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For survivors of ritual abuse, mind control and torture, and pro-survivors

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**Dear survivors, therapists treating surviving victims, support people and others:**

**In this issue we have articles by Alison Miller, Randy Noblitt and Rainer Kurz and poems by Victoria Skye and Loonwomon**

**In 2022 we completed our webinar for clinicians, Healing the Unimaginable: A Ten-Session Course with Dr. Alison Miller, retired psychologist.** All ten video sessions and PowerPoints are now available**.** <https://survivorship.org/survivorship-webinar-2022-healing-the-unimaginable-a-ten-session-course-powerpoint-text/>

**The Survivorship Ritual Abuse and Mind Control 2023 Online Conference**

Survivor Conference - Saturday and Sunday May 20 - 21, 2023 - Clinician's Conference - Friday May 19, 2023 - Both conferences will be online.

Please write [info@survivorship.org](mailto:info@survivorship.org) if you would like to get on our conference mailing list.

**Conference information is at:** <https://survivorship.org/the-survivorship-ritual-abuse-and-mind-control-2023-online-conference/>

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**Excerpts from Survivorship Webinar 2022:**

**Healing the Unimaginable:**

**A Ten-Session Course in Treating Survivors of Organized and Extreme Abuse**

**Alison Miller, Ph.D., Retired Psychologist**

**Website with video presentations and PowerPoints:**  
<https://survivorship.org/survivorship-webinar-2022-healing-the-unimaginable-a-ten-session-course/>

**Alison Miller, Ph.D.** is a retired clinical psychologist who practised in Victoria, B.C., Canada and worked with survivors of organized abuse, including ritual abuse and mind control from 1990 to 2017. She has twice chaired the RAMCOA (ritual abuse/mind control/organized abuse) special interest group of the International Society for the Study of Trauma and Dissociation. She is the author of *Healing the Unimaginable: Treating Ritual Abuse and Mind Control* (for therapists*), Becoming Yourself: Overcoming Mind Control and Ritual Abuse* (for survivors), and co-author with survivor Wendy Hoffman of *From the Trenches: A Victim and Therapist Talk about Mind Control and Ritual Abuse.* She has published several other book chapters and articles, as well as being the originator of the LIFE Seminars parent education programs.

This course is based on Dr. Miller’s 2012 book *Healing the Unimaginable: Treating Ritual Abuse and Mind Control*. It incorporates other material from Dr. Miller’s more recent publications and those of others. It was presented for clinicians in the mental health field. **These videos may remind survivors of their trauma. Survivors may want to watch this with a support person**. None of the material on this page, on linked pages or at the webinar is meant as therapy, or to take the place of therapy.

**6.** **Working with internal leaders - Thursday July 7th 2022**

**A Few Reminders**

Of how to talk with someone who is multiple …

**Many Parts (“People”), One Body**

We singletons expect to be conversing with one person.

But it’s more like talking with identical brothers or sisters who impersonate one

Look for the physical evidence of them changing places.

Learn to recognize body language and maturity level of different parts.

The front person may be just a “shell” who bridges the transitions so switching is not obvious.

Do not assume the front person is the “real” person and the others less real, or that the front person can control behavior of the other parts

Do not assume continuity of memory. Some multiples lie to cover for periods of time they don’t remember.

Parts new to the present are often confused about time and place and date

**It’s Like Speaking with Many Housemates on the Phone**

One at a time can control the voice and speak with you.

The house has a speaker phone so those nearby (but not everyone) can

hear you.

You can talk through to others in the house.

You can send messages to ones far from the phone.

You can ask that others in the house give information to the one on the

phone.

You’re not really on the phone, but you see the person’s body, and you

may notice he or she pauses as if listening. If this happens, speak more

slowly, pause, and repeat yourself, so that the one you’re talking with can

talk “inside” as well as with you. You are actually communicating with

several people at once.

**Match Your Style to the Part(s)**

Presenting …

It’s a dance—You shift with their state, as with a baby who laughs then

cries. It’s attunement.

You are often talking with an “insider” when you think it’s the front person,

the adult.

See how old the person appears from their speech and body language,

and match your language to that age.

Sound assertive with tough parts, but be careful, as even a slightly raised

voice can engender terror.

Client may ask or think: “Are you going to shout? Are you going to hit me?”

Some tough parts have tender ones hidden underneath the surface. Parts

can themselves be multiple.

**Using Inner Voices to Establish Communication with Parts**

Notice when the client seems to be listening internally.

“Did someone say something to you? … What did they say? … Do you

know what they mean?”

“Could you ask the person who said that why they said that? Can they

explain for me?”

“Do they have any questions for me? … They can talk through you.”

“Would they be willing to come out and talk to me so I can understand

them better?”

**Attachment Styles of Parts in DID**

Some parts will act out the type of attachment behavior which worked with their original caregivers.

Some other parts will still reach out for the safe, secure attachment which might be possible with you. And you will respond.

But be aware that the other parts are present.

And many survivors are still involved with the original perpetrators or the

group culture to which those perpetrators/parents belonged. There may be

intense dependency. And it’s very hard for these people to explore, learn

and develop a sense of Self.

