

This transcript is from a presentation by Jeanne Sarson & Linda MacDonald at The Sixth Annual Ritual Abuse, Secretive Organizations and Mind Control Conference (S.M.A.R.T.), August 8 - 10, 2003 at the Double Tree Hotel in Windsor Locks, CT.

Contacts for S.M.A.R.T.

E-mail: smartnews@aol.com

Website: <http://hometown.aol.com/smartnews/index2.html>

THE RISKS OF BEING AN EFFECTIVE ANTI-VIOLENCE CARER

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Introduction by Neil Brick: Jeanne Sarson and Linda MacDonald will be speaking today at the Sixth Annual Ritual Abuse Secretive Organizations and Mind Control Conference in Connecticut, August 2003. Some of the topics discussed may be triggering for survivors. The conference is educational and is not intended as therapy or treatment. Photographing, audiotaping and videotaping without written permission from SMART are prohibited. Audiotapes of all speakers will be available. Please remember this presentation is being recorded so that anything you say during the presentation will also be recorded. Thank you for coming to Jeanne and Linda's presentation.

Jeanne and Linda both have Degrees in Nursing, Master's Degrees in Education, Certificates of Interdisciplinary Studies Related to Family Violence, Certificates in Self in Context - Feminist Theory in Practice, and have done workshops on ritual abuse. They are writing a book, ***The Torturers Walk Among Us***, based on their work and research, and have a website <http://www.ritualabusetorture.org> Their topic today is **The Risk of**

Being an Effective Anti-Violence Carer, and now I would like to introduce Jeanne and Linda.

(Jeanne Sarson) Good morning everyone. Thank you for yesterday, it was quite a journey. I appreciated meeting and coming to know all of you. We are thrilled that Neil asked us to do this presentation on the risk to the effective caregiver. What we are sharing is really a work-in-progress. We have been trying to share our journey about what the last ten years have been. We think it's really important that in order to have healthy relationships that we know what everyone is going through whether the person has experienced victimization, or whether it's the person who is in the position of carer, whether it's family, non-perpetrating family – all these relationship issues come into healing and surviving and moving forward.

[OVERHEAD - INNER SECTION OF OUR RITUAL ABUSE-TORTURE MODEL]

In 1993 this journey started for us and we had to look at understanding what we were seeing, what we were feeling, and the horror that was coming to us – we also had to look at it in a social sense. How does society let this go on? How does society reinforce the silence about what is going on? After each person had finished their sharing with us, they were in a position to let us know when they had talked enough and the interview stopped. Before the last interview was over, we said to them “This is the model that is making sense for us. Would you look at this and tell us if these are the major themes of ritual abuse-torture? Does this model help organize what you have experienced?”

[OVERHEADS – OUTER SECTION OF RITUAL ABUSE-TORTURE MODEL & PRIMARY RE-VICTIMIZATION]

When we did that, we put the society around it because we keep hearing about re-victimization, the abuse of power, and abuse of trust. And one of the women said, “What is healthy caring?” That led us to think, “What is healthy caring, and how we were doing it, and how do you reach in and how do people reach out?” We will say a little bit about the re-victimization that people told us about, and what we heard. When we did the interviews for our research project, people told us they had been raped in the elevator at a psychiatric institution; had ‘consenting’ sexualized actions with a therapist.

We say that knowing there is never consent. If people have a sexualized relationship with someone in such a position of power, there is never consent. But when we looked at the research about professionals who violate persons whom they see, “consenting” came up very frequently – it is never consenting although that word is frequently used.

We also were told that persons experienced ritual abuse-torture by therapists in professional and institutional offices and in therapists’ homes. We were also told that therapists had commercially exploited the victim. We were told about forced drugging by health professionals. We were told that a woman was taught how to commit suicide by a ‘helping’ professional. It was alleged to us that there was ritual abuse-torture in a safe home and that they were forced into pornography. On the structure [section of the model] this is what we were seeing, that was the primary re-victimization. That was one hurdle that persons who were trying to reach out had to overcome.

