COMPLEX TRAUMA, MIND CONTROL & CHILD SMUGGLING: CHALLENGING ASSESSMENTS OF COURT APPOINTED EXPERTS

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.

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Background

Kurz (2017) shared extracts of the email of a mother who reported that her son had been ‘taken into care’ following a sexual assault by his grandfather. Crucially the mother stated that a police officer had instructed her to delay reporting of any sexual assault. This ‘instruction’ (or manipulation) was based on the shared knowledge that the mother had, as a young teenager, delivered a baby that resulted from incestuous rape and ‘disappeared’. The officer claimed a possible link to the death of a fellow officer (who the mother had disclosed to at age 15) and the murder of a lodger couple (whose new-born baby had ‘disappeared’) around 1993.

Four Court Appointed Experts ignored dissociative symptoms and interpreted psychometric tools inadequately. They failed to cover the ‘index incidents’ that ultimately lead to the removal of custody in a tainted Family Court process presided by a judge who the mother had encountered as a teenager.

Method

A mother reached out for help when her toddler was sexually assaulted by a family member in supposedly ‘unbelievable’ circumstances. Three Psychiatrists claimed she was ‘delusional’ and a session had been scheduled with a ‘shrink’. The author in a private capacity volunteered to support her and sat in this session as an observer. Conversations, privately commissioned trauma sessions and location visits uncovered supportive forensic evidence.

Results

Chilling details emerged that suggest operation of an abuse cult. The 1st Psychiatrist made self-incriminating remarks whilst making an unfavourable diagnosis. A 2nd Psychiatrist claimed the mother was delusional but did not qualify for a ‘vulnerable adults’ process involving the Official Solicitor. A 3rd Psychiatrist obfuscated the police briefing. A Clinical Psychologist poorly interpreted WAIS and MCMI results leading to a complaint tabled at the BPS Committee for Test Standards (see URL below).

Context

12 months before the assault a police officer instructed the mother to wait several weeks before reporting any sexual assault. Three adults were found dead within 6 month of the police briefing. The boy’s half-aunt, whose toddler, according to authority records, had been raped while playing in the garden a few years earlier, suddenly died (ostensibly due to alcoholism). The boy’s godmother was found dead in her burnt out house (the fire ostensibly was due to ‘dodgy electrics’). The boy’s nursery teacher’s friend (who reportedly was seen in a pub with the toddler’s grandfather, and later arguing outside) was found dead in the village river. A few weeks later a row of cottages overlooking this location went up in flames. Police, Child Protection, Social Services and Family Court failed to document these incidents. The HCPC rejected a ‘Fitness to Practice Concern’ raised that clearly highlighted three suspicious deaths, the alleged toddler rape and the ‘missing baby’.

A sustained ‘gaslighting’ campaign unfolded over the next 6 months – seemingly orchestrated to make the mother appear ‘delusional’ and ‘paranoid’. Records proving a defamation incident involving a helicopter call out, 2 cars and 10 officers were ignored.

In the course of appeal application preparations five privately commissioned specialists (see Kurz, 2016) found no reason to disbelieve the mother’s account regarding the daytime assault in a cul-de-sac in South Wales, and her account of giving birth (in the Kingston Hill area of SW London) as a young teenager to a baby.

Conclusions

In this chilling case (which the mother referred to as ‘Child Smuggling’) complex trauma was seemingly inflicted in order to exercise mind control and cover up chilling criminality. The ploy succeeded in destroying the reputation of the mother and wresting away custody (most probably into the control of the abusers). Efforts are continuing to get authority representatives to properly examine matters (including house fire artefact DNA).

References

Kurz, R. (2016). *Challenging Million MCMI results with in-depth psychometric assessment and Lacter & Lehmann (2008) complex trauma guidelines*. Poster at the EPA Conference in Florence.

Kurz, R. (2017). *An Organised Ritualised Crime Abuse Network (ORCAN) in the British Isles?* Paper at the ESTD Conference in Berne.

