For Bas Kremer

Victims of Ritual Abuse and Child Trafficking: Recognition, Play Therapy, and Symbolic Communication

Presentation by Ellen Lacter, Ph.D., RPT-S

Ellen Lacter, Ph.D., is a clinical psychologist, registered play therapist and supervisor, academic coordinator for the Play Therapy Certificate Program at University of California– San Diego Extension, and past president of the California Association for Play Therapy. She has been an art therapist in various agencies since 1977 and a therapist in private practice since 1984. She has developed an object relations model for resolution of trauma with abused children using play, art, and other expressive therapies. She specializes in the treatment of dissociative disorders and trauma from ritualistic abuse and is an activist against extreme abuse. Website: www.endritualabuse.org Email: ellenlacter@earthlink.net

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XXI. Dissociative Responses of Abused Children

The dissociative disorders field has established that DID is associated with chronic, intense, early abuse, often involving a combination of physical, sexual, and emotional abuse, frequently including profound neglect, family violence, and a generally chaotic home environment (see: International Society for the Study of Trauma and Dissociation (ISSTD) (2011): Guidelines for Treating Dissociative Identity Disorder in Adults, Third Revision, Journal of Trauma & Dissociation, 12:2, 115-187. Downloaded 2/24/2018: http://www.isst-d.org/downloads/guidelines_revised2011.pdf) Also, join: 1) the Dissociative Disorders list serv. It's free! http://www.dissoc.icors.org/, and, 2) The Ritual Abuse, Mind Control and Other Organized Abuse Special Interest Group of ISSTD.

In response to early, chronic, lower-intensity and shame-evoking trauma, self-states likely form as a function of an active mental effort of the relatively non-traumatized self, also known as the "host" or Apparently Normal Personality (ANP), to shield itself from awareness of painful or unacceptable memories, thoughts, feelings and motives. Paul Dell (2009) calls this process, "dissociation-potentiated repression," the defensive use of repression in individuals with substantial self-hypnotic or dissociative ability. Trauma-bearing self-states also likely remain dissociated from the relatively non-traumatized self by way of an ongoing mental defensive effort to disown the unacceptable.

In response to acute and higher-intensity trauma, the victim is likely to react more reflexively and instinctually via subcortical mechanisms that activate very quickly in response to perceived threat to physical or psychic survival (LeDoux, 1996). These states are more a function of intense emotional and physiological states taking precedence over cognitive coping strategies, as the trauma occurs, than the psyche's efforts to extrude intolerable knowledge from awareness.

This response is the basis of the model of "Structural Dissociation of the Personality" of Steele, van der Hart, and Nijenhuis (2009). They posit that in response to high-intensity, acute trauma, such as torture, traumatic material is registered differently and apart from benign experience, as it occurs. They contend that an ongoing integrative deficit results in a structural dissociation of the personality, and only secondarily is this division a result of a psychological defense. When individuals experience aversive stimuli or major threats, mental and behavioral "action tendencies" are activated to avoid or escape the threat. Such experience is registered in "emotional parts" (EPs) of the personality, a separate psychobiological system than that employed to approach attractive stimuli and adapt to daily life, the ANPs. If overwhelming trauma occurs to a child, or if a primary attachment figure is frightening, this hinders the otherwise normal developmental progression toward integration of the two psychobiological systems. The ANP's phobic avoidance of traumatic memory held in EPs maintains the division, which likely involves a preconscious mental effort, a psychological defense.

Programmers use rudimentary self-states to construct personae to perform desired functions. Gresch, psychologist and cold war NATO mind control survivor, explains that a young child's immediate response to torture is to enter a survival-driven state of hypnotic heightened attentiveness and suggestibility that is ultra-receptive to learning. Thus primed, this state may be exploited in a limited way, such as trained to obey commands or perform circumscribed behaviors to avoid punishment. Or, this state may be further augmented through a long-term "torture-hypno-conditioning process" to carry out more complex executive functions. Terror controls this type of self-state long-term, in that it is stuck, "unable to leave the torture chamber in its own mind".

I believe that practitioners of torture-based mind control have a depth understanding of both of these kinds of dissociative states, calculatingly induce some types to form, limit some to holding pain and terror, condition some to perform executive functions of more complexity, manipulate "self-created" ego-states to the degree that they can, all to exploit the unique properties of each to the fullest.

Patients with Dissociative Identity Disorder (DID) have relatively enduring encapsulated self-states within a fragmented, unsynthesized self. Colin Ross (1989) defines three major groups: children, protectors, and persecutors. Frankel and O'Hearn (1996) provide a similar model:

> ...traumatized alters are viewed in terms of a bonding force, because they are seeking to offload pain and to find someone to improve their lives; the protectors are seen in the context of a pro-bonding force, because their mission is to give hope and comfort and to disclose secrets of the trauma. The persecutory alters are viewed as part of an anti-bonding force because they are there to disrupt any bonding with the outside world (for fear of retaliation), and are themselves bonded to the perpetrators...(p. 494)

The "aggressive personalities" are usually modeled after the abusers. To other personalities, it may look like the abusers are living on the inside, frightening them terribly. However, if the therapist asks them how they came to be (the trauma that induced them to form) or how they try to help everyone inside, they usually disclose that they are: 1) trying to keep everyone inside safe by ensuring that they do not tell, fight, or antagonize, because that would cause retaliation by the abusers ("shut-up parts"), or 2) they had to be hard and tough (they are often male) because the others were in too great emotional pain– these personalities formed by defensive identification with the aggressor to override feelings of fear and helplessness. They are often caught in a time-warp; they do not understand that they exist in the present. They are stuck in the past until engaged in therapy.

Dissociation is complex to detect in both children and in adults, largely because many of the symptoms are "negative," i.e., they include losses of function and sensation, including:

> loss of memory (amnesia);
> loss of affect (numbing);
> loss of critical function (a cognitive action) resulting in suggestibility and difficulty thinking things through;
> loss of needs, wishes, and fantasies;
> loss of previously existing skills.
> These losses potentially should be available in another part of the personality.
> Negative somatoform dissociative symptoms involve apparent losses of sensory, perceptual or motor functions, e.g., dissociative anaesthesia and sensory loss, and dissociative paralysis.
> (From van der Hart, O.; Nijenjuis, E; & Steele, K (2015). Dissociation: An Insufficiently Recognized Major Feature of Complex PTSD, Journal of Traumatic Stress, 2005, 18 (5). https://pdfs.semanticscholar.org/f232/ec36d043bc26f69f7dd1fd3e2cb06238d365.pdf

Given that this is a difficult group of disorders to assess, a number of screening tools help:
See: https://ncwwi.org/files/Evidence_Based_and_Trauma-Informed_Practice/Child-and-Adolescent-Trauma-Measures_A-Review-with-Measures.pdf
Also see: Erika L. Schmit & Richard S. Balkin (2014) Evaluating Emerging Measures in the DSM-5 for Counseling Practice: http://tpcjournal.nbcc.org/wp-content/uploads/2014/07/Pages-216-231-Schmit.pdf

XXII: Child and Adult Dissociation Assessment and Screening Tools

For Children and Adolescents

1. Child Dissociative Checklist- Version 3 (CDC) (Putnam, Helmers, & Trickett, 1993; Wherry, Jolly, et al., 1994; Putnam, 1997) (most widely used tool, per Silberg & Dallam, 2023*):
https://secure.ce-credit.com/articles/102019/Session_2_Provided-Articles-1of2.pdf (5/12/23)
Putnam, F.W., Helmers, K., & Trickett, P.K. (1993). Development, reliability and validity of a child dissociation scale. Child Abuse & Neglect, 17, 731-742.

2. Children's Perceptual Alteration Scale (CPAS) (Evers-Szostak & Sanders, 1992):
https://scholarsbank.uoregon.edu/xmlui/bitstream/handle/1794/1642/Diss_5_2_5_OCR_rev.pdf?sequence=4 (5/12/23)
https://cctasp.northwestern.edu/wp-content/uploads/Childrens-Perceptual-Alt-Scale.pdf (5/12/23)
Evers-Szostak, M., & Sanders, S. (1992). The Children's Perceptual Alteration Scale (CAPS): A measure of children's dissociation. Dissociation, 5, 91-97.

3. Checklist of Indicators of Trauma and Dissociation in Youth (CIT-Dy) (2020), by Fran Waters, Ph.D., a guide to assist in assessing and diagnosing children with complex trauma for parents/caregivers, clinicians, and educators to fill out electronically or by hand for children as young as three years old through adolescence:
https://www.waterscounselingandtraining.com/check-list-for-trauma-assessment (5/12/23)

4. The Child Dissociative Experience Scale and Post-Traumatic Stress Inventory (CDES/PTSI) (Stolbach, 1997)
(For ages 7 to 17), by Bradley C. Stolbach, adapted from Bernstein & Putnam (1986)
scroll down: https://secure.ce-credit.com/articles/102019/Session_2_Provided-Articles-1of2.pdf (5/12/23)
Stolbach, B.C. (1997). The Children's Dissociative Experiences Scale and Posttraumatic Symptom Inventory: Rationale, development, and validation of a self-report measure. University of Colorado at Boulder ProQuest Dissertations Publishing, 1997. 9725794.

5. Clinician-Administered PTSD Scale for DSM-5 - Child/Adolescent Version (CAPS-CA-5):
http://www.ptsd.va.gov/professional/assessment/child/caps-ca.asp (5/12/23)
Request free copy from the VA: http://www.ptsd.va.gov/professional/assessment/ncptsd-instrument-request-form.asp
Weathers, F.W., Blake, D.D., Schnurr, P.P., Kaloupek, D.G., Marx, B.P., & Keane, T.M. (2013). The Clinician-Administered PTSD Scale for DSM-5 (CAPS-5). [Assessment] Available from www.ptsd.va.gov.

6. Trauma Symptom Checklist for Children (ages 8 to 16) (TSC-C) (Briere): https://www.parinc.com/Products/Pkey/461
https://www.wpspublish.com/tscc-trauma-symptom-checklist-for-children (5/12/23)
Briere, J. (1996). Trauma Symptom Checklist for Children (TSCC), Professional Manual. Odessa, FL: Psychological Assessment Resources.

7. Trauma Symptom Checklist for Young Children (ages 3 to 12) (Briere, 2001):
https://www.parinc.com/products/pkey/463 (5/12/23)
Briere, J (2005). Trauma Symptom Checklist for Young Children (TSCYC): Professional Manual. Psychological Assessment Resources, Inc. Odessa, FL.

8. Children's Impact of Traumatic Events Scale-Revised (CITES-2) (Wolfe, Gentile, 1991),
Chaffin & Shultz (2001). Psychometric evaluation of the Children's Impact of Traumatic Events Scale-Revised, Child Abuse & Neglect *25* (3) pp. 401-411.
https://www.clintools.com/victims/resources/assessment/ptsd/cites-r.pdf (5/12/23)
http://www.ptsd.va.gov/professional/assessment/child/cites-2.asp (get from VA) (5/12/23)
Wolfe, V. V., Gentile, C., Michienzi, T., Sas, L., & Wolfe, D. A. (1991). Children's Impact of Traumatic Events Scale B—Revised (CITES-R) [Database record]. APA PsycTests. https://doi.org/10.1037/t02083-000

9. Brief Dissociative Experiences Scale [DES-B]—Modified for DSM-5 (for ages 11-17) (Dalenberg & Carlson, 2010)
https://www.psychiatry.org/File%20Library/Psychiatrists/Practice/DSM/DSM-5-TR/APA-DSM5TR-SeverityofDissociativeSymptomsChildAge11To17.pdf (5/12/23)
Dalenberg, C., & Carlson, E. (2010). Severity of Dissociative Symptoms—Child Age 11–17 (Brief Dissociative Experiences Scale [DES-B]—Modified) [Measurement instrument].

10. Childhood Trauma Questionnaire- Brief Screening Version (Bernstein et al, 2003).
https://emerge.ucsd.edu/r_3em79y3tlxrmbs3/ (5/12/2/3)
Bernstein, D. P., Stein, J. A., Newcomb, M. D., Walker, E., Pogge, D., Ahluvalia, T., Stokes, J., Handelsman, L., Medrano, M., Desmond, D., & Zule, W. (2003). Development and validation of a brief screening version of the childhood trauma questionnaire. Child Abuse & Neglect, 27(2), 169–190.
https://doi.org/10.1016/S0145-2134(02)00541-0

11. Child Sexual Behavior Inventory 2nd Revision (Friedrich, 1999):
https://citeseerx.ist.psu.edu/document?repid=rep1&type=pdf&doi=5fbeac33d889d094430070b246529ae642dcd988 (5/12/23)
Review:
https://www.tandfonline.com/doi/pdf/10.1080/10538712.2018.1477215?needAccess=true&role=button (5/12/23)
https://www.tn.gov/content/dam/tn/mentalhealth/documents/Pages_from_CY_BPGs_297-308.pdf
https://www.guilford.com/add/forms/gil9.pdf?t=1
Friedrich, W. N., Fisher, J. L., Dittner, C. A., Acton, R., Berliner, L., Butler, J., Damon, L., Davies, W. H., Gray, A., & Wright, J. (2001). Child Sexual Behavior Inventory: normative, psychiatric, and sexual abuse comparisons. Child maltreatment, 6(1), 37–49. https://doi.org/10.1177/1077559501006001004

12. The Child PTSD Symptom Scale for DSM-5 (CPSS-V SR) (Edna B. Foa, Sandy Capaldi, 2013)
Info: https://istss.org/clinical-resources/assessing-trauma/child-ptsd-symptom-scale-for-dsm-5-(cpss-5) (5/12/23)
Test:
https://istss.org/getattachment/Clinical-Resources/Assessing-Trauma/Child-PTSD-Symptom-Scale-for-DSM-5-(CPSS-5)/CPSS-5-Scoring-Psychometrics.pdf?lang=en-US (5/12/23)
Foa, EB, Asnaani, A, Zang, Y, Capaldi, S. (2017). Psychometrics of the Child PTSD Symptom Scale for DSM-5 for Trauma-Exposed Children and Adolescents. Journal of Clinical Child & Adolescent Psychology, 47, 38-46.

13. NCAC Extended Forensic Interview (EFI) Protocol:
National Children's Advocacy Center's Extended Forensic Structure (2019):
https://www.nationalcac.org/wp-content/uploads/2019/02/NCAC_CFIS_Feb-2019.pdf (5/12/23)
Training: https://www.nationalcac.org/extended-forensic-interview-training/ (5/12/23)

14. Adolescent Dissociative Experiences Scale II (A-DES) (Armstrong, Carlson, Putnam) (Ages 11 to 17):
https://www.emdrworks.org/Downloads/a-des.pdf (5/12/23)
https://s3.amazonaws.com/PHR_other/adolescent-dissociative-experiences.pdf (5/12/23)
Carlson, E. B., & Putnam, F. W. (1993). Dissociative Experiences Scale-II (DES-II). APA PsycTests.
https://doi.org/10.1037/t86316-000
Armstrong, J., Putnam, F.W., Carlson, E., Libero, D., & Smith, S. (1997). Development and validation of a measure of adolescent dissociation: The Adolescent Dissociative Experience Scale. Journal of Nervous & Mental Disease, 185, 491-497
Farrington, A.D., Waller, G.D., Smerden, J.D., & Faupel, A.W. (2001). The Adolescent Dissociative Experiences Scale: Psychometric properties and difference in scores across age groups. Journal of Nervous and Mental Disease, 189, 722-727.
Smith, S.R., & Carlson, E.B. (1996). Reliability and validity of the Adolescent Dissociative Experiences Scale. Dissociation, 9, 125-129.

15. Adolescent Multi-dimensional Inventory for Dissociation (A-MID)
https://www.mid-assessment.com/ (5/12/23)
https://www.mid-assessment.com/wp-content/uploads/2017/08/Adolescent-MID-English.pdf (5/12/23)
Ruths, S., Silberg, J.L., Dell, P.F., & Jenkins, C. (2002). Adolescent DID: An elucidation of symptomatology and validation of the MID. Paper presented at the 19th Annual Meeting of the ISSD, Baltimore, MD, November 2002.

16. Dean Adolescent Inventory Scale (Dean): In Crowder, Adrienne. (1995) Opening the door: a treatment model for

therapy with male survivors of sexual abuse. Brunner/Mazel, NY, NY. Preview in Google Books.

17. Signs and Symptoms of Ritual Trauma in Children (Gillotte, 2001) from "Forensic Considerations in Ritual Trauma Cases", Sylvia Lynn Gillotte: http://www.wanttoknow.info/secret_societies/svali_essays.pdf (5/12/23)

18. PTSD in preschool children (6 and under) DSM-5 Criteria:
https://ptsd.va.gov/PTSD/professional/treat/specific/ptsd_child_under6.asp (5/12/23)

* Silberg, J. & Dallam, S. (2023). Dissociative disorders in children and adolescents. In M. J. Dorahy, S.N. Gold, & J.A. O'Neil (Eds.) Dissociation and the dissociative disorders: Past, present, and future (Second edition). Routledge. Pp. 433-447

For Adults

1. Dissociative Experiences Scale II (Carlson & Putnam): http://www.fortrefuge.com/quiz-DES.php
To score: http://traumadissociation.com/des Also DES Taxon calculator: https://www.isst-d.org/resources/
Lyssenko, L., Schmahl, C., Bockhacker, L., Vonderlin, R., Bohus, M., & Kleindienst, N. (2018). Dissociation in psychiatric disorders: A meta-analysis of studies using the dissociative experiences scale. American Journal of Psychiatry, 175(1), 37–46. https://doi.org/10.1176/appi.ajp.2017.17010025
Carlson, E. B., & Putnam, F. W. (1993). An update on the Dissociative Experiences Scale. Dissociation: Progress in the Dissociative Disorders, 6(1), 16–27.
https://scholarsbank.uoregon.edu/xmlui/bitstream/handle/1794/1539/Diss_6_1_3_OCR_rev.pdf?sequence=4&isAllowed=y

2. Multidimensional Inventory of Dissociation 5.0 (MID) (Diagnostic tool) (Dell, 2006); Adult & Adolescent MIDs, interpretation guides: http://www.mid-assessment.com
Dell, P. F. (2006). The Multidimensional Inventory of Dissociation (MID): A comprehensive measure of pathological dissociation. Journal of Trauma & Dissociation, 7(2), 77–106. https://doi.org/10.1300/J229v07n02_06

2a: MID-60 (short version. Screening tool):
https://drive.google.com/drive/folders/1PijizRbu8NxArfeivVCuiM8En5kG4PTY

3. Severity of Dissociative Symptoms—Adult (Brief Dissociative Experiences Scale (DES-B Modified)
https://www.psychiatry.org/File%20Library/Psychiatrists/Practice/DSM/APA_DSM5_Severity-of-Dissociative-Symptoms-Adult.pdf (5/12/23)
https://www.patrickbarta.com/assets/s_dissociative.pdf
Dalenberg, C., & Carlson, E. (2010a). Severity of Dissociative Symptoms—Adult (Brief Dissociative Experiences Scale [DES-B]—Modified) [Measurement instrument]. Retrieved from
http://www.psychiatry.org/practice/dsm/dsm5/online-assessment-measures

4. Multiscale Dissociation Inventory (Briere, 2002): http://s1097954.instanturl.net/multiscale-dissociation-inventory-mdi/
https://www.sciencedirect.com/science/article/abs/pii/S2468749923000121 (5/12/23)
Briere, J. (2002). Multiscale dissociation inventory. Psychological Assessment Resources.

5. The Clinician-Administered Dissociative States Scale (CADSS) (Bremner et al., 1998, revised version 2014)
https://www.tandfonline.com/doi/pdf/10.1080/15299732.2021.1989111 (5/12/23)
Bremner, J. D., Krystal, J. H., Putnam, F. W., Southwick, S. M., Marmar, C., Charney, D. S., & Mazure, C. M. (1998). Measurement of dissociative states with the clinician-administered dissociative states scale (CADSS). Journal of Traumatic Stress: Official Publication of the International Society for Traumatic Stress Studies, 11(1), 125–136. https://doi.org/10.1023/A:1024465317902
Bremner, J. D. (2014). The Clinician Administered Dissociative States Scale (CADSS): Instructions for administration. [Unpublished manuscript]. Department of Psychiatry, Emory University.

5a. The Clinician Administered Dissociative Symptom Scale- Simplified 6 items (CADSS-6)
Rodrigues, N. B., McIntyre, R. S., Lipsitz, O., Lee, Y., Cha, D. S., Shekotikhina, M., Vinberg, M., Gill, H., Subramaniapillai, M., Kratiuk, K., Lin, K., Ho, R., Mansur, R. B., & Rosenblat, J. D. (2021). A simplified 6-Item

clinician administered dissociative symptom scale (CADSS-6) for monitoring dissociative effects of sub-anesthetic ketamine infusions. Journal of Affective Disorders, 282, 160–164. https://doi.org/10.1016/j.jad.2020.12.119

6. Dissociative Subtype of PTSD Interview (DSP-I; Eidhof et al., 2019)
Eidhof, M. B., Ter Heide, F. J. J., van Der Aa, N., Schreckenbach, M., Schmidt, U., Brand, B. L., Lanius, R. A., Loewenstein, R. J., Spiegel, D., & Vermetten, E. (2019). The Dissociative Subtype of PTSD Interview (DSP-I): Development and Psychometric Properties. Journal of trauma & dissociation : the official journal of the International Society for the Study of Dissociation (ISSD), 20(5), 564–581. https://doi.org/10.1080/15299732.2019.1597806
https://www.tandfonline.com/doi/full/10.1080/15299732.2019.1597806 (5/12/23)

7. The Cambridge Depersonalization Scale (CDS; Sierra & Berrios, 2000)
Scale: www.goodmedicine.org.uk/files/assessment,%20depersonalization,%20t.DOC (2/12/23)
Sierra, M., & Berrios, G. E. (2000). The Cambridge Depersonalisation Scale: A new instrument for the measurement of depersonalisation. Psychiatry Research, 93(2), 153–164. https://doi.org/10.1016/S0165-1781(00)00100-1
Sierra, M., Baker, D., Medford, N., & David, A. S. (2005). Unpacking the depersonalization syndrome: An exploratory factor analysis on the Cambridge Depersonalization Scale.
Psychological Medicine, 35(10), 1523–1532. https://doi.org/10.1017/S0033291705005325

8. Somatoform Dissociation Questionnaire (SDQ-5 and SDQ-20) (Nijenhuis et al., 1996): http://www.enijenhuis.nl (5/12/23)
Scale: https://emdrtherapyvolusia.com/wp-content/uploads/2016/12/SDQ-20.pdf (5/12/23)
https://www.researchgate.net/publication/265000305_The_scoring_and_interpretation_of_the_SDQ-20_and_SDQ-5 (5/12/23)
https://traumatherapyconference.com/sdq-tec (5/12/23)
Nijenhuis, E. R., Spinhoven, P., Van Dyck, R., Van Der Hart, O., & Vanderlinden, J. (1996). The development and psychometric characteristics of the somatoform dissociation questionnaire (SDQ-20). Journal of Nervous and Mental Disease, 184(11), 688–694. https://doi.org/10.1097/00005053-199611000-00006

9. The Structured Clinical Interview for DSM-5 Dissociative Disorders (SCID-D-R) (Marlene Steinberg, 1994) (Requires training and purchase. Silberg & Dallam report it is valid with adolescents, 2023*):
https://www.columbiapsychiatry.org/research/research-areas/services-policy-and-law/structured-clinical-interview-dsm-disorders-scid (5/12/23)
Steinberg, M. (1994). Interviewer's guide to the structured clinical interview for DSM-IV dissociative disorders (SCID-D). American Psychiatric Pub
Mychailyszyn, M. P., Brand, B. L., Webermann, A. R., Şar, V., & Draijer, N. (2020). Differentiating dissociative from non-dissociative disorders: A meta-analysis of the structured clinical interview for DSM dissociative disorders (SCID-D). Journal of Trauma & Dissociation, 22(1), 1–16. https://doi.org/10.1080/15299732.2020.1760169

10. Dissociative Disorders Interview Schedule (DDIS- DSM5) (Colin Ross):
Interview: https://www.rossinst.com/Downloads/DDIS-DSM-5.pdf (5/12/23)
Ross, C. A., Heber, S., Norton, G. R., Anderson, D., Anderson, G., & Barchet, P. (1989). The dissociative disorders interview schedule: A structured interview. Dissociation, 2(3), 169–189. doi:10.1176/ajp.147.12.1698-b.

11. The Dissociative Questionnaire (DisQ; Vanderlinden, Van Dyck, Vandereycken, Vertommen, & Verkes, 1993).
Vanderlinden, J., Van Dyck, R., Vandereycken, V., Vertommen, H., & Verkes, R.J. (1993). The Dissociation Questionnaire: Development and characteristics of a new self-reporting questionnaire. Clinical Psychology & Psychotherapy, 1, 21-27.

12. Shutdown-Dissociation Scale (Schalinski etal., 2015)
Scale: http://traumadissociation.com/shut-d (5/12/23)
Schalinski, I., Schauer, M., & Elbert, T. (2015). The shutdown dissociation scale (Shut-D). European Journal of Psychotraumatology, 6(1), 25652. https://doi.org/10.3402/ejpt.v6.25652

14. Trait Dissociation Questionnaire (TDQ; Murray et al., 2002).
Murray, J., Ehlers, A., & Mayou, R. A. (2002). Dissociation and post-traumatic stress disorder: Two prospective studies of road traffic accident survivors. The British Journal of Psychiatry, 180(4), 363–368.
https://doi.org/10.1192/bjp.180.4.363

15. Dissociative Subtype of PTSD Scale (DSPS) (Wolf, 2017)
Scale: https://www.ptsd.va.gov/professional/assessment/documents/DSPS.pdf (5/12/23)
Administer and score: https://www.ptsd.va.gov/professional/assessment/documents/DSPSmanual.pdf (5/12/23)
https://www.ptsd.va.gov/professional/assessment/adult-sr/dissociative_subtype_dsps.asp
Wolf, E., Mitchell, K. S., Sadeh, N., Hein, C., Fuhrman, I., Pietrzak, R. H., & Miller, M. W. (2017). The Dissociative Subtype of PTSD Scale: Initial evaluation in a national sample of trauma-exposed Veterans. Assessment, 24, 503-516. doi:10.1177/1073191115615212.

16. The dissociative subtype of PTSD Interview (DSP-I) (Eidhof et al (2019).
Eidhof, M. B., Ter Heide, F., Van Der Aa, N., Schreckenbach, M., Schmidt, U., Brand, B. L., Lanius, R. A., Loewenstein, R. J., Spiegel, D., & Vermetten, E. (2019). The dissociative subtype of PTSD Interview (DSP-I): Development and psychometric properties. Journal of Trauma & Dissociation, 20(5), 564–581. https://doi.org/10.1080/15299732.2019.1597806

17. Peritraumatic Dissociative Experiences Questionnaire (PDEQ; Marmar et al., 1997) developed to assess acute dissociation elicited by traumatic events
Scroll down for scale: http://www.info-trauma.org/flash/media-e/triageToolkit.pdf (5/12/23)
Marmar, C. R., Weiss, D. S., & Metzler, T. J. (1997). The peritraumatic dissociative experiences questionnaire. In J. P. Wilson & T. M. Keane (Eds.), Assessing Psychological Trauma and PTSD (pp. 412–428). Guilford Press.

