

NEUTRAL CITATION NUMBER: [2021] EWFC 91

IN THE FAMILY COURT

Case No: WD15C01046

Friday, 12<sup>th</sup> February 2016

Before:  
THE HONOURABLE MRS JUSTICE PARKER

B E T W E E N:

A LOCAL AUTHORITY

and

X & ORS

Transcript from a recording by Ubiquis  
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MS S appeared on behalf of the Applicant  
MS W appeared on behalf of the Respondent Mother  
MR B appeared on behalf of Respondent Grandparents  
MR K appeared on behalf of the Children's Guardian  
MS H appeared on behalf of the Child

JUDGMENT

(Amended, redacted and approved by  
Sir Andrew McFarlane P in the absence of Dame Judith Parker)

MRS JUSTICE PARKER:

1. I apologise in advance for the fact that this may not be a very well organised judgment. I have had to assimilate a lot of information over a very short period of time. I also need to try and keep it to a manageable length, particularly bearing in mind the hour and the hours we have had to sit this week. I also would like to keep this as simple as possible so that whoever tells Z about my conclusions on this fact-finding hearing does not have to fiddle around too much with the detail in order to extract the relevant parts of this judgment.
2. These proceedings started off with private law proceedings before Judge W. They were proceedings brought by Z's grandparents, Mrs T and Mr C, against Z's mother, their daughter, 'X', seeking contact in circumstances which are incredibly sad. Many of the cases I deal with are incredibly sad, but this is particularly so. Both the grandparents now seek a residence order. The mother then made very serious allegations against her parents which form the prime focus of the hearing in front of me today.
3. Those proceedings were started in August 2014 and it is now the middle of February 2016. The mother would not come to court during the first stage of the private law proceedings and she has not been to court until very recently in these care proceedings, which are now the lead proceedings dealing with Z's future. She has been represented ever since the private law proceedings started. She was unrepresented, and of course this must have been a source of great distress to her, in the private law proceedings. The grandparents may have been represented; they have been privately represented in these proceedings.
4. I have a large number of parties. I have Mr B for the grandparents; Ms W for the mother; Ms S for the Council, the applicants for the care order; Mr K, who represents Z's guardian. Z, who is old enough, is instructing solicitors direct, who have themselves, in turn, instructed counsel, Ms H. This is not a case, I am told, of Z having fallen out with his guardian in any

way, but simply that he wanted to have direct representation. Cafcass finds the circumstances of this case very difficult and the guardian continues to be represented.

5. The main protagonists in this fact-finding hearing, as it has turned into, are the grandparents and the mother, and the other counsel have had less intensive involvement; in respect to some witnesses, no involvement at all. That is not to criticise them or their contribution to this case. I have already, in two previous judgments, had occasion to commend and thank counsel for the exceptionally high standard of presentation and preparation for this case, and the assistance that each one of them has given me. I would like to pay particular tribute to Ms W, whose combination of sensitivity, concision and focus has been particularly helpful to me.
6. This case made a rather difficult way through the courts until it came to me. The mother gave an ABE interview in April 2015 concerning her allegations against her parents. She refused to have this disclosed on the basis that she was not seeking any finding of facts against them, notwithstanding that her case as to why Z should not see the grandparents, or certainly not to live with them, was because of the abuse that they perpetrated upon her. During the course of last year, or it may have been earlier, Z started expressing the view that he did not want to see his grandparents. It is quite obvious to me now, and I will not give any more detail unless I have to, that Z knows perfectly well what his mother was saying about his grandparents. It is common ground really, but there is quite a bit of evidence to suggest that his feelings are not quite as straightforward as what he says, because he certainly has some reasonably covert communication with his grandmother, and it is asserted – and I do not think seriously disputed by the mother, who is a single parent of Z – that this was a very close family indeed and Z was cared for by grandparents, X’s older brother and sister, who are eight and six years older than her respectively, and uncles and aunts, and had a very close family life.
7. To go back to the proceedings, the mother would not withdraw her allegations, but she stated through her psychologist, of whom more later, that she would be profoundly distressed with

the implication that she might do something quite serious to herself if these allegations were made public, if her parents got to know of them. Judge W ordered that they be disclosed. The mother appealed. McFarlane LJ gave permission in October/November last year, stating in the grounds for permission that there was some doubt as to whether Judge W had paid any or sufficient regard to the psychologist's letter as to the effect of the mother on disclosure. The appeal was eventually compromised because the Local Authority's care proceedings had been started the previous October, and the mother agreed to withdraw her appeal. Ryder LJ made an order, effectively by consent, that the appeal should be stayed pending the relisting of this case before an appropriate judge in Chester. The order for disclosure of documentation was stayed on the basis that the judge who held the next directions hearing was to reconsider that issue.

