

## **Systematic and Organic Psychological Mechanisms that Perpetuate the Cycle of Extreme Abuse**, by Ellen P. Lacter, Ph.D. Presented at the Survivorship Clinician Conference, May 19, 2023

**Course Description:** This presentation will examine the psychological mechanisms that perpetuate the cycle of extreme child abuse, including ritualistic abuse, production of sadistic child abuse materials, and sex-trafficking of young children to multiple perpetrators. We will explore many of the ways that the cycle of extreme abuse can be perpetuated: 1) within victims, as in ongoing abuse, abuse re-victimization, psychological suffering, self-injury, suicidality, harmful relationships, re-enactments of psychological, physical, and sexual abuse, etc., and sometimes, 2) by victims, in abuse against others, including abuse of one's children (intergenerational transmission). Two mechanisms by which extreme abuse is perpetuated will be presented: 1) externally-applied, systematic, manipulation of victims' dissociated self-states to control victims long-term to serve abuser agendas, and, 2) naturally-occurring, organic, internal responses that yield long-term psychological symptoms, suffering, and, in some case, harm to others. Finally, we will discuss broad approaches to treatment to break the cycle of extreme abuse.

**Bio:** Ellen P. Lacter, Ph.D., is a California licensed Clinical Psychologist and Registered Play Therapist and Supervisor. She was Academic Coordinator of the Play Therapy Certificate program at University of California- San Diego, Division of Extended Studies for 25 years until May, 2023. She worked in community mental health settings from 1975 to 1984, and in private practice thereafter. In the mid-1990s, she acquired expertise in the treatment of dissociative disorders and extreme abuse, particularly victims of ritualistic abuse, torture-based mind control, child sex-trafficking, and production of sadistic child abuse materials. She is an activist on behalf of survivors of extreme abuse, based in her website: [www.endritualabuse.org](http://www.endritualabuse.org). 3505 Camino Del Rio South, Suite 212, San Diego, CA 92108. Phone: (619) 584-7737  
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### **Learning Objectives:**

1. Describe two of the findings of work on ongoing incest as it relates to extreme and systematic abuse [Middleton, 2023].
2. Discuss two mechanisms within identification with the aggressor that drive reenactment of past abuse and revictimization [Lahav et al., 2019].
3. Distinguish “hot” and “cold” sadism in abused individuals [Music, 2016].

### **Further Objectives:**

1. To understand many psychodynamic mechanisms of reenactment of extreme abuse and its long-term intrapersonal and interpersonal effects.
2. To understand the psychodynamic mechanisms of identification with the aggressor in extreme abuse and its long-term intrapersonal and interpersonal effects.
3. To identify important forms of mind control of dissociated self-states in extreme abuse, including: a) torture-conditioning, b) enculturation/indoctrination, c) manipulation of attachment needs, love, sexuality, and anger, d) skills and knowledge training, and, e) formal programming – manipulation and placement of self-states in the inner world.
4. To understand the internalization of sexual violence in extreme abuse and its long-term intrapersonal and interpersonal effects.

## I. Introduction

My name is Ellen Lacter. I am a psychologist in private practice in California. I am published in the subjects of dissociation, ritual abuse, and mind control. I am grateful to Survivorship for accepting my proposal to speak on the complex issue of the kinds of mechanisms that perpetuate the cycle of extreme abuse.

I use the term, “extreme abuse” to refer to abuse that is torture-level and in which perpetrators psychologically manipulate their victims to control their thoughts and behavior in the present and long-term. These psychological manipulations are systematic and dissociation-savvy. Perpetrators induce dissociated self-states to form in their victims beginning in early childhood, and then apply a number of systematic strategies to develop these self-states to function in ways that further their objectives. These strategies have come to be known in the child abuse literature as “abusive mind control” and/or “programming.” Extreme abuse occurs within ritualistic abuse, production of sadistic child abuse materials, sex-trafficking of young children to multiple perpetrators, and other networks that abuse children within their operations to achieve political, ethnic, religious, and scientific gain.

My understanding of extreme abuse and abusive mind control is derived from the following sources: 1) therapy clients, preschool to adult, who describe such victimization, 2) psychotherapists who report such victimization formally interviewed in qualitative research (Lacter, Karriker, Sinason, & Ball, 2012), 3) other therapists and victim activists who have shared their abuse histories with me, 4) colleagues who work with clients who describe such victimization, whose work I know through consultation, professional listservs, professional writings, and conference presentations. The content of this chapter is my current synthesis of information obtained through these sources.

The psychological mechanisms by which the cycle of extreme abuse is perpetuated within victims and across generations can be understood as being derived from two sources:

1. **Organic internal psychological mechanisms.** Victims of extreme abuse experience many naturally-occurring, organic psychological adaptations and defenses that create enduring psychic structures that yield long-term suffering, harm to self, and sometimes, harm to others.

Children’s primary naturally-occurring, organic, adaptive and defensive response to extreme abuse is the formation of dissociated self-states. As extreme abuse is inflicted, dissociated self-states form organically to distribute the physical and psychological pain that would be too much for any single consciousness to bear. After the abuse, the memories of this abuse remain sequestered in these dissociated self-states because normative-life, “fronting” self-states could not tolerate the memories of this abuse without being in a constant state of panic and anguish. Formation of dissociated self-states is a protection against insanity. It allow victims to maintain some functionality. It is especially necessary when the abusers are family members, the very people on whom the child depends.

2. **Systematic externally-applied manipulations.** Abusers systematically abuse and psychologically manipulate victims’ dissociated self-states in efforts to develop internal psychological mechanisms to control victims’ behavior long-term. This highly systematic form of abuse has come to be known in the field of complex developmental trauma and dissociation as mind control programming.

In mind control abuse, extreme abusers systematically inflict abuse on children to induce multiple dissociated self-states to form. They then use a number of psychologically-complex strategies to develop these self-states to perform a) internally, to maintain status quo in the inner world of self-states, and b) externally, interfacing with the outside world, in ways that serve the agendas of the abuser network.

The strategies used by mind control abusers to develop these self-states can be classified into a number of subtypes: 1) conditioning – operant, classical, and fear conditioning, 2) deception, 3) hypnosis, 4) coerced perpetration, 5) manipulation of identification with the aggressor, 6) manipulation of attachment needs, 7) deprivation of basic needs, 8) direct terrorization, 9) indoctrination/enculturation into the abusers’ beliefs and agendas, 10) spiritual techniques, 11) skills training, and, 12) formal programming, that is, the application of numerous mind control strategies to construct inner landscapes to sequester victims’ dissociated self-states internally and to control the relationships between them to set victims up against themselves.

In the fields of complex developmental trauma and dissociation, externally-applied mechanisms are generally less recognized than organically-formed psychological responses to extreme abuse, even by seasoned psychotherapists. My presentation seeks 1) to make externally-applied manipulations better-understood to help psychotherapists recognize when they are impacting our clients, 2) to understand how these mechanisms operate largely independently of the conscious awareness, control, and volition of normative-life self-states, and 3) to be more able to direct treatment approaches to helping victims gain conscious access to memories of mind control abuse and the affected dissociated self-states, in order to be empowered to do the work to overcome these controls.

First, I will elaborate a bit on the above-mentioned twelve strategies that mind control abusers use to develop self-states to serve their agendas. Then, I will describe how the cycle of abuse is perpetuated internally, and sometimes in abuse of others, through both: 1) organic, naturally-occurring, psychological mechanisms, and 2) systematic externally-applied psychological manipulations.

## **II. Mind Control Strategies**

The purpose of distinguishing among the following subtypes of mind control strategies is to make each form understandable in terms of well-established psychological mechanisms, and thereby, more manageable as victims and their psychotherapists work to overcome mind control’s harmful effects.

### **A. Conditioning – Operant, Classical, Fear Conditioning, and Combined Forms**

Conditioning victims’ thoughts, behavior, etc., may be the most common method of “installing” mind control. It usually includes abuse or torture. It is applied in three forms, as follows:

1. **Operant Conditioning.** In operant conditioning, abusers apply punishment and reward to shape the thoughts and behavior of designated dissociated self-states. Commonly, specific self-states are rewarded for forgetting the abuse, while other self-states are set-up to attempt disclosure of the abuse and are then punished.

2. **Classical Conditioning.** In classical conditioning, abusers pair an unconditioned stimulus with the stimulus that they seek to condition in order to evoke a conditioned response to the new applied stimulus alone. For example, designated self-states are tortured, then drugged and stimulated to induce sexual pleasure, to pair pain with sexual pleasure.

3. **Fear Conditioning.** Fear conditioning is a form of classical conditioning in which a fear-inducing stimulus becomes paired with a newly-applied stimulus. For example, abusers torture a self-state in a particular way while playing a particular song. Later, the abusers need only introduce the song to induce this self-state to re-experience this torture. The fear and pain will tend to “spill over” into normative fronting self-states, who may feel compelled to perform particular behaviors with no idea of the source or reason. (See Joseph Le Doux, *The Emotional Brain*, 1996, on fear-conditioning.).

## **B. Deception**

Deception may be the second most commonly-applied strategy to install mind control. Deception includes use of lies, trickery, illusions, projected images, film, virtual reality, holograms, staged scenarios, actors, set-ups, etc., to cause designated self-states to perceive feigned events to be real. A very common practice is to trick designated young self-states to believe that a monitoring device, such as an all-seeing eye or mind-reading microchip, has been implanted in the brain. Another common strategy is to use impersonators to cause children to distrust potential helpers.

## **C. Hypnosis**

Hypnosis is another mainstay of abusive mind control. Abusers use hypnotic suggestions and commands to “install” thoughts, perceptions, etc., in designated dissociated self-states. Abusers commonly combine deception and hypnosis and both strategies rely on exploitation of victims’ suggestibility. Young victims are naturally suggestible. Torture victims are also suggestible because torture sharply focuses victims’ attention on the demands of the abusers who control the setting, their abuse, and their survival. Hypnosis is used to make victims believe in the magical power of their abusers and malevolent deities, that dangerous things reside in their bodies, that designated self-states are fictional media characters and possess their traits, and so much more.

## **D. Coerced perpetration**

Coercion of victims to harm and kill other victims is another mainstay of abusive mind control, especially within ritualistic abuse and production of child abuse materials. It is accomplished easily through unendurable torture and Machiavellian set-ups. Electroshock is particularly effective because abusers can inflict shock with hand-held devices as they direct victims to harm other victims. It is a highly effective in manipulating victims to feel irredeemable, like accomplices, and unworthy of any relationships outside of the abuser network, thereby entrapping and silencing them for decades.

## **E. Manipulation of identification with the aggressor**

“Identification with the aggressor” is a naturally-occurring, defensive adaption to unbearable feelings of helplessness, horror, and fears of annihilation that victims suffer within extreme abuse. The mind

naturally longs to be “top dog” to “undo” the experience of being “under-dog.” Mind control abusers systematically manipulate victims’ rage and need for power to develop self-states who will: 1) behave like the abusers in the inside world to control and police other self-states, 2) perform criminal functions for the abusers in the outside world, and 3) become future leaders of their abuser network.

## **F. Deprivation of basic needs**

In extreme abuse, deprivation of basic needs often begins in earliest infancy, and is regularly used as a strategy thereafter. It includes extended periods of starvation, thirst, sensory deprivation, lack of physical touch, social isolation, exposure to hot, cold, etc. It seeks to squelch the development of any subjectively-experienced sense of self, to extinguish all personal volition, and to prime the victim to deeply orient to the demands imposed by the abuser, including hypnotic suggestions and directives.

## **G. Manipulation of attachment needs**

Abusers systematically develop bonds between themselves and designated dissociated child self-states. Typically, they deprive victims of sustenance, touch, warmth, etc., sometimes until the brink of death. Then, they subject them to abuse, and/or require that they agree to something intolerable, or other strategies. Then the abuser rescues the child and tells the child things like: “Only I love you,” “Noone else ever will,” “My [deity] saved you,” “Your God has forsaken you,” etc. Further strategies are used to destroy existing attachments to people who provide protection or care.

## **H. Direct terrorization**

Direct terrorization includes threats to kill victims and loved ones. It is standard practice in violent and organized crime. It does not necessarily rely on victims having dissociated self-states. However, terror-stricken children tend to relegate such threats to dissociated self-states. One threat to kill a protective and loving adult can effectively secure silence and compliance from a child for decades.