18. Structured Interview for Disorders of Extreme Stress (SIDES) (Pelcovitz et al. (1997)
Manual: https://www.complextrauma.org/wp-content/uploads/2019/03/SIDES-Manual-Spinazzola-2019.pdf (5/12/23)
Pelcovitz, D., van der Kolk, B., Roth, S. et al. Development of a Criteria Set and a Structured Interview for Disorders of Extreme Stress (SIDES). J Trauma Stress 10, 3–16 (1997). https://doi.org/10.1023/A:1024800212070

18a Structured Interview for Disorders of Extreme Stress – Adolescent Version (SIDES-A)

19. Dissociation-Tension Scale Acute (DSS-Acute; C.E. Stiglmayr et al., 2003) and its comprised version (DSS-4; C. Stiglmayr et al., 2009) have been developed to assess state dissociation levels.
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Checklist: https://www.ptsd.va.gov/professional/assessment/adult-sr/ptsd-checklist.asp (5/12/23)

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24. Social Phobia Inventory (SPIN):
Scale: https://psychology-tools.com/test/spin (5/12/23)

25. Hamilton Anxiety Rating Scale (HAM-A):
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National Child Traumatic Stress Network:
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Child Dissociative Checklist (CDC), Version 3 Frank W. Putnam, MD

Date: _____ **Age**: _____ **Sex**: **M F** **Identification**:_____

Below is a list of behaviors that describe children. For each item that describes your child NOW or WITHIN THE PAST 12 MONTHS, please circle **2 if the item is VERY TRUE** of your child. Circle **1 if the item is SOMEWHAT or SOMETIMES TRUE of your child**. If the item is **NOT TRUE of your child, circle 0**.

0 1 2	1. Child does not remember of denies traumatic or painful experiences that are know to have occurred.
0 1 2	2. Child goes into a daze or trance-like state at times or often appears "spaced-out." Teachers may report that he or she "daydreams" frequently in school
0 1 2	3. Child shows rapid changes in personality. He or she may go from being shy to being outgoing, from feminine to masculine, from timid to aggressive.
0 1 2	4. Child is unusually forgetful or confused about things that he or she should know, e.g. may forget the names of friends, teachers or other important people, loses possessions or gets easily lost.
0 1 2	5. Child has a very poor sense of time. He or she loses track of time, may think that it is morning when it is actually afternoon, gets confused about what day it is, or becomes confused about when something has happened.
0 1 2	6. Child shows marked day-to-day or even hour-to-hour variations in his or her skills, knowledge, food preferences, athletic abilities, e.g. changes in handwriting, memory for previously learned information such as multiplication tables, spelling, use of tools or artistic ability.
0 1 2	7. Child shows rapid regressions in age-level behavior, e.g. a twelve-year old starts to use baby-talk sucks thumb or draws like a four-year old.
0 1 2	8. Child has a difficult time learning from experience, e.g. explanations, normal discipline or punishment do not change his or her behavior.
0 1 2	9. Child continues to lie or deny misbehavior even when the evidence is obvious.
0 1 2	10. Child refers to himself or herself in the third person (.g. as she or her) when talking about self, or at times **insists** on being called by a different name. He or she may also claim that things that he or she did actually happened to another person.
0 1 2	11. Child has rapidly changing physical complaints such as headache or upset stomach. For example, he or she may complain of a headache one minute and seem to forget about it the next.
0 1 2	12. Child is unusually sexually precocious and may attempt age-inappropriate sexual behavior with other children or adults.
0 1 2	13. Child suffers from unexplained injuries or may even deliberately injure self at times.
0 1 2	14. Child reports hearing voices that talk to him or her. The voices may be friendly or angry and may come form "imaginary companions" or sound like the voices of parents, friends or teachers.
0 1 2	15. Child has a vivid imaginary companion or companions. Child may insist that the imaginary companion(s) is responsible for things that he or she has done.
0 1 2	16. Child has intense outbursts of anger, often without apparent cause and may display unusual physical strength during these episodes.
0 1 2	17. Child sleepwalks frequently.
0 1 2	18. Child has unusual nighttime experiences, e.g. may report seeing "ghosts" or that things happen at night that he or she can't account for (e.g. broken toys, unexplained injuries).
0 1 2	19. Child frequently talks to him or herself, may use a different voice or argue with self at times.
0 1 2	20. Child has two or more distinct and separate personalities that take control over the child's behavior.

XXIII. Indicators of Ritual Abuse, Child Trafficking, and Dissociation in Children

A. Hudson (1991) found five symptoms present among many of her study's ritually abused children:

1. acting out the sexual abuse (n = 13),
2. sudden extreme fear of the bathroom, bathing, washing hair (n = 10),
3. nightmares, night terrors (n = 12),
4. high anxiety disorder, separation anxiety (n = 16), and
5. temper tantrums, oppositional behavior (n = 12). (p. 8)

B. Jonker and Jonker-Bakker (1991, 1997) "Almost one-third of the parents reported in 1989–1990 profound changes, as if they were dealing with a different child" (p. 550). The symptomatic behaviors of the children included the following: a poor sleep pattern, nightmares, night awakenings, bedwetting, genital shame, masturbation, inappropriate sexual behavior, swearing, aggressiveness, destructiveness, self-isolation, anxiety, tongue kissing, torturing of animals, fear of being locked up, interest in fire, fear of spiders, interest in devils, ghosts, the experience of words turning around, and interest in death. The three most common symptoms among the boys were the following: "poor sleep pattern (79%), waking during the night (79%), and aggressiveness toward the surroundings (83%)" (p. 550). Among the girls, "the most exhibited behaviors were poor sleep pattern (67%), anxiety, nervousness (77%), and aggressiveness towards the surroundings (87%)" (p. 550). The authors also noted, "If the Oude Pekela case had been a result of adult community hysteria rather than real children's experiences, then the behavioral changes would be expected to escalate as a function of disclosures to adults. Instead, there was a decrease in the number of changes in behavior following disclosure." (p. 551).

C. Observations of myself and protective parents that a child may have experienced, or is still enduring, extreme and calculated abuse.

Note: The presence of indicators does not prove that the child suffered extreme abuse. Their absence does not mean a person has not suffered such trauma.

Severe posttraumatic, terror-based behavior:

Hiding a weapon in his/her room, e.g., a knife or baseball bat near or under the bed
Not wanting to sleep alone past the typical age
Night terrors
Sudden states of intense fear
Hypervigilance and wariness
Hallucinations, suddenly acting as if she or he has seen something terrifying
Sudden hiding, crawling under a table, under a bed, etc.

Dissociation and dissociative identity disorder (see above):

Deep depression:

Anhedonia. Lack of interest in fun, interesting, or beautiful things in their surroundings (e.g., seeing a pretty landscape or funny animal while riding in the car).
Somber affect

Vacant affect: [War Artist Thomas Lea:The 2000 Yard Stare, https://en.wikipedia.org/wiki/Thousand-yard_stare]
Appearance of being deep in thought but with an angry or fearful look on their face

Self-harm and Suicidality:

Suicidality, often sudden onset, without warning.
Self-harm or suicidality following any disclosure of abuse
Sudden darting away or darting into oncoming traffic
Cutting, Scratching, pinching themselves, picking at sores
Poking/digging the skin with pencils/pens
Digging at one's face

Relationships:

Intense separation anxiety from nurturing and protective parents
Distrust of nurturing and protective parents
Withdrawn from loved ones
Unaware of conversation or activities around them
Social isolation
Unusually intense grief over the loss of a beloved pet or toy (may have been a confidant for child)
Running away at early ages (the abusers may have ordered this or made child distrust caregivers)

Out-of-context, odd, sudden, repetitive, or robotic statements, e.g.:

"I need to go_____ [home, to school, the grocery store, to a friend's home, etc.]
"I need to [urgently make some form of electronic communication- text, phone call, go online]"
"I want to die" or "I need to die"
Singing the same song as if in a trance
Series of numbers or letters

Creative expression (also see play and art therapy behavior below):

Poetry about suicide
Drawings of torture
Interest in very dark, angry, violent, music, art, etc.
Dressing very dark, decorating one's room in dark themes

Eating related:

Aversion to certain foods, especially meat, red colored foods like spaghetti sauce, slimy or moist foods such as macaroni or peanut butter, or phallic shaped foods like hot dogs.
Vegetarianism
Aversion to eating, nausea
Self-starvation
Weight loss
Intentional vomiting

Self-disguise and concealment:

Tries to conceal or disguise his or her face, e.g.,
wears surgical or other masks
wears glasses or eye color changing contacts
covers his or her face with hair or clothing
changes his or her hair color or radical changes in hairstyle
Unusual modesty, does not want her or his body to be seen
Wears clothing that cover the body even on hot days, e.g., long sleeve shirts or turtlenecks
(the abusers terrorize the child into hiding her or his injuries from potential protectors)
Extreme reluctance to have his or her picture taken or to be in a video with the family or alone

Body-aversions:

Aversion to nudity of self or others and to any sexual subject matter
Aversion to baths, showers, and bathing
Aversion to one's genitalia or one's gender
Fear or disgust in reaction to body hair, e.g., on the sink or in the tub

Other fears, phobias, or content of nightmares

Doctors	Babies and baby dolls	Cameras, being photographed
Dentists	Guns and Knives	Tools: pliers, screw drivers, hammers, drills,
Hospitals	Jails or cages	saws
Syringes	Particular colors	The sound of blenders, garbage disposals, etc.
Blood	TV	Glass breaking
Police and sirens	Telephones, Computers	Other loud noises
Bright lights	Water, drowning, pools	Birthdays
Mirrors	The moon	Weddings
Churches,	Fire	Holiday stimuli: Christmas, Easter,
Temples	Ovens	Halloween...
Clergy	Dogs	Particular cartoon characters
God	Rats	Trunks of cars: will stand far away if opened
Demons	Snakes	Large black plastic garbage bags
Religious objects	Spiders, other insects	Indoor concrete
Stars	Birds	Underground parking garages
Chanting	Rope	Cabins in the woods
Crosses	Leather gloves	The forest
Witches,	Grocery stores	Vehicles, e.g., cars, helicopters, trains,
monsters	Elevators	Fear of being followed on the road
Nazis, swastikas		Brushing and especially flossing the teeth
Masks		Smell of gasoline

Strong level or interest in many of the feared stimuli in the above chart

Eliminatory Functions:

- Bedwetting or resumption of bedwetting after period of night time continence
- Loss of urinary daytime control
- Encopresis (withholding of stool leading to very constipated or impacted stool)
- Involuntary soiling which may occur simultaneously with the constipation

Medical:

- Unusually intense or frequent headaches severe enough to interrupt play (unusual in very young children)
- Chronic fatigue or "bags under the eyes" likely due to insomnia (which is also unusual in young children)
- Unusual injuries, bruises, scars, puncture wounds (look under nail beds)
- Injuries, bones, wounds, etc., that do not heal in the expected time frame
- Frequent gastrointestinal distress, nausea, diarrhea
- Chronic stress-related disorders, e.g., eczema, asthma, frequent colds, fibro-myalgia, lupus, arthritis, etc.
- Urinary tract infections, yeast infections, and skin irritation in genital region

If the abuse is happening at daycare or school:

- School phobia
- Repeated requests to change schools
- Repeated absences due to minor illnesses
- Frequent tardiness due to getting ready slowly
- Difficulty waking the child (pretends to be asleep)

From a protective parent: Family and clinicians should not dismiss the subtle changes a child may exhibit. We all know that cutting is abnormal, but watch for milder self-harm, such as picking, digging at the skin with a pencil, etc., Children can get tired, but pay attention to chronic daily sleepiness. Headaches are a definite red flag as is stooling or loss of urinary control.

Note: Calculated abusers appear normal. If anything, they tend to act unusually sweet, caring, and empathic. They do not display the full range of emotions. They carefully conceal their anger and, of course, their disdain for others. But, if you cross them, question their motives, threaten their authority, etc., their horns are likely to pop out! You will never see them retreat. They never consider that they may have done anything wrong. They never apologize. They always advance. They counter-attack. Generally, they accuse the person who crossed them of wrongdoing, often of the same or similar wrongdoing that they themselves perpetrated! They double down like the psychopaths that they are. They lack humility and respect for others. They lack a sense of humor, or, if they have one, it is likely to be derisive and condescending, not light, silly, and playful.

Symptoms Transgenerational Organized Violence for Children Date: 25-07-2018

Published by Foundation Kenniscentrum TGG (Transgenerational Organized Violence)
Website: https://www.kenniscentrumtgg.org
https://kenniscentrumtgg.org/wp-content/uploads/2021/05/Symptoms-Transgenerational-Organised-Violence-for-Children.pdf

Preface:

Below you will find an overview of symptoms that children might have because of a dissociative identity disorder (DID) or Transgenerational Organized Violence.
The overview, consisting of a list of dissociative phenomena and a list of symptoms of ritualized violence, is not intended to function as a checklist during a conversation with a minor.
During the subsequent evaluation, the information can help to organize the conversation and to recognize possible coherence.
The lists partially overlap. This is logical because DID may stem from ritualized abuse but can also find its origin in a different trauma.

I. Dissociative phenomena in childhood and adolesence (Herry Vos, child- and youth psychiatrist (retired))

It is good to be aware that there are phenomena which are reminiscent of dissociation, but which should be regarded as the consequences of narrowed attention.

Examples are:

- being so focused that you are no longer aware of what is happening in your environment

- when reading you realize at the end of a sentence that you no longer remember the beginning, because in the meantime your attention shifted to something else

- driving on the highway and realizing you do not know how you got to the location you are now.

Children may create a 'make believe world', or an 'imaginary friend', in which they can completely immerse themselves for a while. However, they know the difference between fantasy and reality. People can also block something very unpleasant, but without it negatively affecting their overall functioning.

Dissociation proceeds on a continuum from mild to severe. You will notice that as the dissociation becomes more severe, several phenomena can occur in combination.

Confusingly, various phenomena can be remarkably similar to those attributed to other psychiatric diagnoses in children, such as ADHD, bipolar disorder and conduct disorder.

Sometimes the mistake is made to consider a psychosis. However, psychoses are extremely rare in childhood. These almost always start in adolescence.

Most importantly, these phenomena occur in combination in children who suffer from traumatic events and as a result have started to dissociate.

As the severity of the dissociation increases, the phenomena increase.

It is also characteristic that the changes in behavior occur abruptly. A typical feature of many phenomena is that children themselves are not aware of them.

A single phenomenon never indicates dissociation. Take your time, do not rely on a single observation.

Observe the child's behavior in different situations and on different days.

Parents, caretakers, teachers and others who come into contact with children can distinguish the following phenomena:

- Responding age-appropriate at one point and as a much younger child the next.
    In all aspects, so speech, behavior, potty training etc.
    Can also be expressed in that the child is sometimes very affectionate and seeks physical contact and at other times is very dismissive or afraid of physical contact.

- Regularly occurring major changes in behavior; from very calm to remarkably busy, or from friendly to angry or aggressive. Often, but not always in combination with any of the following:

- For no apparent cause (so even if the situation is not threatening or unsafe at all) suddenly very anxious or truly angry or sad.

- Suicidality or frequent talk about dying or killing.

- The child talks about itself in terms of "we", or gives itself several names, or sometimes does not respond at all to its own name.

- The child speaks with different voices, is sometimes left and then right-handed, writes with different handwritings or slants, or sometimes sloppy and then neatly, or suddenly uses mirror writing.

- Giving peculiar answers to questions, for example a late answer to a previously asked question or to something completely different.

- Varying preferences, such as what their favorite food is or their favorite clothes.

- Changing skills; varying from very skilled in a sport to very clumsy in that same sport; particularly good at arithmetic and then not at all. Similarly, a child sometimes has a correct solution for a problem and later has none for the same problem, and therefore has no memory of the earlier solution.

- Being out of touch with reality; spacing out as if the child were somewhere else entirely. For this

episode there is often amnesia, the kid is not able to remember it. Similarly, it seems as if the child is staring into infinity. In such a state, there is usually no reaction to the environment. It can also seem as if the child has no feelings at all. Such a state can suddenly change, making it seem as if the child has suddenly woken up, while not sleeping. Then it does not know what happened before, that you asked something, or it is missing other information around events.

- The child is often accused of lying, because of the above-mentioned changes and due to not knowing what they said or did at the time. The child can overreact to those accusations.

- Being able to change facial expression without observable cause; this may and may not be related to rapid changes in behavior.

- Getting along with someone well one moment and badly the next, for no apparent cause.

- Forgetting things, such as not knowing how he/she got somewhere, or where he/she left from, forgetting homework, appointments, etc.

- Forgetting important things, such as a birthday or the day of a school trip. Inexplicable memory problems become apparent.

- Hearing voices inside their head (not external voices). Sometimes they refer to this as something or someone, who is inside saying things to them.

- Age-inappropriate sexual behavior and a strong focus on sexuality; promiscuity, especially in adolescence.

- Feeling no pain, sometimes in combination with self-harm.

- Unexplained or unexplainable injuries.

- Can suddenly fall asleep.

- Nightmares.

- Various physical complaints that, upon examination, do not appear to have a physical cause.

II. Symptoms of children who have undergone ritualized violence.

Based on Catherine Gould, Ph.D., Out of Darkness, pages 210-216

Again, please bear in mind that such symptoms can also be found in children who have been subjected to other forms of abuse than organized, ritualized violence, or need a different diagnosis. A single phenomenon never indicates abuse. Take your time, do not rely on a single observation. Observe the child's behavior in different situations and on different days.

1. Problems related to sexual behavior and belief:

a. The child speaks profusely about sex; displays age-inappropriate sexual knowledge; uses words for sex and body parts that are not used in the family.
b. The child is anxious when touched or when washing genitalia; it has resistance to undressing before bathing or going to bed, etc.
c. The child compulsively or overtly masturbates, trying to insert a finger or object into the vagina or rectum.
d. The child takes off pants, pulls up clothes inappropriately.
e. The child touches others with sexual intention, asks for sex, interacts in an inappropriate and sexualized way. The child is sexually provocative or seductive.
f. The child complains of vaginal or anal pain or a burning sensation when washed, has pain when urinating or defecating.
g. Semen or blood stains can be clearly found in the child's underwear.
h. The child gives clues about sexual activity, complains that someone is bothering him/her.
i. The child refers to sexual activities between other children, or between him/herself and another child in an abusive sense.
j. The child says someone has removed her/his clothes.
k. The child says that someone has exposed himself to her/him.
l. The child says someone has touched his/her rectum, vagina, penis, mouth, or butt.
m. The child says she/he was forced to touch or penetrate someone's butt, vagina, rectum, penis, mouth.
n. The child says that sharp objects were inserted into the genitals.
o. The child says he has witnessed sex acts between adults, between adults and children, adults or children and animals, etc.
p. On examination by a pediatrician trained in the diagnosis of child sexual assault, the child relaxes the rectum instead of tightening it. It relaxes the sphincter, shows anal or rectal tearing or scar tissue.
q. Examination shows blood or injury around the genitals, enlargement of the vaginal opening, vaginal tearing or scarring in girls, painful penis in boys.
r. Research reveals venereal disease.
s. Girl refers to being married, says she is married, or about having a baby; or the child says that she will never be able to have a baby.

2. Problems associated with toilet and bathroom:

a. The child avoids the bathroom, appears fearful of bathrooms, becomes agitated when entering a bathroom.
b. The child avoids or fears using the toilet; it has "accidents" because it delays going to the toilet, it develops chronic constipation.

c. The child is anxious in toilet training and opposed to being trained.
d. The child avoids wiping itself clean because it is "too dirty"; the child's underwear is soiled because the child does not wipe or because of a relaxed sphincter muscle.
e. The child avoids bathtubs; is afraid to bathe; refuses to be washed in genital areas.
f. The child is preoccupied with beauty and bathing; it changes underwear excessively.
g. The child is preoccupied with urine and feces; it discusses it compulsively or during meals; the child is agitated when it is discussed. The child uses words for stool that are not used in the family, especially "baby" words. The child compulsively talks about or imitates breaking wind.
h. The child shows unusual behavior in the toilet, defecates in inappropriate places, handles urine or feces, soils the area or a relative with feces, tastes or eats it.
i. The child draws naked pictures of himself or of family members urinating or defecating.
j. The child talks about swallowing urine or feces, being smeared on his/her body or in the mouth, being urinated or defecated on or some of this happening to another person.

3. Problems associated with the supernatural, rituals, occult symbols, religion:

a. The child is afraid of ghosts, monsters, witches, devils, Dracula, vampires, evil spirits, etc.
b. The child believes that such evil spirits dwell in his/her closet, enter the house, stare at the child through the windows, accompany the child, torment, or abuse it, make sure that it keeps secrets, or that they draw into the body and direct the child's thoughts and behavior.
c. The child is preoccupied with wands, sticks, swords, ghosts, magical potions, curses, supernatural powers, crucifixions and asks many or unusual questions about them. The child makes potions, tries magic, pronounces curses, summons spirits, prays to the devil.
d. The child sings strange ritualistic songs or hymns, sometimes in a language incomprehensible to the parents, sings songs with a sexual, bizarre theme about which one "prefers not to say anything".
e. The child does strange, ritualistic dances, perhaps with a circle or other symbols. The child dresses itself in red or black, takes off his/her clothes or wears a mask at such dances.
f. The child is preoccupied with occult symbols, such as the circle, the pentagram, the number 6, (signs of) horns, inverted cross, etc. The child can write backwards, invert all letters and/or write from right to left.
g. The child is afraid of such symbols and becomes agitated or confused when they appear.
h. The child is afraid of going to church, becomes agitated or confused in the church, is afraid of religious objects or persons, refuses to worship God.
i. The child says that she/he or someone else has prayed to the devil, pronounced curses, made potions, performed ritualistic dances and songs, summoned spirits, worked magic. The child says that she/he or someone else wore costumes of a ghost, devil, Dracula, witches, etc.; it says that it has used ceremonial wands or swords, and that her/his body is painted (usually black).

4. Problems associated with confined spaces or being tied down:

a. The child is afraid of toilets or of being locked in the toilet; says that she/he was locked in a toilet.
b. The child is afraid of other confined spaces, eg elevators and becomes agitated when forced to enter.
c. The child locks up pets or other children in toilets or tries to lock them in or up.
d. The child says it is afraid of being tied up; that she/he or someone else was tied up.
e. The child reports that they are afraid of being tied up (usually by one leg) and hung upside down; that he/she was hung upside down.

f. Twine stretch marks can be detected on the child's body.
g. The child tries to tie up other children, pets, parents, etc.

5. Problems associated with death:

a. The child is afraid of dying; says it is dying or fears it will die on their birthday.
b. The child says that he/she practices being dead, or that he/she is dead.
c. The child is afraid that parents, family members, other relatives or friends will die.
d. The child frequently talks about death, asks many questions about illness, accidents and other ways in which people die. The questions often have a fearful, compulsive or even bizarre characteristic/quality.

6. Problems associated with a doctor's office:

a. The child is afraid of and avoids a doctor's visit, becomes very agitated on the way to or in the doctor's office; it refers to "bad doctors" or shows suspicion of the doctor's motives.
b. The child is extremely afraid of injections; it may ask if it will die from the injection.
c. The child is extremely afraid of blood tests; it may ask if it will die from the test or if someone will drink the blood.
d. The child is afraid to take off its clothes in the doctor's office; it asks if it should walk around naked for others.
e. The child behaves in a sexually seductive manner on the examination table, it seems to expect or "invite" sexual contact.
f. The child reports that he/she or someone else was given a "bad injection", or had to take off their clothes, or have sexual contact with others, drink blood, or was hurt by a "bad doctor".

7. Problems associated with certain colors:

a. The child is afraid of or dislikes black or red (sometimes orange, brown or purple); it refuses to wear clothes of those colors or to eat foods of these colors; it gets agitated when these colors are present.
b. The child says black is their favorite color for peculiar reasons.
c. The child refers to ritualistic use of red or black, in a practice that is inconsistent with what it experiences in the church.

8. Problems related to eating:

a. The child refuses food or drink because it is red or brown (eg red drinks, meat); it gets agitated with meals.
b. The child says he/she is afraid that his/her food has been poisoned; it refuses to eat home cooked food because it fears that the parents are trying to poison it; it refers to poisons of different kinds.
c. The child drinks or eats greedily, vomits, or refuses to eat.
d. The child says he/she or someone else has been forced to drink blood or urine, eat feces, as well as human or animal body parts.

9. Emotional problems (including speech, sleep, learning difficulties):

a. The child has rapid mood swings, is easily angry or upset, creates scenes, acts recklessly.
b. The child resists authority.
c. The child is agitated, hyperactive, wild.
d. The child shows signs of anxiety, for example shaking, nail biting, grinding teeth.
e. The child thinks it is bad, ugly, stupid and deserves punishment.
f. The child frequently injures himself, is prone to accidents.
g. The child is anxious, withdrawn, "clingy", regressive, baby-like.
h. The child's speech lags in development, or stops altogether, it develops a speech disorder.
i. The child is flat in affection, failing to respond adequately emotionally.
j. The child has frequent or intense nightmares; it is afraid to go to bed, it cannot sleep, it has restless sleep.
k. The child has attention and learning difficulties.

10. Problems related to family relationships:

a. The child is afraid that the parents will die, be murdered, leave him/her.
b. The child is afraid that it will be kidnapped and forced to live with someone else.
c. The child is afraid of leaving the parents, it cannot be alone at all, it clings to them.
d. The child is afraid that the parents no longer love her/him, are angry and want to punish or kill him/her.
e. The child seems to keep a distance from the parents, avoids physical contact.
f. The child is shielding what the parents say, is unable to absorb the information they are giving.
g. The child becomes excessively angry or excited when told what to do or when the parents say "no"; the child says "I hate you" or "I want to kill you"; it threatens them with physical harm, it attacks them physically.
h. The child talks about "my other mom", "my other dad," or "my other family" (in the cult).
i. The child says they are afraid that a family member or pet will be abducted, murdered, or molested.
j. The child physically attacks the parents or a family member or a pet, starts sexual contact with it, locks up, smears stools, threatens them.
k. The child says someone said the parents would die, be murdered, leave the child, or try to harm the child. The child says that someone said it would be kidnapped.

11. Problems with play and peers:

a. The child breaks toys.
b. The child plays with themes of death, mutilation, cannibalism, and funerals by pretending to kill toy figures, poke out eyes, rip off heads or limbs; it pretends to eat the figures, or drink their blood and bury them.
c. Child's play involves drugging, threatening, humiliating, torturing, tying up, magic, weddings, and other ceremonies.
d. The child is unable to participate in age-appropriate fantasy play or can only do so for a short period of time.
e. The child injures other children, sexually and/or physically.
f. The child's drawings or other creative productions feature bizarre, occult, sexual, death or mutilation themes as well as references to feces.
g. The child is extremely controlling over other children, constantly playing "chase" games.
h. The child talks to an "imaginary friend" that she/he does not want to argue about, or who he/she

calls a "ghost friend".

12. Other fears, references, revelations, and strange beliefs:

a. The child is afraid that the police will come and put it in jail or it says that a "bad cop" has hurt or threatened him/her.
b. The child is extremely afraid of aggressive animals, for example crocodiles, sharks, large dogs, or poisonous insects; the child says it has been hurt or threatened with such animals or insects.
c. The child is afraid that the house will be broken into, robbed, or burned down, or says that someone threatened them that this would happen; the child would like to move.
d. The child is afraid of "bad people", "robbers", "strangers" or says it has had contact with such people; it looks out for "bad people".
e. The child talks about unusual places, such as cemeteries, morgues, cellars in churches, etc. or tells that they or others were taken to such places; it displays a seemingly irrational fear of certain places.
f. The child alludes to pictures or films of naked people, sometimes with reference to sexual acts, unusual costumes, involvement of animals, etc.; is afraid that photos will be taken or shows provocative attitudes; it tells that it was a victim of pornography.
g. The child talks about drugs, pills, bad candy, alcohol, mushrooms, "bad medication", or injections in an age-inappropriate manner. It can refer to a drug or a laxative effect, or say it was given a substance. When returning from a sexual/ritual act of violence, the child's eyes may be glassy, the pupils may be enlarged or contracted; the child may be hard to wake up and may suffer from excessive sleep.
h. The child is afraid of its own blood, becomes hysterical, thinks it is dying.
i. The child is extremely afraid of violent films.
j. The child believes or fears that there is something strange in her body or stomach, for example Satan's heart, a demon or a monster, a bomb, etc.
k. The child talks about locking up, hurting, killing, maiming, and eating animals, babies and people.
l. The child constantly experiences illness, fatigue, allergies, and physical complaints, for example stomach pain or pain in the legs.
m. Markings and/or branding are visible on the child, as well as unusual bruises, sometimes in patterns.

