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

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

In this issue we have articles by Dr. Randy Noblitt, Dr. Alison Miller and Neil Brick and poetry by Daniel Christy.

Survivorship is proud to have co-sponsored the 2024 Online Annual Ritual Abuse, Secretive Organizations and Mind Control Conference on August 10 – 11, 2024.

The conference video presentations and PowerPoints are online at:

<https://ritualabuse.us/smart-conference/2024-conference/2024-conference-video-presentations-and-powerpoints/>

Presentations included: Stabilizing and Healing Techniques for Survivors – Dr. Alison Miller, Traces of Masonic Ritual Abuse in Carl Jung’s Red Book and Black Books – Dr. Lynn Brunet, Attachment Relationship in DID: Survival, Destruction and Healing – Adah Sachs PhD, Exploring Our Many Facets Through SoulCollage (C) – Patricia Quinn and Musical Performance and Sharing About Why His Songs Were Written – Michael Skinner.

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**Lies They Tell**

**Dr. Alison Miller**

This is an excerpt from her new book*: Demystifying Mind Control and Ritual Abuse: A Manual for Therapists*

Published by Karnac Books - July 2024 Paperback – Pages 50-52. The book is available at <https://www.karnacbooks.com/product/demystifying-mind-control-and-ritual-abuse-a-manual-for-therapists/97609/> This book was written to meet the need of therapists: a succinct, thorough, practical, clear, down-to-earth handbook to which a therapist can refer as needed. Many, if not most, therapists have encountered a victim of complex mind control and ritual abuse, and most therapists feel deskilled in this work. Working with such clients is a challenge for therapists, given the extreme and prolonged nature of the clients’ trauma, the severity of their dissociative disorders, the complexity of the mind control they have experienced, and the reality of organized perpetrator groups who follow up on their victims.

In *From the Trenches*, I wrote an essay entitled “Fifty Lies They May Have Told You” (Hoffman & Miller, 2018, pp. 53–84). Each specific lie has a specific purpose. Lies are backed up by trickery (fake stage magic, illusions, and drugs). My list of fifty lies has the lie, the truth, why the perpetrators tell this lie, how they make their victims believe it, and what to do about it. If your client wants to read this essay, I suggest they first write down statements abusers made which they suspect may be lies, but they aren’t sure. Then they can see whether the lies they suspect are on the list. There are lies about the reality of the abuse, about the abusers’ power and character, about obedience and disobedience, about the necessity of keeping in contact with the abusers, about what will happen if the victim tells someone about the abuse, about life and death and reality, and about what or who the victim is.

The lies are of course combined with “evidence” of their truth. The secret lies told to children are reinforced by the public lies (disinformation) spread throughout society. The trick to making disinformation believable is to include plenty of correct information which is already known, so the speaker or writer is not revealing anything new. Learning critical thinking is an important part of recovery for victims of these abuses.

Child victims hear many of the group’s lies constantly from family members. Parts are trained to remind other parts, especially the front parts, of the lies.

**The BIG LIE**

To control someone when they aren’t in your presence, you must make them believe such things as: You always know where they are, you know what they are doing and thinking, you have the power to kill them or their loved ones at any time without getting caught, and you are the only ones who can keep them safe.

The BIG LIE of these abusers, which they tell their child victims, is: “We know everything and are all-powerful. We have magical [or technological] ways of knowing what you think and do and say.” This lie is one important way of preventing victims from telling what has happened and is happening to them, and also puts pressure on all parts to do their jobs.

There are many versions of this. The walls have ears (simulated.) God/Lucifer/Satan (who is omnipotent, omniscient, and omni-present) is always watching you. You see his eyes (a memory of eyes on the wall). Mothers have eyes in the back of their heads. We (the almighty perpetrator group) live in the shadows or in the walls wherever you go. The crows/squirrels/spiders (insert the most common animal in the victim’s locality) report to us. Your stuffed animals report to us. A microchip or device implanted in your body tells us where you are and what you are thinking and saying. A bomb in your body will go off if you are disloyal.

All these things are simulated in childhood, using hidden microphones, one-way mirrors, fake surgeries, and other deceptions. The gist of it, whatever lie they use, is that it is impossible to hide anything from the perpetrator group, so victims must tell the group everything.

Huh? Why would the group need victims to tell them things if they already know those things? Just plain logic defeats this lie if you think about it. Help your client think about it, as your client’s reporter parts are required to tell a designated member of the abuser group about any disloyalty.