Having had at least one safe attachment tells the child that this is possible, even if it was brief.

**Time and Trust**

There is no substitute for time in building trust.

Your clients will watch your every move and every word to see whether or

not you are trustworthy, believing that it is most likely that you are not, but

hoping desperately that you will prove to be a person they can trust.

Take your time, and be patient with yourself, too.

At the start, just deal with the presenting problem. The client will let you

know when they are ready to go deeper.

Treat all parts with consistency and fairness.

When new parts emerge, they may have no sense of time. Suggest they

talk with parts who have a history with you, so they can catch up on what

the other parts have learned about you.

**Internal Hierarchies and Leaders**

**Hierarchies**

Many organized personality systems have internal hierarchies, which may mirror the structure of the abuser groups.

It is easier to work with a hierarchical system than with one which is formed by training individual parts without placing them under any internal authority.

With a hierarchy, you can work with the internal leaders who can then shut down any programming until you are able to work with the actual

memories which created the programs.

When there is little or no hierarchy, lots of internal children will continue to

do their jobs, believing in the lies the abusers told them, and fearing abusers who are long gone. The survivor needs to form a new internal government which can seek out these child parts and re-educate them internally and/or work through their training memories.

**Internal Leaders are Crucial to Recovery**

The internal bosses and their enforcers issue threats when the survivor

disobeys the rules, and administer punishment for disobedience or

disclosures through flashbacks or self-harm or ordering “programs” to be

turned on.

To really change things, those parts in charge, at the top of the hierarchy,

need to decide to make a break for freedom.

Those parts, who rarely if ever come out in everyday life, need to learn

about how the survivor’s life circumstances have changed, so that in

adulthood freedom is possible.

The internal leaders also need to discover that they were deceived by the

mind controllers, that their power is only internal, and that they do not

deserve lifelong slavery.

**Sally’s Example— the Higher-Ups' Statement:**

“We were created to keep everyone [inside] in line so that they would

remain loyal to the organizations who made us. They were our family,

not the parents, and we owed our lives to them; they were our leaders,

fathers, mothers, military trainers, confidantes and family. They would

always protect us if we obeyed them and were loyal. From the body’s

first anointment at birth, we had to keep the body in line via the little

ones being told to follow commands, acting like robots for us, and thus

not asking or whining or thinking, just doing regardless of the

consequences.”

**Trainers’ Words to Higher-Ups:**

Obey or be killed. Obey or suffer. Obey and do.

Do not think—just do it.

You belong to us, you are ours, you are property, to be owned only by us

and for our use and no other.

We will tell you what to do and when.

You will listen or be punished and sent to hell, for God is not the leader

here, we are—the Luciferians, SS and KKK.

Do not deceive us or we will find you and bring you back or dispose of you

or make you self-destruct.

**Trainers’ Words to Higher-Ups**

(continued):

For your work little ones, you will be rewarded by not being harmed,

thrown into prison, into caves or coffins or killed or tortured or have your

friends killed or sacrificed.

Obeying and being able to take pain via training makes you stronger

and more determined to follow our light, the light of darkness, the way

of truth, of light, of power and the superiority and power of the Aryan

race over all humans and life.

Obey us and be strong and do not let any outsider fool you into

believing their lies. You are free with us not with them, you don’t need

to think, for we think for you and for your safety and your power, so that

you may have power over life itself, and the blood of all humanity, and

animals.

You are superior and will honor us till death or be called a traitor and

die with the outsiders in mind, spirit and body. We will make it so.

**Facts About Higher-Ups**

Giving a part a perpetrator name does not mean it wants to become that

perpetrator.

Many higher-ups have no experience in the real world.

They are typically aged 12 or 13.

They do not know that the body is an adult now, or that they are far away

from the abusers.

Their power is only internal.

Often they hate the abusers.

Higher-ups watch how you treat the lower level insiders.

**Beginning to Deal with a Hierarchy**

If a child part considers stopping his job, he may hear a voice threatening

him. When you see your client pause and seem to be listening, s/he may be hearing a warning or a threat.

Talk to that voice. Even if it appears to be an internal copy of an abuser, or

a fearsome demon, it is a part just like everyone else inside.

Ask its age. Make your conversation appropriate for that age group. Do not

ask for names, as abusers use them to call out parts for punishment.

Reach out with compassion towards increasingly higher levels.

Talk to those parts who give threats or punishments such as pain.

Be gentle with curiosity; don't interrogate or confront.

**Working with the Hierarchy**

Demonstrate understanding of jobs.

Tell them you're an outsider and ask about what they've been told about

outsiders.

Pacing is crucial; don't go too fast.

Get to know each one until it is replaced (in the front) by its boss or backup.

Tell them you know that their trust has to be earned.

Work to get them to think for themselves.

**Dialogue Which Exposes the Deceptions**

Don't argue with them, join them, agree, point out where & how they are absolutely correct.

You can ask (repeatedly)

“Is that right? Huh. Who told you that?" or

"Hmm. I wonder when was the first time you heard that statement?" or

“Mmm. That's interesting. I wonder who on the outside of you says such things?" or even

"You know, you weren't born with that belief, so how did you get that belief?“

Stay objective, neutral, and matter of fact –and curious & interested and wanting to understand.