8. The case was transferred to me. In the light of allegations which it now appears that the mother has made – although she has just withdrawn them – against Judge W, it is very fortunate that they were. I believe that Judge W did not know about that assertion.
9. The case came in front of me in December of last year, when I had to decide a number of matters which I do not need to record for the purpose of this judgment. I did look at the question of disclosure. I have already dealt with this in previous judgments, so I do apologise for the repetition, but I do need to put what I am just about to say in context. The mother's case, based on the view of her psychologist, Dr Thomas, was still that immense and inordinate harm would be done by disclosure of this material. She expressed fear about the grandparents, expressed fear of reprisals, either then or at a later hearing. I decided, perhaps wrongly, to take it step by step, and the first step seemed to me for me personally to look at the transcript of the interviews. It seemed to me that I might treat it like a quasi-public interest immunity application. I read the ABE interviews, which had arrived over the Christmas holidays, on my return after the vacation. Another hearing was convened by the guardian because of

problems with Z's placement. This coincided with my having read into these papers, and I convened a hearing in order to try to look at the question of disclosure of the mother's ABE, which was without my having analysed it in detail. It was obviously of crucial importance to the way forward in this case.

10. In my December hearing, I recall having some debate whether there should be a fact-finding hearing *per se*. At that point I said no; I did not see the point. I said I could find facts in the context of a care hearing. If the mother was not going to come to court to give evidence to support her case, then I would just have to do my best on the material that I had, assuming that either the allegations would be before the Court or there would be no allegations before the Court, in which case, as a matter of law, I could not make any findings of fact against the grandparents. The problem with that approach, of course, is that it is always open to the person who is asserting something to say, 'Well, the judge never looked at it. They have not been exonerated. I maintain that these allegations are true'. Although in one sense Ms W is right in that her client does not actually seek a finding, in fact, her approach is to behave as though the findings have already been made and are incontrovertible. She relies on them; she says they are absolutely true and that they should inform the future.
11. It is also her case that the abuse perpetrated on her by her parents includes a form of psychological abuse in conjunction with sexual abuse, which has led her to develop a psychiatric condition (which an expert witness, Dr Thomas, has labelled 'quaternary dissociative identity disorder' or 'DID'); therefore, it is not her fault and there is nothing wrong with her apart from this condition. She is desperate for her son to come home. She is putting forward other relatives or associates of hers as potential carers for Z.
12. Alongside this, Z's foster placement, as I have said, has broken down, and the Local Authority is very concerned that mother, just by her attitude – I am not suggesting anything malign here – but by her attitude is undermining the placement because she is destabilising Z by presenting

herself as the victim, stating that she is the victim of her parents, his grandparents, therefore making him feel very sorry for her, sympathetic towards her, and asserting that her reaction to what has happened does not prevent her from being a fit parent.

13. The Local Authority has not until now relied upon the allegations as being potentially relevant to significant harm, even though they perceive that, if false, or even if true, that the fact that Z has been made aware of them is capable of causing him harm and may well have already caused him harm. The Local Authority is clearly of the view that there needs to be an understanding from Z's point of view as to what the truth is. In fact, as the evidence has progressed over the last four days, the mother's motivation, her functioning, her attitude to these proceedings, and her attitude to Z within these proceedings, has come more and more to be the focus of attention. The Local Authority is now concerned that the diagnosis which the mother has is not the primary or sole diagnosis and that that diagnosis of dissociative identity disorder is unlikely to provide a complete answer or any kind of real answer at all to what effect she has on Z and what risk she may present to him in the future.
14. To go back to the history of the proceedings, at the January hearing convened by me, I had also been referred by the grandparents' counsel to *Re A* [2000] 2 FLR 225, which made it clear that the withholding of information is *prima facie* in breach of Article 6 rights. I was urged both by the mother and by the psychologist and by the forensic psychiatrist, Dr Ratnam, who has been directed to report in these proceedings, that the mother might be caused grave psychological harm, possibly be hospitalised, as a result of the disclosure of this material, putting forward an even stronger case than that which I had had at the December hearing. Therefore, I decided that the furthest I could go – but I had to go this far – was to order that counsel see the ABE interviews. At that point, I did not disclose, whether by omission or commission, I cannot recall, other police material which is in fact now before me. That decision was not appealed, but there may be been little opportunity to do so.

