

# Survivorship Conference 2022

## An Advocate's Journey into Extreme Abuse

Dr Rainer Hermann Kurz (UK)

C.Psychol

ichinendaimoku@gmail.com



Based on Kurz (2019). *The Legacy of Satanist Ritual Abuse (SRA), Trauma & Mind Control: A C-PTSD Assessment Case Study*. Paper at the ESTD 2019 Conference in Rome.

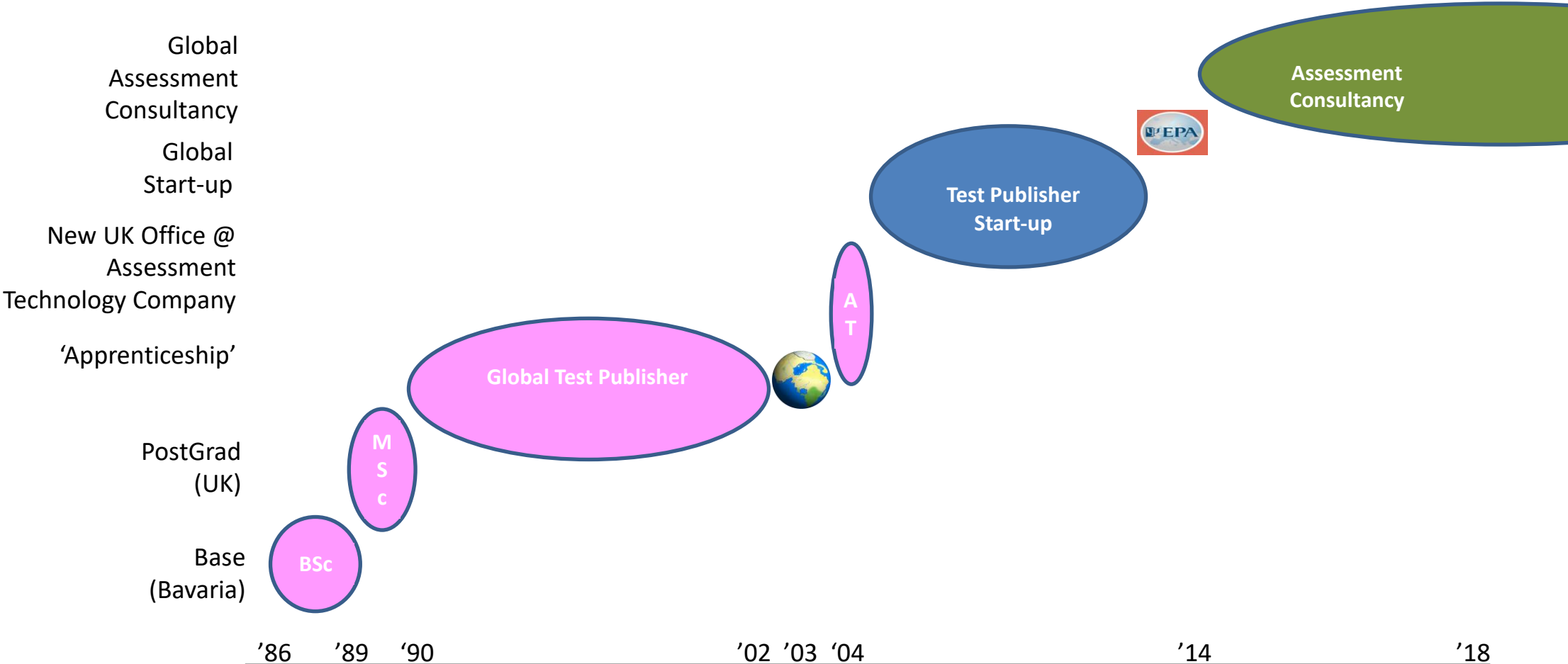
# Abstract

## **An Advocate's Journey into Extreme Abuse**

Dr. Rainer Hermann Kurz

This presentation provides an autobiographical account of advocacy in a case of global significance. A mother emailed a warning to the advocate in his multiple roles as a psychologist, faith leader, and community member. She alleged that her father sexually assaulted her toddler son (i.e. his grandson) and that authority representatives took her child into care as three Psychiatrists had found her 'delusional.' On a final session with a 4th court appointed expert (a Clinical Psychologist) the advocate was allowed to sit in the back of a session and found the mother reasonable, clear, and fluent in her responses. Disclosures before and after the session raised the possibility that the mother was a victim of Child Sexual Abuse (CSA), and that the sexual assault was meticulously planned to re-victimise her, destroy her credibility as a potential witness/complainant, and gain control of the toddler.

# Background



[https://www.researchgate.net/profile/Rainer\\_Kurz2](https://www.researchgate.net/profile/Rainer_Kurz2)



# Themes

I Case Outline & Time Line

II C-PTSD Assessment Session Introduction & Disclosure Categories

III Assessment Session Disclosures & Illustrations

IV Corroborations & Silencing

V Activism & Obfuscation

# I Case Outline & Time Line

Subject: ill start again with more time please

'hello again. sorry about the rushed mail earlier, ive been locked out of my mailbox for ages.'

'i witnessed him abuse <son> after he came up behind me in the street where id gone to see my freind after appearing in my street and the town of his own accord and after finding out my friends address from my half-brother many months earlier who said he wanted to post me something. that never arrived but an old man turned up asking my friends seven year old where i was..and it started.'

'i decided not to go the police immediately with my child who would be evidence as the met policeman in <family home town> told me when i was thrown out of my parents house and asked for their aid, that my \_\_\_\_\_ father \_\_\_\_\_ was dangerous and even if something serious happened to either of us in the future it would be unwise without much more protection to go up in court against him. The problem arose when i reported him later a month after the assault, but instead of being beleived and supported they took us to the hospital for his checks then removed him claiming i was delusional, suicidal, neglectful (he had some bruises) and unable to be a parent while insisting if i didnt sign a voluntery section 20 they would call the men in white coats.'

'there is not way the universe will allow <son> to endure the years i did'

'Disclosure  
Email'  
(Extracts of  
1,888 words  
single  
paragraph)

Kingston-  
upon-  
Thames

(South-  
West  
London)



# I Court Appointed Experts

## 1<sup>st</sup> Expert (South Wales NHS Clinic Psychiatrist)

may have had a child at the age of 14 but it died or was sold. *This was not mentioned at the assessment*  
*it is documented in the Children Services report.*

delusional ideas present, is displaying symptoms of paranoid Schizophrenia  
was not detained under the Mental Health Act

## 2<sup>nd</sup> Expert (Psychiatrist in Private Practice)

Does the person have an impairment of the mind or brain or is there some sort of disturbance affecting the way their mind or brain works?

The symptoms described and observations during the interview included thought disorder, paranoid delusions, possible auditory hallucinations would point to a diagnosis of psychotic illness though due to lack of information I am unable to confirm whether this is Schizophrenic or Schizophreniform in nature. Therefore she has an impairment of the mind affecting the way her mind works.

## 3<sup>rd</sup> Expert (South Wales NHS Clinic Psychiatrist)

She recalled giving birth to a baby at the age of 14 which she claimed was conceived as a result of being raped by her father. She went on to allege that her father had abused her sexually from an early age, and that this had continued throughout her childhood years until she left home. She was very vague as to what had happened to this child believing that he had been given away by her parents.

She was also aware that the allegations may be difficult to prove. Approximately one month later she decided to report this incident to the police, although her reasons for the delay in reporting this were not entirely clear to me. She was aware that these allegations may not be believed, and in retrospect was unsure whether she regretted reporting this incident. When asked why her father would have sexually assaulted his grandson in such a manner, she replied, "because he is a paedophile".

## 4<sup>th</sup> Expert (Clinical Psychologist in Private Practice)

<Mother> does not have a learning disability; the full scale IQ score of 115 places her in the high average range of intellectual functioning, and is above that of 84% of peers her own age. Despite repeatedly telling me that she has a "processing disorder", an assessment of her processing speed was completely unremarkable. The processing speed was deemed to be better than 63% of peers her own age.

Therefore the results of the MCMI III can be interpreted with confidence, as they are likely to be a valid measure of <Mother>'s personality pathology.

<Mother> gained a clinically significant elevated score on the schizotypal and paranoid personality pathology scales, indicating the presence of these personality traits.

<Mother> also gained an elevated score on the paranoid personality scale.

<Mother>'s scores in this section showed elevations on the delusional disorder scale and the thought disorder scale.

She denied feeling depressed or anxious. There is distinct paranoia, particularly with regard to her father whom she described as aggressive and most likely sexually abused her as a child. She attributed the voice of a man she heard whilst in the house to her father and was firmly of the view that he sexually assaulted her son. In the event that appeared to be unlikely. This was delusional in intensity and a belief was unshakable.

has capacity to instruct a solicitor

1<sup>st</sup> Expert (South Wales NHS Clinic Psychiatrist)  
may have had a child at the age of 14 but it died or was sold. *This was not mentioned at the assessment, it is documented in the Children Services report.*  
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presentation is most likely due to an underlying mental illness such as paranoid schizophrenia.

Finally, it must be recognised that individuals suffering with psychotic mental illnesses may be liable to behave in an unpredictable and irrational manner. For all the

"I will comment that I found <Mother>'s descriptions of her symptoms as rather bizarre, and I was not convinced that her description of a "processing delay" was something which could adequately explain away her symptoms, and I did in fact wonder whether she was in fact referring to bona fide symptoms of schizophrenia or periods of disassociation."

"In respect of timescales, schizotypal or schizophrenic illness is a lifelong condition. There is no magic cure. At the time of my interview, <Mother> did not accept that she suffered from a mental illness. She told me that she had a "processing disorder" and this was a label which used to explain away the difficulties."

"While I think that there is a degree of diagnostic uncertainty, as evidenced by the various diagnostic labels that <Mother> has accrued over the years, I think it is safe to conclude that <Mother> is clearly a disturbed woman with long standing mental health problems which are relevant in these proceedings. My view is that she has a schizotypal type disorder with periods of psychosis in response to emotional stress. It is possible, however, that with time, more typical features of schizophrenia may emerge."



