

Extreme Abuse Survey

**Wanda Karriker:  
Child Sexual Abuse and Beyond**

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## **Child Sexual Abuse and Beyond:<sup>1</sup>** **Findings from a series of international extreme abuse surveys**

*Wanda Karriker, PhD*

Why? You may be wondering. Why would a psychologist, retired from private practice for eight years, be speaking at a conference for frontline mental health professionals? When Connie Valentine invited me to speak, I wondered the same thing. Then I went to the website of the California Protective Parents Association and read its mission: “To protect children from incest and family violence through **research**, education and advocacy.”

Protecting children through research! Until I read that, I had not thought of our survey research as a way to protect children. What a noble organization with a noble mission!

I am honored to have been invited to fly all the way from North Carolina to speak to you today about recent international survey research that could inform and impact the way you diagnose and work with clients who are victims of extreme abuse.

A couple years ago two Germans and two Americans, who met on Internet lists, pooled our various contacts, skills, knowledge, and experiences to develop a means to bring the existence of extreme abuse, including ritual abuse and mind control, to the attention not only of mental health professionals, but also to the media and to individuals and organizations from around the world who are in positions to expose this “hidden holocaust.”

Our names and bios are on the hand-out. (You gotta remember to be careful about meeting up with people on the Internet. You don’t know what it might lead to).

So How? You may be wondering. How are the research findings I’m about to report today related to this conference’s topic about innovative treatment?

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This is how Pamela Perskin described the importance of research to treatment. She had posted it to an email list of professionals who work with persons with dissociative disorders in response to some clinicians who were attacking the validity of our survey results less than two weeks after it had gone online . . . without benefit of seeing the assumptions and limitations that we had acknowledged in our research plan.

Pam wrote, “The criticism leveled at the survey seems to ignore the value of this pioneering effort. Ritual abuse and other forms of extreme abuse are frequently reported by individuals diagnosed with dissociative disorders. Gaining a better understanding of the experiences these individuals share and their reactions to these experiences fills an enormous gap in the therapeutic process. We cannot know what experiences are true or fabricated (by the perpetrator or the victim). But we do know that the psychological sequelae can be disabling and create lifelong problems that may never be overcome. We owe it to these people to do all we can to recognize and respect their stories and to work with them to find a way of mitigating their symptoms and distress.”

First I will tell you how I got from therapist to researcher, both roles involving what I believe to be the most controversial issue to ever engage the mental health field and spill over into the public arena – the debate over the reality of ritual abuse. Then, via a hand-out, I will present a thumbnail sketch of the preliminary results of the series of Extreme Abuse surveys conducted online in 2007, in both English and German: The first for adult survivors of extreme abuse including, but not limited to, ritual abuse and / or mind control; the second for professionals who work with survivors, and the third for caregivers of children who have disclosed experiences consistent with ritual abuse and / or mind control.

## **Part 1**

Looking back over my life, I cannot imagine having experienced a more heart-breaking as well as heart-warming career than the one that began incubating for me over a half century ago.

It’s a hot summer night. I’m 15 years old and sitting with my date in the backseat of a

1957 black and white Ford Fairlane convertible. We're watching a black and white movie at the local drive-in theater. He pulls me close and attempts a kiss. I push away and fix my eyes on the screen where a mother leads her six-year-old daughter to a coffin. The mother forces the terrified child to kiss her dead grandmother good-bye. This scene leads me to believe that such a trauma is what caused the little girl to split into three parts.

You know the movie: *The Three Faces of Eve*.

The relationship with that guy didn't last. My fascination with the phenomenon called multiple personalities did.

It's 1961. My Psychology 101 class. The professor shows a film of an actual therapy session of the woman known as Eve. "Very rare condition," I remember him saying. It was years before Chris Sizemore, the real Eve, learned that films of her therapy sessions were being replayed in colleges and university classrooms across the country.

What a breach of confidentiality!

It's 1974. I'm in graduate school. The book, *Sybil*, is a best seller and is being discussed in one of my classes. "Hogwash," says the professor. "Sybil's therapist created her personalities." **How** I wondered at the time, could therapists create different personalities in a client? Or make her remember things that didn't happen. And **why** would they do that?

In the early eighties, a client sits across the room from me, shows me her diary written in many different handwritings and tells me she was raised in a satanic cult. The words of another graduate school professor cross my mind. "Multiple personalities. That's Hollywood stuff. You'll never see it." And there this woman is, right in front of me, dissociating all over the place.