15. At the next hearing it was quite apparent to me that I needed to deal with the question of whether the ABE interviews needed to be disclosed to the grandparents. I thought in January that it might be possible just to have an abstract of the allegations put to them. I was persuaded to disclose them all, to all the parties, together with the other police material. Although the mother still stresses that she is not making an allegation, I have the ABE interviews in front of me and Ms S for the Local Authority has very kindly prepared two and three quarter pages which distils a long pre-interview and an interview by the police into a manageable form, which, apart from one individual set of allegations and some allegations made against Judge W, Z's solicitor and his guardian, are still pursued in the sense that the mother does not withdraw them, but does not formally seek findings. The grandparents seek a finding that these allegations are frankly untrue and the product of a disturbed imagination or perception of their daughter or by their daughter.
16. On day three of this hearing, counsel for the grandparents set out a number of other findings that he wants me to make in respect of the medical evidence, and I shall deal with that in due course. This four-day hearing had been listed before I actually saw these papers, I think. It was certainly in existence at the time when I had my December hearing. I retained it, saying that I would use it to get as far as I could to make as much progress as we could with these care proceedings reaching a conclusion. I may or may not be right about this: I think there had been an application by the mother to dismiss the grandparents' Section 8 application sometime last year, which was refused by Judge W on the basis that it was plainly in breach of Article 6. I think, but I may be wrong, and I will be corrected, that there was a similar application to dismiss the care proceedings. I am wrong about that; it was just the Section 8 application, so I am very sorry.
17. There is no such application today. The mother came to court 10 days ago and presented herself very well. As I have already said before, she is highly intelligent and articulate, very

contained 10 days ago. She spoke to me, I am just suggesting that she found it an enjoyable experience but she certainly did not present as distressing and it was valuable, I imagine, to her to have some direct communication with me and I in fact had probably started the ball rolling by addressing her at an early stage of the proceedings because it must be awful, particularly for parties who come into a case late, to feel that people, particularly those as intelligent as X, to feel that the judge is talking over their heads. I hope she appreciated being included.

18. The mother has chosen to give evidence which was in fact fairly brief. Yesterday she was in the witness box for under an hour, I think, behind a screen rather than over the video with her parents over the video and concealed from her. She was more nervous, obviously slightly more agitated but she again acquitted herself very well, and I am most grateful to her for playing this part in the proceedings. I am glad to say that the seriously worrying predictions of the psychiatrist and the psychologist have proved not to be founded and there are some signs, as I shall shortly describe, that the mother's psychological functioning might be slightly better than it has been over the last year or parts of the last year.
19. I have no doubt that the conclusion of this part of these proceedings and the reaching of decisions is going to have an effect on her and I think it would have an effect either way I decided, or indeed if I was unable to make a decision. If I find her allegations to be true and validate what she said, if I find them to be false and if I come down somewhere in between.
20. I may have to come back to individual points that I have omitted in this run-up to my decision but those are the circumstances in which I decided notwithstanding my view in December of last year, to treat this as a fact-finding hearing. I have only been able to do that because of the hard work of counsel and solicitors, I am sure, and the parties themselves in assimilating vast amounts of new material, and in attending court and assisting me in the way that has been described.