## **I. Indoctrination/enculturation into the abusers’ beliefs and agendas**

Many abuser networks have political and/or spiritual ideologies. Some networks seek world power through elimination or enslavement of people, or kinds of people, other than themselves. Some networks practice abusive rituals through which they believe they can achieve immortality. Some abuser networks only feign spiritual beliefs, such as invoking demons, to intimidate their victims. These abusers indoctrinate designated self-states into their secret ideologies, enculturating them into their social structure, beginning in early childhood. This is much like the “group think” of many cults (Janis, 1972), but, in the case of mind control, this indoctrination is confined to particular self-states.

## **J. Spiritual abuse**

Many abuser networks seek spiritual control of their victims’ minds and spirits, and/or seek to cause their victims to believe that they are spiritually controlled, even if they themselves believe this to be illusory. As described before, the abusers terrorize their victims into believing that their lives depend on the deities that they worship and that a loving God has forsake will surveil, control, and harm

them – internally, from afar, and even for eternity – if they do not fully submit to their directives.

## **K. Skills training**

Beginning in childhood, abusers train victims in skills and knowledge needed to sustain and conceal their criminal operations, such as technology, weaponry, medicine, foreign languages, etc. Reward and punishment are used to expedite this training. Each skill is usually confined to a separate self-state to give abusers exclusive access to these resources and to limit victims' access to their skills.

## **L. Formal programming.**

Formal programming is the application of numerous mind control strategies to construct inner landscapes to sequester victims' dissociated self-states internally and to control the relationships between them in order to set victims up against themselves. This is accomplished primarily through the use of illusions and hypnosis to “install” the perception of “structures” in the victim's mind. These structures confine, control, sequester, and conceal dissociated self-states from each other. Dissociated self-states subjected to formal programming usually perceive themselves as trapped within, behind, or attached to these structures, often reliving the torture used in their mind control.

I will now describe ways by which both organic, naturally-occurring, psychological mechanisms, and systematic mind control strategies perpetuate the cycle of abuse within victims and in harm to others:

### 1. Victimization in Adulthood:

- A. Ongoing abuse/victimization
- B. Later re-victimization
- C. Other abusive relationships

### 2. Self-harm:

- A. Suicidality
- B. Self-injury
- C. Substance abuse
- D. High-risk behavior and self-sabotage, e.g., poverty or homelessness.

### 3. Harm to Others:

- A. Coerced Perpetration
- B. Harm to others
- C. Abuse of one's own children – intergenerational transmission

### 4. Sexual Development:

- Sexual re-victimization and Lovemap of sexual victimization
- Sexual perpetration and Lovemap of sexual perpetration

### **III. Victimization in Adulthood**

In extreme child abuse, three forms of victimization in adulthood perpetuate the cycle of abuse:

1. Ongoing abuse: Child abuse that is ongoing into adulthood
2. Re-victimization: Later victimization by the original abusers and other abusers
3. Other abusive relationships: Victims enter into adult relationships that are abusive.

#### **A. Ongoing Abuse**

To my knowledge, the literature on “ongoing abuse,” i.e., abuse that begins in childhood that continues into adulthood, comes largely from two sources:

1. The work of Warwick Middleton, MD, Australian psychiatrist, on incestuous child abuse by fathers or step-fathers that continues into adulthood. (See: Middleton, 2013a, 2013b, 2015, 2023; Middleton & Butler, 1999; Middleton, Sachs, & Dorahy, 2017; Middleton, 2023.)
2. The literature on extreme abuse networks that are more systematic and sophisticated in the psychological manipulation of victims’ dissociated self-states to control victims’ behavior long-term, i.e., abusive mind control. This includes victimization within ritualistic abuse, production of sadistic child abuse materials, sex trafficking, and other organized abuse. See: Becker, Karriker, Overkamp, & Rutz, 2007; Canadian Centre for Child Protection, 2016, 2017; Lacter, 2011; Miller, 2012; Noblitt & Noblitt, 2014; Salter, 2017; Salter & Whitten, 2021; and Sinason, 2018.

The work of Dr. Middleton describes many organic, naturally-occurring, mechanisms that perpetuate the cycle of extreme abuse, as well as some relatively simple mechanisms applied with abuser intent.

In 1998, Warwick Middleton and Jeremy Butler studied the clinical profiles and abuse histories of 62 patients who met full diagnostic criteria for Dissociative Identity Disorder (DID). Thirteen percent reported continuation into adulthood of incestuous sexual/physical abuse that began in childhood.

In 2013, Middleton (2013a) reported on 10 of his female psychotherapy patients who were sexually abused by their fathers or step-fathers as children and whose incest had continued into adulthood.

Also, in 2013, Middleton (2013b) reported on 44 cases of ongoing incestuous abuse in adulthood from 24 countries that appeared in English-language press accounts from 2007 to 2012. The cases described in the 44 cases in the press accounts had comparable features to those of his 10 patients.

Middleton’s analysis of his 10 cases (2013a, 2023) offers great insight into the mechanisms that perpetuate incestuous abuse into adulthood and how this abuse often spans generations in families.

Key findings include:

1. In addition to the sexual abuse by fathers or step-fathers (I will refer to “fathers” for convenience), eight women reported abuse by grandparents, six by uncles, and four by brothers. Eight reported exploitation in some form of child prostitution.
2. The abuse was highly sadistic. Seven had physical injuries that warranted surgery and seven had internal genital injuries.
3. All women reported that their mothers witnessed the abuse by the father. Seven reported that the mother was directly involved. No mothers reported the abuse to the authorities.
4. The women reported that the average age of onset of the abuse was 2.7 years, progressing to full intercourse by 3.8 years, with a mean duration of 31 years.
5. All of the women had Dissociative Identity Disorder (DID). Some had a large number of identities. Middleton argues that DID is a child’s natural and inevitable response to extreme abuse, as in the case of incestuous abuse that is ongoing into adulthood.
6. The women had little sense of self. Eight of them reported that they felt “fused” with their fathers. Nine described feeling that their body did not belong to them. They internalized their fathers’ blame and shame for the abuse inflicted on them.
7. The women felt controlled internally by father introjects. Some heard their fathers’ characteristic commentaries in one or more of their self-states. Some fathers told their daughters that they lived inside of them because they had placed their semen in them. “All of them had an introjected version of their father as one of their alters.” (2013a)
8. The abusers typically induced orgasmic responses in victims by age six, and controlled their orgasmic responses long-term. Manipulation of victims’ sexuality caused them to form enduring sexualized attachments with their abusers. In cases of emotionally barren families, this sexual bond was the only attachment the child formed.
9. Terrorization was a significant mechanism of control. Nine women reported death threats. Eight reported use of guns to threaten or intimidate. The women also reported escalations in violence in response to their efforts to disclose the abuse to the authorities or establish independent residences.
10. Of the six women who had children, four strongly suspected that their fathers had sexually abused at least one of them. Seven of the women reported that their fathers forced them to have sex with their offspring or with another young relative.
11. Eight of the women described that their fathers recognized that they had dissociated identities and deliberately used code words or names to induce them to “switch” into



complaint child self-states. Middleton (2023) provides the example of Harriet. One of her self-states wrote in childlike script: “I am 9. I came cos Daddy said I was his slave girl who did things that other parts are not allowed to know about. He doesn’t do this stuff with the others. I am special.” (p. 228)

12. Eight women described that their fathers took an active role in “creating” and naming new self-states. Middleton (2023) speculates that these abusers may have induced new self-states to form with the intention of conditioning them for long-term compliance and silence.
13. Eight women had a history of serious suicide attempts. Nine self-injured their genitals.
14. The women were prone to re-enact their victimization, e.g., to seek out abusive partners.
15. Seven women reported that, at some point, one of their abusers pressured them to commit suicide, e.g., if they involved the authorities, if the fathers were close to death, etc.
16. Nine of the women reported that their fathers had a dysfunctional childhood. Three women believed that her father was a victim of incest. Some fathers used their own histories of abuse to rationalize their abuse to their daughters (2023).
17. Three women reported evidence of DID in their fathers. Only two women expressed confidence that their fathers did not have a condition like DID.

Dr. Middleton’s well-documented research on ongoing abuse sheds light on critical under-recognized subjects that propel the fields of child abuse, trauma, and dissociation greatly forward, including:

1. the highly sadistic and brutal nature of much child abuse
2. the frequency with which child abuse extends into adulthood
3. the frequency of ongoing abuse in people who suffer Dissociative Identity Disorder (DID)
4. the perhaps inevitable development of DID in child abuse that is ongoing in adulthood
5. the failure to develop sense of self, personal volition, and feeling “fused” with the abusers
6. the powerful effects of terrorization in controlling child abuse victims, even life-long
7. the capacity of abusers to induce sexual attachments in their victims, and sometimes in particular dissociated self-states
8. the capacity of abusers to intentionally exploit their victims’ dissociated self-states
9. that some abusers have enough psychological sophistication to know how to induce new self-states to form in their victims and to exploit these
10. patients with severe or frequent self-injury and/or suicidality should be assessed for ongoing abuse; escalations in self-harm should be assessed for renewed abuse
11. how these factors contribute to the perpetuation of the cycle of extreme abuse and the intergenerational transmission of abuse in families

Dr. Middleton’s research is mainstream in the study of trauma and dissociation, including a number of articles published in professional journals and chapters in edited books, where the impact is great.

However, we must add our knowledge of even more extreme abuse to Dr. Middleton's findings of ongoing abuse into adulthood. Substantial evidence exists of larger abuser networks that are more systematic in their psychological manipulation of victims' dissociated self-states (references just above). This literature offers a greater and deeper focus on the following elements of extreme abuse:

1. Larger abuser networks that include multiple extended families and/or non-family abusers
2. Abuser networks that primarily inflict torture-level abuse, including near-death torture
3. More systematic and psychologically-sophisticated manipulation of victims' dissociated self-states, i.e., abusive mind control, to gain long-term or life-time control
4. The formation of highly complex "systems" of hundreds or even thousands of self-states, usually with one or more self-states that function in normative life and other systems of dissociated self-states that function within the operations of the abuser network
5. Self-states highly conditioned to execute programmed behaviors with automaticity, outside of the conscious awareness and against the will of fronting normative-life self-states
6. Self-states who experience themselves as stuck in the original sites of their abuse, in the inner world, and reliving the abuse and torture inflicted on them. These self-states continue to perform the functions for which they were trained, such as reporting in to the abusers regularly, bringing the victim to abuser events as directed, preventing fronting, normative self-states from recalling or disclosing the abuse, etc. If the victim fails to obey, the physical and emotional torment of these self-states "seeps in" to fronting self-states. Additionally, the abusers can use codes, signals, etc., to activate these self-states to re-live their abuse to punish them and torment fronting self-states.
7. Systematic deprivation to obliterate the development of any sense of self in victims, to prevent the development of any wish-based psychic structure (Henry Krystal, 1988). Henry Krystal (1988), an early psychoanalytic traumatologist, observed that individuals with severe or early trauma have a "psychic hole" (p. 482), which often produces alexithymia in place of the capacity for symbolization and psychic representation, including language, associated deficits in "wish-fulfillment fantasy" (p. 476), and the "ability to carry out self-caring, self-soothing, and self-regulating functions" (p. 477). He wrote: "The patient, formerly suffering a psychic 'hole', has to be helped (at some risk) to convert the absence of psychic representation to a wish-based psychic structure." (p. 482)
8. Systematic use of spiritual/religious beliefs and practices in ritualistic abuse
9. Systematic use of coercion of victims to harm and kill other victims, especially within ritualistic abuse and in the production of sadistic child abuse materials, motivated by sadism and to induce victims and designated self-states to believe themselves to be evil, accomplices, murderers, and unworthy of affiliations outside of the abuser group

10. Systematic use of deception, illusions, and hypnosis, to “install” mind control
11. Systematic manipulation of victims’ dissociated self-states to activate them to feel compelled to self-injure or commit suicide in response to any disobedience, such as failing to report their activities to their abusers, attend abuse events, etc.
12. Use of “formal programing,” that is, the application of mind control strategies to construct inner landscapes and psychic structures to sequester victims’ dissociated self-states internally and to control the relationships between them.