[OVERHEAD – THE 9 BENEFITS OF SHARING OUR EXPERIENCES]

Yesterday when everyone was talking we kept hearing over and over again the benefits of speaking, the benefits of breaking the silence. When we were helping the woman break the silence around her captivity, it is also important that we had to break the silence about what the risks are to the caregivers. Everything you see here is beneficial in the end. Breaking the silence and the shame about risk. Often we were told ‘you shouldn’t tell what’s happening to us as caregivers – if we had complaints against us, if things were being said, well we should just be quiet.’ So we were often told to be silent, but we have chosen not to be, because we do not think it is effective.

The other thing – the more that is exposed about the M.O. (modus operandi) of the perpetrators or the people who, for one reason or another, are trying to prevent anti-violence workers who are effective in their job, the more you expose their M.O. to other people, the more people will understand what is going on. If you expose them – it decreases their power. If you understand about what they do, the tactics they use – the less power they have.

When we were looking to understand what was confronting us, we keep looking and looking for anybody else’s experience as a way to help us

out. Because we were very new, maybe we didn't know where to look, but certainly when we did find some things there was just a sentence here, or a sentence there.

We thought if we share our ordeals others will be helped. If we can start a dialogue about risk, so much the better.

Insights into the role played by the responses of the carer and of the exiting person when coping with attacks – what we mean by that is that if I don't share with the person I am trying to help what is going on with me, [the attacks] there is a distance that starts happening – the trust, the truthfulness that should be there – starts getting eroded.

#7 – Openly sharing builds trust – Linda and I believe that – building trust is not about sharing one-tenth about what is going on, but it is about being right upfront, in our opinion.

#8 – Speaking brings hope of finding a way to stop the alleged perpetrators and we hope protect the next generation of children. The more that is exposed, the more we know, more children will be understood and protected. It is healing for us to be here and speaking also. This is the first time we've done this – which we've shared with anyone what really truly went on as we helped the person exit. As we said yesterday, the person we helped reported being “captive” by her family and by a destructive women's group – it took over seven years to exit. We were very naïve, I guess, when we started. So this is a little bit about our journey.

[OVERHEAD – THE RISKS]

When we looked at the risks we broke it down into four:

- 1) Knowing the M.O. tactics aimed at destroying the helping relationship
- 2) The risks that we faced from the system – and if you go back to the wheel we had primary and secondary re-victimization. Secondary re-victimization is when health carers or health professionals or institutions that are supposed to help do not help. They become abusive. They abuse their power. You see that in the church – the bishops who abused their power ... didn't listen to the children or protect the children.

- 3) The harmful outcomes and the coping responses – we had to get to know ourselves, how we were coping.
- 4) What we were dealing with and its effect on our families. That would be comparable ... if an adult came to memory at age thirty-five and they had family and relationships, how are we going to deal with these intimate relationships?

That's what we will address in the next hour. This is a work in progress. We have really had to look at what the tactics were? What were the tactics of the alleged perpetrators? What were the tactics of the alleged people who wanted to silence us for whatever reason? And break it down so that maybe if we had picked this up five years ago, we could have said "oh these are tactics – is this what's going on with me?" I could have ticked them off and said "Oh yes, now I understand." We couldn't find anything in the literature, so as I said, this is a work in progress.

[OVERHEAD – 11 MO TACTICS AIMED AT DESTROYING THE HELPING/EXITING PROCESS]

[TACTIC # 1] The first one we had there on the list is the **creation of constant crisis**. When we were helping the person exit it was because she was still attached to her family – they were forever trying to emotionally blackmail her, creating a crisis, threatening that we would be harmed. This is no different than the threat issues of Family Violence. It's a given that when perps try to control their family members, they use threats. That's a standard tactic.

So we looked at the tactic and what was the purpose of the tactic, and what was the impact on us? By creating constant crisis there is a physical element that goes on – the body gets overwhelmed – she, the person we were helping, was in fear – the more overwhelmed she was, the more fear there is, more fatigue, more difficulty concentrating and problem-solving. So the vulnerability goes up and she feels more unsafe, more hyper-vigilant and then she couldn't sleep, which led to more fatigue and the spinning. There's a technique in that and they create more and more crisis with more and more exhaustion, then it's like "I can't do this anymore."

