



ASCA

Advocates for Survivors of Child Abuse

Ritual Abuse & Torture in Australia

April 2006

ASCA: ADVOCATES FOR SURVIVORS OF CHILD ABUSE

Advocates for Survivors of Child Abuse (ASCA) is a national organisation dedicated to the needs of all survivors of child abuse. ASCA aims to empower survivors and to dispel the myths and misinformation about child abuse in our society.

ASCA provides a combination of services specifically designed for survivors of childhood trauma – support (self-help and therapeutic), education and advocacy.

ACKNOWLEDGMENTS

This information package is the outcome of a collaborative partnership between ASCA members around Australia, working together to author a review of the existing research evidence and the compilation of personal experiences of ritual abuse and torture. We would like to thank everyone who has provided their support and assistance in producing this paper, particularly the survivors who have bravely consented to share their stories and experiences with us.

WARNING

The content of this booklet may cause distress.

The material contained within this paper describes atrocities that may be upsetting to readers. Survivors of child sexual abuse should be particularly cautious, and it is recommended that ritual abuse survivors read this material with a support person at hand.

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DISCLAIMER

The views expressed in this paper present the views of its authors and evidence from selected research and published literature. It does not necessarily represent the views of ASCA who accordingly takes no responsibility for the contents of this paper.

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FOREWORD

ASCA is to be congratulated on producing this very important paper.

Although there are more than six million documents on the Internet addressing the issue of ritual abuse, few take as fair and comprehensive approach as this; many of the writings deny the existence of ritual abuse despite masses of evidence to the contrary. As a consequence, some victims are persistently re-abused psychologically by having to deal with the fact that organised abusers, their defenders and even police refute their realities and dismiss their reports as fantasy or mental illness.

Here, ASCA has, using everyday language and logical and objective detail, set out essential information for health professionals, and most importantly for survivors of ritual abuse. They point out the critical need for survivors to absorb this information under the care and guidance of a trusted counsellor. The last section is probably the most important, advising survivors that recovery is possible but it 'does not occur in a linear fashion'; it's unpredictable and survivors must take very good care of themselves.

This is an important document that should be shared by clinicians with medical and legal professionals.

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EXECUTIVE SUMMARY

Part I: Ritual Abuse and Torture in Australia

- **Ritual abuse is a global phenomenon.** Ritual abuse is recognised by the United Nations as a significant factor in the international trafficking of women and children.
- **Ritual abuse occurs in Australia.** Ritually abusive groups have been uncovered during police investigations in Australia, and group members have been successfully prosecuted before a court of law.
- **Ritual abuse is a core practice within subcultures of extreme criminality.** Ritual abuse is a practice closely associated with child prostitution, child pornography, and drug smuggling.
- **Ritual abuse is a complex crime and perpetrators are difficult to categorise.** The intersection of familial abuse, torture, organised paedophilia and 'cultic' ritual puts such perpetrators in a unique category.
- **Victims of ritual abuse are children and adults from all walks of life.** As a consequence of having endured extreme levels of torture and trauma, victims frequently experience a diversity of complex mental and physical health issues and needs, which characteristically go unmet.
- **A culture of disbelief compromises the human rights of survivors.** A culture of ignorance and denial on behalf of authorities and the community prevents ritual abuse survivors from realising their basic rights to safety, health and justice.

Part II: The Impact of Ritual Abuse

- **Ritual abuse survivors have often been systematically traumatised for protracted periods of time.** The resulting psychological impacts ritual abuse survivors experience has been compared to those of prisoners of war and survivors of genocide.
- **Ritual abuse is associated with complex psychological diagnoses** such as complex post-traumatic stress disorder and a spectrum of dissociative disorders, including Dissociative Identity Disorder. Without treatment, these conditions profoundly and negatively impact on the survivors' quality of life, and render them vulnerable to revictimisation.
- **Coercive psychological conditioning is used by perpetrators to control and intimidate survivors.** Indoctrination and manipulation frequently undermine survivors' capacity to seek assistance, or to maintain personal safety.
- **In ritual abuse, traumatic rituals are often utilised to sever the victim's connection with a broader social milieu.** This not only serves to isolate victims and facilitate secrecy but also to forcibly reorientate the victim towards the perverse subculture of the ritually abusive group.
- **Sexual abuse which incorporates 'bizarre' elements is consequence-free for perpetrators.** Ritualised abuse creates a space of impunity for sexual offenders, since extremely perverse sexual activity has the dual impact of shattering a victim's capacity for disclosure, and damaging their credibility if they do expose the abuse.

Part III: Healing from Ritual Abuse

Survivors encourage and recommend numerous strategies for healing to occur.

- **You are *not* crazy.** Your behaviour and responses are perfectly normal reactions to extremely abnormal situations. Accepting your emotions as normal, and knowing that they will pass in time, may help you persevere.
- **The healing process is hard but it is worth it.** Emotions of terror, pain and shame are a natural part of healing from ritual abuse, and you will need a plan and plenty of support to manage these feelings when they arise.
- **Safety is paramount.** Whether the threat comes from within yourself, or from other people, you must establish stability and safety in your life however you can. The strength to do this can come from within. Getting back in touch with yourself is crucial in the process of recovery.
- **You should not have to undertake recovery alone.** Learning to trust takes time, but there are people who can help and will journey alongside you. It is very important that you find validating, supportive people in your life who can assist you through the healing process.
- **Seek appropriate care and support.** A professional therapist or counsellor can help you on your path towards a better life. Your therapeutic relationship should be one of trust which provides an empathic, non-judgemental and safe space for your healing journey.
- **Learn to soothe and care for yourself.** Survivors often don't believe that they deserve even the simplest of pleasures, such as listening to music or having a warm bath, not even when feeling upset. These are basic aspects of self-nurturing. Trauma erodes our capacity to look after ourselves, so finding simple pleasures will provide you with new tools to protect and sustain yourself.
- **None of what happened was your fault.** Perpetrators of ritual abuse use many lies and tricks. They may have told you that you were bad and/or made you hurt others to prove it. You are not responsible for any of the things they made you do. Ritual abuse takes away your choices. With healing, you can win them back.
- **Knowledge is power.** Over time, you may want to learn more about the impact of trauma, dissociation, and ritual abuse. Knowing more may help you to understand that your reactions and behaviours are normal and healthy responses to extremely abnormal and unhealthy experiences.
- **You have strengths that the perpetrators could not even imagine.** You have been denigrated and made to feel worthless, but you have lived through the worst of the worst, and you have survived. Learn to recognise, acknowledge and affirm those strengths. They will not only bring you through this difficult time, but they will prove invaluable to you for the rest of your life.

- **The healing process may unlock sudden and destructive urges.** At times you may experience strong desires to hurt or even kill yourself or others. It is extremely important that you do not act on these urges. Find a support person and seek help. You are too important to allow such urges to hurt you further
- **DID is a creative survival strategy.** If you have been diagnosed with Dissociative Identity Disorder, you don't need to feel ashamed or frightened. Take the time to learn about DID. It is an ingenious and effective survival strategy, and treatment for DID can be highly successful.
- **If you break the silence, you are breaking the programming.** Deprogramming is a matter of healing the trauma, changing your thinking and empowering yourself. If you can talk about ritual abuse then you are breaking the programming and breaking the cycle of silence, fear and shame.
- **It is extremely dangerous to have any contact with perpetrators.** When a ritual abuse perpetrator is someone close to you, or someone you have grown up with, it can be extremely difficult to cut off contact with them. However, perpetrators are very manipulative, and they will use any contact with you to cause you further harm. Do not give them that opportunity.

PART I: RITUAL ABUSE AND TORTURE IN AUSTRALIA

It is time to come to grips with this reality. Twenty years ago if you talked about paedophiles, you would have been locked up. Fifteen years ago it was the same with incest. Today this is the case with ritual abuse. The children go on suffering.

– Ex-Federal Police Sergeant David Poulton (Preston, 1990)

Ritual Abuse and Torture in Australia

The 'misuse of ritual practice' is recognised by the United Nations Working Group on Contemporary Forms of Slavery as a key element in the sexual trafficking of women and children (Commission on Human Rights 2002). All around the world, from Nigeria to America to Haiti to Australia, traffickers use the iconography and rituals of existing religions to bond victims into sexual slavery.