1st Expert (South Wales NHS Clinic Psychiatrist)

may have had a child at the age of 14 but it died or was sold. *This was not mentioned at the assessment but is documented in the Children Services report.* delusional ideas present, is displaying symptoms of paranoid Schizophrenia was not detained under the Mental Health Act

2nd Expert (Psychiatrist in Private Practice)

Does the person have an impairment of the mind or brain or is there some sort of disturbance affecting the way their mind or brain works?

The symptoms described and observations during the interview included thought disorder, paranoid delusions, possible auditory hallucinations would point to a diagnosis of psychotic illness though due to lack of information I am unable to confirm whether this is Schizophrenic or Schizophreniform in nature. Therefore she has an impairment of the mind affecting the way her mind works.

3rd Expert (South Wales NHS Clinic Psychiatrist)

She recalled giving birth to a baby at the age of 14 which she claimed was conceived as a result of being raped by her father. She went on to allege that her father had abused her sexually from an early age, and that this had continued throughout her childhood years until she left home. She was very vague as to what had happened to this child believing that he had been given away by her parents.

She was also aware that the allegations may be difficult to prove. Approximately one month later she decided to report this incident to the police, although her reasons for the delay in reporting this were not entirely clear to me. She was aware that these allegations may not be believed, and in retrospect was unsure whether she regretted reporting this incident. When asked why her father would have sexually assaulted his grandson in such a manner, she replied, “because he is a paedophile”.

4th Expert (Clinical Psychologist in Private Practice)

‘<Mother> does not have a learning disability; the full scale IQ score of 115 places her in the high average range of intellectual functioning, and is above that of 84% of peers her own age. Despite repeatedly telling me that she has a “processing disorder”, an assessment of her processing speed was completely unremarkable. The processing speed was deemed to be better than 63% of peers her own age.’

‘Therefore the results of the MCMI-III can be interpreted with confidence, as they are likely to be a valid measure of <Mother>’s personality pathology.’

‘<Mother> gained a clinically significant elevated score on the schizotypal and paranoid personality pathology scales, indicating the presence of these personality traits.’

‘<Mother> also gained an elevated score on the paranoid personality scale.’

‘<Mother>’s scores in this section showed elevations on the delusional disorder scale and the thought disorder scale.’

She denied feeling depressed or anxious. There is distinct paranoia, particularly with regard to her father whom she described as aggressive and most likely sexually abused her as a child. She attributed the voice of a man she heard whilst in the house to her father and was firmly of the view that he sexually assaulted her son. In the event that appeared to be unlikely. This was delusional in intensity and a belief was unshakable.

has capacity to instruct a solicitor

She told me that she occasionally experienced what she termed “processing delays” whereby she would see or hear things without knowing it at the time, and only recognizing these perceptions in her mind sometime later. She speculated that this may have led people to the wrong conclusions in terms of her being mentally unwell.

presentation is most likely due to an underlying mental illness such as paranoid schizophrenia.

Finally, it must be recognised that individuals suffering with psychotic mental illnesses may be liable to behave in an unpredictable and irrational manner. For all the

‘I will comment that I found <Mother>’s descriptions of her symptoms as rather bizarre, and I was not convinced that her description of a “processing delay” was something which could adequately explain away her symptoms, and I did in fact wonder whether she was in fact referring to bona fide symptoms of schizophrenia or periods of disassociation.’

‘In respect of timescales, schizotypal or schizophrenic illness is a lifelong condition. There is no magic cure. At the time of my interview, <Mother> did not accept that she suffered from a mental illness. She told me that she had a “processing disorder” and this was a label which used to explain away the difficulties.’

‘While I think that there is a degree of diagnostic uncertainty, as evidenced by the various diagnostic labels that <Mother> has accrued over the years, I think it is safe to conclude that <Mother> is clearly a disturbed woman with long standing mental health problems which are relevant in these proceedings. My view is that she has a schizotypal type disorder with periods of psychosis in response to emotional stress. It is possible, however, that with time, more typical features of schizophrenia may emerge.’