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## **COMPASSIONATE SOJOURNERS**

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Compassionate Sojourners: Accurately Assessing the  
Incidence of Satanic Ritual Abuse in Clients Who Are  
Childhood Sexual Abuse Survivors

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While doing an MSW internship at a rape crisis center, writer Annette Sarcinelli found that in a group of ten adult survivors of childhood sexual abuse, three were also survivors of SRA. Her Christian presence elicited the spirits of lies, denial, anger, rage, deception, manipulation, sneers, intimidation, defensiveness, cursing, rudeness from the SRA clients. The spiritual antagonism between her and the survivors was palpable as if encountering the devil himself. One of the therapists at the rape crisis center gave Annette access to numerous articles, books and workshop material on SRA. Annette knew she was on a spiritual battle ground. She did a research paper for her Child Abuse and Neglect course to learn more about SRA, how to assess and treat it. It necessitated putting on the full armor of God.

One of the findings was there is no universally accepted definition for Satanic Ritual Abuse (SRA). For this paper, SRA is an extreme, spiritually-charged, challenging to assess and treat type of sexual abuse. SRA is a secret, organized process containing Satanic symbols, rituals, chants; bizarre and unbelievable tortures, and sacrifices that are performed systematically to instill fear into the victim, to indoctrinate and program him/her to come under the control of Satanists. Usually, the initiation begins on the victim's birthday. Then the victims are exposed to events that follow the Satanic calendar. The Christian calendar contains celebrations of significant life-giving, inspirational events; however the Satanic calendar events perpetrate on the victims anti-Christian, death-filled, sinful tortures and subject them to sacrifices of humans and/or animals. People of all ages, occupations, sexes, cultural and economic statuses have been subjected to both sexual abuse and SRA. Those who have experienced SRA seem to describe similar experiences as reported in several different studies from individual's histories by L. M. Edwards, (1990); J. Friesen, PhD (1990); W. Hoffman, (1991); P. Hudson, LCSW, (1990); F. Jonker and P. Jonker-Bakker, (1991); B. Nurcomb, MD & Unutzer, MD (Mar 1991). The studies cover geographic areas in Canada, Netherlands, Texas, Virginia, California, New Jersey, Oregon and New York.

For Annette, the current study was inspired by the experiences of SRA survivors at that rape crisis center in 1993. Findings of incidences in the literature are also remarkable. According to James Friesen, PhD, author of *Uncovering the Mystery of MPD (1991)*, a survey of Southern California therapists said 25% was a low estimate and may go as high as 60%. An inpatient study by Leavitt, (1994) is cited by Cozolino and Foy in their article entitled, "Psychological Sequelae In Adult Females Reporting Childhood Ritualistic Abuse" (1995). "An assessment of 87 adult women reporting severe sexual abuse for a minimum of 12 months prior to the age of 12 who met the DSM-III-R criteria for a dissociative disorder and were admitted to an inpatient program for dissociative disorders, 39 women reported a history of childhood satanic ritual abuse (SRA) while 48 reported childhood sexual abuse only," (p. 967). Between January 1, 2007 and March 31, 2007, an international internet survey called the Extreme Abuse Survey for Survivors (EAS) was compiled by SPORG-Consulting e.V., Lueneburg, Germany. Some statistics from the international study are included in the methods of SRA abuses.

Five years ago, when both authors realized they had a common interest in SRA, they began developing an assessment tool called the Adult Survivor of Childhood Sexual Abuse Survey (ASCSAS) recognizing there was no known standardized assessment to distinguish between the similar but different sexual abuses. The instrument contains questions on demographics, physical and psychiatric co-morbidities, locations, and the section of clinical questions are scored on a 5-point Likert scale which assess childhood sexual abuse generally and SRA specifically. The ASCSAS is ready to be piloted in North America to identify the incidence of SRA.

The assessment and treatment of both sexual abuse and SRA survivors is likened to Lazarus who had died, was bound with burial cloth and was in the tomb for four days. Typically, there would be a stench if the tomb was opened after that many days. Jesus called, "Lazarus Come Out!" Untie him and let him go free! (John 11: 1-44). Many times the life of a sexual abuse or SRA survivor arrests at the time the abuses started. Then years, not days, after the abuse occurred the survivor begins to have memory of places where the abuses took place. Their nightmares, memories of abuses, flashbacks, art work confirm that something had happened. Like Lazarus, sexual abuse and SRA survivors are bound up with many of the same physical and mental health co-morbidities, namely dissociative disorders and psychoses.

As compassionate sojourners, we come along side the survivors usually when the stone has moved itself away from between the head and the heart. When the bound up Lazarus comes out, he/she cannot see, feel, smell, taste or hear. Their reality is distorted. Survivors have identity issues as the untying occurs--he/she went into the tomb as a child and came out adults and they don't recognize his/herself often asking: Why is this coming up now? What happened? Where did my childhood go? Who am I? Why do I do the things that I do? Am I gay/lesbian because I was sexually abused? No one will like me if they knew what happened to me. Where do I belong? What do I believe? What are my likes/dislikes? Then the stench of the subconscious findings surface after festering for years. Survivors often remark, "It stinks" to find out what has happened to them, that someone would treat another human being the way he/she may have been treated. It stinks to have to face the abuse. The compassionate sojourner needs to identify the differences in some of the stench which distinguish general sexual abuse from SRA.