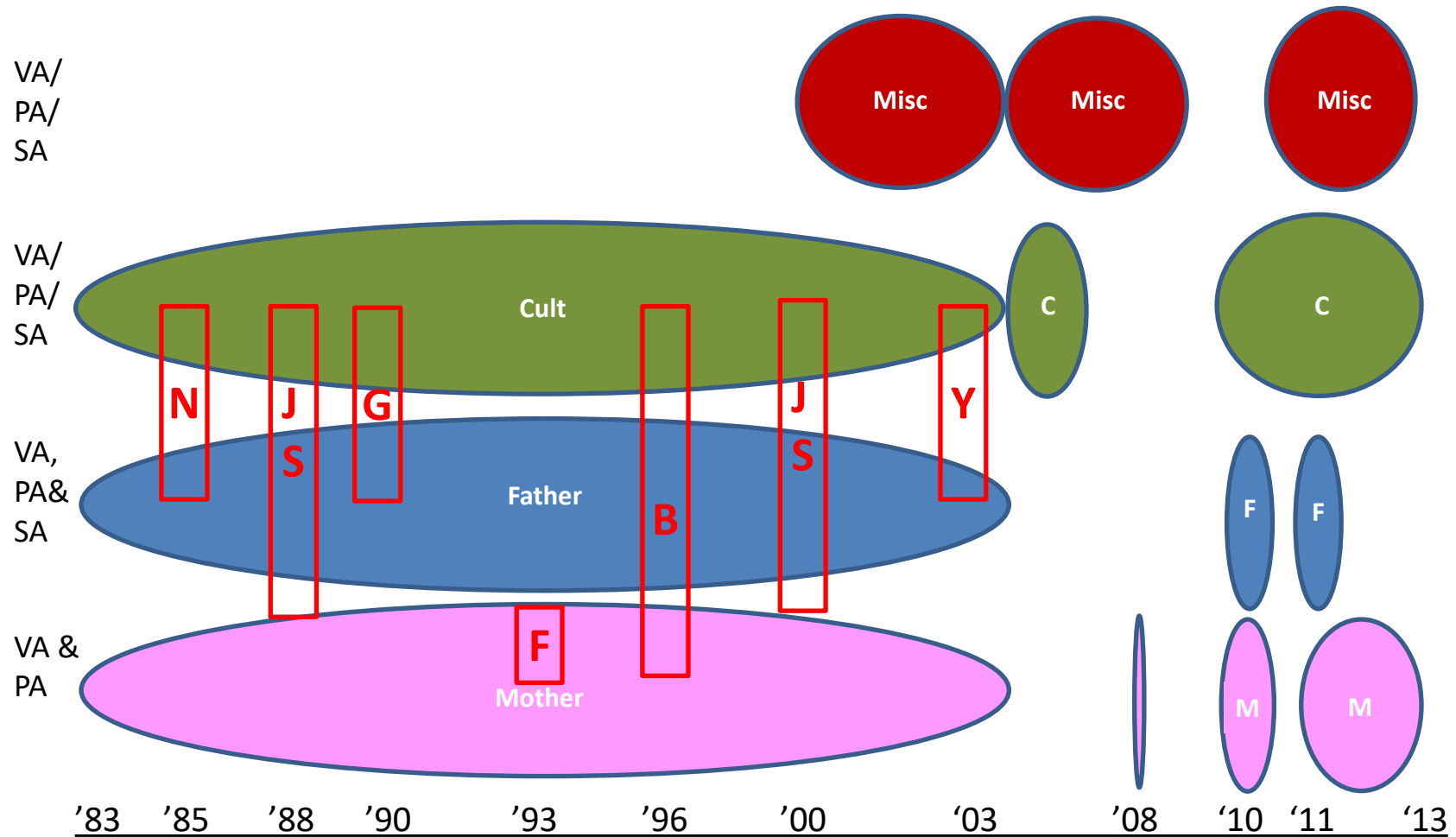
## COMPLEX TRAUMA, MIND CONTROL & CHILD SMUGGLING: CHALLENGING ASSESSMENTS OF COURT APPOINTED EXPERTS

Summary	Background	Method	Results	Conclusions
This single case study outlines the inter-generational abuse background to a series of arson, murder and rape offences that paved the way for a sectarian stalking, defamation and harassment campaign that eventually culminated in a broad daylight toddler rape designed to trigger 'forced adoption' proceedings. Four Court Appointed Experts claimed the mother was delusional whereas five privately commissioned specialists found no reason to disbelieve the account.	Kurz (2019) shares extracts of the email of a mother who reported that her toddler had been taken into care following a sexual assault by his grandfather. Crucially the mother stated that a police officer had instructed her to delay reporting of any sexual assault. This instruction or manipulation was based on the shared knowledge that the mother had as a young teenager, someone a lady that resided from incestuous rape and 'disappeared'. The officer claimed possible link to the death of a fellow officer (whom the mother had contacted at age 15) and the murder of a lodger couple (whose newborn baby had disappeared) around 1953.	A mother of a toddler reached out for help when her son was sexually assaulted by a family member in 'unbelievable' circumstances. Three Psychiatrists claimed she was 'delusional' and a session had been scheduled with a 'slink'. The author a private capacity volunteer to support her at the session as a co-therapist. Conversations, private commission trauma therapy sessions and location visits uncovered supportive forensic evidence.	Chilling details emerged that suggest operation of an abuse cult. The 1 <sup>st</sup> Psychiatrist made self-incriminating remarks suggesting an 'unfavourable' diagnosis. A 2 <sup>nd</sup> Psychiatrist claimed the mother was delusional but did not qualify for a 'superior' forensic process involving the Official Solicitor. A 3 <sup>rd</sup> Psychiatrist corroborated the police finding. A Clinical Psychologist (poorly interpreted) WAS and MCMII results leading to a complaint lodged the EPS Committee for 'test standards' (see UKJC review).	10 months before the accused police officer instructed the mother to wait several weeks before reporting any sexual assault. Three adults were hurt and deceived in the mother of the police finding. The boy's aunt, who was toddler, according to authority records, had been raped while playing in the garden a few years earlier, suddenly died (ostensibly due to alcoholism). The boy's godmother was burnt dead in her burnt out house (the fire extender was the 'dog' extender). The boy's nursery teacher a friend reportedly was seen in a pub with the toddler's grandfather, and later arguing publicly near a road in the village near a few weeks later a row of cottages overlooking this location went up in flames. Police, Child Protection, Social Services and Family Court were not alerted to these incidents. The HOPIC rejected a Fitness to Pardon Consent raised that clearly highlighted these suspicious details, the alleged toddler rape and the 'missing' baby. A sustained 'gaslighting' campaign unfolded over the next 6 months – seemingly orchestrated to make the mother appear 'delusional' and 'paranoid'. Records proving an 'unbelievable' incident involving 10 others were ignored. In the course of special application preparatory five private commissioned specialists (see Kurz, 2019) found no reason to disbelieve the mother's account regarding the daytime assault in a cold-dead in South Wales, and her account of going birth on the Kingston Hill of SW London (as a young teenager) a baby. Conclusions In this chilling case (which the mother referred to as 'Child Smuggling') complex traumas was identified in order to establish mind control and cover up chilling criminality. The boy succeeded in establishing the reputation of the mother and her own 'leave outside' (most probably onto the control of the abuse group) efforts are continuing to get affairs resolved to prepare for the matters (including the alleged DNA). References Kurz, R. (2019). Challenging MCMII results in depth: forensic consent and care & concern (UKJC) complex trauma guidelines. Paper for the EPA Conference in France. Kurz, R. (2019). An Opposite Rape Case: rape victims (UKJC) in the UK (UKJC) at the UKJC Conference in Paris. Kurz, R. (2019). An Opposite Rape Case: rape victims (UKJC) in the UK (UKJC) at the UKJC Conference in Paris.

Kurz, R. (2019). COMPLEX TRAUMA, MIND CONTROL & CHILD SMUGGLING: CHALLENGING ASSESSMENTS OF COURT APPOINTED EXPERTS. Poster at the 27th European Congress of Psychiatry of the EPA 2019 in Warsaw

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# 'True Traumas' – Verbal, Physical & Sexual Abuse



Kurz, R. H. (2018). Keynote at the 4th National Congress of the Order of Portuguese Psychologists in Braga.

## II PTSD Session Introduction

### Clinical Psychologist (Trauma Expert)

So - ahem - really - this is going to be maybe difficult for you because there is so much.

but could you - being gentle to yourself - describe just some of the major traumatic events not in great details but just by naming them - as you consider it what happened to you.

That would by the way include the alarm

Don't worry there are so many I know.

So just if you can name some of them as they come to you.

I know, I know. Try not to go into too much detail. Literally just almost say 'this happened, this happened'. Try doing it chronologically.

### Adult Survivor

I guess there are things that I know about.

It is not easy to talk about.

Because it's my memory - so I got to think.



## II PTSD Session Categorisation

<b>Count</b>	<b>Category</b>	<b>Trauma Type Abbreviation</b>
1	Authorities Persecution	
2	Bestiality	
2	Disappearance	
3	Family Persecution	
3	Incestuous - Grievously Bodily Harm	I-GBH
3	Incestuous - Rape	I-Rap
3	Incestuous - Sexual Abuse	I-SexAb
3	Incestuous - Sodomisation	I-Sod
1	Mother - Grievously Bodily Harm	M-GBH
1	Health	
3	Other - Grievously Bodily Harm	O-GBH
2	Other - Rape	O-Rap
4	Other - Sexual Abuse	O-SexAb
1	Other - Verbal Abuse	O-VerbAb
5	Physical Abuse	PhysicalAb
1	Pornography	
3	Ring	
7	Sadism	
5	Satanism	
2	Separation	
9	Threat	
3	Violent Death	

# PTSD Session

## Age 1 & 2

Index	Category	Age	Adult Survivor
1	Separation	1	I suppose - my birth - being separated from my mum in the hospital
2	Separation	1	Being separated from my mum on holiday by my dad
3	I-SexAb	1	My dad being sexual towards me.
4	Pornography	1	Photos being taken of my body naked as an infant
5	I-Sod	2	Being buggered at 2
6	I-GBH	2	Having <FGM> at age 2
7	O-SexAb	2	Being assaulted on a chair
8	Ring	2	by the neighbour.
9	I-SexAb	2	Being fingered in my buggy

# PTSD Session

## Neighbour

8.3.5 I asked Ms \_\_\_\_\_ whether she had ever experienced any abuse or trauma in childhood. She told me that she suffered sexual abuse at the hands of her father. I noted that she gave a somewhat confused account about the abuse she alleged she had suffered. She told me that the abuse “started from day one”. She told me that her father was never kind, caring or appropriate. She told me that her father would touch her inappropriately. She told me that it never stopped and she did not believe that he would ever stop abusing people. She told me that she had not lived at home since the age of 19; however, she told me that even after moving out of (sic) this age, and living in a homeless hostel, her father remained near her and she spoke of his bad intentions.

Clinical Psychologist (Court Appointed Expert)

### Trauma Count No. 7&8 / Chart ‘N’: Sexual Abuse by Downstairs Neighbour (Age 2)

At the age of 24 <Mother> moved to Canada to take up WOOFING (Volunteer on Organic Farms) opportunities. Shortly before leaving the country traumatic memories surfaced concerning an abuse act committed by the downstairs neighbour when locked out of the flat by her father.

- <Mother> tried to get the incident recorded and investigated by police (South Wales - where exactly?) sometime between September 2010 and November 2011 (when approximately?)
- When the Clinical Psychologist (4th MHP) interviewed <Mother> and asked about Sexual Abuse she responded saying ‘from birth to the age of 20’. The Clinical Psychologist did NOT ask any questions about what happened at 20 (in fact <Mother> was the victim of four life-threatening assaults leading to a 4 day full memory amnesia), or how far memories go back (trauma count entry No. 1: ‘I suppose - my birth - being separated from my mum in the hospital’). <Mother> volunteered the ‘downstairs neighbour’ abuse which is the ONLY sexual abuse incident involving a male perpetrator who is NOT a family member. She started off by describing memory fragments of a ‘seemingly giant dog’ brushing against her – which made her realise that this memory was from toddler age when their family dog (what kind, what name?) was bigger than her. She described an abuse act that her (male) family friends clearly recognised as ‘being humped’ (feeling something on her back). However the (female) Clinical Psychologist failed to understand and describe the incident claiming that <Mother> ‘gave a confused account’.