For the carer, it seemed as if every day we had to put out 'forest-fires'. How often can we keep putting them out? So we were looking at this. What

is their purpose? To create a 'forest-fire' left her feeling trapped, exhausted. There was the risk of us pulling back because we were exhausted. If we pulled back then the work stopped. We were in a province where we couldn't find any supports, so without support, the purpose is to either get her back to the family, to keep her from coming back to us – there was no escape, and the risk of suicide increases.

This purpose kept repeating itself through these eleven tactics when we were writing them out. Linda said to me, "Do you see what's happening?" I said, "Yes. We are seeing the same purpose evolve with every tactic."

Because we are talking about a relationship between ourselves and another person, what was the impact on us? One day the person came running to Linda's home to tell us that she was really terrified that we were going to be hurt. She was, in a way, running for her life and thinking that she had to save us. As time went on, it took quite a few years, but eventually we did learn that she took torture for us because she did not know that it was wrong that she had to withstand torture in order to protect us. That was the double bind. It's like the spouse who stays in the family to protect the children. If I stay here and get beaten, the children will not be beaten. They use that technique. If I take ritual abuse-torture then Linda and Jeanne would not get beaten up. A double bind. It was quite a few years before this really came out. I still go to that knot in my side when we have to address this issue.

[TACTIC # 2] The second one we have down there is the **sabotaging tactic**. Again, it was quite some time before we learned about this. Her understanding of what went on took quite a while, quite a few years before she realized and could make the connection to what was going on before she could tell us. But she did tell us that the sabotaging started very early, that people came to her apartment when she called us for support - they came to her home and they listened in on her conversations with us. So that anything that we said or did or were trying to help, they knew what was going on. So, if we were trying to put one baby foot forward in helping they were right there to slip it out, but we didn't know that.

So again, we looked at "what was the purpose?" and it was that idea of destroying the relationship. If they destroyed the relationship between her and Linda and I then she was without support, without help, no hope, the

risk of suicide goes up, and protection for the family is ensured because dead people don't talk.

So what was the impact on us? What happened is that we got more and more hyper-vigilant because we weren't sure what was going and the more energy we put in, the more concern we had. You get this crisis, not only for her, but for us. That's how burn-out happens. We had to talk about burn-out a lot. How do we take care of ourselves and not get pulled into the tactic and keep the effective work going? How do we increase the safety for her and for us? That's an example of the sabotaging tactic and the effect.

[TACTIC # 3] Programming tactics. Again, we learned about this later on in the relationship. What we were told is that they were electro shocking in connection with the phone, so every time that she picked up the phone to call for support, the programming for torture pain clicked in so that she couldn't hold the phone, and she couldn't talk. She's very smart. She adapted and she put the phone on the pillow so that she could talk on the phone without holding it.

The purpose was to fracture the relationship, to make the disconnect between Linda and I, who were trying to help, it gave her less hope so she came to us less hopeful and we couldn't understand why because of course we didn't understand this was going on. When she called we couldn't understand why the conversations seemed to be so limited. It makes for relational distancing; it made the work harder for her. We had misunderstandings because we didn't know really what was going on and she wasn't in a position to explain it until it came to her awareness of what was happening.

[TACTIC # 4] Discrediting complaints. We had two – one was dismissed and one was withdrawn. The thing about discrediting complaints – they are quite universal in all professions whether you are a lawyer up against Hell's Angels and organized crime, or whether you are trying to do good work to help people exit RAT family/groups. It's a common tactic, and again, it affects the relationship because if you can get rid of the effective worker or the just lawyer or whoever it is that's in the way – then the perpetrator can stay in control.

The impact on us – the first one, we hired a lawyer so that was a \$10,000 bill. The second one we decided to handle ourselves. I guess one

time around was some experience – it was the first time we had ever dealt with anything like this. Then there's the issue of burn-out and time because the first complaint consumed 7 months; the second complaint consumed 6 months. So, on top of everything else, we had this to deal with these. It was like ... every day we had something else that was coming on our plate and for her too ... And then our families – every time they turned around we were busy working, working, working trying to get ahead of what was coming at us.

