Improved Psychosocial and Federal Support for Victims of Organized Ritual Abuse in Germany

Innovative Psychosocial Treatment and
Interdisciplinary Collaborative Leadership

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Introduction

Organized ritual abuse is a global phenomenon that remains devastatingly undetected. Mistakenly, victims are deemed "free" if not physically confined by their abusers. However, organized ritual abuse (ORA) victims are often imprisoned from childhood on via abuser-induced mental programming. The psychological and physical violence exercised in the programming process results in the development of different *alters*, i.e. personalities, in victims.[1]

Many alters are created to serve specific—either religious and/or criminal—functions for the abusers' purposes. These functions include torture, rape, drug smuggling, and murder. The psychological splitting and mental programming leaves victims in their abusers' control, even as they try to leave the group and pursue recovery. As a result, complete freedom from the perpetrators is only possible with outside help.

Drawing on lessons learned from interviews with German professionals and ORA clients, this thesis identifies ways psychosocial professionals and the German federal government can help victims overcome mind control and succeed in the exit out of abuse. For ORA victims to receive the support and protection necessary to escape their abusers, psychosocial professionals need specialized training in organized ritual abuse, as well as dissociative identity disorder (DID) as part of their general training requirements. Social workers, counselors, therapists, and psychologists working with ORA victims must include unconventional recovery methods in treatment for ORA clients. Moreover, they must initiate and develop sustainable, local, interdisciplinary networks via collaborative leadership for their own support and the support of

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[1] There has been critique around the existence and prevalence of both organized ritual abuse and dissociative identity disorder. For a brief discussion on motivations behind such critiques, please see Appendix A.

the client. At the same time, the German federal government must increase funding for schools,

child protection services, organizations, counseling centers, and private practitioners working

with ORA victims. In addition, they must invest in public awareness campaigns and make

stricter regulations for access to pornography and free pornographic material. With improved

federal and professional support, victims are provided necessary means to find freedom beyond a

lifetime of abuse.

PART 1: FIELDWORK & TERMINOLOGY

I. Background

Having worked for two years as the house coordinator at Pink Door, a German safe house and transition program for women coming out of sexual exploitation, I saw the incredible challenges ORA clients face. Of the five ORA clients we had, at least two were in contact and still being abused by members of their cult. (Based on what Pink Door knows now, it is assumed the other three also had contact with their abusers while in the program.)

Pink Door faced great challenges understanding ORA clients, their history, cult culture, as well as the psychological complexity of dissociative identity disorder. All clients were in some way sexually exploited through satanic or occultic rituals and forced into prostitution. Overwhelmed by the complexity, the clients' pressing needs, the weight of the stories, and the danger of their abusers, Pink Door sought help from therapists and other organizations who had experience for this clientele. Staff attended trainings and had regular phone calls with other psychosocial professionals to find answers to emerging challenges and new questions. At the same time, we found out we were not the only organizations in Germany struggling to help ORA clients. Even those able to help seemed to be readily pushed to their limit.

I was troubled to see Pink Door struggle to help its clients win the battle for their own freedom. I was also heartbroken to see ORA clients fight daily against their abuser-conditioned programming and to see them hit walls finding help. As a result, I began researching organized ritual abuse. Particularly, I wanted to find out how help organizations can improve their treatment and collaboration to best meet the needs of their ORA clients.

In my research, I discovered collaboration is key: the way to combat an organized system of abuse is through an organized system of support (Nick et al. 258; Stephan und Igney 370;

Weiß 2019). With this realization, I chose to conduct interviews with both psychosocial professionals and victims of ritual abuse to explore how collaboration among professionals can be leveraged to better meet the needs of these victims.

II. Topic and Design

My driving fieldwork question was, "How can help organizations improve their collaboration to make the exit process out of organized ritual abuse easier for victims?"[2] Using appreciative inquiry, I explored the positive experiences of professionals and clients to discover effective, innovative methods (Merriam and Tisdell 4). In interviews with professionals, I inquired how ORA victims came in contact with their help organization, what services appeared to help the clients the most, with which groups of professionals do they work most closely, and what has helped and hindered their collaboration. With clients, I asked in what moment they first realized they needed help, how they found help, what help services were most beneficial, and, if it applied, how they accomplished the exit out of abuse, as well as what helped them on their journey.

In July and August 2019, I conducted nine interviews with eight individuals: six psychosocial professionals, one victim of ritual abuse, and one individual who is both survivor and psychosocial professional. One of the interviews was a group interview with two psychosocial professionals—work colleagues—whom I also interviewed individually. Two other professionals were also work colleagues. None of the psychosocial professionals were private

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[2] I say "make the exit process…easier" for lack of better wording. Truly, the exit out of ritual abuse is incredibly challenging and requires immense strength, endurance, hope, and a strong will. Help organizations cannot eliminate the absolute brutality of this process. However, by offering what the clients need, help organizations can help make the process more bearable and lower the barrier for other victims to take the risk toward freedom.

practitioners, but rather worked or had worked for help organizations, whether a safe house, counseling center, hotline, or psychiatric clinic. For this paper, most interviewee names are written as pseudonyms to protect their anonymity.

Of the two victims, both had dissociative identity disorder (DID). All professionals and victims/survivors of ritual abuse are German and still reside in Germany, and the abuse they personally experienced or heard of also took place in Germany. This was important for me as I wanted to focus on ritual abuse in a German context, though it is a global phenomenon. The interviews were conducted and transcribed in German, and the relevant quotes for this paper I have translated into English.

For the interviews, I developed a set list of questions, which I also sent to the interviewees beforehand. I had two separate lists of questions: one for victims of ritual abuse and one for psychosocial professionals working with or having worked with victims of ritual abuse (see Appendices). After each interview, I would improve the questions based on interviewees' feedback and observed hindrances in understanding. Appendices A and B are the final versions of these questions.

The interviews were semistructured; my list served as a foundation for the interview, and I asked additional questions or branched off where interesting ideas emerged (Merriam and Tisdell 110-111). This mix of closed questions (direct for specific information) and open questions (listening and responding to the informant's lead) enabled me to focus on the specific topics I wanted to explore, while also inviting the informant's voice and ideas to emerge (Sunstein and Chiseri-Strater 221).

I also arranged the interview in two parts with an intermediary five to ten-minute break. This break was particularly important for me when interviewing the victims of ritual abuse. As

Sunstein and Chiseri-Strater note, researchers must respect, honor, and take the necessary precautions to make informants feel comfortable (119). Therefore, it was important for me to ask permission when sensitive memories emerged and offer this break.

III. Definitions

Before going further, I would like to explain the terminology I use throughout this paper. First, I refer to victims, survivors, and ORA clients as women. I write this with the full understanding that in no way are all ORA victims women. Men are also victims and women in organized ritual abuse are also abusers. Therefore, my purpose is not to limit, nor reject the fact that men are just as affected by ritual abuse. Rather, I narrow it down to women 1) for simplicity's sake, 2) because women currently represent the large majority of German ORA victims looking for and/or receiving help[3] (Nick et al. 254), and 3) because of my exposure to female victims at Pink Door, leading to this personal, natural inclination. The question should still be explored as to what resources are actually available for male ORA victims. Is the fact that so few men are receiving help because they have fewer available resources? What unique obstacles do men face in the exit out of abuse?

Below are the main terms used throughout this paper:

- Organized ritual abuse: In their study "Organized and Ritual Abuse in Germany," Nick et al. define "organized" and "ritual" abuse separately. Organized abuse is the sexual abuse of two or more victims from a network of perpetrators (Nick et al. 245). Ritual abuse, on the other hand, is a form of organized sexual abuse ideologically or religiously justified

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[3] In Nick et al.'s study, this ratio was 9:1 women to men. Certified social education worker, Mondrian von Lüttichau, shared in his interview an equal quotient: Of the ten victims he has counseled over the last two decades, nine were female and one male.

(245). For this paper, I refer to "organized ritual abuse" (ORA) because I want to address psychosocial professionals who treat both organized and ritual abuse victims.

- Dissociative identity disorder: Dissociative identity disorder (DID) is the most severe form of dissociation (Schröder et al. 2), and is a psychological survival response to extreme childhood trauma. It is important to note that not every individual with DID is a victim of organized ritual abuse, as it can develop due to other traumatic life events in early childhood (Fliß, "Ausstiegsbegleitung" 204). However, studies, such as Becker et al.'s 2007 Extreme Abuse Survey, show that the majority of ORA victims indeed have DID (13).

- Victims vs. survivors: By victims, I refer to those who have been subjected to abuse and/or maltreatment. By survivors, I refer to victims who have escaped their abusers and live in freedom. When it is unknown to me whether the individual is free from the abuse, I defer to "victim."

- Abusers: I use this term in reference to ORA perpetrators. This is with the understanding that the abusers are in some way associated with a religious or criminal group with exploitive intentions.

IV. Research Approach

I approach organized ritual abuse through the lens of international community development. I notice the needs of the most vulnerable in society, and look to best meet those through collaborative, community efforts. In the case of ORA, I focus on the individuals already providing help—psychosocial professionals. Contextualizing lessons learned and material from my courses on leadership, globalization, community development, peacemaking & reconciliation, as well as the raw data collected in my fieldwork, I suggest ways for psychosocial

professionals to improve their treatment methods and interdisciplinary collaboration to best meet the needs of ORA clients.

       A Christian worldview also shapes my approach to this topic. Strong convictions in the value of every human being and the power of love motivate my writing. In addition, many sources that inform this thesis assume values reflective of my own. Because abusers in ORA, in some cases, use religious ideologies to justify violence, it is important for me to mention my own religious belief and offer it as a contrast that of the abusers.

PART 2: INTRODUCTION TO THE VICTIMS' REALITY

I. Background to Organized Ritual Abuse

In the '80s and '90s, claims of satanic cults, organized pedophilia rings, mind control, and ritual abuse gained media attention in America and in parts of Europe. Now it is known that most organized ritual abuse is closely connected with child pornography, prostitution, and human trafficking.

In one German study conducted with 165 German victims of ritual abuse, 66.7% reported their abusers were associated with child prostitution rings, 64.5% with child pornography, 46.7% with violent pornography, 33.9% with forced prostitution, 24.2 % with human trafficking, and 48.5% with Satanism (Nick et al. 252). Other purposes for such abuse include drug and weapon smuggling, espionage, as well as research and testing, such as government-sponsored mind control experimentation (*VIELSEITS* 18; Becker et al. 13, 15-17).

In 2019, there were two major German cases of organized ritual abuse. The first case was reported in Lügde at the end of 2018 and went to trial in the summer of 2019. Three men were charged for the sexual abuse and exploitation of 32 children and youth over a span of twenty years (Frigelj; Wahl-Immel and Linnhoff).

The second case surfaced just months later in the town Bergisch Gladbach. Unlike in Lügde, the child pornographic material here revealed a national criminal network. According to the German news *Deutsche Welle*, 31 suspects, 16 from the state North Rhine-Westphalia and 15 from eight other German states, collectively produced 3,300 pieces of child pornographic data. The 21 victims were from eleven months to 14 years of age ("Kindesmissbrauch"). The network functioned via chat groups with 1800 participants (Heussen).

Children are often the targets of organized ritual abuse. In religious cults, this is due, in part, because children's belief systems are more easily influenced, but also because they are "easy to handle" and most defenseless (Cozolino 133). This makes children easy to exploit for financial gain.

For satanic groups,[4] it often goes a step further. Cozolino describes that for members of black satanic cults, children are perceived as "God's favorites," and therefore, their "abuse or desecration" is seen by cult members as a "victory over God" (Cozolino 133). The abuse takes place during rituals performed on satanic holidays, such as Christmas, New Year, Easter, Summer Solstice, Halloween, the victim's birthday, etc.[5] (deYoung 397; Miller 291-294; Weiß 2019). The US State of California Office of Criminal Justice Planning described satanic ritual abuse as "the most serious threat to children and to society that we must face in our lifetime" (qtd. in deYoung 390).

Whether in a cult or another organized group, the form and purpose of abuse are similar. Thorsten Becker, German social worker and cult counselor, explains:

> Ritual abuse is a severe form of maltreatment of adults, youth, and children. The
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> intention is the traumatization of the victims. Ritual abuse involves physical, sexual, and
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> mental forms of abuse that are systematic and purposefully practiced in the context of
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> ceremonies. These ceremonies can have an ideological background or also be staged for

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[4] Satanic groups, meaning those motivated by ideologies derived from Satanism.

