

Symptoms Transgenerational Organized Violence for Children

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Preface:

Below you will find an overview of symptoms that children might have because of a dissociative identity disorder (DID) or Transgenerational Organized Violence.

The overview, consisting of a list of dissociative phenomena and a list of symptoms of ritualized violence, is not intended to function as a checklist during a conversation with a minor.

During the subsequent evaluation, the information can help to organize the conversation and to recognize possible coherence.

The lists partially overlap. This is logical because DID may stem from ritualized abuse but can also find its origin in a different trauma.

I. Dissociative phenomena in childhood and adolescence

Herry Vos, child- and youth psychiatrist (retired)

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

Examples are:

- being so focused that you are no longer aware of what is happening in your environment
- when reading you realize at the end of a sentence that you no longer remember the beginning, because in the meantime your attention shifted to something else
- driving on the highway and realizing you do not know how you got to the location you are now.

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

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

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

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

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

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

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

A single phenomenon never indicates dissociation. Take your time, do not rely on a single observation. Observe the child's behavior in different situations and on different days.

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

- Responding age-appropriate at one point and as a much younger child the next. In all aspects, so speech, behavior, potty training etc. Can also be expressed in that the child is sometimes very affectionate and seeks physical contact and at other times is very dismissive or afraid of physical contact.
- Regularly occurring major changes in behavior; from very calm to remarkably busy, or from friendly to angry or aggressive. Often, but not always in combination with any of the following:
- For no apparent cause (so even if the situation is not threatening or unsafe at all) suddenly very

anxious or truly angry or sad.

- Suicidality or frequent talk about dying or killing.
- The child talks about itself in terms of "we", or gives itself several names, or sometimes does not respond at all to its own name.
- The child speaks with different voices, is sometimes left and then right-handed, writes with different handwritings or slants, or sometimes sloppy and then neatly, or suddenly uses mirror writing.
- Giving peculiar answers to questions, for example a late answer to a previously asked question or to something completely different.
- Varying preferences, such as what their favorite food is or their favorite clothes.
- Changing skills; varying from very skilled in a sport to very clumsy in that same sport; particularly good at arithmetic and then not at all. Similarly, a child sometimes has a correct solution for a problem and later has none for the same problem, and therefore has no memory of the earlier solution.
- Being out of touch with reality; spacing out as if the child were somewhere else entirely. For this episode there is often amnesia, the kid is not able to remember it. Similarly, it seems as if the child is staring into infinity. In such a state, there is usually no reaction to the environment. It can also seem as if the child has no feelings at all. Such a state can suddenly change, making it seem as if the child has suddenly woken up, while not sleeping. Then it does not know what happened before, that you asked something, or it is missing other information around events.
- The child is often accused of lying, because of the above-mentioned changes and due to not knowing what they said or did at the time. The child can overreact to those accusations.
- Being able to change facial expression without observable cause; this may and may not be related to rapid changes in behavior.
- Getting along with someone well one moment and badly the next, for no apparent cause.
- Forgetting things, such as not knowing how he/she got somewhere, or where he/she left from, forgetting homework, appointments, etc.
- Forgetting important things, such as a birthday or the day of a school trip. Inexplicable memory problems become apparent.
- Hearing voices inside their head (not external voices). Sometimes they refer to this as something or someone, who is inside saying things to them.
- Age-inappropriate sexual behavior and a strong focus on sexuality; promiscuity, especially in adolescence.
- Feeling no pain, sometimes in combination with self-harm.
- Unexplained or unexplainable injuries.
- Can suddenly fall asleep.
- Nightmares.
- Various physical complaints that, upon examination, do not appear to have a physical cause.

II. Symptoms of children who have undergone ritualized violence.

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

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

1. Problems related to sexual behavior and belief:

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

2. Problems associated with toilet and bathroom:

- a. The child avoids the bathroom, appears fearful of bathrooms, becomes agitated when entering a bathroom.
- b. The child avoids or fears using the toilet; it has "accidents" because it delays going to the toilet, it develops chronic constipation.
- c. The child is anxious in toilet training and opposed to being trained.
- d. The child avoids wiping itself clean because it is "too dirty"; the child's underwear is soiled because the child does not wipe or because of a relaxed sphincter muscle.
- e. The child avoids bathtubs; is afraid to bathe; refuses to be washed in genital areas.
- f. The child is preoccupied with beauty and bathing; it changes underwear excessively.

- g. The child is preoccupied with urine and feces; it discusses it compulsively or during meals; the child is agitated when it is discussed. The child uses words for stool that are not used in the family, especially "baby" words. The child compulsively talks about or imitates breaking wind.
- h. The child shows unusual behavior in the toilet, defecates in inappropriate places, handles urine or feces, soils the area or a relative with feces, tastes or eats it.
- i. The child draws naked pictures of himself or of family members urinating or defecating.
- j. The child talks about swallowing urine or feces, being smeared on his/her body or in the mouth, being urinated or defecated on or some of this happening to another person.

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

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

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

- a. The child is afraid of toilets or of being locked in the toilet; says that she/he was locked in a toilet.
- b. The child is afraid of other confined spaces, eg elevators and becomes agitated when forced to enter.
- c. The child locks up pets or other children in toilets or tries to lock them in or up.
- d. The child says it is afraid of being tied up; that she/he or someone else was tied up.
- e. The child reports that they are afraid of being tied up (usually by one leg) and hung upside down; that he/she was hung upside down.
- f. Twine stretch marks can be detected on the child's body.
- g. The child tries to tie up other children, pets, parents, etc.

5. Problems associated with death:

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

6. Problems associated with a doctor's office:

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

7. Problems associated with certain colors:

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

8. Problems related to eating:

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

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

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

10. Problems related to family relationships:

- a. The child is afraid that the parents will die, be murdered, leave him/her.
- b. The child is afraid that it will be kidnapped and forced to live with someone else.
- c. The child is afraid of leaving the parents, it cannot be alone at all, it clings to them.
- d. The child is afraid that the parents no longer love her/him, are angry and want to punish or kill him/her.
- e. The child seems to keep a distance from the parents, avoids physical contact.

- f. The child is shielding what the parents say, is unable to absorb the information they are giving.
- g. The child becomes excessively angry or excited when told what to do or when the parents say "no"; the child says "I hate you" or "I want to kill you"; it threatens them with physical harm, it attacks them physically.
- h. The child talks about "my other mom", "my other dad," or "my other family" (in the cult).
- i. The child says they are afraid that a family member or pet will be abducted, murdered, or molested.
- j. The child physically attacks the parents or a family member or a pet, starts sexual contact with it, locks up, smears stools, threatens them.
- k. The child says someone said the parents would die, be murdered, leave the child, or try to harm the child. The child says that someone said it would be kidnapped.

11. Problems with play and peers:

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

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

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

- j. The child believes or fears that there is something strange in her body or stomach, for example Satan's heart, a demon or a monster, a bomb, etc.
- k. The child talks about locking up, hurting, killing, maiming, and eating animals, babies and people.
- l. The child constantly experiences illness, fatigue, allergies, and physical complaints, for example stomach pain or pain in the legs.
- m. Markings and/or branding are visible on the child, as well as unusual bruises, sometimes in patterns.