In the West, the misuse of ritual in the context of sexual abuse is called 'ritual abuse'. It is a form of abuse that is closely associated with criminal organisations that engage in child prostitution, pornography and drug running (Raschke 1990). Ritually abusive groups have been compared with terrorist cells; they are extremist criminal groups capable of cooperation and loosely affiliated under a common, broad ideology (Perlmutter 2002).

In Australia, ritual abuse is at the core of a criminal stratum that controls child prostitution and manufactures the sadistic child pornography that realises 'top dollar' in black markets around the world. Using ritualised torture, each group develops a 'stable' of children and adults who can be sexually abused, tortured and trafficked with a reduced risk of discovery.

Survivors face a number of systemic barriers in securing their right to safety and wellbeing. Despite multiple prosecutions for the ritual sexual abuse of children in Australia (Humphries 1991; Towers 1998; Oberhardt and Keim 2004), there are few targeted and effective services available to survivors, and little recognition of the unique nature of the crime by law enforcement and government agencies.

In the absence of services or support, survivors struggle to manage the complex mental and physical health impacts of ritualised torture. The few professionals who undertake work with this client group do so at considerable risk to their reputations and, at times, their own safety and wellbeing.

This paper was written by survivors and their supporters. We hope to reach victims and survivors with the information they need to break free of the cycle of abuse and reclaim their full complement of human rights. We also hope that this paper will bring a new perspective on ritual abuse and torture to those professionals and policy makers whose support is crucial in exposing the full extent of ritual abuse in Australia.

Who are the Perpetrators of Ritual Abuse?

Ritual abuse is a complex crime, and perpetrators are difficult to identify and categorise. They are mothers, fathers, relatives, friends, neighbours and professionals who abuse positions of power to inflict grievous harm upon children and captive adults. Sarson and MacDonald (2003d) identify a threefold motivation for the ritually abusive torture group: totalitarian power and control over their victims, personal gratification, and financial gain through non-consensual pornography and prostitution.

Ritual abuse is a crime with multiple levels, in which violently dysfunctional families are the building blocks of organised, profit-driven crimes against children. The procurer and primary abuser of the ritually abused child is most commonly a parent (Driscoll and Wright 1991; Smith 1993). Perpetrator groups are often constituted by two or three abusive family networks that 'offer up' and 'pool' their own children for abuse by other members (Weir and Wheatcroft 1995; Lorena and Levy 1998; McEachran 2005; BBC News 2005).

Bentovim (1992) describes such families as 'trauma-organised systems' in which catastrophic trauma defines and shapes the family structure and interactions between members. Victims grow from infancy in an environment in which violence, sexual assault and catastrophic trauma is the norm (Scott 2001). In the context of organised sexual exploitation, the violence and incest

committed by perpetrators against their own children may be viewed not only as sadistic pleasure-seeking behaviour, but also as a form of training for sexual exploitation (Itzen 1997; Scott 2001).

The child of the ritually abusive perpetrator is likely to live in a state of chronic emotional abuse and neglect. Linda, an Australian satanic ritual abuse survivor, reflects on the emotional abuse that took place in her childhood home:

A huge part of the abuse was the mind power games of being told you are nothing and no-one and that doesn't hurt, you're useless, dumb and stupid ... This is how my father used his Gestapo tactics to break my spirit, of course with the ultimate method of sadistic abuse and cat and mouse games.

— Linda

Perpetrators attempt to socialise children into sexual perpetration by forcibly coercing them to inflict harm on other children. As they mature, victims are at risk of being integrated into the group as a perpetrator or as a captive adult victim.

The intersection of familial abuse, torture, organised paedophilia, and 'cultic' ritual places ritually abusive perpetrators in a category of their own. A 1994 survey of cases of organised child abuse investigated by police and social services found that 44% of respondents were unable to fit the case into a predefined category such as 'cult' or 'paedophile ring' (Gallagher, Hughes et al. 1996), which suggests that current criminological typologies may be inadequate.

Who are the Victims of Ritual Abuse?

My father took me to be raped... my father and other men and women would stand around the bed, watch and laugh... I felt so humiliated... so ashamed... so powerless... there are no words to describe their sound, the tone of their laughter, and the feelings I felt... their laughter still haunts me today... I can still hear it ringing inside my head... inside my ears.

— Carrie, Canadian ritual abuse survivor (Sarson and MacDonald, 2003c)

The victims of ritual abuse are the sons, daughters, nieces, nephews, grandchildren, or foster children of perpetrators (Smith 1993); they are infants terrorised into silence during babysitting sessions by a family friend (Mollon 1996; Janczewski 2003); children exploited by an abusive daycare attendant, (Finkelhor and Williams 1988; Bybee and Mobrey 1993) or priest (Sarson and McDonald 2006); or a vulnerable child trafficked into a paedophile ring while in institutional care (Tremlett 2002).

Numerous studies describe circumstances such as the Canadian wife battered and terrorised into compliance by her ritually abusive husband (Sarson and MacDonald 2003a); the small-time American drug runner ritually tortured for non-payment of debts (Sherry 1998); the young Australian who joins an occult group that isn't everything it seems (Humphries 1991); or the Mexican teenager trafficked into sexual slavery in America for \$200 who lives in fear of the 'occult powers' of her captor (Melley 2003).

In short, the victims of ritual abuse are children and adults from all walks of life. The one factor they have in common is a set of traumatic symptoms so severe that they have been compared to Holocaust survivors and prisoners of war (Bloom 1994).

Dissociated identities have been diagnosed in ritually abused children as young as three, who have been found to have endured extreme levels of trauma (Ironside 1994). Adult victims may demonstrate a superficially high level of functioning that masks a life of constant nightmares, intrusive memories, disordered eating and severe depression (Mollon 1996).

Ritual abuse victims have a set of traumatic symptoms largely unique to them (Cozolino 1989; Wood 1990; Hudson 1991; Young, Sachs et al. 1991; Hudson 1994; Leavitt 1994; MacFarland and Lockerbie 1994; Gould 1995; Nijenhuis, Spinhoven et al. 1998; Noblitt and Perskin 2000) including:

- extremely high levels of dissociation, fear and terror,
- traumatic preoccupations with bondage, sadomasochism, self-mutilation and ritualistic iconography,
- an ingrained phobia and avoidance of doctors, police and other professionals and an orientation towards severe secrecy,
- a tendency to idealise and express gratitude towards their perpetrators, and attempt to protect them from discovery and prosecution.

Why do Perpetrators use Ritual?

Ritual is an important aspect of cultures and subcultures. In ritual abuse, it is a way of expressing and transmitting the beliefs, practices and worldviews of a perpetrator group. The rape and torture of children and adults is structured around 'metaphysical' symbols and actions that differ between groups. However, a common foundation underlies all acts of ritual abuse: the 'celebration' of the power of the perpetrator at the expense of the body and soul of the victim.

One Australian woman who cared for her ritually abused grandchildren noted that 'cults do everything in reverse'. Positive principles and attachments are inverted, with the intention of justifying the child's abuse. Research into ritual abuse by Scott (2001) was undertaken in Britain but found much the same phenomenon:

Involvement in ritual abuse seemed to mean inhabiting a world in which 'moral precepts do not hold' but where a justificatory ideology was provided that went way beyond the 'cognitive distortions' of 'ordinary' sex offenders.

An occult belief system deals with the problem of cognitive dissonance not by redefining sexual abuse as harmless or desired by the victim, but by reversing 'good' and 'evil'. From this Sadeian perspective, cruelty and violence are 'natural' to man and denials of this essential truth are mere hypocrisy.

— Scott (2001)

In the context of organised sexual exploitation, rituals are not only the expressions of a perverse ideology, but mechanisms for power and control. In the infamous Belgium paedophile scandal, survivor Regina Louf noted the function of the perpetrator's 'satanic' performances:

When they received new victims into their network, it was extremely important that they shouldn't speak to anyone about what had happened to them. That's why they organised 'ceremonies'... The only aim of these rituals was to totally disorient the victims.

— Regina Louf (Bulte and de Conick, 1998)

A likely hypothesis is that the ultimate function of ritual abuse is that of camouflage. In Australia and overseas, constructive efforts on behalf of tortured and trafficked children have often been derailed by disbelief and scepticism generated by the bizarre ritualistic practices of the perpetrators.

