



Dissociation, Trauma, Altered Existence

Julia Nemchenko

Childhood Trauma and DPDR

When a child goes through a traumatic experience in their primitive, developmental years, a very common result is complete or nearly complete dissociation from the traumatic event. This is a coping reaction, used as a way to save the young girl or boy from having to deal with the traumatic memories before he or she is mentally mature enough to do so. This type of dissociation is completely different from normal dissociation, which is experienced by all people. Such dissociation can include getting lost in thought while driving and, as a result, missing the turn; another common example is absent-mindedly putting your phone down and then forgetting where you put it, and other events such as this. This standard type of dissociation most often starts occurring during the teenage years, and is more or less unnoticeable in day-to-day life.

For a child, traumatic dissociation is vastly different. This type of dissociation is mostly commonly known as Memory Repression, varying in levels of intensity, and occurs most notably in children under the age of around 7 or 8 (the exact point of when this dissociation becomes significantly less likely to occur varies from person to person, but this seems to be the most documented age). Memory Repression is when the brain forces traumatic memories into such a deep part of the mind, separate from the person's active consciousness, that they are all but forgotten. The child may grow up and have severely limited, if any at all, recognition of the traumatic event ever occurring in the first place, and the repressed memories can go on undiscovered for decades. After a significant period of time has passed, at least some of the memories tend to start surfacing. As they reveal themselves, the affected person will be forced to relive everything that occurred to them in a body and mind that is more developed and, in turn, theoretically better able to handle and process the trauma that they experienced. The memories may come back all at once or, in more complex circumstances, may take a very long time to come back into active consciousness. Some who experience the latter will allow the memories to come back naturally, while others may seek out alternative therapies to force themselves to remember what has been hidden. Repressed memories can be very traumatic and jarring once they are remembered, and can easily alter the way that the affected person views the world and the people within it. Now, there is a common misconception that repressed memories are only those that are completely forgotten, with zero recognition and no awareness of them ever existing. That is not entirely true; some repressed memories may not be completely forgotten. The affected may be aware of their presence, but their consciousness will not allow them to actually go back to those memories and fully remember them until many years have passed by. Complete forgetting, to the point of not even being aware of the existence of



any trauma, is another, similar condition, known as Dissociative Amnesia. Although this condition is more common in children, it can occur at any age, as long as the traumatic memories are severe enough that the brain feels the need to block them out in order to survive.

Whether a child experiences memory repression or dissociative amnesia, one thing remains constant: the brain learns dissociation at a very young age, and in such a drastic amount that multiple years of childhood can be completely blocked out. Even when the memories come back, there is very often a disconnect from a clear timeline and from the people involved: they may come back as something akin to a snapshot, entirely separate from everything else that the affected knows. The affected may not be able to recall when exactly the memory occurred; additionally, even if the people involved in the traumatic memory are people that the affected has had other memories with, it'll be as if the person within the forgotten memory is an entirely separate human being, oftentimes with a completely separate personality. This is especially true if the person remembered is an abuser: it'll be like seeing a different version of them, one that the affected may not even be able to see as the same person. The memory is, quite literally, formed separate from the victim's understood reality in every possible way. The brain learns dissociation, and it buries this ability along with the forgotten memories - at such a young age, it is far too complex for the brain to manage properly. Complete separation from reality is seen as the extreme, and for many it stays that way throughout their entire life. The ability to dissociate remains buried until a point where it, too, can be dealt with in a proper way, and poses no danger to the person involved.