[TACTIC # 5] Discrediting statements. We were told by peers that they heard statements about us like “we were well-meaning but we were in way over our heads”. Of course, the purpose of this was to make us look like we didn't know what we were doing – discrediting us, prevents others from using our services, others ... they don't listen to anything we have to say. It affected our practice. You don't get clients and it's a very effective way to ensure that eventually one has no practice. That goes back to the person you are helping. In the national panel document in Canada that Linda showed you yesterday, these tactics came up over and over again across Canada, that complaints were one of the ways that victims who spoke to the panel, talked about caregivers who disappeared because they got burned out, they had complaints, and financially they couldn't cope. Our experiences followed the norm. Changing the Landscape: Ending Violence, Achieving Equity, Executive Report, (Chapter 4) Status of Women Canada, Ottawa 1993.

[TACTIC #6] Discriminatory Tactics Pathology and Paternalism
One of the things that happens when an alleged perpetrator has positional power, a health care institution behind them, and if they have a philosophy that says people who are in distress who are experiencing violence – if they pathologized victims, it makes them mentally ill and uses the pathology philosophy to say victims are incompetent in some way, not capable. Then use the power to say “Well I am in power, I am a professional, I've got this institution, I have the power to dictate to the patient what's going to happen ...” This can be used as a tactic and it was – they said the woman was mentally ill so she doesn't know what she is talking about.” We had to go in and say we disagree; violence is not a mental illness. We had to make our argument that it's a human rights violation, that it's a crime, its organized crime. We came up against this system and that was more energy –it's more energy to make our case. Secondary re-victimization goes up and of course

what happens to the woman --she starts to feel more and more at risk, in crisis, and the crisis cycle starts again.

[TACTIC #7] Making Us the Enemy What we were told by the victim, what was alleged, was that there was programming taking place to make sure that we were seen as terrible people by her. A lot of negative messages around us – that we were evil, bad, not trustworthy. Again, that is aimed at destroying the helping relationship. How that affected her relationship with Linda and myself was that often she would come in and look at us, and we would ask why are you looking at us that way, like we were the enemy. Many times we would say to her, “We’re not your enemy.” We didn’t know programming was going on; it was just a feeling, and her presentation. This relational distance seemed like things would stall out because we just didn’t know what we were up against, and she really couldn’t tell us until she developed her own clarity.

[TACTIC #8] Indirect Threats She eventually told us that she had been forced to write a suicide letter and blame us in the letter and this was very hard for us, and for her, because she had a great deal of guilt around it. It was four or five years before she told us she believed this letter existed, that she had been forced to write it. But once we found out about it, it made us even more hyper-alert because we know suicide is a risk, and we kept thinking “what are we going to do here?” We talked it out with her and this is the solution we came up with. She could write her own statement about it, and sign her own name, she could go to a lawyer and talk about it, and keep a record. She chose to write the letter herself, and sign it and date it. We don’t have a copy of it but she did write it and it’s stated in her notes. The impact for us was that every day was like a crisis – is this going to happen – the energy and the burnout goes higher and higher.

[TACTIC #9] The Risk of Being Set Up We got a referral from an alleged perpetrator. We had been told by a client that this professional was her perpetrator and because of everything that was going on we felt and made the decision that the perpetrators might be coming in to set us up. Here again we looked in the literature. We found a sentence here and there, little notes here and there, that people had this previous experience. We refused the referral.

[TACTIC #10] Impersonation Tactics Under the National Task Force there was a woman who wrote about impersonation. I know that four

or five years ago I read a paper that had one line about impersonation. I haven't been able to find it again. But for us, this woman alleged that she was drugged and put in a situation of ritual abuse-torture in a dark room and she thought she saw somebody wearing shoes and clothes that we sometimes wore. So from that, they used that for the mistrust, and confusion. Again, there was distance between us and the client, suspicion and us not knowing – we just kept saying her “we feel like we are hitting a brick wall, what’s going on?” It was that constant energy, how to keep a healthy relationship going with all these dilemmas.