Herman (1992: 8) notes: 'Secrecy and silence are the perpetrator's first line of defence. If secrecy fails, the perpetrator attacks the credibility of his victim. If he cannot silence her absolutely, he tries to make sure that no one listens.' Ritual abuse has effectively achieved all three goals.

Where is the Evidence for Ritual Abuse?

Australian refugee decision: In 1998, the Australian Refugee Tribunal accepted a German ritual abuse survivor as a refugee (see Becker and Coleman 1999). She was fleeing a life of servitude to a violent group in Berlin that had raped and tortured her since she was a child. The tribunal stated:

'... we accept that these groups exist ... and that the German government has been ineffective in stopping their illegal activities.'

Court prosecutions: In 1991, Perth police stated that they had proven a link between 'organised child sex abuse and devil worship' following the conviction on 22 counts of indecent assault of a perpetrator recruited into a ritually abusive group as a teenager (Humphries 1991).

In 1998, the Supreme Court found that self-described 'traditionalist witch' Robert Angus Fletcher had sexually and physically abused two minors, forced one of them into prostitution and then attempted to have both murdered to stop them giving evidence against him. He told the girls that their rape and torture was part of their initiation into a group called the 'dark coven' (Towers 1998).

In 2004, former primary school teacher and National Party official, Garry Robin Ford, was jailed for eight years for 'sexually abusing teenage boys during pagan rituals to initiate them into a group dubbed the White Brotherhood.' (Oberhardt and Keim 2004)

Multiple convictions for ritually abusive crimes have been secured in Europe and America. Newton (1997) accumulated data on the sentencing of 145 American defendants for crimes in which the ritual abuse of children was alleged, and found that 45% of the defendants pleaded guilty or non contest.

Consistency and prevalence: A survey of 98 social workers, psychologists and counsellors based in Melbourne identified 153 cases of ritual abuse in the decade from 1985 to 1995 (Schmuttermaier and Veno 1999).

Professionals report ritually abused clients from all around the world, including Canada, England, France, Holland, Belgium, Germany, Switzerland, South Africa, Finland, Netherlands, Russia, Australia and New Zealand (The Canadian Panel on Violence Against Women 1993; Rockwell 1994; Jonker-Bakker and Jonker 1998; Pravda 2005; Helsingin Sanomat 2005).

Increased attention is now being paid to ritual abuse in Nigeria, India, Ghana, Zimbabwe and Zambia and its role in the trafficking of women into Europe (International Organisation for Migration 2001; Commission on Human Rights 2002).

Forensic evidence: Ritual abuse pornography has been cited by police officers, judges and lawyers (Ross 1986b; San Francisco Examiner 1989; Beverly 1991; Jonker-Bakker and Jonker 1993; Blood 1994; Tamarkin 1994; Weir and Wheatcroft 1995).

Purpose-built ritual abuse infrastructure has been uncovered in ritual abuse cases in the United States, England and Switzerland (Jonker-Bakker and Jonker 1993; Summit 1994; Tate 1994).

Ritual sites with human remains, children's clothes, animal skeletons, knives, blood-stained daggers, candles contaminated with faecal matter, robes, jars of blood, masks and other ritual paraphernalia has been found in connection to ritual abuse cases in the United States, England and Europe (Maharidge 1985; Norris and Potter 1986; Ross 1986a, 1986b; Kahaner 1988; Summit 1994; Tate 1994; Miller 1995; Weir and Wheatcroft 1995; Newton 1996; Kelly 1998; Janczewski 2003; Perlmutter 2003; Lemoine 2005).

Medical evidence: In nine day-care centre cases where ritual abuse was reported during the 1980s, medical examiners found evidence during examination consistent with sexual abuse (Hudson 1991).

Medical evidence at other ritual abuse cases described clients with vaginal injuries, rectal tears, sexually transmitted infections, injection scars, and ritual scarification and tattoos (Hudson 1991; Young, Sachs et al. 1991; Tate 1994; Weir and Wheatcroft 1995; Newton 1996; Jonker-Bakker and Jonker 1998; Noblitt and Perskin 2000).

Clinical evidence: The majority of clinicians working with ritually abused clients believe their clients experiences to be true (Bottoms, Shaver et al. 1991; Andrews, Morton et al. 1995). A 1999 survey of social workers, counsellors and psychologists in Melbourne found that 85% believed ritual abuse to be an indication of genuine trauma (Schmuttermaier and Veno 1999). Psychologists Randal Noblitt and Pamela Perskin suggest that this is a result of the profound traumatising demonstrated by their clients being congruent with their reported histories (Noblitt and Perskin 2000: 58).

Threats and violence against professionals: In one study, 30% of professionals working in the field of ritual abuse reported various forms of intimidation and threats, including abusive phone calls (Youngson 1994). This is consistent with the harassment and threats experienced by police officers when investigating organised child exploitation (Ferraro, Casey et al. 2005).

In 1994, the majority of clinicians responding to an editorial call for papers on ritual abuse stated that they were too frightened to speak in print about their ritually abused clients. Some referred to threats of violence against themselves and their families, the appearance of dead cats on doorsteps and burning crosses on their lawns (deMause 1994: 507).

Sustained stalking and threats against one New Zealand therapist dealing with ritually abused clients culminated in an attack that left her with severe brain damage (S.H. 1998).

What is 'False Memory Syndrome'?

For fifteen years, allegations of sadistic or bizarre child abuse have typically been accompanied by debates about 'False Memory Syndrome'. Broadly speaking, 'False Memory Syndrome' (FMS) refers to the belief that some adults have vivid memories of child abuse that never occurred. Advocates of FMS generally deny that adults may forget, and then remember, traumatic events from their childhood, although the phenomenon of traumatic amnesia has been observed in many clinical populations, including returned servicemen and survivors of natural disasters.

The FMS concept is an amorphous one, but it hinges on the claim that, when adults remember episodes of childhood abuse that they were previously amnesic for:

- a. recovery of memories of childhood abuse is usually associated with therapeutic intervention, support groups or reading literature on child abuse, and
- b. that such memories are unreliable and may have been subconsciously or deliberately implanted in clients by therapists or others.

The inventors of the FMS concept, the False Memory Syndrome Foundation, also coined the term 'Recovered Memory Therapy' (RMT), a category into which they place evidence-based treatment for traumatic amnesia alongside past-life regression and other fringe practices. Proponents of FMS argue that RMT is a social ill in which the therapist fabricates memories of nonexistent abuse and alienates adult clients from their families for monetary gain or to further a political agenda (see Dineen 1998; Rind, Bauserman et al. 2001).

FMS and RMT are not accepted as scientific terms by the professional community and the existence of both phenomena is highly contested. A recent Victorian government inquiry concluded that 'reports of the practice of RMT are often based on speculation' and that 'at present, there is no reliable evidence base for the practice of RMT in Victoria.' (Health Services Commissioner 2005).

Clinical studies have found that people who report childhood abuse often develop traumatic amnesia, that psychotherapy is not always associated with memory recovery, and independent corroboration of recovered memories of abuse is often present (Otnow, Yeager, 1998; Chu, Frey, et. Al, 1999).

The evidence for FMS and RMT is contentious, and their relevance to discussions on ritual abuse even more so. An analysis of 490 ritual abuse cases found that only 43 involved any element of repressed or recovered memory, and that vast majority were cases in which victims reported continuous memory of their abuse (Goodman, Qin et al. 1994). In Britain, Sinason (2002) notes that 'recovered memories' have not been a significant factor in the disclosures of ritually abused clients at two clinics specialising in dissociative disorders.

What are 'Mass Hysteria' and 'Satanic Panics'?

A number of theories circulated throughout the 1980s and 1990s that discounted disclosures by ritual abuse survivors. The theories centred on the nebulous psycho-sociological concepts of mass 'panic' and 'hysteria', which, like FMS, blame professionals for believing the ritually abused adults and children they work with.

The first is the 'osmosis' theory (e.g. Frankfurter 2001). Proponents of this theory allege that children and adults spontaneously and subconsciously fabricate memories of ritual abuse drawing on imagery from the cultural milieu. However, in one study, 48 children were interviewed regarding their knowledge of religion and satanism, and the investigators found that children did not possess sufficient knowledge of satanism or ritual abuse to 'make up' allegations (Goodman, Quas et al. 1997).