However, for some, it doesn't remain buried. The brain recognizes this ability it has, and it sees dissociation as something that allowed it to protect itself from traumatic memories in the past. Therefore, the brain perceives a large amount of dissociation as a standard, normal tool that can be used to protect itself from danger. Now, imagine that, when the child is slightly older, perhaps in their teens, with a brain that is vastly more developed but still not fully formed, that they are put into a situation where the brain, once again, detects danger. It doesn't necessarily have to be real danger, but a situation in which fear, stress, and the urge to leave in whatever way possible is very present, significantly more than usual (particularly if this is an experience that occurs regularly and over an extended period of time), presenting a similar picture as to when the first episode of dissociation occurred. Essentially, what happens when the brain, once again, feels as though the person needs to be protected? For a brain that did not learn dissociation very early on, this may lead to reactions such as spacing out, crying, or simply finding an alternate way to leave the situation. However, if the affected is a teen whose brain knows dissociation, the brain will pull from what it knows. It will try to, once again, repress those memories, and it will use the same, overwhelmingly large amount of dissociation to try to escape. But, because the teen is older, that won't work anymore. What was enough dissociation as a child to completely forget what occurred will no longer be enough to produce the same effect.

Depersonalization-Derealization Disorder (DPDR) falls under a category of mental illnesses known as Dissociative Disorders, along with Dissociative Identity Disorder (DID),



previously known as Multiple Personality Disorder (MPD), and Dissociative Amnesia. DPDR is characterized by a significant disconnect from the world around you (derealization) and/or your sense of existence and identity (depersonalization), whether experienced at the same time or separately. Those who experience DPDR will regularly find themselves in a state where nothing around them feels real, or they don't feel real, leading to severe stress and anxiety. Many describe it as feeling like they're in a dream, like their consciousness is stuck inside of them and they are running on autopilot, or like something is veiling their consciousness off from existing inside their body, like they're viewing events from the side rather than as an active member. Additionally, symptoms can occur that are not present otherwise. Such symptoms may include emotional dysregulation, extreme hyperawareness, extreme unawareness, shape/size distortion, alienation from the people around you, a sense of deliriousness, a sense of being trapped in your head, feeling too grounded, feeling not grounded at all, awful time/event recall, light or vision changing (appearing a visibly different hue, inability to combine individual parts to see the entire picture before you), additional conditions that do not exist otherwise to a debilitating degree (AIWS, claustrophobia, etc), and many more. DPDR may present mildly, or as something that completely impedes one's ability to function normally, and the effects may vary over time. Triggers may either be rational (nicotine, lack of sleep, stress, anxiety), or completely irrational (fluorescent lighting, reading, blue light, looking in a mirror), and should they occur at the same time that an episode is already happening, it can lead to severely worse side effects, including panic attacks, paranoia, and even delusion.

Going back to the original question, what happens when the brain, once again, feels as though the person needs to be protected? It tries to use the same amount of dissociation as before, to push the memory of the event out of active consciousness. However, this doesn't work on the teenager, who is beyond the age of repression being as simple of a solution. Because of this, dissociation takes on a slightly different form: depersonalization and/or derealization. It is, in the long term, shockingly similar to repression: memories may feel as though they are not real, as though they are snapshots, although they do mostly exist on a timeline rather than separate. However, the reason is not because the memory is traumatic and forgotten. Rather, it is because the state they were in during the event is a state of being that feels similar to existing within nothingness, and what the affected remember was memorized through a very distorted view.

The brain starts using this ability to completely dissociate, very often, but still significantly before the body can handle it in a proper way. At first, voluntary derealization may actually be possible; if the teenager recognizes that it is occurring, they may be able to, for a while, call this ability back if it does feel like it is helping him or her to cope. However, there is a reason that dissociation does not develop in children normally, and there is a reason why most people never experience it to such a large degree: eventually, the brain stops being able to control it. For a while, it may seem useful and voluntary, but the human body is not designed to regularly disconnect from the world around it at will. It is similar to children discovering that they can turn off their emotions, only to struggle with feeling any emotion at all later on: it is not by design, and

it is not something that can be controlled forever. When it comes to depersonalization and derealization, the brain stops being able to control when it happens. It is no longer to protect the person from danger: in fact, it will occur when there is no danger at all, or may remain constant for several weeks or even months rather than appearing in the form of individual episodes. It may disappear for a while, it may become slightly easier to cope with, the affected may even learn how to pull themselves out of episodes when they are not as severe. However, for that same person, it may later on come back, there may be new, worse symptoms to deal with, and it may become impossible to do anything about it except wait for it to be over. DPDR usually stays with people for many years, varying in intensity, with symptoms/triggers that evolve over time. However, many people who struggle with the condition do heal completely in adulthood, once the brain fully develops, which may or may not be related to the brain finally being physically mature enough to deal with the ability to dissociate in a healthy way, without letting it spiral out of control.