XXIV. The Core Psychological Trauma in Ritual Abuse and Hurtcore

A. Terror of Abusers
- A sense of omnipresent threat, of being watched, listened to, of having one's mind read, etc
- Dissociated child self-states who experience themselves as being continually abused/tortured in torture sites in the inner world
- Dissociated self-states driven by fear to maintain contact, report in, return, etc., to the abusers
- Dissociated self-states who respond to stimuli conditioned by the abusers
- Actual ongoing abuse or threat of abuse
- A need to remain invisible, to hide, to not be vulnerable to further abuse

B. Fear of Having or Forming Relationships with Good People
- Fear of good people due to abuser lies, tricks, impersonation to sabotage these relationships
- Afraid that everyone is part of the abuser group
- Fear of all therapists, police, child protective workers are abusers
- A fear that no place and no one could ever be safe

C. Self-hatred and Self-condemnation
- Self-condemnation and moral injury for having been coerced to harm others
- Believing oneself intrinsically and/or spiritually evil
- Believing no good/kind person could or would ever love, value, or befriend them.
- Believing that the only people who would ever accept them are those in the abuser network
- Believing that a kind and loving God could never love them

D. Sexuality
- Unwanted/unknowable sexual responses/fantasies- past and present
- Sadistic and/or masochistic fantasies, desires, or behaviors with others
- Believing oneself sexually sick/perverse

E. Spiritual
- Perceived spiritual attacks, e.g., spiritual portals that give evil spirits or deities access, etc.
- Sense of evil entities within
- A belief that one is bound or reliant on a malevolent spiritual entity for one's survival
- A believe that spiritual forces of evil are more powerful than spiritual forces of good

F. Anger, Violence and Power Strivings
- Troubled by intense feelings or impulses of anger, rage, or violence
- Uncontrolled aggressive or destructive acts
- Need to feel powerful, important, a cult leader, to be safe

G. Fear of Success Academically and/or Vocationally
- Fear of learning, e.g., traned to fail, and/or, punished for imperfection while being "trained"
- Having been conditioned to be marginalized and devote themselves fully to the abuser group

H. Feeling Bound by Coerced Agreements with Abusers
- Believing that one is bound by coerced agreements, promises, etc.
- Having been made to believe that these commitments were made by choice

XXV. Special Considerations in Provision of Play Therapy with this Population

A. Indicators of Ritual and Trafficking Abuse in Play and Art Therapy Behavior

Child may be unable to enter the therapy room in the first session, even with a protective parent or caregiver.

Child manifests more intense and enduring fear of the therapist than other abused children.

Child hides under a table or in a corner the first time entering the therapy room, and later as well.

Child may not be capable of imaginative play or can do so for only brief periods due to a sense of omnipresent danger.

Representations of people are not included in play dramas because all people are seen as terrifying.

If human characterizations are included in play, they become malevolent mid-drama. The concept of a benevolent adult cannot be sustained because:

a) they usually have multiple frightening perpetrators,
b) if their parents are part of the abuser network, they likely have multiple personalities; one or more day-time "normal"personalities and night-time abuse-involved personalities,
c) if a child's parents are genuinely protective, abusers often deceive children to distrust them

The child's play, art and sandplay scenes depict extreme sadistic and ritualistic practices; e.g., severed limbs, removal of eyes, decapitation, other mutilation, blood, ingestion of blood, ingestion of feces, cannibalism, murder, killing babies, bondage, threats, drugging, knives, daggers, guns, devils, witches, hooded figures, Nazi symbols, watching eyes, drowning, burial of bodies in the ground, pits, or coffins, being locked in cages, being hung, being hunted, magic, weddings and other ceremonies.

Child fears baby dolls and avoids playing with them.
(Adult survivors of extreme abuse may also have an aversive, fearful or angry, response to dolls)

The child attempts to achieve a sense of safety in play by gathering multiple weapons, creating multiple barriers, etc., with little reduction in fear, due to the intensity of fear and terror.

Child destroys toys due to intense fear and anger

Child unconsciously reenacts torture on the self in therapy, surprising and frightening the child

Child pretends to be an animal or believes he/she is an animal

B. Safety

It is essential to work to determine if the child you are treating is enduring ongoing abuse as this will dictate the treatment approaches that you use. Any of the following scenarios may be occurring:

Degree of Safety	Treatment Approaches
The child is in the care of protective parents or caregivers and there is no ongoing abuse or threat from the abuser network.	Begin with symbolic play, metaphor, and stories directed at therapy gains in the unconscious mind. Protective caregivers can play allies and protectors. Do trauma-focused work as the child can tolerate.
The child is in the care of protective parents or caregivers, the abuse is over, but abusers on the periphery lurk, hand signal, etc.	Symbolic play, metaphor, and stories are primary. Trauma-focused work may evoke unmanageable terror, suicide risk, etc. Proceed very slowly.
The child is in the care of protective parents or caregivers. Other family members may be abusers, unbeknownst to protectors.	Symbolic play, metaphor, and stories are primary. Child's inability to engage in any trauma-focused work may be an indicator of ongoing contact/abuse.
The child is in the care of a protective parents, but custody is shared with a member of the abuser network.	Restrict therapy to symbolic play, metaphor, and stories directed at the unconscious mind. Treatment goals are limited to reducing self-condemnation, increasing self-love, and the preservation of hope in humanity and love. Keep the protective parent out of sessions to reduce allegations of therapist bias. Do not push for disclosure or processing of abuse because: a) the abusers will punish the child, and, b) family courts usually dismiss such allegations as bizarre, may reduce protective parents' custody, and will likely order you off the case.
The parent or caregiver has a high likelihood of being one of the abusers.	As directly above. Do not include the parent or caregiver in therapy. Restrict dialogue with the parent to telephone or text to reduce the risk that the child will perceive the therapist to be the parent's ally or an abuser.

C. Treatment Approaches with Ongoing Abuse and Low Likelihood of External Protection

In cases in which abuse is ongoing, and suspected child abuse reports have not yielded safety and are not likely to yield safety, therapy goals are not disclosure and safety, but are internal.

The inability to protect a child is common in the following situations:

1. Family court custody disputes. The family court is not likely to adequately consider or investigate allegations of abuse by one party against another party, and often punishes the alleging parent with reduced custody and visitation.

2. Cases of ritualistic abuse, child trafficking abuse, or victimization within the production of child abuse materials. In these cases, the therapist must usually accept that safety will not be forthcoming, and that disclosure of the abuse may only make things worse.

In these cases, therapy may be limited to non-directive play therapy, metaphor, and stories directed at the unconscious mind with the psychological goals of reducing self-condemnation, increasing self-love, and the preservation of some hope in humanity and love. This is not chopped liver; it is sacred and long-lasting. It feeds the soul. From a spiritual perspective, it may be eternal. If we believe we are not helping unless we get the child safe, we will usually sabotage these internal kinds of healing.

Goal	Approaches
Help children to not unjustly condemn themselves for having been coerced to harm others.	Use metaphors about how people can be made powerless. Discuss Sophie's Choice
Reduce self-condemnation for the inability to disclose the abuse.	Discuss historical examples of hiding things for safety, e.g., Anne Frank. Sometimes, there are values greater than truth.
Help children understand children are not to blame for being abused	1. Tell or co-write a story of an animal who was mistreated, believed itself bad, then realized it was not their fault. 2. Discuss "It was not your fault" clip in Good Will Hunting
Develop benevolent places in the Inner World (Inscape, John O'Neil)	Explain the inside world in infinite. Help the child develop and hide inner places of benevolence and love with self-states and spiritual resources helping hurt child self-states.
Develop hope for the future.	Help child play out, create in art, create in sand, dream of, a future with love, an ideal family and home, satisfying work.
Help children develop their own beliefs and spirituality	When traditional concepts of God have been harmed or feel untrue, develop faith in love, truth, good people, guardian angels, etc.
Find expression in music, art, etc.	Sing songs to the child. Have child share songs.
Vicarious expression about abuse.	Read accounts of abuse together without relating it directly to the child. E.g., A Child Called It.

D. The Power of the Therapeutic Relationship Itself, even in Ongoing Abuse

We must also never minimize the healing power of the therapeutic relationship itself. This one relationship, in which the child is free to be, to express feelings and wishes, to play as he or she chooses, may be the source of all hope for future safety and loving relationships.

"Amy," an adult survivor of ritual abuse describes an experience that highlights this message. Amy was 5 years old and had been tied down on a bed and assaulted for several days straight. Finally, she experienced herself leave her body, go through the headboard, and fall into soft darkness where there was a complete absence of pain. To her left, she noticed a light and heard a woman's voice calling her name; "I'm over here, Amy, Amy, come here." She wanted to stay in the painless darkness, but finally went to the woman. The woman stayed with her for a while. Together, they colored pictures of Amy's favorite animals. As they played, the woman said, "When they do that, we do this." Amy believes the decision within her 5-year-old heart and soul to go to the woman was a critical spiritual choice that saved her. Others might interpret this event as a connection with the archetypical mother of the collective unconscious (Jung) or the fantasy product of Amy's wish for love. Regardless of the psychological/spiritual interpretation, Amy found a way to be nurtured and to play. In some cases, therapists may be powerless to protect children, or even adults, from abuse occurring outside of our offices, but we can create a nurturing, hope-filled, even fun, environment within this sacred space.

E. Facilitation of a Sense of Safety in the First Therapy Session: Case Examples

Case example of Extreme and Ritualistic Abuse:

A preschool child was too afraid to come into my office, even with a loving older sibling and very protective mother. I got some Barbies and Kens from my office. I looked at each one and demanded: "Are you nice or mean to children?," then waited for an answer. The older child finally said, "Mean." I threw that doll down the hall, reprimanding it with great sincerity, "What is wrong with you? How can you be mean to children?" Next– the same. The third was "nice." I thanked it, told it that it could stay with us, etc. The child, sibling, and mother came into the office. In the first few sessions, I discovered that these two children were victims of extreme and ritualistic abuse.

Case Example of a Physically Abused Child:

Thirty years ago, I worked with a just 4-year-old girl who had been removed from her physically abusive mother and placed in a loving adoptive home. In her first session, she sat on the floor in the middle of my office unable to play, despite the presence of her adoptive mother. My sense was that she experienced her abusive mother as omnipresent. I quickly had a carpenter build me a life-size jail. I still have it. It is 7 feet high and folds up against my door. The next session, I filled the corner with the jail, stood in front of my 5-foot tall dummies, one male, one female, and asked this child if she would like me to put one of them in jail. She picked the female. I locked her up and told her to sit there and be quiet. It was as good as done. The child could play from that day forward.

F. Non-directive Play Therapy to Create a Holding Environment for Self-Expression

Casting a Spell: A Theatrical Metaphor for Play Therapy

Perhaps my most important discovery about play therapy has been that if I take my attention off of the child, get down on the floor toy level, suspend disbelief, become completely absorbed and captivated in the pretend world of the child's play, the child's self-consciousness melts away and the child's inner world unfolds before me. I call this: "Casting a Spell," and, "A Theatrical Metaphor for Play Therapy."

A not-quite 3-year-old girl stepped into the play therapy room for her eighth session. She stopped, scanned the room wide-eyed, and proclaimed, "This is a wonderful place." The room grew four times its size. The possibilities were endless.

The sense of enchantment captured in this child's simple statement is born of more than the freedom to play in a room filled with toys. The spell is cast when the therapist holds a deep respect for the value of a child's creative product – self-directed imaginative play, and suspends disbelief and enters the child's imaginative world.

Children's imaginative play is a direct expression of self, fueled by the drive for mastery of their deepest current concerns.

Freud first discussed this in "Beyond the Pleasure Principle" (1922) while observing the play of his grandson. The boy had a wooden reel on a string and flung it over the side of his draped cot, making it disappear, then joyfully retrieved it. Freud interpreted this as the child's effort to master the unpleasantness of his separations from his mother. This is when Freud first discussed the idea of children achieving mastery in play by turning passive into active. He wrote:

> He was in the first place passive, was overtaken by the experience, but now brings himself in as playing an active part, by repeating the experience as a game in spite of its unpleasing nature. This effort might be ascribed to the impulse to obtain the mastery of a situation (the 'power' instinct), which remains independent of any question of whether the recollection was a pleasant one or not. (P. 14)

Children do not generally play about challenges they have already mastered, unless they are trying to distract and soothe themselves when they are very anxious or fearful. In that case, they may gravitate to the familiar and comfortable, like hugging a teddy bear or rocking a baby doll.

Play usually exists on the cusp of the conscious and unconscious, the knowable and unknowable, the manageable and unmanageable. This concept is key to understanding the power of play therapy. Children represent in play that which troubles them. They show us, usually without realizing it, that which hurts, frightens, and angers them.

Adults tell us about their problems and concerns with words. Children show us their problems and concerns in play.

Imaginative play "works" because pretense and symbolization permit children to represent their fears

and needs with enough psychological distance to work to triumph over their anxieties in a miniature, magical, and metaphorical world that they can control. No longer need they feel small, afraid, defeated, or alone. In their dramas, they can feel empowered, secure, and hopeful. They can have allies and protectors in the midst of the most frightening trauma. They can work to achieve a corrective denouement.

The therapist's reverence for a child's self-expression in play and the gift of suspension of disbelief as we enter the child's play world result in the child feeling completely accepted and contained. Once this play relationship is established, it is not at all unusual for the words, "I love you" to escape from the child's lips, often much to his or her own surprise.

A theatrical performance is a fitting metaphor for the play therapy process. The unconscious inner representational world of the child is creator, writer, and director. The toys are the cast of characters, props, and set. The rapt attention of the audience, comprised of both therapist and child, creates the suspension of disbelief. The child's inner reality increasingly unfolds in a drama with unexpected dreamlike twists and turns. Object relationships, internal representational models, and inner, as well as newly internalized, resources come to life. The self integrates, expands, and strengthens.

Captivation in the pretend world of a child's play and suspension of disbelief are particularly important in the treatment of abused children. It helps them be less guarded in what they reveal in their play. It also allows them to regulate the degree to which they interact with the therapist.

Abused children are often initially highly guarded in their play. They fear conscious recollection of memories and feelings related to their abuse. They fear revealing the abuser's "secrets" to the therapist. Shame and fear of retaliation for any disclosure have a looming and constant presence.

When treating abused or highly anxious children, I initially take my attention completely off of the child and become fully absorbed in the actions, motives, and feelings of the toy characters. I attune especially to the figure(s) that I have assessed to represent the child (see Section V), aligning with their actions, wishes, feelings, and needs. I bring my face close to the level of the dolls or other toys and act as if I am wearing blinders that do not permit me to see the child.

At first, children find me a little different, shall we say, but soon, they understand: "This grown-up is pretending really hard with me that the toys are alive; this grown-up isn't going to mess this up with annoying questions or rules."

This permits defenses to lower and the child's inner world increasingly unfolds, often with dreamlike twists and turns that even the child does not expect.

Paradoxically, the more I focus attention on the toys rather than the child, the greater is the child's experience of connection and safety with me. A relatively short time dwelling with children in their world of dramatic play can result in a bond and memory that lasts for years. Young children seen for only one or two play sessions may years later ask their parents or foster-parents to see the "play doctor" again.

The therapist's presence and attentive interest in the child's play dramas in play therapy may be compared to Donald Winnicott's concept of a "good enough mother" who creates a "holding

environment," a "transitional space," in which the baby's "true self" can emerge (1965, 1971). This is much like what Wilfred Bion called "a therapeutic container" (1970).

Winnicott (1971) theorized that in a process called "holding," a "good enough" mother adapts to the baby's needs and affective state, mirroring back the baby's self, "thus allowing the infant the illusion that what the infant creates really exists" (p. 14). This process provides the baby with an experience of magical control and trust in the environment. A "potential space," a "transitional space," is thus created, existing between the baby's inner world and external reality, which "becomes filled with the products of the baby's own creative imagination" (p. 102). The expression of inner experience, of feelings, needs, and wishes, in this "playground" allows for the "real self" to emerge and is the basis of all creativity. A failure in holding or mirroring leads to the establishment of a compliant, "false self," and stunting of the capacity to play and create.

Substantial research indicates that child maltreatment is associated with impairment in the capacity to play, including less imaginative, creative, and pleasureful play, delays in the capacity to represent self and others, deficient capacity to sublimate aggressive and sexual impulses into play, and interactive play that is delayed or coercive in nature.

In play therapy, as the child's creative product is experienced as completely accepted and known to the therapist, a supportive other, the "true self" (Winnicott) in increasingly expressed with little or no internal censorship. More elaborated dramas spontaneously emerge, much like in a dream. The contents of the self become more known and manageable within (Malone & Dayton, 2015). Inner, as well as newly internalized, resources come to life. The self integrates and strengthens. I think of this as a process of self expanding internally and then out into the world.

Allan Schore's concept of "resonance" (2019) also applies here. Schore uses the term resonance to describe, "when one person's subjectivity is empathically attuned to another's inner state." He states that this "can occur rapidly at levels beneath conscious awareness" and that "in mutual play states, dyadic resonance ultimately permits the inter-coordination of positive brain states, shared joy, which increases curiosity and exploration" (2019, p. 273).

A powerful source of this essential reverence for children's imaginative play is the therapist's ability to recall the tremendous emotional investment in one's own play in childhood, its "magic" and meaning. Play therapists should attempt to understand the central wishes and fears that drove their own childhood play and the psychological needs satisfied in this play. Reflecting on one's experience of complete immersion in play as a young child is a constant source of renewed devotion and attention to a child's play and the deep meaning and purpose that must lie therein.

Note: Play therapy is sacred and delicate. Children must feel accepted and valued to be able to express themselves in play therapy. The child's capacity to engage in this process can easily be undermined if the therapist discusses the child's behavioral problems and behavioral strategies in front of the child.

Many of the ideas that I have just discussed about play therapy and symbolic communication are eloquently described in this 2020 paper by Craig Haen: "The Roles of Metaphor and Imagination in Child Trauma Treatment" in the *Journal of Infant, Child, and Adolescent Psychotherapy*.

Experiential Exercise

Jot down an important imaginative play theme in your childhood (while playing alone). Jot down how you felt while engaged in this play: Complete sentence: I think I was trying to overcome/resolve (situation, feelings) in this play... What does this teach you about the symbolic meaning of your play?

G. Alan Schore and Right Brain Psychotherapy

In "Right Brain Psychotherapy" (2019), Schore writes:

> A large body of studies now demonstrates that the "emotional," "social" right brain is centrally involved in not only affects and stress regulation but also empathy, intuition, creativity, imagery, symbolic thought, insight, play, humor, music, compassion, morality, and love (Schore, 2012). Indeed, psychoanalysis, like psychology, has overvalued the functions of the surface left-hemispheric conscious mind. (2019, p. 203)

Schore explains the importance of the right brain in many functions beneath the level of awareness:

> I continue to offer a large body of research implicating right brain structural systems in implicit, rapid, and spontaneous anticipation, recognition, expression, communication, and regulation of bodily-based emotional states beneath levels of awareness (see Schore, 2012). (Schore, 2019, p. 187-188)

Schore views the right brain as the psychobiological substrate of Freud's unconscious, adding that the unconscious is the "central organizing principle" in the field of psychoanalysis. (2019, p. 183-4) He uses the metaphor of nesting dolls to illustrate a neuroscientific view of the unconscious mind based on research on the limbic system and brain lateralization:

> Thus I have proposed that the limbic and emotion processing areas of the right brain unconscious represents a hierarchical system with an outer later developing cortical, orbitofrontal-limbic regulated core; an inner, earlier developing cingulate-limbic regulating core; and an earliest evolving subcortical amygdala-limbic regulated core that lies deepest within, like nested Russian dolls. The three levels of organization of the right brain represent, respectively three levels of the system unconscious: preconscious, unconscious, and deep unconscious. The unconscious systems of the hierarchical three-tiered cortical-subcortical limbic core thus reflect the early developmental history of the subjective self (Schore, 2013a).

(Schore, 2019. P. 189-190)

Schore further explains:

> Neurological evidence supports what is called primacy of affect and the primacy of unconscious over conscious will (McGilchrist, 2015, p. 100). (Schore, 2019, p. 45)

These findings on cerebral lateralization and the limbic system have important implications for psychotherapy. We miss the emotional content that forms the basis of our clients' suffering when we emphasize cognitive and analytic interactions. We must communicate with our clients' unconscious, right-hemisphere, and subcortical minds. Schore contends that the right-brain-to-right brain mechanisms that allow the self to develop in exchanges between mother and infant are the same mechanisms at play when therapists resonate with patients' states in psychotherapy. He calls this "neuropsychoanalysis." He writes:

> ...deep and ongoing psychotherapy that goes beyond symptoms removal and trauma resolution into full transformative growth is likewise modulated by both forms of Winnicott's quiet and excited love within the psychotherapist-patient dyad. (P. 180)

Schore speculates that:

> ...the interpersonal neurobiological mechanism of right hemispheric neurodynamic interbrain synchronization may underlie the co-creation of a psychodynamic intersubjective field. This involves more than a synchronization of two interacting right cortical hemispheres, but two right lateralized cortical-subcortical circuitries" (p. 194)

What are right brain means of therapeutic resonance and communication? Schore emphasizes attuning to patients' non-verbal auditory cues (p. 276), listening beneath the words, a focus on the bodily-based internal world of the patient, responding with attuned facial expression, affective vocal quality, eye contact, maintaining therapeutic presence, being in the moment:

> affective empathy, the ability to tolerate and interactively regulate a broader array of negative and positive affective self states, implicit openness to experience, clinical intuition, and creativity... including interpersonal creativity in the therapeutic context. (p. 201)

How do we tap into the right brain's consciousness? We speak its language: imagery, metaphor, art, play, stories, music, humor, and attunement. This is particularly relevant to treatment of young children who right-brain dominant. Chiron et al (1997) write:

> Between 1 and 3 years of age, the blood flow shows a right hemispheric predominance, mainly due to the activity in the posterior associative area. Asymmetry shifts to the left after 3 years. The subsequent time course of changes appear to follow the emergence of functions localized initially on the right, but later on the left hemisphere.

H. Non-Directive Play Therapy: Verbal Tracking of Child's Dramas

According to a 2007 survey by Lambert et al., the majority of mental health providers of play therapy

use a non-directive, humanistic, child-centered approach to play therapy. This approach is rooted in the Client-Centered, or Person-Centered, Therapy approach of Carl Rogers (1965).

Virginia Axline studied the work of Rogers and developed her method of non-directive play therapy. Her well-known books are still cherished in the play therapy community and beyond:

> *Play Therapy* (1947). Ballantine.
>
> *Dibs in Search of Self* (1964). Ballantine.

The following basic principles underlie Axline's approach:

> Must develop a warm and friendly relationship with the child.
> Accepts the child as she or he is.
> Establishes a feeling of permission in the relationship so that the child feels free to express his or her feelings completely.
> Is alert to recognise the feelings the child is expressing and reflects these feelings back in such a manner that the child gains insight into his/her behaviour.
> Maintains a deep respect for the child's ability to solve his/her problems and gives the child the opportunity to do so. The responsibility to make choices and to institute change is the child's.
> Does not attempt to direct the child's actions or conversations in any manner. The child leads the way, the therapist follows.
> Does not hurry the therapy along. It is a gradual process and must be recognised as such by the therapist.
> Only establishes those limitations necessary to anchor the therapy to the world of reality and to make the child aware of his/her responsibility in the relationship.
> Form: http://www.playtherapycornwall.co.uk/axlines-principles.html

Axline wrote:

> Perhaps the interpretation is correct, but there is the danger of thrusting something at the child before he is ready for it... As long as [the child] feels that it is necessary to use the doll as his medium, the therapist should use it too (Axline. 1947 p. 99).

Virginia Axline's non-interpretive client-centered play techniques were recognized by Donald Winnicott. Noting similarities between his own work and that of Axline, Winnicott wrote:

> the significant moment is that at which the child surprises himself or herself. It is not the moment of my clever interpretation that is significant (p. 51, 1971).

Influenced by Rogers and Axline, Garry Landreth developed Child-Centered Play Therapy. His most well-known book is:

Play Therapy: The Art of the Relationship (first published in 1991, then 2002 and 2012)

In child-centered play therapy, the therapist:

1. witnesses and unconditionally accepts the child's play productions
2. verbally tracks the play and other behavior of the child
3. reflects the feelings overtly expressed by the child's play characters without directly relating these to the feelings of the child
4. trusts in the child's capacity to work through anxieties and feelings in play and in this accepting relationship
5. allows this process to provide its own intrinsic rewards.
6. avoids extrinsic rewards, such as praise.
7. avoids interpreting the meaning of the play to the child
8. forms clinical hypotheses about the meaning of a child's play

Material for verbal reflection can be seen as existing on multiple levels of defendedness, as follows:

1. Reflection of manifest actions is more easily tolerated than reflection of personality attributes and inner states, such as feelings, thoughts, and motives.
2. Reflection about play figures is more easily tolerated than reflection about the self.
3. Reflecting feelings of anger and joy of child characters is generally better-tolerated than the more vulnerable feelings of sadness and fear (Phillips, 1994). Expression of sadness and fear often inhibit play, whereas portrayal of anger often represents the child's attempt to actively master trauma. Some abused children fear the expression of anger secondary to denial of the needs of self and anticipation of retaliation.

3. Technical Considerations in Empathic Verbal Reflection:

a. Match energy level and affect
b. Put some emphasis on the actions and overt affect of the protagonist vs. other characters.
c. Present hypotheses; Wonder- don't interpret.
d. Ask simple questions about dramas, e.g., "Is the lion biting the tiger?" "No, it's eating it."

In my work, I incorporate most of these approaches of Virginia Axline and Garry Landreth, but diverge in the following three central ways:

1. I become deeply absorbed in the child's drama and suspend disbelief, to cast a spell.
2. I align with the characters that I assess to represent the child, reflecting their feelings, needs, and wishes more with than other characters.
3. When I assess that children are "stuck" or being re-traumatized by their own play and lack the internal resources to achieve mastery unassisted, I may subtly offer or introduce adaptive resolutions to their dramas to nudge the play forward (see Section XXV).
4. I use structured interventions at critical junctures, separate from the child-generated play.

I. Tweaks in Children's Dramas When Stuck or Lacking Internal Resources (Posttraumatic Play)

Traumatized children use symbolic play to unconsciously approach and desensitize themselves to their trauma. When the adaptive defense of symbolization breaks down and the underlying anxiety-laden content intrudes into consciousness, children suddenly stop playing, may change to another activity, or even want to leave the session. Erik Erikson called this response "play disruption." When children achieve their psychological goals in play, e.g., successful gradual exposure, empowerment, help from allies, and other mastery or corrective denouements, Erikson called this "play satiation."

Play disruption is one of the many forms of posttraumatic play described in Lenore Terr's classic book on childhood trauma: Too Scared To Cry: Psychic Trauma In Childhood (1990). Other forms include grim and monotonous play that closely replicates the trauma, an inability to symbolize, becoming more anxious in the process of playing, an inability to achieve a corrective denouement, being limited to one defensive response, such as identification with the aggressor, and more.

I believe that posttraumatic play is re-traumatizing and that should gently tweak the child's drama to nudge children out of such stuck places. The following is a brief summary of some of these tweaks:

1. Create a therapeutic environment, both emotionally and physically (available supplies) to allow adaptive capacities and possible resolutions to emerge from within the child.

2. Have toys representing pro-social abuse resolutions available, such as houses for hide-outs, police equipment, jails, ideally a life-size jail, a court, medical kits, angels, etc.

