In a complex trauma case somatoform dissociations, dyslexia and a ‘Twice Exceptional’ pattern of very high intelligence coupled with extreme weakness in auditory processing combined into a puzzling presentation. Comparison of disclosures and excerpts of medical records offer rare insights how Satanist Ritual Abuse (SRA) and associated extreme offending seemingly exist in the midst of contemporary society, the nature of trauma memories and how dissociative symptoms are ‘missed’.

Background

A self-identified victim of incestuous abuse, who disclosed delivering a baby at 14 that ‘disappeared’, was accused by authority representatives to be ‘delusional’ about this index incident and also about a 6 months stalking campaign (by someone resembling her father) that culminated in a sexual assault on her son. The toddler was ‘taken into care’ and the mother threatened with ‘sectioning’ and permanent loss of custody. Various documents were obtained from the mother. Following a ‘Forced Adoption’ court ruling medical records were retrieved to prepare an appeal. IQ results at age 7, 20 and 23 were uncovered that had been ‘concealed’ from the proceedings. Kurz & Coombes (2014) presented evidence of information processing issues across all three historical assessments. A contemporary IQ assessment found very high verbal skills coupled with a pronounced weakness in auditory memory processing which corresponded with her reported auditory and visual somatoform dissociations.

Figure 1: Suicide Attempt at 16

I was ___________ and her parents at Kingston Hospital on the 11th January and 12th January 2000 following a deliberate self harm. ___________ had been admitted on the 9th January but had not received a deliberate self harm interview on the Monday because a member of staff was off sick. I saw her on Tuesday. It was reported by staff that there had been high intent of suicidal behaviour. She had taken 36 Paracetamol and left a note in her jewellery box. She was reported to be not talking about what had happened, that she is depressed since September due to difficulties with A. Levels and had been worse since Christmas. She was now physically well following antitode to return home.

I said ___________ said that there has been a difficult and confusing time for her. There are a number of issues around her sexuality. She believes that she is b-sexual. Some of the origins of this belief date back to an incident of sexual contact between herself, when she was eight years of age, with another girl while at Boarding School in Ireland. She appears to have retained some ideas of guilt and concern about this.

Extreme Abuse Examples

At age 24 she started to remember how she was abused as a toddler by a downstairs neighbour. She also relayed how a suicide attempt at 16 was preceded by incestuous abuse and an incident (alluded to in Figure 1) which was similar to the ‘Satanist Cult Show’ described in Epstein et al. (2011): ‘These were special shows and I remember one of many shows that I was involved with…I had been primed – I was probably eight at the time – to have sex with a boy who was around the same age as me, who was absolutely petrified.’ (p. 145). Around the time of the alleged delivery of a baby girl that succeeded from incestuous rape there was a period without GP visits (see Figure 2). The parents had applied for ‘home schooling’ and removed all calendars. Within a few days of the unregistered homebirth the baby reportedly ‘disappeared’ (see extreme abuse literature e.g. Miller, 2012).

GP Notes & Complex Trauma Symptoms

A seemingly orchestrated series of four life threatening persecutions prompted a dissociative breakthrough with 4 days of complete biographical memory amnesia at 20. She requested medication but quickly stopped taking it (Quetiapine) as ‘medication did not help her with the voices’.

• ‘Seen in GP’s surgery taken ecstasy with medication, advised not to. Raped last week. Will go for SDT screening. New rapist. Behind in course work.’
• ‘He was very abusive to her and abused her. Following this experience she started cutting her upper arm and was doing so every evening for a period of time. She initially felt suicidal but felt that the tension she released by cutting herself was more helpful.’
• ‘She hears voices present in the room when there is nobody, but cannot describe these and they do not appear to be auditory hallucinations.’
• ‘She complained of panic attacks, and has had three attacks over a 2 year period.’
• ‘There were no abnormal perceptions. She described supernatural experiences such as shadows in the room at all times, day and night, but these did not seem to be psychotic.’
• ‘As far as I can ascertain from my assessment today, she does not have a major psychiatric disorder and her concerns and worries would be best dealt with the Primary Care psychologist.’
• ‘Recently assessed dyslexic by learning support team?’
• ‘Memory still poor.’; ‘Still some panic attacks.’; ‘Becoming anxious that her memory may not return – feels she is vulnerable as she can find herself locked out of her flat, not knowing who she is.’

Consultant Psychiatrist Notes & Dissociation

References

Dr Rainer Hermann Kurz
C.Psychologist
London
ichinendaimoku@gmail.com