[5] Black satanic cults practice their own rendition of Christian holidays, such as Easter and Christmas; the purpose is to "dishonor" or gain power over God (Miller 93). Black Mass is performed, real blood is used as Holy Water, and abusers often meet in churches, intentionally using Christian symbols for their ceremonies (93). The purpose is to desecrate all that is deemed pure, good, or innocent to gain power (Bramhall, *Connecting the Fragments* 144).

the purpose of delusion and intimidation. Here, symbols, activities, or rituals are used

with the appearance of religiosity, magic, or supernatural meaning. The purpose is to

confuse and scare the victim, violently intimidate, and to indoctrinate with religious,

spiritual, or ideological-religious beliefs. Most ritual violence experiences are not about a

single experience, but rather incidences that are repeated over a long period of time.[6]

("Organisierte und rituelle Gewalt" 25-26)

By confusing, intimidating, and indoctrinating repeatedly over long periods of time, from

sometimes birth, the abusers gain and obtain control over their victims.

Organized ritual abuse is not an untypical phenomenon. It occurs all around us in the

most unexpected and even most trusted places, such as preschools, schools, daycares, church,

and in families. The organized groups have influence in all levels of society, whether doctors,

police, judges, federal lawyers, teachers, or politicians (Lindstrøm and Sniehotta 128).

In Cozolino's research of ritual abuse in daycares, the victims described phenomena such

as sexual games with a number of children, as well as child-child and adult-child sexual relations

in the presence of still and video cameras. Cozolino adds, "As the accounts get more unusual,

children report being taken from their day-care facilities, forced to participate in religious rituals

with men and women in black robes, being given sedatives and laxatives, and taught prayers to

the Devil" (132). Cozolino shared one account: "One adult survivor reports a ceremony she was

forced to participate in when she was seven years old. It included being raped by several adult

males, followed by the killing of an infant which was cooked and eaten by the members."

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[6] This quote, along with all other German texts cited in this paper, have been translated from German into English

by the author.

Cozolino continues, "This woman, now in her thirties, described these experiences in the type of detail and emotion which make it difficult to doubt their authenticity" (132).

More than organized perpetrator groups, family members play a significant role in ORA (Schröder et al.11). It is often not strangers, but rather cousins, brothers, and mothers who either hand over their children to the abuser or are the abusers themselves. In one of Germany's most recent, largest cases of child sexual abuse and child pornography, it was reported that the majority of the abusers where either fathers or stepfathers of the child victims ("Polizei befürchtet"). Vicky Gratfield, in her interview, shared the ways in which her mother covered up the abuse from child protective services and the police. Helen Lindstrøm, in her book, shares how during her school break, she would spend several days at her aunt's home. These seemed to be normal, happy memories from her childhood, until, through her therapy as an adult, she later recalled what happened to her in the evenings—organized sexual abuse in the form of child pornography and prostitution (Lindstrøm and Sniehotta 110-111).

Such familial betrayal leaves incredibly deep wounds. Bessel Van der Kolk writes, "Child abuse, molestation, and domestic violence all are inflicted by people who are supposed to love you" (247). Bryant Myers argues, "We are socially embedded beings intended by God to embody and express love, justice, and peace" (*Engaging Globalization* 17). In organized ritual abuse, love, justice, and peace are broken, and the social context instead exudes exploitation, disharmony, and injustice for the purpose of power and financial gain.

Being terrified or abused by those who are to care for and protect you leads to emotional suppression. This can then give rise to despair, addictions, a chronic sense of panic, dissociation, and relationships that are marked by alienation, disconnection, and emotional explosions (Van

der Kolk 247). These emotional dysfunctions are deeply rooted in the victim and inhibit her from developing a healthy self-esteem and life-giving relationships if she is not properly treated.

Such intimate abuse also makes leaving organized ritual abuse that much more difficult; victims are not leaving just anyone, but most often their own family—all that is familiar and all that they know (Alber). Also typical is that the victims are forced to become abusers, themselves. The shame, guilt, and also legal repercussions of their crimes is a strategy from the abusers to ensure the victims remain bound and loyal to the group (Lindstrøm and Sniehotta 134).

II. Mind Control

A. Mind Control and Its Characteristics

The aim of mind control is to suppress an individual's self for the sake of the group or leader (Pretorius 612). It is the control of one's consciousness by someone else (Lindstrøm and Sniehotta 116). In 1991, the Los Angeles County Commission for Women's Ritual Abuse Task Force explains:

Mind control is the cornerstone of ritual abuse, the key element in the subjugation and silencing of its victims. Victims of ritual abuse are subjected to a rigorously applied system of mind control designed to rob them of their sense of free will and to impose upon them the will of the cult and its leaders. Most often these ritually abusive cults are motivated by a satanic belief system [only on the surface.] The mind control is achieved through an elaborate system of brainwashing, programming, indoctrination, hypnosis, and the use of various mind-altering drugs. The purpose of the mind control is to compel ritual abuse victims to keep the secret of their abuse, to conform to the beliefs and behaviors of the cult, and to become functioning members who serve the cult by carrying out the directives of its leaders without being detected within society at large.

This definition of mind control, used by other experts (Miller 11; Lindstrøm and Sniehotta 117), explains its purpose to intimidate, brainwash, and silence the victim.

For some time, the significance and impact of mind control on victims was overlooked. Clinical psychologist Alison Miller explains that decades ago when therapists first discovered ritual abuse, their focus was primarily on the horrors the child victims endured; mind control was seen as secondary (10). She elaborates, "Over time, [however,] we grew to understand that this mind control is primary, and is actually the goal of all such abuse" (Miller 10). Mind control is the way the abusers shape and control the victim's thinking, feeling, and acting. Therefore, unless mind control is broken, or the abusers otherwise let the victim go, she remains in their control.

As part of mind control, the victim is indoctrinated to identify herself only in terms of the cult. Information contradicting the cult's ideology is withheld from her, and further obstacles, such as peer pressure, fear of punishment and guilt, keep her loyal to the cult (Pretorius 618-619). Stephan Pretorius, one of South Africa's leading cult researchers writes, even if victims manage to leave, they are often faced with depression, a sense of alienation, loneliness, low self-esteem, low self-confidence, phobic-like constriction of social contacts, fear of commitment, distrust of professional services, doubt in own ability to choose, and problems reactivating a personal value system (619). These difficulties, as well as effects, of leaving a cult must be addressed by psychosocial professionals in treatment. I make mention of treatment in light of these obstacles in Part 3, Section IV "Psychosocial Professionals."

B. Programming

Programming is a systematic way of training an individual to respond to different stimuli according to the trainers' wishes. It begins with conditioning. Abusers traditionally adopt their

conditioning techniques from Ivan Pavlov (Fliß, "Ausstiegsbegleitung" 200), known for testing the conditioning process on animals in the early 1900s.

One of Pavlov's most known experiments is training dogs to salivate at the sound of a bell. In another experiment, the dog received an electric shock after hearing the bell. Thirteen months later, without any further conditioning, the dog had a spiked heartbeat at the sound of the same bell. Psychologist and severe trauma expert, Claudia Fliß, explains how such conditioning is conducted by ORA abusers on children: "Stimuli, that a child experienced with deadly fear and pain, are connected with signals to a specific, desired behavior" ("Ausstiegsbegleitung" 201). Using these stimuli, the abusers manipulate the child's behavior to reach the desired outcome.

Children are conditioned not only *for* but also *against* certain behaviors. This includes conditioning against the police, doctors, or other help professionals. For example, a child is sliced with a knife by her abuser and now needs medical help. The child is then brought to a doctor, part of the cult or otherwise abuser group, and the doctor then molests the child for "turning to him" for help (Fliß 202). As this experience is repeated, the child, and later adult, develops a strong emotional reaction against doctors. This conditioning keeps her from seeking the help she needs in the future. This, along with many other strategies, is used by the abusers to convince the child no one will help her.

The conditioning goes a step further into programming. Lindstrøm defines programming as "the conditioning of a specific behavioral pattern that is learned through torture, punishment, and suffering" (Lindstrøm and Sniehotta 39). Baphomet explains that the difference between conditioning and programming is that programming is an automatic reaction developed after many repeated incidences of the same stimuli and same consequences, in which the conditioned

individual is no longer able to choose a different reaction (156). This means, due to the extremity and longevity of the punishment, one no longer has the choice or the ability to reflect or change his or her response toward the stimuli. This lack of choice or ability to reflect distinguishes programming from conditioning.

The trauma of conditioning almost always leads to dissociation. Therapist Jutta Sniehotta describes dissociation as the "splitting of the identity" and argues it is the "solution of the soul to in some way adequately survive the horrific traumatization" (Lindstrøm und Sniehotta 9). Johanna Schröder et al., researchers at the Institute for Sex Research and Forensic Psychiatry in Hamburg, Germany, explain that dissociative experiences can range from mild detachment of current surroundings to complete identity fragmentation as a means of "psychological protection for when fight/flight responses are impossible" (2). Dissociation is, therefore, a way for victims to remove themselves, at least psychologically, until the abuse is over.

During dissociation (when the victim is "gone"), another personality, or alter, takes control over her body. This other personality, then, becomes the one responsible to take on the specific form of abuse. For example, when a dissociative child sees a man enter her room in the night, an alter—with another name, identity, and personality—takes over her consciousness and takes on the abuse; this alter, conditioned for this form of abuse, retains the memory.

Though it is a natural protection mechanism, abusers, appallingly, have even manipulated dissociation for their purposes. Especially for some cults existing for centuries, the abuse can be so well-developed and systematic that abusers have specific signals, code words, symbols, sounds, and smells that call out a specific alter in the victim. The splitting should also begin as early as possible. In many cases, trainers (selected abusers in the cult) begin to deliberately split the child when it is between six weeks and six months of age (Miller 100).

As part of the programming, abusers assign different alters different tasks. They create alters who are, for example, loyal to the cult and become abusers themselves, as well as alters who are "watchers," ensuring the cult alters are unaware of the main alters. Other alters are "reporters," reporting when another alter shares information about the cult to the outside world, and so on. The alters make up a complex inner network, sometimes of multiple systems, induced by the abusers to protect the cult from disclosed information and keep the victim unaware (Lindstrøm, "Aufbau der inneren Struktur").

In terms of the intentional, abuser-induced dissociation, there are various programs the abusers develop in victims. Such programs include anti-help programs (previously described in terms of help professionals), anti-police programs, eating programs, self-harm programs, and suicide programs (Fliß, "Ausstiegsbegleitung" 203; Baphomet 161-163). Helen Lindstrøm, organized ritual abuse survivor, describes her experience in court as her relative, on trial for her involvement in Lindstrøm's abuse, comes up to Lindstrøm, hugs her, and whispers a code in her ear to initiate a self-harm program. Lindstrøm describes her reaction:

> The alarm bells shrilled in targeted alters. It was suddenly very loud in my inner self, and the only thing that I could loudly and clearly hear was a call that a program was activated, respectively should be activated. Sweat beaded on my forehead and my lawyer asked for an intermission. In the intermission, my inner self was already working to sort what for a program was activated, whom it affects, and if it is actually active. Luckily it was an 'old program,' that was no longer active. So, we[7] could quickly calm ourselves down and after a short time could continue with the trial. (Lindstrøm und Sniehotta 173-174)

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[7] Lindstrøm refers to her and her alters as "we," which is common for individuals with DID.

This excerpt reveals how difficult it is for victims to escape their abusers' control, as well as discloses the deceptiveness of the abusers' strategies. Thankfully, in Lindstrøm's case, her abuser signaled an "old" program—one already deprogrammed with her therapist's help.

To summarize, even for victims who want to leave the abuse, whether it be a cult or organized crime ring, the abusers can still trigger automated behavior in the individual's conditioned alters. Once the alter takes control to perform whatever task, the victim has no memory of what happens. Lüttichau describes this as "the enslavement of the soul through conditioning." This is why breaking the control of such programming through professional deprogramming is vital for a victim's recovery, which I mention briefly in Part 3, Section III "To Overcome the Battle for the Mind."

III. The Victim's Reality

A. Difficulties in Finding Help

Because many victims of organized ritual abuse do not recollect the abuse, finding help is irrelevant for them. Why look for help for a problem you don't know you have? DeYoung writes, the trauma suffered by survivors "thwarts clear and convincing disclosures, and even precludes their seeking treatment in the first place" (396). The gruesome memories are locked up, or stored, in dissociative alters and often irretrievable for a long time.

Commonly, victims first begin remembering the abuse in therapy. In Natalie Rudolph's study, 69.1% of ORA victims reported having their first recollections of traumatic memories in therapy (91); Becker et al.'s study shows similar results ("Professional Extreme Abuse Survey" 17). For ORA victim Ulrike X, the therapist saw the "many" (the alters) in her before Ulrike even knew of the abuse herself (119-120). This is another reason why it is important for psychosocial professionals to be trained to identify the signs and correctly diagnose. Otherwise,

both victim and professional are left confused as to how to categorize and explain the memories emerging.