3. Support the feelings, need, and wishes of the child characters.

4. When a child becomes stuck, "freezes," and experiences play disruption as they create their drama, use open-ended questions to facilitate narrativization:

    a. "I wonder what happens next?"
    b. "I wonder what could happen that would help."
    c. "I wonder what the bunny [boy, etc.] wishes would happen." (Volition)
    d. "Pause, freeze-frame, hmmmm, I wonder what we should do right now." (Volition)
    e. "I wonder what the bunny would like to do." (Empowerment)
    f. "I wonder if the bunny could go someplace." (Mobilization)
    g. "I wonder if an other [animal, person] could help the bunny." (Allies, protectors)

5. Alternatively, move children who freeze down this list toward more symbolic materials and play:

    a. Full-body role-play of figures in child's life, including abusers (may include life-size dummies and baby dolls)
    b. Full-body role play of pretend characters, like cops and robbers
    c. Play with human figure dolls (may invert gende)
    d. Disguised human figures – monsters, magical figures (dragons, unicorns), aliens, etc.
    e. Toy animals
    f. Inanimate objects (e.g., cars, balls of clay)
    g. Nonsymbolic play, e.g., self-soothing sensory play

6. If a child refers to a character needing help, suggest the child choose a helper from the toys.

7. Non-obtrusively place potentially helpful characters and toys near a child's drama– protectors, super-heros, shelters, police, handcuffs, weapons, jails, etc. Just noticing these resources may be adequate to help a child integrate such resolutions into their play.

8. When the child is "stuck, when his/her internal resources are inadequate to achieve play resolutions, attempt to introduce at least a temporary resolution within the child's drama to prevent possible retraumatization from the play (Gaensbauer, 1994). E.g.:

a. Non-intrusively suggest or physically introduce symbolic protectors, protective acts, or objects, e.g., a jail, at critical points, permitting the child to include them if wished.
b. Introduce protective figures– animal or human, super-heros, angels, to rescue child
c. Introduce protective places– caves, buildings, etc.
d. Introduce protective acts
e. Telephone the police for help.
f. back off threatening figures, arrest them, tell them off, etc.
g. Add an angel or other spiritual figure consistent with the child's background/beliefs.
h. Provide abuse-response skills training to the child figure in the play metaphor.
i Place blame on the abuser rather than the child.
j. Focus anger toward figures representing abusers rather than generalize anger to all objects
k. Incorporate enactments of protective and nurturing parenting into the child's play.

9. When a child chooses a maladaptive resolution in play, the therapist can wonder aloud about the advisability of that choice (e.g., letting a bad guy out of jail prematurely).

10. If a child is limited in play themes to aggression by all of the characters, destruction of all dwelling, etc., it may help to introduce into the drama:

a. A puppy figure (e.g., Disney 101 Dalmatian puppies). The therapist plays the puppy, making it whimper, cower, hide in a little dog house, etc., in response to the violence and lack of any safe place, symbolically expressing the child's disavowed fear, helplessness, and dependency longings. I have found human child figures (e.g., Mattel Kelly and Skipper dolls) to be "too close to home" for many children, but that most children well-tolerate the inclusion of a puppy figure who the therapist helps.

b. Safe places. The therapist may need to create a small safe place (e.g., a box with a felt lining) if the child is resistant to creating one and may need to protect it from destruction, communicating that the therapist believes that there can be a safe place, at least someday, and that the therapist wants the child characters to be able to go there.

11. When a child alludes to a threatening character without including it in a drama, suggest the child pick a toy to be that character. Externalizing and miniaturizing threats makes them more manageable.

J. Two Important Papers that Integrate Therapist-facilitated Resolution to Dilemmas in Children's

Dramas

Synergistic Play Therapy is an approach that builds upon Child-Centered Play Therapy by incorporating therapeutic strategies to facilitate trauma resolution when a child lacks the internal resources to do this unassisted. See:

Townsend, B.J., Ishman, L., Dion, L. & Carnes-Holt, K.L. (2021): An Examination of Child-Centered Play Therapy and Synergetic Play Therapy, Journal of Child and Adolescent Counseling, DOI: 10.1080/23727810.2021.1964931
https://learn.synergeticplaytherapy.com/wp-content/uploads/_pda/2021/02/An-Examination-of-Child-Centered-Play-Therapy-and-Synergetic-Play-Therapy.pdf

Working within imaginative metaphors in play and stories symbolically communicate resolutions to the effects of children's trauma is also eloquently described in this 2020 paper by Craig Haen: "The Roles of Metaphor and Imagination in Child Trauma Treatment" in the *Journal of Infant, Child, and Adolescent Psychotherapy*.

K. Integration of Structured Play Therapy into Non-directive Play Therapy

To preserve the child's capacity to use imaginative play for uncensored self-expression, the child's own dramas should be kept distinct from scenarios introduced by the therapist. To maintain this distinction, the therapist uses different toys, story lines, locations (such as sitting on the couch), and designated times, usually at the end of the session, after the therapist has observed that a particular issue needs to be addressed. When therapists build directly on children's dramas to introduce structured play scenarios, children are likely to feel corrected their play, that it was not good-enough, and that the therapist views their dramas as representative of their real-life situations and problems. This tends to shut down children's imaginative play (play disruption) as it robs them of the capacity to use symbolization and psychological distancing to express threatening feelings, fears, and conflict.

My experience is that structured and direct trauma-focused play introduced by the therapist need to be time-limited. Children ages 3 and 4 tolerate about five minutes maximum of therapist-directed interaction and very intermittently. Older children can manage longer, more frequent structured play, but the best of us resort to bargaining to get cooperation.

Danger Zones for Direct Focused Play Therapy

1. If a child is facing a significant stressor, it is very important to respect the child's need for psychological distance in disguised play from this stressor.

> A child, age 4 ½ years, had to testify in criminal court against her abuser, a male relative. Her mother was loving and protective. In therapy, she played directly about her anger toward her abuser, referring to him by name, talking about what he did to her, etc. In the waiting room of the courthouse, she played with the toys I brought, and created a drama in which a female was the malevolent character. This was the first and only time she made a female the offender. She needed to create psychological distance to save her psychological strength to be able to testify. She was able to testify when she faced her abuser in the courtroom.

2. If a child has been exposed to a terrifying trauma, play and talk therapy focused directly on the

trauma can drastically exacerbate a child's anxiety disorders.

> A child, age seven years, was anesthetized for surgery using a scented inhalant that was highly aversive to him, a scent he had expressly chosen against. He fought against inhaling it as the medical staff restrained him forcefully. The result was an extreme acute stress reaction, PTSD, severe insomnia, and a panic disorder. He began treatment with one of the energy therapies that involves tapping on meridian points while making statements directly related to his traumatic experience. His anxiety disorders became more acute.

Child-Generated and Therapist-Structured Play Therapy: the When and Why of Each

	Child-Generated Play (Relatively Non-directive)	Structured Play (Relatively Directive)
Examples	Child-Centered Play Therapy, child-selected dramas, metaphor, symbolic communication, and imagination	Role-play of adaptive behaviors, creation of trauma narratives, correction of cognitive distortions, and pre-set play
Assessment	Children's dramas provide a relatively accurate picture of their inner world, identifications, internalized object relationships, attachment schema, defensive processes, anxieties, fears, longings, and other emotions.	In pre-set play, children complete therapist-selected scenarios; this provides a glimpse into a child's inner world. Most other structured play interventions only provide a picture of consciously-known and acceptable processes.
Develop-mental Age	Symbolic imaginative play is the sine qua non of 3- and 4-year-old children. It is the preference of most 5 to 7 or 8-year-olds and a need of many older traumatized children.	Children ages 3 and 4 barely tolerate structured play– five minutes at most. With each succeeding year, the ability of children to focus, follow our lead, and interact cooperatively increases.
Building Therapeutic Rapport	When children experience an adult to be interested in their play dramas, they feel accepted on their terms.	Structured approaches are more likely to be experienced by children as demanding, as work, and like school.
Enjoyment of Therapy	Children find imaginative play with an attentive adult rewarding and gratifying. They usually love therapy.	Children are more likely to resist participation in structured play therapy and to find it less enjoyable.
Treatment Stage	Child-generated play is usually the preferred modality early in therapy to facilitate self-expression, build rapport and assess a child's underlying issues.	Trauma-focused work and narratives are important, but best tolerated following gradual exposure in child-generated play, with reduced anxiety, and good rapport.

Working Within the Therapeutic Window of Tolerance	Symbolic play permits children to obtain the degree of psychological distance that they feel they need from threatening and traumatic material, such as abuse, loss, injury, illness, normal developmental challenges, etc. Children generally begin with highly disguised play, such as dramas using animals or even motor vehicles, then progress to disguised human figures (e.g., robbers, super-heros), then finally play about the actual people and challenging events in their lives.	Structured play can nudge children to face anxiety-laden material that they may otherwise indefinitely avoid to their detriment, can do this in ways that they can tolerate, and can demonstrate to them that they can, in fact, manage such material. However, structured play that focuses on challenging material and trauma also carries the risk of forcing children to prematurely face material that may overwhelm them with consequent re-traumatization, increased anxiety, or superficial compliance with no real gain.
Affect Tolerance	Children can express and negotiate intense and anxiety-laden emotions, like anger, fear, and dependency needs, within their symbolic dramas without having to consciously recognize these feelings as their own. In this way, these feelings are slowly integrated, become less threatening, and become more regulated. This is bottom-up processing.	Structured play interventions are fun ways to help children build greater conscious tolerance for emotional states and to teach tools to manage feelings and behaviors. This is the top-down approach to emotional/behavioral regulation. It is most effective with older children with adequate cognitive capacity. Children under age 7 or so generally need adult help in applying such tools when needed.
Emotional Brain, the Unconscious and the Inner Landscape	Therapist interaction in a child's dramas can "talk to" the child's emotional brain and inner world, both of which are largely unconscious and inaccessible to cognition.	Cognitive approaches may be limited in their effects on emotional logic and trauma. Research suggests that the emotional brain has more effect on cognition than the reverse (LeDoux *).
Empathy for the Child	Children generally well-tolerate the therapist's expression of deep compassion for the protagonist(s) who represents the child in their dramas, including compassion for their fears, helplessness, and other vulnerabilities.	The same benefits can be imparted in pre-set play using imaginary characters. Direct expression of compassion for their fears and other vulnerable feelings is less well-tolerated until the therapeutic relationship is very well-established.
When the Child is Stuck in Maladaptive Resolutions in Play Dramas	Children can "loop" in their own dramas when they lack the internal resources to resolve their problems. They may be limited to maladaptive defensive positions, such as over-identification with the aggressor. They may lack critical knowledge about trauma events. The subtle introduction of resolutions into the child's dramas by the therapist may not be adequate.	Structured play can introduce specific resources. Loving caregivers can play the role of a protector in pre-set dramas. Specific directives can challenge and interrupt a child's maladaptive coping mechanisms, such as sadism as a defense against helplessness. Staged dramas can impart specific information about a child's trauma history, such as the non-complicity of truly protective caregivers.

Long-term Therapy	In long-term therapy, child-generated play allows children to develop internal resources, to gradually expose themselves to their trauma, and to find creative resolutions to their trauma.	Structured play therapy may not be the best primary treatment modality for most children; it has a stronger cognitive than emotional focus and is less enjoyable.
Short-term Therapy	In short-term therapy, non-directive play therapy can provide children with the experience of complete acceptance and may increase the capacity to use imaginative play as a resource. However, it usually cannot work complex trauma through to resolution.	Short-term cognitive-behavioral play interventions, teaching of self-regulation tools, and other skills training (e.g., abuse-response skills) can be helpful if the child has the developmental, emotional, and cognitive capacity to retain & generalize the insights & skills.

L. Which figure represents the child?

Most children depict the self with child figures, human and animal, puppies, or other relatively small toys in a given drama. Small figures may also represent other children, often younger siblings, or helpless and ineffective adults, such as nonprotective parents and passive victims of domestic violence. Children tend to be more emotionally invested in self-characterizations than other figures, engaging them in the most action and demonstrating greater concern for their welfare. They are usually the protagonist in the story, the leading character. Self characters are also more likely to be designated as "good guys." Some children identify with "bad guys" or vacillate between identifying with good and bad. Asking as a theatrical aside, "Which side are you on?," may help determine with whom the child identifies. However, some children consciously identify with aggressive adult figures, and invest more energy in these characters in their dramas, but unconsciously identify more with their victimized child figures. Note that the self may be represented in multiple characters. E.g., one child played school and all characters represented self– the self who became overwhelmed with anxiety, the self who wished for fame and admiration, the rebellious self, etc.

The Manual for the Children's Apperception Test (CAT) points to similar features to enable the interpreting clinician to identify the "main hero" or protagonist in stories children provide for CAT pictures:

> The hero is the figure about whom the story is woven primarily. He resembles the subject most in age and sex, and it is from his standpoint that the events are seen. While these statements hold true most of the time, they do not always do so. There may be more than one hero and are subject may identify with both, for first with one and then with another. There may be a deviation in that a subject may identify with the hero of a different sex; it is important to note such identifications. Sometimes an identification figure secondary in importance in a story may represent more deeply repressed unconscious attitudes of the subject. Probably the interests, wishes, deficiencies, gifts and abilities which the hero is invested are those which the subject possesses, wants to possess, or fears that he might have. It will be important to observe the adequacy of the hero; that is, the ability to deal with whatever circumstances may exist, in a way considered adequate by the society to which he belongs... The adequacy of the hero serves as the best single measure of the ego strength; that is, in many ways, of the subject's own adequacy. An exception is, of course, the case of the story which is a blatant compensatory wish fulfillment. Careful scrutiny will usually show in

such cases that the real inadequacy becomes apparent.

M. Empowering play. Case example: Empowering Ryan in Contingency Play

Contingency games, such as attack-and-retreat, were vital in increasing feelings of safety, efficacy, and empowerment in Ryan, first seen at 2 ½ years old upon discovering he had been ritually abused.

The games began when I first escorted Ryan to the bathroom. I stood at maximum distance from his stall, behind a wall near the exit door, to help him feel less vulnerable as he used the toilet. I also kept talking to him to so he would know I was there. When he rounded the corner of the wall, I feigned playful surprise and he laughed. From then on, we played a game in which I hid behind the wall, he surprised me and lunged at me, and I recoiled and cowered in a corner. After many sessions of repeating this game, he risked hiding behind the wall, apparently inviting me to reverse roles. I gingerly scared him, but he became overwhelmed. I quickly apologized, returned behind the wall, and allowed him to completely control my movement again, reinstating the game's original rules.

After about a year, Ryan was more able to assert himself. He initiated games of catch with foam balls and dough clay. I allowed him to throw balls at me, always returning the ball with less force than he used to ensure he felt he had the physical advantage. Ryan became increasingly confident, gleefully laughing at his ability to aggress with an adult in this very controlled way.

One day, as he played with water in a basin, Ryan splashed me inadvertently. With false indignation, I said, “You got me wet,” inviting him to splash me again. He smiled and splashed me harder. I dried myself with a towel. He splashed me again. I used the towel to shield myself. He continued, with squeals of delight. As I hid behind the towel, he began to tentatively push me. I yelled, “Help,” and used the large soft towel to gently buffer his pressure in a playful struggle, all the while monitoring his level of fear, ensuring he could tolerate the indirect touch through the towel.

Over sessions, this game evolved into tug-of-war with a towel. I pretended to strain, but never matched Ryan’s strength, always letting him win, and catching the towel right before he achieved his goal of dunking it in the water, inviting an other round.

When Ryan was 4 years old, and experienced me as essentially trustworthy, I invited him to push me down onto the couch. He pushed very lightly at first. I exaggerated his strength and my loss of balance, feigning mild frustration to invite a repetition. The game continued until he felt increasingly empowered and showed no fear. In time, Ryan was able to engage in rough-and-tumble play with me for brief periods without experiencing play disruption or becoming excessively fearful or aggressive.

Months after therapy ended, Ryan and I spoke on the telephone. He asked, “Remember when I splashed you?” I replied, “Yes, I do.” He continued, “Remember when I pushed you into the couch.” I said, “Yes, you pushed me over and over again.” I feigned the smallest modicum of annoyance I could manage to remind him of his victory over a foe. I was very careful not to frighten him on the phone since I could not demonstrate my genuine warmth with my facial expressions. Ryan said, “I'm big now. My brother is still little, but I'm big.” I said, “You're really big now, that's good.”

N. Trauma-focused play: Case example: Ryan’s own gradual exposure program

Ryan challenged himself to cope with his horrifying trauma throughout his therapy. For a period of about two months, when he was turning 3 years old, he began each session by making a “scary.” I was instructed to make a ball of dough clay. He held this ball in his hands, inserted both thumbs to make two eyes, and just below, inserted both thumbs again, pulling the clay open to make a frightening, gaping mouth. He set this “scary” beside him as he made other objects from clay, forcing himself to deal with its presence, but unable to do more. He often made a few “scaries.” At first, he did not touch them once they were made. After more than a month of making “scaries,” he began turning them into other objects.

After about two months, Ryan began to approach the “scaries” more directly. In one session, he picked up a small “scary,” hugged it, and lovingly said, “It's a baby scary,” perhaps representing a co-victim. Then, he pulled it apart, saying, “I broke the scary,” thereby defeating it. Then he held up a “scary,” had it growl at me, and laughed when I looked scared, making it a threat against me rather than himself. This was a very short-lived victory. Ryan could enact only small amounts of aggression without becoming terrified. He soothed himself by eating a cookie. Then he had me place a baby bunny behind a mother bunny high up on a shelf, reassuring himself with a representation of his mother’s protectiveness. Next, he said, “The cup is hiding because I’m a scary, I’m scaring him,” once again assuming the role of the aggressor rather than a victim in an attempt to reduce his terror.

Ryan's play with the “scaries” diminished as he became able to empower himself with other toys. He often gathered an arsenal of toy weapons about him to increase his sense of safety. Eventually, he incorporated dolls and the toy jail into his play.

Ryan used dough clay again when he was almost 3 years old to overcome fears related to his abuse involving water and feces. Survivors of ritually abusive groups often report abuse in which their wrists or ankles are tied with rope as they are submerged in water until almost drowned. They also report having their heads pushed into toilets with feces and being forced to eat feces as punishment for defiance of the abuser group. Ryan’s mother reported that he was terrified of baths, bathrooms, pools, running water, and feces. He would eat no brown food. He was terrified of baths regardless of how low his mother kept the bath water level and required sponge baths for a period.

In therapy, Ryan plopped dough clay in a basin of water and “squeushed it.” He mixed clay and water in a cup into “mud”. He shook clay and water together in baby bottles. He liked only green and blue clay and avoided the other colors. He commented on the wet clay being gross, but continued to expose himself to it.

After a number of such sessions, Ryan placed two young girl dolls in a water basin. He played for a long while with soap, making lather as he washed the dolls’ hair, squeezing the soap and popping it out of his hand, and playing hide and seek games with the soap in the bubbly water. Suddenly, Ryan began lifting the girl dolls by their feet and dropped them in the water, head first. His facial expression revealed no affect. He was in a trance-like state. I watched for a few moments and then asked, “Do they like that or are they scared?” Ryan replied, “Scared” and came out of his trance.

At home, Ryan challenged himself to overcome his fear of water. He watched his mother as she washed dishes and ran a bath for his brother. He finally shored up his courage and told his mother, “I'm ready now” to take a bath. He finally directly told his mother “the bad people” put feces on him.

In therapy, Ryan continued to put clay in water, plopping it in a basin like feces dropping into a toilet and squashing it with his hands. He put clay on a small bottle and rinsed it with cups of water. He said, "I'm rinsing him off," referring to the bottle as "he," most likely symbolically washing feces off of himself. I provided quiet support, reflecting his actions. He eventually told me, "The bad people put poop on my face." And he told his mother the bad people put him in water filled very high.

Ryan was able to gradually master his trauma involving water and feces, first in symbolic play, then in a conscious effort to approach feared stimuli, such as baths, forcing himself to separate memories of his abuse from the events of his current life, and finally in direct disclosures about his abuse.

O. Case Example: Vera, Wise Beyond Her Years

Five-year-old Vera was ritually abused by a number of her neighbors. Nine months into treatment, she disclosed that, in addition to the "bad people,", her teen-aged cousin, Justin, "put his finger in my private" once. This came as no surprise to her mother or myself since Justin had already admitted to Vera's mother that he was involved in the abuser network. Vera poked her finger into a piece of clay to demonstrate the penetration. I asked, "Was it before or after the bad people did it?" She said, "After," and then added sadly, "Even my own cousin did it." I acknowledged her pain; "Yeah, your own cousin who you loved, who you thought you could trust." Vera said, "Yeah," leaped up and ran to a pillow on the couch and bit it. I told her I would be mad too if that happened to me.

Vera made "half scary-half nice" faces with a clay mold. She turned the faces to me. I related amicably to the nice faces and pretended to be very frightened of the scary ones. I made a mold too and said mine was Justin. I explained that one side of Justin did bad things and the other side was probably sorry he molested his cousin who he loved. I explained that the "bad people" probably molested Justin and his feelings came out on Vera. Vera responded by expressing both anger and compassion for the Justin faces.

I put the Justin mold in a container, saying he had to stay there until we knew he would never do it again. Vera said, "Jesus loves me." I asked Vera if she thought God would put the bad people in jail. She said, "Jesus even loves the bad people, but he doesn't like what they do." Concerned that Vera's compassion might be at the expense of self-protection, I said I thought God would put the bad people in jail to keep the children safe. Vera said, "God would put the bad people in hell," venting her anger. In a later session, Vera realized that her cousin probably abused her because he too had been abused by the "bad people." She then became very quiet and thoughtful, and said; "The people who abused him probably got hurt when they were little too."

P. Safe places

The symbolic creation of safe places in play, art, guided imagery, and videogames (e.g., Minecraft) can help to reduce abused children's perception of danger in both the internal and external world. We are informed in our understanding of the nature of safe places by dissociative adults, who often have complex internal landscapes that include safe and/or healing places, e.g., houses with rooms for personalities or sanctuaries with man-made or natural features. Therapists can guide children to create safe places and in the therapy room that may become internalized. Safe places ideally include:

a) a protective perimeter, perhaps including people, animals, or fantasy or spiritual protectors around

the perimeter or at doorways, and perhaps a means of concealing the safe place from detection,

b) internal allies; nurturers, friends, pets, spiritual healers, etc. (Some must be alone for safety)

c) soothing, reparative things: soft bedding, stuffed animals, healing baths, things from nature, etc.

Our playrooms should include potential safe places, such as toy forts, boxes that can be made into safe dwellings, or an empty shelf in a cabinet. Their presence symbolically serves to suggest to the child's psyche the option of a safe place as a resolution to trauma in play, and in the inner world.

The following safe place was created by a 9-year-old girl with the wisdom of an "old soul." The safe place was made from a large box lid. She made a door that flaps open and closed on one long side of the box. There is a shield made of aluminum foil. Small paper hearts are glued around the perimeter. A bed is made of popsicle sticks. A fish made of paper swims in the middle. Her description:

> The door has rules on it that say; "Devil Out, Angels Allowed".
> The house is made so I can hide out.
> The person is my friend and he means friendship.
> The butterfly means Mother Nature.
> The shield is so if anybody bad comes in, it will push it back out the door. The shield says, "Angels Rock."
> The Beta fish is a Chinese fighting fish, and he will fight the bad guys.
> The heart means love and it will love, love the bad guys out.
> And all those things I said is my safe place.

Q. Healing Places

Healing places are places of healing that the survivor creates in his/her internal landscape, or inner world. To learn more about the internal landscape, see this brilliant article by John Allison O'Neil (1997): Expanding the psychoanalytic view of the intrapsychic: psychic conflict in the inscape, Dissociation: Volume 10, No. 4: https://scholarsbank.uoregon.edu/xmlui/handle/1794/1795

When dissociated self-states form in response to torture/extreme abuse, this is initially the sum-total of their experience. This leaves them sequestered to the sites of their torture in the inner world until they process their trauma, receive compassion, and have an experience of kindness. At that point, these dissociated identities can be rescued from the torture site to the healing place. They can remain there for as long as they need to heal, with the perfect bed and blanket, pets, a fountain to cleanse, a nurturing part, spiritual figure. This can be a permanent resolution or a step before integration. Non-directive play therapy "works" because pretending permits children to represent their conscious and unconscious fears while maintaining optimal psychological distance through symbolization, and to then attempt to triumph over their fears in this miniature and magical world. No longer need they feel small, afraid, defeated, or alone. In their dramas, they can feel empowered, secure, and hopeful, and can have allies and protectors in the midst of the most frightening trauma.

R. Involvement of protective parents and caregivers in play therapy sessions

Nurturing, protective, psychologically-minded caregivers serve important functions in play therapy

with abused children. Their portrayal of protective parents or socially-sanctioned protectors, such as police officers, in role play and figure play, helps facilitate internalization of their protection.

Some children use play with the therapist to first approach abuse material in the symbolic realm, to symbolically empower oneself in the world of play, etc., and then, once home with the protective parent, they can make direct disclosures of the abuse that they endured. In such cases, the parent will fill in the therapist on the material disclosed at home.

S. Experiential Exercise

Select some toys and a piece of felt. Form pairs. One person be the player and one be the therapist. The player will plays with the toys. As the therapist, become absorbed in the drama, suspend disbelief, bring your face to toy-level, do not make eye contact or speak to the player, pretend with all your might that the drama is real, and narrate the actions of the toys as if thinking aloud, verbally tracking everything that you observe. If you are confused about an aspect of the de drama, ponder without addressing the child, "I wonder what they are doing." If a particular figure in the drama appears to represent the child, empathize most with that figure's needs, wishes, feelings.

T. A Note on Collage and Sandtray

Collage and sandtray are particularly powerful healing tools for victims of extreme abuse and for all children and adults with dissociated identities. Collage and sandtray do not require conscious selection or representation of content. The person need only select the objects or pictures that call to them. They need not understand why they selected them. Multiple self-states can contribute without conscious awareness on the part of the fronting personalities. A non-interpretive stance, as in traditional sand play therapy, facilitates this uncensored expression by all parts of the self. This serves a highly integrative function. In many cases, perhaps most cases, everything that is selected, pasted on the paper or placed in the sand tray, has deep meaning that may only come to light much later. Their meaning may not be discovered for many years.

For example, a pre-teen still being abused made a sandtray of particular ancient structures that, as a young adult, were revealed to be key programmed structures in the internal landscape.

A 12-year-old made a collage with five objects. It quickly became clear that five dissociated self-states had each a selected self-representation. This quite frightened the client, who was not ready to acknowledge these parts. A year later, one of the parts, a preschooler, is talking directly with me.

As we know, sandtray work is usually highly symbolic. Many adult trauma survivors use it in this way. Since sandplay does not use interpretation in the traditional sense (genetic interpretations are not made), it allows for optimal distance from threatening material.

On the other hand, many adult trauma survivors (or particular self-states) often use the sandtray to literally depict traumatic events, to intentionally show us what happened. I have found that children's representations are almost always highly symbolic, allowing for significant psychological distance from the trauma as they gradually expose themselves to it in symbolic form. So, the method can be highly defended or consciously explicit.

Eric Olson, son of Frank Olson, a CIA MKULTRA scientist likely killed by the CIA when he wanted out, put together and worked through what happened to his father through collage.

He did his Ph.D. dissertation on the subject. Here is a wonderful article he wrote about this: https://frankolsonproject.org/collage-method/

And a quote from it: “The mind is, inherently, a pluralistic society; a collage is, above all, a contained multiplicity.”

XXVI. Use of Symbolic Communication, Metaphor, and Stories

A. Basic Principles

LeDoux: We are more controlled by our emotional unconscious brain than conscious brain.

Roy Hunter: "While imagination is the language of the subconscious, emotion is the motivating power of the mind" https://royhunter.com/articles/selling-success-to-your-subconscious.htm
“When we identify with characters in a TV show, we are on an alpha state of hypnosis.”