One version of the Big Lie that may be largely true is “Everyone you know is linked to us and will report to us.” Victims’ friends are for the most part assigned by the perpetrator group, and victims are made to report on one another. There is programming to tell only the truth to people who give the signal that indicates they are sent by the group, and never tell the truth to outsiders. Another possibility of a truth here is that there may well be recording going on – by the victim’s cell phone. Are your clients bringing those phones in to therapy sessions? They may be recording your sessions.

On page 163 Bas Kremer wrote (to an online discussion group):

There are of course specialized apps to monitor or eavesdrop on someone via his or her smartphone. Even in a standard app like WhatsApp it is easy to turn on your location and make it specifically visible where you are. These types of apps will no doubt be used, including by network loyal parts inside our clients. It is also always a good idea to ask your client in case of ongoing abuse or doubt about it, to physically switch off your smartphone completely [in the therapy session].

**Extreme Abuse Survivors as an Underserved Community**

**Randy Noblitt PhD**

**Alliant International University**

**Los Angeles, California**

The US Federal Executive Order, *Advancing Racial Equity and Support for Underserved Communities Through the Federal Government* (2021) defines *underserved communities,* as “populations sharing a particular characteristic, as well as geographic communities, that have been systematically denied a full opportunity to participate in aspects of economic, social, and civic life” (86 FR 7009, p. 7009). Recognizing underserved communities and responding professionally and respectfully is a critical responsibility for healthcare providers. Our various professions’ national organizations and state licensing boards emphasize the ethical principles that guide us in providing equitable treatment, and the specific enforceable standards that are expected of us. There are many underserved communities that have been historically marginalized, oppressed, and exploited. Sexual abuse survivors are one such group whose oppression is becoming recognized due to advocacy and social movements such as the “Me Too” Movement, although there has also been a backlash (Noblitt & Noblitt, 2021). Unfortunately, even when healthcare providers are at their best in terms of competence and ethical practice, there continue to be daunting and sometimes overwhelming systemic obstacles for extreme abuse survivors.

What is extreme abuse, and who are extreme abuse survivors? The Extreme Abuse Surveys (2007) are the most extensive studies of extreme abuse to date. The team of researchers consisting of Carol Rutz, Bettina Overkamp, Wanda Karriker, and Thorsten Becker conducted this large-scale international survey in English and German and produced a website (<https://www.extreme-abuse-survey.org/>) to collect responses and summarize their findings. The great majority of EA survivors indicated that they had experienced either ritual abuse, mind control or both (78%). They indicated that they had been subject to many different forms of abuse and 79% stated they were abused by multiple perpetrators. In the version of the EAS for clinicians (P-EAS) dissociation or posttraumatic signs and symptoms were among their own survivor experiences, and those of their survivor clients. Survivors with reported histories of ritual abuse/mind control commonly meet diagnostic criteria for severe dissociative disorders (Noblitt & Noblitt, 2014).

According to Dr. Bethany Brand dissociative “patients are an underserved group who are sometimes distressed and even mistreated rather than helped by clinicians” (Brand, 2024, p. 69). What factors may be at the root of the failure of some providers to appropriately recognize and treat dissociative patients? I suggest that financial interests play a significant role in the maltreatment of survivors by clinicians.

Based on my own clinical practice, many, if not most survivors are at a financial disadvantage due to their histories that likely interrupted their education, job training, earnings capacity, and social development leaving them without the money for private insurance and leaving them dependent on Medicaid insurance or other public assistance. Medicaid is notorious for its poor reimbursement policies and is typically eschewed unless it is a secondary payer to Medicare or some other private insurance provider. Fewer and fewer clinicians and facilities are willing to see Medicaid patients and when they do, are willing to do so for only brief therapy or diagnostics. And in order to obtain the highest reimbursement from Medicaid, the clinicians may attribute diagnoses such as schizophrenia, schizoaffective disorder, or others to their dissociative patients that rely primarily on medication rather than psychotherapy, according to insurers. This leaves the psychiatrist or psychotherapist with only a requirement for a quarterly 15-minute medication check to determine whether the prescribed medications are adequate or require adjustment. The problem is that for patients who do not actually experience schizophrenia or like disorders, the medication is unlikely to be helpful and this may result in unnecessary changes to medications and dosages that may be equally ineffective but that satisfy Medicaid’s requirements for reimbursement.