21. I have heard the grandparents, their son and daughter, M and S, the mother's sister, Mrs B, and her husband, Mr B. The guardian has not been at court although there is one factual matter which has not been explored which I was rather hoping to explore because it was one of those areas where a decision on the allegation might have been a real help to me with veracity. That is in respect of things that the guardian is said to have said to Z in the mother's presence, it is said to have been extremely distressing to him, which allegations are denied by the guardian. I heard the mother herself in circumstances I have described. I heard the two experts, Dr Thomas and Dr Ratnam, and DC P, who conducted the ABE interview.
22. I am going to deal shortly, insofar as I have not already dealt with it, with X's history. Her parents are no longer married to one another but they were together for all of her childhood. She is the youngest of three. Her mother had some obstetric difficulties between the birth of her last two children; thus the big age gap. Her mother tells me that X was very much wanted and cherished. The grandparents who have been in court throughout except when they have been at the far end of the video, have like the mother conducted themselves with complete propriety and dignity. It is not just what they say from the witness box and through their counsel, I have been watching them very carefully, as judges always do, and I can see absolutely no hint of anger or rancour about what their daughter has said about them. They are very sad, I accept they have behaved in a way which is entirely congruent with that in these proceedings. Mrs T has shown herself very distressed in parts of her evidence, as did her daughter S. X herself is said to be quite a good actress, it may be that the whole family are good actors but I did not detect anything false about their presentation at all.
23. There has been some enquiry quite outside, or not entirely outside because it is linked in some senses, with the major allegations about X's maternal grandfather who lived with the maternal grandmother in London and when X was 15 or 16 Mrs T says that she was approached by X's friend called A, who told her something X had said to her. This was in the context of X

having had emerging psychiatric problems for some considerable time, starting around the age of 12. Eating disorder, depression, misery. At some point she started self-harming and she was in and out of the psychiatric system and she was treated by a centre which was local to them.

24. In the context of her concerns about X, the grandmother tells me, and I have no reason to disbelieve, that she met A and A's mother, who also knew X, and A told her that something had happened. I am not sure that she actually told her what had happened at the time but she would find the answers to what the problem was in X's poetry and writings. X is, I interject, as well as very intelligent, very artistic, poetic, literary, and she wrote a lot. The grandmother spoke to X and X told her that she had been abused by the grandmother's father. The evidence that I have is that this was alleged to be a single incident of sexual abuse. I am very unclear about what it was that X had told A. I accept, on the evidence that I have heard, that that was all she disclosed at the time.
25. X was then interviewed by two therapists at the Centre, with her parents there, and disclosed sexual abuse by her grandfather. The details of this are very unclear, and I do not have the clinic records, but I accept that there was no evidence at that stage, produced by X, as to anything other than some form of inappropriate touching when she had been aged perhaps seven. According to the grandmother, X closed down at that point and found it very difficult to talk about it. The grandmother tells me, and this does not seem to me to be inconsistent with anything else I know, that she then started asking other members of the family whether they had had any similar experience and her sister – and having seen the sister giving evidence, I accept this – found it very difficult, said that there had been an incident when she had been little. The grandmother tells me that what her sister told her was that she had also been inappropriately touched, but her sister was not sure about how serious the incident had been or whether she had made a mistake, but she had obviously been distressed by it and the

extent of her distress and what she said caused her then to think that this was very likely to be true.

26. The grandparents' recollection is that they dealt with this appropriately, spoke to X about it immediately and sought help from the clinic and immediately took steps to try and regularise relationships with Mrs T's father. X has said that she thinks that her parents waited a week before they approached her and there also has been complaint by X that relationships with the grandfather were not properly brought to an end. This revelation by X must have created complete turmoil in this family and I wonder whether any of us would have done any better had we been faced with circumstances of this kind. I do not think that I have been misled by anyone as to what happened. There were some minor discrepancies between the timings and the account of how the information came out between Mrs T and her sister. They do not trouble me at all with regard to core veracity, and I quite accept X's recollection that there was a delay. It is likely to be a genuine one. On a very fine balance I think it likely that the parents, after no doubt some discussion amongst themselves, acted with reasonable expedition in seeking help for X and in addressing this issue with X themselves. It may not have been quite the way they remember it, but I am not at all concerned about that. I can well imagine that the family in these circumstances might be very careful in wishing to check their facts before they raise with their daughter things that she has said to someone else, to try and find out whether it is true. When they want to talk about it is very difficult to know how to handle this kind of devastating family event.

27. Mrs T also tells me two things about her father which may be very significant, and I think are significant. Firstly although she did not deal with it in oral evidence it is in written evidence, she says that when her husband taxed her father with having done something to X he immediately denied specifically having sexually abused her when Mr C had not even mentioned the words, 'sexual abuse' and then before he died he said something along the

lines of, 'Well, I didn't do it but if something did it was probably my medication'.