[TACTIC #11] The Financial and Moral Bind Tactic One thing that went on for the person exiting is that she had no idea that her salary belonged to her. Her family took it all, maxed out her credit cards. Poverty was a tactic. If you are poor and you are not eating and you can't pay your way out, then nobody's going to help you. You are trapped again. You are silenced again. Back in the family. At risk for suicide again. It was the same purposes over and over again.

The impact for us is that we helped and when the guilt started getting in the way, we said we need to write our story, maybe we can write her story, because we have to write in order to get through this to cope. We are going to have to share our experiences. So the work we have done was free work for ten years. And now we are speaking and writing.

[OVERHEAD – RISKS FROM THE SYSTEM: PROFESSIONAL, MORAL & ETHICAL DILEMMAS: THE PROFESSIONAL ASSOCIATION & THE FIRST COMPLAINT; THE ABUSIVE COMPLAINT PROCESS; ABUSES OF POWER, TRUST & COVER-UP; LACK OF ACCOUNTABILITY; THE SECOND COMPLAINT]

1. Professional, moral & ethical dilemmas: the professional association & the first complaint process: We identified five – on our wheel again—Secondary Re-Victimization. I forget how many people in the U.S. die from lack of good care, from medication errors, from poor diagnosis—but in Canada it is 10,000 per year. Those have been secret—that's just coming up now because ethical people are starting to talk. This system has maintained itself by hiding its errors, by silencing ethics, by protecting themselves. When we looked at this the first complaint – the tactic was there – was that we were totally incompetent, incapable and they threw the book at us is where it went. In the process of doing that (and any

reference I am making here is from written documentation) the complainant came in and said that in the care of three of the women we were helping, including the woman who was exiting, that we did not know what we were doing. What they said is that the women themselves were not capable of making decisions that were in their best interests, so a fully informed consent was not possible because of the psychological damage.

So what the complainant & our professional association was saying was that they are not going to discuss this complaint with the three women that we are going to use as examples that Linda and I were incompetent, we're not going to go to them, we're not going to talk to the three women for this reason. So that's the discrimination and marginalization that is going to happen when you pathologize and professionals go into the paternalism 'that I know best'. We talked yesterday that each person needs to know their life – each person has to know what they themselves know for themselves. When we refused to participate in not informing the women, we asked the health care institution, the staff that was lodging the complaint, and we asked our professional association to inform the women, they refused and said it was undesirable, that the health care institution had the patients' best interests in mind, so it was undesirable for the women to be informed. That's in the 1995 documentation.

When we refused to not inform the three women, our professional association came back with “there are many complaints which are heard where the client is not even aware that the practice of a registered nurse has been called into question. For example, a client may be unconscious, or sleeping and unaware of a particular action of a nurse.” In other words the professional association was saying if you were unconscious, sleeping or unaware – if anything happened to you that you didn't know about it you really were not entitled to know. So we challenged that and we said, “Well, even if you go to physical care, if somebody gives the wrong medication and a client has a reaction, is there not an obligation for them to be informed?” You can take this secrecy along a whole continuum and where does it stop?

We disagreed with our professional association's position. We said that we support the women's right to have their own opinion, to have an informed consent, to make up their mind about what they wanted to do. We told our professional association we would inform the three women what was going on, because we couldn't answer to the complaint without sharing confidential information, and we weren't about to do that without informed

consent from the women. Since they wouldn't go and tell the women, we went. And here again, this was a critical incident because the woman we were helping exit – that means she had this to deal with this process on top of everything else. So it was a rough few years in helping her in getting out and for us for helping.

The three women refused to give us consent to speak about their confidential information. They said “we are quite capable, we are competent.” They called the professional association and said we refuse to give Jeanne and Linda consent; we are going to speak for ourselves. Up until that time, they had no right to speak so the professional association accepted the women's demands and the women went and spoke on their own behalf and the complaint was dismissed.

2. Abusive complaint process: The abuse of the process was so restrictive to Linda and I, and the women, that we contacted the president of our professional association and said “this is a very abusive process ... we want an external investigation and want to speak to the lawyer who conducts the investigation.” Our professional association president agreed, and the outcome of that is it is now written in our professional legislative Act that third parties—the women, for example—can give written or oral explanations and are/can be part of the investigative interview process. We see this as a really huge success – which clients cannot have their rights taken away from them.