- Then incident disclosures provided a very clear ‘real world’ illustration how traumatic memories emerge: ‘I heard myself crying’ and ‘I saw myself gripping the wood of the chair’ were two SEPARATE memory fragments that she put together (WITHOUT ANY THERAPY / THERAPIST – so no validity concerns regarding ‘False Memories’ due to health professional involvement).

Incident Interview Prompts for Assessment (Private)

# PTSD Session Small Child

<b>Index</b>	<b>Category</b>	<b>Age</b>	<b>Adult Survivor</b>
10	PhysicalAb	Small Child	Being slapped after getting lost in the common
11	PhysicalAb	Small Child	Having bad food
12	Sadism	Small Child	Having my finger stepped on
13	Threat	Small Child	Being shouted at
14	I-SexAb	Small Child	Being assaulted on the toilet by my father
15	Sadism	Small Child	Seeing the dog attacked
16	Threat	Small Child	My dad's other weird behaviour
17	O-SexAb	Small Child	Possibly the neighbours child being under sexual attack in her home
18	Sadism	Small Child	Getting a burn from an iron
19	O-VerbAb	Small Child	Hearing my mum getting attacked verbally by my dad
20	Threat	Small Child	Seeing people being scared of my dad

TABLE 3.2. Ideologically motivated crimes. Ritual abuse (all surveys)

Item	EAS		P-EAS		C-EAS	
	N	%	N	%	N	%
Receiving physical abuse from perpetrators	1,093	88	216	97	90	82
Sexual abuse by multiple perpetrators	1,090	82	217	95	91	77
Forced drugging	1,077	73	221	88	88	70
Witnessing murder by perpetrators	1,057	56	218	77	96	43
Forced to participate in animal mutilations/killings	1,059	55	218	78	92	59
Pornography (child)	1,059	55	220	82	83	53
Forced participation in murder by perpetrators	1,040	48	220	70	90	42
Prostitution (child)	1,045	48	218	77	79	25
Forced impregnation	1,041	40	220	71	82	33
Survivor's own child murdered by his/her perpetrators	1,021	26	217	55	82	18

**EAS = Extreme Abuse Survey (Survivors)**  
**P-EAS = Extreme Abuse Survey (Professionals)**  
**C-EAS = Extreme Abuse Survey (Carers)**

Becker, T., Karriker, W., Overkamp, B. & Rutz, C. (2008). The extreme abuse surveys: preliminary findings regarding dissociative identity disorder. In Sachs, A. & Galton, G. (Eds.): *Forensic aspects of dissociative identity disorder*. Karnac Books: London.



# PTSD Session School Child

Index	Category	Age	Adult Survivor
21	Threat	7 or 8	Seeing the guns being cleaned in the kitchen. Got to about 7 or 8 now. Got to think.
22	Health	7 or 8	Having sclerosis on my hand. Loosing weight. Having sclerosis on my hands. (Psychologist: Having sclerosis how is that linked to trauma?) I do not know.
23	Sadism	(Age 10)	Having an alarm box held, having a loud sound forced into my ear if you like.
24	PhysicalAb	Various	Being knocked out or general violence
25	Threat	Various	Threat of violence
26	PhysicalAb	before 7	As a child maybe being locked into the wood shed, that was not very nice. (Psychologist: What age was that?) Before I was 7. Used to get taken outside by my mum.
27	Sadism	8 or 9	Getting burned with cigarettes
28	Sadism	8 or 9	Being put under a dripping tap so that the drips went on my forehead like (demonstrates).
29	Disappearance	10	Having people disappear out of the home when I was 10. Things I have learnt now like - it is hard to take away what someone knows at a later date. (Psychologist: It is still valid.)

## Middle-aged couple die in suicide pact before husband is charged with rape

By JAMES MILLS  
Last updated at 09:03 12 April 2007

A husband committed suicide with his wife after a BBC Crimewatch appeal linked him to two unsolved rapes and a robbery dating back 20 years, an inquest has heard.

Christopher and Christine Downes were found dead in their fume-filled car with a hosepipe attached to the exhaust last October.

**Christopher & Christine Downs.** 23.10.06. Reckoned to be a risk to the group. Told if he didn't kill himself and wife, group would do it after torture. Both found dead in car, in Wherwell, Hants.

Kurz, R. H. (2016). THE SATANIST CULT OF TED HEATH: ETHICAL IMPLICATIONS OF AUTHORITY COMPROMISE. Poster at the 24th European Congress of Psychiatry of the EPA in Madrid.

### Trauma Count No. 29 / Chart 'K' (1993): Lodger Family Disappearance (Age 10)

It is understood from private disclosure that a young family with a baby lived in the family home at that time but suddenly 'disappeared' (Note: could possibly be a 'staged' incident to frighten/confuse).

In the Police Officer Briefing (at Kingston police station - see below) it was disclosed by the Sapphire officer that a couple had been found dead in their car, and that it was suspected that <Mother>'s father may have had something to do with the incident. <Mother> asked: 'So what happened to the baby?' The officer claimed to have had no prior knowledge that they had a baby.


It is understood that <Mother> was 'sworn to secrecy' about this incident – due to some ominous 'undercover police operation'.

# PTSD Session Young Teenager

Index	Category	Age	Adult Survivor
30	I-Rap	13	Getting pregnant
31	Satanism	13	Having the baby
32	Disappearance	13	Loosing the baby. (Psychologist: Can you just gently say a bit more about the pregnancy, tell me more about the circumstances, gently.) It is the same things I said before. (Psychologist: Just for the purposes of this. Can you say how the pregnancy occurred? It is not more or less.) I don't know. It is a lot. But I don't know whether that's what caused me trauma having my ankles tied to the bed with string. I don't know if that is causing more trauma.

Last Updated: Monday, 3 October 2005, 14:18 GMT 15:18 UK

 E-mail this to a friend

 Printable version

## Secret babies of a public mother

**Ann Mahoney was considered a pillar of the community on Merthyr Tydfil's Gurnos estate.**



The retired nurse won Citizen of the Year award in 2002

A mother-of-two and a grandmother, she was known more than anything for her work with children, helping with three youth football teams and becoming a school governor of an infant school.

In 2002 the retired nurse was even voted citizen of the year by the local police crime prevention panel for helping improve quality of life in one of the most deprived parts of Wales.

But she lived with a terrible secret for more than 40 years.

While she had two children, no-one suspected she had also given birth to three stillborn babies, and then hidden their bodies.

The truth was revealed only in March this year when the family who moved into her former home in Penyfan View were rummaging round in the attic and came across an abandoned suitcase where they found a child's remains.



**Ann Mahoney. Wales. In national news. Kept dead babies in her attic.**

Kurz, R. H. (2016). THE SATANIST CULT OF TED HEATH: ETHICAL IMPLICATIONS OF AUTHORITY COMPROMISE. Poster at the 24th European Congress of Psychiatry of the EPA in Madrid.

### **Trauma Count No. 30/31/32 / Chart 'B' (1993): 'Impregnation Rape', Pregnancy and Birth (Age 13)**

Trauma listing entry is: 'Getting pregnant. Having the baby. Losing the baby.'

Incident Interview Prompts for Assessment (Private)

# PTSD Session Teenager

Index	Category	Age	Adult Survivor
33	Threat	Various	The whole thing was traumatic. Just living in that house was traumatic.
34	Threat	Various	Being spied on through holes was traumatic
35	PhysicalAb	Various	Being knocked out in my sleep
36	I-Rap	Various	and assaulted in my sleep was traumatic
37	Sadism	Various	Listening to the dog being hit,
38	Bestiality	Various	or seeing the dog having been abused - that was traumatic
39	O-SexAb	Various	Watching him go after children in the street or coming back with knickers in his pockets - that's traumatic.
40	O-SexAb	Various	Seeing him watch children
41	I-Sod	(?)	Knowing your nephew was assaulted at 2 and none of the family are going to help - that's traumatic.



# Toddler Sodomisation



9. Soteria, as part of the #SayBraveThings tag, I think started by @SaRahAscraft has tweeted a picture of what @Steveo had tattooed on his arm.

The tattoo is of – a crying baby impaled on the penis of a man who looked liked him. He later covered it up with bestiality tattoo. Sick. Thank you Soteria

@Steveo is Steven Gilchrist Glover originally from the UK and his stage name is Steve-O. Apparently he is on Jackass. He gives a sign to show where his allegiance lies.



# PTSD Session Adolescent

Index	Category	Age	Adult Survivor
42	I-Rap	16 or 17	Definitely getting ***** when your drunk was traumatic. At 16-17. I was so drunk or they put something or he put something in my tea. I woke up _____ . The bed smelled of smoke. I knew he _____. I _____. I was like - right. I had forgotten that he could do that. (Laughs).
43	Threat	Various	Yeah. God. Groups of people being involved. Being threatened.
44	M-GBH	14	Having my ankles knocked by a hammer after the pregnancy - that was obviously traumatic and given me a funny ankle - for life.
45	I-GBH	7	Having <FGM> when I was 7 or whatever he did to me that's caused me a scar for life - that's traumatic.
46	I-GBH	Various	The side crack on my hips - from carrying weight early - that's a form of body trauma isn't it

# PTSD Session Suicide Attempt

Figure 1: Suicide Attempt at 16

I saw [REDACTED] and her parents at Kingston Hospital on the 11th January and 12th January 2000 following a deliberate self harm. [REDACTED] had been admitted on the 9th January but had not received a deliberate self harm interview on the Monday because a member of staff was off sick. I saw her on Tuesday. It was reported by staff that there had been high intent of suicidal behaviour. She had taken 36 Paracetamol and left a note in her jewellery box. She was reported to be not talking about what had happened, that she is depressed since September due to difficulties with A' Levels and had been worse since Christmas. She was now physically well following antidote to return home.

[REDACTED] said that there has been a difficult and confusing time for her. There are a number of issues around her sexuality. She believes that she is b-sexual. Some of the origins of this belief date back to an incident of sexual contact between herself, when she was eight years of age, with another girl while at Boarding School in Ireland. She appears to have retained some ideas of guilt and concern about this.

Figure 2: Records Excerpt (Unregistered Homebirth April 1997)

**12/11/96 Tuberculosis (BCG) vaccination**  
**23/05/97 H/O: antibiotic allergy NOS -**  
**23/05/97 TRIMETHOPRIM TABS 200MG take one twice daily**

Kurz, R. (2017). *COMPLEX TRAUMA, SOMATOFORM DISSOCIATIONS & PSYCHOMETRIC ASSESSMENT*. Poster at the ESTD Conference in Berne.