See long examples in my book Becoming Yourself or my article “Talking with the higher-ups” in Ralf Vogt’s book Perpetrator Introjects.

**Making Your Way up the Hierarchy**

If a part considers stopping his job or being disloyal to the abusers, he may be hearing a voice threatening him.

When you see your client pause and seem to be listening, he or she may be hearing a warning or a threat.

Ask what the client is listening to. If it’s a voice, ask what it’s saying. Then ask to talk to the voice.

Even if it appears to be an internal copy of an abuser, or a fearsome demon, it is a part just like everyone else inside. Ask its age. Make your conversation appropriate for that age.

If you convince this voice you are safe, another voice may appear with a different threat or causing a different symptom.

Ask to talk to the new one, then do this repeatedly until you get to someone with some authority. Get to know each one until it is replaced by its boss or backup.

It takes time. Be content not to know many things for a long time.

**Topics for Dialogue**

What they believe or were taught about outsiders like you

Why they believe the group owns them

Why they believe they have to obey

The truth of what they were taught

Safety, protection and freedom (Watch your use of these words,

as abusers may have reversed their meanings.)

**Unmasking the Deceptions**

Frequently update the whole system about time and place.

Ask parts who know the truth about something to communicate it internally to those who don’t.

Demonstrate a similar trick to one the abusers used, without abuse. E.g. a mirror with something covering it (Abusers do this to convince a child s/he is a demon.)

Write on one part’s hand then show it to another part who believes it’s in a

different body.

Have parts together view an event in which they had different parts (e.g.

the one the rat was put inside, and the one who believes she gave birth to

the rat).

**Effects of the Dialogue**

(according to Sally’s internal leaders)

Alerting the security system to turn on programs which can make the client appear inaccessible, hostile, or overwhelmed;

Making the insiders, including the higher-ups, begin to think for themselves and wonder about the answers to your questions and whether your statements are true;

Shaking the foundation of the beliefs indoctrinated into them;

Exposing the ways in which they were deceived;

Giving the insiders the opportunity to talk on an equal basis with someone who is kind and curious, as opposed to their abusers who gave orders and were cruel;

Reducing dissociation by encouraging insiders to obtain information from one another and from the front person.

**More Effects of the Dialogue**

Making the unemotional higher-ups aware of the emotional and physical pain which created them, which is still held in the discarded and lower-down insiders;

Making the loyal higher-ups begin to feel or at least be aware of the unmet needs, sadness and loss, and constant fear and anxiety experienced by other insiders;

Making memories of hurt insiders accessible to unhurt perpetrator insiders (to end the desire to perpetrate);

Helping parts stuck in the past become aware of present-day reality and giving hope for freedom and recovery in the present and future;

Getting the head of the system to engage and begin to think;

Gradually dissolving the programming;

Connecting parts of the person to the person’s own spiritual essence, and helping

the person regain control over their own life.

**Building Inner Community**

At first, allow those the abuser group put in charge to remain in charge, so there won’t be chaos.

Teach these internal leaders to use their authority wisely and kindly.

Gradually move towards democracy in which the leaders in the governing council represent all parts’ needs.

Research each group of insiders—age, likes and dislikes, needs. How could the system provide for their needs in the external world? In the inner world?

Insiders often have names which reflect their roles in the abuse; they can choose different names.

Costumed insiders can take off the costumes. Those who resemble perpetrators can become kids again.

You can ask parts to stop doing harmful jobs. You can ask parts to do their jobs when they are helpful, e.g. put away memories, make everyone forget, help parts stuck in trauma to go to sleep temporarily.

Switch controllers and internal programmers can turn off programs, and can provide a list of programs to be dismantled by working through the training memories.

**Giving Insiders New Jobs**

The system can use insiders’ job skills to assist in recovery. New jobs may

resemble old jobs but in the service of help.

File keepers can keep memories contained and then bring them up when

ready to process them.

Observers and recorders can watch the survivor’s present life to make sure he or she is safe.

Spinners can spin away bad feelings and spin peaceful and calm feelings out into the system.

Pain holders can help with medical and dental appointments.

Soldier parts can get the body to exercise.

“Forget” program holders can make reporters forget anything they may have been trained to report.

Example: Soldiers vs. Garbage Kids

For difficult tasks in the inside or outside world, soldiers are not the best

choice. Soldiers are trained in instant obedience to perpetrators.

Garbage kids are the ones who refused to act on their training, refused to

do what the perpetrators told them to do, even at great personal cost.

They are the ones your client wants for tasks which involve standing up to

perpetrators.

**Ways Parts Can Improve their Inner World**

Cut wires, destroy control towers, etc. (with permission).

Rescue parts who are “stuck” in inner copies of the places where the abuse occurred: boxes, cages, cold basement rooms, garbage pits, bedrooms where a rapist found them.

Give inner kids their own rooms with locks on the inside, comfortable beds or couches, etc.

Make nurseries for babies, caregivers, stuffed animals, toys, blankets, pets.

Create mansions, tree houses, whatever is most helpful.