The ability to dissociate can be incredibly powerful, and when young brains attempt to use it out of necessity, the learned coping mechanism can lead to severe problems later on. While memory repression and dissociative amnesia can save a child who is not developed enough to face the impact of a traumatic experience, the amount of dissociation used to reach such a state, at an age where the brain cannot properly handle such a powerful ability, can grow to become detrimental in their future development. Sadly, no matter how much is done to prevent it, any child can end up in a traumatic situation where memories are repressed out of active consciousness, and a large, unnatural amount of dissociation will then become a tool that their brain sees as a viable weapon to use against perceived harm. No matter how much is done to stop it, trauma-induced DPDR will continue to affect a large group of people. However, acknowledging the link between childhood dissociation and DPDR may help those struggling with the condition due to childhood trauma to understand themselves and their brain function a lot better, and may even be what causes them to understand the source of why they struggle with DPDR in the first place.

Altered Existence - Post Traumatic Fear

When it comes to repression and dissociative amnesia, DPDR may be a result, but it is only part of the problem. The childhood state exists for a reason - during these primitive years of life, the brain learns what it means to be alive. It learns how to keep its host alive, and it builds a basic, foundational understanding of what reactions are appropriate in what situations. In a sense, this part of the brain that is responsible for processing and learning, called the limbic system, creates a map of the world around it, which serves as a blueprint for further development on top of these basic understandings. Interpersonal interactions, such as with caregivers, friends, extended family members, and even acquaintances, all signal to the brain how the world around it is designed to be: what is good, what is bad, what is safe, what is dangerous, and so forth. This blueprint stays with the child, and every future experience is

cataloged based on it to eventually become a complex, developed system of understanding that builds the grown adult, with the fundamental knowledge picked up in childhood still being the foundational code of the person's understanding. When a child experiences trauma, in particular complex abuse, the map is drastically altered to reflect the false reality that the child is forced to see as normal. It takes events that should never have occurred and wires them as a fundamental truth of life, and every single similar experience is viewed through the filter of what becomes the brain's perceived reality. This type of fundamental conditioning of the brain to accept horrific things as normal leads to the brain building a survival-oriented reaction response, which can warp completely normal experiences to be seen as a danger. Such thinking processes are ingrained deeply within the individual, and become something they may latch on to as a way to protect themselves from ever getting hurt again. This, among many other things, makes these reactions and perceptions extremely difficult to "fix".

Neurochemistry is, simply put, the study of the various chemicals and chemical reactions that affect the nervous system, of which the brain is a central part. When someone experiences trauma, or even extreme fear, brain chemistry is heavily altered - this is known as "fear circuitry", which is when defense mechanisms are utilized as a response to an external stimulus. The amygdala is the part of the brain that controls all aspects and chemicals related to fear: when fear circuitry occurs, the entire brain becomes focused on regulating the fear, and other parts of the brain, such as the prefrontal cortex, may stop working as effectively. This is what answers the all too common question of "why didn't you say anything?" as it relates to survivors of various traumas not calling for help. Particularly in children, whose prefrontal cortex is already severely underdeveloped, the fear circuitry response doesn't allow for the prefrontal cortex to be able to truly analyze the situation and make rational decisions such as calling for help. It is an involuntary response - the person is stuck in survival mode, thinking less in terms of making rational decisions and more in terms of getting past the traumatic experience with their sanity and ability to function remaining intact.