Other persons with multiple personality disorder (MPD) (now called dissociative identity disorder or DID) show up in my office. Some are children. One, a seven year old, is taken out of therapy when I make the diagnosis. Later, I hear from her mother's attorney that the child has an STD and that her father has been charged with sexual abuse. I'm required to sit for a three-hour deposition, forced to defend that this

child has MPD, and that from what I had read, multiple personalities are created as a defense against unbearable trauma. That was in 1983, a year before any articles about MPD in children were published in the professional literature.

In 1987, a middle-aged, morbidly obese, healthcare professional was referred by her family physician because she was experiencing symptoms of depression. Successful in her job, married for twenty-five years, no financial problems, no problems with her children, Charity – not her real name – wanted to die.

In answer to my initial question, “What do you want to accomplish in therapy?” Charity had replied, “I’m unhappy. No one can get close to me. I’m sensitive and I’ve been hurt.” She went on to say, “I was the oldest of six children. Never allowed to be a child.”

Charity believed that through hypnosis she might find out what made her so unhappy and I thought it was worth a try. In one of the early trance experiences, I asked if she could tell me about a time in her life when she had been happy. Tears rolled down her cheeks as she spoke in a trembling weak voice: “I-I-I really can’t remember a happy time.”

“That’s okay,” I supported. “Just allow yourself to remember what you need to remember.”

After several seconds, Charity opened her eyes and looked around the room. She stuck a thumb in her mouth and began to whine.

“What’s the matter?” I asked, drifting into the voice of an adult talking to a hurting child.

“My neck hurts.”

“I’m sorry. Do you have a name?”

“I’m Little Bit.”

“Do you know who I am?”

Charity's child part shook her head, no.

"I'm Charity's doctor. I'm here to help her . . . and you."

My client, a successful professional with a master's degree and administrative position in the healthcare field held up four fingers and spoke with a childlike tone:

"The weal Chawity's dead. Auntie choked her with a wope. She told me I was bad. She told me to be Chawity." The woman closed her eyes and went limp. After a minute or two she opened her eyes and rubbed her neck. She stood up and walked over to the mirror. "My God! It looks like there's a rope burn." Placing her hands around her neck as if she were choking herself, she added, "It feels like there's a burn."

This was the first of many traumas Charity would remember.

In about a year of therapy, she would discover that she had unconsciously created an internal system of alters (or parts of herself or mental states or alternate identities – whatever you want to call that dissociative phenomenon -- who protected her from a traumatic past and continued to shield her from day-to-day pressures.

Most of her parts didn't talk to outsiders. Some had no voices but wrote in her journal. The spy saw what he wasn't supposed to see. The recorder kept a mental record of everything that happened to her. The clown managed a group of alters created to make Charity feel happy.

During one session, Charity cowered in the corner. I sat down on the floor beside my client and asked, "Who are you?"

"Fraidy," she answered.

"Fraidy. Do you have a last name"? I asked.

"Cat," she answered.

One Easter Monday, Charity anxiously began to tell me about a dream she'd had the

night before: “I don’t remember much about it,” she said. I saw a black pot, a black and white kitten, and an axe. My doll was in the dream. Crying.”

Charity lay back on the couch, closed her eyes, and the part who called itself the recorder, came out and said, (monotone) “But it wasn’t a dream.” This alter continued the description in monotone. “I see a lot of people. They march up the steps. They go into the church. Auntie’s with them. They are screaming and yelling.”

Another switch of affect and Charity, placing her hands over both ears, screamed: “He’s alive! Our Master’s alive! Praise the Master!”

The spy came out to finish the narrative. “Everybody’s jerking. Moaning and groaning. One of the men has on a dress. He’s wearing a hat that comes down over his ears. They make her lie down on a little stage. Everybody touches her. They touch her everywhere.”

“What is she wearing?” I asked, as a way of assuring Charity that I was with her in the present moment.

“It’s a white dress. They take her panties off. They make the sign of the cross on her chest. They use their mouths to make the sign of the cross on her titties.”

Charity bolted upright, her face red, her fists clinched. “Auntie did that to me. She let them kiss me on my mouth, my breasts, my bottom. God damn every one of them!”

I could think of no words to console my client and blurted out (rather non-therapeutically), “If I found my family was involved in that kind of stuff I would want to tell the world.”