In other cases, victims recall the abuse on their own. In Schröder et al.'s study, ORA victims reported awareness either via flashbacks (76.4%) or in situations that triggered the memories (66.1%) (7). However, once these memories begin to resurface—on average around the age of 29 (Schröder et al. 7)—victims often struggle to believe these events really ever happened. During a group interview, women's safe house coordinator Ruth Alber explained the reality of DID clients: "Their own life is very hidden. Dissociated. And then that slowly breaks down." She described that once the dissociative barrier begins to degrade, the next challenge for the client is to begin to "realize for yourself, to believe yourself" (Alber and Schmidt).

For ORA victims who do have access to the memories of abuse, other hindrances stand in the way of them reaching out for help. In the same interview, Alber mentioned how some victims are given the *Schweigegebot*, meaning they are forbidden by their abusers to speak about the abuse: "[T]he first hurdle is to get beyond this ban. The fear that they will die when they speak. To overcome the fear of death, and to actually speak to someone" (Alber and Schmidt). This fear of death comes from lies or threats abusers tell the victims, such as "You cannot trust anyone outside the cult," or "They will not believe you." Abusers also instill fear of police or create elaborate stories to keep victims, especially children, quiet (Cozolino 133-134). This intimidation makes the thought of reaching out for help almost unbearable.

Additionally, many ORA clients are not aware that another way of life is possible. In his interview, Lüttichau shared, "[T]he consciousness that there is even an alternative must often grow with the help of *HelferInnen* [helpers, whether professionals or lay people]." Psychosocial

professionals can help ORA clients, particularly those who grew up in a cult, discover a new way of life—new ways of thinking, acting, and living that were otherwise foreign to them.

On the other hand, many professionals are insufficiently trained in trauma and dissociative identity disorder. Gratfield shared her experience in a psychiatric clinic; after telling the staff about her abuse and dissociative identity disorder, she explained, "They were shocked that this really happens. And I was shocked that they didn't know anything about it." Gratfield added, "This stuff happens all the time. And they were a psychiatry. And I was definitely not the first one with these symptoms. And then I think, 'Why don't you all know anything about it? At least not a little?' They don't have to know everything, but to know nothing—I found that shocking." The staff did not understand the internal battle Gratfield was experiencing, and as a result, could not treat properly: "You explain to them that you have multiple personalities, and the alters loyal to the cult are trying to run off—they didn't understand that at all" (Gratfield).

A false diagnosis can be detrimental to an ORA victim's progress and healing and can hinder the victim's ability to leave ritual abuse (Alber and Schmidt). In Nick et al.'s study, 114 of 165 (69.1%) self-classified victims of ORA admitted, at some point, to being falsely or only partially diagnosed. Of those 114 victims, 54.3% and 36% correspondingly reported receiving wrong or lacking psychotherapy treatment and wrong medical treatment as a result of the false diagnosis (253). Inaccurate diagnosis leads to false treatment, and this delays, or even deters, the victim's recovery.

Psychosocial and medical professionals generally mistake dissociative symptoms as schizophrenia or borderline, which are more commonly known and accepted dissociative disorders (Schröder et al. 11). For ORA victims, some spend years looking for a qualified psychotherapist without finding one who can help (Nick et al. 252). In Nick et al.'s study, of the

94 participants (57%) who succeeded in leaving the abuse, only 53.2% admitted having significant professional help in the process; 19.1% acknowledged receiving help through counselling centers, 47.9% through psychotherapy, and 1.1% through the police/justice system (253). This means, the majority of ORA victims are left to fight the battle of recovery on their own, without the sufficient professional support they need.

If more professionals were properly trained in DID and ORA, the victims' well-being would greatly improve. Brand and Loewenstein explain, "Accurate diagnosis and treatment have been shown to reduce morbidity, cost, and mortality in this…patient population" (68). German psychosocial professionals need more regularity, better quality, and increased normalcy of training in ORA and DID, so as to improve the quality of life in ORA clients.

B. A Case Study

When Carolyn Bramhall returned to the England after receiving extensive treatment in the United States for her dissociative identity disorder, she sought a professional who would be sympathetic to her condition (Bramhall, *Connecting the Fragments* 58). She finally came across a psychiatrist in London. He was fascinated by her story, and Bramhall was eager for a listening ear. She writes, "I was glad to at last be telling someone what life was really like for me" (59).

In one experience, her psychiatrist asked her to attend a meeting with young trainee psychiatrists and psychologists for observation and questions. She agreed, believing she would be treated with kindness. Instead, Bramhall felt like "the monkey in the zoo, the performing bear, the spectacle." The professionals asked "personal, painful, and insensitive questions" about her abuse, and once they had "received what they wanted," she was dismissed. Bramhall writes, "I felt humiliated and traumatised all over again." She adds:

All I wanted was to be accepted. I wanted someone to understand, someone to believe my

story; not just what happened to me as a child, but what was happening in my mind every

day, every minute—the voices, the unexplainable, the confusion. All I wanted was for

somebody to believe that I could be well and free and OK. And I would go to any lengths

to find it. That did not happen with these professionals. (59)

Bramhall felt violated in her vulnerability and betrayed by these psychosocial professionals.

According to her account, Bramhall's psychiatrist was more interested in the data he

collected than the needs of his client. In previous sessions, he even warned Bramhall not to

dissociate, otherwise she would be "locked up" (59). Like any human being, ORA victims need

love and acceptance, even more so because of their severe childhood abuse. Such rejection

received from professionals and disregard for the victim's humanity only deepens these intense

childhood wounds, as well as damages the professional-client relationship. Because of the poor

treatment, Bramhall eventually stopped seeing this psychiatrist, even though she had no other

alternative; she was now on her own (60).

This case study clearly illustrates what psychosocial professionals should *not* do; it shows

the detrimental consequences of insensitive, uninformed psychosocial treatment. With this said, I

devote the next section to sharing information psychosocial professionals need for successful

treatment. What are the ORA victims' general needs and needs for the exit out of the abuse?

How can psychosocial professionals offer helpful professional support? What do psychosocial

professionals themselves need to be able to identify and treat victims well? Next is an account of

some typical indicators of organized ritual abuse.

PART 3: PSYCHOSOCIAL SUPPORT

I. How to Identify the Victims

A. The Nature of the Story

To help discern whether a client's story reflects ritual abuse or is an unreal account, it is important for psychosocial professionals to pay attention to the nature of the story. Clinical psychologist and psychotherapist Louis Cozolino researched the ritual sexual abuse of children in the United States in the '80s and '90s. This was at a time where more and more cases of ORA were being discovered in preschools and daycares. He argues, you should trust the children's stories are not made up when the nature of the story is not reflective of a child's typical fantasy. Cozolino explains, "Children do not make up stories in which they are the humiliated and helpless victims." Rather, he adds, they make up stories in which they are revealed as powerful and autonomous (Cozolino 133). This is contradictory to the stories of abuse victims, who "give reports which indicate feelings of helplessness, victimization, humiliation, and shame," even after "great care is taken to make the children feel safe from the perpetrators" (133). Similarly, organized ritual abuse victim Vicky Gratfield shared, "Why should children think up something so crazy? Their fantasy does not go that far." If the stories are shameful and humiliating, this could suggest they are memories of organized ritual abuse.

B. Signs and Symptoms

There are numerous signs and symptoms that could indicate ritual abuse. Catherine Gould includes the following: When an individual has problems associated with 1) sexual behavior and beliefs, 2) the bathroom or toileting, 3) the supernatural, rituals, occult symbols, religion, 4) fear of small spaces or being tied up, 5) fear of death, 6) fear of the doctor, 7) fear of certain colors, 8) eating disorders or difficulties, 9) emotional problems, 10) family relationships,

11) play or peer relations, or has 12) other fears, disclosures, or strange beliefs, this could be a sign of ritual abuse (qtd. in Cozolino 134-5). To this list, Claudia Fliß adds depression, addictive behavior, psychosomatic disturbances, somatization, self-harm, fears, panic attacks, forced behavior, dissociative behavior, psychosis, personality disorders, sleep disorders, and unusual behavior in social contact as additional symptoms ("Ausstiegsbegleitung" 196). Moreover, Elisabeth Weiß, victim of cultic ritual abuse and forced prostitution, described having unexplainable suicidal impulses, lapses in memory, as well as mental breakdown (Weiß 2019). Lapses in memory and unexplainable suicidal impulses are often distinct for dissociative patients, as different alters hold different memories, and some are conditioned with suicidal programming.

II. Victims' Needs

A. Someone Who Believes Them

As simple as it sounds, one of the greatest needs ORA victims have is someone who simply believes their story. Social worker Marietta Schmidt explained that disbelief keeps victims from receiving the help they need (Alber and Schmidt). Many victims are simply thankful to have someone who listens and believes, Weiß shared in her interview (2019). Disbelief keeps the darkness of abuse concealed; choosing to believe, however, invites the dark memories into light. This is the first step to healing.

B. Understanding

Next comes understanding. Fliß argues, taking steps without enough understanding of the client's background and the history of the abusers can make the victim's situation much worse ("Ausstiegsbegleitung" 197). By seeking understanding, asking questions, digging deeper when

they do not know, psychosocial professionals can make more informed decisions and treat clients with greater sensitivity.

C. Self-determination

Trauma destroys the ORA victim's sense of self. The challenge of recovery, then, is for the client to re-establish ownership of her own body, mind, and soul (Van der Kolk 239). She does this by discovering and embracing who she is. VIELSEITS articulates, "The survivors have hardly any access to their inner world" (*VIELSEITS* 18). It is, therefore, important for psychosocial professionals to partner with the victim in helping her cultivate this inner access.

Brainwashing and coercion often lead victims to a distorted or confused self-identity. Helen Lindstrøm, ORA survivor, describes her first clinical stay: "Before this stay, I knew nothing about myself, who I am, what I want, what I can do. All I knew was what was said or mirrored to me from [others]." She continues, "The majority of what I did or undertook at that time I either did because someone expected if from me or because I accepted that someone expects or requires it of me" (Lindstrøm and Sniehotta 71). Psychosocial professionals should, then, come alongside and assist ORA clients in the liberating process of self-discovery, as well as support them in leading self-determined lives.

D. The Right to Choose

In addition, psychosocial professionals must honor the victim's right to choose. If a professional tries to override the client's will, this leads to a power struggle and distrust. During Lindstrøm's final clinical visit, she was forced by her clinical therapist to stay an extra three days in a closed station. In her account, she describes her sense of powerlessness: "It was the same powerlessness that I felt from my father, who can gloat over exercising his power and, above all,

make clear to others that he has the power and no one else! Exactly that was the situation now also with the therapist" (91).

Exercising power triggers traumatic memories—situations where the victim had no control over what happened to her. For Lindstrøm, this clinical experience triggered flashbacks to the abuse—memories of being locked up by her father, held against her will. Lindstrøm describes the immediate break of trust to her therapist and her inability to open up to him after this incident. When she tried to describe the impact of the therapist's decision, her therapist simply accused her of wrongly interpreting his actions. She describes simply "going along" with the therapy after that point, until she could finally leave the clinic (95). Trust had been broken.

Therefore, it is essential that psychosocial professionals honor a client's free will, even if the professional does not support the victim's decision; honoring her freedom and nurturing trust is what the client needs most and is necessary for recovery.

E. Lament and Love

Listening to the memories of the client, it is important for psychosocial professionals to practice lament. Emmanuel Katongole and Chris Rice, authors of *Reconciling All Things*, argue, lament teaches us about "both what must be learned and what must be unlearned in order to live well in a broken world" (54). It means walking into the deep wounds and dark memories, to feel with the client. Therapist Ana Palmer described, "I believe [my ORA clients] need the feeling that I can carry something. That I can endure, and that it is okay to show whatever comes out." Lament means welcoming and sharing the weight of the client's story.

Lament also leads to new hope. Katongole and Rice illuminate, "If lament is a way of dying, it is also the path toward being raised into something new" (61). By embracing ORA

clients in their grief, psychosocial professionals likewise invite their clients to release the pain and receive new hope.

Organized ritual abuse victims were taught to please their abusers and were conditioned against unconditional love. Fliß, Prins, and Schramm explain that as a child, ORA victims are taught to relate love with loss, pain, or weakness, and in Satanism, love is absolutely scorned (100). With this in mind, when psychosocial professionals show patience, gentleness, and genuine kindness, it may be received with apprehension. However, these gestures of love are valuable; no better way can professionals serve the client and contribute to her healing.