## Extreme Abuse Examples

At age 24 she started to remember how she was abused as a toddler by a downstairs neighbour. She also relayed how a suicide attempt at 16 was preceded by incestuous abuse and an incident (alluded to in Figure 1) which was similar to the 'Satanist Cult Show' described in Epstein et al. (2011): *'These were special shows and I remember one of many shows that I was involved with...I had been primed – I was probably eight at the time – to have sex with a boy who was around the same age as me, who was absolutely petrified.'* (p. 145).

Around the time of the alleged delivery of a baby girl that succeeded from incestuous rape there was a period without GP visits (see Figure 2). The parents had applied for 'home schooling' and removed all calendars. Within a few days of the unregistered homebirth the baby reportedly 'disappeared' (see extreme abuse literature e.g. Miller, 2012).

# PTSD Session Young Adult

Index	Category	Age	Adult Survivor
47	O-GBH	19	Then being outside of the home at a later date - having my neck slid
48	O-Rap	19	and being raped on a bus.
49	O-GBH	19	Being drugged
50	O-Rap	19	Being raped
51	O-GBH	19	and strangled in a hostel that was all traumatic (Psychologist: When was that?) At about 19, 20
52	Ring	Various	(Psychologist: Can I ask you like earlier - were any other people were involved other than the main perpetrator which I understand was your father?) A bit of a ring. Other than the downstairs neighbour. Yeah. There were other people who seemed more interested in him and his control over me than my life. There always were people there his contacts. But I just would not know who they were, or what they were doing.
53	Threat	Various	(Psychologist: Were they there at the time when things happened?) No - they were not there. I do not think so. They were out on the street. They can see when you are coming or going. They are on their mobile phone. They keep an eye out for you. They block your path in the street. They are just aware of you when you are not of who they are. That can be a little disappointing and intimidating I suppose.
54	Ring	4	(Psychologist: Were there ever any more people involved in the abuse or sexual acts?) Possibly - possibly when I was about 4.



# PTSD Session HCPC Concern

YMCA SURBITON



*'When asked about sexual abuse Ms <Mother> stated that she was abused from birth to the age of 20. The Clinical Psychologist did NOT probe or follow up this revelation. Ms <Mother> described in vivid detail memory traces of their family dog brushing against her at an early age, and relayed an episode of 'being humped' by the downstairs neighbour in the garden when aged 2 years. The Clinical Psychologist did not ask any questions.*

*(Note: A few months into supporting Ms <Mother> she disclosed privately the horrific things that happened at age 20 some of which are covered in the session transcript Appendix E including another incestuous rape by her father whilst recovering from a 'near death' experience caused by being gang raped, strangled and left for dead.)'*

*'Ms <Mother> explained in the session that at age 25 she was diagnosed to have Information Processing delays. She gave one example of receiving a sound made by a stop watch one year after the IQ testing session had taken place. She also gave an example of auditory threshold differences (Note: 'Sensory Integration Therapy' delivered by Occupational Therapists can apparently help) when an interviewer was complaining about a 'beeping car alarm' that Ms <Mother> could NOT hear. At that time she realised that her perception system differs somewhat from other people.*

*The Clinical Psychologist chose to probe one peculiar report in the medical files of Ms <Mother> that involved 'not being able to see'. At the time I thought that this was rather unfair to pull out an episode that happened 6 years ago when Ms <Mother> reports that she had no psychological problems for the last 4 years. (Note: Through my research I have now realised that this kind of physiological processing issue is a symptom of 'Structural Dissociation' as per Appendix 3).*

*The Clinical Psychologist asked a 'hypothetical' question about what Ms <Mother> would want to have changed in her life. I object to the use of such questions in a time limited/pressured assessment session as the past obviously cannot be changed, and any answers would be virtually meaningless.'*



# PTSD Session Violent Deaths

Index	Category	Age	Adult Survivor
55	Violent Death	15	(Psychologist: Just go gently. Sorry to ask you these questions.) Yeah. The policeman being killed when I was 14 or 15 or whenever it was. 15. And the police investigation was ***** traumatic.
56	Violent Death	Various	People dying in unknown circumstances - that's quite traumatic.
57	Violent Death	Various	People possibly being killed in the background I find difficult to deal with.

# PTSD Session Police

## Forensic Background

A vulnerable mother who escaped from an intergenerational abuse family was instructed by a clandestine police operation to delay reporting of any sexual assault on her child. An officer explored the death of a couple who had lodged with this family and the 'disappearance' of their new born child. The officer was also aware that the mother had reported a teenage pregnancy that succeeded from incestuous rape where the baby also 'disappeared', and that the colleague to whom the 14 year old made the disclosure had been found dead a few days later. Three police officers advised the mother to delay reporting until injuries could not be proven as it would be 'too dangerous to go up alone against the family member'. Police claimed that spotting individuals familiar from her childhood would indicate that the undercover operation was successfully underway.

When the 2 year old was sexually assaulted the mother waited several weeks as per police instruction before reporting the assault. A total of 5 police officers (including a Child Protection Officer) and a Health Visitor created a myth that the mother was 'delusional' in flagrant violation of the professional definition of 'delusion' provided in the DSM-V (American Psychiatric Association, 2013, p. 819):

**'delusion: a false belief based on incorrect inference about external reality that is firmly sustained despite what almost everyone believes and despite what constitutes incontrovertible and obvious proof or evidence to the contrary.'**

3<sup>rd</sup> Annual Conference of the European Association of Psychosomatic Medicine (EAPM) 2015 in Nuremberg

### DIFFERENTIATION OF COMPLEX TRAUMA VS SCHIZOPHRENIA THROUGH DIAGNOSTIC ASSESSMENT OF ABILITY AND PERSONALITY CHARACTERISTICS

Dr Rainer Hermskaüz  
Oxfordshire, UK  
London  
chrhermskae@gmail.com

**Summary**  
This poster addresses diagnostic challenges in the use of ability and personality assessments with traumatised clients, building on the 2014 EAPM 18th Annual Conference of the European Association of Psychosomatic Medicine (EAPM) in Nuremberg, Germany. It will explore the use of ability and personality assessments in the context of complex trauma and schizophrenia, and the implications for clinical practice.

**Forensic Background**  
A vulnerable mother who escaped from an intergenerational abuse family was instructed by a clandestine police operation to delay reporting of any sexual assault on her child. An officer explored the death of a couple who had lodged with this family and the 'disappearance' of their new born child. The officer was also aware that the mother had reported a teenage pregnancy that succeeded from incestuous rape where the baby also 'disappeared', and that the colleague to whom the 14 year old made the disclosure had been found dead a few days later. Three police officers advised the mother to delay reporting until injuries could not be proven as it would be 'too dangerous to go up alone against the family member'. Police claimed that spotting individuals familiar from her childhood would indicate that the undercover operation was successfully underway.

**Personality Assessments**  
The Mini Clinical Evaluation Inventory (MCEI) is a widely used personality assessment tool. It is a 100-item self-report questionnaire that assesses various personality characteristics. It is used in a variety of clinical settings, including forensic assessments.

**Complex Trauma vs. Schizophrenia**  
The distinction between complex trauma and schizophrenia is a challenging task for clinicians. Both conditions can present with similar symptoms, such as delusions and hallucinations. However, the underlying mechanisms and the impact on the individual's life are different. This poster will explore the diagnostic challenges and the implications for clinical practice.

**References**  
American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.). Washington, DC: Author.  
Hermskaüz, R. (2014). *Complex Trauma and Schizophrenia: A Diagnostic Challenge*. London: Springer.

3<sup>rd</sup> Annual Conference of the European Association of Psychosomatic Medicine (EAPM) 2015 in Nuremberg

### PREVENTION, DIAGNOSIS AND HEALING OF COMPLEX TRAUMA: APPLYING THE GREAT 8 COMPETENCIES

Dr Rainer Hermskaüz  
Oxfordshire, UK  
London  
chrhermskae@gmail.com

**Summary**  
This poster explores preventive measures to reduce the occurrence of traumatic events, carry out better assessments and support the impact of trauma. The Great 8 Competencies (G8) is a framework for assessments that is based on the 8 competencies of the ICF (International Classification of Functioning, Disability and Health) and the 8 competencies of the DSM-V (Diagnostic and Statistical Manual of Mental Disorders) and the 8 competencies of the ICF (International Classification of Functioning, Disability and Health).

**Prevention**  
Identifying and addressing the 'discovery of delusion' and the 'discovery of trauma' are key to preventing the occurrence of traumatic events. This poster will explore the implications of the G8 for prevention and the role of the professional in this process.

**Diagnosis**  
The G8 provides a framework for the diagnosis of complex trauma and schizophrenia. It is based on the 8 competencies of the ICF and the 8 competencies of the DSM-V. This poster will explore the implications of the G8 for diagnosis and the role of the professional in this process.

**Healing**  
The G8 provides a framework for the healing of complex trauma and schizophrenia. It is based on the 8 competencies of the ICF and the 8 competencies of the DSM-V. This poster will explore the implications of the G8 for healing and the role of the professional in this process.

**References**  
American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.). Washington, DC: Author.  
Hermskaüz, R. (2014). *Complex Trauma and Schizophrenia: A Diagnostic Challenge*. London: Springer.

# PTSD Session Satanism

Index	Category	Age	Adult Survivor
59	Bestiality	Various	The pain the dogs, and the horses have been through, the horses and the dogs, and anything else that has come under attack. The Cat.
60	Satanism	Various	Drinking stuff that looks like blood.
61	Satanism	Various	Or being bitten on my arm.
62	Satanism	Various	People, parents trying to go on about sucking my own blood.
63	Satanism	Various	Or trying to bite other children that's kind of traumatic.

# Two Fluffy Fellas



Kurz, R. (2015). *Politics and the Psychology of Abuse and Cover-up*.  
Presentation at 'The Psychometric Forum' in London.

# PTSD Session Persecution

<b>Index</b>	<b>Category</b>	<b>Age</b>	<b>Adult Survivor</b>
64	Family Persecution	26 to 28	My family ganging up on me. Stalking me.
65	Family Persecution	26 to 28	My father stalking me. Stalking my child.
66	I-Sod	26 to 28	Assaulting my child - that has been devastating.
67	Authorities Persecution	28 to 30	Then the authorities somehow being involved like it is some kind of Cartel or Cult - that has been traumatic.



# Compromise Allegation

A NHS clinic psychiatrist who interacted with the mother in her youth made self-incriminating remarks whilst making an unfavourable diagnosis that a colleague backed. A freelance Psychiatrist found the mother delusional about the index incidents but simultaneously 'confirmed litigation capacity' thus avoiding a transfer to a designated court for vulnerable persons. A freelance psychologist interpreted WISC and MCMI psychometric results inadequately and ignored somatoform dissociations.

- *I have been outside your family's house.*
- *I know your parents are into devil worship.*
- *It is nearly impossible to escape such a cult.*
- *I was told 'a baby is coming'.*
- *I was asked by a friend in the senior civil service to diagnose you as 'schizophrenic, schizoid and paranoid'. I know this is not the correct diagnosis but I will do as I am told.*
- *Do not expect me to remember that I said this, or that I would remember this in court.*
- *If it all goes wrong I go back to...*

25<sup>th</sup> European Congress of  
Psychiatry of the EPA  
2017 in Florence

## FITNESS TO PRACTICE AND FITNESS TO REGULATE

### Summary

Hagen (1997) published a book 'Whores of the Court: The Fraud of Psychiatric Testimony and the Rape of American Justice' and Wessell (2010) an article 'Surveillance and Child Protection: De-mythifying the Trojan Horse' suggesting that invalid testimony of mental health professionals can feed impostors. This poster outlines situations that reinforce these concerns, link to public safety risks and illustrate how HCPC processes can be misused to persecute whistle-blowers.