Make places for exercise, sports, anger release.

Create inner TV screens for safely viewing the outer world.

Create an inner movie of present-day life to update insiders.

Import movie or TV or book characters as helpers, e.g. nannies, doctors.

**Ask, Negotiate, Command …**

With some personality systems, asking and negotiating does not work, and verbal commands are necessary with some parts.

This is because you are speaking with very young parts who are trained to respond only to commands, often phrased in a particular way. They are

concrete and literalistic. They are not offended by commands.

“**Turn it off!”**

This useful command can with some systems work to get programs which are running temporarily turned off. (Sometimes you need to add “in the name of Satan, whom I don’t believe in.”)

E.g. “I command you in the name of Satan, whom I don’t believe in, to

stop, turn off, and put away the Suicide program.” Internal programmers

are always listening.

If they are afraid to turn a program off, they can turn it down so it is barely

noticeable.

Spinners can spin in the opposite direction, spinning the effects of the

program back to the part it originally affected.

**Using Program Codes**

(See example in Healing the Unimaginable, p. 160)

Program codes are sequences of letters and numbers which, when spoken or written correctly, will turn programs on or off or even destroy them.

You can obtain codes from the client’s internal programmers.

Internal programmers are kids who turn apparently electrical switches on and off in response to cues.

Knowing codes and saying the “off” codes can help in undoing programming.

It can neutralize programs so they do not get in the way of the therapy.

This shortcut does not remove the trauma, just temporarily keeps parts from doing their jobs.

You can ask for program lists or charts with their codes (when you get that far and are planning systematic memory work).

Much “deprogramming” is simply using such codes. It does not resolve the trauma.

**Two Useful Triggers (for some survivors)**

Grasping your client’s arms firmly and briefly halfway between the

shoulders and elbows will turn off a spinning program temporarily.

Holding your hands out in front of you, palms upward, then drawing them

quickly towards your chest and closing them will temporarily turn off all

programs.

If you use triggers (e.g. special touches or hand signals), make sure that

your client has confirmed what effect they will have and agreed to allow

you to use them. Also, explain how you learned these triggers. You can do

the triggers on your own body first, to confirm with the client that they are

correct and will not do harm.

**Using Programs & Triggers**

You can use perpetrator-created triggers for useful purposes.

“No pain” can reduce pain from illness or abuse.

“Sleep” can put to sleep parts tired from memory work or programmed to

harm the body or go to the group.

“Forget” can keep the memories from the front person so that he or she

can function better, or can make a reporter part forget to report.

Calling out a particular part can be used in an emergency.

Cooperation is always to be preferred to coercion, so ask or suggest rather than just doing such things.

If you use triggers, especially without permission, parts may believe you are a perpetrator.

**Programs Attached to Places or Events**

Perpetrator groups can attach programs to particular events or places, e.g. a program may be activated by entering the therapist’s office.

Programs can be attached to one another (e.g. if a therapist attempts to

undo the “suicide” program it activates the “attack therapist” program.)

As you plan your memory work, you can ask “What will happen if we try to

undo the Suicide/Pain/Report/Open Door program?”

“What will happen if …” is a very useful question.

If current contact with perpetrators is suspected, you might discuss such

linkages by telephone with internal programmers before an appointment.

Some parts of the client may be able to make a “wiring diagram” of how

the programs are attached to one another.

**Internal Cooperation**

When the whole personality system works together, and those insiders in

charge work for healing, your client can make it all the way to full recovery,

given: Careful timing and containment

Maintaining current physical safety

Updating the parts

Encouraging internal communication

Memory work when the system is ready

A good therapeutic relationship

**Do no Harm: Ethics and Extreme Abuse**

**Dr. Randy Noblitt**

**Alliant International University**

Technically ethics is the study of morality. For health care providers, the term ethics also refers to professional codes of conduct. These rules are published by professional associations such as the American Psychological Association, the American Medical Association, the British Psychological Society, and others. The various licensing boards in the US and elsewhere also have regulations for licensed or registered professionals within their jurisdictions. Professional ethics can be distinguished from personal ethics. The personal ethics of individuals may vary. Sometimes they are high minded; on other occasions they may be clearly corrupt, and sometimes they might be mixed. This variance is also true of the various published institutional ethics.

How do we evaluate ethical standards, be they personal or institutional? How do we know that a particular ethical rule or principle is really ethical? I recall a previous discussion at the Texas Psychological Association where I was serving as a Trustee. The question arose about billing and charging fees for psychological services.

**What is ethical?**

Someone present quickly said, “Whatever the market will bear.” I did not agree. But this is also a political question. We see different political advocates argue for a free market economy versus practices that are deliberately intended to benefit the public welfare generally. These different perspectives reflect different interpretations of morality. Some moral principles compete one with the other. For example the moral right to own property, and the duty to one’s community sometimes act in opposition to one another. When conflicts occur between one’s right to have possessions and wealth, and obligations to the general wellbeing of communities, some political parties privilege the right to wealth, and others emphasize our shared duty to others.