The second is the 'fundamentalist' theory, which claims that Christian therapists and clients construct false memories of ritual abuse in order to validate a fundamentalist worldview and marginalise alternative spiritualities (e.g. Nathan and Snedeker 2001). This theory does not take into account the numerous cases of ritual abuse in Christian and mainstream churches (for case histories, see Smith 1993; Lorena and Levy 1998; Noblitt and Perskin 2000). A study of 51 patients alleging ritual abuse found that only two had any link with an evangelical organisation, and that this link was established *after* they began disclosing a history of ritual abuse (Sinason 2002).

The third is the 'Satanic panic' theory, in which cases of ritual abuse were driven by a 'mass hysteria' generated by psychologists and social workers on a 'witch hunt' to expose child abuse and Satanism (e.g. Victor 1993). Commentators have argued that there is no evidence for such a 'mass hysteria', and that this theory amounts to a misogynist conspiracy theory, in which 'malicious' or 'hysterical' social workers, mothers and therapists attempt to destroy families, impugn innocent men or implant memories of ritual abuse for financial or personal gain (Herman 1995; Rogers 1999).

There are dozens of publicly available accounts in which psychologists discuss their encounters with ritually abused clients. These accounts emphasise their shock and disbelief; their lack of prior knowledge of such subjects; and the persistent vicarious traumatisation that they suffer in their work with survivors (Dawson and Johnston 1989; Bloom 1994; Casement 1994; Hudson 1994; MacFarland and Lockerbie 1994; Rockwell 1994; Sinason and Svensson 1994; Mollon 1996; Noblitt and Perskin 2000; Scott 2001; Nelson 2006).

From these accounts, we can surmise that the vast majority of professionals who work with ritually abused clients do so *despite* the profoundly troubling impact of that work. 'Denialist' theories regarding ritual abuse fail to address the full spectrum of evidence. Instead, they focus on stigmatising the professionals who facilitate survivors in voicing their distressing histories.

Why aren't More Perpetrators Caught?

Ritually abusive perpetrators have been convicted in Australia, but larger networks have not. A number of protective factors have prevented investigations from reaching the necessary conclusions:

- **The nature of torture:** Ritual abuse victims, due to the neuropsychology of extreme trauma, are often unable to provide the detailed disclosures that the police and judiciary require in order to provide assistance. This effectively excludes victims from standard police assistance, and discredits them in the eyes of other agencies.
- **The silence of victims:** Since childhood, victims are taught that they have been complicit in the activities of the group, and that they will be harmed if they reveal their abuse or the activities of the group. The resulting shame, terror and guilt means that victims often strive to protect the perpetrators from prosecution.
- **Investigative inadequacies:** The police are not finding ritual abuse networks because they aren't specifically looking for them. Similarly, police often do not recognise victims when they do surface, since they receive limited training in trauma, sexual abuse or organised sexual exploitation. A recent Victorian Ombudsman's report found that police had failed to adequately investigate four previous cases of child sexual abuse, two senior detectives may have lied under oath, one detective blamed a schoolgirl for an alleged sexual assault by a 63-year-old man, and another police officer described the victim as a 'little slut' (Hughes 2004).
- **Ignorance and disbelief:** Ritually abusive perpetrators have demonstrated a preference for torture techniques, such as electrocution and near-drowning, which do not leave a mark. Whilst some survivors may present with ritualistic burns and scars congruent with ritual abuse, others may have no 'proof' of their ordeal beyond what they can disclose. In both cases, the extremity of their story means that ritual abuse survivors face the dual victimisation of the perpetrators, and the incredulity of a society that refuses to believe their traumatic histories.

Ritual abuse cases continue to trouble professionals in law enforcement and welfare services. In Australia, investigators' phones are tapped, cars are run off the road, mail is tampered with, and families are threatened. A former NSW policeman who was involved in ritual abuse cases stated: 'As soon as you find someone willing to talk, and they want to talk, they could end up at the bottom of the harbour.' (Preston 1990)

The London Child Protection Committee recently launched a strategic group to develop best practice on the detection of ritual abuse, to be constituted by experts from the police and social services (Golding 2005). We can only hope that Australia can also marshal a comparably comprehensive and strategic response to this crime.

PART II:

THE IMPACT OF RITUAL ABUSE

I first began to recover memories of what had happened to me in the mid-1980s and was hospitalised for two weeks in a so-called psychotic state. At that time no-one recognised the signs of emerging abuse memories (though I had always remembered other childhood abuse).

I spent days screaming in terror, not understanding myself of course what was happening to me. A psychiatrist doped me up on powerful medications to help me return to 'normal' and the memories were buried again for many more years. I accessed the hospital records about four years ago and can now see quite clearly what was happening to me.

– Belle, Australian ritual abuse survivor (2006)

The Impact of Ritual Abuse

When the early ritual abuse cases began to come to light in the 1980s, they soon turned into a media circus. High-profile cases collapsed due to ambiguities in the testimony of very young children and the bizarre nature of their allegations. Subsequently, many ritual abuse cases have been successfully, if quietly, prosecuted, but the sensationalism of those original cases has left certain impressions in place. Vocal commentators in the media and academia have persisted with claims that ritual abuse does not exist, and that those who claim otherwise are 'hysterical' or 'making it up'.

Leaving aside the empirical and legal evidence for ritual abuse, the degree of disability associated with a history of ritual abuse is so high that it argues against any 'confabulated' origin. The quality of life of ritual abuse survivors is undermined every day by flashbacks, hypervigilance, insomnia, eating disturbances and chronic physical and psychosomatic pain as a result of torture. The psychological condition of survivors is at the most extreme end of the post-traumatic scale.

Memories of ritual abuse are lodestones of degradation and shame that can persist in the consciousness of a survivor for decades. When these memories surface, they do so repetitively and with visceral force. A few evocative words can be enough to trigger flashbacks in which every sensation of childhood rape and torture is relived over and over again. The shame and bodily agony associated with memories of ritual abuse may incapacitate an adult survivor and leave them unable to work or care for their loved ones.

For captive adults still being abused, their memories constitute a prison without walls. Perpetrators can punish disobedience from afar using the phone or email. A few well-placed words can trigger new memories, new flashbacks, and a new source of terror and pain for the victim. Many captive adults would rather endure another ordeal of rape and torture, where dissociation leaves them blessedly numb and amnesic, than be forced to relive the atrocities of their childhood.

Psychological Consequences of Ritual Abuse and Torture

Post-Traumatic Stress Disorder

Post-traumatic stress disorder (PTSD) comes from a single life threatening event or as the result of prolonged and repetitive trauma. When a person is scared, the body floods with adrenalin and defence mechanisms respond in order to facilitate self-protection. With a heightened sense of alertness, reactions and responses quicken, and any nagging pain or fatigue fades into the background. However, if not given the chance to respond in a constructive way to a threatening situation, danger responses become dysfunctional. This is frequently how PTSD develops.

When danger responses bombard an individual ceaselessly, there is little opportunity to heal and find the resources to defend ourselves. When PTSD is present, each part of our natural responses to a threat –adrenalin, hyper alertness, fear and anger – continue to run on 'high' long after the actual danger is over. The danger response becomes chronic, and people with PTSD can find it difficult to sleep, relax or eat, and emotions of fear, anger and sadness can quickly escalate (Herman 1992).

The traumatised person's body may attempt to compensate for their constant state of hyper-alertness by 'shutting down'. Emotions become numb and many activities previously enjoyed no longer bring happiness or relief (Litz and Keane 1989). A person with PTSD has two different, extreme modes of living: in one, they are overwhelmed by memories, fear and anger, and in another, they are fatigued, amnesic, depressed and flat.

PTSD has a particular impact on memory. An event may be so traumatic that the brain is unable to process the experience, emotions and context cognitively. Instead, the knowledge of the trauma is stored separately from the emotions that occurred in that terrifying moment. A traumatised person may recount the event without any feeling at all, or they may have no memory of trauma but be consistently overwhelmed with fear and terror.