### Background

In line with global trends the regulatory powers of the British Psychological Society (BPS) were usurped around 2009 by what is now called the Health & Care Professions Council (HCPC) which has a counterpart in the General Medical Council (GMC). These institutions are ostensibly set up to protect the public. There are worrying signs that rather the opposite is the case i.e. that malpractice is tolerated and whistle-blowers persecuted.

In the light of persistent criticisms of Court Appointed Experts' Forensic Psychology Professor Jane Ireland was funded by the Family Justice Council to research the matter. Her initial summary report in 2012 received widespread media coverage.

The report developed new methods and contained anonymous report snippets that prompted several 'experts' who had authored these to turn up a HCPC 'Fitness to Practice' concern against Professor Ireland. After 4 years of uncertainty she was cleared of all allegations in an intense 1 week hearing where she had an outstanding legal team.

This poster outlines a chilling case (Kurz, 2015) where a Chartered Psychologist, acting as a volunteer advocate, tried to bring to the attention of authorities malpractice of mental health professionals who seemingly covered up a toddler rape through misdiagnosis.

### Clinical Psychologist Interview

The advocate was informed that a young mother had a 'final' interview in a 'Family Court' process triggered by her attempt to report a sexual assault on her toddler. Police, Social Services and several Psychiatrists had dismissed the mother's account that she had been instructed by police officers to delay reporting of any sexual assault by several weeks (ostensibly to facilitate an 'Undercover Police Operation' to nail the perpetrator for life). The Clinical Psychologist generously permitted the advocate to observe the 2.5h session where the mother was clear and coherent throughout indicating sexual abuse from birth to age 20 and describing being sexually abused as a toddler by a downstairs neighbour. The assault on her toddler was not covered. A few weeks later the mother disclosed that she had a baby at 13/14 that 'disappeared'. This incident (which she had disclosed at the outset of the case) was not covered in the interview either.

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### NHS Psychiatrist Compromise?

At the first support visit the mother made disconcerting disclosures that suggested the operation of an Organised Ritual Crime Abuse Network (ORCAN) shielded by 'professionals' in positions of authority. On a further visit the mother opened up about the first Psychiatrist she was made to see who told her 'back on her' in the presence of another Psychiatrist and two social workers at her home he reportedly made self-incriminating statements.

- *I have been outside your family's house.*
- *I know your parents are into devil worship.*
- *It is nearly impossible to escape such a cult.*
- *I was told 'a baby is coming'.*
- *I was asked by a friend in the senior civil service to diagnose you as 'schizophrenic, schizoid and paranoid'. I know this is not the correct diagnosis but I will do as I am told.*
- *Do not expect me to remember that I said this, or that I would remember this in court.*

The disclosures tallied with numerous other disclosures of the mother concerning the untimely death of 6 adults in their prime of life, disappearance of 2 new born babies and alleged rape of 3 toddlers. Furthermore there were numerous irregularities in the authority processes. The advocate raised a complaint with the Council calling for the investigation and arrest of the parents of the mother. Neither the mother nor the advocate were interviewed. For one session only a different judge presided making a useful contribution by adding the toddler's father to the proceedings. The Psychiatrist was not asked to give oral evidence.

### Misconduct & Ethics

The Legal Aid funded solicitor of the mother refused to challenge the reports of the mental health professionals and concealed medical as well as police records supporting the mother's account. A Deputy Leader of the Council agreed to a meeting with the advocate but then withdrew on the advice of the Legal Department. The presiding judge failed to take receipt of a statement from another Clinical Psychologist attesting 'severe childhood trauma'.

Against this background the advocate felt obliged by the BPS Code of Ethics to raise concerns about the 'professionals' and initiated communication with the line manager of the Psychiatrist even offering an opportunity to arrange attendance at one of the childhood trauma disclosure sessions. The medical director acknowledged receipt of the email but did not engage with the subject matter.

### HCPC Processes

The advocate submitted a HCPC Fitness to Practice concern about the fellow Psychologist based on the unacceptable 'omission' in the interview process. Initial interactions with the HCPC were positive including an informal face-to-face meeting where the advocate emphasised that the 'missing babies' would have probably been killed in 'Human Sacrifice' ceremonies and that the perpetrators would probably be extremely well protected through authority compromise. This process stopped out when the HCPC case worker demanded to see 'permission of the court for report release' (which was impossible to obtain) and intense pressure to withdraw the concern from the employer (a well-known Chartered Psychologist).

In the court ruling the judge argued that the mother was 'delusional' about a having a baby at 13/14 that disappeared and to the sexual assault of her toddler. The ruling did not mention at all the mother's claim that she had been instructed by police to delay reporting. The mother's custody rights were terminated.

The advocate organised further disclosure and assessment sessions to support an Appeal. In an audio recorded session an experienced Trauma Psychologist listened to the disclosures and found no reasons to disbelieve the account given but felt unable to write a report due to 'toggling, overwhelming complexity, fear of reprisal and fear of HCPC persecution'. The advocate organised reports from other professionals and informed the line manager of the NHS Psychiatrist of their findings including a detailed account of the case and an Extreme Abuse Dossier compiled from public sources.

Another Psychologist tasked with investigating the situation concurred a vexatious 'Fitness to Practice' concern against the advocate which met the 'Standards of Acceptance' but was thrown out 9 months later. In parallel the advocate tried to bring about a re-investigation of the death of the boy's godmother who may have been 'bumped off' to facilitate the 'Child Smuggling' process - ignored by a police force.

### References

Ireland, J. L. (2012). *Evaluating Expert Witness Psychological Reports: Exploring Quality, Summary Report*. University of Central Lancashire. <http://www.researchingilove.com/wordpress/>  
Kurz, R. H. (2015). *Differentiation of Complex Trauma and Somatoform Dissociation from Dissociative and Personality Characteristics*. Poster at the 3rd Annual Conference of the European Association of Psychosomatic Medicine (EAPM) in Luxembourg.

Dr Rainer Harman Kurz  
C Psychologist  
rheniam@outlook.com

Kurz, R. (2017). *FITNESS TO PRACTICE AND FITNESS TO REGULATE*. Poster at the 25th European Congress of Psychiatry of the EPA in Florence

# PTSD Session Judge Ruling

## Ruling Excerpts re 1<sup>st</sup> Expert (South Wales NHS Clinic Psychiatrist) & Judge's Choice of 'Delusions' Definition

Dr. <Psych 1>'s conclusions were that there was no formal thought disorder; that there were delusions of paranoia, and autochthonous delusion, (which term describes an extreme and firm belief which is not grounded in reality). He found that delusions were present; delusions of misidentification were present; misperception also, because she hears voices of people at some distance away from the home. He found her to have poor insight and not keen to have any help or medication. Therefore, he formed the impression that she might be suffering from paranoid schizophrenia and he put down a question mark "delusional disorder"?

It is worth quoting Black's medical dictionary about "delusions":

"Delusions are defined as being an irrational and usually unshakable belief, an *idée fixe*, peculiar to some individuals. They fail to respond to reasonable argument and the delusion is often paranoid in character with a belief that a person, or persons, is, or are, persecuting them. The existence of a delusion of such a nature as to influence conduct seriously is one of the most important signs in reaching a decision to arrange for the compulsory admission of the patient to hospital for observation."

That is a reference of course to the Mental Health Act and to compulsorily sectioning someone.

## Ruling Excerpts re 2nd Expert (Psychiatrist in Private Practice)

Dr. <Psych 2> report (of 5<sup>th</sup> December 2011) confirmed that mother has litigation capacity.

## Ruling Excerpts re 3rd Expert (South Wales NHS Clinic Psychiatrist)

When Dr <Psych 3> was instructed he was also alerted to remain alive to this potential danger - because any proceedings where somebody lacks litigation capacity become void for the period when any action is taken during a period of such incapacity. When Dr <Psych 3> saw mother he said that he did not disagree with Dr <Psych 2> but he expressly urged that the matter of capacity be kept under constant review. In oral evidence before me, on the 19<sup>th</sup> February, he confirmed his view that mother retained capacity. He told me that her thought processes are logical. She has a clear memory. She is able to concentrate. Nothing that he had read in what had been filed, and nothing that he had heard since he had been in Court, or since he had written his report, caused any alteration of his view. There is therefore nothing to displace the presumption of capacity which is contained in the Mental Capacity Act 2005. Therefore I am satisfied that this Court validly has jurisdiction to deal with this case; and that is a view with which the mother also agrees.

There is no further assessment report by the home treatment team in the papers, although, of course, they were involved from the 8<sup>th</sup> November 2011 onwards. Dr <E2> (who is the Consultant Psychiatrist to whom I referred earlier), gave me report <P2> litigation capacity, but said that mother needed ongoing support from the Community Mental Health Team in the short, medium and long term. Dr <P3>, Consultant Psychiatrist, in his report of the 22<sup>nd</sup> February 2012, said, of mother's memory, that it was fully formed, and detailed, and it was a recollection that it appeared she had planted herself in her own mind. It was a false memory, and is probably a part of her psychotic mental process, or it is an underlying psychological or personality disturbance which might manifest itself by pseudo psychotic symptoms. He expressed the view that there was a range of symptoms which suggest an underlying psychotic illness, which is most probably schizophrenia, which can be triggered by psycho active illicit substances. Until the nature of her mental health difficulties is clarified he felt it was unsafe for <BOY> to be returned to her. Therefore he recommended it was necessary to obtain a psychological assessment. It is quite clear that he did not rule rehabilitation out as a possibility if that matter could be addressed.

## Ruling Excerpts re 4th Expert (Clinical Psychologist in Private Practice) & re 'Breeder Baby' Allegation

Dr. <P4>, in her long report dated 13<sup>th</sup> June 2012, observed that there were long standing mental health problems that had been experienced by mother. She is likely to have experienced changes in her behaviour, and perception, and that is likely to lead to disordered thinking which distorts her sense of reality. The indicator of such disorder, and the main cause of concern about such disorder, is when the child himself becomes incorporated into the mother's delusions. The treatment that was available would include anti-psychotic medicine, which would be effective provided that the mother took it. But it would be a life long need. It could also be assisted by therapy, either group, or individual therapy, to address the reality of her deluded beliefs and the coping mechanisms for such things as hearing voices. Her conclusion was that it was a schizotypal-type disorder with periods of psychosis in reaction to emotional stress. Over time it is possible that more typical features of schizophrenia may emerge. When in a psychotic state mother would struggle to care for herself, still less any child in her care. Even if the treatments were effective her condition will affect her functioning for the foreseeable future.