Alternatively, some dissociative patients may seek treatment from state, county, or city public mental health facilities, also chronically understaffed and underfunded. While the mental healthcare professionals may be caring and understanding of the patient's true diagnosis and appropriate treatment, they often do not have the time or latitude to provide needed care due to the guidelines imposed by the facilities and huge caseloads with which the providers are tasked. Furthermore, in addition to the scarcity of affordable mental healthcare, there are competing issues for the patient around transportation and meeting basic needs for housing, food, and safety that interfere with their mobility and ability to adhere to a regular therapy schedule where such services exist.

As healthcare providers we need to recognize that extreme abuse survivors are an underserved community, and advocate for their recognition and their opportunity to access health services, employment, and disability-related supports. But the solution to this serious dilemma may be political rather than therapeutic. Where once the processing time for applying for Social Security disability programs including Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI) was 30-60 days, the processing time is now 200-300 days nationally. In California, the average processing time is 245 days. And the initial application is only the first step. It is safe to assume that the initial application will be denied, since that is the fate of the majority of applications unless it can be demonstrated that the individual has a potentially fatal condition such as stage IV cancers, end stage renal disease, or being on the UNOS organ transplant list. Denied initial applications require the claimant to file a reconsideration appeal that will also likely result in the same processing time as the initial application. It is only after receiving a denial for the reconsideration appeal that the claimant can request a hearing before an administrative law judge, the stage at which most claimants are awarded benefits.

However, it will take months before the request results in approval for a hearing and then months before the hearing is actually scheduled. And it might take months before a decision is made and if benefits are awarded, months before benefits are actually received. This is the result of the prior administration’s appointment of an unqualified Commissioner of the Social Security Administration, laying off or firing more than 50% of the Social Security Administration’s workforce, and the loss of even more of the staff due to Covid which afflicted some workers and forced the early retirement of many of their senior workers. Even though the new administration has replaced the Commissioner with an excellent manager, former governor of Maryland Martin O’Malley, the Congress has not passed a budget to rehire experienced staff or hire new staff, including appointing more administrative law judges. All of this will require an act of Congress.

Likewise, the reimbursement schedule for Medicaid, Medicare, and private insurers must be more realistically restructured in accordance with the cost of living. Increasing the numbers of public mental healthcare facilities that feature adequate numbers of appropriately trained mental health providers is essential. And providing for adequate housing, access to food, social services, medical treatment, and safety for survivors is an absolute. This will require providers and survivors to petition local, state and federal elected officials to recognize dissociative patients as an underserved population and develop services that meet these people's needs.

**References**

*Advancing Racial Equity and Support for Underserved Communities Through the Federal Government* (2021). (<https://www.federalregister.gov/documents/2021/01/25/2021-01753/advancing-racial-equity-and-support-for-underserved-communities-through-the-federal-government>).

Bach, M. H., Beck Hansen, N., Ahrens, C., Nielsen, C. R., Walshe, C., & Hansen, M. (2021). Underserved survivors of sexual assault: A systematic scoping review. European Journal of Psychotraumatology, 12(1), Article 1895516. [https://doi.org/10.1080/20008198.2021.1895516](https://psycnet.apa.org/doi/10.1080/20008198.2021.1895516)

Brand, B. L. (2024). *The concise guide to the assessment and treatment of trauma-related dissociation*. American Psychological Association. <https://doi.org/10.1037/0000386-001>

Noblitt, J.R., & Noblitt, P.P. (2021). Backlash against allegations of sexual harassment and assault. In G. Robertiello (Ed.), *Sexual harassment and misconduct: An encyclopedia* (pp. 18-22). ABC-CLIO.

Noblitt, J. R., & Noblitt, P. P. (2014). *Cult and ritual abuse: Narratives, evidence, and healing approaches* (3rd ed.). Praeger.

Noblitt, J. R., & Noblitt, P. P. (2020) *Navigating social security disability programs: A handbook for clinicians and advocates.* Praeger.

**Re-incantation**

**Daniel Christy**

Please note: This may be triggering for survivors.

RE-INCANTATION--- TWO WORLDS

I lived in one world where there were nice homes

And full churches and friendly people

I now remember another world of darkness and basements

And candles and people writhing in pain.