The fundamental assumptions that individuals and institutions make are not identical. How do we know when proposed or mandated ethics are truly ethical? Individuals and organizations are typically governed by self-interests and biases. Unraveling these can be challenging. Although there are differing perspectives, common agreement is often associated with the notion of doing no harm and benefitting others when possible. The American Psychological Association refers to this as “Principle A: Beneficence and Nonmaleficence” in its code of conduct (American Psychological Association, 2017). Perhaps this principle can be used as a yardstick for judging other ethical rules and practices when there is uncertainty or ambiguity. When professional services are provided to the public ethical practice is critical. This is especially true of individuals who have been harmed by extreme abuse.

**Reference**

American Psychological Association. (2017). *Ethical principles of psychologists and code of conduct* (2002, Amended June 1, 2010 and January 1, 2017). Retrieved from apa.org/ethics/code/index.aspx

**Abnormal Psychology’ & Family Court Processes**

Dr. Rainer Kurz

Updated version of an e-Letter that Chartered Psychologist Dr Rainer Hermann Kurz posted on The Psychologist website of the British Psychological Society (BPS) on Mon 13/06/2016 01:11 (purged by the editor by 13 June 2016 10:28) at URL:

https://thepsychologist.bps.org.uk/volume-29/june/new-society-president-stirs-debate#comment-103

I am intrigued by the wide range of responses to the 1:1 with Professor Peter Kindermann in the May 2016 issue. It is actually an everyday reality that mental health professionals such as Psychologist and Psychiatrist input into court processes. Forensic Psychology Professor Jane Ireland (2012) found that 2/3 of psychological assessment reports sampled from Family Court cases were ‘poor’ or ‘very poor’. The President of the Family Court Sir James Munby acknowledged that for parents the permanent removal of a child from their care is the most extreme judicial intervention possible apart from the imposition of the death penalty. It would be a natural and logical consequence if a criminal court found the parent(s) guilty of serious crimes that put the child at risk. However, it is disconcerting that inadequate assessment reports appear to routinely inform court decisions ‘on the balance of probabilities’ that are for biological parents comparable to a ‘death sentence’ as their child is bundled off into Forced Adoption never to be seen again (unless the child investigates as an adult and makes contact).

In my first Pro Bono case I was permitted to sit in a Clinical assessment session of a mother who had tried to report a sexual assault on her child in deeply disturbing circumstances (Kurz, 2015) but was disbelieved. Nothing whatsoever was indicative of any mental health issue. The description of her own abuse (e.g. being locked out by a family member to be ‘humped’ by a downstairs neighbour) was clear and suggested operation of an abuse ring. A few weeks later she disclosed that she had a baby at 13/14 that succeeded from rape and ‘disappeared’. The ‘professional’ attested that the mother was ‘delusional’ about these events disregarding the DSM definition of delusional: ‘delusion: a false belief based on incorrect inference about external reality that is firmly sustained despite what almost everyone beliefs and despite what constitutes incontrovertible and obvious proof or evidence to the contrary’. I subsequently gathered views of four specialists highly experienced with complex trauma who found no reason to doubt the account given - implying a serious ‘Public Safety’ risk that all authority representatives continue to ignore.

In several cases biological parents were separated from their children on the grounds of ‘Narcissistic Personality Disorder’ where the diagnosis was seemingly based on an over-interpretation of the MCMI scale of this name which confounds the target construct with ‘Emotional Stability’ – a highly desirable personality construct (Kurz, 2014). The Daubert standard for validity (see Ireland & Beaumont, 2015) does not seem to be met for MCMI which was designed for individuals seeking therapy who are already diagnoses as ‘mentally unwell’. Its computer-based expert report makes this assumption and accordingly spits out vitriolic text on any completion e.g. even if completed by an entirely normal ‘healthy’ person.

In a recent case a health professional proffered – rather absurdly – that a mother’s repeated lodging of appeals to regain custody of her children was ‘evidence’ for ‘Histrionic Personality Disorder’ – rather than a ‘normal’ manifestation of Conscientiousness and ‘being a good parent’. The GMC complaint was dismissed in spite of allegations of dishonesty, unreasonableness and incompetence boosted by recording transcript and alternative assessments.

When I presented 5 posters at the European Psychiatry Congress in Munich I found the Psychiatry profession in crisis and disarray. This observation was further supported in Madrid this year where I presented another 5 posters (accessible from https://www.researchgate.net/profile/Rainer\_Kurz2 ). In one symposium presenters lamented that the plethora of personality disorders when apparently in practice only Borderline is frequently used and anti-social occasionally. In DSM-5 Section 3 page 771 an alternative dimensional model for personality disorders is presented where Histrionic, Paranoid, Schizoid and Dependent are no longer featured as Personality Disorders. What will happen to cases where custody was lost based on diagnoses of an ‘illness’ that has disappeared from the leading scholarly manual?