III. Necessary for the Exit Out of Abuse

The journey out of abuse is a gruesome, dangerous process that can take many years. Claudia Fliß writes, "[T]he will is not enough because the way out of the abuse is hard, painful, and dangerous. The individual must really be able to carry the consequences of her decision and have a sufficient helper network available" ("Ausstiegsbegleitung" 196-7). For recovery, Thorsten Becker and Martin Kühn argue ORA victims needs a "wide spectrum" of support (140). Here, I present the victims' four main needs, namely healthy personal and professional relationships, physical protection, therapy, and assistance to overcome mind control.

A. Healthy, Supportive Relationships

Healthy relationships offer strength, comfort, joy, love, and hope in times where the pain become too much. Myers describes humans as "intrinsically relational" (*Engaging Globalization* 17), and these relationships offer love and trust, the most important values anyone can offer a victim of ritual abuse (Fliß, "Ausstiegsbegleitung" 215). The abusers know this, and thereby, do all they can to destroy connection and trust (Oblak 4). Therefore, building relationships and protecting trust must be done proactively.

In the interviews I conducted, all psychosocial professionals and ORA victims mentioned how important healthy relationships are to healing from trauma. Social worker Franziska Schönheit explains that in comparison to other clients, ORA clients have a much greater need for relationship and quality time (Schönheit 2019). Van der Kolk argues, the vital role of relationships for any traumatized individual is "to provide physical and emotional safety, including safety from feeling shamed, admonished, or judged, and to bolster the courage to tolerate, face, and process the reality of what has happened" (247). For ORA victims, it is essential to experience this physical and emotional safety in both personal and professional contexts as they process and make bold steps out of the abuse.

Nurturing new, healthy relationships, also requires cutting off unhealthy ones. In many ORA cases, this includes the victim's own family—an incredibly difficult and isolating step. Becker and Kühn explain the growing sense of "unbelonging" and the struggle of redefining the meaning and purpose of relationships that comes with breaking off this contact (145). Fliß describes the client's need for a "place in society" after the break ("Ausstiegsbegleitung" 212). When ORA clients have a strong, supportive, healthy interpersonal community—a place of belonging—this step becomes easier.

B. Protection

Organized ritual abuse victims, as well as their children, also need physical protection. An evident theme in the literature and interviews was there are too few safe houses, or other safe living arrangements, for ORA victims (*VIELSEITS* 20; Schmidt; Schönheit 2019). In Rudolph's study, 65.7% of professionals admitted it would have been helpful to have some sort of residential housing for victims during treatment, while 37.1% admitted they searched and found no one that could accommodate (93). In a personal poem about her experience in organized ritual

abuse, Vicky Gratfield wrote, "Safe homes and help services for these women are so important, so that they can come out of the hell and their dead-end situation" ("Prostitution"). Although accommodation is limited, physical protection is a basic need, and thereby, essential for ORA victims to successfully exit out of the abuse.

Many ORA victims need protection for both themselves and their child. Of the ten ORA clients Lüttichau has accompanied, nine of them were women, and six of them (that he was aware of) had children. In his interview, he shared, "[I]t is often so that children are the first *Druckmittel*," or means of applying pressure. Often, the abusers threaten the well-being or lives of victims' children to keep the victims compliant. Therefore, accommodations must be ready and equipped to receive children so that more ORA victims have a real chance of leaving the abuse.

C. Therapy

Therapists are sometimes the only confidants with whom ORA victims will share their deepest, most hurtful traumatic experiences. Therapists offer a form of healing rare to find elsewhere. Ulrike X admitted therapy was of utmost importance, leading her "step by step to healing" (123). In Nick et al.'s study, 158 of 165 (95.8%) self-classified German victims of ritual abuse admitted being in therapy at some point (253). Weiß, having completed 10 years of therapy, shared, "I don't know if I will ever truly be finished with it." She added, "So extremely much happened in this time [of abuse]," so many "incredibly horrible things" (Weiß 2019). Therapists, therefore, are a significantly valuable asset for ORA clients, as they process years of traumatic memories, to move beyond the trauma toward inner healing.

D. To Overcome the Battle for the Mind

More than anything else, the lies ORA victims were taught to believe keep them in bondage. Social worker and safe house program director Franziska Schönheit admits the ORA victim's first hurdle for leaving the abuse is overcoming these lies: "The lies, 'No one will help you anyway.' 'No one will believe you.' 'No one is there for you outside the cult.' 'There is no survival.' Those are the first problems and greatest hurdles that the victim must…overcome" (Schönheit 2019). These lies are also detrimental to the victim's well-being. Carolyn Bramhall, British ORA survivor, writes, "So much of our health depends on what we believe, rather than what has actually happened" (*Connecting the Fragments* 12). In order for victims to exit the abuse and improve their well-being, these lies must be addressed.

The lies also lead ORA victims into physical danger. Some organizations and psychosocial professionals push for more facilities with 24/7 care, as well as more police protection (*VIELSEITS* 20). However, even in a top-security facility, victims are still under the influence of abuser-induced programming, and can be lured by their abusers at any time. All it takes is one phone call, one picture, one word, one melody, one calendar date, or one brief encounter, and a programmed alter takes control of the victim's body. This means, the victims remain in danger as long as they are still under mind control. What if, however, psychosocial professionals placed more emphasis on addressing the mind control, including the programming, triggers, and beliefs influencing the victims' behaviors?

Psychosocial professionals can proactively mitigate the effects of mind control by encouraging the client, pointing out her strengths, and reinforcing positive messages. Another way is to address the particular lie the client is believing, such as "No one is there for you." By replacing this lie with truth, "I am there for you," or "Your friend is there for you," or "You are

worthy of always having someone on your side," the psychosocial professional helps the client break the influence of the lie.

To address the client's abuser-induced programming, psychosocial professionals can implement deprogramming. Deprogramming is a debatable form of treatment, but it has shown to be highly effective in stopping harmful programs when executed well. The exact methods for deprogramming are better explained by the psychosocial professionals themselves. However, deprogramming should only be done with the consent and readiness of both the client and professional, and it should be well researched and thoroughly considered before starting.

IV. Psychosocial professionals

Psychosocial professionals are confidants for their ORA clients' fears, emotions, and most difficult stories. Fliß argues, "Without help from outside, the exit out of abuse is impossible, especially in the case of a programmed DID" ("Spezifische psychische Folgen" 259). Yet, psychosocial professionals need to exude certain qualities and implement a helpful treatment approach, using unconventional methods, when working with this clientele.

A. Important Qualities

Essential qualities of a psychosocial professional include sensitivity, patience, perseverance, tenacity, time, strength, humor, creativity, playfulness, willingness to learn, willingness to try something new, and openness. Becker and Kühn also mention the importance of practicing *Beziehungsarbeit* (treatment in the context of relationship) (147). This requires showing relatability and transparency— sharing with their clients their inner thought process and motivation behind decisions they make (Schönheit 2019). Additional qualities include authenticity, acceptance, gratitude, empowerment, and setting healthy boundaries.

Psychosocial professionals also need to respect their clients and provide treatment in a nonargumentative setting (Kent and Szimhart 269). This can be challenging as two cultures, the client's "insider" cult culture and the psychosocial professional's "outsider" world culture, collide. This is why patience and acceptance are so important.

Though it requires more effort, it is essential for psychosocial professionals to also do their homework. They need to have an understanding of the client's background, which includes understanding dissociative disorders, as well as the impact of mind control and programming on the client's behavior. Within the boundaries of the client's willingness, professionals need to learn from the client, ask about the abuser group, and research the methods they used. For cults, professionals must know the cult holidays, practices, and understand the ideologies taught.

It is also important that the professional not assume the client is no longer in the abusers' control. Many times, professionals have made this mistake. Because of dissociation, the client herself may not know she is still being abused. For Weiß, she thought she had stopped being abused after childhood. Clinicians believed her and were, therefore, unprepared to protect her when one of her cult-loyal alters broke out of the clinic (Weiß 2019). Thus, it is important for the professional to assume the client is still being watched and controlled by her abusers, unless clear indicators suggest otherwise (the client talks about a clear break with the cult, shares the reason they let her go, etc.).

B. Treatment

In this section, I offer a sample of strategies that psychosocial professionals and ORA clients identified as effective, as well as relevant techniques I draw from community development. As Oblak wisely admits, no single theory, practice, or method encapsulates everything an ORA client needs for recovery and healing (1). In addition, these methods are

suggestions for treatment of only adult ORA clients. Children need similar, but other forms of support (Bramhall, *Connecting the Fragments* 62).

Recovery is an ongoing process, and can be described as having many layers, or phases. Psychology professor Dr. Bethany Brand and trauma medical director Dr. Richard Loewenstein present a three-phase treatment for DID clients. This first phase, sometimes the longest, is stabilization and includes meeting the basic needs of the client. The second phase is exploring the meaning and impact of the traumatic experiences; the client is encouraged to express previously avoided emotions, to become the "master" over her memories (Brand and Loewenstein 68). In this phase, she also grows in self-efficacy—faith in her own ability to achieve and positively influence her future (Ackerman). The third phase focuses on how the client relates to the world. The client accepts her limitations caused by the trauma and abuse and learns how to positively engage the world with these hindrances (Brand and Loewenstein 68). It is, therefore, important for psychosocial professionals, with their clients, to identify the client's phase of recovery and adjust her needs for treatment accordingly.

In my fieldwork, a common theme from psychosocial professionals was the need for unconventional methods. Franziska Schönheit shared that in her social work studies, she was trained to maintain a "professional distance" with her clients. She realized, however, the importance of relationship in her profession while setting healthy, professional boundaries. She prefers to put the focus on a "professional closeness" rather than a "professional distance" (Schönheit 2019). When asked how she and her team help ORA clients exit out of abuse, she replied, "In that we believe, in that we are there, in that we offer relationship and relationship that stays and doesn't break off [when there are] problems" (2019). By breaking away from

conventional "distance," psychosocial professionals offer ORA clients a chance for a stabilizing professional relationship.

This professional closeness can look like the simple act of slowing down and being attentive. Lederach refers to this as the "quality of presence" (*Reconcile* 45). He explains, "[C]ompassion starts with a quality of attentiveness that requires the simple act of noticing the other as a person" (Lederach 48). Attentiveness causes the psychosocial professional to notice details helpful for treatment and to engage in compassion.

A needs-based approach is also important. In her form of treatment, therapist Ana Palmer starts each session by allowing the client to "arrive." She described this as "closing the open windows," as on a computer, by giving her client the opportunity to share her present needs (Palmer). Treatment is, then, oriented around the client's analysis of her needs rather than the agenda of the professional.

Organized ritual abuse victims also require individualized treatment. Psychiatrist and trauma specialist Bessel Van der Kolk advises ORA clients to find a professional who takes the time to find out who she is and treat accordingly: "Are you just a list of symptoms on some diagnostic questionnaire, or does your therapist take the time to find out why you do what you do and think what you think?" (Van der Kolk 248) Treatment, therefore, should be seen as an individualized, collaborative process with the client.

This collaborative facilitation mirrors Sniehotta's approach, which includes relying on the problem-solving ability of the client. After years of therapy with her client Lindstrøm, Sniehotta shifted her thinking from expecting to know the answers to facilitating the discovery of answers in her client: "I took the pressure off myself to always have 'the' solution at hand for a minor problem." Instead, she began trusting her client's problem-solving ability (Lindstrøm and

Sniehotta 66). Sniehotta soon realized the brilliance of this revelation, and in the end, it protected her from burnout as the therapy sessions and arising "problems" became more intense (66). Trusting the problem-solving ability of the client leads to mutual edification, as the client and professional rely on each other.

I also strongly advise psychosocial professionals to adopt a strengths-based approach in treatment. Winseman et al. argue you are most successful when you build your life around your greatest natural abilities (1). Van der Kolk writes, "Working with trauma is as much about remembering how we survived as it is about what is broken" (248). Rather than focusing on her weaknesses, the client must see she carries incredible strength; she and her alters have all contributed to her survival, and each survival strategy reveals the client's "capabilities, resources, skills, and knowledge" that are good and worth building on (Myers, *Walking with the Poor* 227). This means, psychosocial professionals must look for opportunities to point out and encourage their clients' strengths and talents.

A strengths-based approach also contributes to the client's growth. In her book on appreciative inquiry, Sue Hammond writes, "When a newer and stronger urge or life force appears on the horizon, people adjust to grow towards it, much like a plant grows toward a light" (16). Focusing on the client's strengths, psychosocial professionals point the client to a new, positive force, moving the client away from negative thinking and directing her toward life-giving growth.

Oftentimes, psychosocial professionals feel the pressure to always provide the "right" answers in treatment. As professionals, they do have valuable knowledge to share. However, this knowledge should complement, not override, the client's voice. Stark challenges clinicians to believe their client's story and acknowledge that their clients are "the expert of their lives" (51).