All of these elements allow these abuser networks to abuse their victims well into adulthood, often life-long. In these cases, a system of dissociated self-states is reporting in regularly by phone, email, etc., and these self-states are actively being victimized and programmed in the early morning hours, on holidays, etc., while normative-life, self-states are not aware that any of this is happening.

In many cases, victims are married to other members of the abuser network without the knowledge of normative-life self-states. In ritualistic abuse, young child victims are often married to each other in abusive rituals to bond them to each other emotionally and sexually in the short- and long-term. In adulthood, they may be legitimately married to each other. Or they may each have other spouses in their normative lives, while remaining a married pair within the activities of the abuser network.

Ongoing extreme abuse in adulthood was a finding statistic in *The Extreme Abuse Survey* (EAS). This survey was posted on the internet in 2007 for adult survivors of extreme abuse, including, but not limited to, ritual abuse and/or mind control (RA/MC) (Becker, Karriker, Overkamp, & Rutz, 2007). There were 1471 people from at least 40 countries who responded to at least one item.

This survey included an item, “I am currently being accessed/abused by RA/MC perpetrators against my will.” Of the 983 people who responded to this item, 147 (15%) indicated *Yes*, 653 (66%) indicated *No*, 142 (14%) indicated *Don’t Know*, and 41 (4%) indicated *N/A*.

Many survivors and many therapists who have expertise in extreme abuse have observed that this number is actually much higher. It is not at all uncommon for individuals to enter therapy recalling only some of their abuse and believing themselves to be safe, only to discover after quite some time, sometimes years, that their abuse was much more extensive, and in many cases, still ongoing.

In some cases, survivors discover that their therapists are members of their abuser network, and have been re-programming dissociated self-states during therapy to keep them under abuser control.

## **B. Revictimization**

Victims of extreme childhood abuse may break away from familial abusers for some time, but return later to be victimized again. They are also at risk for abuse by strangers. Re-victimization is often the result of psychological mechanisms that developed organically as abused children. It can also be the product of prior mind control, in which case, normative, fronting self-states may re-contact abusers without knowing why, or may “lose time” as other self-states behave as previously programmed.

1. Organic psychological mechanisms originating in extreme abuse that cause victims to return to their abusers and/or be re-victimized by others, include the following:

a. Many victims dissociate the memories of their child abuse and seek to maintain some connection to their family-of-origin. At family gatherings, when abusers behave in sexually inappropriate or aggressive ways, normative self-states often have a “blind-spot” for the unacceptable nature of such behaviors. The family may also normalize such behaviors: “You know how Daddy is.” At the same time, self-states who developed as children to navigate the abuse may switch into executive control as they did in childhood and once again be abused, while normative self-states remain unaware.

b. When extreme abuse includes primary attachment figures, as it usually does, the child develops attachment models that include internal representations of self and other based almost exclusively on meeting abusers’ needs and wants and dissociating from one’s own needs and experiences. This is a survival mechanism. The result is that the abusers take up the majority of the victim’s psychic space. Whatever remains of the “true self” submerges, leaving a “psychic hole,” the absence of a wish-based psychic structure. A shell-like “false self” forms to interface with the outside world focused on fulfilling the abuser’s wants and needs (Gurevich, 2015). The child has very little subjective sense of self, that is, barely any awareness of their own physical and emotional needs, thoughts, etc. When the abuse includes radical deprivation in infancy, the loss of self is even more profound. These children grow up to be victims who focus almost exclusively on the needs of the abusers and others and are highly prone to comply with any demand or request made by their abusers to renew contact, etc.

c. Related to the above, victims generally feel responsible for their abusers’ emotional and physical well-being. If an abuser asks something of them, has become ill, needs help, wants to meet the grandchildren, etc., the victim is likely to feel compelled to comply. If the victim does not acquiesce, the victim is likely to experience feelings of guilt and shame. What victims do not usually realize is that beneath the guilt and shame, on a less conscious level, perhaps within specific dissociated self-states, is that they are terrified of dangerous retaliation for not submitting to their abusers’ wishes. Clearly, this is one way that the next generation of children are placed at risk.

d. Even victims who remember their childhood abuse can experience deep longings to re-connect with abusive family members. The pain of loss of a parent’s love, even if it was never actually given, is devastating. Child self-states can have particular difficulty accepting this loss.

e. Many victims of extreme abuse have trouble functioning independently due to their posttraumatic symptoms, etc., They may develop addictions. They may become dependent on abusive parents

2. Mechanisms within mind control (systematic externally-applied mechanisms) that cause victims to return to their abusers and/or be re-victimized by others, include the following:

a. Mind control abusers generally “program” designated dissociated self-states to act like “sleeper agents” to be activated at a particular later age, “call-back” date, or when cued by a programmed stimulus, such as hand signals, coded words, images, etc., in emails, greeting cards, voicemails, etc.

The following example of a victim responding to a programmed “call-back” date is from the book,

*The Magic Castle* (1998), written by Carole Smith about her adopted son, Alex. Carole adopted Alex when he was 10 years old. He had severe psychological symptoms, including self-hatred, violence, and toddler-like tantrums. Smith had tremendous difficulty finding the right help for Alex, a struggle very familiar to protective parents and survivor-victims. Smith finally found a psychiatrist who recognized that Alex had multiple self-states formed within ritualistic abuse and “brainwashing.” Despite this appropriate therapy and having a loving, protective adoptive mother, Alex returned to his abusers to attend a ritual on his 17<sup>th</sup> birthday. Many survivors report that the “highest” holiday is the victim’s birthday. After this event, Alex returned home to Smith and was able to describe the complex abuser machinations that began at age seven that compelled his attendance at this ritual:

[Alex describing to Smith what happened at age seven years] They had a cult meeting that night in honor of my birthday. I saw my sister Debra and Uncle Ralph. The leader got up and talked to everyone about me, how I’d proved myself worthy to be a Prince of Satan and about my destiny in the cult. He made a big deal about giving me the name *Goldstem*.

They started the stuff about returning to the cult in exactly ten years. No matter where I was or what I was doing, I was supposed to return to the cult on the seventeenth birthday. Lee [a strong self-state who took much of the abuse] wouldn’t cooperate. He didn’t really rebel. He just got stubborn and refused to swear allegiance to Satan. The leader had already made this big speech about me, so he got mad and told me I was going to belong to Satan one way or another....

[Smith explaining about Alex] His face darkened and the words spilled out. “It’s what they did on the birthday. They held Lee down and pulled off his pants. He was kicking and screaming. Everybody watched... while the uncle took a branding iron and branded him. There [penis]. With the sign of Satan. The pentagram.”... “Even Lee couldn’t handle that. He wanted to die. He wanted to kill himself.”

... “a few months later, they convinced Lee to go along with it. There was another ceremony. This time, he swore allegiance to who they said was the only true God. He faithfully promised to obey Satan and to dedicate his life to his service. He vowed to return to the cult on his seventeenth birthday. ...

“At the hospital [where Alex was in psychiatric treatment as he was turning seventeen], when the birthday came, I didn’t want to go to the cult. I tried to resist. I tried to fight Lee and he threatened to kill me. He said he was going to get the others to help him... Lee didn’t really want to hurt me. He thought my life depended on him. He thought he was saving me by forcing me to go back to the cult. He really believed they would kill me if he didn’t.” (pp. 256-258)

b. Some extreme abuse networks, by design, allow young adult victims to have time apart from their network to marry, get an education, build a career, and have children. Unbeknownst to the normative self-states who build these careers, victims’ career paths are often actually chosen by the abuser network to eventually serve a function for them. As in the case of Alex, designated self-states are programmed to return to the abuser network at a particular age when their careers will be exploited.

c. Extreme abuse networks may arrange for victims to later meet and marry other members of the network to again get them under their control and to exploit them.

d. In some cases, victims consciously break free of familial extreme abusers for many years, but are then terrorized, death threats, etc., or legally coerced, into giving their abusive parents contact with their own children. In some cases, abusive grandparents file false, malicious reports of child abuse against their adult children in an effort to get their grandchildren placed in their care. In legal proceedings, if a parent alleges extreme abuse, particularly ritualistic abuse, against a grandparent, a spouse, etc., courts often determine that the parent is delusional and give custody of the children to the grandparent, spouse, etc., and severely restrict contact between the alleging parent and children.

e. Victims of ritualistic abuse may feel compelled to return to their abusive families-of-origin when one of the leaders of the abuse network is dying. For example, abusers indoctrinate designated self-states particular to believe that they must come to the side of particular abusers as they are dying to receive a “transfer” of the abuser’s spirit. These children are taught that their bodies are vessels that can hold abusers’ spirits until the predicted end times when the abuser will achieve immortality.

### **C. Other Abusive Relationships**

Adult victims of extreme abuse often become involved in abusive interpersonal relationships outside of their abuser network(s).

1. This is organically driven by a number of well-known psychological mechanisms, including:

a. Victims who lack experience with kind and reciprocal relationships can tolerate, or fail to identify, mistreatment from partners that non-abused people would not allow.

b. Victims often lack awareness of their own needs, wants, etc.— the lack of a wish-based psychic structure. They submit to the needs and wants of others, even when others are unkind or dangerous.

c. Victims may believe, consciously or driven by dissociated self-states, that they are bad, “evil,” unworthy of love, deserving of punishment, etc. Their self-hatred and shame may cause them to feel guilt, anxiety, and fear of loss, if they are treated well, causing them to gravitate toward partners whom they feel justifiably mistreat or punish them.

d. Victims may unconsciously fear benevolent partners because this is so unfamiliar, so hard to trust as genuine. They fear that if they let their guard down and open their hearts, their partners will eventually show their true colors and break them. They are always waiting for the other shoe to drop. They feel more comfortable with abusive partners than with partners who are benevolent. Like the old Irish proverb says: “Better the devil you know than the devil you don’t know.”

e. Victims often unconsciously re-create the abusive relationships they endured as children. This can be driven by self-states who are seeking a means to express the pain of their abuse to someone, even to an abusive partner, or to normative self-states. Until the abuse driving such enactments becomes known, victims often endanger themselves as abuse memories find behavioral forms of expression.

2. Mechanisms within mind control (systematic externally-applied mechanisms) that cause victims to enter into abusive relationships include the following:

- a. Designated self-states may be programmed to make sure the victim is always suffering or abused. Other self-states may be programmed to regularly report in to the abusers. If the victim is not in enough pain, the abusers may signal designated self-states to punish the victim by abusing them in the internal world, or may activate other self-states to self-injure or cause the victim to feel suicidal.
- b. Designated self-states may have programmed to ensure that the victim always lives a marginalized life, has no supportive relationships, etc., in order to ensure that the victim never has enough social support or economic power to build a safe life, or to be judged to be credible if they were to ever report their abuse to the authorities.
- c. Victims may be programmed to live alone in order to make them more accessible to the abusers.

#### **IV. Self-harm**

Victims of extreme childhood abuse engage in many forms of self-harm, based in both naturally-occurring responses and systematic psychological manipulations – mind control. I will now examine how both of these mechanisms come into play in regard to suicidality, self-injury, high-risk behavior and self-sabotage, and substance abuse.

##### **A. Suicidality**

Victims of extreme abuse suffer frequent, if not constant, states of suicidality.

Suicidality in children is often an indicator that the child is being abused (Selph & McDonagh, 2019). Frequent or high-risk suicidality can indicate that the child is suffering extreme abuse. In extreme abuse, suicidal actions may originate in dissociated self-states and occur without warning, as in suddenly darting out in front of traffic, jumping from dangerous heights or moving vehicle, etc.

While suicidality is a naturally-occurring response to extreme abuse, suicidal impulses and actions also commonly originate in programming of designated self-states to self-destruct if they fail to follow abuser directives, when they no longer serve a purpose for the abuser network, and more. “Fronting” self-states often feel suicidal with no awareness that dissociated self-states under mind control are at the helm. When survivors and therapists understand that mind control often drives suicidality, that awareness can facilitate regulation of the suicidal impulses and exploration of the source. For example, survivors can reflect upon whether they truly wish to die, or if the impulse feels ego-alien. That awareness, in itself, can diminish the impulses and risk. That awareness is also the first step toward self-reflection that can lead to discovering the mind control strategies inflicted on designated self-states, and the work to overcome the psychological manipulations – the mind control.