28. When I first started examining this case and looking at the case which X now presents, although she is not strictly presenting it to this Court but has done so to the police, as to what she says her parents have done to her, and in the light of her history of psychological turmoil and trouble, I wondered whether there was doubt to be thrown over the accusation against her grandfather.
29. I have been addressed helpfully and in detail by counsel on this. The grandparents do not in any way dispute that there was a single incident. I have come to the conclusion that the combination of factors, X's disclosure as it is truly to be called in these circumstances, what Mrs B told me in considerable distress even after all these years about the incident which had affected her, and the things that Mrs T has told her that her own father said to her and X's distress, I am satisfied that there was at least one incident.
30. I have been told that there cannot have been any opportunity for there to be any other assault. Mr C and Mrs T told me that they understand from X that the circumstances in which her grandfather sexually assaulted her were when she was staying with her and her grandmother in London, that it was a treat her older brother and sister had been allowed to have weekends in London and be taken to see the sights. She had not enjoyed that so she had this weekend on her own and this is when her grandfather got into bed with her and that was when whatever had happened occurred. The reason I say 'whatever happened' is because I do not have clear information as to what in fact did transpire. X has later said that she was forced to perform oral sex on her grandfather and has even more recently said that in the last three years to her older brother M that she was raped, by which she I assume meant rape in the old established sense rather than meaning any other form of penetration. I do not know. In the light of X's inevitable ruminating on this subject and sexual thoughts which she has plainly had, whether they represent reality or not, I have to be concerned both that there were other incidents and

also that the reliability of her memory is not likely to be very good when she is remembering aged 34 or perhaps not quite that age, something which happened aged seven, and of course in circumstances of this kind a judge who hears so much of evidence about this kind of case is bound to worry that the child has only disclosed the minimum in order to seek help. The grandparents are adamant that there was no other weekend when X was left alone with her grandparents so that this could have happened. I do not disbelieve them on that, certainly I do not disbelieve that that is their recollection. Ms W on behalf of the mother has made the point that there may be many other occasions other than just weekends away on her own when X could have been abused by her grandfather and that of course is true as well.

31. Certainly, leaving aside X's other accusations about her grandfather and the evidence I have as to what happened when she made this disclosure, I am not able to go beyond those observations.
32. I have had a considerable amount of evidence also from the mother's therapist Dr Thomas as to whether the incidents were single or multiple, as reported to her when X first came to her as therapist in 2009. She was pretty adamant that the letter of referral had referred to multiple sexual abuse by the grandfather but there is no evidence of that before me. We looked at a number of letters the day before yesterday and there is only reference to 'abuse' in the context where it is more likely, although not necessarily so, that one incident is referred to rather than multiple incidents. Certainly there is no reference to multiple incidents and, contrary to her recollection, Dr Thomas' correspondence also simply referred to 'abuse' in the singular.
33. X has been a fragile and troubled girl ever since she embarked on adolescence. She became pregnant with Z when she was either 17 or 18, and she was 18 when he was born. As with many families to whom this kind of event happens, I am sure that the news of their young daughter's pregnancy was devastating and worrying. As in so many similar situations, once born and part of the family, Z became the much-cherished older grandchild and I accept that.

I have a very clear description, as I have said, from the grandparents as to Z's life as part of this busy communicative family. He has no contact at all with his father and indeed it is now suggested that his father is not the named individual who the mother lays claim for Z's paternity. He does not have parental responsibility, whoever Z's father is. Z lived with his mother, although with much contact with the family, and with the mother's partner, D who the mother married the week before last. They have been together for a considerable period of time. D has a son who is a little bit older than Z, I think. Z has shown a number of rather disturbing behaviours, including sexualised behaviour. The mother told me that she thought that this was relevant to her suspicions about the grandparents, but it is not specifically relied upon forensically in these proceedings. I am not in a position to say what the cause of Z's problems is. I am not even sure that I have sufficient evidence about the mother's mental health during these years to say with any certainty that Z's problems are particularly related to that.