Charity looked up at me, shaking her head, smirking: “Sure, and the world would think you are crazy as hell.”

In subsequent weeks, Charity remembered bits and pieces of other ritualistic activities: cats and chickens being slaughtered and sacrificed to the Master, and she, herself, being forced to drink their blood. Her grandfather, a traveling evangelist, appeared to her to have been leader of the group.

Some of my clients had remembered ritual abuse in the name of Satan. Charity had remembered ritual abuse in the name of Jesus Christ.

Now, let me tell you about a session with another client in the spring of 1988. I had been working off and on with her for a few years.

Imagine, if you will, that you are her therapist. Sitting across the room, this woman, seven years older than you, is acting like a seven-year-old terrified child. Suddenly, her demeanor changes back to her adult self. She points to a scar on her shin shaped like a cross. She tells you about a serial rape in a funeral home. The railroad track that cuts the town in half. A feed mill with four tall silos.

In your mind, you picture the small town in the Bible Belt where you grew up in. The funeral home that some of your relatives owned. A railroad track that cuts the town in half. The feed mill with four tall silos. It's gone now. Burned to the ground when you were in the third grade.

Your client's town could be any town USA in the early forties. The funeral home? Perhaps your relatives had rented it out to be used as a temple of evil.

In the fall of that year, 1988, I attended the "Workshop on Identification and Treatment of Victims of Ritual Cult Abuse" held in Chicago at the same time as the annual conference of the International Society for the Study of Multiple Personality and Dissociation. (Now it's called the International Society for the Study of Trauma and Dissociation). At last, a noted expert in the treatment of MPD, Dr. Bennett Braun, had the courage to bring the issue of ritual abuse out in the open.

The workshop was a sellout. No nonprofessionals or press were admitted. I was shocked to learn that there were people, even therapists, who questioned the credibility of both clients and therapists who accepted the reality of ritual abuse. An anthropologist, speaking about what she called the "satanic cult rumor," offered alternative explanations for allegations of satanic abuse in childhood.

Back to the client sitting across from you who remembered the serial rape in the funeral home. A year later, in the spring of 1989, she tells you the names of some of

her abusers. Names you remember from your own childhood. Friends of your family. Pillars of the community. People who were supposed to love and protect you. . . . **Your** relatives!

What do you do with this information?

For me, as a therapist, I had no choice. If I wanted to help other people overcome the aftereffects of violence conducted in the name of some ideology – some “ism” – if I ever hoped for peace again in my own soul, I’d have to go where I didn’t want to go – even as my clients so often found they had to – into the past . . . deeper and farther than I myself had ever plunged. I had to find out if, I too, had somehow dissociated memories of ritual abuse.

During six years of psychotherapy, searching for memories I never wanted to find, I came to **KNOW** that when I was a girl in that little town in the Bible Belt, I, too, had been exposed to ritual abuse.

Enough about me.

The next year, 1989, the ritual abuse workshop after the Chicago conference reminded me of an emotional religious revival. Three survivors told their stories and were rewarded by applause and tears from the audience. A collection was even taken up to defray travel expenses of one of the survivors. I sensed a touch of hysteria permeating the therapeutic community.

In the real world, the issue of ritual abuse was coming out of the graveyards, funeral homes, church basements, and all the other venues I was hearing about and became a subject for sensational media presentations, talk shows, and popular magazine articles. Secrets once shared in the sanctity of therapy offices were now in the public domain.

And about that time, a couple of clients came to me for therapy who not only had incest and ritual abuse memories, but also remembered having been abused and tortured by men in white coats in medical-type settings.

One woman remembered her daddy, a retired military man, deliberately creating

alters in her with coded numbers as names. Another remembered brain probes and high-tech labs with babies in incubators. And being strapped on a table and spun around. And electroshock.

In conferences held in Chicago in the late eighties on Multiple Personality Disorder and Dissociation, I met other therapists from across North America who were hearing the same types of stories as I. Then, in December 1989 edition of *Dissociation*, an article written by George Ganaway, a psychiatrist from Atlanta, questioned the veracity of ritual abuse accounts, categorizing them as ‘urban legends’ and comparing them to stories of UFO abductions. He questioned whether these memories were just fantasy and / or illusion “borrowing its core material from literature, movies, TV, other patients’ accounts, or unintentional therapist suggestion.”