Kent and Szimhart suggest the goal of treatment should be to restore a client's independent and critical thinking (245). By asking good questions and trusting the client knows herself best, psychosocial professionals support the client's voice and her development of independent, critical thinking.

For an ORA client with dissociative identity disorder, finding her inner voice can feel chaotic. Different alters want to speak out and may have conflicting opinions. (This can be comparable to an internal sibling rivalry.) Therefore, it is important for psychosocial professionals to guide clients through the challenge of inner communication. Lindstrøm admits, "An important goal in therapy is to learn inner communication. This means the opportunity for the inner alters to be able to talk and also *abstimmen* [coordinate with each other]. Inner alters can share tips for the day-to-day and even help make decisions" (Lindstrøm and Sniehotta 50). By inner alters, Lindstrøm is referring to the alters who rarely "come out" or express themselves in daily life. Lindstrøm shares it is important that the inner alters can express what they know, want, and need to the outer alters—those who are typically "out" and representative (Lindstrøm and Sniehotta 50). By facilitating a DID client in good inner communication, psychosocial professionals direct her to internal awareness and help her create inner order and peace, as well as strengthen her voice.

For psychosocial professionals, it is also good to notice which alters are *cultural brokers*. Cultural brokers are those who know the native culture, as well as the outside culture, and translate between the two (Fadiman 95). Cultural brokers, then, are the alters who have both access and understanding of the outer world, as well as the client's inner world. They, then, serve as the representative for the inner community; where listening and cooperating with many other alters is unfeasible, the cultural broker can work with the professional on their behalf.

In treatment, psychosocial professionals must be careful that their facilitation does not turn into manipulation. In his experience working with the most vulnerable, Myers admits that the pressures of limited time and rapid development tend to "minimize the potential impact of participation as empowerment" (*Walking with the Poor* 234). Limited time and other pressures can influence the psychosocial professional to try to manipulate the ORA client toward a specific action, thereby disabling empowerment; this should be carefully avoided.

If a client slightly detects manipulation, this can lead to fury and distrust (Becker and Kühn 143). Cult expert Thomas Robbins argues there is a fine line between 1) counseling, negotiating, and assisting the client to reinterpret her experience, and 2) manipulation, coercion, and brainwashing (245). Cultivating a self-awareness of one's own manipulative tendencies, asking for feedback from the ORA client, valuing the client's process over the obtaining "results," as well as nurturing the client's freedom and right to choose are simple ways to avoid manipulation, and at the same time promote client self-determination.

Lastly, the professional's treatment approach must be one of humility. Myers explains, "If we have the humility to know that we do not know enough to do someone else's development for them, then seeking local participation is the only safeguard against our own doing unwitting damage" (*Walking with the Poor* 232). Recovery is the client's process. By walking in humility, listening, pointing the client to inner communication, and helping her draw from her own resources, psychosocial professionals empower her on her recovery journey, and thereby evade the negative repercussions of possible professional arrogance.

C. Professional-client relationship

As mentioned earlier, healthy relationships are key to the ORA client's healing. Daniel Groody emphasizes the importance of right relationship, writing, "[T]here can be no harmony if

there is no justice, and there can be no justice if there is not right relationship" (29). Therefore, a victim's relationship with her therapist, social worker, or other psychosocial professional, should be one of harmony, trust, and peace, to help restore the damage of abuse. This relationship is vital and can be the first opportunity for the victim to understand justice and harmony; to understand what it means to be treated rightly and to be honored for who she is and not what she does. Because of this, it is important for psychosocial professionals to protect and cultivate this relationship.

The first step is to create a safe space. In her book *Roadmap to Reconciliation*, Brenda Salter McNeil offers a couple techniques. One way is to use "I" statements. Rather than saying, "You should" or "Everyone knows," where the client feels she has to defend herself, it is better to formulate sentences using, "I feel," "I think," "In my opinion," or "What I've experienced" (McNeil 71-72).

Another way to create an atmosphere of trust is by being present. McNeil writes, "This one sounds simple, but it can actually be very hard to accomplish…Even when we are physically present with others, our mind and emotional investment may be elsewhere" (72-73). Therefore, it is important for psychosocial professionals to direct their thoughts and attention to the client. If there are things bothering or distracting the professional, then she can share, for example, "Sorry, I am distracted about a situation from home. I will do my best to be here with you, but please have patience with me, as I am struggling." This authenticity, or Schönheit's term "professional closeness," builds trust; the professional brings her "whole self" to the process (McNeil 73), laying all masks aside.

Similarly, psychosocial professionals should practice hospitality. Hospitality entails receiving the other person openly and gladly offering what you have. Marjorie Thompson

explains that hospitality "is concerned with the total well-being of the guest," including the other person in "the very best of what we have received and can therefore offer" (Thompson 177). Hospitality can look like sharing a favorite story with the client, offering her coffee or tea at the start of a therapy session, or simply taking the time to listen.

At that same time, psychosocial professionals must set boundaries to protect their own health and well-being. Therapist Ana Palmer shared in her interview, "Of course, you reach your limit. If I would be deeply attacked—when something had hurt me—then I would have to end [the therapy session]." It is important for professionals to think through their personal boundaries and plainly communicate those to their clients. In addition to protecting the psychosocial professional, these boundaries create a sense of security for the client, as the client clearly knows how far she can go and how far is too far.

When a psychosocial professional sets and maintains clear, consistent boundaries, she also shows the client how to set and honor her own boundaries. Ritual abuse is an extreme form of boundary disrespect. Miller writes, "The abuse makes [victims] insensitive to their own and the other's boundaries" (217). Therefore, when a psychosocial professionals set boundaries, she teaches boundary-setting and provides her client a practical example that she could follow.

Lastly, professionals must choose to believe what the client shares, unless there is strong evidence otherwise. ORA clients quickly detect distrust, and that will create a chasm in the relationship. Once trust is broken, it is extremely difficult to re-establish. This can cause the client to shut down, closing doors to further vulnerability (McNeil 72). Therefore, professionals must choose to trust; ask questions rather than assume; explore rather than doubt; and believe and wait rather than quickly jump to conclusions. By trusting, professionals offer the client a safe

space for the relationship to grow, for the alters to express themselves, and for more pieces of the client's story to come together.

D. Supervision and Coaching

One theme consistent in all psychosocial professional interviews was the strong desire for more supervision and coaching. In a later conversation with Schönheit, she emphasized, "It is tremendously important to mention supervision. We are so grateful for the group supervision we have right now. Any other supervision would be absolutely useless to us because they don't know about DID or ORA" (2020). Schönheit's team receives supervision with other psychosocial professionals working with ORA victims. She shared how ORA clients have unique challenges and she, as well as other professionals, need specific guidance tailored to these challenges (Schönheit 2020). Still, a desire for more coaching for the day-to-day challenges is there (Ludwig).

It isn't that psychosocial professionals aren't receiving any supervision—most are. In Rudolph's study, 81.4% of German psychosocial professionals reported receiving relevant supervision from an experienced colleague (93). However, the need for consistent coaching is there. Rudolph adds, since the majority of ORA victims reported having contact with their abusers during psychosocial treatment, "an efficient and prompt support [of professionals] is of incredible significance" (Rudolph 93), to alleviate stress in light of threats or other abuser-induced pressure. Threats, new challenges, and daily questions, leave psychosocial professionals in need of a timely more one-on-one coaching.

In Ana Palmer's case, she experienced coaching's multiplying impact. When Palmer received her first DID client, she tried to transfer her to a psychotherapist. The psychotherapist responded, "'I…have two clients and can handle no more than that. But you can reach out to me

any time, and we can do it together.'" Palmer added, "That was very helpful for me—the most valuable support" (A. Palmer). Palmer had never worked with an ORA client before, nor with anyone with DID. Having someone on her side to informally coach her, though, gave her the support she needed. The coaching also multiplied the help resources available to ORA victims, as Palmer (at the time of the interview) is now seeing five ORA clients.

Therefore, is vital for psychosocial professionals to have access to more supervision and coaching. In addition, I want to challenge psychosocial professionals to invest more time in each other. If they invest more time in strengthening each other, they multiply not only their own resources, but also the number of available resources for ORA victims.

PART 4: INTERDISCIPLINARY COLLABORATION

In 2016, a committee of 20 experts of varying professions was arranged by the German Federal Ministry for Family Affairs, Senior Citizens, Women, and Youth (German: *BMFSFJ*). Their purpose was to bring the topic of sexualized violence in organized and ritual structures to the forefront via research and concrete suggestions for federal action. Two years later, the expert committee presented a lengthy proposal of recommendations to German policymakers. In their proposal, they include, "Concepts must be developed and tested for interdisciplinary collaboration" (*Sexualized violence* 8). They add that local, interdisciplinary networks need to be built to provide protection and sufficient support for ORA clients and professionals:

> For all specialists, the creation of networks and task forces is…crucial since this is the only way to consolidate knowledge and clarify questions. They should not be too large, but should involve multiple professions and be located in the immediate vicinity in order to ensure a constant exchange of knowledge and provide a trustworthy expert framework in which further development and synergy effects for the individual's scope of work are possible. (15)

Professionals need a strategy for developing and strengthening their own interdisciplinary "task force," or local network of support.

In the following sections, I propose such a strategy. I introduce The Compass as a tool for psychosocial professionals to develop collaborative leadership skills to expand their *Circle* (national and local network). Then, I propose how professionals can join an ORA client in building a professional truth team, a local support for both the client and one another. I proceed by addressing challenges to interdisciplinary collaboration and conclude with solutions to these challenges.

I. International and Local

Psychosocial professionals have made great strides in improving their national network. In 2002, Silvia Eilhardt founded the first German ritual abuse *Arbeitskreis* (work group). She adopted the work group's approach from Thorsten Becker's work on satanism and ritual abuse, focusing on three levels of collaboration: therapeutic, social work, and juristic (Eilhardt 455). The goal of these work groups was to create a network in which experts from different backgrounds could dialogue, support, and work together (456).

These work groups provide German professionals the opportunity to network, as well as share and acquire knowledge, experiences, and new resources with one another. The biannual meetings include interdisciplinary presentations on ritual abuse, exchange of information, discussion of most urgent topics, and networking. Those who attend include psychologists, psychotherapists, pediatricians, doctors, midwives, child service's workers, hotline service workers, police, victim-protection lawyers, and religious studies scholars (456).

Even with a growing national network, there is still a dire need for more local support. Silvia Eilhardt, as well as other professionals, emphasize the practicality and necessity of having local contacts (434; Alber). To address this need, I introduce The Compass as a tool for professionals to initiate and develop their own local network.

II. The Compass and Collaborative Leadership

Collaboration is absolutely necessary in order to best help victims of organized ritual abuse. Helping these clients involves a variety of complex emotional, psychological, and physical challenges. To navigate through these challenges well and lead an ORA client toward healing, psychosocial professionals need to maintain a learning and collaborative posture. Stringer writes a social world is not static and mechanistic, but rather dynamic and changing (7).

A social world requires flexibility, learning from others, and drawing from each other's strengths to overcome complex challenges. For psychosocial professionals working with ORA victims, this means they must navigate challenges as a collective body and leverage their individual strengths for the benefit of the whole.

The strategy I propose for psychosocial collaboration includes using The Compass to expand one's collaborative leadership capacity. With two decades of experience facilitating collaboration in diverse teams, Petra Kuenkel explains, "The Collective Leadership Compass is a practice-oriented approach to leading complex change in multi-actor settings." She adds, "[The Compass] empowers leaders to navigate successful collaboration settings for sustainable development in an integrative, inclusive way by attending to a pattern of human competencies in interaction" (49).

These six human competencies include Future Possibilities, Engagement, Innovation, Humanity, Collective Intelligence, and Wholeness. According to Kuenkel's definition, Future Possibilities is the ability to shape the future, and includes future orientation, empowerment, and decisiveness (Kuenkel 51). Engagement is the ability to take insights and move forward in high-quality, step-by-step involvement; it includes process quality, connectivity, and collective action (52). Innovation is the creation of novelty (52). With this competency, you are adaptable, creative, and excellent in problem-solving. Humanity is the ethical know-how; it is the ability to engage in deep respect and value of every human being, and expresses itself as mindfulness, balance, and empathy (52-53). Collective Intelligence is "meaning-making" interaction, where diversity is seen as an asset to be leveraged toward a meaningful contribution. It includes aspects such as dialogic quality, diversity, and iterative learning (53). Lastly, Wholeness is the ability to engage one another in the form of networks and internal communication; it includes aspects of

context, mutual support, and contribution (53). Kuenkel writes, growing in these competencies as a team leads to greater team resilience, which is "a capacity we need in a complex, interdependent, and quickly changing world" (49).