I enjoyed the sunshine and lazy picnics

Camping trips and special friends

I now remember another world of torture and screaming

Of cannibalism, horror, and overwhelming terror

I went to a Christian school and to church each week

In a middle size town that seemed “safe” and respectable

I now remember another world of naked bodies, sadistic sex

Pain and screaming, mutilation and lies, and more sex and screaming

And there were plays and recitals and recess and kind teachers

And playing with friends and home and bicycles and school

And I now remember another world of witches and demons

And death and hell and suffering and shame and people being humiliated.

I had friends and cats and climbed trees and ate Popsicle’s

And went swimming and played hide and go seek at night.

I now remember another world of whippings and beatings and

Needles and knives and blood and crying and tears and death and denial.

And there were tests and schoolwork and baseball and dare-base

And foursquare and flying kites and contests and girlfriends

And I now remember another world of naked bodies and licking and

Sucking and agony and ecstasy and lies and raping and beating and hell

I went to church and memorized Bible verses and had friends over

And played cowboys and Indians and practiced the saxophone

I now remember another world of terror and yelling and naked

Bodies tied down and people kicked and stimulated and sliced

I lived in a world of conservative Christians and proper

Rules and looking normal and right and OK

I now remember another world where things were definitely

Wrong and evil and terribly out of control

And there were neighbor kids to play with and we had

Electric trains and marbles and built cities and had play wars

And the pain of the other world froze my soul and numbed

My spirit – it made me a zombie of fear and terror

And we stayed overnight at friends and had snowball fights

And played football and tetherball and had spelling bees

And the childhood from hell is slowly losing its hold over

My life. The terror melts-I slowly feel and remember and heal

**Ritual Abuse, Sex Trafficking and Mind Control – Part 2**

**Neil Brick**

Excerpt from the presentation at the 20th Annual International Human Trafficking & Social Justice Conference

September 20, 2023. Transcript online at <https://ritualabuse.us/mindcontrol/ritual-abuse-sex-trafficking-and-mind-control/>

**Trigger Warning: This presentation contains information that may be triggering or (re)traumatizing to readers.**

Mental health diagnoses, like Dissociative Identity Disorder and Post Traumatic Stress Disorder, and their origins in sex trafficking survivors will be explained. The forced development of these diagnoses and their symptoms will be connected to how they are used to control sex trafficking survivors.

– Describe research studies that show how these techniques work

– Explain how different mental health diagnoses symptoms are used to help sex trafficking survivors

– Discuss techniques used to control sex trafficking survivors

**Dissociative Identity Disorder**

Dissociative identity disorder (formerly called Multiple Personality Disorder or MPD) is defined as the presence of two or more personality states or distinct identities that repeatedly take control of one’s behavior. The patient has an inability to recall personal information. The extent of this lack of recall is too great to be explained by normal forgetfulness. The disorder cannot be due to the direct physical effects of a general medical condition or substance.

In DSM-5, dissociative identity disorder (DID) is described as a disruption of identity characterized by two or more distinct personality states or an experience of possession. The clinician may observe or the patient may report that these personality states demonstrate marked discontinuity in sense of self and/or agency, accompanied by changes in affect, behavior, consciousness, memory, perception, cognition, and/or sensory-motor functioning. In addition, the person experiences dissociative amnesia (DA), a disruption in autobiographical memory (see Chapter 26, “Dissociative Amnesia”) that includes gaps or difficulties in recall of everyday events, important personal information, and/or traumatic events.

DID entails a failure to integrate certain aspects of memory, consciousness and identity. Patients experience frequent gaps in their memory for their personal history, past and present. Patients with DID report having severe physical and sexual abuse, especially during childhood. The reports of patients with DID are often validated by objective evidence. (Dissociative Identity Disorder)

**PTSD**

Posttraumatic stress disorder (PTSD) is a psychiatric disorder that may occur in people who have experienced or witnessed a traumatic event, series of events or set of circumstances. An individual may experience this as emotionally or physically harmful or life-threatening and may affect mental, physical, social, and/or spiritual well-being. Examples include natural disasters, serious accidents, terrorist acts, war/combat, rape/sexual assault, historical trauma, intimate partner violence and bullying,

People with PTSD have intense, disturbing thoughts and feelings related to their experience that last long after the traumatic event has ended. They may relive the event through flashbacks or nightmares; they may feel sadness, fear or anger; and they may feel detached or estranged from other people. People with PTSD may avoid situations or people that remind them of the traumatic event, and they may have strong negative reactions to something as ordinary as a loud noise or an accidental touch. (What is Posttraumatic Stress Disorder)

**Research Studies**

10 Extreme Abuse Survey Findings Helpful to Understanding Ritual Trauma

1. Ritual abuse/mind control (RA/MC) is a global phenomenon.

2. A diagnosis of Dissociative Identity Disorder is common for persons who report histories of

RA/MC. (84% of EAS respondents who answered that they have been diagnosed with DID [N=655] reported that they are survivors of RA/MC).