1. Organic psychological mechanisms originating in extreme abuse that cause victims to have suicidal impulses and take suicidal actions include:

- a. Victims may suddenly take suicidal actions when they have flashbacks of terrifying abuse, in an effort to escape the abuse they are reliving in the flashback, before they can orient to the present.
- b. Victims of extreme abuse suffer from chronic, complex, Posttraumatic Stress Disorder (PTSD). The associated stress, emotional depletion, shame, anhedonia, posttraumatic sleep disorders, fatigue, hopelessness, difficulty functioning etc., often cause secondary extreme depression and suicidality.
- c. Victims of extreme abuse are often suicidal to punish themselves for the harm they were coerced to do to other victims within their abuse. This impulse often originates in the dissociated self-states who were forced to harm others and who believe themselves to be evil and irredeemable, while the fronting self-states only know that they hate themselves, believe they are bad, etc. When “fronting” self-states recall that they were forced to harm other people, the suicide risk can be very high.
- d. As discussed above, victims of extreme abuse, especially involving primary attachment figures, develop internal representational models based on internalizing the needs and wants of the abuser and denying their own wants, needs, and experiences. They internalize the abusers’ hatred and feel themselves worthy of this hatred. The abusers’ hatred becomes self-hatred and evokes suicidality.
- e. Familial extreme abuser make their children feel unwanted, hated, and unworthy of love. They convey, directly or indirectly, a wish that the child did not exist, would be gone, or be dead. In my clinical experience, this is a high risk factor for suicidality in children. These children will do anything to please their parents, to win their love and approval. I believe that they often emotionally reason that they may win their parents’ love by removing themselves from their lives. Rosenthal, Rosenthal, Doherty, and Santora (1986) evaluated nine preschoolers, ages 3 ½ to 5 ½, one girl and eight boys, with suicidal behaviors who were in an inpatient hospital. Tishler et al (2007) summarize the findings: “Six of the nine children were initially unwanted by their parents, seven had been neglected or abused, and five had experienced intense anger displayed toward them by a parent.” See the literature on the “expendable child syndrome” (Sabbath, 1969, Woznica, & Shapiro, 1990).

2. Mechanisms within mind control (systematic externally-applied mechanisms) that cause victims to feel suicidal and take suicidal actions are illustrated in the following examples.

a. In 2008, I and four colleagues, Wanda Karriker, Ph.D., Tom Ball, Ed.D., D.Min., Valerie Sinason, Ph.D., and El Somer, Ph.D. conducted a preliminary study of fully-credentialed psychotherapists who reported histories of ritualistic child abuse: *Beneficial and Detrimental Treatment Approaches: Therapists Reporting Histories of Ritual Abuse Trauma Preliminary Study* (2012).

One question asked about self-harm programming. Participant M.R. described how her abusers torture-conditioned specific self-states to accelerate in response to red lights and to brake at green lights. Other self-states had the task of activating these programmed self-states when they failed to comply with abuser directives. Here are some of the details she shared about how this was inflicted.

I was 19,... I was tortured in a chair ... wired to a stop light... I was instructed to press the brake on the green light and press the accelerator for the red light. So, you end up with



confusion as I got close to the memory, ... for a while I was really unsafe around driving.

At this point, I had to ask M.R. to repeat some inaudible words. M.R. explained:

I have a lisp as I talk about some of my traumas, ... I think it's from the electrical torture. My tongue gets very thick. So, that's some of what's happening.

I asked M.R.: "What was their purpose of having you do the opposite of what keeps you alive?"

If I started to remember, somehow I would begin to get confused with the lights. And the Jane part of me really understood that, that it was important to keep Melanie [her host] from remembering, or to keep Melanie from getting close to any of this because Melanie would die and then we would all die.

Still somewhat confused, I asked M.R. to provide further clarification post-interview. She wrote:

Jane was electro-shock torture-conditioned to press the accelerator on red and the brake on green. Once this was automatic for her, her programmer said to Jane, "Melanie can never know what happened earlier tonight because she drives a car all over this city. If you get too close to Melanie, then she won't drive safely and you and she will die, so stay away from her." ...then he instructed Jane, "If anyone asks, Melanie has been eating strawberry ice-cream tonight."

b. In this next example, a victim planned to relocate with a friend to a distant location. When the abusers next accessed the victim, they tried to program him to prevent this. They called forward a compliant self-state, strapped the victim in a seat rigged for virtual reality, and drugged him to heighten suggestibility. They made him believe he riding in his friend's car. Then, they ordered him to open the passenger door and jump out. He resisted, so they shocked him. Next, they showed the car traveling faster and ordered him to jump. He resisted, and they shocked him again. In short order, he was fear-conditioned to jump from the car on command and rewarded him with praise. This progressed until they made him believe that he was riding on the highway that he and his friend would take on their trip and they commanded him to jump out of the car when it reached 70 mph.

c. This next example illustrates both naturally-occurring and mind control strategies that induced dangerous suicidality. Unbeknownst to both protective parents, their three children had been ritually abused since birth by extended family members. At the age of 13 years, the oldest child began to be able to disclose the abuse. The parents stopped all contact with the abusers and the children were finally fully protected. All of the children had dangerous suicidal behaviors prior to disclosure and for two years post-disclosure. These behaviors included sudden attempts to: 1) jump from high places, 2) jump in front of moving cars, 3) jump out of moving cars, and 4) force the parent who was driving to crash the vehicle with all of the children in it. These behaviors were based in sudden activation of terrifying flashbacks and the abusers having made designated self-states believe that the parents were part of the abuser group.

## B. Self-injury

Self-injury is a common response in victims of extreme abuse driven by both organic and abuser-inflicted psychological mechanisms, and sometimes a combination of both.

1. Organic psychological mechanisms originating in extreme abuse that cause victims to have impulses to self-injure and to actually self-injure include the following:

a. Genital self-harm is a very common response to extreme abuse. In some cases, victims blame their genitals for the sexual abuse inflicted on them and seek to punish them. Victims may also try to cut their genitals out, based in childlike emotionally reasoning, “trance logic” (McConkey, Bryant, Bibb & Kihlstrom, 1991), that they might be more safe from harm if they no longer had genitals. In one case, a victim put sharp objects in her genitals to try to harm her abusers if they raped her again.

b. Victims may abuse themselves in anticipation of their abusers hurting them, unconsciously reasoning that if they do it first, they may appease their abusers and prevent further or worse assault.

c. Counter-phobic defenses can drive self-injury. Victims inflict pain and injury on themselves in an unconscious effort to overcome their fear of being abused, to train themselves to endure anything.

d. Identification with the aggressor. Victims often injure themselves in the same way that their abusers injured them because they internalize their abuser’s hatred as deserved, identify with the abuser rather than the self, and inflict the identical abuse on themselves. Lahav, Talmon, Ginzburg and Spiegel describe some of these complexities of identification with the aggressor in their article: *Reenacting Past Abuse– Identification with the Aggressor and Sexual Revictimization* (2019):

As a result of the introjection of the perpetrator’s aggression as well as the perpetrator’s experience regarding the abuse, the child may deny, minimize or rationalize the abuse and even experience the pleasure that the perpetrator derives from it, while doubting his/her own perception of reality (Ferenczi, 1932). As described by Anna Freud (Freud, 1936), the child may also take on the perpetrator’s aggression, and behave aggressively towards the self and others. Introjection of the perpetrator’s experience of the “other”, enables the child to learn who the perpetrator wants him/her to be and how precisely to appease, seduce, flatter, placate, or disarm the perpetrator (Ferenczi, 1932, 1933; Frankel, 2002). In this way, the child’s self-state which identifies with the aggressor is no longer resistant or hateful, but feels for and understands the perpetrator. This identification may also reduce anxiety by giving the child a false sense of control over the behavior of the abuser.

Sándor Ferenczi’s historic work, *Confusion of Tongues* (1949), offers an eloquent discussion of the centrality of identification with the aggressor in response to overwhelming trauma, as well as the prevalence of dissociative responses, including formation of dissociated self-states, and how these interact. This paper was originally read at the Twelfth International Psycho-Analytical Congress, Wiesbaden, September, 1932. The original title of the paper as announced was: *The Passions of Adults and their Influence on the Sexual and Character Development of Children*. Published in *Int. Z. f. Psa.* (1933), 19, 5–15 and subsequently in *Bausteine Zur Psychoanalyse*, Vol. III. Berne, 1939.

Elizabeth Howell discussed Ferenczi's work in her paper: Ferenczi's Concept of Identification with the Aggressor: Understanding Dissociative Structure with Interacting Victim and Abuser Self-states, in the *American Journal of Psychoanalysis*, 2014, 74, (48–59). She wrote:

No one has described more passionately than Ferenczi the traumatic induction of dissociative trance with its resulting fragmentation of the personality. Ferenczi introduced the concept and term, identification with the aggressor in his seminal "Confusion of Tongues" paper, in which he described how the abused child becomes transfixed and robbed of his senses. Having been traumatically overwhelmed, the child becomes hypnotically transfixed by the aggressor's wishes and behavior, automatically identifying by mimicry rather than by a purposeful identification with the aggressor's role."

e. The mechanisms of mirror neurons in the motor cortex also help explain how identification with the aggressor develops and why dissociated self-states re-enact abuse that their abusers inflicted on them. Mirror neurons cause people to internalize the movements, actions, and expressed emotions of people with whom they interact as if they themselves are making these movements, actions, and expressions (Gallese, 2009a, 2009b). Within abuse, victims physically identify with the experience of their abusers, including the hatred that is being directed at them (Howell, 2014), potentially even more than with their own experience. Re-enactments of abuse against the self often occur as abuse memories are activated. This can occur: 1) as dissociated abuse memories threaten to break into the consciousness of normative self-states, 2) in flashbacks in which victims relive their abuse, 3) when trauma-bound dissociated identities are activated internally, by external reminders of the abuse, and 4) when programmed self-states are activated by intentionally-applied cues from abusers.

f. Prior abuse can be directed against the self as abused self-states seek to express, to "offload," painful memories, to have their abuse known, and to be understood by more dominant self-states, by loved ones, by therapists, etc. This occurs outside of the volition of normative fronting self-states.

g. Victims of ritualistic abuse are commonly subjected to abuse in which noxious substances, such as blood, urine, feces, and/or insects, snakes, rats, etc., were placed in or on their bodies. The fear and disgust held in the dissociated self-states abused in these ways may cross dissociative barriers and cause fronting self-states to feel terrified or disgusted by their bodies. Such victims may cut themselves, drink bleach, or harshly scrub or place abrasives on their skin, to try to rid themselves of the sense of having something noxious inside of, or on the surface of, their bodies.

h. In ritualistic abuse, designated self-states are often made to believe that the malevolent spirits of their abusers, or the deities that their abusers worship, have been placed in them, through rape, in rituals, etc. Victims may feel compelled to self-harm to rid themselves of a sense of internal evil.

i. Re-enactment of abuse is likely evitable when abuse is ongoing in adulthood, and is highly likely when conscious awareness of one's abuse history remains dissociated. The emotions and sensations connected to the abuse tend to cross dissociative barriers to "fronting" self-states even when there is no narrative memory. The result is that victims often feel like pressure cookers of anxiety, fear, self-hatred, shame, guilt, and rage, all pressing for release. The associated muscle tension is often excruciating and constant (Hohfeler, 2018). Victims may self-harm to reduce this pressure.

Until the abuse driving re-enactments is made conscious, met with self-compassion, and grieved, victims often endanger themselves as abuse memories find behavioral forms of expression.

2. Mechanisms within mind control (systematic externally-applied mechanisms) that cause victims to feel compelled to self-injure and to actually take self-injurious actions include the following:

- a. In mind control abuse, by design, self-states experience themselves as still stuck in the original sites of their abuse in the inner world, reliving the abuse and torture inflicted on them. This usually includes designated self-states who have been torture-conditioned to self-harm or hurt other self-states when they fail to do their “jobs,” such as reporting in to the abusers regularly, bringing the victim to abuser events, preventing normative self-states from recalling or disclosing the abuse, etc. If these self-states do not exact the conditioned self-harm, they relive their torture in the internal world. Their physical and emotional torment also “bleeds through” to fronting self-states, who then feel compelled to self-injure, unaware that this impulse originated in programmed self-states.
- b. Abusers use codes, signals, etc., to activate self-states programmed to self-harm or hurt other self-states to punish disobedience of dissociated or fronting self-states, to enforce compliance, etc.
- c. Mind control abusers program designated self-states to control other self-states and to enforce their “rules” in the internal world. A common strategy is to develop a self-state to be an inner replica of one of the abusers. This self-state is further manipulated to intimidate the other self-states and to abuse them physically if they disobey. This punishment results in physical injury of the shared body.