3. Abuses of Power, trust, & cover-up: We did find that the three women's privileged and confidential files had all been released by the health care institution staff to our professional association without the women's consent – the women knew nothing about it. The professional association had the whole privileged and confidential health care institutional files and we found that out when we walked into the lawyer's office when we asked for the external investigation, and he had the three women's complete files on his desk. He said, “Well, here they are.” That had been withheld from us and from the women, and the only way we found out was by pushing for investigation into the abusive process. So, how do you deal with that? We are still trying to deal with it.

4. Lack of Accountability: Because Linda and I knew we were good persons, and we knew we were doing nothing wrong, it was how to push the association and to push health care institutions into more

accountability. What we did in Nova Scotia—health care institutions did not come under the Freedom of Information Act—so we pushed to have that—it took six years. Now all health care institutions in Nova Scotia are under the F.O.I.A. so that's another plus in our mind because we went back and we challenged the hospital and exposed more about how they covered up wrong doing in the process.

5. The second complaint was in a Transition House (battered women's shelter)—a woman who was exiting was trying to seek support. The Transition House workers said she needed, in case of an emergency, contact people and without her consent they put the names of her alleged perpetrators on her list of contact people. She tried to get them removed, they wouldn't remove them. She called the police, she called us. The police and Linda and I responded. They still would not remove the names of her alleged perpetrator family and the alleged professional perpetrators. The police contacted a lawyer. We wrote to the Social Services Dept. and eventually the names were removed. We pushed for an investigation of the Transition House, which was closed for a while. Some people were let go and in this case the complaint was withdrawn. That's the first part of that journey.

(Linda MacDonald)

[OVERHEAD – HARMFUL OUTCOMES & COPING RESPONSES: TRUST VIOLATIONS, PROFESSIONAL ISOLATION; BATTLE FATIGUE; TRAUMATIC STRESS, VICARIOUS TRAUMA]

We had a lot of harmful outcomes. I find I am emotional about this, because I haven't spoken to many people period, let alone a group. So bear with me. The trust violations I found, probably more than Jeanne because she had more of a social framework around structural abuse than I did, I find it so shocking to think that my nursing profession would be so abusive in their power. At the annual meeting, where the woman came to speak and be heard, and we were there trying to get a change so that women could have their voice at the table around the complaint process, nurses came over to her and told her they would support her. She felt really empowered by that. And then just before the vote came for this change in our Registered Nurses Act, a nurse came over to her who had earlier offered her support, she

changed her mind because her nursing peers told her not to get involved, she might lose her job. It was just astonishing to me.

After the meeting, nurses came over and told us how we could have done more. Nobody did anything, and we were supposed to do more. I gave up my belief in professional associations that very day. As far as board meetings, we presented to the hospital in our own community and we brought issues forward around our concerns to be recorded in the minutes of the board and they were not recorded, so there was cover-up there. 'Vanishing of the Truth' we call it ... Also there was the issue of the unauthorized release of the women's charts – that was astounding. It is still astounding to think that they think because a person is so-called "mentally ill" -- that's what they saw the women as – we saw them as victims of violence who had no rights around their own information – and it is still shocking.

On a positive note, some peers wrote letters in our complaint process to support our work, and we also had a physician who recognized our work and valued it. And we had one nursing peer who listened the whole time to our trauma and I don't think without a 'listener' besides Jeanne, I wonder sometimes if I would have gotten through. The professional isolation was so horrendous -- I mean we were seen as the outcasts in our profession because we were raising the issues of women's rights and victims of violence voices – we were still outcasts, in my opinion, in our province. No one comes out and says it directly -- but the non-verbal is clear. I grew up in violence so I am very astute at reading non-verbals, so I know what people think of me. I have adjusted to the isolation but I don't like it.

Things in the process around oppression – they even allowed a nurse who sat in our complaint to sit in one of the women's complaints so the process was biased because she already knew our story. How could she be non-judgmental or open about the women's complaints? It was impossible.