The classic adrenaline-based response is known as "fight or flight". However, many will be able to relate to the third type, which is rarely discussed but commonly felt - freeze. Rather than running or fighting, the focus is on surviving, because the moment of fear is independent of all other rational understanding. The "freeze" response is about separating, about freezing in the time and place both during the event and in memory. It is what eventually leads to dissociation later on, when the thought of leaving the traumatic situation becomes, for whatever reason, unbearable. This is particularly true when an abuser plays a very important role in the abused child's mind, and the child's subconsciousness does not see total separation from the abuser as a viable option. The response may even be increased by what are, unfortunately, very common reactions from those surrounding the child: rationalizing the abuse, telling the child that he or she is the one in the wrong, and more pressures like this, all of which can build a fundamental understanding of "I cannot speak about this. I am to blame. This is my shame". This is a vital part of understanding the repression of memories as a whole - to not speak is to not think, and to not think is, eventually, to forget. This brainwashing technique is referred to as DARVO: Deny,



Attack, Reverse Victim & Offender. Denial is followed by attack on credibility, whether that be questioning the victim's mental ability or painting the event as something the victim permitted or even encouraged, and through this, the roles are switched. The abuser is now the victim, because they are being "falsely accused" by someone who enabled their own abuse to continue by not actively fighting against it in the moment, as a child. The DARVO technique has been extensively researched, and unfortunately proven to work in a startling majority of cases.

Once brain chemistry is altered, neural pathways and the brain's blueprint of understanding are permanently changed. This is what leads to psychiatric illnesses such as PTSD, DPDR, and the like, because the brain now knows what it perceives to be normal in reaction to a variety of extremely sensitive subjects and what it was conditioned to believe in relation to these subjects. This is why it is very common for survivors of abuse, whether physical, emotional, sexual, etc, to perceive the world so differently from other people. For sexual trauma, the affected often experiences hypersexuality or hyposexuality: hypersexuality, as an attempt to take back the control and the bodily autonomy that was stolen from them, often done by consistently putting themselves in similar situations and trying to change their response in the present as a way to "complete" the past; on the other side of the spectrum, hyposexuality, utilized as an extremely precautionary strategy to ensure that the affected never has to go through anything like what he or she experienced ever again. For physical trauma, the response is very similar: the affected either consistently ends up in physically abusive relationships because they are not able to see the telltale signs and are so used to forgiving their abuser, or they completely abstain from relationships out of fear of having to go through abuse again.

Attachment issues and trauma often go hand in hand: it becomes an ingrained response to constantly expect the very worst from people, even people the affected have known for many years, because they learn at a very young age that their issues are not important enough to be shared with anyone else and will be met with complete rejection. They learn to not trust people, because they never know who will be the next one to put them through torture and they have an ingrained understanding that it can be absolutely anyone. On the other side of the spectrum, the affected may find those who do listen, and these people whom they know they can trust become infinitely more important connections, sometimes to an obsessive degree. Very often, survivors of trauma may find themselves struggling to not form trauma bonds with other survivors, to instead develop and enhance authentic connections. Trauma bonds are a very specific type of relationship, where two survivors of similar traumas become dependent on one another in a very unhealthy way. This "understanding" between the survivors, as it pertains to what each went through, creates a false sense of connection, leading to a tumultuous relationship built entirely around trauma and hardship. As expected, the trauma is then mirrored in the relationship, and all who are involved suffer greatly because of it. That being said, forming a true relationship as opposed to a trauma bond is possible between those who experience similar trauma. This may actually lead to a very special, beneficial type of relationship, but only if effort is taken to build genuine connection.



For those who have experienced abuse, the idea of placing themselves in a situation where there is the slightest chance of it happening again can cause such an irrational fear response, dating back to the original world map their brain developed in their primitive years, that they will not be willing to even try to work past it. This broken understanding of what is normal *is* their normal: it is, in their eyes, what is consistently saving their life. Even though they may have left the abusive situation years, even decades ago, they still have their inner child, whom they recognize as a subconscious part of themselves, that serves as a constant reminder of the reality they perceive. The altered behaviors are, in their eyes, what protects them, and in extension what protects their inner child, from any further harm. The unwillingness to work through this warped understanding can increase and fade as time goes on, but ultimately their psychological response of not trusting people always leads them to never truly let go, not until there is something powerful enough to overpower that subconscious reaction.

