

COMPLEX TRAUMA, SOMATOFORM DISSOCIATIONS & (RE-)VICTIMISATION: A UK FAMILY COURT CASE STUDY

Summary

This single case study outlines the inter-generational abuse background to a series of arson, murder and rape offences that paved the way for a sustained stalking, defamation and harassment campaign that seemingly culminated in a broad daylight toddler rape designed to trigger 'Forced Adoption' proceedings. Four Court Appointed Experts claimed the mother was delusional whereas five privately commissioned specialists found no reason to disbelieve the account.

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

Background & Aims

This single case study outlines the inter-generational abuse background to a series of offences including arson, murder and rape. Psychiatrists and psychologists acting as court appointed experts ignored dissociative symptoms and interpreted psychometric tools incorrectly (Kurz, 2017). The poster highlights problematic issues related to the Family Court process where a compromise allegation and a witness reference to the work of Miller (2012) and Badouk Epstein (2011) on extreme offending in Satanist Ritual Abuse (SRA) cults were ignored.

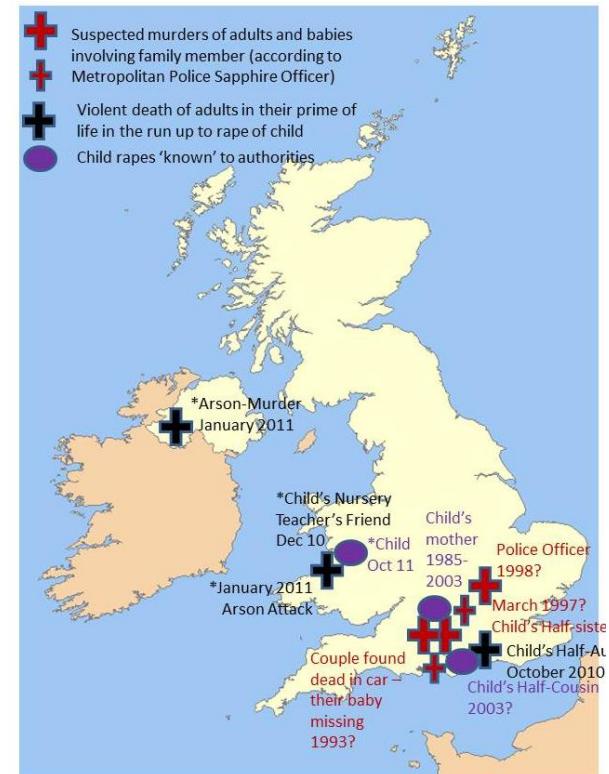
Method

A mother of a toddler reached out for help when her son was sexually assaulted by a family member in shocking circumstances seemingly designed to trigger removal of custody and destruction of the reputation of the mother through compromised UK Family Court processes. Conversations, privately commissioned trauma therapy sessions and location visits uncovered supportive forensic evidence (see URLs including ruling with added conference poster & presentation resources).

Results

Chilling details emerged that suggest operation of a British Isles abuse cult operating in Kingston-upon-Thames, South Wales and across the Irish Sea. 12 months before the assault a police officer, contrary to procedure, instructed the mother to wait several weeks before reporting the sexual assault. Three adults were found dead within 6 months of these improper instructions. A sustained stalking, defamation and harassment campaign unfolded over the next 6 months, seemingly orchestrated to make the mother appear delusional and paranoid.

An NHS clinic psychiatrist who interacted with the mother in her youth made self-incriminating remarks whilst making an unfavourable diagnosis that a colleague backed. A freelance Psychiatrist found the mother delusional about the index incidents but simultaneously 'confirmed litigation capacity' thus avoiding a transfer to a court designed for vulnerable persons. A freelance psychologist interpreted WISC and MCMI psychometric results inadequately and ignored somatoform dissociations.



* Location changed for forensic reasons

Ruling Excerpts re 1st Expert (South Wales NHS Clinic Psychiatrist) & Judge's Choice of 'Delusions' Definition

Dr. <Psych 1>'s conclusions were that there was no formal thought disorder; that there were delusions of paranoia, and autochthonous delusion, (which term describes an extreme and firm belief which is not grounded in reality). He found that delusions were present; delusions of misidentification were present; misperception also, because she hears voices of people at some distance away from the home. He found her to have poor insight and not keen to have any help or medication. Therefore, he formed the impression that she might be suffering from paranoid schizophrenia and he put down a question mark "delusional disorder"?

It is worth quoting Black's medical dictionary about "delusions":

"Delusions are defined as being an irrational and usually unshakable belief, an idée fixe, peculiar to some individuals. They fail to respond to reasonable argument and the delusion is often paranoid in character with a belief that a person, or persons, is, or are, persecuting them. The existence of a delusion of such a nature as to influence conduct seriously is one of the most important signs in reaching a decision to arrange for the compulsory admission of the patient to hospital for observation."

