She is recognized internationally for her work. She also has a video. *Write for details.*

A Must For All Concerned!

$11.95 Order #867-2 ISBN 0-88247-867-2

Please include $3.00 shipping in U.S. ($8.00 overseas)

Three Training Videos on RITUAL CHILD ABUSE

Both clinicians and caseworkers will gain valuable insights as they observe actual therapy sessions, enhanced by commentary from skilled professionals who have evaluated and treated many ritually abused children. Viewers will learn how to interpret the symptomology and symbolic play patterns of these young victims. They will be able to see how treatment strategies can be implemented for this most difficult type of child abuse case.

- **Identification of the Ritually Abused Child**
  40 minutes • VHS or Beta • $225 • #D-220
- **Treatment of the Ritually Abused Child**
  25 minutes • VHS or Beta • $195 • #D-221
- **Ritual Child Abuse: A Professional Overview**
  30 minutes • VHS or Beta • $195 • #D-219

THE SINGLE MOTHER'S SURVIVAL MANUAL

Barbara Duncan

The Single Mother's Survival Manual is a reference-style book which deals with many of the basic, everyday problems of SINGLE mothers; and gives practical, positive information and solutions. A hit among today's progressive, single mothers.

Soft Cover $13.95 ISBN 0-88247-707-2 Order #707-2

LET'S TALK ABOUT IT! *The book for children about child abuse*

Dr. Michael L. Pall & Lois Blackburn Strelt

The Single Mother's Survival Manual is a reference-style book which deals with many of the basic, everyday problems of SINGLE mothers; and gives practical, positive information and solutions. A hit among today's progressive, single mothers

Fifth Printing $6.95 ISBN 0-88247-682-3 Order #682-3

DON'T DIVORCE YOUR KIDS

101 Ways to be a Long Distance Super-Dad George Newman

A Best Seller for Dads and Moms. Gives 101 ways to keep up a family and friendship with your children when separated by divorce, military or job. A very wonderful book loved by anyone who reads it.

$7.95 Soft Cover ISBN 0-88247-800 Order #800

MULTIPLE PERSONALITY GIFT:

A Workbook for You and Your Inside Family

by Jacklyn M. Pia

People who suffer from Multiple Personality Disorder (MPD) were usually the victims of severe abuse as children. Jacklyn M. Pia is a ritual abuse survivor who developed multiple personalities. After undergoing many years of intense therapy, she learned to handle her own psyche and is now a therapist to other people with multiple personalities. She belives that having multiple personalities can be a blessing in disguise. *Multiple Personality Gift: A Workbook for You and Your Inside Family* is a practical, down-to-earth workbook that the person with MPD can use to take control of their lives. It can help them to overcome the shame and fear, while helping them to realize that they have many unique gifts.

$11.95 Order # 890-7 ISBN 0-88247-890-7

MULTIPLE PERSONALITY GIFT:

A WORKBOOK FOR YOU
AND YOUR INSIDE FAMILY