If we go into battle fatigue -- I think I am just coming out of it now. The physical was a new experience for me. I paced myself through violence but not really paced myself through social oppression to see the world the way it was. Jeanne was always – she had been through it in a very different way – she talked me through a lot of it. I know she was tired but she didn't have the shock in reality the way I did. That's why I wanted to share this with my children so they didn't have to go through the same shock that I did.

The body aches, the muscle pain, sleepless nights, bladder problems, GI. problems, bone-chilling coldness and flu-like symptoms, and constant headaches and the physical brain sensations that go with knowing reality in a different way. We had moral outrage, swearing a lot – not at other people – but I noticed my level of swearing went up and Jeanne had to learn how to swear. That’s one thing I’m proud to say I taught her ...

We had anger at the system, of course, around the disregard and corruption. We expected the worst, because the worst did happen. We had shock and grief. In the mental – we had constant problem-solving demands, constant mental fatigue – constantly distracted – you know -- we even withdrew from our family – there was always that other dimension going on – it was like trying to be present with our children and our loved ones and know that other person’s life and know the other reality of what could unfold if we didn’t stay connected.

Sometimes we were just unable to process the information; we just had to say “that’s enough for now.” We had relational violation, of course, because who wants to listen, right? We tried to talk about this reality and you people all know, who wants to listen on a day-by-day basis without reaching for the door – so we understand to some degree. I would certainly never say I understand – I understand a tiny bit what it feels like to try to be talking about ritual abuse-torture or what the alleged perpetrator is trying to do to cover up and harm others. People will just walk the other way. We used to make jokes about that – we would present this to a group of people and say now, in a couple of weeks, or in a month, or two months when we see you walk away, we’ll know that’s what has happened. And people will say “oh no ...” But it happens. In the grocery store you will just see them go “whisssssht” ... It was isolation there. We decreased many of our daily activities that we normally loved to do to stay present, and keep up with the work.

We stopped trusting people. I am still a very, very trusting person, but I am not going to trust anybody unless they prove to me they deserve it now, because I have learned about trust in a very different way. We were silenced by our lawyer – she said “you know we really shouldn’t speak openly about this ... too much risk around defamation.”

Ongoing silencing still exists. I mentioned before about our professional association and we are going to try to do more about that. We

had work-life issues because of course we both had other jobs. That's how they made (Tape turnover here)

... we did all this pro bono so of course we had to work at the other jobs to pay for our families plus pay for the work that we were doing in this. We were in a double bind because if I talked too much about it at work then of course they would say "well, stop the work it's affecting your paid work so you shouldn't be doing it." So I didn't dare say much about it because they were resistive around the issues of violence anyway let alone ritual abuse-torture. I didn't even feel I could really go in and get a stress leave or anything because they wouldn't think it was legitimate because it's not related to this work. We worked really hard to balance the work-life issues there. And we did.

We had the vicarious trauma which occurs as a result of witnessing brutality, suffering and horror. We all know what that is like. It was a life-altering experience for me, because as I explained yesterday, I knew there was atrocity in the world, but I didn't realize it was right in my own community, in my own province. I didn't realize the extent of it. So it was life-altering for both Jeanne and I.

As for the perpetrators, the impersonation and trying to implicate us in a suicide was the most horrendous. In fact, we were told by the woman that they even took pictures of us and held them up for her to desecrate them so that she would desecrate our image. One of the photos included one of my children and that was really spiritually devastating. I am still not sure what the motive was in that ... that was a shock.

[OVERHEAD – RELATIONSHIPS: FAMILY & OTHER ... OUR CHILDREN; OUR PARTNERS; OTHERS ... FAMILY, FRIENDS, ...; THE ISOLATION]

We talked to Carol this morning about the benefit to our children because you don't go through any atrocity without seeing the positive, in my mind anyway, otherwise you don't survive it. One of the key benefits to us was our children, and how they coped with this. My youngest daughter was six years old and she learned very young what evil behaviour was and it didn't harm her in any way; in fact, she did a presentation this year at school on ritual abuse-torture. She's sixteen now. There were times when I doubted whether she could cope with the reality, but it has proved to me that

children are very open and very caring. We need to teach our children about this reality. They develop world concepts about evil and ritual abuse-torture and they learn that you need to stand, you can't walk away.