Hans Ulrich Gresch, Ph.D., German psychologist, cold war mind control survivor, and author of a German book on abusive mind control (Gresch, 2010), provided the following heinous example of torture-conditioning (personal communication, 2008) to prevent disclosure of the abuse. His abusers were training a self-state, whom they named “Peter Munk,” to be an internal “mediator” who would maintain the obedience of all of his other self-states. This strategy, named *The Flower Game* by his abusers, trained Peter Munk to allocate memories, i.e., to remember and to forget, as they directed:

The flower game: Forget me and forget-me-not: A perpetrator confronts the child with a list of common words like cow, flower, chair, or so. Every word is connected with “forget me” or “forget-me-not.” The list becomes longer and longer. The child is punished if he/she remembers or forgets the wrong words. Then the day of the big test comes. Target child [Peter Munk] is not tested, but another, expendable child. The test is staged as a ritual, maybe a Satanic ritual. When the tested child makes a mistake, the master of ceremonies kills this expendable child with a knife in front of the eyes of the target child.

### **C. High-risk Behavior and Self-sabotage, e.g., Poverty or Homelessness**

1. Organic psychological mechanisms originating in extreme abuse that cause victims to engage in high-risk behavior and to self-sabotage include the following:

- a. Survivors of extreme abuse often live very marginalized life-styles due the toll that their abuse has taken on their minds, bodies, and spirits.

b. Survivors may place themselves in dangerous situations, driven by an unconscious wish to undo their abuse, to this time, turn the tables on their abusers. In the aftermath of a rape, victims are often confused by a compelling urge to go to a dangerous bar. They unconsciously wish that a predator will approach them, so they can respond with: “Make my day!” This is related to the psychological mechanism that drives so many abuse victims to watch horror films and films about violent crime.

c. Survivors of extreme abuse often feel undeserving of any happiness or psychological peace based in the harm they were coerced to inflict on other victims, in the abusers having convinced them they were unlovable, defiled, etc. This mechanism impacts fronting self-states, even though the memories that formed these beliefs are confined to dissociated self-states and not in their conscious awareness.

d. Reverend Lynn James, Licensed Mental Health Counselor, works with victims of extreme abuse and contributed an article to my website ([www.endritualabuse.org](http://www.endritualabuse.org)) entitled, *Spirituality, Evil, and Suffering*, in 2014. In this article she explains that both self-loathing and fear of dropping defensive armor can lead survivors to live very unhappy lives: She writes:

Survivors of abuse are often consumed with self-loathing. They may fear allowing themselves to experience positive emotions because these can lower defensive armor and cause them to become flooded with trauma memories.

2. Mechanisms within mind control (systematic externally-applied mechanisms) that cause victims to engage in high-risk behavior and to self-sabotage include the following:

a. Reverend Lynn James (see article above), explains that, in extreme abuse, victims are often systematically programmed to be unkind to themselves and to not affirm their right to happiness:

In cases of extreme abuse, many survivors were calculatingly programmed by their abusers to self-destruct if they feel an impulse of compassion for themselves, or any self-affirmation that would undo their abusers’ control over their lives. All people are born with intrinsic healing capacities; in cases of extreme abuse the perpetrator not only inflicts suffering but tries to destroy these organic resources for healing.

b. As discussed in the section on abusive relationships, victims are often programmed to live a marginalized existence to keep them disenfranchised and readily accessible to abuser networks.

## **D. Substance Abuse**

1. Organic psychological mechanisms originating in extreme abuse that cause victims to engage in substance abuse include the following:

a. Extreme abuse victims may use drugs in efforts to regulate their fear, depression, self-loathing, etc.

b. Victims may abuse drugs as self-states re-enact having been drugged within their abuse or as these self-states seek to re-create the positive affects they experienced when drugged by the abusers. Fronting, normative-life self-states may have no knowledge of why they feel drawn to abuse drugs.

2. Mechanisms within mind control (systematic externally-applied mechanisms) that cause victims to engage in substance abuse include the following:

a. Victims may be programmed to become drug addicts if they are no longer under the control of the abuser network to ensure that they have no social or economic power, and to make them non-credible witnesses.

b. Designated self-states may be programmed to overdose on drugs when the victim fails to comply with abuser directives or when the victim no longer serves the abuse network.

## **V. Harm to Others**

### **A. Coerced perpetration**

When abusers torture-coerce victims to harm or kill other victims, they torture two victims. The victim being coerced, whether a child or adult, carries no responsibility for the harm of the second victim. The abusers fully control the physical setting and the torture meted out on both victims. The abusers have sole responsibility for all events. The victims are terrorized and completely trapped. Any resistance or hesitation, any plea to the abusers to stop, is reliably met with an escalation in torture, including intensifying or prolonging the current torture, adding an other form of torture, or intensifying the torture of the second victim. When victims resist, the abusers mock them for having brought the further torture on themselves and causing further harm to the intended second victim.

A natural response to first hearing of such horrors is to think: “I would die before I would torture or kill someone else.” Our minds reflexively “go there” because it is unacceptable to imagine ourselves completely helpless to stop ourselves from torturing or killing another human being.

While victims are being torture-coerced to harm others, they reliably feel the same way – they desperately want to die. But the abusers do not permit death. If victims pass out, they drug them awake. If victims are brought to near-death, they medically revive them. If victims try to kill themselves while being tortured, the abusers punish them severely. The abusers have complete control of the events. Victims quickly understand that death is never an option. Extreme abusers want to keep most of their victims alive to continue to exploit them and/or because they are sexual sadists who are sexually gratified by inflicting pain, terror, and heartbreak on their victims.

Coercion of victims to harm and kill other victims is a mainstay of abusive mind control because it is a highly effective means of manipulating victims’ minds to form dissociated self-states who:

1. will define themselves as shameful, evil, irredeemable, murderers, unworthy of being with people other than the abusers,
2. the abusers will claim to be initiated members of the abuser group,

3. the abusers will use to harm others in abusive rituals,
4. the abusers will develop to be assassins to kill their enemies and people who threaten to expose or interfere with abuser operations, and,
5. they will exploit in the production of sadistic child sexual abuse and torture materials.

Coerced perpetration is highly systematic. The abusers know that victims will resist harming other victims, so they punish both victims for this “disobedience.” They intensify the abuse of the second victim, blame the first victim for this suffering, and still coerce the first victim to complete the act.

Anneke Lucas, in her book, *Quest For Love: Memoir of a Child Sex Slave* (2022), describes how her abusers applied this strategy the first time they coerced her to kill. First, they told her that as a reward, she could choose a puppy from a litter to keep. After allowing her to bond with the puppy for two days, they ordered her to stab it to death. When she refused, her abusers tortured the puppy in front of her as punishment. She stabbed it to stop their torture. She then felt responsible for its death, as her abusers had planned from the start. Every time after that when they directed her to kill, it felt like a mercy killing (personal communication, 2023).

The goal of the abusers is to cause victims to believe that they harmed and killed others of their own free will. They accomplish this by offering false choices between two reprehensible options. For example, they direct the child to kill their intended victim, or the abusers will harm or kill a person or animal whom the victim loves, or the abusers will kill more than one person..

In one cruel tactic, abusers force a child to kill an animal or child, and then, as a group, immediately feign horror, shock, and moral outrage that the child did such a thing, call the child a murderer, etc. At that moment, a new self-state usually forms who has no memory of the coercion applied moments before, but only knows that it is evil and did something unforgivable.

Many survivors report that their abusers subjected them to days-long torture to induce rage-filled dissociated identities to form, who they could then exploit to kill others. Svali (1996) explains:

... The child is severely beaten, for a long period of time, by the trainer, then told to hit the other child in the room, or they will be beaten further. If the child refuses, it is punished severely, the other child is punished as well, then the child is told to punish the other child. If the child continues to refuse, or cries, or tries to hit the trainer instead, they will continue to be beaten severely, and told to hit the other child, to direct its anger at the other child. This step is repeated until the child finally complies...The child will be taught that this is the acceptable outlet for the aggressive impulses and rage that are created by the brutality the child is constantly being exposed to.

I have identified the following kinds of dissociated self-states that mind control abusers induce to form through torture-coerced harm, each representing a deeper break in self-agency and loss of self:

1. self-states consumed with soul-crushing guilt, shame and self-hatred

2. emotionally numb robotic self-states who obey directives like a hammers in abusers' hands
3. self-states who experience harm to others as the sum-total of who they are, and whom the abusers induce to feel pride in fulfilling the task demanded and praised by the abusers
4. self-states who release rage when forced to commit violence, who get a "high" from feeling powerful, unconsciously driven by pent-up terror, pain, helplessness, tension, and stores of rage toward their abusers. Identification with the aggressor to defend against abject terror plays a key role. This response is related to the kill-or-be killed instinctual survival response that many soldiers experience in combat, that can cause chronic posttraumatic stress and devastating moral injury (See Shay, 1994, 2014).

Once mind control abusers induce these kinds of dissociated self-states to form, they systematically develop them further until they will obey their directives to do harm at times and places that are not under the abusers' immediate control, usually out of the conscious awareness of fronting self-states. Survivors describe their abusers using these self-states to play key roles in abusive rituals, such as human sacrifice, abducting other victims, and killing people who threaten abuser operations.

Only when therapists deeply understand the psychological power of such mechanisms can survivors reveal to themselves and to us that they were subjected to coerced perpetration, that they have self-states whose function was to harm others, and the devastating self-condemnation and moral injury they feel due to this form of abuse. They fear we will condemn them as others might. However, when we understand these complexities, we can help them find self-compassion and share in their sorrow.

## **B. Harm to Others**

This section focuses on physically violent impulses and acts. Sexual violence against others is covered in Section VI in the subsection: Sexual Perpetration and Lovemaps of Sexual Perpetration.

1. Organic psychological mechanisms originating in extreme abuse that can cause victims to have impulses to harm others or to actually abuse others:

a. In victims of extreme abuse, violence may occur reactively, with little or no ability to inhibit these acts, when victims, or particular self-states within victims, feel threatened, hurt, or have fallen into a flashback, etc. For example, during medical procedures, victims of extreme abuse, or particular self-states, may suddenly re-experience an abuse episode and physically attack medical personnel before they can stop themselves. Other parts of the mind may not recall committing the act.

Graham Music, in his important article, *Angels and Devils: Sadism and Violence in Children* (2016), presents cases of children at London's Portman Clinic who were in treatment for violent behavior, most with histories of serious child abuse and neglect. Music characterizes their sadism as either "hot" or "cold," corresponding to the more reactive vs. calculating violent adult offender types.

Children of the "hot" type misread others' intentions, feel frightened, victimized, and impulsively react in self-defense, or hurt someone back when they feel treated unjustly. They often feel badly in



the aftermath. They have high physiological arousal and their amygdala fire more strongly than the average person in response to pictures containing violence or threat (Qiao et al., 2012).

In contrast, children of the “cold” type are callous, calculated, cruel, and deceitful. They are “happy victimisers” who may take pleasure in others’ suffering and lack remorse. Some experience “sexual excitement in inflicting pain.” They “have minimal amygdala response in the face of fear... When shown pictures of violence or horrific injuries they have low physiological arousal.”

The defensive response of identification with the aggressor may be at play in both “hot” and “cold” types of violence, but more-so in the latter. The role of such identifications is discussed next.

b. As discussed earlier, one of the most common, naturally-occurring responses to frightening and brutal abuse is what psychoanalysts call, “identification with the aggressor.” In this case, a victim is so devastated by pain, terror, helplessness, heartbreak, betrayal, lack of love, exposure to intense human cruelty and evil, that he/she unconsciously seeks to reverse what was done to the self, to “turn the tables,” to opt for the position of the powerful top dog rather than the helpless, broken underdog. The victim internalizes the behavior of the abuser, and identifies with the mind of abuser. This defensive response is often restricted to particular dissociated self-states within a victim.