Melanie Klein: In dreams and play... feelings and needs, fears and wishes, are psychological truth. The actors, events, experiences, objects are often symbolized.

As Törneke (2017) and Moschini (2019) point out, there appears to be agreement across a range of approaches and theories about the importance of metaphor as a clinical tool for describing and articulating experiences, as well as for generating novel and alterable frameworks for understanding experience and emotions. Mills and Crowley (2014) theorize (elaborating on Erickson and Rossi, 1981) that metaphors constitute two-level communication that is processed at both conscious and unconscious levels. They wrote:

> The input of the metaphor activates unconscious association patterns that interrupt the old behavioral response by generating new meanings, which in turn produce new behavioral responses” (p. 15).

Terr (1990) also alluded to the concept of two-level communication by noting that the use of metaphor by therapists may bring great relief to traumatized children because “the metaphor hits the child on two levels – on the ‘story’ level and on his own, more internal level. Highly visualized language, after all, is probably the real language of psychic trauma” (p. 302).

According to Törneke (2017), there is evidence to suggest that co-created metaphors, those developed by therapist and patient together, contribute to positive outcomes in treatment, as does the use of a central metaphor or theme to describe a problem the patient is working on that is developed over time and elaborated through additional related metaphors. This shared language, like a secret code between therapist and child, can offer understanding, reassurance, and hope while strengthening the bond within the therapy relationship. Terr (2008) described this function when she wrote, “The mutuality created by sharing a metaphor…still feels as new as tomorrow to the youngster who experiences it” (p. 133).

The same principles that make play therapy work are easily applied to creating stories for children and for incorporating imagery and metaphors into psychotherapy for clients of any age.

Therapeutic messages delivered through stories, images, and metaphor are among our most effective interventions. They are registered in the less conscious, more emotion-based, right brain where so many fears, past trauma, and trauma-based representations of self, others, and the world reside.

Metaphor, stories, and imagery are also powerful because they generally have a more memorable and enduring impact than analytic discourse alone.

Symbolic, disguised stories and metaphors can introduce adaptive resolutions to children's core psychological issues without their ever consciously knowing that we are addressing their trauma-rooted fears, needs, beliefs and feelings about self and others, helplessness, defeat, etc.

Therapeutic messages delivered via symbolic communication and metaphor are particularly helpful with children with highly dissociated abuse, with children who are being subjected to ongoing abuse, and with children who are safe, but not yet ready to directly process their abuse or feelings.

B. Basic Methods

1. Symbolic and disguised communication and metaphor can be used to introduce adaptive resolutions to core psychological issues in abused children without their ever consciously knowing that you are addressing their trauma-rooted fears, needs, beliefs and feelings about self and others, helplessness, defeat, etc.

2. Therapeutic messages delivered via symbolic communication and metaphor are particularly helpful with children who are being subjected to ongoing abuse, including children with highly dissociated abuse, and with children who are safe, but not yet ready to directly process their abuse or feelings.

C. Levels of symbolization

From more direct to more symbolic materials and play:

a. Full-body role-play (may include life-size dummies and baby dolls) of real or pretend characters
b. Play with human figure dolls
c. Disguised human characterizations, names, sex, roles, fantasy characters
d. Toy animals
e. Inanimate objects (e.g., cars)
f. Nonsymbolic play, e.g., self-soothing sensory play

Use of animals in play, stories, and meatphors has the additional benefit of being, generally, without gender or race.

My Preference for the Animal Version of the CAT

I greatly prefer the animal version, as always did the Bellaks, because I believe that animals:

a) permit extra distancing from the self, thereby facilitating more free self-expression, less self-censorship, just as children are less aware that they are playing about themselves when they play with animal figures in contrast to human figures.

b) are neutral in terms of ethnicity and relatively neutral in terms of culture

c) are gender-neutral

I believe that the animal CAT optimally evokes deeply unconscious material and pre-verbal memory. For example, a mother brought her 4-year-old boy to therapy due to his long-term, severe separation anxiety. He had been kidnapped at 9 months of age for a month. He and his mother never discussed this event and the boy apparently had no conscious memory of it. However, on CAT card 9, he told a story of a robber stealing a bunny from his Mommy.

B. Books on Use of Metaphorical Communication in Therapy with Children

Achterberg, Jeanne & Dossey, Barbara (1994). Rituals of Healing: Using Imagery for Health and Wellness, 1st Edition. Bantam.

A classic on use of imagery and metaphor in therapy

Achterberg, Jeanne (1985). Imagery and Healing: Shamanism and Modern Medicine. Boston: Shambala Publications.

Battino, Rubin (2005). Metaphoria: Metaphor And Guided Imagery for Psychotherapy And Healing. Crown House.

On the use of metaphor and story-telling in psychotherapy and Ericksonian hypnosis for children to adults. It includes sample scripts and suggestions to address many clinical issues.

Pernicano, Pat (2015). Metaphors and Stories in Play Therapy. In K.J. O'Conner, C.E Schaeffer, & L.A. Braverman (Eds. Handbook of Play Therapy, pp. 259-276. Wiley. https://doi.org/10.1002/9781119140467.ch12

Pernicano, Pat (2018). Using Stories, Art, and Play in Trauma-Informed Treatment: Case Examples and Applications Across the Lifespan. Routledge.

Pernicano works with children, teens, and adults. Her book includes many case studies and all of them weave use of metaphor, stories, art, play, and hypnosis into her work. She includes protocols for interventions with trauma. I particularly appreciate "Up the Mountain.

Törneke, Niklas (2017). Metaphor in Practice: A Professional's Guide to Using the Science of Language in Psychotherapy. Context Press.

A recent academic treatise on metaphor in the linguistic sciences of metaphor and in the

practice of all forms of psychotherapy, including use of metaphor to deepen insight and self-awareness and to facilitate change. It also includes practical examples of metaphors and protocols for clinical interventions.

Watzlawick, Paul (1993). The Language of Change: Elements of Therapeutic Communication. Norton.

A classic to fine-tune your use of therapeutic ad hypnotic language.

Case: Client ritually abused. Coerced to perpetrate against other victims beginning with a horrific event at age 5 or 6. Horrific self-accusation (of being exactly what the abusers said he was), self-hatred, self-punishment, shame, terror, pleads for mercy, etc., is dispersed among a variety of self-states. The least conflicted, least frightening, psychological state for this client is to remain in self-hatred. It has been an arduous process to identity that these self-states each have a different voice and different needs. Slowly, the adult self is accepting that distinct dissociated self-states formed in response to different elements of the abuse and had to perform different functions. Three months into therapy, I asked him to choose an animal to represent each one. This seemed fairly silly to him. However, the animals that fit came to him easily. Once the first three were chosen, the accusatory self-state said it wanted to talk and

C. Case Example and Exercise

Girl age 8. When she was five years old, she found her mother's dead body (an overdose). She and her baby sister went to live with her drug-addicted father. She did much of the caretaking of the baby. After a year or so, the paternal grandparents visited the family and the father agreed to let his parents raise them. The grandparents love them, but are somewhat critical. The girl experiences significant separation anxiety and regressive behavior.

Here are some of her Children's Apperception Test stories:

The cards: https://vdocuments.mx/child-apperception-test.html

1. Hmmm. I'm trying to think here. (Deep breath). Once upon a time, there was three little sisters and one was named Chip, Flitter, and Flap. Ummm (long pause) One morning when they were having breakfast, they saw a humongous thing. They didn't know what it was though. So they got down and closer to it, and once they got close enough, they figured out what it was. It was a chicken and it was their mother. (Pause) [OK] And once they saw their mother, they said to their mother, "We didn't know what you were so we just had to go closer and closer." And their mother said, "You silly girls. You guys are so cute" I guess that's the end.

3. Once upon a time, there was a king lion named Cowardly. You seem he would be cowardly, but he wasn't. That's what his mother named him art first. He did brave things like rescue people that are lost, rescue people that are hurt, and people that needed a lot of help. Sometimes, he forgot one of the things that he mostly did. So whenever he got into his throne, he wold put a note that said, "Do the right thing." And sometimes he forgot to put the note on his throne too. So, he put two notes, one that said, "Do the right thing," and the other one said, "Don't forget to do the right thing." Then, once he wrote those two notes, he kept those two notes on his throne for as long as he lived. The End.

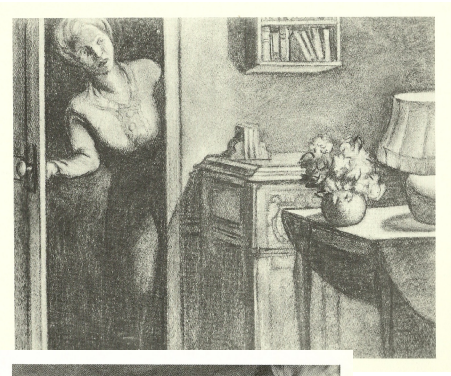
4. Once upon a time, there was a kangaroo family and sometimes, you'd think it was an ordinary family, but it wasn't just an ordinary family. It was actually a tiny family. The mother, the mother's name was Carey. The oldest one was named Pairy. And the youngest one that was born just three weeks ago was named Tairy. One day, they were out riding bikes, and then when they were riding bikes, the oldest one, which was the mother, saw a fire around her neighbor, her hood. When she saw the fire, she told the little kids to go back home. So, the oldest child dropped her bike and carried little Tairy back home. And once they got back home, they noticed that there was a fire not too far from their house. So, they ran back to their mother and told her. And so, the fire there in their neighborhood was already, all, being taken care of. So, they told the other fire kangaroos that there was a fire not too far from their home. And once they, and then they got that taken care of. The End.

5. Once upon a time, there was a mother and father that lived with two little bears. And the little bears were named Beary and Chairy. One night, they forgot all about their two little bears. And the next night, the little bears were in bed, one of the little bears woke up the other little bear and Beary told Chairy that they are gone. So, they went out searching for Mother and Father. And they got lost in the forest, so they just tried to find their way home and they did. And when they got home, they found Mother and Father fast asleep in their bed, their own bed [points to the big bed] The End.

6. Once upon a time, there was a mother bear and a baby bear. One day, the mother bear and the baby bear was sleeping, and the baby bear woke up and went outside. When the baby bear went outside and saw leaves and brought them back to where the mother bear was sleeping. Then the baby bear found some berries and took them back to where the mother bear was sleeping and put them on the leaves. Then the baby bear found some acorns and took them back to where the mother bear was sleeping and put them on the leaves. Then the baby bear found some pine cones and brought them back to where the mother bear was sleeping. After that, the baby bear went back to where the mother bear was sleeping and went to sleep. The end.

The next session, she wanted to play therapist and I would tell stories and she would write them down. Okay! I chose three cards from the Adult Thematic Apperception Test.

What stories might you tell that would send therapeutic messages to this child?



1. Your Story:

2. Your Story:

3. Your Story:

My stories:

1. Once upon a time, there was a very lonely lady named Frilly Lily who lived in Paris. Every day, she walked along the river Seine. One day, hiding under a bridge, she saw and heard a little crying puppy and they looked in each other's eyes and fell in love. Of course, Frilly Lily took the puppy home and it was a little crazy, so she named it Silly. She loved it so much, she gave it it's own room and checked on it one hundred times a night. The end.

2. Once there was a lady named Sara. When she was little, her Daddy always found something wrong with everything she did. So, she thought something was wrong with her. When she was 30 and he was about to do it again, she turned around, looked him square in the face, and said, Something is wrong with YOU!! So there you have it. The End.

3. A little girl was so, so sad because her doll was sick. Her grandmother tried to comfort her. But the doll was too sick. So the girl prepared for the worst. The end. This is the saddest story I ever told.

D. Framework for Couching Therapeutic Messages in Stories

A. Steps to Structure a Story:

1. Identify a core experience or psychological issue of the child (or adult) that you wish to address.

2. Identify the psychological resolution for this core issue for this particular child. This is where all of our theory on healing from trauma comes into play.

Manifest Symptom	**Underlying Problem**	**Adaptive Resolution**	**Treatment Method**

3. Devise a creative approach to symbolically communicate a therapeutic message that will facilitate this psychological resolution. Disguise this message in something symbolic, indirect, metaphorical. Dreams naturally symbolize in the same way.

All children benefit from stories that couch challenging real-life themes in metaphor. These speak to the right brain, are more easily emotionally tolerated, and are more memorable.

The idea is to sneak your way into the child's unconscious to plant seeds of change: self-acceptance, self-love, greater internal peace, some hope for a happy future and kind and reciprocal relationships!

How do you couch a therapeutic message in metaphor, in symbolic and disguised communication?

A. The Characters: Couch <u>all of</u> the characters– child, abusers, protectors, allies– in metaphor and symbols. The characters may be animals, magical figures (dragons, unicorns, trolls), figures from history, media and video-game characters, etc. Do not include any reference to the child her/himself. That breaks the "spell" of the story. For very terrified children, it is usually best not to include human or humanoid characters, at least early in treatment. Animals, fantasy figures, even motor vehicles, allow for more psychological distance from the experiences of abuse and the people involved.

B. The Problem: Couch the abuse in metaphor. Provide psychological distance in the story line. Omit any reference to abuse or violence. Use lesser dilemmas and threats.

C. Be hypnotic. Be indirect. Confuse the left brain a bit to be able to better-communicate with the right brain.

4. Resolutions: It is more effective to plant seeds that encourage the slow development of internal resources than to offer too compete or unrealistic resolutions.

5. Consider using humor! Be silly! It's a great way to lower anxiety and gain trust.

6. Emotional Intensity. The emotional intensity within the drama/story should coincide with the child's window of tolerance. Traumatized children often have a low tolerance for emotional intensity and for vulnerable feelings, like sadness fear, and helplessness. This is generally true for young

children as well. Phillips (1994) studied the facial emotional expressions of 6-month-old to 60-month-old normal children during solitary play. During solitary pretend play, the most frequent emotion expressed was anger, followed by interest and joy. Sadness was rarely associated with pretend play and had the effect of inhibiting play. Fear and disgust occurred even less often than sadness. Phillips suggested that sadness may overwhelm the capacity for pretend play, as do intolerable levels of anxiety. This research has practical implications for play therapy technique. Preschool children and older abused children often respond with irritation, denial, or play disruption, to the therapist's reflection of sadness and fear in play characters representing themselves. Reflection of anger of child characters who fight or defend themselves is generally well-accepted, since children endeavor in play to be active and self-protective in dramas representing situations in which they felt defenseless. Other abused children fear the expression of anger secondary to denial of the needs of the self and anticipation of retaliation. In reflecting feelings of characters representing dangerous objects, young and frightened children tolerate reflection of fear and sadness of such objects more easily than their anger. In play therapy, over time, children often develop a capacity to "contain" fear, sadness, and helplessness in their play dramas, without play disruption.

E. Level of Disguise of Content

To determine the child's window of tolerance and the degree to which we need to disguise therapeutic messages in the stories and metaphors we create and use, we consider:

a. the child's need for psychological distance and to disguise the content
b. the degree to which the child continues to need to dissociate memories and affect, as in children who are still unsafe
c. The child's capacity to tolerate and modulate emotional intensity, particularly in regard to vulnerability, helplessness, terror, shame, memories of physical pain, and rage.

Factors that determine the need for psychological distance/disguise/symbolization/dissociation of content and affect	
Lower Need	**Higher Need**
Perceived safety	Ongoing abuse
No contact with abusers	Ongoing contact with abusers
Low severity abuse	High severity abuse
Extrafamilial abuse	Intrafamilial abuse
Abuse in the past	Recent abuse
Low tactics to prevent disclosure	Terrorization and threats to prevent disclosure
Fully believed by caregivers	Not believed
Good support	Little or No Support
Older children	Younger children
Later in therapy	Early in therapy

F. For Children Who are Not Safe

When writing stories for children are not safe or who are otherwise overwhelmed with fear and anxiety, couch everything in metaphor:

1. The Characters: Disguise all characters– child, abusers, protectors, allies. Characters may be animals, magical figures (dragons, unicorns, trolls), figures from history, media and video-game characters, motor vehicles, etc. Do not reference the child her/himself. That breaks the "spell" of the story. For very terrified children, it is usually best to avoid human characters, at least early in treatment. Animals, fantasy figures, motor vehicles, etc., create more psychological distance from abuse memories. Generally avoid the use of characters in modern media (film, TV, books, video-games), unless you are utilizing the plot line of a particular film, etc., to deliver a specific therapeutic message. Note that abusers skilled in psychological manipulation sometimes use popular media characters to condition their victims to never disclose their abuse, to make them perceive the abusers as omniscient, etc.

2. The Events/Problem/Conflict: Couch the events and problems, i.e., abuse, failure of support or belief, etc., in metaphor. Provide psychological distance in the story line. Omit any reference to abuse or violence. Use lesser events, threats, and dilemmas.

3. The Settings and Objects. Couch settings and items associated with the abuse in metaphor. E.g., if a child endured ritual abuse involving crucifixes in a church, omit from the story a church and the items used in the abuse.

Key elements of the child's actual problems to preserve within the metaphor (story, play, art, etc.):

1. The general nature of the characters in the child's life – child in need, helpful individuals, and dangerous individuals, and,

2. Harmful intentions of dangerous individuals toward the child figure and others.

3. Emotional valances are drawn directly from life.

When all other therapy goals are not accessible, when safety is off the table for now, be careful not to undervalue the importance of working to increase self-love and faith in love from others– like you!

Terms often best avoided:

1 Safe: It is usually best to leave out the word, "safe." Many child abuse victims believe safety an impossibility. Some systematic abusers even condition victims to associate the word, "safety," with danger. Find creative, novel ways to communicate hope and faith in the possibility of safety, even if partial, even if only in the long-term future.

2. Religious references: For some children, references to traditional religious ideas can create fear and anxiety. Many systematic abusers train and indoctrinate victims to interpret and hear common Christian references as having opposite, ominous, and degrading meanings. The word "God" may be heard as "Satan" or "dog." The term, "angel," may be heard as "demon."

G. Experiential Exercise with Your Creative Works

Develop a Treatment Tool that Symbolically Communicate Something to Help Such a Child

You have two hypothetical kinds of cases to choose from. The first is the far-more challenging. In both cases, the child has suffered the kinds of extreme abuse described in the above two articles. You may choose the age of your hypothetical child between three and 14 years.

1. You are working with a child whom you have good clinical reason to believe is still being abused by at least one primary caregiver. This abuse is likely be ongoing until at least mid-adolescence. The family may be intact, separated, or divorced. The authorities are not offering the child any protection, nor can any protective caregivers offer protection. Any abuse disclosure made by the child would likely result in extreme retaliation and punishment by the abusers. The goal of getting the child safe is off the table. Given this scenario and the list of psychological problems you developed while reading the article(s), consider your other therapeutic goals for this child and jot some of these down.

2. You are working with a child who has been subjected to extreme abuse and who has just become safe. It is too early for the child to be able to discuss the abuse directly. Jot down some of your goals.

Your treatment includes allowing the child to play as he or she chooses. However, you want to offer more. You decide to use symbolic communication (vs. abuse-focused work) to work to resolve a particular problem from your list to deliver a specific therapeutic message. You may write a fictional story with animals or people; you may share a true story from history; you may enact a play drama or pre-set a scene and ask the child to play it out; you may have a conversation with a stuffed animal or nesting dolls; you may give a gift with a message; you may write a guided imagery script; you may develop an art project; therapeutic ritual, a song, other music a dance, body work, etc.

Things to Avoid: It is usually best to leave out the word, “safe.” Many child abuse victims believe safety an impossibility. Some calculated abusers even condition victims to associate the word, “safety,” with danger. Find creative, novel ways to communicate hope and faith in the possibility of safety, even if partial, even if only in the long-term future. Generally avoid the use of characters in modern media (film, TV, books, videogames), unless you are utilizing the plot line of a particular film, etc., to deliver a specific therapeutic message. Note that abusers skilled in psychological manipulation sometimes use popular media characters to condition their victims to never disclose their abuse, to make them perceive the abusers as omniscient, etc.

Consider using humor! Be silly! It’s a great way to lower anxiety and gain trust.

Sleep on this. Let it simmer. Write up your creative approach and be ready to share your wisdom!

In groups, discuss your stories and other creative products. Go line by line, and consider the following:

1. What do you like best in the story, play or art idea? Does anything move you emotionally?

2. Are the themes, the content, adequately disguised in the metaphor to not overwhelm an abused child?

3. Are the characters adequately disguised?

4. Are the troubling feelings in the story within an abused child's window of tolerance or is the affective intensity too disturbing? Use your own comfort level as a gage. What "softer" themes would work as well?

5. How can the theme of fear be brought into the story without overwhelming the child?

6. Are the suggestions of good things, e.g., love and safety, "too good" for an abused child to believe? Could more subtle substitutes accomplish the same end? What might they be?

7. Do the resolutions work or feel inadequate?

8. Does the metaphor alone adequately communicate the therapeutic message? Does it help to relate the metaphor to the child's life problems and possible solutions? Or is this too direct, "too much"?

9. Does the story hold the child's attention? Can the story be shorter and still accomplish the goal?

10. Is there enough fun and hope to keep the child engaged and to guard against being overwhelmed?

Come back from your groups and share one of the creative products that the group liked and explain what was most therapeutic about it!

H. Sample Story: Abuse-based Agoraphobia

For example, say you wanted to lower the sense of omnipresent threat and fear of connecting to other people (the true basis of agoraphobia in most cases in my clinical experience) in an abused child who is now safe. Your story may be about animals, only a quick chase, and never mention safety:

> One day, a chipmunk who lives in the woods got chased by a fox and ran up a tree. So, the chipmunk built a little home in the tree where it could hide. It planned to live in this home in a tree forever all by itself. Every day, the chipmunk looked out its little window and watched the life of the forest below. It saw the other animals playing and making friends. Soon, the chipmunk had a favorite animal to watch, a fuzzy golden bunny. The chipmunk noticed that whenever the bunny and other animals heard a noise, they hid up in the tree and watched to see where the noise came from. When they realized that it was all clear, they came back down and played some more. Over the Winter, the chipmunk dreamed about making friends with the bunny, playing together, sipping some mango tea, and eating berries and chocolate. As Spring returned to the forest, the snow slowly melted, and little flowers began to sprout from the soft earth. The colors of the flowers slowly began to fill the chipmunk's heart with an urge to dance! Oh my goodness! Urges to dance! Soon, the first Spring rain came and gave a cool drink to the flowers. They closed their petals, rested, and waited for the sun to come back out. The chipmunk could not wait to see their magnificent colors again. It was then that the chipmunk's heart made a decision. When the flowers would show their colorful petals again, it would run down the tree and invite the bunny up to its home for berries and chocolate and mango tea. I think you know the rest of the story!

I. Related Interventions

You would apply the same basic principals to creating a guided imagination journey (hypnosis).

You might stage a play drama with toys or full-body dramatic play. (See Puppy video)

You might provide a directive for a sandtray or art that you work on together.

You might invent a therapeutic game or ritual.

You might write a song and sing it together while drumming. Perhaps you create a dance that expresses something that needs to be released, simply using movement, no words!

Perhaps you interject a whole bunch of humor to release forbidden rage!

Perhaps you select a meaningful gift that you present in a meaningful way.

Perhaps you present a historical event or dilemma from a film or literary work to encourage a philosophical argument to plant a seed to increase self-compassion and self-forgiveness. For example, the book and film, Sophie's Choice, presents the dilemma of a mother coerced by the Nazis to give them one of her children to be killed. A victim of coerced perpetration will likely argue that Sophie failed, could have done something to save her child. As you engage in a friendly debate (let them talk the most, use humor), as you pose Socratic questions, as you stick to the metaphor of the historical event, you are planting seeds of self-compassion and self-forgiveness and saving the soul of your client without him or her ever having to consciously acknowledge this horrific trauma.

J. Ritual Abuse Case Example

This may be my most interesting case, even though I never met the parents or children. It began when two parents contacted me through my website stating that their children had been ritually abused in a preschool and seeking referrals and information about ritual abuse and play therapy. I pointed them to an article on my website about play therapy with ritually abused and dissociative children: http://endritualabuse.org/treating-dissociative-abused-and-ritually-abused-children/ For two years, we corresponded via sporadic emails. I never met them nor did I ever talk to them on the phone.

Two and a half years later, the children were school-age, and the parents wrote again. They said that one of the children had been badly triggered by a movie and now the child was suffering bad PTSD, separation anxiety, insomnia, and anger. The other child had symptoms as well.

I wrote back to the father that it might help to write metaphorical stories that represent children seeing through the tricks used in their psychological conditioning and terrorization– programming. Programming can be loosely defined as use of torture, terrorization, hypnosis, trickery, conditioning, drugs, and manipulation of attachment needs to entrap children in behaviors and beliefs that serve the abuser network, e.g., to prevent memory and disclosure of the abuse. I wrote the following:

> So, say you wrote (or found something similar) a story about a bad dragon who stole all the acorns from all the forest animals and three little squirrels saw him doing it and he told them

> that they better not tell anyone and that he was magic and could always see everyone and hear everyone and he would know if they ever told on him and he'd blow fire on them. Then the little squirrels were so scared and hid underground and would not even talk to each other about it and pretended it never happened so they would not have to feel afraid. And now they felt scared all the time and didn't know why and there were hardly any acorns left, etc. And the Momma and Papa squirrels were so worried because their children looked so sad and scared. Then one day, the little squirrels were up in a tree, and they saw the dragon stealing acorns, and they saw an owl throw one down on the dragon's head. And then the dragon was mad, "Who did that?" and the dragon looked around and could not see the owl and the dragon could not see the squirrels. So, then the squirrels smiled at each other because they saw with their very own eyes that the dragon was not magic after all and that he told lies to scare everyone. And they ran home and told the whole story to the Momma and Pappa squirrels. And they all moved to a forest where there were only nice animals, etc.
>
> This kind of thing can get them questioning the BS, not consciously, but internally. I know this seems small, and it is in some ways, but it can plant a seed inside that can grow.

The father quickly wrote back:

> This worked! [Child] is back in [child's] own bed... The story provides... great comfort... [Child] is now asking for us to tell the story before bed... Thank you very much...

K. A Mouse Called Coco, Story by Nikola Fuerst, MSc, German Psychologist

Story written by a student who took this class in October, 2020

The following is a story that could be read to/told to the child. I would make sure to have a cat, hedgehog, and mice as stuffed animals or hand puppets readily available in the room - to bring the story to life while telling it to younger children and/or to give the child a chance to process the story, act it out or adjust it to their individual experiences. The story can be followed up by other stories (e.g. "The Lion Inside" (2015) Rachel Bright) that feature a little mouse as a brave, strong, or good character to help the child find their own strength despite their size, power, and perceived/learned weak, disgusting, or negative characteristics.

A Mouse Called Coco, by Nikola Fuerst, MSc (copyright, 2020, not for distribution)

Once upon a time there was a little mouse called Coco. She lived with her mother, her father, and her little sister in a tiny house at the edge of a forest.

One day little Coco went to play at her favorite spot in the woods. As she was climbing around on the roots of a big oak tree she heard a noise in the bushes next to her. She froze, stood very still, her nostrils up in the air sniffing and staring at the bush, as mice do when they get startled by an unfamiliar noise.

To her horror, Coco spotted two big, green eyes looking at her.

"I'd better get home," Coco thought to herself.

Just as she was looking for a good spot to hide and sneak away as quickly as possible, a big gray cat came out of the bush. The cat slowly moved towards her.

“Hello little one,” he purred in a friendly, soft voice. “My name is Carl. What is your name?”

“Coco,” the little mouse squeaked, trembling with fear.

The cat looked at Coco with a curious look and said: “Have no fear. I have been watching you play out here in the forest. I know some fun games, too, and I love to play with little mice like you. But I have nobody to play with. All I am looking for is a friend to play with. Would you like to join me, Coco?”

“I really should be going home now,” Coco replied hesitantly.