First and foremost, SRA contains all of the general sexual abuse symptomatology and experiences such as dissociative disorders and psychoses. The distinguishing features for SRA are found in the content of their flashbacks, art work, nightmares. The methods of abuse are horrific, bizarre and very hard to believe. The abusers are sadistic, cold, calculating; purposefully confounding the senses. The EAS study showed 55% of 986 participants were subjected to SRA. *Among the methods of abuse in SRA are: tortures with use of bugs, spiders, snakes, rodents while tied down to the floor inside a pentagram; becoming suicidal on birth date or special holidays (EAS 71%); hanging of victims by ankles or wrists until they pass out; rape, gang rape with the intent to impregnate; taking a fetus by C-section as part of the ritual and worship to Satan; bestiality(EAS 52%); "marriage to Satan" (EAS 38%); witnessing or being forced to participate in the sacrifice of animals or humans according to the rite of the Satanic*

*calendar, and then, being told you killed your sibling, family member or pet. The art work, memories, flashbacks (EAS 68%) often contain symbols of pentagrams, upside-down crosses, rams or goat heads; using blood (EAS 63%); being defecated (EAS 55%) and/or urinated upon, forced to consume body wastes and human flesh; being buried in a casket, box or in ground (EAS 45%) with reptiles, insects are typical. Clients show fear toward authority figures who wear uniforms including police, doctors, nurses, judges, and clergy (EAS 14% abused by Catholic Priest in a Satanic ritual). They are forced to give allegiance to Satan who is often referred to as Jesus.*

Can you continue the journey after hearing what Lazarus experienced? With the spiritual overtones, would you assess Lazarus as experiencing psychosis? Dissociative Identity Disorder? PTSD? Mania? Delusions? Hallucinations? Schizophrenia? Lazarus is often diagnosed with schizophrenia or a schizoaffective disorder because he hears the voices, a sign of psychosis, which responds to antipsychotic medication. Dissociative Identity Disorder is the new term for Multiple Personality Disorder (MPD) which is present in sexual abuse survivors. However, the Lazarus who is diagnosed with dissociative identity disorder and PTSD also hears voices but the voices are of split off ego states or alters talking about their traumatic experiences. What sounds like bizarre psychosis may be the surfacing trauma memories in the form of body memories, auditory, visual, tactile, olfactory, gustatory hallucinations from SRA experiences. DID clients who are given antipsychotic medications that don't work, may instill fear in the victim and give him/her a reason not to take any other psychiatric medications that may be needed for anxiety or depression. For DID clients Thomas J. Giancarlo's article, "Multiple Personality Disorder: A Challenge to Practitioners" (Feb 1991) reports that up until 1970, clients were diagnosed with schizophrenia if there was a split in personality. To paraphrase Giancarlo's message, when misdiagnosed, victims are subjected to multiple hospitalizations and were in the mental health system an average of seven years before properly assessed and appropriate treatment could be used to help them. Needless to say, the cost of health care for someone who has been misdiagnosed adds to the client's long-suffering and lost hope for healing.

In summary, working with trauma survivors requires compassion, a safe place and a trusting relationship by the therapist who accompanies them on their journey, like Jesus did with Lazarus whom he raised from the dead. Survivors reporting sexual abuses while in human trafficking and within gang activity can be battle grounds to research the presence of SRA. Compassionate sojourners need an awareness of what went into binding up Lazarus, and what Lazarus might reveal in the untying process which carries with it a stench that is particular to SRA. The journey of unraveling is bound to be long and will need patience as the survivor struggles with acceptance and denial of such deplorable abuses being perpetrated upon them, especially when the perpetrator(s) is family, friend, and/or clergy. The companion on the journey has to be discerning of spiritual content which contradicts true characteristics of Jesus, scripture and Christian beliefs. The sojourner needs to be an accurate analyst of symptoms, traumatic sexual experiences in childhood, arrests in development, and significant Satanic symbols, rituals, tortures revealed by participants in order to make an accurate diagnosis. The importance of an

accurate diagnosis has significant effects on time in therapy, high recidivism of hospitalizations and apparent over use of mental health services; and the ability to validate the survivors' experiences.

As noted above, there are at least three reports of incidences of SRA being as low as 25% to 60% in the early 1990's in Canada and nine states in the U.S. The EAS' international results compiled in 2007 show an incidence of 55%. The authors would like to quantify the incidence of SRA in the nation today so that more clients can be helped rather than hindered in their recovery. The authors invite all Christian therapists who work with trauma survivors to help us pilot the ASCSAS. If the statistics reveal high numbers of SRA survivors, it is up to us to assess and treat SRA as knowledgeable, trustworthy and compassionate companions on their journey.

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