We did this for our children too. We could not have walked away and told them "you just give up when evil people come in and try to destroy your lives." It was not an option for us. So they learned about activism and standing.

Now, our partners were a different story. They were very frightened, confused. They didn't want to believe at first that this was a reality, they were angry because we were giving this reality to them. They didn't think we knew what we were doing, because how could we know what we were doing? They didn't have enough faith in our resilience and our ability to really stand. They were jealous of the time that we spent on the work, they were resentful of the intrusions on privacy, they felt neglected. They put a barrier between our relationships. They just didn't want to hear about it either. I was literally told by my husband, "This is your work. I don't want to hear about it." He's not a bad person, but he's not a person who was born into violence, he's not a person who can cope with it in a very healthy way. He gets too emotionally overwhelmed. I am not excusing him because I think everyone has to learn how to do this, but I just knew to keep any kind of a semblance of family life, I just had to stop talking about it with him. I didn't stop talking about it with my children, but I did with him. He didn't like me talking about it with my children either. That was another thing.

The misogyny increased. I think it taught me a new reality around misogyny that it's ever-present in many relationships, even if you are unaware of it and you love a person. Misogyny can rear its ugly head when you are coming to extremes in reality in relationships. I think we accept that. Jeanne and I talked about that.

It changed our intimacy in relationship. There was a potential for divorce at one time. I think that risk has passed now. I felt that if we had lost our relationships that the perpetrators would have won in some way too by destroying our lives, and I am sure that was part of their goal. So now we are in the rebound or learning stage with our husbands, which is a positive.

[OVERHEAD – HIGHLIGHTING SUCCESSES!]

As positive people, we want to highlight our successes and I think the most successful thing that is not up there is that we are still standing. And also that the woman is fine and out and healthy. That's a thrill. As Jeanne told you, we had our Professional Nurses Act changed. We changed the Freedom of Information in Nova Scotia. The Transition House had a life-changing experience around staffing. The women stood for themselves, of course, that was very empowering for them. The exiting person is no longer harassed. And we have learned an awful lot. More than we could probably ever explain.

So we went to Activism School and we graduated. And we know we have been true to ourselves, and true to our beliefs, and we know that good people have to stay good, and do what's right, and we taught our children. So that's important.

And this is a Nova Scotia document that has ritual abuse-torture – it's just a tiny little end note, but it's in there. And that took us a long time. You just keep pushing to have the writing there. So the one thing that really came out of all of this is how important it is that people have a relationship with themselves. That's what this little cartoon is talking about – our relationships with ourselves, and how that related with Jeanne and I, with the woman and helping her understand her relationship with herself. We have a little cartoon on our website – it's all about this character that Jeanne created. To show how our children were involved – Jeanne's son did the graphics on our website, my son animated the cartoon, my daughter's boyfriend is our web-manager, my daughters do editing for us and my sixteen year old thinks she knows more than Jeanne and I put together.

[OVERHEAD – OUR DREAM]

Like all positive people, we also have a dream and we mentioned to you yesterday about the UN, and the UN Human Rights issues around children, and our dream is that June 26th is recognized as the International Day in Support of Victims of Torture and our dream is that some day ritual abuse-torture will be included in part of that statement, and that it will be recognized as a form of torture – non-political torture. Acts of non-political torture and ritual abuse-torture will be equally recognized by the UN. The day that it comes – and I believe it will – I really truly believe there will come a day that we won't only be thinking about torture in other countries – we will know that our own children in our towns and our own streets, like

Jeanette said, will be recognized as suffering the same horror as any political torture victim. So that's our dream.

Thank you very much. (Deafening applause and cheering)



Sarson, J., RN, BScN, MEd & MacDonald, L. RN, BN, MEd

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Persons against ritual abuse-torture &
other non-political tortures:

Phone/Fax: 902-895-2255

E-mail: flight@ns.sympatico.ca

Website: <http://www.ritualabusetorture.org>

Mail: 361 Prince St., Truro, NS, Canada. B2N 1E4