Intuitively, I knew that this article would reverberate through many groups. The cults would love it. Survivors would be crushed. I was not sure how other therapists would react. Looking back, I consider this article to be the cannon that set off what came to be known as the “memory wars.” By the way, the author, Ganaway, became a member of (and according to their latest newsletter, is still member of) the False Memory Syndrome Foundation’s Scientific and Professional Advisory Board.). . .

. . . An organization that, according to the annual budget reports in their newsletters, has spent at least 5 million dollars promoting the idea that “false memories” implanted by therapists is why its members have been accused of molesting children. This tidbit of information was reported by investigative journalist Lynn Crook in her recent presentation during a panel at the United Nations’ 52<sup>nd</sup> Conference on the Status of Women.

I was fortunate to be in the audience of this panel titled, “The Exorbitant Cost of Child Sexual Abuse.” Moderated by noted anthropologist, Dana Raphael, the panel also included Pam and Randy Noblitt and Connie Valentine (here today) as well as Eileen King and Betsy Salkind. Lynn Crook cautioned the standing-room only audience, many dressed in traditional garb from the countries they represented, to be skeptical of claims that false memories of sexual abuse were implanted by therapists. She said that we have to remember that many of the people who say that child sex abuse allegations are really just false memories have, themselves, been accused of molesting children. And that some of the false-memory proponents are the experts hired to

defend accused child molesters. (With her permission, I copied Lynn Crook's UN hand-out to give to you today).

Back to my timeline:

In the same issue of *Dissociation* where Ganaway's skeptical article appeared, Editor Richard Kluft, a premier clinician and researcher in the field, addressed the polarization in the dissociative disorders field over the subject of ritual abuse. He observed that "Clinicians in many parts of North America and in European countries as well are hearing remarkably similar accounts of ritualistic abuse from many patients" and recommended serious study of the phenomenon stating, "Even as I advocate an open-minded but cautious circumspection as a scientific *modus operandi*, I appreciate the difficulties (and at times the ethical and practical impossibilities) involved in such a stance."

At the 1990 Chicago conference, clients and patients referred to as ritual abuse survivors in previous conferences were now being called "alleged" ritual abuse survivors. It was as if some unknown force were attempting to traumatize trauma therapists; to split professionals into opposing camps, either believers or nonbelievers. And in 1992, this unknown force became known. It has been termed "the false memory movement."

After I heard about the False Memory Syndrome Foundation in 1992, I began to read articles and hear academics on talk shows telling me that child sex abuse allegations are false memories. What I didn't hear from the media is that the idea of false memory syndrome was being promoted by accused child molesters.

Then I began to hear and read about lawsuits by parents who claimed they had been falsely accused of sexual abuse by their adult children because therapists had implanted false memories in their children's minds and also by mental patients, themselves, who claimed that their therapists had implanted false memories of ritual abuse in their minds.

In 1995, three courageous victims of ritual abuse and also mind control and radiation experimentation stood before the President's Advisory Committee on Human Radiation Experiments to tell the world about the horrors they endured in the name of National

Security. Giving explanation and support for two of these women was their therapist Valerie Wolfe. In preparation for her talk she had heard from nearly forty therapists from across the country who had worked with clients who were used as human guinea pigs in government-sponsored mind control experiments. They had remembered “mind control and pain induction techniques such as electric shock, use of drugs, sensory deprivation, hypnosis, dislocation of limbs and sexual abuse.”

Do those types of torture sound familiar? Maybe a little like the news reports of the torture used in interrogations of alleged terrorists at Guantanamo Bay and Abu Ghraib?

My co-researcher Thorsten Becker asserts that the controversy over the reality of ritual abuse reached its peak in 1997 when prominent therapists in the dissociative disorders field were charged with civil and criminal actions. In a civil suit, *Burgus vs. Braun et al.*, the plaintiffs claimed that false memories of ritual abuse had been implanted in a woman and her sons by Dr. Bennett Braun. (Same Dr. Braun who offered the first conference on ritual abuse in 1988.) Without Dr. Braun’s agreement, his insurance company paid plaintiffs 10.6 million dollars to settle the case out of court. (Defendant filed a lawsuit against his insurance company for this breach of contract but I do not know the outcome of this suit).

In a case that went to court, Dr. Judith Peterson from Houston faced criminal charges in connection with “false” or “recovered” memories of ritual abuse. All charges were dismissed in March 1999 before the defense was heard, ending the case in a mistrial. Becker writes that after these cases were settled, “The debate, the controversial discussion as well as the publishing of books and articles on ritual abuse seemed to carry on a very much lower level of profile.”