Of the psychosocial professionals I interviewed, I noticed strengths in Innovation, Humanity, and Wholeness; they admit developing "unconventional methods" to best meet ORA clients' needs (Alber), reflective of Innovation. All focused their efforts toward best serving their client, revealing Humanity. I also readily heard of the professionals' dependency on their colleagues as well as outside professionals for mutual support (A. Palmer), which displays Wholeness.

Collective Intelligence is an additional strength of many psychosocial professionals. Since the initiation of annual and biannual work groups, professionals from diverse backgrounds are coming together to listen, engage, and learn from one another. However, in the interviews I conducted, psychosocial professionals admitted their struggle collaborating with professionals outside their field, such as doctors, police officers, and representatives from the Jobcenter (Germany's employment agency). This was due primarily to the professionals' lack of knowledge in DID or ORA (Alber, Schmidt). It also seems these professions, in addition to lawyers and judges, are underrepresented in the national work groups (Eilhardt 456), in addition to other networks (Schönheit 2019). Therefore, it would be advantageous to increase the diversity of engagement, extending to a wider range and greater representation of various professions, both on a national as well as local level.

This brings me to the competencies in which I would encourage further development: Engagement and Future Possibilities. In terms of Engagement, researcher DeYoung acknowledges a "lack of a centralized data collection system" as one of the reasons why

psychiatric clinicians recognize and diagnose so few cases of ritual abuse (396). In her interview, Alber expressed the desire for a more systematic help system, where she knows which professionals she can turn to and when (Alber). With this said, it seems it would be helpful for psychosocial professionals to look at how they can better improve and employ systematic exchange of appropriate information and resources with one another.

In terms of Future Possibilities, it seems there is an insufficient vision for collaboration. Stanley writes, "Vision empowers you to move purposefully in a predetermined direction." He adds, "Without vision, good things will hinder you from achieving the best things" (Stanley 12). I see psychosocial professionals distracted by the urgent needs of their clients, which lure their time and attention from the best that collaboration has to offer; the time for collaboration is simply lacking, Palmer admits (A. Palmer). However, if psychosocial professionals invest in collaboration, they will be better supported, more effective, and thereby, have more time; what is lacking is a strong vision for collaboration.

Vision, however, demands leadership. Stanley writes, "Vision demands change. It implies movement. But a vision requires someone to champion the cause" (18). Knowing about the round tables and national work groups that exist, I asked Alber what holds her and the professionals she knows from founding their own round table, their own local network. Her response: "Someone who builds [it]. Someone who has the strength or the resources" (Alber). Alber states, the leaders of a local network are missing—those who have the strength and capacity to take on this task. I argue, however, if professionals would channel more of their strength, resources, and time in becoming collaborative leaders, local networks would flourish.

III. Psychosocial Professionals as Collaborative Leaders

To use the Compass and expand their Circle, psychosocial professionals must see themselves as leaders. As leaders, they need to create an atmosphere of trust, where professionals feel safe and protected in the collaboration. In his TED talk "Why Good Leaders Make You Feel Safe," leadership author Simon Sinek explains that an environment of trust is essential for collaboration and the right work atmosphere multiplies your capacity (2:32-:37). When we feel a sense of belonging and safety, the natural reaction is trust and cooperation (Sinek 3:56-4:00). Even when outside forces try to hinder your productivity and even destroy the growth you are pursuing, the variable that determines growth and trust are "the conditions inside the [team]" (4:48-4:51). He argues, "[A]nd that is where leadership matters because it's the leader that sets the tone" (4:52-4:54). Therefore, if leaders succeed in cultivating and maintaining an atmosphere of trust, their team can overcome any obstacle.

Leaders cultivate trust by putting the needs of others first. Sinek argues, "We call them leaders because they take the risk before anybody else does. We call them leaders because they will choose to sacrifice, so that their people may be safe and protected, and so that their people may gain" (10:59-11:17). When psychosocial professionals exemplify humility, love, and a willingness to sacrifice and take the first step, they create a desire in others to follow.

If psychosocial professionals do not exemplify these qualities, it is an opportunity for distrust. Sinek explains, "If the conditions are wrong, we are forced to expend our own time and energy to protect ourselves from each other," and this inherently weakens the team (6:08-:17). With trust, however, we naturally "combine our talents and our strengths" to "face the dangers outside and seize the opportunities" (6:19-:28). In other words, distrust causes team members to turn on each other, investing their strength to protect themselves from one another. However, if
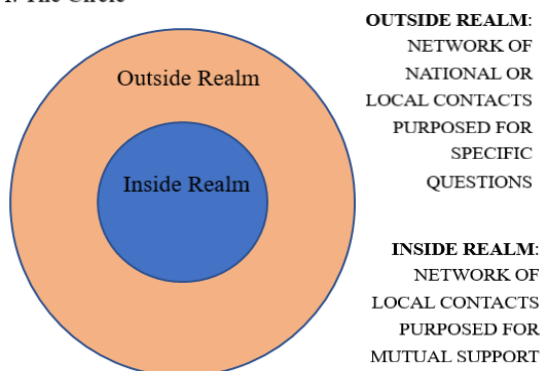
psychosocial professionals inspire trust, they invite team members to invest all their expertise, creativity, and efforts to the multiplying impact of the greater whole.

IV. The Circle

The psychosocial professional's team, outside of his or her colleagues, is what I define as The Circle. It is a network of professional and expert contacts with whom the psychosocial professional works closely to receive professional expertise and support while treating an ORA client. It is a "circle of safety," where there is a strong sense of belonging (Sinek 3:55), and is the context for psychosocial leadership.

The Circle has two realms: the Outside Realm and the Inside Realm. The Outside Realm includes interdisciplinary contacts, whether national or local, to whom psychosocial professionals turn for specific questions. The Inside Realm is comparable to the term "task force" mentioned earlier; it includes local, interdisciplinary contacts with whom psychosocial professionals have an interdependent professional relationship. In the Inside Realm, trust and collaboration are most strong, and the goal is to know, understand, and professionally accompany one another in the day-to-day.

Figure 1: The Circle

Outside Realm

Inside Realm

OUTSIDE REALM:
NETWORK OF
NATIONAL OR
LOCAL CONTACTS
PURPOSED FOR
SPECIFIC
QUESTIONS

INSIDE REALM:
NETWORK OF
LOCAL CONTACTS
PURPOSED FOR
MUTUAL SUPPORT

Of the psychosocial professionals I interviewed, the Outside Realm appears to be well developed; when asked about his past cooperation with other professionals, Lüttichau shared, "It was about very specific situations." He added that his correspondence was "one-time" contact, looking for answers to questions he had for a specific case (Lüttichau). Social worker Viktoria Ludwig also described turning to certain organizations and institutions to meet specific client needs.

The psychosocial professionals' Inside Realm also seems fairly well established in terms of cooperation with other psychosocial professionals. Ludwig explained, "With the organizations working closely with the victims, our *Austausch* [dialogue, cooperation] is very good." She added, "They are very open, very helpful, and take the time. This is a really strong *Austausch* [dialogue, cooperation] with a common goal" (Ludwig). Franziska Schönheit, Ludwig's colleague, mentioned her team's network with counselors and other psychosocial professionals as being well established, "but the network in the direction of doctors, therapists, justice, police—that is still very much underdeveloped, and there is great need" (2019). The Inner Realm is strong with some psychosocial professionals, but lacking in terms of doctors, therapists, and police.

When asked if she believes the interdisciplinary network is underdeveloped for all psychosocial professionals, or just her own team, Schönheit replied, "I would say altogether." She added that there are in fact other places she knows of in Germany where cooperation with, for example, the police is better. She also noted that in other cities, it is easier to find therapists who are knowledgeable about DID and ORA. However, she shared, "every *Beratungsstelle* [helpline] I have contacted until now said there are too few [therapists and psychologists]" (Schönheit 2019). So though psychosocial professional collaboration is strong, there is still a

need for more of these professionals trained in DID and ORA, and the need for collaboration with other professional groups remains great.

When asked what concrete steps need to be taken in order to improve interdisciplinary collaboration with the justice, police, and therapists, Schönheit replied, "[T]he first step is that they be informed. When they are not informed, the contact does not bring us very much" (2019). This emerged in all my interviews with psychosocial professionals as the greatest challenges to interdisciplinary collaboration: other professionals are uninformed about organized ritual abuse and dissociative identity disorder.

What if, however, psychosocial professionals became informing agents to other professionals? What if psychosocial professionals, who work most closely with ORA clients, became stronger advocates? What if the walls to collaborating with other professionals were seen by psychosocial professionals as opportunities to strengthen their own network and raise awareness about ORA and DID in the professional community?

I asked Marietta Schmidt, safe house social worker, what she and her team wished for in improved interdisciplinary collaboration. She answered, "With doctors, I would wish for a greater openness from some. And I would wish for—if I may mention another group—also among other public offices, like at the residents' registration office or the Jobcenter, that there would be more understanding about ritual abuse." Schmidt's answer echoed that of several professionals I interviewed. The desire to work together with professionals from other disciplines is there. However, lack of openness and understanding appears to be a wall. What if, however, Schmidt used The Compass to inform and strategically move contacts into her Circle.? What could this concretely look like and how could applying the competencies help?

Using the example of the residents' registration office, Schmidt could engage the worker in Humanity. A sample approach: Schmidt calls the residents' registration office, "We would like to register a client. She is scared and her life could be put in danger. We want to do our very best to protect her and with your help take the precautions necessary to do so. Could you help us?" Schmidt shares the client's emotion and awakens in the worker the human desire to protect and be protected. As a result, the worker may be more willing to cooperate based on this information without needing to know all the details. To this, Kuenkel writes, "When people see the story behind a tense situation or difficult-to-understand behavior, when they see the humanness in the other person, they develop a compassion that often leads to revolutionary change" (59). By engaging the office worker in Humanity, Schmidt increases the potential for collaboration; where doors are closed for collaboration, the Compass opens possibilities to invite professionals into the Circle.

Taking it one step further, what if Schmidt is looking to build a *partnership* with a representative from the residents' registration office—one representative whom she can always call regarding an ORA client? Applying Future Possibilities, Schmidt can invite the office worker to a vision: "We are building a network of local professionals to best support clients from a specific form of abuse, and we would like to partner with your office. We have faced misunderstandings in the past, which has led to frustration on both sides. To best avoid frustration, we would like to develop a partnership with one of your staff members, and have this person be our contact person for these complex, sensitive cases. Would you be willing to help us?" In this way, Schmidt goes beyond the problem (the misunderstandings) and creates a vision profitable for all—one that others can join. (This example can and should be modified to best fit

the context; I hope it at least provides an idea of how The Compass can be used to move contacts from outside to inside The Circle.)

The Compass carries the potential to transform the individual, as well as joint efforts of psychosocial professionals into a local, collaborative movement. By increasing their six competencies, psychosocial professionals are empowered to turn opposition into opportunities to expand their Circle and increase effective local collaboration. Using this tool, psychosocial professionals can maximize their time and resources to build strong local networks for their own benefit and the benefit of their ORA clients.

V. Professional Truth Teams

A professional truth team is a local network of professionals initiated and built by the ORA victim. I adopt *truth team* from Carolyn Bramhall, who uses the term to describe a support group for ORA victims in the context of the local church. For my purposes, however, the truth team is a group of interdisciplinary professionals chosen by the client and includes the client herself. The team members commit to one another to support each other with their expertise, time, and ability. Bramhall explains that in a truth team, "[E]veryone is equal, and yet everyone is seen to have gifts and roles unique to them" (*Setting Up a Truth Team* 6). This collaboration takes place in the Inside Realm of the Circle,[8] but the *client* initiates the network rather than the psychosocial professional.

A sample truth team, apart from the client, could include a therapist, doctor, social worker, and lawyer. This five-member professional truth team is aware of the client's history of ritual abuse, has a basic understanding of dissociative disorders, and possesses, in large, the

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[8] Contacts in the Inside Realm include, but are not limited to professionals in the truth team. The Inside Realm simply implies the contacts for mutual, regular support in the day-to-day challenges.

professionals' qualities mentioned in Part 3, Section IV under "Important Qualities" (willingness to learn, sensitivity, etc.).

In this team, the ORA client's voice is heard, valued, and she is seen as an equal. In his interview, Mondrian von Lüttichau argued psychosocial professionals must make sure "[t]hat the testimonies of the victims have a very high priority, and it is not just professionals talking amongst themselves, exchanging their own interpretations. This also means: [To see] the victims as experts through their experience." In a truth team, the ORA client is seen and understood as a capable member, with expertise to offer.