Childhood trauma physically changes the brain, permanently, building a warped perception of the world that the affected grow to accept as absolute truth. These permanent changes, which can lead to physical issues, mental issues, and unnatural behaviors, become so deeply ingrained within one's make-up that it becomes extremely difficult to undo this damage. What becomes a part of the child, a damaged understanding, grows to be part of the adult, fully developed and working in ways that may limit their ability to live life to the fullest as a human being. It is of the necessity to understand why, in many cases, survivors may not wish to work past their issues, whether this means seeking professional help or even simply speaking out loud what it is that happened to them. The trauma runs deep, woven through their fundamental being, and eventually becomes the default filter through which the victim views the entirety of the world. If left untreated, the filter may very well actively serve as their primary source of protection for the rest of their life.

Where Doubt Begins: FMSF and the Satanic Panic

Repressed childhood memories are widely stigmatized and deemed unreliable amongst a majority of the scientific community. It is an unfortunate truth, but one that stops victims from being able to obtain justice in a court of law: while witness testimony is considered sufficient evidence, recovered memories are automatically considered compromised, and will not be believed without further, physical proof. This is particularly true when said memories are recovered using controversial techniques, such as hypnosis. In fact, many believe that these memories are not just compromised, but completely fake, and were deliberately falsified to achieve a specific result. To understand the link between reported memory falsification and the entirety of the scientific community, 2 very significant factors must be examined: the Satanic Panic of the '80s & '90s and the creation of the False Memory Syndrome Foundation.

The topic of Satan was one of particular cultural interest in the 1980s and '90s, with people having an almost studious interest in everything related to the devil. Satan was everywhere - pop culture thrived on themed music, particularly in genres like heavy metal, and



many books, movies, and games were released that profited off of this cultural fascination with the devil. During this period of time, one book made its way to the limelight - *Michelle Remembers*, released in 1980 by co-writers psychiatrist Lawrence Padzar and his patient, Michelle Smith. Smith had sought out professional help to deal with her loss following a miscarriage, but her sessions with Padzar, which ended up involving a now-discredited practice called "Recovered Memory Therapy", brought to light a startling discovery that went beyond anything neither Padzar nor Smith could have ever predicted - Smith had uncovered memories of being possessed by the devil in childhood.

The book instantly became a bestselling work, a startling story that almost resembled a horror novel in the way that Smith's experience was presented. The book detailed Smith's memories, which began at age 5: her mother, she recalled, had sold her into a Satanic cult, where for 14 months she was subject to endless torture and exposure to ritualistic practices, many of which involved atrocities committed against babies. Cannibalism, mutilation, and more were detailed as occurring around Smith constantly, and she and Padzar were very quickly put at the forefront of the movement that spread from their book: tens of thousands of people all came forth with their own stories, detailing their own experiences with Satanic Ritual Abuse in childhood, including but not being limited to physical, sexual, and ritualistic abuse. Many accusations were made, in particular against multiple daycare centers, which people claimed were involved in the Satanic abuse of the children that attended these centers. Despite the accusations, very little proof was found, and very few convictions were made. This is partly due to the fact that, most likely, at least some of these memories were not real.