Trauma is expressed in so many different ways that it can be difficult to diagnose PTSD. Some of the symptoms may include the following:

- Panic attacks
- Uncontrollable crying
- Uncontrollable rages
- Eating disorders
- Suicidal thoughts
- Self mutilation
- Hyper-vigilance
- Somatic symptoms
- Intrusive thoughts
- Terror
- Flashbacks
- Addictions: alcohol, drugs, sex
- Over-reaction to minor stress
- Sleep disorders
- Sense of defilement or stigma
- Nightmares
- Fight or flight responses
- Extreme mood swings
- High risk behaviours
- Shame, guilt and blame

Complex Post-Traumatic Stress Disorder

I have always suffered with severe terror and a deep sense of guilt and shame that could not be understood by any known cause. These feelings were so intense that initially I became a drug addict and an alcoholic. Eventually I started to self-harm and attempted suicide. Once I started to remember the extreme things we were made to do to innocent kiddies, I was able to understand that we had no choice and to realise why the shame was there and that I was only a child myself and hence not to blame. Healing then became possible.

– Paul, Australian satanic ritual abuse survivor (2006)

Frequently, children and adults who have been repeatedly exposed to trauma over protracted periods have different symptoms and needs to people traumatised by a single event. They often present with more complex and challenging forms of PTSD, requiring longer-term and more comprehensive care and support.

Some psychologists are now advocating for a second definition of PTSD to address the needs of people who have been systematically and repeatedly abused. This movement towards an understanding of chronic victimisation and trauma is particularly relevant to ritually abused people.

Suggested diagnoses include complex PTSD (Herman 1992), Type II PTSD (Terr 1991), cumulative trauma disorders (Kira 2001), Disorders of Extreme Stress Not Otherwise Specified, and Cult and Ritual Trauma Disorder (Noblitt and Perskin 2000).

These categories describe the symptoms and experiences of people who have been subjected to totalitarian control and abuse over long periods of time, such as victims of organised child abuse, domestic violence and abuse, prisoners of torture, trauma and war, and ritualistic cults. The focus of these diagnoses is on repetitive trauma and the resultant patterns of denial, numbing, dissociation and emotional outbursts.

Some of the diagnostic criteria for 'complex' types of PTSD are particularly relevant to ritual abuse, including:

- Sense of complete difference from others
- Belief that the self is not human
- Preoccupation with relationship with perpetrator
- Attribution of total power to perpetrator
- Idealisation of perpetrator, gratitude to perpetrator
- Belief in a supernatural/special relationship with a perpetrator
- Acceptance of belief system or rationalisations of perpetrator
- Repeated failures of self-protection
- Sense of hopelessness and despair

Borderline Personality Disorder (BPD)

BPD is a common diagnosis for survivors of severe sexual abuse (Herman, Perry et al. 1989). It describes survivors' difficulties in interpersonal relationships, and in regulating their emotional states. It is sometimes a 'catch-all' category for difficult clients, and some clinicians have called BPD a veiled insult, implying little capacity for recovery and ignoring the history of sadistic victimisation disclosed by many sufferers of BPD (Shaw and Proctor 2005).

Nevertheless, some of the treatments for BPD can be very effective for the ritual abuse survivor – particularly treatments such as Dialectic Behavioural Therapy which focuses on emotional skills and builds the capacity of the survivor to manage their day-to-day life and social interactions.

Psychosomatic Pain and Physical Symptoms

For years I had a strange jerk in my left arm and had no idea why. I was always pulling away when ever I felt triggered by anxiety or terror. It was only when the memories of the abuse came up that I realised that they were using electricity to force me to comply with their demands. This was especially true when I was forced to harm other, younger kiddies. Electricity is a great motivator and leaves no scars.

– Paul, Australian satanic ritual abuse survivor (2006)

Survivors of ritual abuse also experience a significant amount of psychosomatic pain, sometimes to the point of agony and incapacity (Driscoll and Wright 1991). This includes frequent headaches, back and abdominal pain, and pain associated with sites of abuse such as the genitals, anus or areas in which the victim has been hurt in torture or ritual. Many survivors also experience insomnia, catatonic spells and sensations of paralysis and blackouts.

Survivors of extreme trauma can suffer from severe psychosomatic symptoms that mimic other serious medical problems, such as seizures, migraines or breathing difficulties (ISSD 2005). In extreme cases, psychosomatic symptoms may lower blood pressure and body temperature to the point that the survivor enters a state of shock.

For ritual abuse survivors, this often occurs during 'flashbacks' and the traumatic reliving of ritual torture. Some survivors find that psychosomatic pain and physical symptoms become more pronounced around significant ritual dates throughout the year, or when they have broken the perpetrators 'rules' by speaking about their abuse or doing things they are not 'allowed' to do. In this context, dissociated parts of the survivor's consciousness can trigger psychosomatic symptoms to 'punish' the survivor on the perpetrator's behalf.

Dissociation

More often now I realise when I am doing it, but in the past I could go to the ballet or see a movie and realise later that I hadn't seen any of it. I used to hide it though and wonder what could be wrong with me. When I am stressed I can lose hours and if things are too much I can just 'check out.'

– Belle, Australian ritual abuse survivor (2006)

When we need to, the human mind has the ability to 'float off' while our body is still present. A normal example of this is daydreaming when we are bored or tired. When we are in a situation and we'd like to be somewhere else, our brains create a mild hypnotic state to provide us with relief.

However, when we experience pain, loss or terror, our brains take this mechanism to the extreme. Just as animals 'play dead' when confronted with a predator, human beings 'freeze up' during traumatic ordeals (Scaer 2001). If our minds can't tolerate what is happening, it 'splits' from the body.

Dissociation is associated with loss and trauma in childhood, particularly sexual abuse (Irwin 1994). As such, it is one of the most common defence mechanisms used by ritual abuse survivors. Dissociation 'quarantines' memories of torture so that the victim, in their day-to-day life, can function during the day, and they may not remember the abuse at all, or they may only remember their abuse under certain conditions.

Dissociation is a danger response that can persist for a long time after the traumatic incident has taken place. When people repeatedly dissociate to escape from recurrent trauma, they can become permanently dissociative, which affects the way they feel about themselves, how they relate to the world, and their patterns of thought and memory.

Some dissociative disorders include:

Dissociative amnesia: A person's memory blocks out critical personal information because it is too traumatic or stressful to remember.

Dissociative fugue: A person becomes confused about their identity, and may 'disappear' and take leave of their physical surroundings.

Depersonalisation disorder: Where a person feels chronically detached or distant from themselves and their world.

Dissociative identity disorder (DID): An individual has more than one distinct identity, usually as the result of repetitive, early childhood trauma. It has previously been known as 'multiple personality disorder'.

Dissociated Identities and Pseudo-Identities

I had to deal not only with devastating memories and the emptiness of acknowledging that I was sacrificed by my own family but with the realisation that I had fragmented into many parts. I have gradually met all these parts, introduced them to one another and learnt the role each of them played in my survival.

– Cathy, Australian ritual abuse survivor (2006)

When enduring ritual abuse, different parts of the victim's consciousness may dissociate. This 'splitting off' is a last-ditch attempt to maintain sanity in the face of overwhelming trauma. This has been called 'Multiple Personality Disorder' or, more recently, 'Dissociative Identity Disorder' (DID). In a study of 37 ritually abused people, Driscoll and Wright (1991) found that almost two-thirds of the sample had been diagnosed with multiple personalities.

DID is a unique survival skill, in which one person's mind incorporates two or more distinct personalities. Personalities may be created to contain the pain of a specific traumatic experience. This is a process known as 'splitting', and it may happen once or many times as a way of surviving extreme abuse. People with DID may be partially, vaguely or totally unaware of these other parts or 'alters'.

It is not uncommon for people with DID to be misdiagnosed as schizophrenic, since they often hear the internal voices of their different personalities. There are key distinctions between DID and schizophrenia. Firstly, people with DID hear voices within themselves, whereas schizophrenics generally locate voices as coming from outside their mind. Secondly, unlike schizophrenics, people with DID do not suffer from thought disorder beyond the momentary disorientation that follows memory intrusion and flashbacks (Mollon 1996).

Other survivors respond to the prolonged trauma of ritual abuse by generating an altered persona, called a 'pseudo-identity' (West and Martin 1994). The 'pseudo-identity' is a common adaptation amongst people exposed to brutal captivity and thought reform.

Whilst ritually abused, victims are frequently forced to do things that are repulsive to them. If they do not obey, they may not survive. Some victims respond by crafting a secondary personality that will suit the perpetrators' demands. Once the pseudo-identity has been created by ritual abuse, it will endure and grow stronger for as long as the victim is being ritually abused.