### (b) incest

The second major delusion which the Local Authority requires me to investigate is an allegation, which is made by mother, which sustains her belief that it was her father that carried out the assault on the 2<sup>nd</sup> November 2011 because she has alleged that when she herself was 13 years old she gave birth to a child, which she can only believe must have been conceived as a result of impregnation by her father, and which was taken away from her immediately after birth, by her own mother. Her assertion is that the child was either involved in a ritual sacrifice or was trafficked. It is not dealt with in her own statement, but the Local Authority was put on alert to this being a matter that would have to be investigated by a series of e-mails from her friend, Dr <Volunteer>.



# IV Corroboration & Silencing

## Police find woman's body in river days after Christmas weekend

THE body of a 44-year-old woman was found in a river just days after Christmas.



By WalesOnline

00:00, 30 DEC 2010 | UPDATED 23:06, 27 MAR 2013

THE body of a 44-year-old woman was found in a river just days after Christmas.

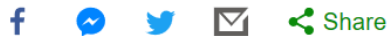
Police are investigating the death of the woman, who has not yet been named, after she was found on the morning of Tuesday, December 28.

A spokeswoman for South Wales Police said the woman's body was found in the river adjacent to King Edward Street, Blaengarw.

The spokeswoman said investigations were continuing but said there are not believed to be any suspicious circumstances surrounding the death.

## Woman critically ill after fire in Blaengarw homes

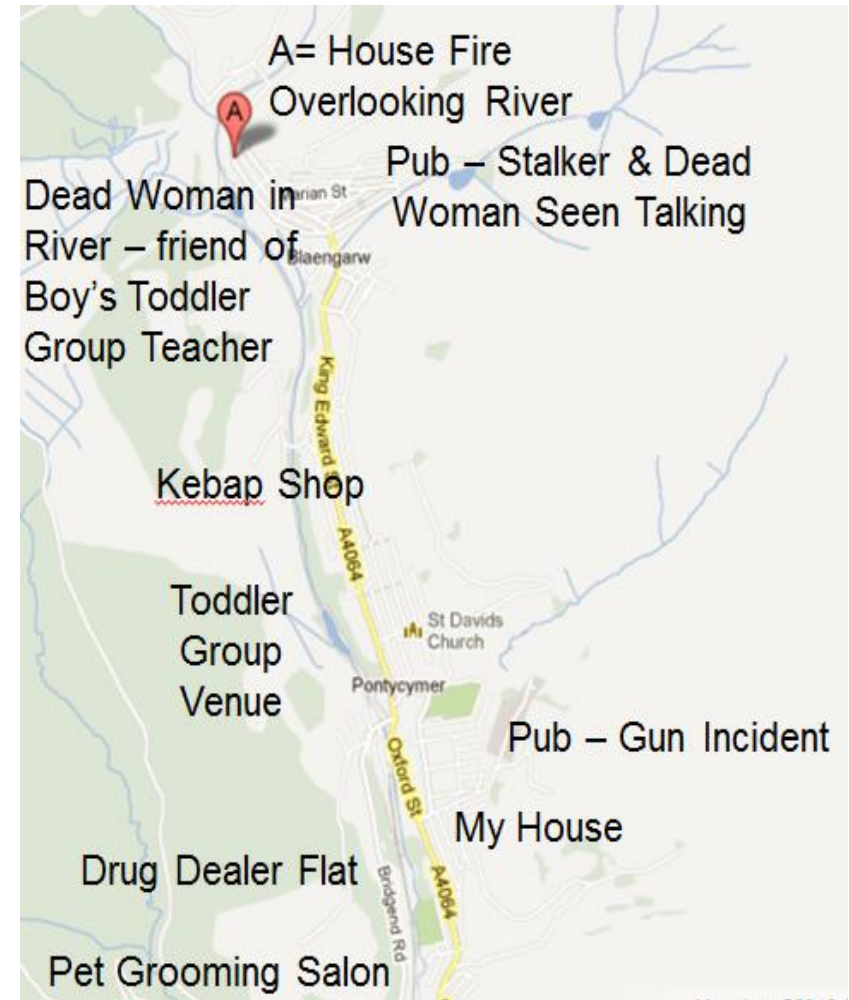
© 29 January 2011



A woman is in a critical condition after 20 people were evacuated from eight homes when fire swept through a village terrace.

The fire broke out in Railway Terrace in Blaengarw, in Bridgend county, in the early hours.

Figure 2: Social Services and Police Submission



<http://www.walesonline.co.uk/news/south-wales-news/bridgend-maesteg/2010/12/30/police-find-woman-s-body-in-river-days-after-christmas-weekend-91466-27904340/>  
<https://www.change.org/p/jonathan-ashworth-mp-stop-adoption-and-fostering-agencies-publicly-advertising-children/c/745117258>  
<https://www.change.org/p/jonathan-ashworth-mp-stop-adoption-and-fostering-agencies-publicly-advertising-children>  
<http://www.traumabasedmindcontrol.org/index.php/tag/police/?lang=en>  
<http://www.bbc.co.uk/news/uk-wales-12314741>

# IV Corroboration & Silencing

www.tipperarystar.ie

THE ASSOCIATION JANUARY 20 2011

## Fire victim may have gone back into house to rescue family dog

### Roman Dead

THE close-knit community of Loughisle near Kilcommon was in mourning this Tuesday following a house fire in which a woman died.

The woman, who has not been named by the Gardai, is understood to have been living in the cottage at the foot of Moberclea for the past five or six years. Locals said they thought the woman had

moved to the area from Wales. According to Nenagh Gardai, they received a call at around 1.15pm this Monday and when they went to the scene they found the body of the woman in the

house. They are not treating the fire as suspicious. A Gardai source said that the victim may have gone back into the burning house to rescue one of the family's dogs. It is understood that

the victim's 14-year-old daughter attends secondary school in the area and was at school when the tragedy occurred. Local priest Fr Woods described the woman as "honourable and honest"

and said that she was well respected in the area. "She was a valued member of the community and her presence was valued by her neighbours," he said, adding that where she lived was a "very remote place".

Fr Woods said that the woman was a keen artist and would have been well known from taking the local Rural Bus service to Thurles where she had a stall at the weekly country market.

## The Guardian

Nenagh, Saturday, January 22, 2011

### Woman dies in Kilcommon fire

A woman in her mid-40s died following a fire at her home near Kilcommon on Monday.

The emergency services were alerted at around 1.10pm and the remains of the woman were found in the property.

She was named locally as Susan Lloyd, a native of Wales and a mother of a 14-year-old daughter who is attending school in Newport.

Gardai said they were keeping an open mind on the incident following a post mortem which was due to be conducted in Limerick on Tuesday.

The house, an old style dormer farmhouse situated at Killihier, Loughisle, Kilcommon, was gutted in the incident.

Members of Newport Fire Brigade were called to bring the fire under control and they were later assisted by members of Nenagh Fire Brigade.

As we went to press the property was sealed off by gardai who were carrying out a technical examination of the scene.

NENAGH GUARDIAN Jan 28 2012

## Inquest recalls woman's death in Kilcommon house fire

A jury returned an open verdict at an inquest into the death of a woman in a house fire in Kilcommon a year ago.

The inquest in Nenagh last week recalled the tragic death of Briton Susie Lloyd (47) in a fire at her home at Loughisle, Kilcommon on January 17, 2011.

Ms Lloyd had moved into the rural area with her teenage daughter Rianna in 2005. Described by her neighbours as a quiet but friendly person, she loved horses and dogs, and was understood to have been feeding her horses when the fire broke out.

Neighbours recalled hearing "cracking" sounds like "fireworks" before seeing smoke billowing from the house and calling emergency services around one o'clock that afternoon.

In a deposition read out at the inquest, neighbour Craig Sergeant said about two-thirds of the roof of Ms Lloyd's house had collapsed by the time he arrived on the scene. He was unable to get near the building due to the heat of the fire and presence of smoke.

Newport gardai Michael Boland and John Bugler were on traffic duty in Birdhill when they responded to the reported fire at 1.15pm. Garda Boland remembered seeing plumes of smoke rising as

he drove to the townland of Loughisle; the house was "almost completely burnt out" when the gardai reached the scene.

Two units of North Tipperary Fire Service arrived and eventually brought the blaze under control. Ms Lloyd's remains were found on top of a pile of smouldering debris in the hallway. Her body was removed to the Mid Western Regional Hospital in Limerick for the purpose of a post-mortem examination.

Her remains were formally identified using dental records. The post-mortem concluded that she had died as a result of extensive burns and smoke inhalation.

No toxicology report was compiled, the consultant pathologist explaining that there had been very little blood to work with.

Gardai ascertained that there was no evidence of forced entry or anything else to suggest malicious action in the incident. Garda David Donovan of the Tipperary Divisional Scenes of Crime Unit said an examination of the scene

concluded that the fire started in the kitchen/dining room area of the house. It may have begun behind the fuse board, which was completely destroyed due to extreme heat, or in an ash bucket beside a solid fuel range. Garda Donovan

said the remote location of the house meant it took considerable time for the fire services to reach the scene and that vital evidence regarding the exact cause of the fire was lost.

Garda Boland said the investigation had reached an assumption that Ms Lloyd was not in her house when the fire started but had gone back in for some reason. There was evidence that she had made up horse feed, which had been left in a field. The remains of a dog were also found in the house, and gardai assumed the deceased may have gone into the building to try and rescue the animal, only to become disorientated by the smoke and perhaps trip and fall unconscious. The front door of the house was open, and a set of keys including the front door key was found close to the deceased's hand. The inquest also heard that Ms Lloyd had mobility impairments following a road traffic accident years before.

Members of the deceased's family who attended the hearing expressed concern at the time gap between Ms Lloyd's last known communication, which was on the social networking website Facebook at 11.19am, and the first report of the fire shortly after 1pm. Her father, Norman England, said the family had been

able to obtain mobile phone records but had been denied access to Ms Lloyd's emails by her account holder Google. However, while the email account might shed further light on what happened to his daughter, Mr England was resigned to the fact that it "won't bring her back". Coroner Joe Kelly was of the view that gardai would have investigated the Google records had they reason to believe the circumstances of the death were suspicious. After the jury agreed to record an open verdict, Mr Kelly extended sympathies to Ms Lloyd's family and hoped the inquest brought "closure to what has been a very traumatic period for you all".

Mr England said he wanted to thank the local community in Kilcommon for accepting and supporting his daughter when she came to the area, recalling a "wonderful attendance" at Ms Lloyd's funeral and support for her family over the last 12 months. Foreman of the jury Eoghie McGrath expressed sympathy to the deceased's family, as did Garda Boland on behalf of the investigating Garda team. He said the tragedy had been difficult for all involved, and assured Ms Lloyd's family that gardai "left no stone unturned" in investigating her death.