For a long time, I wondered, what were the connections between these things I was seeing in my practice and hearing about at conferences: i. e., between multiple personality disorder, ritual abuse, government-sponsored mind control experimentation, and the false memory movement? When I read Ross’s *Bluebird: Deliberate Creation of Multiple Personality by Psychiatrists* (2000), I found a possible answer in the following paragraph:

“The FMSF is the only organization in the world which has attacked the reality of

multiple personality in an organized systematic fashion. FMSF Scientific and Professional Advisory Board Members publish most of the articles and letters to editors of psychiatric journals hostile to multiple personality disorder. They claim that most, if not all cases have been created unwittingly by therapists, using the same techniques of mind control employed by destructive cults.” (p. 115).

In the introduction he had stated that “the major goal of the Cold War mind control programs was to create dissociative symptoms and disorders, including full multiple personality disorder” (p. E).

So that they don’t get lost in the pile of other survey statistics I’m going to show you in a few minutes, I want you to think about these findings from the survey for survivors.

Of 257 survivors who reported that secret mind control experiments were used on them as children, 69% (177) reported abuse in a satanic cult. Of the 543 respondents who reported that they were abused in a satanic cult, 33% (179) reported having been used in secret mind control experiments as children. (This finding is in your hand-out).

Ross noted that a few of the original FMSF Advisory Board Members had previously received government contracts to study dissociative disorders and mind control techniques. Related to the organized attack on therapists who work with clients presenting symptoms of trauma-induced dissociative disorders, Ross writes:

“If clinical multiple personality is buried and forgotten, then the Manchurian Candidate Programs will be safe from public scrutiny.”

Connect the dots: Multiple Personality Disorder . . . Ritual Abuse . . . Government-Sponsored Mind Control Experiments . . . Government-funded Mind Control Doctors as members of FMSF advisory board . . . Attacks on Therapists who treat Survivors by Alleged Perpetrators of Incest and Ritual Abuse and Mind Control.

One other thing before I present some preliminary findings from the research that Connie asked me to speak about . . .

Remember that comment I made to my client Charity when I could think of no words

to console her and blurted out, “If I found my family was involved in that kind of stuff I would want to tell the world.”

And Charity looked up at me, shaking her head, smirking: “Sure, and the world would think you are crazy as hell.”

Well, until I put that vignette together for this talk, I had not associated my blurt-out with the title of a speech I gave at the United Nations’ 51<sup>st</sup> Session on the Committee on the Status of Women in March, 2007. The speech included some preliminary results of the first survey that we had gleaned from the first five weeks that it was online. My title . . . “We’re Off to Tell the World.”

*Discussion of the findings on hand-out [see: [Wanda Karriker - Hand-out CA SA Awareness Conference.pdf](#) available for download at [www.extreme-abuse-survey.net/](http://www.extreme-abuse-survey.net/)]*

### **Conclusion:**

What does all this have to do with the topic of today’s conference: Innovative Treatment? In my opinion, that question is answered by Lacter and Lehman in their chapter in *Ritual Abuse in the 21<sup>st</sup> Century*, edited by Pam and Randy Noblitt. They clearly state how recognition of ritual abuse and mind control is important in appropriate diagnosis and treatment for its victims:

“Misdiagnosis results in harmful outcomes for ritual abuse and mind control victims in both the mental health and the legal arena. Harmful treatment decisions based on misdiagnosis include lack of provision of treatment for trauma, incorrect and excessive use of medications, sometimes with severe and irreversible side effects, reinforcement of victims’ fears that they are hopelessly crazy and untreatable, long-term hospitalization, and involuntary hospital commitment. Harmful legal outcomes include incorrect findings of insanity, valid reports of abuse being viewed as delusional within law enforcement investigations and judicial proceedings, and forced conservatorship removing victims’ basic freedoms.”

Would that I could turn back my life to the time before I knew of the existence of evil

glorified in Satanism and other forms of deviant religions; before clients came to me who not only had ritual abuse memories, but also remembered having been victims of trauma-based programming deliberately designed to create multiple personalities in children; before I learned about MKULTRA and other tax-funded torture of children in behavioral and medical experimentation programs. But then, I would never have had the privilege to serve as a guide on their healing journeys or as an advocate for some of the most resilient, remarkable persons who have ever lived.