Identification with the aggressor also provides victims, or particular self-states, with a means to release their pent-up rage and hatred onto smaller and weaker subjects. As Jamshid Marvasti (1993) explained in his article on posttraumatic play in abused children: “The rage and revenge reaction may serve to prevent the shattering of ‘self’ during and after traumatization.” (p. 522). Hans Ulrich Gresch calls this “holy hate.” Victims hold stores of righteous rage and intense fantasies of revenge towards their abusers unconsciously and in dissociated self-states. It would be much too dangerous to consciously experience rage toward the abuser who have terrorized them and on whom they depend for survival. The inevitable need for revenge get displaced onto safer and more vulnerable objects.

In victims of extreme abuse, displaced rage, needs for revenge, and violence are often directed against the self and/or against other dissociated child self-states, resulting in self-injury or suicidality.

And sometimes, this rage and violence are directed externally against others, in fantasy or in action.

Many victims of extreme abuse have dissociated self-states who hold the rage born of the abuse apart from the rest of the system of dissociated self-states. These self-states may react to perceived threats with violence – the “hot” type. And they may have identities formed largely around identifying with their abusers – the “cold” type. We will examine each of these next.

c. In some cases, particular dissociated self-states consciously embrace sadism, cruelty, and violence. These self-states are often consumed with fantasies of murder and mass murder. They may identify with well-known serial killers and even carry their names, so-named by their own choice (or in cases of systematic mind control, so-named by the abusers). These self-states have dissociated from the knowledge that they were abused. The rest of the self-state system may be very afraid of them and think that they are evil. The deeper truth is that these self-states formed within horrific abuse to defend against intolerable helplessness, and to hold the inevitable rage of being so horribly

victimized, sequestered apart from the rest of the system.

When only particular dissociated self-states within victims of extreme abuse act out in violence, the rest of the system may “lose time” as this occurs. Some of the literature on violent offenders refers to amnesia for violent acts as “red-outs” (e.g., see the book, *Men Who Rape*, 1979, by Nicholas Groth). However, most of the literature on violent offenders and psychopathy neglects the role of child abuse in the etiology of violent offending (the work of Cathy Widom is a big exception\*), and completely misses the role of dissociative mechanisms and dissociated self-states in the commission of violence. So-called “red-outs” may be accounted for by dissociated self-states committing the crimes. I believe that victims of extreme abuse rarely become violent offenders, but that violent offenders are almost always victims of severe abuse, and the criminal system largely fails to recognize that many are DID.

\* In 1986, Cathy Spatz Widom, Ph.D., began a large retrospective study of 908 children with court-documented physical and sexual abuse and neglect that occurred between 1967 and 1971 when they were from zero and 11 years old, and a control group of matched nonmaltreated children. Her large body of research strongly indicates abnormally high levels of child physical and sexual abuse and neglect among violent offenders, including sex offenders (Widom, 1989a,b,c).

d. In some cases, victims’ “fronting” self-states, and/or a large proportion of their system of self-states, consciously embrace cruelty, abuse, and exploitation of others as their way of interfacing with the world and with other people. They become conscious and willful violent perpetrators, the “cold” and “happy victimizers” described by Graham Music.

2. Within abusive mind control, survivors describe many ways in which their abusers systematically psychologically manipulate victims’ dissociated self-states to do violence against others to serve the objectives of the abuser network. Here are some of the strategies described:

a. In ritualistic abuse, abusers use countless strategies to systematically develop victims to participate as abusers in their rituals. Beginning when victims are small children, they coerce designated self-states to kill animals, then humans, in order to entrap them into believing that they are evil, murderers, accomplices, unredeemable in the eyes of God, willing initiates of the abuser group, etc. They bring them to near-death by doing things such as burying them in coffins or animal carcasses, hanging them on crosses, etc., and then ask: “Where is your God now?” They tell them they can be saved by the deities they worship if they will accept them as their lord, savior, etc. When they agree, they rescue them, sometimes dressed in costume as demons. They rape them dressed as figures in mainstream religion, with crucifixes, etc. These and other strategies are used to manipulate these self-states into fully believing that the abusers’ deities now control their lives and life force. They promise them future status and safety if they cooperate. Victims are finally so terrorized and indoctrinated that they perform whatever functions the abusers assign, such as performing sacrifices in abusive rituals. Over the years, the abusers work to develop these self-states to serve leadership roles in their networks in order to continue the agendas of the abuser network in future generations.

b. In mind control abuse, abusers systematically manipulate victims’ pain, terror, “holy hate,” and identification with the aggressor, to develop self-states who will do violence in the service of their agendas. Anneke Lucas, toward the end of her book, *Quest For Love: Memoir of a Child Sex Slave*

(2022), describes a horrifying episode in which her abusers tortured and terrorized her to coerce her, at 11 years old, to kill another girl, as “punishment” for them sparing her own life. This was a sadistic attempt to rob her of all self-efficacy. I think of these kinds of set-ups as placing human beings inside a pressure cooker. While being forced to commit this act, Anneke’s mind slipped back and forth between perceiving the other girl as an innocent child whom she did not want to hurt and seeing her mother’s face, her mother who was abusing and trafficking her, superimposed on the girl’s face. I believe that if Anneke did not intermittently perceive the face of her mother on the girl, she would not have been able to complete the act, and Anneke knew that she must comply swiftly or the torture of the girl would be more heinous and prolonged.

c. Mind control abusers induce new dissociated self-states to form within brutal torture and torture-coerced perpetration, and then develop these self-states further to commit crimes for them, such as luring and kidnaping new victims, harassing and surveilling other victims, and killing their enemies and people who interfere with, or threaten to expose, abuser network operations.

d. In some cases, mind control abusers administer prolonged and brutal rape and torture to induce stores of rage in designated dissociated self-states, and then apply virtual reality technology, film, and drugs, to cause these self-states to perceive themselves to be “soldiers” fighting for a cause that actually only serves the abusers. These self-states may then be trained in use of firearms, martial arts, etc. Abusers exploit these self-states to do their bidding, sometimes even against each other.

e. The rage held in self-states programmed for violence can cause them to feel compelled to commit violent acts. As acts of violence accumulate, these self-states may develop an addiction to violence. Over time, the compulsion for violence can cross amnesiac barriers and develop into generalized sadism in the victim as a whole. The literature on the grooming of child soldiers helps us understand how abusers “engineer” sadism in their victims. Ishmael Beah, in his 2006 memoir, *A Long Way Gone: Memoirs of a Boy Soldier*, gives us a window into the psychological mechanisms at play.

Beah’s whole family and village were massacred in the Sierra Leone civil war when he was 12 years old. He and the other orphaned boys fled. At age 13, the boys were captured by an army unit that manipulated their fear, heartbreak, and rage, to turn them into bloodthirsty child soldiers. Soon, his mind shut off the perception of physical pain. He became like Music’s “cold” child sadist. He writes: “The idea of death didn’t cross my mind, and killing had become as easy as drinking water. After that first killing, my mind had stopped making remorseful records, or so it seemed.” (p. 122). After three years, UNICEF rescued the boys and placed them in a rehabilitation program. However, their compulsion to kill remained. When they could no longer kill, they were overcome with severe PTSD and the grief and horror of having killed:

... now that we had time to think, the fastened mantle of our war memories slowly began to open. Whenever I turned on the tap water, all I could see was blood gushing out. (p. 145)

I tried to think about my childhood days, but it was impossible as I began getting flashbacks of the first time I slit a man's throat. (p. 160)

...at night some of us would wake up from nightmares, sweating, screaming and punching our

own heads to drive out the images that continued to torment us even when we were no longer asleep. Other boys would wake up and start choking whoever was in the bed next to theirs; they would then go running into the night after they had been restrained. (p. 148)

Here, he recounts his nightmare about the people he killed:

I held my ears to stop hearing them, but I began to feel their pain. Each time a person was stabbed, I felt it worse; I saw the blood dripping from the same part of my body as that of the victim. (p. 164)

Beah's profound empathy for his victims was kept at bay by the constant killing as a child soldier. His memoir poetically captures the power of addictive sadistic violence to defend against terror, horror, heartbreak, loss, and the devastating guilt for having killed others. It also demonstrates that these psychological mechanisms can become entrenched in childhood.

Harvey Schwartz's brilliant treatise, *The Alchemy of Wolves and Sheep: A Relational Approach to Internalized Perpetration in Complex Trauma Survivors* (2013), eloquently expands on the similarities between soldiers and victims of extreme and sadistic child abuse, including dissociative responses, defensive identification with perpetrators, and the addictive compulsion to harm others.

### **C. Abuse of One's Own Children – Intergenerational Transmission**

1. Organic psychological mechanisms that affect how victims of extreme abuse interact with their children include the following:

a. Some victims of extreme abuse avoid having children because they, consciously or unconsciously, associate children with their own child abuse and a lifetime of suffering. They may fear that all children will be horribly abused. They may fear that they, themselves, may harm their children.

b. Many victims of extreme child abuse are very loving and emotionally-attuned parents whether or not they have recalled their abuse. Consciously or unconsciously, sometimes in particular self-states, they may have made a deep internal vow that they will give their children all of the love, protection, freedom, and enrichment, that they never received. In some cases, they are over-protective. In some cases, they have difficulty setting limits because they so deeply fear being anything like their abusers.

If they have not yet recalled their abuse, the memories may be so dissociated behind amnesiac barriers that raising children does not activate these memories. If dissociated self-states are activated by raising their children, the memories may not break through to the self-states who are raising them.

On the other hand, in some cases, while parents are doing everything in their power to love and protect their children, dissociated self-states may be participating in their children being abused by their abuser networks unbeknownst to fronting, normative-life self-states, as will be discussed below.

c. Some victims of extreme abuse who have not yet recalled their abuse experience significant distress as they raise their children. They may suddenly become flooded with painful and terrifying

emotions, waves of rage, ego-dystonic impulses to harm their children, snap-shot images of horrors that are actually memories, physical pain as dissociated self-states relive memories of abuse, etc. These PTSD symptoms may have a sudden onset when the victim's children are the age when particularly horrific abuse was inflicted on the parent. This often results in a psychological crisis.

d. Some victims of extreme abuse suddenly react in violence, with no ability to inhibit these impulses, when unbearable emotionals and unconscious memories become activated as they raise their children. For example, the cries of an infant, and/or the inability to console a baby, can activate in an abused parent unbearable, often unconscious, memories of their own abuse and neglect in infancy. The parent may suddenly attack the infant to make the crying stop. Or, they may experience unexplained rage toward their children when they reach the age when the parent was first sexually abused, as unbearable memories of sexual abuse, self-blame for the abuse, etc., are evoked.

e. Identification with the aggressor, with the victims' abusers, is the psychological mechanism that is most often associated with intergenerational transmission of abuse. When a parent is abused as a child, the abusers' condemning and punitive attitudes and judgements tend to become internalized and can remain unexamined. Rage may be activated in abused parents as their own children do things that would have provoked violent abuse when they were children. Pent-up anger and unconscious wishes for revenge against parental abusers may be unconsciously displaced onto the abuse victims' children, with no understanding of the origins.

All of these reactions become more manageable once abused parents can face the memories of their own abuse, can begin the process of identifying with their own pain and heartbreak as children, and can begin to release their pain. When they can feel sorrow and love for themselves as abused children, they consciously reject the cruelty and hatred of their abusers. They increasingly feel compassion for their children and want them to feel loved and safe. In contrast, when victims of extreme abuse have not recalled their memories of abuse and have not developed compassion for themselves and the pain they suffered, they are at risk of unconsciously continuing to accept their abusers' rejection and cruelty against themselves as justified and of abusing their own children.

2. Systematic Externally-applied mechanisms, i.e., mind control, that cause victims to abuse their own children.

A primary agenda of most extreme abuse networks is to force victims to provide them with a new generation of victims to continue their agendas. Therefore, they work to develop within most victims dissociated self-states who: 1) will bear children, 2) will maintain control of their children's dissociated to further the agendas of the abuser network, and, 3) who will engage in these activities outside of the awareness of their own normative-life self-states, in order to maintain the illusion of a normal life within each child, within the family, and in how they interface with mainstream society.