In another case a mother reported to Social Services that her child made disclosures suggesting sexual abuse. After sending her to 8 Psychiatrists social services were fixated (sic) on the single Psychiatrist who claims the mother was ‘fixated’ on child abuse due to Borderline Personality Disorder rather than the 7 who found no disorder. The Social Worker suggested to ‘move on’ and the director responded to accounts of numerous abuse acts that he nevertheless supports overnight contact with the alleged abuser. Social Services seemingly took the ‘easy’ option to declare the protective mother a risk (ostensibly inflicting ‘emotional harm’ by acting on sexual abuse suspicions/disclosures) reducing interaction to ‘supervised contact only’ while the alleged offender continued to be granted unsupervised contact If there was aby sexual abuse, it would probably continue. Any sexual abuse disclosure by the child in contact session with the protective parent would usually lead to instant termination of the supervised contact session and thus leave the child entirely in the control of the alleged abuse. A few months later the father was given custody of the boy and even supervised contact with the mother stopped.

In another disturbing case a fellow Psychologist’s daughter was found in a ‘Fact Finding’ case to have perpetrated ‘Emotional Abuse’ – by listening to her young child’s disclosures about sexual abuse! Numerous attempts were made over a 12-months period to present the judiciary CCTV footage of the boy with kicking and screaming when the biological father (the alleged sexual abuser) tried to pick him up from his protective mother’s home. Eventually unsupervised contact with the father was stopped.

The public may be lulled into a (false?) sense of security and reassurance by the current radio jingles that urge everyone to be alert and report suspicions about ‘child sexual abuse’. ‘Social Services’ rather than police will receive the ‘concern’ raised through web forms and realistically lack the power and expertise to properly investigate. Without physical proof (i.e. serious injury or death or photographic evidence) the allegation will frequently be found ‘unproven’ and treated by ‘vested interests’ like they were ‘disproven’. ‘Concerns’ are raised about protective parents with Court Appointed Experts rummaging through their medical records to fuel conjecture that they ‘made up’ the allegations, are delusional/paranoid/fixated or ‘coached’ their child to say certain things.

Instead of believing the child and protective parents Social Services at times seem to set out to find a professional who will diagnose a personality disorder.

Davis (2014) in ‘Psychopathology’ admits that Psychologist tend to over-diagnose i. e. are more worried about false negatives than false positives. This predilection was demonstrated by Rosenhan (1973) who sent healthy volunteers to mental hospitals who were asked to get admitted and subsequently released – which they achieved only with difficulty usually acquiring the ‘Schizophrenia in remission’ label.

I have talked to many parents who lost children to ‘Forced Adoption’ – an opaque process based on ‘balance-of-probabilities' processes in secretive ‘Family Courts’ rather than ‘innocent until proven guilty beyond reasonable doubt’ processes in open court against a backdrop of government policies that incentivise removal of parental rights. Each child in long-term foster care costs the tax-payer £50k per annum of which £20k go (tax-free) to the foster carer. The ‘per head’ fee for finding adopters is around £27k. The whole Adoption Industry is now worth £2 Bn.

Neal & Grisso (2014) skilfully discuss the issue of ‘bias’ in forensic report writing: ‘Evaluators perceived themselves as less vulnerable to bias than their colleagues, consistent with the phenomenon called the “bias blind spot“. Recurring situations that posed challenges for forensic clinicians included disliking or feeling sympathy for the defendant, disgust or anger toward the offense, limited cultural competency, pre-existing values, colleagues’ influences, and protecting referral streams.’

To what extent then is there a risk of bias in Family Courts given that authority representatives control who gets commissioned to conduct such work and are unlikely to continue instructing professionals who disagree with ‘concerns’ raised?

Devine (2016) charts the ever-rising numbers of children ‘taken into care’ and questions the wisdom and legality of the approach. Many children could be forcibly separated from loving parents due to ‘false positive’ (child unnecessarily removed) judgements.

Wrennal (2010) goes further identifying ‘dark forces’ at work – a view I have to agree with having experienced the pervasive ‘looking away’ attitude and ‘closing rank’ culture that continues to surround child abuse allegation (see Kurz, 2016). A critical factor is the tension between the official DSM position which features Post-traumatic Stress Disorder (PTSD) and Dissociative Disorders (DID, DDNOS, DESNOS) and the ubiquitous prevalence of False Memory positions proffered in forensic settings which have NO diagnostic currency in DSM. I discuss the controversies including Criminal Appeal Court Judge views in my blog:

<https://psychassessmentblog.wordpress.com/>

Given that life changing nature of the decision to removing a child from a parent, how appropriate is it to judge this on a ‘balance of probability’ basis where a Court Appointed Expert de facto usurps the role of the police and the judge through proffering the pivotal ‘personality disorder’ diagnosis? I would prefer such matters to be investigated properly and judged in a criminal court against the ‘beyond reasonable doubt’ standard.

**How do BPS Guidelines cover the controversies outlined above?**

The latest version of the ‘Memory & Law’ guidelines were published in 2010 (archived - due to be updated) under the leadership of the late Prof Martin Conway who sits on the Advisory Board of the British False Memory Society (BMFS). It is peppered with ‘false memory’ examples and conjectures. It knocks recall of ‘highly specific details’ which actually can be the result of traumatic events that leave situational (i.e. non-verbal) memory fragments that are later processed in the Hippocampus to become autobiographical memories (Kurz & Hawton, 2014). The section on PTSD offers solid advice but appears oriented towards adult trauma. There is no mention of the kind of early childhood abuse and neglect at the hands of a primary carers that would lead to DID or DDNOS.