Recovered Memory Therapy is a term used to describe the various doubtful psychotherapies used to deliberately promote recall of buried memories - such therapies often include some mix of journaling, guided imagery, and - most importantly - past life regression. Also known as past life therapy, this is when hypnosis is used to bring to mind forgotten memories. The practice has been discredited multiple times, particularly due to the inability to trust the validity of memories that come back as the result of hypnosis. This isn't a baseless claim: hypnosis and many similar memory recovery therapies have been documented to lead to confabulation and, at times, delusion. Confabulation is a type of memory error, occurring primarily in the basal forebrain, which causes false memories to be "remembered" as if they were real. Confabulation is most often linked to brain disorders such as aneurysm or dementia; however, hypnosis, or even targeted talk therapy, may lead someone to be unconsciously compelled to remember or believe that something occurred to them, when it actually didn't. To this day, versions of therapies that lead to confabulation still operate, masquerading as self-help therapies, and lead those who came in with very different concerns to suddenly find themselves having memories of abuse, memories that never existed before based on events that never occurred in the first place. Recovered Memory Therapy is believed to be the cause of the Satanic Panic, at a time when hypnosis and other similar strategies were very common and very popular - evidence exists that largely contradicts many of what those who went through

Recovered Memory Therapy believed and claimed. Amidst all the chaos of the Satanic Panic, however, one clear voice of protest appeared: the False Memory Syndrome Foundation.

Pamela and Peter Freyd created the FMSF (in operation 1992-2019) after their daughter Jennifer accused her father of sexually abusing her as a child. Both Pamela and Peter denied these claims, stating firmly that not only did nothing of the sort happen, but that Jennifer refused to even talk to them to try to get the situation resolved (this was a lie). They founded the FMSF as a way to prevent as many people as possible from being falsely accused of abuse on the basis of compromised memory: many professionals and researchers joined the FMSF board in order to further knowledge about how “false memory syndrome”, as they called it, occurred in the first place, and what could be done to distinguish real memories from fake ones. Additionally, the FMSF was well known for providing assistance to the defense in child abuse cases that arose from recovered memories. Despite all of this, the organization was not well received from the very start.

The Advisory Board, which was the main governing body of the FMSF, included members who were known for their rather negative views related to child protection laws and ethics. Some went as far as working with paedophilic publications in their time off, while others seemed to have no proof on which their beliefs were based at all, instead using opinion to discredit the abuse and the recovered memories of multiple individuals. Such people being at the head of the organization lost the FMSF what little support it had managed to build over the years - “false memory syndrome” was never accepted in the mainstream, to this day remaining a term used almost exclusively by supporters of the FMSF.

Once the organization realized that it was under so much scrutiny, a lot of the FMSF’s actions turned personal - whether accusing random therapists of encouraging clients to confabulate false memories, legally harassing authorized clinicians, or even taking the research behind memory and trauma only to then dumb it down to fit their need, the FMSF’s unprofessional and unethical practices, as well as the rising global awareness about the true issue of abuse, led the foundation to eventually close its doors for good in 2019.

Mary Knight, author of the memoir *My Life Now: Essays by a Child Sex Trafficking Survivor* and director of the documentaries *Mothers and Molestation: A film about child abuse* and *RITUAL ABUSE: Am I Crazy?*, sat down with ex-board members of the FMSF, including Pamela Freyd, as well as her daughter, Jennifer Freyd, and truly gave a glimpse into the worldview that the FMSF held. Board member Dr. Loren Pankratz claimed that any child under the age of 3 or 4 wouldn’t be able to remember anything traumatic that could possibly occur to them and, therefore, wouldn’t be affected by it. He largely denied any possibility of consequential trauma occurring before that age, which other professionals confirmed to be the furthest possible statement from the truth. Pamela Freyd herself reportedly did everything she could to “punish” her daughter for the accusations, oftentimes immorally, but thankfully none of her actions resulted in any actual damage done to Jennifer Freyd herself. Extensive documentation of the abuse that Freyd went through was discovered and brought to light.

Overall, the question of whether or not recovered memories can be falsified or not is still up in the air, but one thing remains certain: most people who come forward about recovered memories do not have those memories uncovered by the use of hypnosis or other Recovered Memory Therapy. Despite this, recovered memories are still very much stigmatized in the medical world, largely due to the hypnosis-aided Satanic Panic, and this may stop many people from being able to receive the help they need in order to process their trauma, leading to the negative effects mentioned prior. The widespread doubt of the validity of recovered memories is backed by much evidence, but only the evidence as it relates to the memories being confabulated and urged into existence, while simultaneously ignoring the countless examples of evidence that exist in support of natural memory repression and how it serves as a fundamental protective mechanism in many children of trauma.

