BREAKING THE CIRCLE OF SATANIC RITUAL ABUSE

RECOGNIZING AND RECOVERING FROM THE HIDDEN TRAUMA

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Ms. Irwin believes that treatment centers like the Meadows will see a substantial increase in ritual abuse survivors as it becomes safer to talk about the abuse in Twelve Step meetings, in therapy, and in treatment. Like other counselors interviewed for this book, she sees parallels between this growing awareness of tramatic ritual abuse, especially satanic abuse, and the recent evolution of incest/sexual abuse awareness.

Working with Children Exposed to Ritual Abuse

Pamela S. Hudson, LCSW, is a child therapist with a county mental health outpatient department in California and author of the book *Ritual Child Abuse: Discovery, Diagnosis and Treatment.* Ms. Hudson has presented training sessions for professionals on child abuse in the United States, England, and Canada.

Ms. Hudson first began to identify the symptoms of satanic ritual abuse in several children who had been referred to her at a county mental health agency in early 1985. What was to follow was a most frightening phenomenon: throughout the remainder of 1985 and into 1986, twenty-four children, all from the same day-care center, all exhibiting many of the same satanic ritual abuse symptoms, were brought to her by concerned parents. What is even more amazing is that the cases came to her individually, without the parents initially talking among themselves.

Common symptoms seen among these children included phobic reactions about water; extreme anxiety about being alone in bedrooms, going to the bathroom, eating certain types of food. In addition, some children exhibited such behaviors as using needles, pens, and other sharp objects to poke the eyes out of people in magazine photographs. And thirteen of the twenty-four children, many of them under the age of ten, consistently attempted to masturbate and have sex with other children or animals.

Most of the children also were experiencing frequent night terrors, night sweats, and extraordinary anxiety on other levels. For example, eighteen out of the twenty-four felt extreme separation anxiety if the mother was out of sight even for a short time.

Early in her work with the children, Ms. Hudson reported the cases to the county's Children's Protective Services. (The names of the day-care center and the mental health center have been omitted at Ms. Hudson's request, to avoid legal or other re-

percussions.)

About six months after Ms. Hudson began working with one girl, the silence finally was broken about the specific nature of the abuse. The girl named a particular supervisor at the day-care center and described this person inserting sticks in her vagina and other orifices—an abuse frequently reported by satanic ritual abuse victims.

Shortly afterward, other children started to talk as well about specific abuses, and Ms. Hudson began to compile corroborative data. Abuses reported included being locked in a cage the perpetrators called a "jail"; being buried in "boxes" (coffins); being told their parents, siblings, and pets would be killed if the childen talked; being held underwater (the genesis of phobic reactions to water); being injected with needles, threatened with guns, defecated and urinated on; being forced to watch animal and human sacrifices. One child reported helping kill a baby, as an adult female perpetrator put her hand over the child's, gripping the knife and forcing it down into the baby.

The children also described being taken off the grounds to other day-care settings, to private homes, even to a cemetery.

As the stories surfaced, the parents started coming together and talking. It was at this stage in the revelations that Ms. Hudson began to work with the parents rather intensively. In these sessions, she allowed parents to vent their grief, their rage, and revenge fantasies of killing the perpetrators. Ms. Hudson says these feelings are normal. Often the emotional devastation becomes so pervasive that that even basic tasks—cooking, cleaning, getting the children to school, going to work—are disrupted. So part of the therapy emphasizes just maintaining the normal "rhythm" of the family.

Ms. Hudson teaches the parents therapeutic techniques to help with the child's stabilization and recovery. In the case of night terrors, for instance, Ms. Hudson teaches the parents not to discount the dreams, but rather to let the child talk about them and then reassure the child that everything is fine now, and the child is safe.

Parents are taught to help children process anxieties and repressed feelings triggered by everyday occurrences. For example, one of the abused children, with her parents at a fast-food restaurant, looked up to see someone enter the place with a shiny red jacket on. This sight triggered her memory of seeing a perpetrator dressed in a devil's outfit during a ceremony. The anxiety

was so overwhelming that she actually crawled under the table to hide. Instead of the parents responding by telling the child, "It's nothing," or to stop misbehaving, they had been trained to talk to her about what scared her and what this incident was evoking for her from the past. Afterward, they offered the child more reassurance that she was safe now.