# IV Corroboration & Silencing

Fw: saving mikako foundation, please

From: @hotmail.co.uk  
To: @googlemail.com; @btinternet.com; @hotmail.com; @hotmail.com; @echg.org.uk; @hotmail.com;  
@hotmail.com; @yahoo.co.uk; @itn.co.uk; @gmail.com; @hotmail.com; @yahoo.co.uk; @shaw.ca;  
@upper11.com; @hotmail.com; @hotmail.com; @hotmail.com; @hotmail.com; @hotmail.com;  
@dial.pipex.com; @oceanisland.com; @eircom.net; @hotmail.com; @ecoreality.org; @hotmail.com; @hotmail.co.uk;  
killimengri@gmail.com  
Subject: saving mikako foundation, please  
Date: Sat, 7 Nov 2009 21:40:38 +0000

Hello, please will you google 'SAVING MIKAKO FOUNDATION' or visit <http://mikako-bokin.com/en/>. this little girl's parent is a schoolfreund of a comrade in faith i know in england. i think there is hope of saving her and donated, you can probably help too. time must be short, if you know what i mean. thanks for reading this, we may speak one day, or never! slan go foil. from . good luck

## "Save Mikako" Foundation

[mikako-bokin.com](http://mikako-bokin.com)

Save Mikako as she fights against Hirschsprung's Disease.

<https://killimengri.wordpress.com/about-me/>



## About Me

I'm hoping that this blog won't go belly-up like my last one did. I set this up as mainly an artycrafty blog, but I think that my animals, family & smallholding may make appearances as they rule my life.

Anyway, something about me ~ I live on a mountain in Ireland now with my younger daughter & animals. I've been a musician, singer, dancer, librarian, cataloguer, pre-school "teacher" & I am still a mother. I have qualifications in TESOL & Forest School Skills as well as the preceeding. My elder daughter is at medical school in training as a doctor & is getting married shortly to a man who adores her & is willing to enter this mad family. I also have a son who is coming to the end of his schooling in England, is a far better artist than am I & has a wonderful way with animals. My son lives with a long-suffering friend of mine.

I've lived in London, Berkshire, Ceredigion, Guernsey & Somerset before Ireland, with brief sojourns in Krym & Russia, including living in a village with no running water.

## Pages

- » About Me
- » Dogs
- » Goats
- » My House & Smallholding-  
an ongoing project
- » Poultry

October 2019

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21 22 23 24 25 26 27



# IV Corroboration & Silencing

Fidheall na Seirbhíse Sláinte Mid-Western Regional Hospital - Limerick **AUTOPSY REPORT** Tel: 061 - 482240

DATE OF REPORT: 28/01/2011 HOSPITAL NO: 973035  
 NUMBER: PM100026S/11 CORONER/CONSULTANT: Mr J Kelly  
 NAME: LLWYD,SUZYE DATE OF BIRTH: 14/03/1963  
 ADDRESS: LOUGHILE KILCOMMON CO TIPPERARY DATE OF DEATH: 17/01/2011  
 APPROX. TIME OF DEATH: PLACE OF DEATH: HOME ADDRESS

IDENTIFIED BY: GDA MICK BOLAND, NEWPORT  
 AUTOPSY ROOM: Limerick Regional Hospital ON: 18/01/2011  
 FIRST MORTEM PERFORMED AT AUTOPSY ROOM: Limerick Regional Hospital ON: 18/01/2011

CIRCUMSTANCES: PM26/11

**CIRCUMSTANCES:**

The body was identified as that of Suzye Llwyd by Garda Michael Boland of Newport Garda Station on 18.01.11. The deceased was a single lady of Welsh origin who lived with her daughter. Apparently a fire broke out in the house which was noticed by her neighbour at approximately 1pm on 17.01.11. Emergency Services were called. The deceased was found in the hallway in front of the house (the door was unlocked). The keys of the house were found nearby. She was last seen alive by her daughter at approximately 8am; she sent a text message at 11.30am to a local lady. Her previous history includes a serious car accident. Subsequent dental records analysis positively identified the body.

**EXTERNAL EXAMINATION:**

The body was charred beyond recognition with loss of scalp, the entire skin and the facial features. Most of the bones of the limbs were exposed with multiple broken bones (the right humerus, both forearm bones, hand bones and the bones of the lower limbs).

**INTERNAL EXAMINATION:**

**BRAIN AND CRANIAL CAVITY:**

The skull was burned and exposed; for the most part no scalp was identified. The cranial cavity was not opened.

**CARDIOVASCULAR SYSTEM:**

The heart was partly burned. No coronary atherosclerosis identified. The heart weighed 300g.

**RESPIRATORY SYSTEM:**

The mucosal surfaces of the major bronchial tree were covered with soot. The right lung was extremely shrunk and firm (completely burned) and weighed 360g. The left lung weighed 500g and showed soot on the bronchial mucosal surfaces.

**GASTRO-INTESTINAL TRACT:**

The oesophagus, the stomach, and the bowels were badly burned for the most part, the right lobe of the liver was severely burned and firm in texture, the gallbladder was identified, and the liver weighed 1700g and showed no focal lesions on sectioning.

**GENITO-URINARY SYSTEM & THE SPLEEN:**

The ovaries were essentially normal; the uterus was enlarged with multiple fibroids. The right kidney was completely burned and weighed 130g, the left kidney was rather normal and weighed 100g. The spleen weighed 110g and was normal.

Fidheall na Seirbhíse Sláinte Mid-Western Regional Hospital - Limerick **AUTOPSY REPORT** Tel: 061 - 482240

DATE OF REPORT: 28/01/2011 HOSPITAL NO: 973035  
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CIRCUMSTANCES: Continuation page :

**HISTOLOGY:**

Major bronchial tree: Normal bronchial mucosa with deposition of soot particles on the surface epithelium. Sections of the major organs (lungs, heart, kidneys and liver) showed no significant pathological abnormalities.

**CONCLUSION:**

There is evidence that the deceased was alive at the time of the fire, the cause of death, in my opinion, is **severe extensive burns.**

Reporting Pathologist: Dr Saman Abdulla  
 Date Reported: 28/01/2011

MCRN: 00123888

# IV Corroboration & Silencing

Dear [REDACTED]

Thank you for your telephone call last evening in respect of [REDACTED]

As requested I have got together the appropriate Coroner's Depositions from the local neighbours and from the Garda who attended the scene of the fire.

The Deposition from Garda David Donovan is probably the most pertinent, also partially handwritten for an unknown reason!

Copies of the Local Press reports are also enclosed.

[REDACTED] name is not mentioned but she would have been well known to [REDACTED] since her caravan was on the same site as his residence.

I do not know how much [REDACTED], Suzye's daughter, would know about [REDACTED] situation although [REDACTED] did stay at the house for a period of time.

Due to the obstinacy of Google we have not been given access to Suzye's e-mail account on the basis of privacy even though we have sent letters from the Coroner and the senior Garda Officer at Nenagh. If you have any influence in this direction it would be appreciated. I know Suzye was in contact with [REDACTED] at times.

Hopefully this information will be of use to you in your effort to reunite [REDACTED] with [REDACTED]

Yours sincerely



## Exhibit 13: Seat Arosa Mark I Passenger Side Indicator Light

A grey object was spotted in the Preparation Area with a round hole. The object had a 'Made in Spain' mark but no part identification number. The parts and service specialist at the local SEAT garage immediately identified the part as belonging to a SEAT AROSA – a small car in production from 1996 to 2004. When ordering a second hand part to compare a Mark 2 version was supplied (2001-2004) hence the broken object found would be from a Mark 1 version. Such an old car would not be available through vehicle hire. There can be no more than a few dozen cars of this type in blue registered in the Republic of Ireland (or Northern Ireland). It is likely that the suspect borrowed this car from a friend or relative – possibly on multiple occasions.

[REDACTED] I met another gent in his car who gave me a lift back up to the house where Suzye lived. It was a small dark blue car. The fire brigade arrived shortly after I was there. [REDACTED] was outside his house on the way up.

[REDACTED] When I got to the fire at Suzye's house two thirds of the roof was gone and the rest of the roof tiles were exploding. It was too hot and dangerous to go near the fire. I don't know who the man who gave me a lift up to Suzyes but I guess he was local.

# IV Corroboration & Silencing



## 5.11 Queries regarding Appendix 11: Nenagh Guardian 28th January 2012

### 5.11.1 Newport Garda John Bugler 'appears out of nowhere'

Why is Newport Garda John Bugler never mentioned before? Where is his deposition?

### 5.11.2 No toxicological test

'No toxicology report had been compiled explained the Consultant Pathologist as there was little blood to work with.' How can there be not enough blood for a toxicological test if a liver has a weight of 1800 gram? Was the drug bottle spotted and 'vested interests' made sure that no 'inconvenient' toxicology test would be carried out?

Did the Pathologist meekly succumb to compromise/threat? Basic internet research suggests that the name 'Saman Abdullah' is particularly popular in Iraq/Kurdistan, and also in Persia/Iran. What is the Pathologists nationality and residency status – is he fearful of being sent home if not complying with compromised state power coercion?

### 5.11.3 Wales connection

The article mentions that the deceased stems from Wales. Why was there no investigation of a, ex-husband, b, friends and family in Wales – the latter would have identified the godson and his mother living in Wales at the time of the house fire and prevented the persecution campaign from unfolding.



## IV Corroboration & Silencing





## IV Corroboration & Silencing



### 5.11.7 No broken limbs!

Why did the newspaper report not report on 'broken legs and arm'? Why did neither the daughter nor any of the neighbours/friends know about the 'broken limbs'? Why did the Garda and coroner mislead everyone about these injuries?

### 5.11.8 Coroner Joe Kelly Incompetence

Why did Coroner Joe Kelly accept the far-fetched story of the Garda without proper probing?

### 5.11.8 'No stone unturned' claim

It is bitterly ironic that Garda Boland assured the family of the deceased that the Garda 'left no stone unturned' when they actually 'left all suspicious artefacts untouched'.



# IV Corroboration & Silencing

08 April 2016

Dear Dr Kurz

I am directed by the Garda Síochána Ombudsman Commission ("GSOC") to advise you that your complaint, which was received on 29 October 2015, is inadmissible on the grounds that your complaint is out of time, not having been made within a period of 12 months beginning on the date of the conduct giving rise to your complaint. GSOC having considered your complaint finds, based on the information provided by you, that there is not good reason to extend the 12 month time limitation in which a complaint can be made.

The Garda Commissioner and the members concerned will be notified of this decision.

**Inadmissible complaints are not reviewed by the Ombudsman Commission unless new information, which was not previously available, comes to light and is submitted in writing.**

In accordance with section 88 (1) (C) of the Act, GSOC will take no further action in relation to this complaint.

Yours sincerely

22<sup>nd</sup> May 2019

Dr Rainer Kurz

Dear Dr Kurz

We are in receipt of your message dated 29<sup>th</sup> March 2019, requesting contact with Detective Superintendent Wendy Gunney and a query you may have in relation to an arson/murder investigation and your enclosed document.

I have command responsibility for the geographical area of two of the incidents to which you refer. I note that the third, from the documents you refer to, appears to be a matter for the Garda of the Republic of Ireland.

I do not intend to re-open this issue on the following basis:-

1. You have raised these issues previously with the South Wales Police and all such matters have been subject of review.
2. You have raised these issues with HM Coroner and have received advice from them in the event that you wish to pursue any further contact on this issue.