That is a reference of course to the Mental Health Act and to compulsorily sectioning someone.

Ruling Excerpts re 2nd Expert (Psychiatrist in Private Practice)

Dr. <Psych 2> report (of 5th December 2011) confirmed that mother has litigation capacity.

Ruling Excerpts re 3rd Expert (South Wales NHS Clinic Psychiatrist)

When Dr <Psych 3> was instructed he was also alerted to remain alive to this potential danger - because any proceedings where somebody lacks litigation capacity become void for the period when any action is taken during a period of such incapacity. When Dr. <Psych 3> saw mother he said that he did not disagree with Dr. <Psych 2> but he expressly urged that the matter of capacity be kept under constant review. In oral evidence before me, on the 19th February, he confirmed his view that mother retained capacity. He told me that her thought processes are logical. She has a clear memory. She is able to concentrate. Nothing that he had read in what had been filed, and nothing that he had heard since he had been in Court, or since he had written his report, caused any alteration of his view. There is therefore nothing to displace the presumption of capacity which is contained in the Mental Capacity Act 2005. Therefore I am satisfied that this Court validly has jurisdiction to deal with this case; and that is a view with which the mother also agrees.

There is no further assessment report by the home treatment team in the papers, although, of course, they were involved from the 8th November 2011 onwards. Dr. <P2>, (who is the Consultant Psychiatrist to whom I referred earlier), gave me report <P2> litigation capacity, but said that mother needed ongoing support from the Community Mental Health Team in the short, medium and long term. Dr. <P3>, Consultant Psychiatrist, in his report of the 22nd February 2012, said, of mother's memory, that it was fully formed, and detailed, and it was a recollection that it appeared she had planted herself in her own mind. It was a false memory, and is probably a part of her psychotic mental process, or it is an underlying psychological or personality disturbance which might manifest itself by pseudo psychotic symptoms. He expressed the view that there was a range of symptoms which suggest an underlying psychotic illness, which is most probably schizophrenia, which can be triggered by psycho active illicit substances. Until the nature of her mental health difficulties is clarified he felt it was unsafe for <boy> to be returned to her. Therefore he recommended it was necessary to obtain a psychological assessment. It is quite clear that he did not rule rehabilitation out as a possibility if that matter could be addressed.

Ruling Excerpts re 4th Expert (Clinical Psychologist in Private Practice) & re 'Breeder Baby' Allegation

Dr. <P4>, in her long report dated 13th June 2012, observed that there were long standing mental health problems that had been experienced by mother. She is likely to have experienced changes in her behaviour, and perception, and that is likely to lead to disordered thinking which distorts her sense of reality. The indicator of such disorder, and the main cause of concern about such disorder, is when the child himself becomes incorporated into the mother's delusions. The treatment that was available would include anti-psychotic medicine, which would be effective provided that the mother took it. But it would be a life long need. It could also be assisted by therapy, either group, or individual therapy, to address the reality of her deluded beliefs and the coping mechanisms for such things as hearing voices. Her conclusion was that it was a schizotypal-type disorder with periods of psychosis in reaction to emotional stress. Over time it is possible that more typical features of schizophrenia may emerge. When in a psychotic state mother would struggle to care for herself, still less any child in her care. Even if the treatments were effective her condition will affect her functioning for the foreseeable future.

(b) Incest

The second major delusion which the Local Authority requires me to investigate is an allegation, which is made by mother, which sustains her belief that it was her father that carried out the assault on the 2nd November 2011 because she has alleged that when she herself was 13 years old she gave birth to a child, which she can only believe must have been conceived as a result of impregnation by her father, and which was taken away from her immediately after birth, by her own mother. Her assertion is that the child was either involved in a ritual sacrifice or was trafficked. It is not dealt with in her own statement, but the Local Authority was put on alert to this being a matter that would have to be investigated by a series of e-mails from her friend, Dr. <Volunteer>.

Court Appointed Experts

All experts found the mother 'delusional' but without a definition with appropriate caveats such as provided in DSM: 'a false belief based on incorrect inference about external reality that is firmly sustained despite what almost everyone believes and despite what constitutes incontrovertible and obvious proof or evidence to the contrary'. In the course of preparing an appeal application five privately commissioned specialists found no reason to disbelieve the mother's account regarding the daytime toddler rape and her account of giving birth as a young teenager to a baby girl that within a week 'disappeared'.

Conclusions

In this 'Child Smuggling' case organised manipulation and trauma was seemingly used to cover up prior extreme abuse offences (including suspected human sacrifice infanticide). The ploy succeeded in destroying the credibility of the mother and wresting away custody, by all appearances into the control of the abuse group. This problematic case lends credence to the concerns raised by England (2012) who found that 2/3 of psychological assessment reports trawled from UK Family Courts were 'poor' or 'very poor'. Efforts are continuing to get authority representatives to properly examine matters (including house fire artefacts & DNA).