Ms. Hudson also asks parents to keep a written record of the child's behavior during the week, as well as any memories of the abuse that are disclosed.

Besides the twenty-four from the particular day-care setting, Ms. Hudson has since worked with twelve more children who reported being abused in the same manner, from another day-care center, by members of the extended family, and by neighbors.

Ms. Hudson devised a questionnaire and polled a group of parents involved in litigation cases of purported ritual abuse around the country. She procured names from an organization called Believe the Children. This group was formed by parents involved in the highly publicized McMartin Day Care Center case, and included parents from seven other similar day-care center cases in southern California.

Using her questionnaire, Ms. Hudson did telephone interviews with parents whose children were involved in the McMartin case, and in day-care cases in San Francisco and New Jersey, and in a satanic ritual abuse case in California involving a baby sitter. She talked also with parents in Texas and Oregon. In all, she interviewed one set of parents from each of ten cases across the country. In the findings, she also included data from the cases she had worked with.

No matter where in the country the abuse had taken place, the children demonstrated many of the same post-traumatic stress symptoms—night terrors, fear of the dark or of being alone, uncontrolled vomiting. All the children in the survey had demonstrable medical indicators of sexual assault. Many reported being photographed during the ceremonies. Of eleven victims, ten reported being threatened with guns and knives, and nine reported watching people killed as part of the ceremonies. (A full report on these findings is included in Pamela Hudson's book, *Ritual Child Abuse.*)

She said that the similarities in these cases across the country are not only alarming but an indication that perpetrators actually follow prescribed rituals that are fairly consistent and

calculated. What's more, she said that the types of torture and mind control reported to her by the children derive from conditioned response techniques reportedly developed for use with political prisoners or prisoners of war. These include sensory deprivation and physical tortures, such as electric shock or drug-induced states.

In recent years, Ms. Hudson has visited England and reports that therapists there also are seeing similar types of ritual abuse symptoms in some of their patients, both children and adults.

As she works with ritually abused children, Ms. Hudson said the disclosures of abuse generally come incrementally. The reports range along a continuum, from what seems most credible to, much later on, what seems least credible. A child might at first report that a day-care worker or baby sitter touched her or his "private parts." Later, children may talk about someone "pooping" on them, then maybe about being tied up, then having to watch an animal being killed, then maybe even a baby.

Sometimes a child talks about being taken away by "aliens." Ms. Hudson said it became apparent to her that perpetrators actually set up stagings for incidents of abuse. Perpetrators dressed as space aliens or cartoon characters, so that later when a child was questioned by a therapist, lawyer, or police officer, the child might say that the abuser was an alien or Mickey Mouse—and the whole story might be dismissed as fabrication.

"Some of these people are extremely clever," said Ms. Hudson.

In therapy, Ms. Hudson uses a combination of techniques: psychodynamic therapy (helping parents determine underlying psychological dynamics in their children), role play, behavior modification, play therapy, art therapy, family therapy, and group therapy. She said the art therapy is extremely helpful in bringing up data around the abuse.

"Simply, the children were threatened about talking about the abuse, but not necessarily drawing about the abuse," she said.

Often, Ms. Hudson said, a therapist doesn't need to make concerted efforts to have a child regress to the trauma. As the therapeutic rapport is established, the child often regresses spontaneously. During this regression, a child may go back to the behaviors of the developmental stage when the abuse took place. A five-year-old child beginning to deal with repressed trauma that took place at age two may, for a time, go back to two-year-old

behaviors, using baby talk, occasionally wetting or soiling.

Working with ritually abused children, therapists also often encounter multiple personality disorder and need to move the alters through the trauma toward integration, just as with adults (see chapter 17).

During the course of therapy, if the child is now in school, Ms. Hudson consults with the teacher(s) on an ongoing basis. Early in therapy, Ms. Hudson coaches the parents in apologizing to the child. Not that the parent is really at fault in any way, but, according to the young child's perception, he or she was taken by parents each day to a place to be hurt.