The Overall Understanding

Childhood abuse and resulting trauma are, unfortunately, a lot more common than people want to believe. In fact, about 1 in 4 children experience at least some type of abuse when they are young, even when the people around them actively try to keep them out of harm's way. When someone remembers abuse, it is vital to believe them - 85% never come forward, and of those that do 90% experience poor reactions from at least 1 person. Whether this is someone who becomes aware of the abuse as it is happening and puts the blame on the victim, or someone who is told later on and reacts negatively, the trauma of not being believed can make the situation way worse than many may think. Impostor syndrome is very common among abuse survivors: this is a term used to describe the feeling of deliberately making certain experiences sound worse than they actually were when in reality they *were* as bad, if not even worse. For many, this may be as a result of DARVO or similar techniques: there is shame surrounding being abused, guilt surrounding the victim feeling like they could have done more to get help but didn't.

Some survivors may not even think they were being abused, largely due to severe conditioning leading to the belief that they partook willingly. This can keep many survivors from reaching out to get help for many years, conditioned to believe that what they went through wasn't "bad enough", and this can be detrimental to their being able to heal and have fulfilling lives. This type of hesitation is what leads to the development of issues such as DPDR, and these conditions that result as a response to trauma are often harshly misunderstood, to the point that it may take years to break free of them - some never go away. These destructive patterns and pathways that the brain forms are akin to the state of being drugged: they are a form of dissociation so complex and unnatural that they change the entire way that a person operates, understands, and acts.

Altered existence is not enough of a term to explain what trauma can do to someone, but it reflects a much better understanding than what many people have. In the present time, there is still a long way to go in understanding trauma and memory, but many are trying, and many

horrific things are being brought to light as a result. It is with the intent of seeking to help that we first seek to understand, all to eventually prevent the possibility of so many people from struggling with a lifetime of overcoming their trauma. It is to create the reality that survivors wish to have been able to experience for themselves. And it is of the utmost importance that people can know these things, for the safety and wellbeing of both current and future survivors.

References

- Knight, Mary. "Mothers & Molestation: A Film about Child Abuse." YouTube, 10 Nov. 2022, www.youtube.com/watch?v=12MWg4d646E. Accessed 20 Nov. 2023.
- University of Northern Colorado. "Neurobiology of Trauma." Assault Survivors Advocacy Program, 10 June 2022, www.unco.edu/assault-survivors-advocacy-program/learn_more/neurobiology_of_trauma.aspx.
- Bocchio, Marco, et al. "Serotonin, Amygdala and Fear: Assembling the Puzzle." *Frontiers in Neural Circuits*, 5 Apr. 2016, www.frontiersin.org/articles/10.3389/fncir.2016.00024/full. Accessed 17 June 2024.
- Brown, Casey L, et al. "Child Physical Abuse and Neglect." Nih.gov, StatPearls Publishing, Mar. 2019, www.ncbi.nlm.nih.gov/books/NBK470337/.
- Allnock, D. and Miller, P. "No One Noticed, No One Heard." NSPCC Learning, 2013, learning.nspcc.org.uk/research-resources/2013/no-one-noticed-no-one-heard.
- Collins, Leah. "The Strange Origins of the Satanic Panic: How One Canadian Book Started a Worldwide Witch Hunt." CBC, 25 Apr. 2023, www.cbc.ca/arts/satan-wants-you-filmmakers-q-a-sean-horlor-steve-j-adams-1.6822213.
- "Recovered-Memory Therapy." Wikipedia, 17 Sep. 2022, en.wikipedia.org/wiki/Recovered-memory_therapy.
- The Rise and Fall of the False Memory Syndrome Foundation – ISSTD News. news.isst-d.org/the-rise-and-fall-of-the-false-memory-syndrome-foundation/.