Ritualistic abuse networks generally have long-term agendas of immortality that depend on future generations continuing their abusive practices. For example, some occult networks believe that they propitiate the deities they worship and weaken the deities of Judeo-Christian religion by conducting rituals that include "sexual sacrifice" – sexual abuse, "blood sacrifice" – killing humans and animals, orgiastic revels, and more. They believe that if their children and grandchildren, etc., continue these

practices, they will empower their deities to rule the spiritual realm, and their deities will then grant them immortality in the predicted end times. Other occult networks believe that they can transfer their own spirits, and the spirits of their ancestors, into their victims by placing their semen, blood, saliva, breath, etc., inside of their child's body or on its surface. They believe that this child is now a vessel for their spirit and ancestors' spirits. When they indoctrinate their children into their beliefs and practices, they believe that this will allow their spirits to continue to be transferred into their progeny until their end times when their spirits will be given immortal bodies and rule the earth.

In networks that produce child rape and torture materials, when girls are no longer of optimal age to be used in child sexual abuse materials (CSAMs), they force them to bear more children.

Mind control strategies to entrap designated self-states into subjecting their children to abuse within the abuser network and into participate in the network's abuse of their children include:

- 1) Victims of extreme abuse are often subjected to ongoing mind control in adulthood, unbeknownst to normative-life self-states. The people in their lives – parents, spouses, employers, even therapists – may be their “handlers” or programmers. They may be actively victimized and programmed in the early morning hours, on holidays, etc., while normative-life self-states “lose time,” think they were asleep, watching TV, etc. Programmed self-states may abuse their children and facilitate their abusers' access to their children, based in terrified submission, conditioned loyalty to abusers, etc.
- 2) Mind control abuse usually includes programming of designated self-states to regularly report in to the abusers. When self-states report in as adults, abusers may direct them as to where and when to provide access to their children. Abusers also send stimuli in email, voicemail, etc., to activate self-states to obey directives or to “trigger” them to relive the torture originally inflicted on them. Their physical and emotional torment “bleeds through” to fronting self-states. This strategy was intended from the start to extract life-long submission to the abusers, including access to their children.
- 3) As abusers coerce their victims to harm other victims, they often film this abuse. Then they tell designated self-states that they will turn these films over to the authorities if the victim does not obey all directives, including providing access to their children, etc. Abusers are unlikely to ever release these highly incriminating films. Yet, particular self-states may feel they have no choice but to obey.
- 4) Many abuser networks falsely promise designated dissociated self-states that if they are loyal and obedient, they will eventually be granted positions of power and reduced abuse. For example, in ritualistic abuse, victims often discover self-states who were told they were “chosen” for priest or priestess positions. These self-states tend to be amnesiac for most of their abuse. However, over time, they usually recall that they had to prove that they could “take more pain” than other victims to earn this special status. Designated self-states may be lured into accepting these positions of status as adults and parents because they believe the alternative is to never escape the torture-level abuse.
- 5) Many abuser networks seek to ultimately develop victims who consciously choose to be abusers. Svali, mind control survivor, former “programmer,” and author of, *How the Cult Programs People* (1996) explains how her abusers systematically manipulated the attachment needs of child victims, as well as their defensive identification with the aggressor/abuser, to accomplish this. She explains

that her abusers subjected children to “betrayal programming” to squelch all loving bonds and to create a world limited to “hated, hateful, sadistic persecutors” to yield an antisocial psychic structure, a “willing” persecutor (Chapter 10). She describes how her abusers conditioned babies to associate nurturing and attention with nighttime and rituals, and abandonment with daytime, a time of no rituals, so that the infant “eventually will associate cult gatherings with feelings of security” (Ch. 4).

In addition to mind control strategies, extreme abusers use direct terrorization to gain control of victims’ children. They threaten to kill or torture the victim, the victim’s children, other loved ones, etc., sometimes combined with torture, to coerce victims to allow them access to their children.

Familial abusers may also file false and malicious child abuse reports to try to get victims’ children placed in their own custody. In family or guardianship court cases, abusive spouses, grandparents, other relatives, etc., may allege that parent-victims are delusional when they claim that they suffered, or that their children suffered, extreme or ritualistic abuse by family members. Courts are generally unfriendly to allegations of child abuse, especially extreme abuse. In response to such claims, they may remove custody of the children from the victim-parent, and may even suspend all contact or only allow supervised contact. When such legal outcomes are a risk, victim-parents may reasonably cease any effort to prevent the abusers from ongoing access to their children knowing that the alternate of no contact with a non-abusive parent is worse.

## **VI. Sexual Development**

Victims of extreme abuse suffer significant damage to their sexual development. This often takes the form of sexual aversions. In many cases, it also results in the development of sexual desires, fantasies, and behaviors that involve being abused and/or abusing others. For many victims, before any memories of child sexual abuse become conscious, victims’ sexuality is the area where the abuse is most likely to express itself in symptoms, to be unable to hide.

Psychologist, John Money, wrote a groundbreaking book in 1986 on sexual development entitled: *Lovemaps: Clinical concepts of sexual/erotic health and pathology, paraphilia, and gender transposition in childhood, adolescence, and maturity*. He theorized that a *lovemap* is an “enduring template” essentially formed by 7 or 8 years of age, and defined a *lovemap* as follows:

“A lovemap is... is a developmental representation or template in your mind/brain, and is dependent on input through the special senses. It depicts your idealized lover and what, as a pair, you do together in the idealized, romantic, erotic and sexualized relationship. A lovemap exists in mental imagery first, in dreams and fantasies, and then may be translated into action with a partner or partners.” (1986, p. xvi).

Money observed that lovemaps become “vandalized” by sexual trauma, including both punitive responses to normal childhood sexuality, and child molestation. Both result in “a cleavage between love and lust in the design of the lovemap” (p. xvi). He theorized that vandalized lovemaps result in three types of lovemap pathology – hypophilia, hyperphilia, and paraphilia. He viewed paraphilias as the individual’s effort to “turn tragedy into triumph” in response to early sexual trauma.

Note: John Money is credibly accused of significant harmful acts, including abuse of children. Nonetheless, I find that his research offers important insights into the development of paraphilias.

### **A. Sexual Re-victimization and Lovemaps of Sexual Victimization**

1. Organic psychological mechanisms originating in extreme abuse can cause victims to continue to be sexually victimized and to develop *lovemaps* of victimization. These include the following:

- a. Victims of extreme child abuse with dissociated self-states are very vulnerable to sexual and other predators. They learn in their abuse that if someone wants them sexually, they must submit or will be punished. Sexual performance was also the price of any kindness, or even the provision of basic needs. When exposed to a potential or actual threat, self-states who withstood the abuse as children are likely to become activated, to freeze, and to attempt to meet the needs and demands of the threatening individual. When predators make sexual advances, victims are likely to switch into these child self-states who submit to the sexual coercion. Even when predators cruising for victims look at a potential victim from a distance, the DID abuse victim may “switch,” freeze, and follow the predator as he directs. This may happen outside of the awareness of fronting self-states or fronting self-states may watch the event as it occurs with no ability to stop child self-states from submitting.
- b. Many victims of extreme abuse are sex-trafficked to strangers as children. They are trained to anticipate and meet the sexual wishes of other people or they are punished. They generally sexually submit to anyone who expresses interest in them, without considering whether they feel attracted to the other person or whether or not that person is dangerous. They often engage in pleasure-less sex.
- c. Many victims of extreme abuse have strong sexual aversions due to the emotional and physical pain within their child sexual abuse. To an outside observer, they may appear sexually promiscuous, sexually addicted, etc. In fact, they engage in sex out of fear, not sexual desire.
- d. Generally, during extensive sexual abuse, self-states organically form to “navigate” whatever is required of them during the abuse. When abusers manipulate victims to be sexually responsive, particular self-states typically form to serve this function. When abusers seek to induce pain, terror, etc., self-states will typically form to “hold” the pain and terror, while other self-states may form as they mentally work to focus on any sexual sensations to distract themselves from the pain and terror. In adulthood, self-states that formed within child sexual abuse often take executive control whenever the individual engages in sexual activity, while other self-states submerge. In some cases, self-states formed during the abuse may be capable of sexual pleasure. Other such self-states feel re-victimized.
- e. Many victims of extreme abuse had no family support to complete high school, no less post-secondary education. They have difficulty finding or sustaining employment. They often develop addictions, etc. Their abuse-formed self-concepts, difficulty supporting themselves, etc., make them easily exploited and abused within sex-trafficking, production of pornography, strip clubs, etc.
- f. Victims of child sexual abuse experience their first sexual responses within their abuse, resulting in highly disturbing and ego-dystonic associations between their abuse and their sexual responses and interests – their *lovemap* formation. While having consensual sex or using self-stimulation to



experience sexual pleasure, victims' minds may involuntarily flash on memories of their abuse. This often causes them to feel sinful, perverse, unlovable, etc. However, victims are not responsible for the sensations produced in their bodies in response to sexual stimulation within their abuse, no matter how young they were at the time. Such responses do not mean that they sought out the abuse, even if they eventually learned to accommodate to it. To recall those sexual responses as an adult is simply a product of associative memory. Activities that share common elements activate a shared memory network. Victims can slowly train their minds to associate sexual pleasure more and more completely with mental content of their own choosing. The "trick" in this effort is self-compassion, rather than self-condemnation and shame, at the moments that the mind drifts to abuse memories.

g. Many victims of brutal child sexual abuse incorporate emotional and/or physical pain into their sexuality, their *lovemaps*. This is incredibly difficult for survivors to speak about, even in therapy. It is a taboo within a taboo. Pain-based sexual behavior and fantasies often begin in childhood as brutal abuse is being inflicted. Many survivors who participate in sexual masochism, bondage, discipline, etc., believe for some time that this is an uncomplicated sexual preference. However, when they recall their brutal child abuse, they discover that they were unconsciously reenacting their trauma. *Lovemaps* of sexual victimization derived from brutal sexual abuse can take many forms, such as: 1) self-harm to effect sexual arousal, often including genital self-injury, unconsciously patterned on the abuse, 2) fantasies and dreams of being raped, but disguised – not by the actual abusers, 3) engaging others in sexual assault of the self, unconsciously re-enacting the abuse.

Many unconscious psychological mechanisms underlie these pain-based sexual behaviors, including:

- 1) Victims unconsciously replicate their abuse in efforts to master their pain, terror, and helplessness.
- 2) Victims unconsciously seek to transform tragedy into triumph (Money, 1986), to eroticize what was traumatic (Kahr, 2008).
- 3) Victims unconsciously condemn themselves for their sexual responses during their abuse, so sexual activity and sexual responses are only acceptable when they are coerced.
- 4) Victims unconsciously feel like sexual sinners and accomplices and seek to punish themselves.
- 5) Victims unconsciously seek to appease the abuser and win the abuser's mercy or love.
- 6) Victims seek to allow disguised expression of their psychological pain and traumatic memories as dissociated memories press toward consciousness, to keep the actual memories at bay.
- 7) Victims who learned to achieve sexual arousal and orgasm within brutal abuse may have no understanding as to how to use more gentle sexual stimulation to develop an alternative pathway.

2. Mechanisms within mind control (systematic externally-applied mechanisms) that can cause extreme abuse victims to continue to be sexually victimized as adults and to form *lovemaps* of victimization include the following:

a. Beginning as young children, extreme abusers condition designated self-states to become highly eroticized. They train them to masturbate, to be sexually abused, raped, gang-raped, and trafficked, to perform in the production of child rape and torture materials, to sexually abuse other victims, to participate in bestiality, ritualistic orgies, etc. During this training, the abusers often administer drugs to enhance sexual stimulation and other drugs that block pain. They reward these self-states for demonstrating pleasure and torture-punish them for a failure to sexually respond. These self-states typically know nothing of life other than the functions for which they were programmed. As adults, such self-states may feel compelled to continue to engage in these kinds of sexual activities, or may actually participate in them, often outside of the awareness of fronting, normative-life self-states.

b. Extreme abusers torture-condition specific self-states for sexual masochism and sexual sadism. In an interview with a Dutch survivor of ritual abuse: *High level Freemason Satanic Ritual Abuse In Holland* (available as of 5/16/2023), the survivor provides a simple description of how her abusers programmed her to associate torture with sexual pleasure when she was 5 years old:

When I was five years old, my um, the house doctor did come who always also gave me pills after the ritual, and he teached my parents how to torture me with electricity. Then, he bound me on the table and give me electricity for my fingers and hands and feet and afterwards, when it was done, I was always naked, he stimulated, it was to give me an orgasm, so torture and orgasm should go together. And that was, he came three times to teach my parents that and it was my mother who had to do it.