34. The mother was under the care of psychiatric care for some time, all pretty consistently, from various different psychiatrists and Z also has a child psychiatrist who was dealing with his problems. The mother's first diagnosis was depression and post-traumatic stress. I think she was diagnosed with PTSD at an early stage. If am wrong about that it does not matter, and she was diagnosed with a borderline personality disorder. In 2009 she had concluded that she suffered from dissociative identity disorder ('DID') which used to be known as multiple personality disorder. She parted company with whoever was then treating her. I note that one particular psychiatrist who had had her under his care, and the child psychiatrist who Z was seeing and I think one other as well, very much doubted the mother's presentation with DID. She asked to be referred to, and obtained funding for, a referral to Dr Rachel Thomas who was then at the Tavistock, and who is a psychologist who deals mostly with adults although she told me that she has experience dealing with children as well. The evidence is now

reasonably clear, although not entirely so, that the mother referred herself to Dr Thomas because of her specialised interest in DID, although Dr Thomas told me that the mother was her first case. She has been seeing her for therapy ever since.

35. I shall deal more thoroughly with the way in which Dr Thomas is said to have been concerned in the emergence of the mother's allegation when I come to look at the allegations themselves. In any event around about three years ago it is apparent that the mother started making allegations of abuse against her parents and she cut off any relationship with them and there is an issue as to how far that may have been instigated by Dr Thomas as part of the therapeutic process. Z was still seeing his grandparents, it was about six months after the mother had cut off relationships with her parents that she came to the conclusion that Z should no longer see her parents, and they commenced their proceedings for contact with Z, as I have said. By that time Dr Thomas had left the Tavistock and moved to the Centre for Dissociative Studies and the mother went with her, not in the physical sense but as her patient.
36. In September 2014 just after the commencement of the parents' application for permission to apply for a child arrangements order, Dr Thomas reported the alleged abuse of the mother by her parents and others who the mother had also named to the police. Dr Thomas' various letters to the Court have been analysed and placed into a schedule by Mr B [counsel]. In October 2014 Dr Thomas wrote to the Court, this is the letter which so troubled McFarlane LJ at the permission hearing, setting out her diagnosis, what was wrong with the mother and concluding by setting out the mother's case as to her inability to cope with the court proceedings, and Dr Thomas's opinion as to the effect of legal proceedings on the mother's health, plainly expressing the view that court proceedings in themselves would be harmful for the mother, impliedly if not explicitly asking for the proceedings to be terminated. She also stated that supervised contact between Z and his grandparents would not only place Z at risk of harm, given her self-reported significant abuse, but also would have a marked

deleterious impact upon her mental health through having to see her parents, stating that mother's mental health was now improved since she had ceased contact with her parents. She also reported an assertion by the mother that Z's behaviour would worsen and be more disturbed and aggressive following visits to his grandparents. That is very much disputed by the grandparents. Thus the proceedings eventually made their way to me.

37. Ms S has, as I have said, set out the allegations in itemised form, 26 paragraphs. Her schedule is attached as an annexe to this judgment. I am not going to go through the allegations. I shall summarise them. There were other relevant allegations as well, quite apart from the one that the guardian had harmed Z emotionally by the way in which she had talked to him.
38. It is apparent from the ABE interview (now that we have read it) that the mother had also made, as I have said, serious allegations against Judge W, the child's solicitor and his former guardian. The mother's overall allegation is that her abuse by her parents was conducted as part of their involvement in a Satanist paedophile organisation who had implanted into her as a method of control, allowing her to be used as a sex slave throughout her childhood and adolescence, and in order to prevent her from disclosing these allegations by creating in her alternative personalities, 'alters' as they are apparently known professionally, as part of the process of control and as a way of preventing the mother from remembering these abusive events in a number of different settings involving a very large number of people.
39. The mother had asserted that Judge W in court and the other two professionals had used trigger words so as to exercise mind control over her and that they were part of the same malign group. That allegation has now been withdrawn in the following circumstances. Also in the mother's ABE interview, and scheduled by Ms S, is the mother's assertion that, whilst in Germany, where the first abuse happened to her, she says, aged three, her real mother was murdered by the group and she was forced to murder her three-year-old twin brother by pushing him into a bonfire. It was her case that her parents are not her parents at all, but

members of a paedophile ring who had forcibly removed her from her own mother's physical custody in order to gain sexual control over her, and thus murdered her mother. She said that she remembered having a twin brother and remembered the surrounding circumstances, which she describes in great detail, about how she was forced to push this three-year-old child into a bonfire. He was then moved from the fire, tied on to a post by her parents and burnt, and his remains buried in the woods.