Carl seemed disappointed. “How about I walk with you for a little while and I teach you the game on your way home?” he suggested.

The little mouse started to relax a little bit. It seemed like Carl the cat was not out to harm her. If he wanted to have her for dinner, he would have eaten her up by now. Instead he had started talking to her and he seemed very friendly. Besides, Coco was always happy to make new friends and learn some new games. It could get boring in the forest, playing all by herself. So, little Coco decided to join Carl.

After walking for a little while, Coco and Carl reached the edge of the forest.
“This is a great place for my favorite game,” the cat said excitedly and all of a sudden he started to chase the mouse.

Coco was very startled. She tried to escape the cat’s paws and run away.

“I don’t like this cat game! Please stop!” she exclaimed.

But Carl just laughed. “Don’t be silly, this is a fun game!” he exclaimed and kept chasing the little mouse. Every time he caught poor Coco, he would let her go again, after a quick tap with his paw, just to keep chasing her after a little break, the way cats play with their prey.

After a while, which seemed like forever to little Coco, the cat got tired of the game.

“It’s time to go home now, little friend,” he said. “This was fun. I’m looking forward to playing with you again, soon! Maybe you can bring your little sister along next time.”

Coco didn’t reply. She was out of breath and very tired from all the running. She just wanted to leave and escaped the cat as fast as possible.

On the way to her little house she was very worried. What if Carl came to find her again? What if he found her house and decided to play his horrible cat game with her whole family? What could a little mouse like her do to be safe?

While Coco was hurrying home, her neighbor Mr Hedgehog saw the little mouse.

“Hello Coco”, he said, waving cheerfully.

“Hello Mr Hedgehog,” Coco squeaked, trying to run past him.

But Mr Hedgehog was very observant and he had seen Coco’s scratched fur and her worried face.

“Has somebody been bothering you?” Mr Hedgehog asked.

He was a very wise hedgehog and he’d seen those wounds and that expression on Coco’s face before on other little mice who had encountered cats just like Coco had that day.

“I just stumbled over a root in the forest,” Coco mumbled.

She was afraid Carl would find out if she complained about him to Mr Hedgehog. After all, cats have very good ears and she really didn’t want to upset him. So, with a quick: “Have a good evening!” Coco squeezed past Mr Hedgehog towards the little mouse house.

Once she was finally inside, she locked the door and took a deep breath. As she looked out the little window in the door to make sure that Carl had not followed her, she was afraid she would again see two glaring green eyes in the dusk.

But to her surprise she saw Mr Hedgehog lying in front of the little mouse house. He had curled up into a ball, his sharp spikes pointing into every direction. Nobody could get past him.

When Mr Hedgehog saw Coco looking out the window, he gave her a friendly wink, nestled his nose into his fur - just like hedgehogs do when they make themselves comfortable - and closed his eyes.

Soon the little mouse saw Mr Hedgehog’s chest move up and down regularly. He wouldn’t go anywhere tonight. He would protect her.

Finally, Coco also drifted off into a restful sleep.

From that day on Mr Hedgehog was always beside the little mouse. He would watch her play in the forest, help her gather seeds in the fields, and during nights when Coco got too scared to fall asleep, she would roll up next to Mr Hedgehog in his spiky ball, knowing that no cat in the world would be able to catch her there.

Discuss in small groups what you think of this story.

What qualities within the story could help an abused child?

Were there any elements you disliked?

L. A Story to Reduce Identification with the Aggressor

The next story seeks to reduce identification with the aggressor, all couched in metaphor:

DRAGON OH-SO-MEAN, By Ellen P. Lacter, Ph.D. (Copyright 2002)

1. A long, long time before today
And very, very far away,
There stood a castle made of clay,
Where dragons stayed inside to play.

2. The morning sun would shine so bright.
The moon would glow throughout the night.
But something... something was not right.
Something caused an awful fright.

3. To hear his name was all it took
And all the other dragons shook.
And if you dared to take a look,
You'd run and hide by hook or crook.

4. His name was "Dragon oh-so-mean,"
The ugliest you've ever seen.
His lips were blue, his teeth were green.
His warts were big as jelly-beans.

5. Sharp scales grew from his head to toes.
Red fire shot right out his nose.
Upon his head sat mean old crows.
The smell of him could kill a rose.

6. The worst part was what he would do,
To little dragons, big ones too,
To everyone, not just a few,
I bet even to me and you.

7. He used those big green teeth to bite.
He swung his tail with all his might.
He shot his fire, red and bright.
His smell could turn your knuckles white.

8. And so the dragons watched all day.
They could not rest, they could not play.
Inside the castle they would stay
And hope that dragon went away.

9. And deep inside the castle walls
The most scared dragon of them all
Would shake and shiver, cry and bawl.
His name was "Dragon Oh-so-small."

10. Poor "Dragon Oh-so-small" was sad.
All day and night, he felt so scared.
He started getting very mad.
He started acting very bad.

11. He thought "I know what I can do.
I'll be as bad and mean as you.
I'll fight and bite and shoot fire too.
I'll make them cry 'boo-hoo, boo-hoo'."

12. "I may be small, but I can bite.
I'll swing my tail with all my might.
I'll shoot my fire, red and bright.
I'm going to turn your knuckles white."

13. And so he did just like he said.
But each night when he went to bed,
He shook his little dragon head.
He cried until his eyes turned red.

14. "I had no dragon friends today.
I scared my dragon friends away.
I didn't laugh, I didn't play.
There's got to be an other way."

15. And when the morning came, he knew.
"Come one and all, come all of you.
We must find 'Dragon Oh-so-mean'
I have the best idea you've seen."

16. They looked and found a firehose,
A scarecrow dressed in funny clothes,
A shaver and a big red rose,
All for something, I suppose.

17. They found old "Oh-so-mean" in bed
Rattling his dragon head,
Crying 'til his eyes turned red.
"Oh, the awful things I've said."

18. They shaved his scales from head to toes.
The firehose put out his nose.
The scarecrow scared away the crows.
And in his hand, they placed a rose.

19. Now "Oh-so-mean" was oh-so-stunned.
"But, now I can't hurt anyone.
Just what on earth have you just done?
What am I going to do for fun?"

20. "Oh-so-small" said "Use your brain.
How could you be so very lame?
You're playing such a silly game.
I used to do the very same."

21. "Dragon Oh-so-mean" was blue.
"Everything you say is true,
When you do the things I do,
Nobody wants to play with you."

22. "Oh-so-small" said "Let's be friends.
Let's put the fighting to an end.
We'll fly a flag for peace and then
The dragons will be safe again."

23. And ever since that special day,
Very, very far away,
There is a castle made of clay,
Where dragons go outside to play.

24. And if your eyes are very keen,
You can see "Dragon Oh-so-mean,"
Playing on the castle green,
With warts as big as jellybeans.

M. A Story for a Child with a History of Severe Neglect

I wrote this story for a child being adopted into a loving home following a history of severe neglect. The child was always “hungry” and hoarded and hid food in her room.

Lottapuppalopoulos, by Ellen Lacter, Ph.D. (Copyright 2021)

Once upon a time, there was a beautiful little doggie. It was a little too big to be a puppy,[and a lot too little to be a full-grown dog. So, I will call it Lottapuppalopoulos.

Lottapuppalopoulos was born with ten litter mates. That’s a lot of puppies!! That’s eleven squirming, rolling, whimpering, playing, sleeping, hungry, thirsty, puppies altogether. They all wanted lots of milk from their Mama to grow big and strong and fast.

So, that created a problem. Why? Well, guess how many feeding ports a Mama dog has?

Only ten!!!!!!

Soooo, that means that one puppy was always hungry. It had to wait. It had to try to get its turn. That is pretty hard for a hungry puppy!!!!!!!

But, Lottapuppalopoulos made it and so did its ten litter-mates and they all got adopted into loving homes.

So, that sounds like a happily-ever-after story.

But, not so fast! It was not quite that easy.

All the puppies had bad dreams of being super, extremely, painfully hungry!!!!!

Yikers and bikers!

That is hard for a young puppy-dog like Lottapuppalopoulos.

And it took quite some time for the bad dreams to stop. Why, you may ask.

That is because at night, when the lights are out, and doggies and even humans are very sleepy, everything can get very confusing. For a second, we may not remember where we are. We may feel like we are living back in a house where we lived a long time ago. If it was a sad house, we can feel sad. If it was a scary house, we can feel scared. And if we were hungry there, we can feel hungry now.

So, after dinner, bath time, and story time, Lottapuppalopoulos went to bed with a happy full belly, but, many nights, had bad dreams of being in its old house, dreams that made Lottapuppalopoulos very hungry... until one lucky night.

Lottapuppalopoulos had the same bad dream, but something different and wonderful happened.

In this dream, Lottapuppalopoulos was in the old house, hungry and thirsty and was waiting for its turn to get some milk. So, it went outside to get some fresh air and stared off mournfully into the distant field.

Suddenly, Lottapuppalopoulos saw a boy with long hair and a big grey and white feather come out from the woods into the field.

The boy approached Lottapuppalopoulos and said: Would you like to come with me to visit my people?

Well, that sounded like a great adventure to Lottapuppalopoulos! And the boy smelled sweet like the woods and had a kind voice.

So, Lottapuppalopoulos followed the boy into the woods. They walked deeper and deeper, further and further. The trees got taller and taller. The sun began to set and the stars soon sparkled in the sky.

Finally, they reached a clearing in the forest where Lottapuppalopoulos saw a large group of men, women and children sitting around a crackling fire, telling stories of days long past, while the light of the moon danced on the still surface of the nearby midnight blue lake.

The boy said to the people: This is my new friend, Lottapuppalopoulos.

An old woman in a beautifully-adorned long dress and a long shawl like a warm blanket said: Welcome Lottapuppalopoulos. I knew you would come to visit us one day. I have a story to tell that I have saved just for you.

The people around the fire were intrigued. It would be a brand new story that they had never heard before.

A hush fell over the woods. The owls stopped hooting. The wolves stopped howling at the moon. Even the crickets stopped chirping. All of the people and all of the forest animals wanted to hear the special story.

And then the beautiful old woman began her tale:

Once upon a time, many, many years ago, in the time of our great-great-great-great-grandparents, there was a terrible drought in our land. It had not rained for many months. The fields were dry and the wells were near empty. Our people did not know how they would grow their crops or care for the livestock.

So, the elders decided to have a rain-dance ceremony that would continue all day and all night until the rain gods gave them rain. They danced around the fire. They beat the drums. They chanted and sang. The children did the rain-dance in the morning. The teenagers did the rain-dance in the afternoon. The women did the rain-dance in the evening. And the men did the rain-dance while the others slept. The rain-dance continued for 20 days and 20 nights.

On the 20th day, as the children awoke, when the sun would normally rise, the sky was thick with

clouds.

Did this mean there would be rain?

First, there was a drop, then another drop. The children stuck out their tongues to taste the rain. It tasted sweet and cool. And then there were some more drops.

Before they knew it, it was pouring!

It was like buckets and rivers and oceans. These were torrential rains. It was downright pouring.

The thirsty ground soaked it up. The trees soaked it up from the wet earth beneath them. The animals drank until their bellies were full. The crops grew again. The wells filled up. And the children flopped in the mud and ran and slid.

It poured and poured for 40 days and 40 nights.

Soon, the wells were so full, they spilled over. The rivers flooded. The thick clay used to make the earthen walls of their homes began to drip from the wood frames and turn to mud on the ground. The ground was so thick with mud, no one could walk without falling. The animals and trees were longing for sunshine!!!! They all needed to dry out!!

Oh my goodness! Now there was too much rain and too much water!!!!!

So, the elders re-convened. They called all of the people together. They asked: What can we do?

They sat quietly deep in thought.

Finally, a tiny 3-year-old girl wearing a head-dress with a large white feather stood up and said:

We need to dig a big hole, deep as the sky is tall, to put all of the extra water we have today and to supply us with water if we ever again have a drought.

And, so it was.

The people began to dig, deeper and deeper, wider and wider. Everyone helped. Even the little children did what they could. Soon, all of the extra water flowed into the giant hole. The muddy ground turned back to earth. The rivers and wells were full, but not too full. And slowly, the rain settled down and the sun came out. The walls of their homes hardened back into strong earthen walls. The children ran and played in the sunlight.

And the little girl said: All is well. And it was. There was enough rain and enough sun and the land was rich.

So, you may think that the people stopped digging the hole.

No way!!!

The people listened to the little girl and they just kept on digging and widening the hole for many years.

In fact, by the time they were finished, the little girl with the white feather was 10 years old!

And when the hole was as deep as the sky was tall, they were done.

And guess what the hole is today?

It is the midnight blue lake right beside us where the water is still and the light of the moon dances and sparkles.

Its color is a deep midnight blue and its surface is still because it is a deep, deep lake, made for us by our great-great-great-great grandparents so we will always have plenty of fresh clean water and a place to store the extra!

The people would always look at the lake with deeper appreciation from this day forward.

Lottapuppalopoulos felt grateful too. The story filled its heart as full as the lake.

Lottapuppalopoulos thanked the old woman for the exciting story and said farewell to all the men, women and children.

It was time to walk back with the boy with the grey and white feather, so they began their journey home through the woods.

But, guess what?

When Lottapuppalopoulos and the boy reached the end of the woods, they found themselves not at the house where they started, but at the loving adoptive home of Lottapuppalopoulos where there was plenty of everything!

All was well. Lottapuppalopoulos had happy dreams of playing outside– running, jumping, digging in the dirt, and rolling in the grass, with a full tummy.

I am sure you can guess what Lottapuppalopoulos did after breakfast the next morning! Everything in the dream! Singing, dancing, and drumming, and of course, best of all– digging holes in the dirt, the thing doggiers like best!!

And that is how Lottapuppalopoulos finally lived happily every after!!!!

Mitákuye Oyás'iŋ! A Lakota prayer on behalf of everyone and everything on Earth which means: We are all related.

N. A Story for Children Coerced to Perpetrate Against Other Children

Poop Rolls Downhill, Ellen Lacter, Ph.D., December 18, 2022

One upon a time, on a giant hill, there lived a witch named Porcia Poops-a-Lot.

Now, as we know, poop rolls downhill.

So, decent human beings poop at the bottom of the hill so their poops don't roll onto anybody.

But of course, witches climb to the very top of hills to poop so their poops roll down onto everyone else.

That is not nice, but what do you expect from a witch?

Lots of wonderful creatures lived on the giant hill in brightly-colored cabins.

Halfway up the hill lived a turtle named Rick in a beautiful blue cabin. Rick lived next to a waterfall that filled a shimmering lake with clear clean water. Rick looked after this lake. The water from the lake fed all of the creatures in the whole land, and it made the trees in the forest grow tall and green.

Why did Rick live all by himself? Rock and roll! Rick loved to listen to really loud rock and roll. He thought it might disturb all of the younger and smaller turtles who lived down the hill, so he built his own cabin. You see, Rick was a really kind soul, unlike Porcia Poops-a-Lot.

Further down the hill lived a family of smaller turtles in another cabin that was painted a very pretty purple. Guess where they got their water? From Rick's lake, of course!

Even further down the hill lived a family of itsy-bitsy turtles in a cabin painted bright chartreuse. A stream from Rick's lake ran right by their cabin. The itsy-bitsy turtles loved to drink and swim in the clear, clean stream.

All the small and itsy-bitsy turtles loved Rick. After all, Rick was a bunch of fun, a little crazy in a good way, and keeper of the lake where they all loved to swim and to drink its delicious mountain water.

As everyone knows, turtles just looooooove water!

On the hill, there also lived a giant deer with fantastic antlers who patrolled the hill to preserve peace and tranquility for all.

Of course, Porcia Poops-a-Lot was not ever going to be happy with all of this love, peace, fresh water, and happy turtles protected by a giant deer. So, Porcia Poops-a-Lot ate as much rotten fruit and vegetables as she possibly could to make the grossest, most disgusting, ickiest poop in the whole universe, completely on purpose. Then, she climbed up to the top of the hill and found a hiding spot where even the deer could not see her, and she pooped and pooped and pooped and pooped.

Guess what happened to her poop?

It rolled downhill, of course.

Not only did it roll downhill. She aimed her grossest-in-the-universe poops right at Rick's beautiful blue cabin. Then she pooped some more, completely on purpose, until she covered almost all of Rick's cabin and until all of this poop blocked Rick's door, just like an avalanche would!

Soon, Rick could barely even see out his windows and had to close all but one of them. It was getting hard to breathe. And boy, what a stench of poop!!!!! It smelled just awful!!

Then Porcia Poops-a-Lot climbed to the top of Rick's cabin and yelled down into his chimney: "I will help you. All you have to do is use the shovel I just dropped down the chimney to shovel away the poop and then you will live! If you do, I promise to stop pooping on your cabin."

Rick said: "No, I will not shovel your gross, disgusting poop off of my cabin. My friends live down the hill in the pretty purple cabin. I am not stupid. I was not born yesterday! I know poop rolls downhill."

Porcia Poops-a-Lot said: "Okay, do as you wish! Your cabin is covered with poop and almost out of air. Go ahead and die and see if I care."

Rick said: "No!!! I won't do it."

Then Porcia Poops-a lot pooped absolutely and totally on purpose right over Rick's last window until there was almost no space at all for air to come in and not a single solitary stream of light. By now, Rick was gasping for air and absolutely terrified. So, he grabbed the shovel that Porcia Poops-a-Lot had dropped down the fireplace and started to shovel the disgusting poop away through the little space in the open window, just to breathe, just to see some light, just to survive.

And guess where the poop went?

You guessed it! It rolled down the hill right onto the pretty purple cabin where the smaller turtles lived!

Oh no!!!! There was so much poop, the grossest, smelliest, ickiest poop in the whole entire world.

But, Porcia Poops-a-Lot was not satisfied because the pretty purple cabin was not yet entirely covered with her awful poop.

So, she went right back to eating rotten fruit and vegetables, climbed back up to the top of the hill, found a new place to hide from the deer, and started pooping all over again.

Where did the poop go?

Of course, it went right onto Rick's cabin!! More and more poop rolled onto Rick's cabin as fast as he could shovel it away!

I bet you are thinking: "But Porcia Poops-a-Lot promised Rick that she would stop with her poops!"

Well, I forgot to tell you the rest of the name of Porcia Poops-a-Lot. Her full name is Porcia Lucrezia-Lies-Even-More-Than-She-Poops-a-Lot!

Yes, that is a very big name, but she is a very big pain in the butt!

Back to my story!

So, Porcia-Lucrezia-Lies-Even-More-Than-She-Poops–a-Lot kept pooping and pooping and her grossest-in-the-world poop kept rolling onto Rick's cabin. Rick had no choice but to keep shoveling her poops off of his cabin. And the poops kept rolling down the hill right onto the pretty purple cabin, until it was almost completely covered with an avalanche of the most vile, disgusting poop in the entire world!

Right when the smaller turtles were almost all out of air and almost all out of light, I bet you can guess what happened!

Porcia-Lucrezia-Lies-Even-More-Than-She-Poops-a-Lot climbed to the top of the pretty purple cabin and said through the chimney: "I will help you. Use the shovel I dropped down the chimney to shovel away the poop and you will live! If you do, the poop will stop rolling onto your cabin."

The smaller turtles said: "No, we will not shovel the poop off of our cabin. Our itsy-bitsy turtle friends live right down the hill. We may be little, but we are not stupid. We were not born yesterday! We were born a few weeks ago and that has been long enough for us to notice that poop rolls downhill."

Porcia-Lucrezia-Lies-Even-More-Than-She-Poops-a-Lot said: "Okay, do as you wish! Your cabin is almost all out of air. Go ahead and die and see if I care."

The little turtles said: "No!!! We won't do it."

But, soon there were so many poops covering the smaller turtles' cabin that there was almost no space for air and not a single solitary stream of light. They were so terrified, they grabbed the shovel and started to shovel the disgusting poop away through the little space in the one open window, just to breathe, just to see some light, just to survive.

And guess where the poop went?

You guessed right again! It rolled down the hill right onto the itsy-bitsy turtles' cabin and they were terrified!. Oh no!!! That is just not okay!! That is a very unfair way for baby turtles to start their lives!

Try not to worry. Everything is going to be okay pretty soon. But, first I have to tell you the worst part!

Remember how much all of the turtles loved each other? And remember how much Porcia-Lucrezia-Lies-Even-More-Than-She-Poops-a-Lot hated their love, peace, and happiness?

So, Porcia-Lucrezia-Lies-Even-More-Than-She-Poops-a-Lot planned this whole thing to try to

destroy their peace. She wanted all of the turtles to be afraid of each other and hate each other! She made sure Rick was the only turtle who knew that she made all the poop in the first place. She made the smaller turtles think that Rick made all the poop to cover their cabin with it on purpose. And she made the itsy-bitsy turtles think that the smaller turtles made the poop to cover their cabin with it on purpose.

That is a very evil plan!

As we have clearly established, poop rolls downhill.

Now, guess which way all of the turtles' fear went?

Uphill! And Rick was at the top. Everyone was now afraid of Rick and had become quite angry at him.

It broke Rick's heart to have all of the turtles on the mountain angry at him. He loved them all so much. But now, he thought they could never love him again. He felt all alone. He blamed himself for shoveling the poop off his cabin. He forgot that he did that only when he was totally trapped and when there was almost no air left to breathe. Sometimes, he hated himself. Sometimes, he felt like none of the younger turtles understood him. Sometimes, he was even mad at the smaller and itsy-bitsy turtles for hating him.

And the smaller turtles blamed themselves for shoveling the poop off of their cabin because it rolled downhill right onto the itsy-bitsy turtles' cabin! They forgot that they only did this when they were also completely trapped and when they were almost out of air to breathe. They hated themselves too!

And the itsy-bitsy turtles were just terrified of everything!

What a mess!! How was it ever going to get any better? How would peace and tranquility ever be restored to the giant hill again?

Well, the whole time, the giant deer with the fantastic antlers had been searching and searching to find out where all the poop had come from in the first place. He knew poop rolled downhill, so he kept following the trail of poop up the hill. He found lots of hiding places, but by the time he got there, the hiding places were empty. The witch was sneaky and had always moved on.

Then, one day, the giant deer heard cackling, evil laughter. He followed the sound and finally found her! Porcia-Lucrezia-Lies-Even-More-Than-She-Poops-a-Lot was sitting in a new hiding place, pooping away, watching it all roll downhill, and singing a wicked song:

> I take the turtles' peace.
> I make them enemies.
> I hurt them one-by-one.
> I'm having so much fun.

Have you ever seen a really angry giant deer? Oh my!!!!! Not a pretty sight.

The deer scooped up Porcia-Lucrezia-Lies-Even-More-Than-She-Poops-a-Lot with his fantastic

antlers, carried her far away from where the turtles lived her, and tossed her in a cave. He used his antlers to place gigantic boulders across the opening of the cave so she had only enough air to breathe and just enough light to see, but no way to escape. And he brought her all of the rotten fruit and vegetables she could eat. And then, she did what she did best– she made lots and lots of super-disgusting poop!

But this time, her poop had no place to roll down any hill. Yup! Porcia-Lucrezia-Lies-Even-More-Than-She-Poops-a-Lot was stuck with her own grossest-in-the-universe poops, and lots of them!!

And right at that moment, a miracle happened. The sky burst into thunder and lightening and a heavy cleansing rain washed all of the poop off of Rick's beautiful blue cabin, and off of the smaller turtles' pretty purple cabin, and off of the itsy-bitsy turtles bright chartreuse cabin. And the hearts of all of the turtles started to feel cleaner and lighter and full.

The giant deer watched as all the poops washed away and then went to visit Rick.

When the deer arrived, Rick's cabin was clean and glistening with the new rainfall. All the poop was gone. The lake sparkled and the sun broke through. Rick was sitting outside for the first time in a long time sunning himself on a rock as turtles love to do.

The deer sat down next to Rick and told him about the song he heard the witch sing.

Rick understood immediately. It was as clear as the lake. Porcia-Lucrezia-Lies-Even-More-Than-She-Poops-a-Lot had done the whole thing completely entirely on purpose. From the start, her plan was to make the turtles hate each other. She envied their love and peace and happiness from the moment she first saw them. She did not understand love. She did not want them to have anything she could not have.

Finally Rick could visit the smaller turtles again. The giant deer came along.

The smaller turtles' pretty purple cabin was clean and glistening with the new rainfall. The poop was all gone. Rick told the smaller turtles how all of the poop came from Porcia-Lucrezia-Lies-Even-More-Than-She-Poops-a-Lot. The deer explained the witch's wicked plan and told them the words of the song she sang. The smaller turtles understood immediately. Then, they cried together, even the giant deer.

Then, Rick and the deer and the smaller turtles went to visit the itsy-bisty turtles.

The itsy-bitsy turtles' chartreuse cabin glistened with the new rainfall in the sunlight. Of course, the poop was all gone. Rick and the deer told the itsy-bitsy turtles everything. Rick explained that the poop came from a witch named Porcia-Lucrezia-Lies-Even-More-Than-She-Poops-a-Lot. The deer explained about the witch's plan to destroy their peace, her evil song, and that they were now safe because he had locked her up in a cave far away. The itsy-bitsy turtles were very small, but they understood too.

They all cried so hard for the terrible dark days they had all lived, and for the heartbreak and fear and anger the witch had placed in their hearts and between them.

So, it was a very wet day!!! Lots of heavy rains and lots of crying.

But, that's okay because turtles looooooooove water. So, they all went up to the lake for a swim!!!

And then they gathered in Rick's cabin for a meal of yummy, perfectly ripe and sweet fruit.

The deer saved a few rotten pieces of fruit to bring to the witch for her dinner because her day was not complete if she did not eat rotten fruit and vegetables and make a bunch more disgusting poop.

After the turtles' meal, some of the smaller turtles wanted to hear Rick's rock and roll. So, they did.

It was too loud for the itsy bitsy turtles and some of the small turtles. So the little turtles went outside and sunned themselves on some rocks by the lake while the giant deer watched over them.

Finally, peace and tranquility were restored to the giant hill and all of the creatures.

And they lived happily ever after.

O. Historical and fictional accounts of comparable moral dilemmas

1. The Holocaust and Sophie's choice

If the therapist suspects that a child condemns himself or herself for participating in the abuse of others, the child might be engaged in a discussion of moral dilemmas faced by victims of the Nazi holocaust, faced with choices involving survival, starvation, torture, submission, helping the enemy, coerced to abuse of others in the ghettoes and death camps (the Judenrat, Jewish ghetto police), etc. See: https://www.facinghistory.org/holocaust-and-human-behavior/chapter-8/jewish-councils

Extreme abusers are equally diabolical. A child may be permitted to have only one friend in a world of abusers, only later to be forced to kill an other child or kill this beloved friend.

The life-long psychological devastation that results from such cruelty is beautifully portrayed in the book and film, Sophie's Choice. Sophie, a Polish woman, not a Jew, begs a Nazi soldier to spare her life and the lives of her two young children, to not send them to the death camps. The soldier tells Sophie that she must surrender one child to the death camps. When she protests that she can not choose, the soldier orders both children be taken. Sophie begs and resists. The soldier begins to grab them both. Horrified, she sacrifices her daughter and is plagued by her "choice" for a lifetime. The central theme of the book and film is Sophie's struggle, her inability to find a moment of peace, as if she bore responsibility for the horrific act when she only avoided the worse inevitable consequence.

2. Lieutenant Everett Alvarez

The example of Lieutenant Everettt Alvarez is particularly powerful for ritual abuse and "hurtcore" victims because it illustrates that even a trained soldier, an officer, cannot maintain his own will under torture. Alvarez had to accept that he was not superhuman, that he too could be broken.

As struggles of historical and fictional figures are discussed, hidden parts of the child's psyche may quietly receive the therapeutic messages about human frailty, the effects of terror and the drive to

survive, and that the fault lay with abusers and not with their victims, regardless of their "choices."