"The parents need to apologize to the child, and also continually tell the child they have been tricked too," said Ms. Hudson. "And it has been my experience that, eventually, the child will forgive the parents."

Also early in therapy, the child has extreme fear about being alone, sleeping alone. Ms. Hudson advises that the parents spend as much time as possible with the child, and in the beginning let the child sleep with them as often as he or she wants to.

She adds that it is important for the therapist to try to maintain a presence of calm and confidence that the situation is going to get better. While she realizes that this might seem elementary advice at first, it takes on a whole new meaning as the therapist enters into the maelstrom of disruption the abuse has caused for the child and the family, in the school system, even in the judicial system.

She also recommends that a therapist develop as much peer support, individual and group supervision as possible, in order to stay professionally and personally balanced while dealing with this.

Ms. Hudson agrees with Maggie Irwin's belief that a therapist can't gloss over the spiritual aspects of the abuse and recovery. She said it is common to hear ritually abused children say things like: "I can't go in the bedroom—the devil is there," or "I know the god below wants me to . . . " Ms. Hudson said it is ineffective to simply ignore the underlying references to evil and deal only with behavior modification. Since much of the abuse revolved around "dark side" spiritual abuse and programming, children continually need to be reassured that there is another, "good" spiritual power that is stronger and can protect them.

Maggie Irwin and Pamela Hudson agree that, in working with such abuse victims, therapists need to come to terms about

their own beliefs around the spiritual dynamics of good and evil. Pamala Hudson also recommends that parents do a lot of education with the child around spirituality.

In the case of the twenty-four children reporting ritual abuse from the particular day-care center, Ms. Hudson said that, although most of the parents professed some type of religious affiliation, few were actively practicing it. On the therapist's recommendation, most parents became involved again with their churches. They began to learn as much as they could to counter with their respective church's beliefs when a child began talking about a "dark side" philosophy or fear. Children need to be assured over and over that they are inherently good, that what was done to them or what they did to others could not be helped, Ms. Hudson said.

She added that some of the parents scheduled time to go over a picture book about Jesus with their children—his life, his professed power over satan. Ms. Hudson said that, even in dealing with biblical subjects, the parents had to be careful. She cited Old Testament stories (Abraham about to "sacrifice" Isaac, for instance) or pictures (King Solomon poised with a sword over a baby) that need to be edited out, so they don't trigger a child's fears, and so the child won't connect these in any way with satanism.

As careful as one might be, a scene as seemingly innocent as the baby Jesus lying in a manger might even bring on hysteria for some ritually abused children early in recovery. She encountered reports of children forced to watch as perpetrators killed a baby around Christmas time. Then they forced the children to chant, "Baby Jesus is dead. Baby Jesus is dead."

A major concern for parents, Ms. Hudson said, is what will happen to their children later in life as a result of being exposed to this kind of abuse. Are they more susceptible to being drawn back into a satanic cult? Are they more likely to become perpetrators of physical or sexual abuse? With effective therapy, and good spiritual and family support, these possibilities are measurably diminished. However, Ms. Hudson suggests a long-term study with children now reporting this abuse, in respect to predilection for emotional, physical, and sexual abuse patterns, drug and alcohol abuse, and suicidal tendencies.

Because of the sophistication of the perpetrators in keeping it hidden, Ms. Hudson said she had no way of knowing the extent of this kind of abuse worldwide. However, "Anyone who's had

a brush with it [therapists, friends of victims, or law enforcement representatives] can't seem to drop it." As people learn about its insidiousness, the heinous nature of the abuse, the sophistication of the cover-ups, and the possible organizational ties, they "begin to recognize it as a threat similar to the growth of Nazi-ism—and they need to keep telling other people about it."

As for the day-care center case involving the twenty-four children, the District Attorney's office made a decision not to prosecute. A disappointed Ms. Hudson attributes that decision to the lack of physical evidence, the children being perceived as too young and also considered to be too emotionally traumatized for the stories to appear credible to a jury. Other similar cases around the country have gone to litigation.

Her book (see Bibliography, page 264) deals at length with techniques for working with children exposed to ritual abuse.