The good news is that, when the progress of patients with DID is tracked, patients show definite improvements in depression and anxiety symptoms, impulsivity and addictive behaviors, psychotic symptoms, interpersonal activities, and day-to-day functioning (Ross, Miller et al. 1990).

Programming and Indoctrination

Ritual abuse perpetrators use torture techniques that are designed to break down, control, and 're-educate' victims. Comparisons of the testimony of people tortured in ritually abusive torture groups, and people tortured by political groups, reveal their experiences to be virtually identical (Sarson and MacDonald 2003a). The tactics are designed to overcome the victim's self-protective instincts and to create overwhelming and uncontrollable urges to obey the perpetrators.

Many ritual abuse survivors use the term 'programming' for situations in which perpetrators manipulate trauma and dissociation to control their victims. When human beings dissociate, they often enter a state where they are momentarily separated from sensations of pain or fear, but they also become automatically obedient and highly suggestible (Krystal 1995: 80).

Perpetrators use torture and drugs to create this dissociative state and exploit it. Some indoctrination focuses on ingraining the ritually abusive belief system into the victim, as well as post-hypnotic 'rules' to prevent the victim from speaking about their abuse. Conditioning is used to shape a victim's thought patterns with messages such as:

- You will be killed if you do not obey/if you tell
- People you care about will be killed if you do not obey/if you tell
- The group is all powerful and there is no way out
- No one will believe you and they will think you are crazy
- You are crazy; this is not happening

Other forms of programming are more proactive. Perpetrators use classical conditioning techniques to groom victims to respond unconsciously to specific words, symbols, gestures or music. Once exposed to a 'trigger', victims may uncontrollably dissociate, switch into a different personality, or feel the urge to self-harm, commit suicide or return to the group.

Perpetrator groups use a 'cycle' of annual dates in which specific ritualistic traumas take place. The ritual cycle differs between groups, but there are some very common dates: in particular, the victim's birthday, Christmas, full moons, and the solstices and equinoxes. Victims learn to associate these days with ritual abuse, and may experience uncontrollable urges to return to the group on these days.

The ritual cycle demonstrates the perpetrator's intimate knowledge of the dynamics of trauma. They have functionally hijacked 'anniversary trauma', a phenomenon observed in many people with PTSD, where their traumatic symptoms spiral unconsciously around the dates on which they have been traumatised. Perpetrators can be highly sophisticated in their programming techniques, although the basis for all forms of programming is brutality, fear and torture.

Common Themes in Ritual Abuse

These themes have been drawn from the personal experiences of the authors, as well as clinical studies (Hudson 1991; Leavitt 1994), case histories and the testimony of clinicians, (O'Driscoll 1994; Sinason and Svensson 1994; Lorena and Levy 1998; Noblitt and Perskin 2000), surveys (Driscoll and Wright 1991; Smith 1993) and court cases (Hubert 1989; Humphries 1991; Gamino and Ward 1992; Soloway 1992; People v. Daryl T. Ball 1998; Santa Rose Press Democrat 1998; Towers 1998; Janczewski 2003; Oberhardt and Keim 2004).

Survivors of ritual abuse and sexual abuse are advised that this list is extremely disturbing and should only be read with a support person present.

- **Violent rituals:** Initiations, mock-marriages, mock-funerals, fake surgery, ritualised rape, ritualised torture.
- **Torture:** Sexual assault, abduction, use of drugs, pills and injections, forced to ingest filth, tied up, starvation, sleep deprivation, electric shocks, use of snakes or insects, suffocation, burned, hypnosis, use of needles, hanging, spinning.
- **Organised sexual exploitation:** Victims prostituted, used in pornography, sex with adults, group sex, sex with animals, other children and corpses.
- **Props and symbols:** Blood, knives, altars, circles, animal parts, human parts, fire, corpses, ropes, pentagrams, urine, faeces, graves, torches, bones, coffins, insects, animal horns, razor blades.
- **Extreme fetishes and paraphilias:** Sadomasochistic paraphernalia, paedophilia, sadism, torture, coprophagia, bestiality, role-playing, slavery, domination, ritualism.
- **'Supernatural' beliefs:** Belief in omniscience of perpetrator group, belief that perpetrators have 'magical' powers, belief that perpetrators can monitor thoughts of victims, performance of ritualised rape and 'sex magick', ritualisms performed on 'significant' dates or events.
- **Simulations of the death experience:** Live burials, near-strangulation, near-drowning, electrocution, torture into unconsciousness, drugging into unconsciousness, encouragement of self-mutilation.
- **Performance of the death experience:** Ritual murder, sacrifice of animals, ritual abortions, necrophilia, necrophagia.
- **Terrorisation:** Threats of harm to self and others, threats of abandonment, stalking via the phone/email/in person, home invasions, pets killed, house vandalised with blood and animal flesh.
- **Bonding mechanisms:** Victims given 'new' parents, victims 'rescued' by 'good' perpetrator, victims forced to perpetrate against other victims, victims told they are 'evil' and 'deserve' the abuse.
- **Role-playing:** Perpetrators wearing robes, masks, horns, costumes, 'professional' uniforms, victims made to wear robes, victims painted white or red.
- **Extreme secrecy:** Operant conditioning and psychological coercion used to enforce silence of victims, code words used to refer to perpetrators, abuse, places of abuse, drugs used to disorientate victims, blindfolds, capsicum spray in the eyes to blind victims.

Other themes of ritual abuse include:

Incest

Intergenerational incest is common in ritually abusive families and the resulting family trees are ambiguous. An American attorney working on cases of ritual abuse notes: 'You end up where you can't figure out who the real mother and father are'. In many cases, ritually abused children and adults are found to have no birth certificate (Preston 1990; Blood 1994; Sinason 2002).

A Cycle of Ritualisms

Some child and adult survivors of organised sexual exploitation report a set of traumatic and terrifying rituals throughout their life history. Globally, the commonalities within these ritualisms are striking and profoundly disturbing: sexualised torture incorporating symbolic or actual occurrences of birth, abortion, death, cannibalism and extreme human rights violations.

These ritualisms are more than deviant 'performances'; they have a functional role to play in organised sexual exploitation. The rituals appear to be designed to sever the child's attachment to a wider social milieu and forcibly reorientate them towards the perverse subculture of the ritually abusive group. They create an intrinsic sense of 'difference' within the child, leaving them with no option but to remain loyal and obedient to their abusers.

Splitting and Insanity

Perpetrators go to great lengths to orchestrate abusive ordeals that, to the child, appear unreal. They may repeat to victims that the abuse is not taking place, that they are dreaming the abuse, or that the victim is insane. They may use coded words to refer to abuse, abusers and places of abuse, such as 'Alice in Wonderland' or 'the Wizard of Oz', reinforcing secrecy and the notion that the ritual abuse is taking place in space that is fundamentally different from everyday life. This is a tactic that has been observed in other sexual offenders and paedophile groups (Scully 1990; Guardian 2003).

The end result is a child who lives in two worlds: a public world with predictable rules and continuity, and a private world of pain, terror, and disorder. This furthers a central goal of traffickers and abusers, which is the fragmentation of the consciousness of the exploited child or adult, resulting in their compliance and acceptance of their abuse. It also negatively impacts on a child's ability to disclose their abuse, since the words they associate with the abuse have no significance outside the arbitrary linguistic system fabricated by the perpetrators.

Isolation and Traumatic Rebonding

Perpetrators employ a different set of manipulative techniques to control and silence children whose parents are not involved in the abuse. These techniques are part of a systematic campaign by the perpetrators to alienate the child from their family. The child may be told that their parents know and approve of the abuse, or that their parents are not their real parents. The group may present the child with a male-and-female pairing of perpetrators as their 'true' parents.

In a number of cases, victims have reported an orchestrated 'rescue' in which one perpetrator intervenes to save them from other perpetrator/s. The perpetrator may develop this 'rescuing' role over a long period of time, refraining from hurting the child, instead offering comfort following unbearable ordeals, whilst surreptitiously reinforcing the message that the child enjoys or deserves the abuse.

Paraphilia (Fetishes)

In debates on ritual abuse, the paraphiliac elements of ritual ordeals are often overlooked. However, it is striking that ritually abusive networks practice a similar set of sexual practices as legal and consensual sadomasochistic networks, including roleplaying, submission, domination, ritualisms, sexual play with urine and faeces, dog collars, police uniforms, electrocution, strangulation and bondage.