The Family Court guidelines (2016) issued in conjunction with the Family Justice Council do not feature a single academic reference when the ground-breaking research of Ireland (2012) was actually commissioned by the latter. The guidelines reinforce that Psychologists in this setting have to be prepared to write reports that can have negative consequences but do not at all tackle the issues of potential bias let alone ‘gaming’ of ‘Child Protection’ processes e.g. by ‘staging’ an abuse act or burglaries (with an illegally obtained spare key) in such a way that the protective parent appears to be ‘delusional’.

The Guidelines on Reporting Non-recent (Historical) Sexual Abuse are comprehensive in detailing how things are meant to work – in theory. The darker side of poor authority practices is ‘blanked out'. Vignettes of child sexual abuse scenarios were helpfully included in a circulated draft to illustrate some of the problems that Psychologists may come across but were dropped from the main document. I offered in the consultation phase 8 additional vignettes that underpin ‘complex trauma’ – none made it in. Extreme abuse including sadistic torture is an area where too few Psychologists are prepared to assess victims due to the risk of ‘triggering’ (secondary traumatisation), complexity (‘unbelievable’), (perpetrator) reprisals and (authority!) persecutions.

Are there too many ‘professionals’ who are ‘in denial’ at the expense of the most vulnerable individuals in society, and thus put the public at risk?

Silberg and Dallam (2019) published an important article that highlights the problem:

‘ABSTRACT This article presents findings and recommendations based on an in-depth examination of records from 27 custody cases from across the United States. The goal of this case series was to determine why family courts may place children with a parent that the child alleges abused them rather than with the nonoffending parent. We focused on “turned around cases” involving allegations of child abuse that were at first viewed as false and later judged to be valid. The average time a child spent in the court ordered custody of an abusive parent was 3.2 years. In all cases we uncovered the father was the abusive parent and the mother sought to protect their child. Results revealed that initially courts were highly suspicious of mothers’ motives for being concerned with abuse. These mothers were often treated poorly and two-thirds of the mothers were pathologized by the court for advocating for the safety of their children. Judges who initially ordered children into custody or visitation with abusive parents relied mainly on reports by custody evaluators and guardians ad litem who mistakenly accused mothers of attempting to alienate their children from the father or having coached the child to falsely report abuse. As a result, 59% of perpetrators were given sole custody and the rest were given joint custody or unsupervised visitation. After failing to be protected in the first custody determination, 88% of children reported new incidents of abuse. The abuse often became increasingly severe and the children’s mental and physical health frequently deteriorated. The main reason that cases turned around was because protective parents were able to present compelling evidence of the abuse and back the evidence up with reports by mental health professionals who had specific expertise in child abuse rather than merely custody assessment.’

Of particular interest is the pathologising of a protective parent (PP) through assessments:

‘Two-thirds (67%) of the mothers were pathologized for advocating for the safety of their children. Pathologizing the mother often occurred in the context of psychological testing results which were then echoed by the other professionals involved. Many mothers were termed “narcissistic” and “histrionic,” and behaviors such as taking notes on their children’s behaviors were categorized as pathological or “obsessive.” The word “enmeshment” was used to describe the close bond between the child and PP and the PP’s strong advocacy for her child’s safety. Thus the normal dependence an abused child might feel on a safe parent was misperceived as a pathological trait. Without specific evidence of this behavior, many mothers were accused of “coaching” the child, particularly mothers who videotaped disclosures, or wrote down word for word what the children disclosed. These pathological labels discredited the mother’s legitimate concerns about the children and were compounded by accusations of PAS or parental alienation which appeared to be the evaluator’s attempt to explain why a mother would report abuse that the evaluator contended had not happened. All of these various labels were used to call the mother’s credibility into question and blame her for their child’s disclosure of abuse.’

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**See also:**

https://www.bps.org.uk/guideline/guidance-use-psychologists-expert-witnesses-family-courts-england-and-wales-standards

https://thepsychologist.bps.org.uk/volume-28/october-2015/close-encounters-psychological-kind

https://www.bps.org.uk/psychologist/not-good-look

https://www.judiciary.uk/guidance-and-resources/president-of-the-family-divisions-memorandum-experts-in-the-family-court/

https://www.judiciary.uk/wp-content/uploads/2016/05/psychologists-as-expert-witnesses.pdf

https://post.parliament.uk/research-briefings/post-pn-0607/

Dr Rainer Hermann Kurz

Chartered Psychologist

London

**They Are**

Victoria Skye

(may be triggering – describes severe traumas)

I tried ignoring the fragmented scenes in the flashbacks. I did not want to know those atrocities could happen to anyone, ever! I wanted to think I was just making it all up and the right psychiatrist with the right medication could erase it all. I didn't want to believe anyone could carry out such abhorrent deeds, but...'they' did.

The 'they' I speak of were monsters as ‘they’ declared, “you’re special so you get to go with us”.

‘they’ were liars when they mocked, “you will like this”.