40. At the first hearing before me the mother heralded through her counsel who was then representing her, Ms W I think being otherwise engaged, but the application was not pursued. It was then referred to at the second hearing, and then eventually it became obvious, first of all, that the grandparents needed this allegation to be followed up and they would consent to DNA tests, as would the mother. I was asked, incidentally, at the same time, to order that there be DNA testing of Z and his maternal grandfather, because the mother had asserted hesitantly in her police interview, but with more and more certainty through her legal representative at the hearings before me, that she thought that Mr C was the father of Z. I will not go, for the purposes of this judgment, into the circumstances in which I received what I thought was a consent order, but which in fact was nothing of the kind, and the guardian reluctantly agreed, although the grandparents did not, to Z being tested. I was quite firmly of the view that it was not in the interests of this teenage boy to have DNA testing, particularly since it was not established whether there was any foundation for the mother's case at all. It seemed to me invidious that anyone should attempt to take a sample covertly, and indeed if he then was told about the results of the test he would have been rightly angry and distraught that such had been done without his permission.
41. One of the things I need to decide at the end of this hearing is whether in conjunction with Z being told about the findings that I shall shortly make, whether he ought to be given the opportunity of having a blood test in the light of the fact that it is now absolutely clear beyond

any doubt that he believes that his grandparents are, I use his words from a week or so ago, 'disgusting paedophiles'. Those blood test results in relation to the mother came back at the beginning of this hearing and they show that Mr C is her father. To do her justice, the mother then withdrew the allegation in respect of both of her parents and said that she did not need to know about Mrs T's results before coming to the conclusion that if Mr C was her father then her mother is likely to be her mother as well.

42. As a result of that concession, she withdraws the allegation of the murder of the woman she says she believed to be her mother and the child who she believed to be her brother. That was not quite the way it was put when I was first told about the concession, I was told that one of her alters had believed this to be true but she now did not pursue it. In the witness box she told me something subtly different which may be simply because it came from her rather than through Ms W, and I accept. She says that she still remembers, or it may be that an alter remembers, seeing a woman being murdered and a child being murdered. She thought that that was her mother and brother but she now accepts that they are not.
43. This may have been a decision a few days ago. It does not much matter. When she told me about this she did seem to be showing some signs of agitation. Really that was the point at which I observed this feature of her presentation, bearing in mind the quality of the evidence which she says she has upon which she is relying. This is one of the many features of her account which causes me to have the utmost concern about its veracity.
44. There have been certainly what I have termed potential veracity markers in these proceedings which would have the capacity to prove or disprove important parts of the mother's account, reliant for its detail entirely on the ABE interview. Nobody made her repeat anything she previously said from the witness box. The furthest Mr B [counsel] went was to put to her in general whether she could be confident that her recollections were correct, bearing in mind the alteration that there had been in the presentation of her case. She told me that she stood

by absolutely everything else.

45. The allegations which, when this judgment comes to be read, will already be in the body of the judgment, are very florid and very unusual. I make it clear that I have seen many cases of alleged child abuse in both the private and the public law sphere in the Family Division, both as an advocate and as a judge. I quite accept that some people do some quite awful things to children of a sexual nature and otherwise, and some of it does indeed almost beggar belief, but I agree with Dr Ratnam, and indeed I formed this view as a lay person when I first read these interviews, that there is a paranoid flavour about the allegations which I could not ignore. It is said that a very large number of people were engaged in this activity and that the only other children, apart from the child that died, who are referred to are the mother's elder brother and sister.
46. Of course it is easy to go into the witness box and deny behaviour, but I did find M and S's evidence pretty convincing. S became very distressed. They seemed to me like very normal, high-functioning individuals. There was nothing in their body language or what they said or the way in which they said it which was anything other than consistent with loving siblings who were distressed and shocked about what their sister had said. In S's case she was pretty disgusted by some of the allegations as well, and found them bizarre. I simply cannot understand why a satanic group would treat a child in the way described by X. The red enema with sand, it is a most peculiar allegation, the pie-shaped frame, the being bound in black gaffer tape to create a pole and held upside down in the river. The wooden crate with spiders and insects has all the flavour of a nightmare. There are however some elements of these allegations about which I do have some very important evidence or lack of evidence. First of all the family have told me in terms that they have never been to the area of Germany where the mother says this has happened. I have no independent evidence of that but they have been very consistent. I do not even know whether the river exists, it may do but then the mother is

a proficient Internet user and very capable, as one would imagine, and with the intelligence to do research.