In contrast to consensual sadomasochists, ritually abusive networks practice a set of illegal paraphilias, including bestiality, paedophilia and necrophilia. It may well be that the motivations of perpetrators are, in part, similar to those of legal 'sexual adventurers', which is to explore the experiential boundaries of pain, pleasure and control.

Strategic Role-Playing

Children and adults have reported perpetrators dressing and acting as police, doctors, judges, priests, teachers, lawyers and other professionals during abusive scenarios. In some ritually abusive groups, each 'profession' has a particular torture script which they enact upon the children. The roles of 'police officer' and 'doctor' are very common in ritual abuse, a 'doctor' being particularly feared by survivors and victims.

In reflecting on the role of uniforms in ten cases of ritual abuse, psychologist Pamela Hudson states: 'It is obvious that the costumed perpetrators tried to destroy the child's trust in law enforcement and in the medical community,' resulting in 'noncooperation during investigation or trial' (Hudson 1991: 15 – 16).

Misogyny (Hatred of Women)

Ritually abusive groups are often profoundly misogynistic, in practice if not in doctrine (Driscoll and Wright 1991; Scott 2001). This leads to significant differences in the experiences of male and female victims. Ritually abused boys are more likely to be offered positions of privilege, power and control within a perpetrator group as they grow older. This is often an inducement unavailable to girls and women within the group, who are more likely to be treated instrumentally as commodities for abuse (Sarson and MacDonald 2003b).

This gender differential has a converse impact on a victim's ability to exit the group as an adult. In general, women have less reason to stay, and are more likely to exit, than men.

Pornography and Prostitution

The overwhelming majority of child and adult ritual abuse survivors report being forced to participate in child pornography and prostitution. Many captive adults are also coerced into participating in the sex industry. Ritually abusive pornography may be sold commercially, but it is primarily used as a tool of indoctrination, blackmail and control. One British ritual abuse survivor stated:

One of the worst bits of it was... you had to do things to other kids, and you had to sit there and watch it. So it was a way they could keep you under control. You were actually shown the pornography that we were actually in, and shown it... because you get drugged, whether you get injections, whether you get a drink beforehand... you know if you're told to smile you do it. It makes you look... and because it's... because of what happens to your body it makes you feel as though you're enjoying it.

— Scott (2001)

The Self as Abomination

A key goal of ritual abuse perpetrators is the annihilation and perversion of the victim's selfhood. It may be presumed that this degradation has a functional element, as a degraded victim is clearly more obedient and less likely to disclose their abuse. However, the length to which dehumanisation is pursued suggests an obsessive, paraphiliac motivation on behalf of perpetrators.

The experience of the ritually abused person is partly one of 'emptiness,' in which the subject/object distinction is obliterated and the autonomous self destroyed. However, perpetrators go to great lengths to substitute the victim's identity with symbolic representations of filth and dehumanisation, actively deconstructing the victim's existing sense of self to recreate it in the image of an animal, a robot, a slave, or a zombie.

Without intensive treatment, care and support, survivors must endure a life of profound paraphobia – a fear of the self. Like all abused children, they internalise the responsibility for the crimes committed against them. However, the impact of this mechanism has been amplified exponentially by countless perpetrators who have forced them to internalise self-images engendering abhorrence and terror.

PART III: HEALING FROM RITUAL ABUSE

We've lost so much it would seem at times
and we can burden ourselves with 'why me?'
But what really matters is our self-respect and the knowledge that we are free.
Every breath we take in freedom, every word we speak out loud
Tells the perpetrators of these crimes that their world is a crumbling shroud
Because they have failed to break us, to deem us unable to cope,
They have failed to take from us our dignity and hope.

– Poem excerpt by Debbie, Australian satanic ritual abuse survivor (2006)

Healing from Ritual Abuse

If healing is painful and requires a lot of work ... why do it?

The decision to escape or heal from ritual abuse is the most courageous decision that anyone can make. It means confronting your nightmares and facing a history that you've spent a long time trying to deny. Sometimes, it means standing up to people who have terrified you since you were a young child.

It's a hard road but many people have travelled down it before – you can as well. Healing is not a linear process and it can take many twists and turns. It requires perseverance and commitment, but it is worth it. With healing comes choices and freedoms that you never knew existed. People **can** and **do** heal from ritual abuse. You can too.

To heal is to feel, and healing from ritual abuse requires you to work through the original pain, fear, terror, shame and guilt which you could not deal with as a child. Sometimes, this will feel overwhelming, and you may feel as though you are getting worse. In fact, you are processing emotions that have been stored up for a long time, waiting for the opportunity to be released.

Healing will free you from the cycle of dissociation, depression, flashbacks and trauma. It will protect you from your perpetrators, if they are still in your life; and it will enable you to make your own choices and actively engage with the business of living.

What Do I Do if I am Still Being Ritually Abused?

Some ritually abusive groups release victims after certain age, often at the onset of puberty or around the mid-teens. For many other victims, their abuse continues into adulthood. If this describes your situation, please read on.

When escaping from ritual abuse, safety and wellbeing are one and the same. You can secure yourself a life without fear by working through your trauma with a therapist, counsellor or someone you can trust. This strategy will provide you with a far higher quality of life than you could ever have imagined, and it will work in the medium-to-long term. In the short term:

- **Minimise the perpetrators ability to contact or threaten you.** It can be very challenging to cut off all contact with the perpetrators. However, if you are going to achieve freedom, you should work to minimise their ability to contact or intimidate you in any way.
- **Be wary of phone and email contact.** Perpetrators may attempt to coerce you over the phone or via email using threats or triggers. There are a number of things you can do to keep yourself safe, such as activating 'Caller ID', using a voicemail service to screen calls, and getting a support person to screen your inbox.
- **Establish a safe home space.** When leaving the group, intimidation often escalates before dropping away. The perpetrators may be prepared to take risks, such as confronting you in your home or work place. It is important that your house is safe.
- **Learn self-care and self-soothing.** Pleasurable actions, like taking a warm bath or listening to music, can be foreign to people who don't feel that they deserve comfort or care. However, there are simple things you can do to break an emotional spiral before you move into a vulnerable state.
- **Identify the techniques that they use to manipulate you.** Perpetrators have a standard set of techniques that they use to compel victims into placing themselves at risk. They may attempt to trigger new memories, remind you of old horrors or threaten to hurt people you care about. Figuring out their approach will help you develop ways to resist them.

- **Realise that you cannot help others in the group by going back.** If you want to help other victims, then leave. Show others that there is a way out. This is the greatest gift you can give the people who are still trapped.

Hopelessness is the greatest threat to your safety. This fight is tough, but you are not the first person to wage it – many others know what you are going through, and there is a way out. It's hard, but you can win.

What Do I Do if My Memories of Abuse are Too Terrifying to Face?

My memories still remain fragmented, starkly clear at times, sometimes strange pictorial flashes, sometimes undecipherable feelings of terror, body memories, odd dreams. At times I find peace and acceptance, at other times old fears, self-doubt and self rejection and hatred re-emerge. The flashbacks are seldom far away but more often now I can just acknowledge them and get on with my day.

– Belle, Australian ritual abuse survivor (2006)

Memories of ritual abuse are terrifying. In order to face them, it's important that you have appropriate support. Be gentle with yourself and take your time. It is hard but it is worth it! With healing comes the possibility that you can lead a healthy and well adjusted life.

Here are some thoughts from survivors:

- **Care for yourself.** Nurture yourself and give yourself plenty of time to rest. Allow time for processing and recovery so that dealing with your memories doesn't become overwhelming.
- **Fresh memories and issues may arise before the previous ones are resolved.** You cannot always control how the process occurs. Remember to stay close to your therapist and support network during the times you feel overwhelmed.
- **Recovery does not occur in a linear fashion.** You might appear to get worse before you get better, and this may happen many times. Do not panic if this is the case – seek the help and support you need to see you through the bad times.
- **It is difficult, but be prepared for others to try and deny the reality of your ritual abuse.** Many people are not informed about ritual abuse, or prefer to deny its existence. This does not mean that your memories are not real. No one can erase the past or take the truth away from you.