Having such a close, interdisciplinary team is a gift for both the professionals and the client. Safe house worker Ruth Alber noted how important it is for professionals, helping in this context, to see themselves as part of a team: "It is very important that we can let ourselves be counseled, that we handle things together. How can we move forward together? How can we support each other? Where are you working now? How can we support you in that?" (Alber) Alber added, it is important the client know that professionals understand themselves as a team and that they work together. Therefore, by working together, professionals and the client benefit and build off each other.[9]

Additionally, professionals need to understand their roles and resources within this team. Who offers what services and in what capacity? Who is available for crisis situations? Knowing who can help when and to what capacity eases the difficulty of the victim's exit out of ritual abuse (Eilhardt 454). This is particularly helpful in emergency situations. Becker and Kühn explain expert knowledge, transparency, and an emergency plan provide psychosocial

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[9] This collaboration, of course, takes place in the realm of professional discretion and client confidentiality, asking the client what information she permits to have shared.

professionals a needed stability (143). An interdisciplinary team also reduces time and energy spent searching for the needed expert and the challenges that come with establishing a new contact each time.

Being honest about one's own limitations in the context of a team also protects professionals from burnout. To this, Parker Palmer writes, "Burnout is a state of emptiness, to be sure, but it does not result from giving all I have: it merely reveals the nothingness from which I was trying to give in the first place" (46). Out of compassion, it can be easy for some professionals to give too much of themselves—to give what they do not have to give—to try and meet the needs of ORA victims. They can go so far as to put their personal lives and relationships at risk (Lüttichau). Reliance on a team, therefore, can 1) lead the professional to truly confront and accept his or her limitations in this supportive setting, while also 2) comfort, knowing that no one is alone and there are other professionals who will help.

The professional truth team is also a place for deeper reflection and innovative solutions to current problems. In their book on innovation and creativity, Tom and David Kelley explain that by asking "why," we better understand each other's motivations and are able to frame treatment in that context. They write, "Think about how you approach clients or customers. Do you ask deep, probing questions, or are you hearing what you expect? Are you making a connection or just making contact?" (Kelley and Kelley 81). Truth team meetings should be a space for meaningful contact and a place to step back, explore, grow, and find creative solutions to help meet the client's needs.

VI. Hindrances

One serious hindrance to collaboration is the fear of the abusers. Because the abusers are either in or connected with people in high societal positions, professionals are careful what they

communicate and to whom. This makes it difficult finding individuals with whom professionals can partner (Alber). Psychosocial professionals must ask the right questions and not share sensitive or concealing information too soon, such as specifics about the client's background. Building a truth team and establishing a strong Circle helps ward against the danger of a false contact; professionals have an intimate network of local, trusted contacts to whom they can turn in any circumstance, and thereby, do not have to readily reach out to new people.

Conflict can also be a hindrance to collaboration. Tension, anxiety, misunderstanding, and stress are either divisive or constructive, depending on how they are handled. Psychosocial professionals could avoid, suppress, manage, or try to get rid of conflict. However, doing so would hinder positive change. In his book, *The Little Book of Conflict Transformation*, John Lederach explains conflict is "a normal and continuous dynamic within human relationships" (15). By normalizing conflict and seeing it as an opportunity for growth, deeper understanding, and positive change, psychosocial professionals strengthen collaboration.

Additionally, lack of money (for example, to attend further education training), as well as lack of time and public lack of knowledge about ORA and DID were mentioned in the interviews as three hindrances to collaboration. I have already mentioned time in my emphasis on collaborative leadership. The remaining two hindrances, raising broader public awareness and increasing funds, I address in Part 5 "German Federal Support."

PART 5: GERMAN FEDERAL SUPPORT

Psychosocial professionals and the organized ritual abuse victims they serve need more federal support. This support looks like 1) changes in the curriculum of psychosocial professionals to include sufficient training in ORA and dissociative disorders, 2) more funding for help organizations, 3) more funding for public awareness campaigns, in addition to 4) stricter regulations for access to pornography and free pornographic material.

I. Changes in Federal Education Requirements for Psychosocial Professionals

Becker and Kühn admit, the professional knowledge in basic university and practical training is "insufficient" (142). Similarly, Brand and Loewenstein contend that "most clinicians have not been trained to assess dissociation" (65). From their own experience, Lüttichau and Schönheit shared their educational training prepared them either very little or not at all for helping ORA victims (Lüttichau and Schönheit 2019). In addition, Alber expressed a present need in "the integration of the topic in the learning curriculum of therapists and social education workers"; that it become more "present in the training of [these professionals]" (Alber).

With this said, there is an apparent lack of organized ritual abuse and dissociative identity disorder in the educational requirements for psychosocial professionals. This means, educators must integrate sufficient information and treatment methods for DID and ORA and standardize this content in psychosocial curriculum. As well, the government must initiate, facilitate, and monitor these efforts, as well as set federal standards for psychosocial knowledge on DID and ORA, as deemed necessary by ORA psychosocial experts. Because clients rarely volunteer their dissociative symptoms (Brand and Loewenstein 65), the initiative and application of appropriate treatment must come from the professional. For this to happen, psychosocial professionals need in-depth knowledge about intervention (*Sexualized violence* 11), and this via more training.

II. Funding for ORA Victim Help Services

In order to best help ORA victims, help services need more support, namely financial support. Help services include schools, child protection services, organizations, counseling centers, and private practitioners offering support to ORA victims; they are often limited in what they can provide ORA victims due to lack of funding. Psychosocial professionals, for example, acknowledge lack of money as one of the greatest challenges for receiving further training (A. Palmer). The *BMFSFJ* expert committee argues the reason the support for victims is insufficient is because the thresholds for systems of care to access financing options are too high (*Sexualized violence* 9). Therefore, the federal must explore how they can practically lower these financial thresholds for ORA help services, as they are the ones working on the frontlines with these victims.

There is also a dire need for more professional services tailored to the specific needs of ORA victims leaving the abuse. Schröder et al. suggest, "Services like information websites and exit programs should be developed by experts in the field in order to contribute to generating appropriate treatment services for this group of clients" (Schröder et al. 13). For professionals to be able to develop these tools and services, they need more federal funding.

III. Federal Initiative in Awareness and Regulations

Professionals and victims would greatly benefit from increased public awareness and greater societal acceptance of organized ritual abuse as a real occurrence. In my interview with safe house director Alber, she expressed her desire for an interdependent, local network of professionals. When asked what is needed to start such a network, she replied, "An openness in society for the topic." Similarly, survivor of ORA, Elisabeth Weiß, shared, "What would actually help me…and for what I also fight for others, is that [organized ritual abuse] would be publicly

recognized [as a] topic [that] exists" (2019). She explained, "You already hide yourself because you are ashamed to talk about the horrible things…most [survivors] that I know don't gladly do this." She stated clearly, "[I]t would be easier to cope when there would be more public awareness" (Weiß 2019). The more people know about organized ritual abuse, the more a groundwork is laid, making it easier for victims to find and receive help.

An increased public awareness is needed considering the rise in cases of child sexual abuse in Germany. According to the Tagesschau, the *Landeskriminalamt*, or state investigation, reports 12,321 cases of child sexual abuse in 2018, an increase of 6.7% from the previous year. For cases of distribution, trade, possession, and production of child pornography scripts, the numbers increased a significant 14.4% from the previous year, at 7,449 cases (Heussen).

The rise in cases, especially of larger trafficking rings, is greatly taxing of federal time and resources. For the recent Lügde case, 80 officers were working round the clock; in the Bergisch Gladbach case, this number was a daunting 300 officers (Küpper). Ursula Enders, founder of Zartbitter, a German contact- and info-center against child sexual abuse, shared with Deutschlandfunk that not only have the police struggled with being behind with these cases, but now, child protective and other youth services are also struggling to keep up (Küpper).

If the government reduces the numbers of those being victimized via increase prevention, it also drastically reduces the damage and impact of the abusers. Brand and Loewenstein explain, "[D]issociative disorders exact a high social, psychological, and occupational cost to patients, as well as a high economic cost to our society" (68). The years, finances, as well as emotional, physical, and psychological capacities expended to help victims can be remarkably reduced if there were an increased investment of federal resources in prevention.

Sadly, these aforementioned larger cases of sexual abuse could have been avoided. In the Lügde case, the police were given leads about the abuse at the very start—twenty years ago. Not only the police, but also child protective services have over the years also allegedly handled suspicions incorrectly or ignored them altogether (Frigelj). This turned into the exploitation of innocence and violation of 32 children and youth. How can this happen?

According to Schönheit, there is a grave lack of training among professionals. The police officers she has asked reported having no training in DID or ORA. In addition, the psychologists she knows shared that DID was mentioned only briefly in their studies, and in her own and others' studies as a social worker neither ORA nor DID were discussed (Schönheit 2019). Even judges must understand these current societal phenomena and receive the necessary training to judge justly (Schönheit 2019, Ludwig). If professionals—like the police, social workers, and others—know what to look for, we could reduce the number of cases of organized ritual abuse.

The world is becoming more globalized, which can lead to greater exploitation of the most vulnerable if the government does not properly regulate. Myers explains that "the absence of the globalization of law enforcement and border controls creates plenty of space for all manner of transnational organized crime to flourish" (*Engaging Globalization* 43). Without proper federal regulation, the transnational exploitation of individuals will only increase.

Federal regulations can not only hinder the spread of criminal activity, but also prevent the global market from driving exploitation. Lechner and Boli write, "If the market is the driving force in globalization…it is bound to exacerbate inequality" (4). Online pornography is recognized by some as the "most successful e-commerce product" (Myers*, Engaging Globalization* 42). As a market-driven product, it must be more strictly regulated by German federal government with much tighter restrictions for access.

In terms of prevention and raising awareness, the *BMFSFJ* expert committee admits there needs to be "sensitization and education of the general public" with the goal of "eliminating the taboos that have grown around this subject" (15). The government responded to the committee's suggestion, financially supporting *Die Kinderschutz-Zentren* (The Child Support Center) and *ECPAT* in the recent making of an interdisciplinary ORA awareness video ("5. 'Europäischer Tag'"; "Erklärvideo Sexualisierte Gewalt"). The video was released on November 17, 2019 and is an admirable, remarkable step forward. I would strongly urge the German government to fund more projects like this—ones that raise awareness of the reality of organized ritual abuse and life with dissociative identity disorder, normalizing the discussion of these topics in public.

In addition, I recommend the government initiate ORA awareness campaigns in public places, such as schools and public transportation. I also recommend they promote and financially support the advertisement of hotlines, such as *BERTA* (*Beratung und telefonische Anlaufstelle*), who counsel ORA victims. Advertisements could include a list of DID symptoms, such as suicidal impulses or longer lapses in memory, as well as contact information for support to those who identify with the symptoms (comparable to the advertisements seen for suicide prevention hotlines). These campaigns would raise public knowledge about ORA and help victims gain access to resources they did not know existed.

Conclusion

In conclusion, because of mind control and abuser-induced programming, organized ritual abuse victims struggle to leave the abuse. For victims to be well-equipped to exit the abuse, psychosocial professionals must receive as part of their general training requirements specialized training in ORA and DID. Psychosocial professionals working with ORA victims must also treat using unconventional recovery methods and apply collaborative leadership skills to initiate,

develop, and lead their own local, interdisciplinary networks. By doing so, psychosocial professionals build a better support system for each other, for the victims, increase their own and the clients' resiliency and success rate for leaving ORA, as well as raise awareness among professionals. Additionally, the German federal government must increase funding for both public and private organizations and practitioners working with ORA victims, and invest in awareness campaigns. They also must enforce stricter regulations on access to pornography and free pornographic material to prevent increased exploitation of individuals. By improving professional and federal support in these ways, organized ritual abuse clients are provided necessary means to find freedom beyond abuse.

Appendix A

Motivations Behind Criticism

Both organized ritual abuse and dissociative identity disorder are highly debated issues. In his interview, social education worker Mondrian von Lüttichau shared that even psychosocial professionals—therapists, social workers, etc.—are found among the critics. Researchers of DID and ORA have been criticized for their methodological approaches as far back as to the 1990s (Schröder et al. 2), while some skeptics deny the existence of ritual abuse and excuse it as false memory phenomenon (Salter, qtd. in Schröder et al. 2).

The rejection of the existence of ORA and DID comes from at least six sources. The first is namely fear. People are afraid of the absolute darkness that lurks even in their own backyard. Mondrian von Lüttichau shared, "You don't want to believe that here in Europe and Germany, in a civilized country, that something like this happens." It is easier to deny that such monstrosities exist than to actually face and overcome this fear.