Link: [https://www.youtube.com/watch?v=1T\\_5wLGWEEU](https://www.youtube.com/watch?v=1T_5wLGWEEU) ):

Psychologist Alison Miller, wrote a book, *Healing the Unimaginable: Treating Ritual Abuse and Mind Control* (2012), that includes a chapter that describes what she learned about programming from her client, “Stella Katz,” a victim of ritualistic abuse who was successfully mind-controlled by her abuser network to be a programmer as an adult. Dr. Miller explains:

The perpetrator and masochist alters are trained between five and seven years of age. First, the masochists are taught to hurt themselves. Every time they hurt themselves sexually they are rewarded with treats, candies and praise. A Pain alter is brought forth to share the outside body with the Masochist alter, so that the child is not feeling the pain s/he is inflicting on his or her own body. Each time the child escalates the level of self-harm, s/he is given a bigger reward. Once the child reaches a specific level, other children his or her age are brought in to do things to that child. The perpetrator child is rewarded for hurting the masochist child, while the masochist child is rewarded for enjoying the pain. Both children have pain-holder alters co-present with the sex alters. Those of the perpetrator child hold the empathic, vicarious pain.

The dissociated self-states within victims programmed in this way may, as adults, may inflict sexual harm on themselves (or on others), outside of the awareness of fronting, normative-life self-states.

c. As discussed early in this paper, extreme abuse victims are often victimized into adulthood by their abuser networks outside of the knowledge of normative-life self-states. Designated self-states are programmed to report in, receive directives, and obey. Victims may also submit in response to

programmed stimuli. For example, an abuser may use a knocking pattern to activate a submissive child self-state in an adult to reflexively open the door. The abuser may then sexually assault victim, traffic the victim to others, take the victim to a ritual, etc., unbeknownst to fronting self-states.

d. Abusers systematically bond designated young child self-states to themselves through affection, often mixed with sexual pleasure, to extract submission from them within other abuse. Abusers often exploit these sexually-bonded young self-states to maintain access to victims.

## **B. Sexual Perpetration and Lovemaps of Sexual Perpetration**

This section will discuss three behaviors related to lovemaps of sexual perpetration: 1) fantasy and desire, 2) sexual violence, and, 3) viewing of sadistic sexual materials that include children or adults.

Viewing child sexual abuse materials (CSAMs) is included in this section on sexual perpetration because it is a form of violent child abuse. Consumers are what drives the demand to produce CSAMs, which is simply recorded and live-stream remotely-viewable abuse of children. All credible sources estimate the annual profits of CSAMs in many billions of dollars and growing. Per Sgt. Jeff Swanson, a task force commander in Kansas: “Each and every image is a depiction of a crime in progress... The violence inflicted on these kids is unimaginable” (Keller & Dance, 2019). Data from both law enforcement and psychological research indicate that, in recent years, CSAM content has become increasingly sadistic and more babies and toddlers are being victimized (Lacter, 2020; Salter & Whitten, 2021). In addition, most consumers must produce and supply original CSAMs in order to gain entry to the dark net websites where it can be viewed.

Note: The field of child trafficking rejects the term “child pornography.” The preferred terms are: Child sexual abuse material (CSAM) and child sexual exploitation material (CSEM) (Interagency Working Group on Sexual Exploitation of Children, 2016). I believe that the most accurate term is “child rape and torture materials.” Sometimes, it omits any sexual component.

1. Organic psychological mechanisms originating in extreme abuse that cause victims to develop lovemaps of perpetration include the following:

a. As discussed above, I believe that victims of extreme abuse rarely become violent offenders, but that violent offenders are almost always victims of severe abuse (Widom, 1989a, b, and c) and the criminal system largely fails to recognize that many of them have valid diagnoses of DID.

b. When only particular dissociated self-states within victims of extreme abuse do sexual violence, the rest of the system may “lose time” as this occurs. The case of Billy Milligan is interesting to examine in this regard. Milligan’s case is the subject of a Netflix docuseries: *Monsters Inside: The 24 Faces of Billy Milligan*. An Esquire article provides a good synopsis:

In 1977, 22-year-old Billy Milligan was arrested for the kidnapping, robbery, and rape of three women around the Ohio State campus area. He was imprisoned for the crimes and assigned public defenders to work on his case. But during a psychiatric evaluation, Milligan revealed that he hadn’t committed any crimes at all—it was Ragen [a dissociated self-state]

that had stolen the money and Adalana [another self-state] who had raped the women. Continued evaluation revealed eight additional alternate personalities, and on December 4, 1978, Milligan was found not guilty by reason of insanity on nine criminal charges.  
<https://www.esquire.com/entertainment/tv/a37693537/billy-milligan-true-story-netflix-24-faces/>

This series included a number of interviews of Milligan as a young man and over a decade later, when he had been living for years under a new name with falsified documents, and was discovered to have been cashing the disability checks of a man he is suspected of killing. My hypothetical analysis of Milligan, based only on watching this docuseries, is that: 1) he developed dissociated identities in response to severe child abuse and had a valid diagnosis of DID, 2) his acts of sexual violence at age 22 were committed by dissociated self-states who held the rage built up within his child abuse, while his dominant self-state, who was fearful and timid, was not in executive control and, 3) in later years, self-states who embraced violence and criminality had become dominant. He demonstrated a mocking demeanor and attitude of “duping delight” typical of many psychopaths. His fearful and abused self-states appear to have essentially submerged. He had become a “cold” “happy victimizer.”

c. Producers of sadistic child rape and torture materials are sexual sadists who are emotionally and sexually gratified by inflicting pain and terror on their victims. I believe that the perpetrators are conscious “happy victimizers,” not acting exclusively within dissociated self-states. As they torture children, even babies, they mock their pain and terror. Based in what I have learned from victims tortured within this horrific form of abuse, I believe that the perpetrators are also victims of brutal child abuse driven by an unconscious wish to undo their own victimization. They seek to destroy children because they unconsciously represent themselves when they were abused as children. Their sadism is an effort to extinguish their own pain, terror, helplessness, and the innocence that they dissociated long ago – the child’s need for love and to love and help others (Schwartz, 2013).

d. Many victims of extreme abuse feel compelled to view sadistic child abuse materials for a variety of psychological reasons.

Victims who have been abused in the production of CSAMs are often determined to find the video of their abuse. They feel outrage that perpetrators are watching their abuse and that they, the victims, cannot see what was filmed. They also want to find proof of the extreme, brutal abuse to which they were subjected, especially given that mainstream media portrays CSAM production as occurring in developing nations, and rarely acknowledges the production in Western and industrialized nations.

Less conscious motives can also drive the compulsion to view CSAMs. Torture is all that particular self-states know. Some self-states may have become eroticized within the sadistic sexual abuse perpetrated against them. Some victims, or their self-states, may be drawn to the chatrooms where consumers of CSAMs normalize sexual sadism and share what they enjoy with no moral inhibitions.

In cases in which victims have not yet recalled having suffered this horrific abuse, they many feel compelled to view CSAMs as an unconscious re-enactment of their abuse. Such enactments can be the product of abused self-states who want to have their abuse known by someone, perhaps even to other parts of the self, to release some pain, to no longer be alone in this internal horror. This may also be an unconscious counterphobic effort to re-create the pain, terror and heartbreak, in an effort

to overcome it, to face what is most horrid and to train oneself to endure it, to endure anything.

However, when victims search or view these materials, they re-traumatize themselves, place themselves at risk of criminal arrest, and contribute to the market demand that causes more children to be abused in the production.

e. Identification with the aggressor as a psychological defense rules the day in the commission of sexual violence by victims of extreme abuse, just as it does in the commission of physical violence.

Graham Music, discussed above, posits that victims of severe abuse, neglect, especially children without parenting that allowed them “to develop hope and trust in human relationships and empathy or care for others,” often enact sexual violence on others in an unconscious effort to turn the tables of their own abuse, to discharge rage, and to both defend against the anticipated danger of human connection and to attain some form of closeness with another person, albeit within sexual sadism.

Victims of extreme abuse often unconsciously re-enact, replicate, their abuse in reverse – this time as top dog. They exact talion revenge, but displaced onto a safe, vulnerable, younger victim. They may feel compelled to repeat the same form of sexual violence that they endured as a child with a victim of the exact age. A man forcibly held down and raped at age 6 as a boy with blond hair may feel compelled to forcibly hold down and rape 6-year-old boys with blonde hair. As he re-enacts his own abuse in reverse, he turns it into something erotic as a means “To Turn Tragedy into Triumph” (John Money). Literal replication of one’s abuse in reverse is a common form of *lovemap* in pedophiles.

2. Mechanisms within mind control (systematic externally-applied mechanisms) that cause victims to lovemaps of perpetration include the following:

a. Through the above-described strategies of coerced perpetration and systematic manipulation of the victims’ organic coping strategies of identifying with one’s abusers to defend against unbearable terror, pain, helplessness, and heartbreak, and many other mind control strategies that I have discussed, mind control abusers induce dissociated self-states to form and systematically develop them further to obey directives to do harm at times and places that are not under their immediate control. In some cases, the abusers continue to develop these self-states until they become more dominant in the victim with the ultimate goal of producing willing persecutors (Svali, 1996). These victims may become leaders in the abuser network, may sexually traffic children and adults, may run for-profit sadistic CSAM production operations, may traffic drugs and weapons, may become computer hackers for the abusers, may become corrupt law enforcement agents, child protection workers, psychotherapists, doctors, pharmacists, etc., etc., and may become programmers.

b. Earlier, I shared an example from Dr. Miller’s book, *Healing the Unimaginable*, provided by a Stella Katz, ritual abuse victim and former programmer, about how abusers develop designated self-states in some victims to be sexual abuse perpetrators. The abusers coerced these self-states to abuse other children and rewarded them as they complied. They simultaneously caused self-states programmed to be “pain-holders” to be co-present to have the “job” of sequestering apart from the so-called perpetrator self-states their sorrow for the victims they were being coerced to harm.

This strategy illustrates that programmers have a high level of psychological sophistication about dissociation and psychology as a whole. They know that children feel love for other children. They know that they must “place” the victim’s love somewhere else to “create” a perpetrator. They know that the way to control a mind is to divide it against itself, to divide and conquer. Yes, their strategies are intelligent, often accomplish their goals, and are a lot to “unpack.” But, the abusers never achieve the level of control that they seek. Ultimately, the mind is the domain of the individual. The mind can exercise its own will to dissolve the divisions that formed within abuse.

In Chapter 14 of her book, *Treating Programmed Pedophilia*, Dr. Miller describes the ability of her client, *Jennifer*, to do just that, to dissolve these walls. *Jennifer* had multiple self-states who had been programmed to interface with each other to become a pedophile. In therapy, she was able to remove the dissociative barriers that kept self-states from knowing the whole of their abuse – the sexual responses, the pain of the abuse, and their sorrow for the victims they were forced to hurt:

Jennifer’s treatment was successful in removing her urges to abuse young boys, because the parts who experienced sexual pleasure were no longer dissociated from the parts who experienced the pain of being abused or from those who experienced empathy for others who were abused. The dissociation was healed by processing the original memories which created the splits between these alters.

## **VII. Conclusion**

My goal in this presentation has been to provide an overview of both 1) organically-formed psychological responses to extreme abuse, and 2) systematic externally-applied mechanisms, i.e., “mind control,” that cause the cycle of extreme abuse to be perpetuated, both 1) within victims as they suffer long-term effects of this abuse, and, 2) in cases of victims doing harm to others, including their own children, i.e., the intergenerational transmission of abuse.

In the fields of complex developmental trauma and dissociation, systematic externally-applied mechanisms are generally less well-understood than organically-formed psychological responses, even by seasoned psychotherapists.

I hope the information I have shared has helped to make systematic externally-applied mechanisms more comprehensible to help psychotherapists better-recognize when they are impacting their clients, to understand how these mechanisms operate largely independently of the conscious awareness, control, and volition of normative-life self-states, and to then be more able to direct treatment approaches to helping victims gain conscious access to memories of mind control abuse and the affected dissociated self-states, in order to be more empowered to do the work to overcome these controls.

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