‘they’ were haters and 'they' proved it when 'they' involved innocent children in their sick, disgusting ceremonies.

‘they’ were “would be” destroyers of children’s minds by what they made them do, by what they made me do.

‘they’ were murderers as 'they' sacrificed the most precious, perfect, loving, souls.

'They' sacrificed newborns: little-tiny-babies

'They' were more than savages when ‘they’ raped young children, when ‘they’ cut out body parts and ate them, and fed them to others; and when ‘they’ made little children drink the blood of their sacrifices.

You may be a skeptic and question, "who and where are the ‘they’ of which you speak?”. You may scoff and doubt ‘their’ existence, but I’ve known ‘them’, I came face to face with ‘them’ I can tell you who some of ‘them’ are.

'They' walk among us: you and me, every day 'they' walk.

I dare say, "you may know some of ‘them’, but know not of ‘their’ ritualistic ways.

You may have had dinner with ‘them’.

You have possibly rubbed elbows with ‘them’ at the gym.

'They' may have bagged your groceries

'they' speak in your pulpits,

'they' listen to your confessions,

many of ‘them’ are “upstanding pillars” of the community,

AND some of ‘them’--some of ‘them’ treat your children when they are ill.

'They' look like regular folk. 'They' dress appropriately during the day and perform ‘their’ jobs: then, in the dark of night 'they' meet “out there”. Anyone old enough to remember being exposed to one of ‘their’ ceremonies knows exactly where “out there” is. “Out there” may not be the same woods, or the identical barn, nor the exact tent, or basement, but “out there” feels the same regardless of where it is.

As the evil hovers, ‘they’ shed ‘their’ suits of the day and don the dress of “their fellows”. ‘They’ perform ‘their’ rituals, ‘their’ jobs which must be done in the dark of night. This is when ‘they’ do, ‘their’ sickening, disgusting jobs (of which no one is allowed to speak), ‘’their monster’’ jobs, if you will.

'They' call them their “ceremonies” During those ceremonies is when the most heinous crimes were performed in the most repulsive way anyone would dare speak. And all done in the name of their god.

The following is for

survivors who escaped

Do ‘they’ want you back?

Do ‘they’ call to you?

Do the phrases ‘they’ repeated and

The chants ‘they’ uttered

Thrash around in your brain

As you silently scream, “no!”

In an attempt to squelch them?

Do you have flashbacks triggered by

A sound, a smell, a touch,

Or

That much too familiar feeling

of impending terror?

Do you remember how you felt

When someone looked at you

With those eyes?

The ones that made you cower in fear and

Beg all that is holy to save you?

Do ‘they’ want you back?

Please, don’t go

**Virtualization**

Loonwomon

(may be triggering – describes trauma)

I am a survivor of an unseen war

A war that goes on behind closed doors

In bedrooms

And bar rooms

And motel rooms

In front of cameras

For pornography films

I will not move amongst my silences weeping

I will rise to the accomplishment of women singing

I shout out the truth of pain and degradation

I will not shy from my own touch on my breast

I will reclaim my body

From the fists

That held it in one hand

While they exchanged money with the other

I will not surrender to the

White middle class streets of my childhood

With their vacant laughter mocking me

Where

Denial was served with toast and coffee

No one noticed the tortured girl child

Hidden inside a turtle shell

Under layers and layers of survival

The child emerges

Peeping out at a world

That once blamed her for child prostitution

That once shamed her for being raped in child pornography

I embrace her

Longing to look into her eyes

But they are the same as my own

From the child:

Help!

Nobody out there seems to know

What it is like in here

To live with unseen horror

That comes up for viewing when you least expect it

I have little control over

Witnessing pornography ~click~

Of the hard-core variety ~click~

Perpetrated on my child body ~click~

The memories shatter moments

Of peaceful contemplation

With pain horror degradation

And the infinite greed of males

I

Run

Run

Run

But there is no hiding

From the pornography that was my life

As a little girl, teen, young womon

Tortured and tied down before the camera

Now they hold my body hostage

Being raped and tortured ~click~

Beaten and ravaged ~click~

And degraded and dragged through

The gutters of abuser’s minds ~click~

As each new perpetrator ~clicks~

On whatever website

Happens to be

Portraying me

Naked

I

Run

Run

Run

From the thought

But there is a rapist

In every corner of my brain

And it hurts when I hear women defending pornography

As “freedom of speech”

Just how my Child body being raped

Became “speech” is a mystery not yet unraveled

The only freedom I have

Is since I got away

From the pornographers

Who owned and sold my body

But yet I am not free of the pictures

I will never go back

But I am forced to rerun ~click~

The reruns ~click~

That I wonder are now

At this very moment ~click~

Being rerun

On the Internet ~click~

This very instant being

Defended as “Freedom of Speech”

I am a survivor of an unseen war

A war that goes on behind closed doors

Every 9 seconds a womon is beaten

Every 30 seconds a womon is raped

Now with the Internet ~click~

Every second ~click~

Of everyday ~click~

A womon can be viewed being

Raped in pornography ~click~

It is time we STOP

Calling this “Freedom of Speech”

And recognize it as the documentation

Of crimes

that it is!

By Loonwomon