In the absence of any specific, additional information and/or evidence that you can disclose to us, we shall consider this matter closed

Yours sincerely



Alun Morgan  
Divisional Commander  
Central OSU

## Misbehaviour Complaint against Garda Officers, Pathologist and Coroner regarding Cover-up of the suspected Arson-Murder of Suzie Lloyd

Submission to Chief Superintendent Catherine M. Kehoe

# V Activism & Obfuscation

## OPEN LETTER

Faisal Rashid MP  
House of Commons  
Westminster  
London  
SW1A 0AA  
30<sup>th</sup> November 2018  
Dear Mr Rashid,

### JON WEDGER

You may be aware that Jon Wedger, an extraordinarily brave and principled former police officer, has been actively campaigning for an independent ombudsman to be appointed in order to offer protection and fair consideration relating to allegations made by police whistleblowers.

Mr Wedger, whilst serving in the Metropolitan Police, was appointed to investigate sexual abuses committed against underage girls and was congratulated for his success in carrying out such duties.

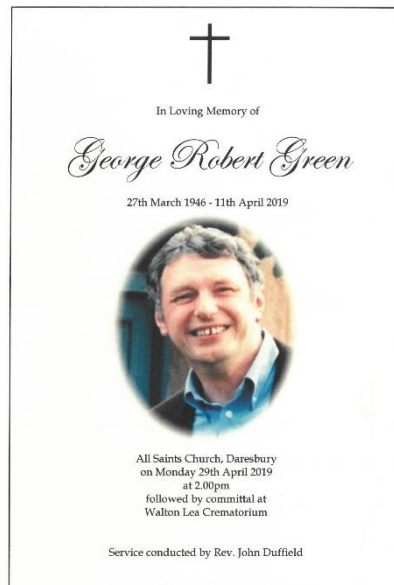
All this support from senior officers radically changed when the girls, whose confidence Jon had gained, mentioned that one of the alleged abusers was a member of the judiciary.

From that moment, Jon was threatened and intimidated by senior officers in their efforts to induce him to break his solemn duty as a police officer to investigate without fear or favour. Jon refused to kowtow to this outrageous conduct, but the threats against him were carried out with staggering viciousness, which eventually led to him being forced out of the police.

The example of the barbaric treatment of Jon Wedger is far from being an isolated one.

It seems that over and over again, whenever the possibility arises of a powerful establishment member being accused of criminal sexual offences against minors, the investigating officers are ruthlessly undermined, attacked and smeared by those within the police force who hold positions of considerable power.

It seems all too apparent that no thought is given to the shocking ordeals of victims, just that establishment figures must be protected at all costs, regardless of the weight of evidence that has been collated against them.



The Jimmy Savile and Cyril Smith cases brought this very issue into sharp focus and although those are historic matters, it would appear that nothing at all has changed in the authorities' determination to prevent VIP child sexual abusers being brought to justice.

Officers such as Jon Wedger and Maggie Oliver are not the only ones to face persecution. Even Chief Constables, such as Graham Power in his investigations of the horrors that occurred at Haut De La Garenne, Jersey and more recently, Mike Veale, who led Operation Conifer, in its investigations into allegations against Sir Edward Heath and others, have faced orchestrated attacks on their integrity by establishment figures, including from rogue elements in the House of Lords.

This disgraceful pattern of attempting to silence outstanding police officers, by any means, in the course of their duties must stop. Jon Wedger and Maggie Oliver had no one to turn to outside the very senior officers who had betrayed them.

Thus, in the widest possible public interest, the appointment of a genuinely independent ombudsman with the strength and courage to resist outside pressures, should be appointed without undue delay.

The bedrock of our society rests to a large extent on the protection of the public by dedicated police officers who should suffer no intimidation from within the police forces when they act in accordance with their duties.

I would ask, therefore, for confirmation that you will personally take action to press for action for the appointment of such an ombudsman.

It is no more than our gallant police officers and the many child victims deserve, without undue delay.

I look forward to your response and offer my full cooperation, as an experienced campaigner against the sexual abuse of children, which led to one of your parliamentary colleagues nominating me to be considered to receive the 2015 Nobel Peace Prize for my efforts.

Yours sincerely,

Robert Green

# V Activism & Obfuscation

www.childrenscreamingtobeheard.com/

LATEST ARTICLES » FROM THE COT TO THE COURT ROOM

CHILDREN  
**SCREAMING**  
TO BE HEARD



HOME LINKS ARTICLES + CHILDREN IN CARE STORIES. FOSTERING SCANDAL  
CHILDREN'S RIGHTS EMAIL CSTBH CONFERENCES/EVENTS VIDEOS

## MESSAGE TO DAVID CAMERON

A Message To David Cameron By Maggie Tuttle

1918  
2013

Maggie Tuttle  
Children Screaming to be Heard, The Silent Witnesses

Watch later Share

A video player showing a woman on the left and a close-up of a man's face on the right. The man's face is smiling and looking towards the woman. The video title is "A Message To David Cameron By Maggie Tuttle". The years "1918" and "2013" are overlaid on the video. The video player has "Watch later" and "Share" buttons. The name "Maggie Tuttle" and the title "Children Screaming to be Heard, The Silent Witnesses" are at the bottom.

## WELCOME TO CSTBH

Welcome to The Children Screaming to be heard website.

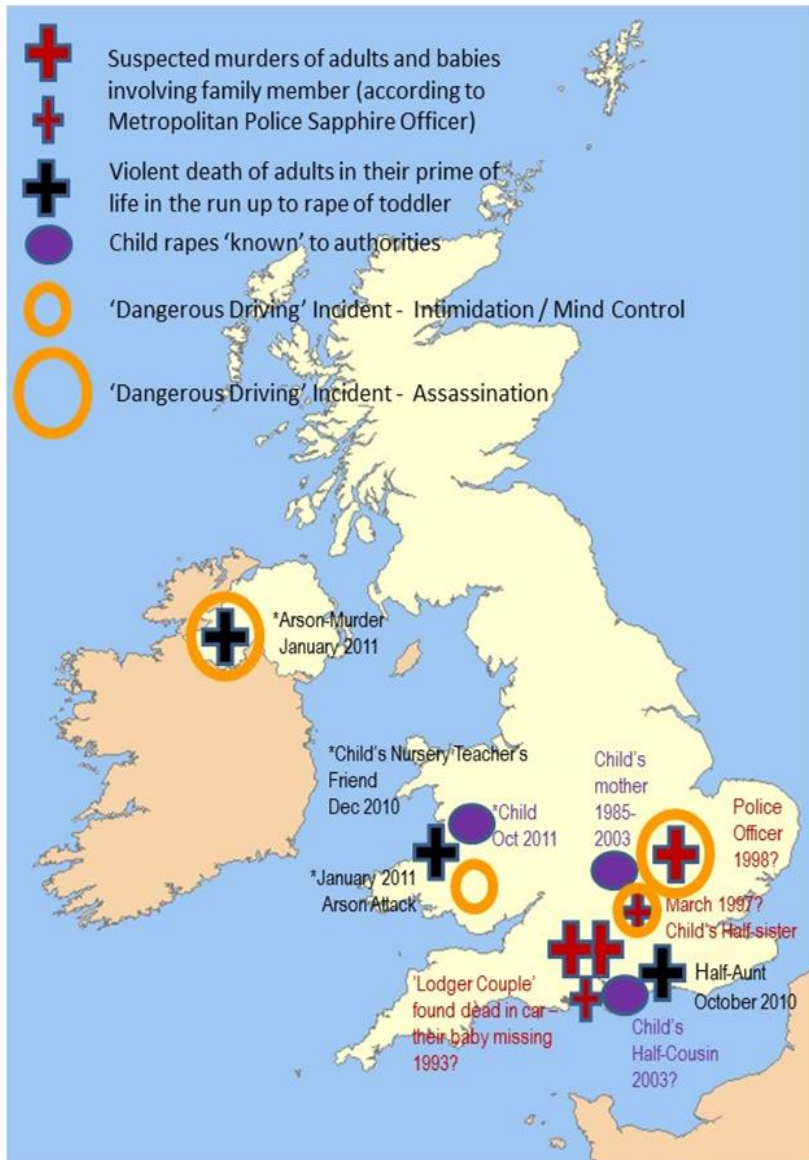
The Site Is Dedicated to the Founder who recently passed Maggie Tuttle sadly Missed R.I.P.

The site is a list of resources and information on children and their parents and their grandparents on what they face on a daily basis when dealing with social workers and the agencies they employ.

Please feel free to contact us about any aspect of the information you find here, your views and comments are also welcome. We need more Info Please send it to [admin@childrenscreamingtobeheard.com](mailto:admin@childrenscreamingtobeheard.com) In A Childs Best Interest.



# V Activism & Obfuscation



\* Location changed for forensic reasons

13 May 2019

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Dear Dr. Rainer Kurz,

Concern has been raised among EPA leadership about the acceptance and presentation of the abstracts listed here below at the recent EPA congress in Warsaw, Poland on 6-9 April 2019, for which you are the corresponding author:

1. "Beyond the extreme abuse survey: Exploring technological, social, non-physical, bio-energetic and criminological aspects" (E-poster Viewing)
2. "Complex Trauma, Mind Control and Child smuggling: Challenging Assessments of Court Appointed Experts" (E-poster Presentation)
3. "Bluebird and AMP; MK Ultra CIA Mind Control Experiments: Human Rights Abuses by Psychiatrists and Psychologists" (E-poster Viewing)
4. "Operation Midland and Conifer UK Investigations into Child Sexual Abuse and Murder Allegations against High Profile Politicians and Authority Representatives" (E-poster Viewing)
5. "Channel 4 Dispatches Programme 'Beyond Belief' on Satanist Ritual Abuse (SRA) in the UK - Script Review, Follow up and Psychiatry Implications" (E-poster Presentation)

As President of the European Psychiatric Association, it is my responsibility to ensure the highest scientific quality within our publications.

The substance of the complaint is that the abstracts' content adheres neither to the standards of scientific integrity nor the image of psychiatry upheld by the association.

Should you wish to respond to the complaint, please provide a prompt and full response by 21 May 2019.

Please note that if we do not receive a timely or adequate response, the abstracts above will be removed from the 2019 online abstract flipbook, and as such will not be published in the upcoming *European Psychiatry* abstract supplement.

Yours sincerely,

  
 Philip Gorwood  
 EPA President

**EUROPEAN PSYCHIATRIC ASSOCIATION**  
 EPA Administrative Office | 15, Avenue de la Liberté, 62000 Stenbourg, France | Phone: +33 3 88 23 99 30  
 EPA Brussels Office | University Foundation, Rue d'Égmont 11, 1000 Brussels, Belgium | Phone: +32 2 511 02 30

[europsy.net](http://europsy.net)



# Survivorship Conference 2022

## An Advocate's Journey into Extreme Abuse

Dr Rainer Hermann Kurz (UK)

C.Psychol

ichinendaimoku@gmail.com



Based on Kurz (2019). The Legacy of Satanist Ritual Abuse (SRA), Trauma & Mind Control: A C-PTSD Assessment Case Study'. Paper at the ESTD 2019 Conference in Rome.