3. Ritual abuse (RA) is not limited to SRA, i.e., satanic ritual abuse, sadistic abuse, satanist abuse.

4. RA is reported to involve mind control techniques.

5. Some extreme abuse survivors report that they were used in government-sponsored mind control experimentation (GMC).

6. RA/MC is reported to be involved in organized “known” crime.

7. RA/MC is reported to be involved in clergy abuse.

8. Most often reported memories of extreme abuse are similar across all surveys.

9. Most often reported possible aftereffects of extreme abuse are similar across all surveys.

10. In rating the effectiveness of healing methods, therapists tend to favor stabilization techniques; survivors are more open to alternative ways to cope with indoctrinated belief systems. (10 Extreme Abuse Survey Findings Helpful to Understanding Ritual Trauma)

*Secret Weapons* is a well-documented, verifiable account of not one, but two children’s long untold stories of being CHILD subjects of Project MKUltra. Quotes from the book: “By the time Cheryl Hersha came to the facility, knowledge of multiple personality was so complete that doctors understood how the mind separated into distinct ego states, each unaware of the other. First, the person traumatized had to be both extremely intelligent and under the age of seven, two conditions not yet understood though remaining consistent as factors. The trauma was almost always of a sexual nature…” p. 52 “The government researchers, aware of the information in the professional journals, decided to reverse the process (of healing from hysteric dissociation). They decided to use selective trauma on healthy children to create personalities capable of committing acts desired for national security and defense.” p. 53 – 54 (Secret Weapons)

*Twenty-Two* Faces documents how the only known survivor-intended-victim of a modern-day human sacrifice ceremony six year-old Jenny Hill, overcomes multiplicity resulting from brainwashing, her perpetrators having subjected the child to insidious mind-control techniques culled from Nazi Germany. As is the case for thousands of children across the globe unfortunate enough to be born into families still practicing these aberrant religious rites. Using a lone resource: faith in God, Jenny tries to make sense of a life where she jumps from one day to the next. Eventually with help of a psychologist: she takes charge of her divided mind by facing alter personalities and their traumatic repressed memories, overcomes family-society rejection, confronts and forgives abusers, showing an ability of the human spirit to overcome against all odds, profound emotional shock and miraculously healing from severe childhood trauma. (Twenty-Two Faces)

A new book, *Twenty Two Faces: Inside the Extraordinary Life of Jenny Hill and Her Twenty-two Multiple Personalities*, by retired, Saratoga Springs-based psychiatrist Judy Byington, tells the story of Hill, who, according to Byington, was the victim of sexual assaults by both her father and by neighborhood boys. Hill told Byington that on June 21, 1965, in Garden Grove, Calif., she was tortured on an altar and forced to watch the murder of a 6-year-old by a satanic coven.

Subsequently, Hill was subjected to mind control experiments which resulted, Byington says, in Hill having 22 personalities. Hill moved to Utah County and ended up spending a year in the Utah State Hospital under the care of Weston Whatcott between 1984 and 1985. In a press release by the book’s publisher, Whatcott acknowledges that Hill’s multiple personalities were a result of childhood trauma, “namely repeated sexual assaults coupled with ritual abuse.”

Byington says Hill “really wanted her story told.” Byington drew on journals Hill and some of her other personalities kept from when she was 5 to 24. “We could all be multiple personalities if we have gone through all the trauma that these people have gone through,” Byington says. “Children under tremendous torture, their minds can separate into different personalities.”

Hill went to the FBI looking for the parents of the child she had seen killed, Byington says. While an FBI agent who looked at Hill’s medical records told Byington that there was confirmation that horrendous torture had occurred, “he wouldn’t open up a case for her.”

Byington has also investigated local satanic covens in Utah, she says, and talked to a special-investigations unit at the Utah Attorney General’s office in 2006 on ritual abuse cases. “” It’s still very much of a problem,” Byington says. “These covens are very active and it’s very difficult to prove what’s going on.” (22 Faces revives ritual sexual abuse controversy)

Full list of references available at: <https://ritualabuse.us/mindcontrol/ritual-abuse-sex-trafficking-and-mind-control/>