For more on this subject, see my web article: For Those Who Condemn Themselves for Acts Coerced Under Torture: http://endritualabuse.org/coerced-under-torture/

P. Video Game: Kingdom Hearts

I am witness to accounts that the video game, Kingdom Hearts, offered tremendous solace, compassion, hope, and even psychological guidance, to a child while being subjected to a childhood of extreme abuse. The game includes forces of evil, a main character who cannot tolerate his memories, other characters who hold these memories, struggles with darkness within, a need to withdraw from the world for some time, and a pilgrimage to reconnect with other parts of self. I wonder if the game creator created it to help abused and dissociative children, though those ideas are all wrapped in metaphor, and other people interpret the meaning of the game through their own lens.

I believe this is a powerful resource that can help sustain heartbroken people.
Here is an overview of the game: https://www.youtube.com/watch?v=74CsyCIQg0E

Here is a blogger asking people why the game means so much to them:
https://www.vice.com/en_us/article/8xz4ab/why-kingdom-hearts-means-so-damn-much-to-people

He writes: "To so many, Kingdom Hearts has not just been a video game about a kid with spiky hair travelling to various Disney worlds, but a story about hope, friendship, and a crisis of identity. It's helped them find love, provided comfort through loss, and acted as a guiding light of unrelenting, unapologetic positivity in a world that's increasingly dark, cynical, and upsetting."

Here are just a couple responses:

> Ever since the first game was released back in the early 2000s, I have been a major fan of the series (was always a fan of Goofy). It didn't take on a special meaning for me until I experienced some psychological trauma when I was 14. After that I had to deal with horrific images and thoughts that I simply couldn't get out of my head. I began to contemplate suicide on an almost daily basis as a result of these thoughts as I was terrified of myself and things seemed hopeless.
>
> Then I played the PS2 version of /Kingdom Hearts: Chain of Memories/ and I started to resonate with one of the main characters, Riku. He was a character who was racked with guilt due to his actions in the first game and his campaign dealt with him facing his inner demons.
>
> By the end of the game he found a way to use that same darkness that tormented him to fight for the greater good. His story of redemption moved me and made me realize that while I couldn't undo the trauma that had happened to me, I could use it to sympathize with others to a greater degree than I ever could before. My struggles with mental Illness were far from over (still dealing with them nearly a decade later) but that series gave me the strength I needed to keep living until I had gathered enough courage to seek psychiatric help.
>
> Long story short, Kingdom Hearts is a series that gave me the strength to battle my mental illness. As such I will be forever grateful to the series and even have Riku's Keyblade

tattooed on my right leg.

Another one:

> The concepts of nobodies, people created out of other people really hit me hard, in particular two characters.
>
> Namine, the nobody of Kairi, whose whole deal is that she can change others memories to think of her instead of Kairi, has to resign herself to not being "real" and simply being the nobody of someone else. It [felt] a lot like my experiences being trans, especially when I deal with people who knew me from before, I feel like the nobody of the person they knew, and I wish I could just rewrite their memories so they always remembered me as I am now.
>
> The other one is Xion, who is trans. Now, stay with me for this: Xion is a replica of Sora—she was made to look like him and have his abilities. Sora is male, but Xion, with her friends' help, realized that's not her—she is female and she is her own person

XXVII. Abuse-focused Stories Aimed at Trauma Resolution

For children who can tolerate abuse-focused work, you can write a story that directly addresses child abuse. The character may be the child her/himself or a fictional child.

Therapeutic stories directly addressing abuse should include the following elements:

1. Introduction:

> a. Establish the child as positive, e.g., strong, brave, smart, and lovable, including abilities, interests, and unique qualities.
> b. Incorporate the child's support network to help the child tolerate the anxiety likely to arise in the middle of the story.

2. The Abuse:

> a. Describe the setting where the abuse occurred.
> b. Briefly describe the abuse, including some specific details to increase the child's tolerance for recalling the abuse.
> c. Describe the child's feelings in response to the abuse, based on the child's accounts, e.g., yucky, scary, etc.
> d. Include feelings of fear to help the child accept fear as a normal response rather than condemn him/herself.
> e. Include feelings of anger, or not liking the abuse, to help the child reject the abuser rather than blame the self for the abuse.
> f. Include what the child wished would have happened at the time to introduce a sense of volition into memories of situations in which the child was powerless.
> g. Include the wish to tell, as well as the reasons the child was afraid to tell, to reduce feelings of self-condemnation associated with not immediately disclosing.
> h. If the child has behavior problems, e.g., aggression rooted in trauma enactments, displaced

anger, etc., help the child understand that these are derived from the abuse, not that he/she is bad.

3. Resolution:

a. Describe the disclosure or means of discovery of the abuse.
b. Describe the protective response of protective parents.
c. Describe the response and socially-sanctioned protectors, e.g., law enforcement, child protection, if it was protective.

4. Ending:

a. Reinforce the bravery of the child in enduring the abuse and heroism in disclosing the abuse.
b. Describe the child's ongoing safety and loving support network.
c. State that the child's disclosure "saved other children" if this was the case, e.g., protection provided to siblings, incarceration of abuser(s), loss of daycare license, etc.

5. Illustrations:

Children can illustrate these stories. They can stage the characters with dolls, the places with toy furniture, the desired outcome with a jail, etc., and photograph them for illustrations.

Here is an example: <u>THE STORY OF HOW YVETTE HELPED OTHER CHILDREN</u>

Once upon a time, there was a beautiful little girl named Yvette. Yvette helped lots of other little children when she was only three years old. This is a true story, so listen very carefully.

When Yvette's Mommy went to work during the day, she took Yvette to a baby-sitter named Helen. Helen seemed nice at first. Yvette also liked Isabel, a baby, and Connie, a bigger girl, who spent the day with the baby-sitter. There were also some little boys who stayed with the baby-sitter after school.

There was also a man named Harry at the baby-sitter. Harry seemed nice at first. He played with Yvette and the other children. But, one day, Harry did some very bad things. He made Yvette touch his private part. Yvette thought Harry was yucky and gross.

Harry told Yvette it was a secret. He told Yvette that a magic lady would stab bad girls if they told. Yvette thought the magic lady was real. But, Harry was a mean tricker. He made up the magic lady to scare Yvette.

But, Yvette was very brave and told her Mommy about the bad Harry anyway.

Yvette's Mommy promised Yvette she would never have to go there again. Mommy gave Yvette a big hug. Yvette was scared she would have to go back. Mommy said "You will never, ever, ever, have to go back there again." Mommy was very mad at that bad Harry and Helen.

Yvette thought she was bad because Harry said she was bad and made her do bad things. Mommy said

"You are not a bad girl. We don't even know any bad girls. Mommy and Yvette are good girls. There is no such thing as a bad little girl." Yvette was very sad. She said "Yes, I am, I am bad." Mommy said "You are not bad. It is not your fault, it is bad Harry's fault." Mommy said "Sometimes bad people make you do things you don't want to do. Bad Harry tricked you. It was not your idea. It was bad Harry's idea." Mommy told Yvette she was a wonderful person; "You are Mommy and Daddy's very special little African princess."

Yvette was still scared that the magic lady was real. She told Mommy "The magic lady's going to stab me." Mommy told Yvette "That magic lady is not real. That bad Harry made up the magic lady to trick you."

Mommy called the police. The police said Yvette was very brave for telling. The police said Harry did some very bad things. The police said that the bad Harry and Helen could never have any more children in their house. The bad Harry could never do bad things to children again.

Daddy came home on the big airplane to help Yvette. Daddy said "You are a very brave girl. Harry made up a magic lady to scare you, but you were brave. You told Mommy anyway. You are a very good girl. You are our very special little African princess."

Yvette knew Mommy and Daddy were right. That bad Harry made up the magic lady to trick her. But, she was brave and told on him anyway. Yvette knew she was a good girl.

Yvette was a hero. She told on the bad Harry. Now the bad Harry could not do bad things to children anymore. She saved Isabel and Connie. She saved the little boys who came after school. She saved other children because they would never have to go to the bad Helen and Harry's house.

Yvette was very brave when she was only three years old. And that is how Yvette helped all the other children. And Yvette lived happily ever after with her Mommy and Daddy for ever more.

The following story uses humor and role-reversal to achieve therapeutic goals. I wrote it for a child with separation anxiety who had not been abused. However, such a story could be used for abused children.

Tiffany's Mommy ("I Have You in My Heart") (Copyright, 2006)

Tiffany slept soundly
in her pink and fluffy bed,
Dreaming of her Mommy
in her pretty little head.

Her Mommy woke at seven
from a very happy dream.
She made a cup of coffee
with chocolate sauce & cream

"Tiffany, my baby girl,
It's time to go to school."
She served her toast and eggs
on her pink & flowered stool

They tried on dresses, shoes, and hats, deciding what to wear.
They brushed their teeth, they took a bath, they combed and fixed their hair.

They packed their lunch & snacks & clothes and hopped into the car.
Down the street & through the park, the school was not too far.

Mommy always hugged
all the teachers, girls, & boys,
and Tiffany, and all the pets,
and all the fluffy toys.

"I'll see you later, after work
It's time for school to start.
Bye-bye for now my baby girl,
I have you in my heart."

Mommy drove her car to work
just like she always goes.
She paints the ladies' nails
and she paints the ladies' toes.

But Mommy started crying
at a quarter after three.
"Where is my baby girl,
where is my Tiffany?"

Mommy's friend told Mommy
"Now, honey, keep your cool,
Your Tiffany is fine,
your baby girl's at school."

But Mommy said "I feel so sad,
I feel so all alone."
Mommy's friend said "Don't be sad,
just call her on the phone."

Mommy gave her friend a hug
and said "You are a dear.
I'll telephone my Tiffany,
I'll call her right from here."

Tiffany was coloring
and playing with a ball.
The teacher called to Tiffany,
"Come quick, you have a call."

Mommy cried into the phone
and said "I miss you so.
I saw you last at breakfast time
It seems so long ago."

"Mommy, Mommy, don't be sad
I just made you some art.
I'll see you soon this afternoon,
I have you in my heart."

Mommy felt much better
and whispered lovingly;
"Bye-bye for now my baby girl."
"Bye-bye" said Tiffany.

So Tiffany, she danced and sang
and played with dominoes.
And Mommy kept on painting
all those ladies' nails & toes.

At five-o-clock, like very day
that ever was before,
Mommy drove up to the school
and came in through the door.

Mommy hugged her Tiffany
and all the girls and boys,
and all the teachers, all the pets,
and all the fluffy toys.

"Bye-bye for now" said Mommy.
"Bye-bye" said Tiffany.
"We'll see you all tomorrow
Just as early as can be."

Mommy drove home through the park and up the winding street.
She hung the picture on the wall
and made something to eat.

"Tiffany, my baby girl
Let me see your toes."
And Mommy painted every one
the color of a rose.

They sang & danced & played so hard and crawled into their beds,
and dreamed about a little song
inside their pretty heads.

"Whenever we're together
and whenever we're apart
I have you in my dreams
and I have you in my heart."

I wrote the next story for a child who could not bear to approach her trauma memories, and dangerously re-enacted her abuse with other children. The mother, immediately after reading her child this story, phoned me to say: I have my child back. The book has proven effective in helping both child and adults clients understand, face, and talk about things that they could not reveal before, often even to themselves.

XXVIII. Cards to Help Children Articulate the Overwhelming Issues at Hand

I recently came up with a new idea for older child victimized within extreme abuse for when they become overwhelmed, "melt down," fall silent, are overcome with anger, etc., and cannot identify within themselves, and/or tell their protective parent figure, what is going on for them.

I made a list of ideas of what I believed affected the child at these times, then asked the parent and child to tweak my list until they liked it. Then, they printed out a card for each item.
Here is a sample list for a client:

1. Fear of [word the child uses to refer to the abusers: bad guys, etc.] getting me.
2. Horrible memories hitting hard.
3. Afraid that [parent figures] think I am a bad person.
4. I fear [parent figure] may hurt me.
5. I hate myself for things I have done.
6. Sexual feelings that I do not want.
7. Frustrated about my PTSD.
8. Worry that I will be a failure.
9. An insider [or other word for parts, personalities, etc.] misses one of the [abusers]
10. An insider is crying.
11. An insider is angry.
12. An insider is scaring me.
13. An insider feels he must hurt someone.
14. An insider is terrified.
15. Something I cannot say.
16. I really don't know what is wrong.

The next session, the child added:

17. Too much talk about the abuse.
18. Something not on any of the cards.

This helps in three ways:

a. it demonstrates to the child that the parents understand that the child is struggling with very challenging, frightening, and overwhelming issues that are the basis for what might otherwise appear to be "bad" or defiant behaviors. This in itself reduces the problematic behavior.

b. It helps the child reflect upon what is happening internally. This reduces self-condemnation and feeling out-of-control.

c. It helps the child express what is happening without having to say it aloud or "tell" on the abusers.

All of the Kinds of Grown-ups (Draft 4/27/2023) (Copyright 2023)

By Ellen P. Lacter, Ph.D.

Users Guide for Psychotherapists and Protective Parents and Caregivers

Who This Book is For

The primary intended audience of this book is children, ages 6 to 12, who have been abused or neglected or for whom maltreatment is suspected. Its purpose is to facilitate disclosure of any abuse endured and to help children work through such trauma. It does this by giving children the words to talk about abuse– unthinkable and unspeakable trauma. As it brings these subjects into the light of day, it consistently addresses the self-condemnation that abused children usually suffer. It builds emotional self-awareness, self-acceptance, and the capacity to assert the right to be treated with kindness.

To accomplish these goals, it describes the nature of child maltreatment in some depth, including:

Many forms of child maltreatment and abuse
Children's reactions to being mistreated and abused
The minds of abusers
How abusers deceive and manipulate children to gain their compliance, allegiance, sympathy, and silence
Factors that inhibit and delay disclosure of abuse
The kinds of self-blame that abused children carry

In "field-testing" this book with clients and colleagues, we discovered that it was also of benefit to many adult survivors of child abuse. Naming all of the forms of abuse, all of the psychological manipulations of the abusers, the effects on the children, the self-condemnation suffered, and how unjust this is, allowed them to understand, face, and talk about abuse that they could not reveal before, often even to themselves. The simple language geared to children was experienced as soothing and was of particular benefit to survivors with dissociated child identities that formed in response to their abuse.

This book can serve as a complement to psychotherapy or as a resource independent of therapy.

Before reading this book to a child, therapists and caregivers should carefully consider the caveats in this Users Guide. It may be advisable to read only particular sections to children for whom the other sections may not apply.

This book includes a lot of painful material for children to process emotionally and cognitively. Memories and feelings that had been previously disavowed or dissociated (registered or stored outside of normal conscious awareness) may begin to be consciously recognized. As children listen to this book, they can become overwhelmed without realizing it and without immediately demonstrating any observable distress. Caregivers should anticipate that children may react for some time by becoming more clingy, tearful, frightened, irritable, even more aggressive. Some children may need additional professional help.

The Purpose of this Book

Children who are maltreated learn to be acutely aware of the feelings, needs, and beliefs of the people who abuse or neglect them in order to lower the risk of provoking them and to try to get their basic needs met. As a result, it is common for abused children to have little awareness of their own feelings, needs, and beliefs.

When children are raised in neglectful homes, they are usually deeply aware of the psychological distress and despair of their parental figures. If these figures are suicidal, children carry the heavy burden of trying to keep them alive, even if this is not consciously recognized. Such children tend to reverse caregiving roles with the adults who should care for them and are left with little psychological space to know themselves.

When adults or older siblings are verbally or physically abusive to children, such children live in a state of readiness and hypervigilance. They try to become invisible. They walk on eggshells to avoid provoking their abusers. There is little breathing room to exist, to be aware of their own needs.

Child sexual abusers use deception and manipulation to exploit children for their own pathological ends. Children become derailed from their normal developmental course, sexual and otherwise. They do not get to discover themselves internally, socially, or physically. Instead, their lives are dominated by fear, shame, betrayal, entrapment, heartbreak, anger, confusion about sexuality and love, and concern for the needs of their abusers.

This book seeks to return to all of these children an awareness of their own needs, feelings, thoughts, and volition.

Children are trusting souls. They naturally trust people who are older than them. When abusers lie to them, it does not occur to them to question their lies. When abusers manipulate them, they do not suspect their hidden agendas. When abusers convey to them that they are without value, not worthy of love, or worthy of hate, whether their toxic messages are launched directly at them with words, conveyed looks of hatred, or through neglect, children naturally internalize these messages as true.

> The basic messages of people who abuse and neglect children are:
> You are a burden; you are unworthy of attention, of being fed, protected, etc.
> You are an inherently irritating; you alone are the cause of my anger.
> You are not welcome in this world; you are not wanted by me, you need to disappear.
> I wish you were dead.
> You are inherently disgusting; you are bad in a moral sense.
> You are sexually seductive; you are the cause of my sexual behavior with you.
> Your only value is in what you can do for me sexually.

Children do everything in their power to become less burdensome, less irritating, to become a perfectly behaved robot or sexual puppet of their abusers. They rarely have any option but to lose their self-worth.

This book works to help abused children reverse this perspective on their inherent worth as human beings.

It is important to read this book slowly, take breaks, and provide soothing activities in between sections. The book suggests four breaks for all children and two additional breaks for young children. The more time a child is given to digest the material, sleep on it, or even let it recede into the background for a few days, the greater the anticipated gains. As we learned in Aesops' fable, *The Tortoise and the Hare*, sometimes slower is faster.

The voice of the third person is used in the parts of this book that describe child maltreatment and its effects. This is done to provide optimal psychological distance from this difficult material in order to allow children to reflect upon it at their own pace. Children may raise related issues days or weeks after reading the book.

The voice of the second person, addressing the child directly as "you," is used in parts of the book that seek to engage children in the process of reading the book and in parts that explain that it is important that children disclose any past or future maltreatment to caring people and share their feelings with them.

The secondary intended audience for this book is non-abused children, ages 6 to 12, as a tool to prevent child abuse, or should abuse occur in the future, to facilitate early disclosure. This material is challenging and

distressing and may not be appropriate for young or very sensitive children for whom abuse risk is low. On the other hand, arming children with knowledge about these harsh realities can help to keep them safe.

The third intended audience for this book is adolescents and adults who have suffered child abuse and neglect. It uses simple language to discuss complex aspects of child abuse that may be confusing, anxiety-producing, and shame-laden, etc. Such content is difficult to acknowledge internally or to share with others. Abuse memories are commonly locked away in the mind for 10 or 20, even 50, years, before they become approachable. Incorporation of this book into adult and adolescent psychotherapy can help bring these unspeakable issues to light and make them easier to discuss. The simple, childlike emotional language can also reach one's inner child or dissociated child self-states within to help to soothe and repair them.

Legal Caveat

An important caveat in deciding whether to read this book to a child is to consider the possible negative impact that it could potentially have on present or future legal proceedings related to possible abuse of the child. When children have been given information about abuse through a book, or through any other form of communication, that information may be represented or construed in legal proceedings by opposing counsel as having influenced a child's memory, reports, testimony, etc., thereby reducing the credibility attributed to a child's disclosures in legal proceedings. An excellent book to help protective parents and caregivers to navigate the complex legal challenges that arise in legal proceedings related to child abuse, I recommend Ross Cheit's, *The Witch-Hunt Narrative: Politics, Psychology, and the Sexual Abuse of Children* (2014).

The Content of this Book

This book proclaims that children have a right to be cared for, to be safe, and to not be violated sexually. It tells abused children that they matter and that they have the right to their feelings of fear, anger, and sadness.

It repeatedly asserts that children have the right to reach out to kind and safe adults to talk about what happened and to receive emotional support from people who will listen to their feelings and who will understand them.

The book begins with a brief section on nice kinds of grown-ups who take care of kids and keep them safe. To help children to understand what caretaking should entail and to create a soothing basis for the hard work that comes next, it provides a list of things that nice grown-ups do for children. Then, it asks the child to add to the list. Then it explains that it will talk about the kinds of grown-ups who hurt children.

The first form of harm discussed is child neglect. This is addressed in a section on: "Tuned-out Grown-ups."

Neglected children do not understand what normal caretaking entails unless they have experienced it before or witnessed it elsewhere. They cannot recognize the love and care they missed nor the source of their anxiety and despair. This book describes the needs of all children and the ways in which tuned-out parents (or other key attachment figures) fail to meet these needs. This is intended to help neglected children better-understand their losses and to find the words to describe these losses and to express their feelings.

Neglectful parents have a wide range of serious mental health issues. Many abuse alcohol or drugs. In both cases, neglected children tend to be very aware that their caregivers are unhappy and stressed. However, they have few ways to understand the basis for their parents' unhappiness and often feel that they are the cause. This book tells children about some of the struggles of neglectful parents to help them make sense of all of this, to acknowledge the compassion they feel, and to work to reduce any self-blame that they may carry.

Children may be unaware that their parents have abused substances or may understand it to be normal. In either

case, they are not likely to understand the role that substance abuse played in their neglect and abuse. This book exposes this problem to help children recognize any substance abuse and to consider its impact on them.

This section also makes mention of parents who are "just selfish," who "could do better if they tried." This is included to help neglected children consider that this may have been the case and to endorse their right to feel anger.

In acknowledging both compassion and anger toward abusers as valid feelings, it is hoped that children will feel free to form their own opinions about whether their parents did the best that they could or if they could have done better. This opinion may change many times over the years, but it is the child who experienced the neglect and abuse, and I believe that adults must leave room for children to decide these complex psychological, philosophical, and spiritual issues for themselves.

The next section, "Grown-ups who Lose Their Tempers," addresses verbal and physical abuse by parent figures, sibling cruelty and violence, domestic violence between parental figures, and more. It works to help children to understand their responses to these forms of abuse, to be able to reach out for help, and to be able to discuss their feelings with supportive others.

This section helps children understand that it is not a sign of weakness to be hurt by mean words. Verbal abuse by parents, other attachment figures, siblings, bullies, etc., is a serious matter. Exposure to excessive verbal aggression between family members causes children to feel very threatened, anxious, guilt-ridden, and often aggressive. When domestic violence between other family members becomes physical, the damage approximates that of being directly assaulted. This section proclaims the child's rights to safety, legal protection, and feelings of great anger.

Some emphasis is placed on helping children understand "freeze" responses to parent figures losing their tempers verbally or physically, against themselves, against an other parent figure, against siblings, etc. In all of such scenarios, children generally condemn themselves for freezing, submitting, for hiding, for not fighting, not running away, and not intervening to protect the other parent or sibling. They often carry unbearable feelings of helplessness, guilt, and anger. This section helps them to understand that they had no better options at the time.

Physically and verbally abused children often believe that they provoked their abusers' physical aggression. This is especially true when a parent who loves a child loses control. This book asserts that any abuse against a child is unjust. It explains that children are little, imperfect, still learning, and that it is normal for them to make mistakes, to get grouchy, to have tantrums, to resist parental directives, even to hit and kick. It explains that adults are supposed to have learned to control their tempers, even when children misbehave.

Children generally feel great sympathy and sorrow for physically abusive parents or other key attachment figures if law enforcement intervenes. They feel responsible for both the assault and for any arrest. They fear that they too may be arrested or incarcerated. This section works to help children assign blame for the abuse realistically. It also explains that children never go to jail, that there is no jail for children.

At this juncture, adults may wish to provide a bit more detail about jail, especially to older children. Adolescents are sometimes arrested and incarcerated in juvenile halls and youth ranches for serious offenses. Children under age 13 may even be incarcerated if they have committed very serious crimes. However, these facilities are not the same as adult jails and prisons because they are more focused on rehabilitation and must offer school and counseling.

The next section is on, "Grown-ups Who Abuse Children Sexually." This section works to help children mentally sort through the complexities of child sexual abuse by adults as well as by adolescents and older children. It seeks to help children make sense of the wide array of confusing feelings that occur within such abuse and to find the language to discuss all of these feelings. These include feeling weird, icky, afraid, anger, nausea, pain, betrayal,

self-blame, shame, bonds to abusers, physical pleasure, and fear of disclosure.

Children have no basis to understand the significance of private parts, the rules that apply to them, nor the difference between child sexual abuse and adult sexuality. They are very confused by any feelings of love, affection, or sexual pleasure that may have occurred within the sexual abuse. They blame themselves if they sought affection from their sexual abusers and this compounds their belief that they had no right to tell. They are especially confused if abusers manipulated them into affectionate or pseudo-romantic relationships or other grooming processes to psychologically and emotionally entrap them. This section brings these topics to light to help children feel less confused, frightened, and ashamed, and to be more able to disclose such experiences to supportive adults.

To adequately address this subject, it is necessary to place child sexual abuse within the larger context of human sexuality. This is a challenge. Complete explanations can give young children, especially sexually abused children, more information than they can manage. On the other hand, overly simplistic explanations fail to provide enough information for children to make sense of the sexual aspects of their abuse, especially pseudo-romantic bonds and feelings of affection or sexual pleasure that they may have experienced.

In order to limit the information on adult sexuality while still incorporating the concepts of romantic relationships and sexual pleasure, this book provides fairly simple explanations. It explains that grown-ups who love each other can make a baby when they "hold each other close and put their private parts together." It explains that, "It feels warm and good, like eating something delicious in a fancy grown-up restaurant– something not on the kids' menu!" A short paragraph is inclusive of same-gender relationships. Caregivers may omit that paragraph as they choose.

This section addresses the fact that the people a child should be able to trust the most to love and protect them sometimes sexually abuse them instead, including parents, grandparents, aunts and uncles, big brothers and sisters, teachers, sports coaches, scout leaders, doctors, counselors, and clergy. Most sexual abuse is perpetrated by someone close to the child. The child's heartbreak, confusion, and distrust of adults is acknowledged, followed by advice to search for a safe and loving adult to tell, and a reminder and assurance that there are so many protective adults who want to help.

This section makes mention of the fact that child sexual abuse can cause children to develop an aversion to their own private parts. It works to help children understand that their private parts are innocent and deserving of positive regard and protection.

This section also works to help children understand some of the reasons that abused children act their abuse out on others. It explains that reservoirs of abuse-derived anger can result in children unintentionally hurting others, It also explains that the confusion caused by child sexual abuse can result in children touching the private parts of other children. It helps children to understand that both of these kinds of behavior originate in the abuse that was perpetrated against them, not in the children themselves.

This section finally encourages children to disclose sexual abuse and to share their feelings with caring adults.

The final section on adults who harm children is entitled "Trickers." This is the most anxiety-provoking part of this book and may exceed the tolerance of some children. It seeks to help children see through many forms of deception and manipulation that abusers often use to win children's trust, including: to gain their compliance and loyalty; to justify their abuse; to shift blame for their abuse onto children; to make children feel complicit; to make them believe that their silence will buy the safety of loved ones; and other such tactics to inhibit disclosure.

It exposes common tricks, such as deceiving loving caregivers into entrusting them with their children; doing fun things with children to develop a close relationship with them; giving children money or gifts; and grooming children with lots of physical affection to seamlessly move into sexually abusing them.

It provides a list of common lies that abusers tell children to confuse them, such as: they are playing a game; all grown-ups and children touch each other this way; they are in love; the protective caregivers sanctioned the abuse; the child agreed to the abuse by accepting gifts or money; the child started it; the child has to promise not to tell and must keep his or her promises; and no one will believe them if they tell on them.

It explains that some abusers enter respected professions in order to gain access to children so that they can abuse them. It exposes that some abusers threaten to harm children's loved ones if they ever tell on them and that some abusers force children to hurt other children in order to make them feel criminally culpable.

It explains how abusers exploit children's dissociative capacities by telling children that they only dreamed about what they just did to them or that it did not really happen. It also explains that children themselves may dissociate the abuse from their consciousness because children do not like to feel sad and afraid, so they try to forget their abuse and push the memories of their abuse out of their minds. It touches on the formation of dissociated self-states as a perfectly understandable way to cope with the devastation of child abuse. It explains that in order to not have to feel sad and scared all of the time, some children pretend that the abuse happened to another child who lives inside of their mind or outside of their body. By raising these possibilities, it is hoped that children will be more able to understand their internal worlds and to talk about dissociative processes and any dissociated self-states with caring adults.