It can be difficult to find validation for events that may have occurred many years ago, however, confirmation can play an important role in healing at some point. One Australian ritual abuse survivor says: 'For me, it was crucial to find confirmation as far as it was possible so that I knew I wasn't just going crazy. Often I would have preferred to be crazy than to accept the memories. Finding confirmation became a bit of a 'head' exercise and took me away from the terror and fear.'

Personal Healing Tools

It is ages since I had a panic attack, I have discovered art and mandala drawing and a creative ability that I never dreamed existed, I have a wonderful therapist and doctor who affirm and encourage and a wonderful network of family and friends.

– Belle, Australian ritual abuse survivor (2006)

Self-soothing: Trauma and dehumanisation erode the ability of survivors to care for themselves, particularly when they feel overwhelmed or distressed. Listening to music, taking a bath or going for a walk when you are upset can stop your emotions from spiralling and help you stay safe and in control. You may want to make a list of self-soothing options and consciously do at least one a day.

Exercise: Exercise is one of the most constructive, effective ways of channelling distress or anger. It can help you feel strong and autonomous. Exercise also triggers your brain to release 'good' chemicals to help you feel better, which make a big impact on your mood if you are depressed.

Journaling: Write in a journal about how you are feeling and try to explore your different emotional states. Try to differentiate between your emotions and ask yourself what causes you to feel certain ways at certain times. If you are able to identify when you feel distressed, overwhelmed or vulnerable, then you can do something about it.

Meditation or prayer: Meditation or prayer can help focus and relax you. Survivors often suffer from hyper-vigilance, where the body and the mind are constantly on 'alert' and running overtime. Meditation or prayer slows your thoughts down and lowers your heart rate, training your body to relax. Over time, this helps lower your levels of tension, leading to better sleep and quality of life.

Education: Knowledge is power, and you may want to read some good books on surviving ritual abuse. You might also want to read about post-traumatic stress in order to better understand the full impact of ritual abuse on your life. Be sure to read at your own pace and avoid books that you feel might be too graphic or triggering.

Self-talk: With trauma and programming comes a set of repetitive, harmful, internal messages about yourself. Counteract them by creating your own set of positive messages. Repeat them when times are tough to contradict the harmful messages that others have tried to ingrain in you.

Spirituality: For many survivors, a belief in a higher power provides the strength to withstand the memories and feelings they were unable to deal with as a child. However, many survivors find it difficult to relate to any form of spirituality, and may find spirituality or religion deeply troubling.

Suggested Therapies for Ritually Abused People

The following are suggested therapies for PTSD and related disorders, and incorporating them into a treatment program may be of benefit to ritual abuse survivors.

Cognitive Behavioural Therapy (CBT)

CBT is a treatment that focuses on the role of thinking in how we feel and what we do. It involves identifying negative thoughts and looking at how to change them. CBT has been found to be very effective in treating PTSD, particularly in helping people confront frightening thoughts, feelings and memories and challenge self-defeating thinking. (Rosenberg, Mueser et al. 2001)

Dialectic Behavioural Therapy (DBT)

DBT is an offshoot of CBT designed for people with a history of suicide ideation and self-harming behaviours. DBT provides comprehensive support through individual therapy, group skills training, and telephone contact, so that people who participate in DBT are supported both during and outside of therapy.

Eye Movement Desensitisation and Reprocessing (EMDR)

EMDR is a form of therapy in which patients move their eyes back and forth while re-imagining the source of their trauma. As yet, there is no full explanation for why EMDR works, but a number of studies have provided evidence that EMDR is a successful treatment for PTSD (Rothbaum 1997; Carlson, Chemtob et al. 1998; Scheck, Schaeffer et al. 1998).

Pharmacotherapy

Treating PTSD with drugs has proven only moderately successful. If used at all, medication is best if used to relieve symptoms (such as insomnia, flashbacks or depression) that inhibit the ability of the survivor to continue psychological treatment.

Group Treatment

Peer support and group therapy provide a safe and empathic environment where survivors are able to share their memories and experiences. A group dynamic is helpful in assisting survivors overcome issues of trust and isolation.

Internal Family Systems Therapy (IFS)

Some survivors with DID report that IFS has proven successful in the treatment of multiplicity. IFS works with the client's alters to develop internal leadership and unity within the multiple person, so that all parts can work towards healing (Schwartz 1995).

Treating the Ritually Abused Person

There are many unique factors that should be taken into account when working with a ritually abused client. The survivor may still be enduring threats, or may be regularly being tortured by the perpetrators of their childhood abuse. Survivors may share a set of grandiose, delusional and persecutory beliefs with the perpetrator group, and they may defend the perpetrators and claim that they deserve the abuse (Goodwin 1994).

The ritually abused person presents as both a survivor of childhood abuse and a victim of torture. Sexual abuse narratives that include themes of bondage, sadism, supernatural control and torture are indicative of ritual abuse. Research has been carried out into the drawings of ritual abuse survivors, particularly children, in which representations of dehumanisation, depersonalisation and torture are common (Moore 1994). Rorschach testing has generated traumatic imagery and atrocity-related responses from ritual abuse survivors (Mangen 1992).

Herman's (1992) three phases of treatment for survivors of sexual abuse appear to be the most pertinent for ritual abuse survivors:

1. Establishing safety and symptom relief
2. Achieving life history narration without retraumatisation
3. Establishing an environment in which behavioural, emotional and cognitive development can resume.

The link drawn by Herman between safety and symptom relief cannot be stressed enough. Survivors are at a deep and abiding risk of revictimisation by perpetrators, other abusers, and/or themselves. A survivor's ability to engage in self-protective or self-caring behaviours is compromised by the most severe traumatic symptoms of any clinical population, such as an intersection of insomnia, disordered eating, intrusive memories, nightmares, depression, mood disorders, conversion symptoms etc.

Once safety and symptom relief have been established, the treating clinician is faced with the challenge of piecing together the survivor's life history and helping them move forward. The key to this approach is empowerment. Psychodynamic approaches are useful, in that they recognise that dissociated agencies within the brain may act outside of the control of the client. It is also important that the client is provided with the opportunity to learn about the psychological impact of trauma and dissociation in order to normalise and validate their responses. A psychoeducational approach will also assist the survivor in avoiding triggers and other vulnerabilities.

It is not always necessary for the survivor to recover all memories of abuse; what is more important is that they have the skills to manage challenging memories if and when they arise.

Supporting Ritual Abuse Survivors

As she heals, every day is a new world. I'm watching her unfurl, exploring possibilities that she never knew were hers, reclaiming choices that the torturers thought they had erased forever. They wanted her to be an empty shell, a slave who would do as she was told. Instead, they face a beautiful young woman fighting for her freedom with a degree of strength and intelligence far beyond them.

– *Michael, Carer (2006)*

Many people have found themselves drawn into the realm of ritual abuse through their relationship to a survivor as a partner, parent, grandparent, relative or friend. Providing support to a ritual abuse survivor is both profoundly challenging, and profoundly rewarding.

The role of carers and supporters in a survivor's life is crucial. However, it is very important that supporters know their limitations and display strong boundaries whilst providing care. Otherwise, they may become quickly overwhelmed, resulting in a withdrawal of care and support. This can have a devastating impact on a survivor, who can be particularly affected by any perception that they have been abandoned or betrayed by loved ones.

A survivor requires multiple forms of support if they are going to heal. No carer should attempt to provide the survivor all the support that they need. Effective professional counselling or therapy must be a part of the equation, for the sake of both the carer and the survivor.

Caring for a ritual abuse survivor has risks. Major negative changes reported by professionals working with ritually abused clients include disturbed sleep, nightmares, loss of appetite, weight loss, psychosomatic symptoms such as headaches, indigestion and nausea, increased anxiety, fear, distrust of others, anger and hostility, depression and sadness (Youngson 1994). Carers can expect to be similarly impacted.

Carers are also at risk of being targeted by perpetrators, usually through death threats. Whilst these threats are very distressing, it is rare for perpetrators to directly confront a carer. The threats usually amount to very little, but carers should ensure that their home is secure, for peace of mind.

Survivors often feel overwhelmed by the depth of their emotional responses, and the greatest gift that a carer can give them is the calm and ready assurance that they will feel better in time, and that they will heal. This is no less than the truth, but it is easily lost in the moment, since healing from ritual abuse resembles a series of crisis, particularly in the early stages.

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