The second source, related to the first, is the avoidance of responsibility. If organized ritual abuse exists, even in your own school or neighborhood, this means you have to do something about it. It is much easier, however, to deny the existence, so as to avoid taking on responsibility or feelings of guilt. This self-deception leads not only to inaction, but also a self-justification (exaltation of self) and a minimalization or degradation of the one presenting evidence otherwise.[10]

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[10] For more on the effects and ways of overcoming self-deception, I would recommend reading *Leadership and Self-Deception: Stepping Outside of the Box* by The Arbinger Institute.

The third source is ignorance. Two years ago, I was also ignorant of organized ritual abuse and was shocked when I first heard of its existence. Simply having little information on the subject can lead to rejection of its validity.

The fourth source is shame. I write with the assumption that some readers have contributed to child and/or sexual abuse in one way or another. Lüttichau shared that "there are many, many men—definitely men, I don't know about women, but definitely men—who carry something like this in their hearts, but never live it out because, of course, no one wants to know about it." His reference to "this" was fantasies of sex with children or violent sex. As well, he has heard statements from prostitutes in Germany that many of their customers have such "needs" or fantasies, but they try to "deny it" because the subject is a "taboo" (Lüttichau).

Many individuals feel shame when it comes to sexual fantasies seen as wrong, perverted, or dirty. For anyone who can identify, I would ask you to find trusted professionals and loved ones in whom you can confide. Stepping out takes great courage, but this will also lead to your ultimate freedom.[11] Seek help to find the root of these fantasies, rather than coping with them in means that harm predominantly women and children in indirect, but nonetheless horrifying ways.

The fifth source is self-protection. For many, the gruesome reality of human beings systematically abusing, torturing, and killing other individuals for self-gain devastates the soul. Therefore, out of shock or self-protection, a person chooses to reject the reality.

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[11] If you are overwhelmed with shame, I would also encourage you to read Brené Brown's book *Daring Greatly*, particularly Chapter 3: "Understanding and Combatting Shame." It can be a great help to know you are not alone and that there are healthy ways of working through shame. (The German title of this book is *Verletzlichkeit macht stark*.)

The final source is self-defense. The literature and the interviews I conducted confirm that ORA abusers come from all backgrounds, including high societal and governmental positions. To cover up the evil or to protect their high ranking in the abuser group, abusers may not only deny ORA's existence, but try to use their influence to convince many others it simply does not exist (Weiß 2020).

If you find yourself in one of these categories, or otherwise a skeptic, I would encourage you to consider what I have presented in this paper and do further research. I would also encourage you to search for stories of hope on the subject, especially if self-protection is your source. Either way, confront whatever source keeps you from believing the evidence. Otherwise, you fuel a dark reality with your inaction and disbelief (Cozolino 132). I also hope the interviews, stories, and research I mention convince you as a reader of the existence of organized ritual abuse, help you better understand dissociative identity disorder, as well as inspire you to take positive action in your profession or other sphere of influence.

Appendix B

Interview Questions: Professional (German, original)

Interview: Teil 1

1. Wie kommen die Betroffenen aus organisierter und ritueller Gewalt mit Ihnen in Kontakt?
    i. Welche Hindernisse gibt es, Sie zu finden?
    ii. Was wären mögliche Lösungen?
2. Wie erleichtern Sie den Weg zum Ausstieg für sie?
3. Wie unterstützen Sie sie an den Kult-Feiertagen?
4. Welche Hilfsangebote scheinen den Betroffenen beim Ausstieg zu helfen? Wie wird ihnen geholfen?
5. In Bezug auf das Thema rituelle Gewalt: Mit welchen Berufsgruppen arbeiten Sie am engsten zusammen? Wie sieht die Zusammenarbeit jeweils aus?
    i. Was gelingt in der Zusammenarbeit?
    ii. Was bräuchten Sie, um die Zusammenarbeit zu verbessern? (Wünsche und Nöte)
6. Wo sehen Sie Mangel an Hilfsangeboten für Betroffene aus ritueller Gewalt? Was sind mögliche Lösungen für den Mangel?

Interview: Teil 2

7. (Followup-Fragen vom Teil 1)
8. Bitte beschreiben Sie einen Moment, in dem die Zusammenarbeit mit einer Hilfsorganisation – in Bezug auf das Thema – gescheitert ist. Was ist passiert?
    i. Wie wären Sie mit dem heutigen Wissen anders vorgegangen?
9. In welchem Bereich würden Sie die Zusammenarbeit mit Institutionen verbessern? Warum?
    i. Wie könnten Schritte zur Verbesserung der Zusammenarbeit in diesem Bereich aussehen?
10. Haben Sie Gelegenheiten sich mit anderen Berufsgruppen auszutauschen? Miteinander gemeinsame Lösungen zu finden?
    i. Wenn ja, in welchem Zusammenhang?
    ii. Wenn nein, was sind die Hindernisse für den Austausch?
    iii. Was wäre für Sie bei dem Austausch wichtig?
11. Was an der Arbeit mit Betroffenen aus ritueller Gewalt ist für Ihren Kontext besonders herausfordernd?
    i. Wie gehen Sie mit den Herausforderungen um?
    ii. Wie hilft Ihnen Ihr Netzwerk?
    iii. Wo bräuchten Sie noch Unterstützung in Ihrem Netwerk, um den Betroffenen besser helfen zu können?

12. Wie ist die Zusammenarbeit in Ihrem eigenen Team?

    i.   Was bräuchten Sie als Team für Unterstützung, um den Betroffenen besser helfen zu können?

13. Fühlen Sie sich gut ausgestattet (ausreichende Fachkenntnisse, ausreichende Erfahrung), um die Betroffenen beim Ausstieg begleiten zu können? Warum oder warum nicht?

    i.   Was bräuchten Sie noch oder hätten Sie noch gern an Kenntnisse, Erfahrung, usw.?

14. Was sind Ihre Stärken als Organisation im Umgang mit dem Thema?

    i.   Wo können andere Organisationen Sie gut ergänzen?

    ii.   Wo können andere Institutionen Sie gut ergänzen?

15. Was würden Sie gern noch im Rahmen dieses Forschungsprojekts sagen?

Interview Questions: Professional (English, translated)

Interview: Part 1

1. How do victims of ritual abuse of organized and ritual abuse come in contact with you?
    i. What obstacles are there to finding you?
    ii. What are possible solutions?
2. How do you ease the exit process (out of abuse) for them?
3. How do you support them on the cult holidays?
4. What help services appear to help the victims in the exit process? How are they helped?
5. In relation to the topic ritual abuse: With which professional groups do you work with most closely? What does this collaboration look like, respectively?
    i. What works well in the collaboration?
    ii. What do you need to improve the collaboration? (wishes, needs)
6. Where do you see a lack in help services for victims of ritual abuse? What are possible solutions for this lack?

Interview: Part 2

7. (Follow-up questions from Part 1)
8. Please describe a moment in which the collaboration with a help organization—in regard to the topic—failed. What happened?
    i. How would you have handled it differently considering what you know now?
9. In which area would you improve the collaboration with institutions? Why?
    i. What could steps toward improvement in this area look like?
10. Do you have opportunities to dialogue with other professional groups? To find solutions together?
    i. If yes, in what context?
    ii. If not, what are the hindrances for dialogue?
    iii. What would be important for you in this dialogue?
11. What is particularly challenging in the work with victims of ritual abuse?
    i. How you handle these challenges?
    ii. How does your network help you?
    iii. Where would you still need support in your network in order to be able to better help victims?
12. How is the collaboration in your own team?
    i. What would you need as a team for support in order to be able to better help victims?
13. Do you feel well-equipped (sufficient expert knowledge, sufficient experience) to be able to accompany victims in the exit out of abuse? Why or why not?
    i. What would you need or like to have in knowledge, experience, etc.?

14. What are your strengths as an organization in association with this topic?
     i.   Where can other organizations complement you well?
    ii.   Where can institutions complement you well?
15. What else would you like to say in the framework of this research project?

Appendix C

Interview Questions: Victim/Survivor (German, original)

Interview: Teil 1

1. Was war für Sie der erste Anstoß, ein Leben frei von Gewalt zu suchen?
    i. Gab es noch weitere Anstöße?
    ii. Was treibt Sie an, weiterhin zu kämpfen, ein Leben frei von Gewalt zu führen und/oder gewinnen?
    iii. Welche Umstände machen es Ihnen schwer, zu einem Leben frei von Gewalt zu finden?
2. Was brauchen Sie beim Ausstieg am meisten? Bitte beschreiben Sie Ihre Hauptbedürfnisse diesbezüglich.
    i. Wie können Organisationen und Institutionen helfen, diese Bedürfnisse zu stillen?
3. Was war das erste Hilfsangebot, was Sie gefunden haben?
    i. Wie haben Sie es gefunden?
    ii. Wie wurde Ihnen geholfen?
4. Welches Hilfsangebot hilft Ihnen am meisten? Am wenigsten?
    i. Bei welchem Hilfsangebot möchten Sie mehr Unterstützung?
5. Wo haben Sie Hilfe gesucht, und Sie waren enttäuscht? Gedemütigt? Oder sonst verletzt?
6. Wo haben Sie Hilfe gesucht, und Sie waren entlastet? Ermutigt? Oder sonst aufgebaut?
7. Beschreiben Sie eine Erfahrung, in der Ihnen am besten geholfen wurde.
    i. Was war Ihre schlechteste Erfahrung?
8. Bitte beschreiben Sie Ihre Erfahrungen mit Hilfsorganisationen.
    i. Was brauchen Sie für Unterstützung von Hilfsorganisationen?
    ii. Ihrer Meinung nach, wie viele hatten ausreichend Kenntnis zum Thema organisierte und rituelle Gewalt? Zu DIS?
        i. Ausreichende Erfahrung?

Interview: Teil 2

9. (Followup-Fragen vom Teil 1)
10. Wie haben Sie den Ausstieg geschafft?
    i. Was hat Ihnen dabei am meisten geholfen?
    ii. Wenn nicht geschafft, wo stehen Sie gerad in dem Prozess? Was hilft Ihnen in dem Prozess?
11. Kennen Sie Leute, die den Ausstieg geschafft haben? Wenn ja, wie sah der Prozess für sie aus?
    i. Wie oft tauschen Sie mit ihr/ihm/ihnen aus? In welchem Zusammenhang findet der Austausch statt?
12. Wie haben andere (Freunde, Familie, Glaube) Ihnen geholfen?

      i.   Was hilft Ihnen sonst? (Hobbys, Beruf, Tiere, Natur, Kunst, Schreiben)

13. Was hätten Sie gern als Kind für Hilfe gehabt?

14. Haben Sie Kinder? Was brauchen Sie, um sich gut um Ihre Kinder zu kümmern?

15. Was wünschen Sie sich für staatliche Unterstützung?

16. Wie werden Sie bei den Kult-Feiertagen von außen unterstützt?

17. Was wünschen Sie sich noch für Unterstützung?

18. Was würden Sie gern noch im Rahmen dieses Forschungsprojekts sagen?

Interview Questions: Victim/Survivor (English, translated)

Interview: Part 1

1. What was the first motivation for you to search for a life free from violence?
    i. Were there any further motivators?
    ii. What drives you to keep fighting to lead or win a life free from violence?
    iii. What circumstances make it difficult for you to find a life free from violence?
2. What do you need most for the exit out of abuse? Please describe your main needs in this regard.
    i. How can organizations and institutions help to meet these needs?
3. What was the first help service that you found?
    i. How did you find it?
    ii. How were you helped?
4. Which help service helps you the most? The least?
    i. With which service would you like more support?
5. Where have you searched for help and were disappointed? Humiliated? Or otherwise hurt?
6. Where have you searched for help and were alleviated? Encouraged? Or otherwise built up?
7. Describe an experience in which you were best helped.
    i. What was your worst experience?
8. Please describe your experience with help organizations.
    i. What do you need for support from help organizations?
    ii. In your opinion, how many had sufficient knowledge on the topic organized and ritual abuse? DID?
        i. Sufficient experience?

Interview: Part 2

9. (Follow-up questions from Part 1)
10. How did you succeed in leaving the abuse?
    i. What helped you the most?
    ii. If not yet there, where are you in the process? What helps you in the process?
11. Do you know people who have made it out of the abuse? If yes, what did the process look like for them?
    i. How often do you dialogue with them? What is the context for this dialogue?
12. How have others (friends, family, faith) helped you?
    i. What helps you otherwise? (hobbies, career, animals, nature, art, writing)
13. What would you have liked for help as a child?
14. Do you have children? What do you need to take care of your children well?

15. What do you wish for in governmental support?
16. How are you being supported during the cult holidays?
17. What do you still wish for in support?
18. What else would you like to say in the framework of this research project?

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