There is significant emphasis placed on the many factors that inhibit disclosure of abuse, especially by people who trick children. Sophisticated abusers cause children to feel heartbroken, defeated, trapped, and terrified to tell. These tactics of manipulation and deceit are very effective in silencing victims, often for a lifetime. Most children delay disclosure for a very long time. Understandably, the more terrifying the abuse, the more Machiavellian the abuser, the more terrifying the prospect of disclosure.

To combat these fears, this section works to help children see through abusers' lies, manipulations, and intimidation tactics. It seeks to help them correctly assign blame for their abuse onto their abusers; to reduce any self-condemnation that they may carry for not having been able to tell anyone about their abuse right away; and to finally be able to tell a loving adult about everything that happened, everything they feel, and everything that made it impossible for them to disclose their abuse until they could.

This section explains that some abusers coerce children to abuse other children. It emphatically states that it is never the child's fault when an abuser makes a child hurt another child; it is completely the abuser's fault. It goes on to explain that some abusers photograph children while coercing them to perpetrate against other children and while forcing them to perform sexually with each other or with adults. It explains that some abusers force children to pretend that they like doing these things for a picture or video. It describes the terror and shame that these children suffer. Finally, it explains that nice grown-ups understand that it is the abusers who make children do all of these things and that the child is innocent and free of blame.

The last section on harmful grown-ups includes a paragraph on some tricks used by people who approach children to abduct them. It advises children to run the other way and to tell an adult right away.

It encourages disclosure by explaining that children who tell on people who harm children are heroes because they are helping both themselves and other children as well.

The section concludes with a few affirmations for the child and adult reader to yell out loud together about the value of children and about children's right to safety.

This book ends on an upbeat and fun note in the final section: "Nice Grown-ups: Part Two."

It states that the world is full of billions of nice grown-ups who want all children to be safe and happy. It talks

about how nice grown-ups support children when they are happy, sad, afraid, and mad, and that when children have something to say, they listen to them with all of their might.

Then it ends with some wishes, almost a prayer, for children to find joy and peace in their hearts and for everyone to work together to keep all of the children on the earth safe and happy forever and ever more.

All of the Kinds of Grown-ups, by Ellen P. Lacter, Ph.D.

Oh, oh, oh, oh, oh.

That is the sound of me crying!

Why am I crying?

Because I do not want to have to read this book to you!

Then why am I going to read it?

Because keeping you safe is the very most important thing in the world and that is what this book is for!

OK. Let's do the fun part first.

The fun part is about all of the nice kinds of grown-ups who take care of kids and keep them safe.

Nice Grown-Ups

How many kinds of nice grown-ups can you think of?

Let's make a list of all of the good things that nice grown-ups do for children!

Sing lullabies to them
Read books to them
Hug them when they are sad
Hug them just because they love them
Laugh together
Play together
Dance together
Listen to them when they are upset
Keep them warm
Fix owies
Help them get better when they are sick
Teach them stuff
Take them on adventures
Help them make friends.
Cook yummy things for them to eat
Make sure they brush their teeth and keep their bodies clean
Make them birthday parties to celebrate that they are here!

I must have left something out!!!!!

If you think of anything, please add it to our list!

OK. I know you have been waiting for the hard part.

Tell me when you are ready and I will keep going.

[First suggested break for young children]

I have to tell you about the kinds of grown-ups who hurt children.

Grown-Ups Who Hurt Children

There are four kinds of grown-ups who hurt children.

I have to tell you about them because sometimes I need your help to keep you and other children safe!

Number One: Tuned-out Grown-ups.

Tuned-out grown-ups hurt kids by ignoring them. Sometimes, parents even ignore their very own children. They do not pay attention to them. They are tuned out, as if they are in another world away from their children. This is super sad and hurts children very much. Tuned-out grown-ups may not listen to them, might not play with them, and might not even hug them or read to them. They may not even get them ready for school. They may not feed them healthy foods. They may not keep them warm. They may not make sure that they brush their teeth and take their baths. They may not even take them to the doctor when they are sick.

How could anyone do that to a child? Children are so wonderful, so adorable, so lovable. Children need lots of love and care to grow up safe and well. How could a grown-up not see that and not want to help them?

Well, some grown-ups have had a very hard time, sometimes when they were little, sometimes when they were grown-up. Sometimes they have so many worries that they cannot think about anything else. Lots of nice people would like to help them. But, sometimes their worries make them too afraid or ashamed to ask for help. Sometimes, they are so sad, blue, or worried that they cannot take care of their own children.

Sometimes, they even do things that make their problems worse. Sometimes, they take dangerous drugs to try to feel better. Sometimes, they drink too much alcohol, like beer and wine. When grown-ups drink a lot of alcohol or take a lot of drugs, they become sleepy, angry, confused, and tuned out. They can not take good care of their children.

Some grown-ups become parents before they are ready to take care of a child. They are sort of still children themselves, so they were tuned-out to their own kids.

And some parents are just selfish, the kind of people who think only about what they want and nothing about anyone else. These are the worst kind of tuned-out parents because they could do better if they tried.

When children live with a tuned-out grown-up, they feel very lonely and scared. It can break their hearts.

Children need to tell a nice grown-up if they are not getting the love and care that they need or if they know a child who is not being well-cared for. Tuned-out grown-ups need help. But most importantly, the children need help!

Children have a right to be cared for and protected. If grown-ups have ever tuned them out, they have a right to be sad and mad and scared! They have a right to talk about their feelings to someone who cares about them. And they have a right to be listened to.

If anyone has ever hurt your feelings– a tuned-out grown-up, a mean grown-up or mean teenager, a bully your own age, a big kid, a teacher, a coach, a counselor, a baby-sitter or neighbor, a parent or grandparent, a brother, sister, cousin, aunt, or uncle, anyone at all– find someone caring and kind to talk to. Find someone who will listen really well, someone who makes you feel safe when you need to cry or need to talk about hard things.

You could practice by telling your pet first! Pets can tell when kids feel sad. They are usually good listeners.

Then tell a person!

Try really hard to always remember that you matter, that your feelings matter, and that the world is filled with people who care about other people, especially kids!

OK. Maybe it is best if we take a break before we keep reading.

[Suggested break for all children]

There are three more kinds of grown-ups who hurt children and each one is worse than the one before!!!

We can take a day or two to rest before we read the next part if you like.

Number Two: Grown-ups who Lose Their Tempers

Grown-ups who lose their tempers hurt kids by scaring the living daylights out of them! That is not nice!

Now, of course, everyone loses their temper sometimes. We are all human. Even parents mess up. We all have a bad day. We all get grumpy. We all feel like a volcano about to erupt sometimes. We all yell sometimes.

But, if a grown-up gets too mad or gets mad too often, especially if the grown-up is a child's own parent, that can really scare a kid! It can scare them so badly that they cannot even move. And children can get hurt, badly!

Kids are little. They make mistakes. They spill their drinks. All kids do! Sometimes they don't want to go to bed. They get grouchy. Sometimes they throw tantrums. Sometimes, they even hit and kick. They are still little and they are still learning. They need to be given a whole banana-bunch of chances so they can learn the best way to do things and how to control themselves.

Grown-ups are big. They should not lose their tempers when kids are not perfect. Grown-ups are supposed to know how to control themselves!

Grown-ups are not supposed to mean to kids, even with words.

Do you know the saying: "Sticks and bones can break my bones, but words can never harm me"?

Lots of people say it, but it is not true!

Mean words hurt children badly. Children are tender and sweet, like marshmallows. They need to be treated gently or they get smooshed. Grown-ups can hurt children's feelings very badly by saying mean things to them, especially if the grown-up is a parent or someone else the child loves.

Children hurt other children with mean words too. When a brother or sister or another kid at school is mean, that can hurt a child's feelings really badly and can cause them to feel unsafe in their own home and at school.

If grown-ups mess up and lose their tempers, they should say, "I'm sorry." And when they say "Sorry," they have to mean it! If grown-ups lose their tempers and do not say sorry, then kids start to believe that they are bad.

That is not right! The grown-up messed up and then the kids think that they are bad. No fair. No fair. No fair!

A real apology is like a painting. Both apologies and paintings take a lot of thought and care and both have many parts. The first part of an apology is telling the truth about messing up, like: "I am sorry I said those mean things," "I am sorry I got so angry," "I am sorry I grabbed you like that," "I am sorry I hit you," "I am sorry I abused you." Then, the grown-up has to help the child feel okay about feeling angry, hurt, and afraid, and has to show a real effort to do better. The grown-up could say:

> I know I hurt and scared you when I did [delineate the wrongdoing]. I know you can't trust me now because of what I did. You have every right to be angry at me. It was my fault, not yours. I am going to do my very best to never do it again. I am talking to another grown-up [a therapist, a pastor, a trusted friend] who is helping me have better self-control. I understand if you do not want to maintain contact with me. If there is anything I can do to improve or resolve things, please let me know. I love you and want you to feel safe.

OK!! Take a few deep breaths. When you blow out your air, do it slowly. Make believe that you are blowing bubbles or blowing on hot cocoa to cool it off.

The next part is harder! Here goes!!!

Some grown-ups are just plain mean! I am very, very sorry that I have to tell you this, but it is true.

Mean grown-ups know they are hurting children's feelings and they do it anyway, on purpose! They are big bullies being mean to little kids. They should be embarrassed to behave like playground bullies at their age!

What about grown-ups who get so mad that they hurt a child's body? That is a safety emergency. It is also against the law. When that happens, the only thing that matters is protecting the child. The police can make grown-ups stay away from children until they learn to control their temper. When grown-ups hurt a child's body very badly, the police can put them in jail to protect the child who was hurt and to protect other children everywhere, like other kids whom the grown-up might hurt someday. Every child is precious and deserves to be happy, free, and safe.

When a grown-up gets in trouble for hurting a child, the child sometimes feels super-sad. The child may love the grown-up. The grown-up may love the child. The child may know that the grown-up lost his or her temper by mistake and did not mean to hurt anyone. Sometimes, children think it is all their fault for spilling some juice or kicking or hitting and may think that they should be sent to a children's jail for being bad.

Oh, oh, oh, that is super-super sad. The grown-up lost his or her temper, but children think it is their fault.

Nice grown-ups can help these children understand that all kids sometimes lose their tempers while they are kids. It is natural and normal. Yes, children need to say sorry or take a time-out when they mess up to help them learn self-control. But children never, ever go to jail. There is no such thing as a kids' jail! But there is a jail for grown-ups who hurt people. Grown-ups are supposed to have learned to control themselves so everyone can be safe.

You may be wondering why kids sometimes can't even move when grown-ups lose their tempers.

Well, kids' minds are really smart and lightening fast. In less than a single second, they figure it all out:

> I better not run! The grown-up will catch me and then will be double-mad.
>
> I can't fight! The grown-up is much, much, bigger and stronger than me and may get even madder and hurt me worse.

So, kids do the best thing. They just freeze, sometimes pretend to go far away, and wait for the grown-up to stop.

Later, kids wish they would have run or fought back. They think that they were not brave and not smart. No, no, No! They were super-brave and super-smart. There was just nothing else that they could have done.

When parents yell and scream at each other, children feel terrified. They feel like there is a thunderstorm right in their own home. Sometimes, they hide under a bed or in a closet. They may even run outside. It is super-scary.

What if one parent hits an other parent? Then, children feel like their whole world is coming to an end!

What if parents lose their temper with a kid's brother or sister? What if they hit them? That is so scary and sad!

Kids hide when these things happen. Sometimes, they feel badly that they did not help.

But, what would happen if a kid tried to stop a grown-up who was losing his or her temper? I think you know the answer!

Sometimes, kids feel like the thunder and lightening came right inside of their own bodies! They feel so angry, they think they might explode!!! And sometimes, they do! They scream and hit!! Sometimes, they get so mad, they hit their brothers and sisters or even bully kids at school! Then they get in trouble!

Wait a doggone, St.-Bernard-on-a-couch minute!!!! No fair. No fair No fair!!!!

A grown-up behaved badly, filled the kid with hurt and anger, the kid could not take it anymore, the anger popped out on other kids, and then the kid got in trouble! There is something wrong with this picture!!!

Parents who lost their temper need to get help quick!!!! They need to learn how to disagree without losing their tempers! They need to learn how to take deep breaths, listen to each other, and put themselves on time-out!!!

Ha ha! A grown-up time-out. What a great idea!!

Sometimes, grown-ups who hurt kids are so mean and make kids feel so bad that the kid begins to hate their own self! It is too scary to be angry at a grown-up who is so dangerous. So the anger inside the heartbroken kid explodes against their own self! Sometimes, the poor kid even hurts their own body! They may hit themselves or bang their heads on the wall. They may even do dangerous things that could get them killed, all because the grown-up made them hate themselves.

Oh my gosh!!! That makes me cry!!! The kid is good and the mean grown-up made the kid hate their own self! Then the poor kid punishes their own self!!!! Not fair! Someone has to help the child see the truth. The grown-up is the bad one!

It is very important that children tell a nice grown-up about any grown-up or even a brother or sister or other kid who has lost his or her temper or who has hurt them, even if that person is a teacher or doctor, a neighbor or coach, a mother or father, a grandparent, uncle or aunt, anyone at all. Children have the right to be safe and to not to be afraid. If grown-ups have ever frightened you or hurt you or another child, you have a right to feel sad and mad and scared! You have the right to tell a kind, caring person how you feel! You have a right to be listened to.

How are you doing?

The next part is even harder.

How about we take a break and read the next part in a couple of days?

[Suggested break for all children]

Number Three: Grown-ups Who Abuse Children Sexually

I am very sad to tell you about the next way that some grown-ups and bigger kids abuse children. It is called child sexual abuse.

You may be wondering what the word "sexual" means.

OK. I will explain. It has to do with private parts.

We all have private parts and they have a very important job to do. They let us get our peepee and poopoo out. OK, OK, yes, they also let us get out our farts.

I know that is very funny. But it is also very important. What do you think would happen if all our peepee and poopoo and farts were stuck inside of us? We would blow up like a blimp full of peepee, poopoo, and farts. That would not be good!

Private parts are like a water faucet or a toothpaste tube. Stuff comes out of them. Kids' private parts are one-way streets! No one is supposed to put anything inside of them!

Since private parts are openings in the body, nice grown-ups make sure that children's private parts are kept extra nice and clean, covered with clothes, and protected. It is important that no germs get inside of them. If private parts get a rash, a nice grown-up may need to put medicine on them to keep them safe and healthy, but not to bother the kid's parts!

It is extra important to protect a child's private parts because when we grow up, our private parts grow up with us and they get an extra-special job. They can make a baby.

I am sure you are wondering how that works.

[Suggested break for young children]

Well, a man and woman who are in love hold each other gently and put their private parts together in a special way and then sometimes, a baby starts to grow inside the Mommy's tummy. The Mommy eats lots of extra food to feed the growing baby and nine months later, the baby is ready to come out into the world. It comes out through a special opening next to where the Mommy's peepee comes out. It is quite a miracle.

Sex is the word for when grown-ups hold each other close and put their private parts together. It feels warm and good, like eating something delicious in a fancy grown-up restaurant– something not on the kids' menu!

Sometimes two grown-up women who are in love also hold each other close and put their private parts together to feel warm and good. Sometimes two grown-up men who are in love also hold each other close and put their private parts together to feel warm and good. When two women or two men put their private parts together, they do not do it to make a baby. Making a baby takes one woman and one man. They just do it because people who are in love want to feel close to each other.

Do you have any questions for me about this?

I know that you may be hearing lots of new things for the very first time.

Nice grown-ups would never do anything sexual with a child. They would never even think of it.

Nice teenagers would also never do anything sexual to a child. They know that kids are too little!

But mean grown-ups, mean teenagers, and mean bigger kids, sometimes do touch children's private parts. Sometimes they make children do super-gross things that children would never think of in a million years, like making a kid touch the grown-up's private parts! Sometimes they make kids touch each other's parts!! Yuck. That is soooo gross!!!

Sometimes, grown-ups even put things inside of children's private parts. This is very scary and painful. It terrifies children. Sometimes kids think that the mean grown-up made a hole in their body or hurt their insides or that their insides will fall out! They even think that they may die! That is not okay! It is not okay to terrify a kid like that!!!!

All of this is called child sexual abuse. The word "abuse" means to hurt someone badly. It is absolutely not OK to do that to a kid. It is against the law. Police and judges put mean grown-ups who sexually abuse children in jail or make them stay far, far away from all children so that children everywhere can be free and safe.

Sexual abuse makes children feel just awful. It feels icky and weird and scary. Sometimes it makes kids feel like throwing up. It can make them feel very afraid and even super angry.

But, children who get sexually abused are usually much too afraid to tell anyone what happened.

Sometimes when children cannot tell anyone what happened and when they hold all of this fear and anger inside, they get so angry that they hurt other people by mistake, like a volcano that has too much hot lava to hold it in a minute longer, so it just has to erupt! That is not the kid's fault! It is the fault of the grown-up who hurt them!

Lots of times, children are close to the person who is sexually abusing them and want that person to love them or to be their friend. They may ask that person for hugs. They may want to take a nap together. Then, when the person sexually abuses them, children may believe it is all their fault just because they wanted hugs or to snuggle. Then they feel like they cannot tell anyone what happened! That is so sad. Children need love and hugs. They want everyone to like them. Children have a right to ask for love and hugs without anyone bothering their private parts!

Sometimes the very same people who are supposed to love and protect children the very most sexually abuse them instead – even parents, step-parents, grandparents, aunts and uncles, big brothers and sisters, teachers, sports coaches, scout leaders, doctors, counselors, police officers, or the people at church or temple. Wow! You have got to be kidding me!!! This can break a kid's heart! When people who are supposed to take care of kids instead treat them like something that they use and throw away, what is a kid supposed to do?

I am not going to pretend this is easy. It is super scary, painful, and confusing. But, I promise, there are a quadrillion-zillion good safe people who want to help! Children can watch all the grown-ups in their life really hard to pick the one who seems the super-kindest, super-safest, with the biggest heart and can then talk to them. So, so many good grown-ups want to love and protect children, especially children who have been abused.

When a grown-up or big kid or teenager touches a child's private parts gently, it usually feels icky at first, But some abusers make children get so used to it, it can start to feel good. If that happens, children usually think it was all their fault again. No, no, No! The grown-up or big kid or teenager did it and made the child get used to it on purpose to confuse the child about whose fault it was! The whole thing was the abuser's idea! Children never heard of such a thing. They just want to play!

People who sexually abuse children make them feel very confused about the rules about private parts. Sometimes children get confused because hugging is OK, cuddling is OK, back-rubbing is OK, some kinds of tickling are

OK, so how can they tell what is OK and what is not OK?

Sometimes, children get confused because they have no idea of the rules about private parts or because some of the sexual abuse felt good. When kids get really mixed up or when it felt good, sometimes they touch the private parts of other kids. Then they get in big trouble. But none of this is the child's fault! The person who sexually abused the child is to blame. The abuser taught all of these things to the child! The child would have never thought of it in a million years!

Some children even start to hate their own private parts because of the icky things that happened to them! They may get so confused that they may even hurt their own private parts to punish them! But their private parts did not do anything wrong. They are just as good as our eyes and ears. They have important jobs to do and they deserve protection!

Children have the right to kindness. They have the right to have their bodies and private parts protected. It is very important that children tell a nice grown-up about any mean grown-up or mean big kid or mean teenager who hurts them. It is especially important to talk to a safe and kind grown-up if anyone has ever bothered your private parts. Children need help to understand the rules about private parts and sex. They need to be able to talk about icky feelings, about good feelings, and about how confusing it all was. They need to be able to get mad, to cry, and to be helped to feel safe again.

I know this part was really hard and that it has given you a lot to think about.

You can ask me all of the questions you like.

OK. Now I think we should take a break for a few days before we do the last and hardest part.

[Suggested break for all children]

Number Four: Trickers

Trickers are mean grown-ups or teenagers who lie to children and pretend to be nice to them or do other things to trick and scare them. This is totally unfair because children are naturally sweet and trusting. Children never think a grown-up would ever trick them or lie to them. They expect grown-ups to protect them. Helping children feel safe is one reason why grown-ups are supposed to be extra nice to children. But mean grown-ups are sneaky and tricky.

This is the most important thing I have to explain to you to keep you safe. It is also the hardest.

Most grown-ups and mean teenagers who sexually abuse children are trickers. They know that sexual abuse is wrong and against the law. They know that they can go to jail if kids tell on them. So, they plan a trick. The first thing they do is to act super-nice to the child. They want the child to let them do the bad things and then not tell on them. Here are some of the things they do to gain the affection and trust of children:

Play video-games or watch movies together
Give the child treats
Buy the child toys
Give the child a pet
Hug them
Rub other parts of the child's body for a long time, maybe even for months, to get them used to lots of okay touching before they touch the child's private parts

Sometimes, trickers even trick the child's nice grown-ups by acting super nice when the nice grown-ups are around. Trickers do that so that the nice grown-ups will trust them and leave them alone with their children.

Here are some of the lies that mean trickers tell children to confuse them when they sexually abuse them:

They tell the child that they are best friends.
They tell the child that they love the child.
The tell the child that the child is very special to them or is their favorite child.
They tell the child that they are in love, like two grown-ups who love each other.
They tell the child that touching private parts is a secret game that they are playing.
They tell the child that all grown-ups and kids touch each other's private parts.
They tell the child that the child's nice grown-ups are letting them do these bad things to the child.
They tell the child that they only dreamed about what they just did to them or that it did not really happen.
They tell the child that he or she cannot tell because the child accepted a gift or money.
They tell children that no one will believe them if they tell on them.
They tell children that they have to promise never to tell and that they have to keep their promises.
They tell the child that the child started it.

Children get very confused because of these tricks and lies. They may believe that the grown-up or teenager is someone who really loves them or who is a real friend. They may believe the grown-up or teenager is allowed to touch their private parts. They may believe that they are not allowed to tell because they promised not to tell, or because they got gifts or treats, or because the grown-up blamed them for the abuse!

Down deep, children usually have a feeling that something is not right. They wonder: Why is the grown-up or teenager sneaking around and hiding the things that they are doing? Why do they want me to keep it a secret? Something feels wrong! That makes children feel very sad and afraid. They don't know what to do.

But children do not like to feel sad and afraid. So they try to forget all of the scary and icky times and the times when it hurt. They usually try to remember only the happy times. Sometimes they push the memories of the abuse out of their minds or way down deep inside of their minds. Sometimes they pretend the abuse happened to another child who lives inside their mind or outside of their body. That way, they don't have to be so sad and afraid all of the time.

Since children are so sweet and so caring, they usually worry a lot about the feelings of the grown-up or teenager who sexually abused them. They may not want them to get in trouble. They usually do not want to tell on them. They usually do not want them to go to jail. If the police arrest the grown-up or teenager, the child usually feels very sorry for them. The child feels trapped. The child's heart is broken.

The saddest part is that trickers know that this breaks the child's heart and they just don't care. Trickers take advantage of children's kindness to try to stop them from telling nice grown-ups about the terrible things that they did!

OK. There are just a few more kinds of very sneaky and mean tricks that mean grown-ups and teenagers use.

Would you like to take a break or should I keep reading?

[Suggested break for all children]

Some tricky grown-ups and teenagers get jobs that let them be close to children in order to abuse them. They become teachers, coaches, counselors, pastors and rabbis, sometimes even police and doctors! That is terribly unfair! They also tell children that no one will ever believe them if they tell on them because they have such an

important job.

Guess who gets super-mad at that kind of dirty trick? All of the nice teachers, coaches, counselors, police, and doctors! You can tell them! Or tell another nice grown-up. It is against the law for all grown-ups and teenagers to sexually abuse children no matter what kind of job they do. Remember, the most important thing in the world is to keep children safe.

One of the worst tricks of all is when mean grown-ups and teenagers tell children that if they tell anyone about the abuse, they will kill the child, or kill someone in the child's family, their pets, or the child's friends. This is a scary mean trick to try to stop children from telling. It is terribly wrong. It is against the law. If anyone ever says anything like this to you, tell a nice grown-up right away. Nice grown-ups and the police will keep you and everyone else safe.

Some abusers tell children that they are always watching them or that they can read their minds. That can really scare a kid who has already been hurt. But here is the truth: Abusers make up this lie because they are afraid of the children they are abusing! Yup! Abusers know that as soon as a child tells on them, nice grown-ups will protect the child and will call the police. And when an abuser lands in jail, guess who is always really being watched?

Here is another super evil trick. Some mean grown-ups and teenagers force children to hurt and sexually abuse other children. They want to make children believe that they are bad just like them and that if they ever tell, they will go to jail too. No, No, No!!!! Remember: There is no such thing as a jail for children. There is a jail for big teenagers who do terrible things. But, there is no jail for children! Most importantly, it is not ever the child's fault when a grown-up or teenager makes a child hurt another child! It is completely the mean grown-up's or mean teenager's fault!

Some mean grown-ups take pictures or videos while they make children hurt other children and while they make them do sexual things to each other or with a grown-up. Some mean grown-ups even force children to pretend that they like doing these things while they photograph them. These kids are terrified that people will see the picture or video and believe they liked doing these things! Sometimes, these kids even hate themselves!

Not fair times a thousand! These are good kids being hurt! Nice grown-ups know this is a rotten trick! We know that kids do not want to do these things and do NOT like it! When the police find these movies, they rescue the children and lock the abusers up in jail. Did you know that some police even cry when they find these movies? They cry for the children!

One last terrible trick. Some mean grown-ups and teenagers try to catch children to steal them. They are very sneaky. They may drive up to a sweet, innocent child and say, "Can you help me find my dog?," or, "Please help me, I am lost." Children are sweet and kind and want to help everyone, especially dogs! But, this is usually a dirty trick. Grown-ups and teenagers are not supposed to ask for help from kids they do not know. Do not walk toward these people. Go the other way! Run fast! And tell on them to a nice grown-up. If you have a super good memory, memorize their license plate number, write it down as soon as you can, and tell it to the police.

Oh, oh, oh, oh, oh! Now I do not know who is more sad, me or you!

I wish I never had to tell these terrible things to you.

But I care so much about you and I want to keep you safe!

Here is one cool thing to think about: Children are heroes when they tell on mean people who hurt children. This helps to keep all children safe! Think about it! When you tell a nice grown-up about a mean grown-up or teenager, especially one who is a tricker, you are helping yourself and you are helping all of the other children

too!

OK! We are done talking about mean grown-ups.

Let's take a few deep breaths!

Let's yell together:

No, No, NO!
I am not a punching bag.
I am not a pin cushion.
I am an adorable child!
I have rights!

Let's finish this book with some good stuff about nice grown-ups.

Nice Grown-ups: Part Two

The world is full of billions and quadrillions of nice grown-ups whose super favorite thing to do in the whole wide world is to make children happy!

That is why nice grown-ups keep inventing new toys! That is why they like to build beautiful new parks and museums and playgrounds and libraries and schools! That is why they put lots of signs around schools reminding everyone to drive slowly, that children are at play! They want all children to be free and safe.

And nice grown-ups, especially the police, like to put dangerous people in jail to keep it that way!

When children laugh, nice grown-ups laugh with them.

When children cry, they cry too and sit close to them and hug them tight and pat their heads.

When children are afraid, they hug them until they feel safe again.

When children are mad, nice grown-ups let the kids beat them in a pillow fight!

When children have something to say, they listen to them with all of their might.

And if the child's heart has been broken, nice grown-ups love the child until it is all better again.

May your heart be filled with joy and peace.

May all the bullies go on a very long vacation and come back sweet as apple pie and full of apologies.

May all the teenagers and big kids help protect the little kids.

May your life be filled with only nice grown-ups.

May everyone work together to keep all of the children on the earth safe and happy forever and ever more.

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