47. The grandparents say that it was never true that she had a blood transfusion in a hospital located in that city of Germany. She had had food-borne hepatitis rather than blood-borne hepatitis, I am told by Ms H that is what her medical records show, and hepatitis A is, as I understand it, not blood-borne but food-borne and there is no indication or evidence in her medical records that she has ever had a blood transfusion or that anyone has ever said this on her medical records.
48. Then there is the physical injury. She showed DC P the area behind her ears saying that they were scars. DC P saw nothing. I raised the question of having some independent medical expert advice about marks to her body which struck me as absolutely crucial veracity markers. Nothing has been produced, I have not been even asked to look at any part of her body. The parents tell me that in common with several other of the allegations, there was likely to be some childhood memory of something which might have sparked this what they think is a fantasy, which is that M had his ears pinned back which involved some incision behind his ears to shorten the muscles. Then there is the allegation that she was cut from her anus up to her lower back with a sharp black slate-like or ritual tool and the cut was about three inches long, and she was said, as I say, to be three years old at the time. First of all, I am not satisfied that she had need to have a blood transfusion as a result of this cut. Secondly I raised the question at one of the earlier hearings of X having a medical which of course will be embarrassing and not very nice, but she has had a baby which inures one to some extent to indignity and she was very open and lacking in embarrassment in the way that she spoke to police officers. Instead of having what I expected to see if I was going to see anything, a medical report, I had attached to her statement filed just before these proceedings a photograph. I have not seen the original digital online version, counsel have. I have seen a

colour version. It shows the lower back, I think of a young woman, it is verified to the extent that it is endorsed by a nurse at the GP practice I think saying that it is X. There is no evidence at all as to how X is identified. It shows the bottom of the spine and the person, I assume a young woman, is slim but not so slim as to show vertebrae. There is what looks like a paler version down the spinal area. What it consists of, whether it is the light, whether it is something else I simply cannot tell. I am no doctor, but I can exercise my common sense and I know what a scar looks like. There is nothing on this photograph which looks anything like a healed incision, stitched or unstitched. Anything like X describes would have required considerable healing and now she says that she was too embarrassed to show her anal region. Well, I have no evidence about that at all. I would not have thought it needed a photograph, someone could simply have just had a look.

49. I have, two or three times, raised with Ms W, on her behalf, the paucity and inadequacy of this evidence. I have said that there is time to go and get her examined, I would let in late evidence even if it meant having someone cross-examined. Nothing. As I said to Ms W more than once, I can draw no conclusions at all as to the veracity of the mother's evidence from this material and the lack of proper evidence is extremely telling and causes me to reject absolutely and beyond all reasonable doubt allegation five.
50. I have reminded myself of *R v Lucas* [1981] QB 720 which is relevant in the sense that people lie for all kinds of reasons, and one cannot assume that a proven untruth means that everything else is untrue as well, but the context of these allegations is identical. The fact that I reject a key part of the mother's case upon which she still relies today, she told me something about it in the witness box I recall, if she did not she still stands by that allegation, then that is very significant indeed.
51. She makes allegations about her grandfather, E, raping her and performing oral sex either on her or receiving it from her, and the same with her father in the grandparents' home, and says

that the abuse was recorded on a camera and photographed. She says that her mother was also engaged in facilitating these assaults. She says that there were also assaults in South West England and then allegations of a similar nature from the age of three to 17 in the family home from both her parents. Then in general she alleges 20 points in the interview that there has been programming or mind-control throughout her life by her parents and many allegations or allegations in that context and in Germany allegations about using an electric shock device on her, allegations about having been smeared and made to eat faeces, and the allegation about the trigger words and that her parents are practising Satanists or perhaps members of the Illuminati or an organisation called The Golden Dawn or The Templars. The Templars, of course, are well known. I think the Illuminati are from a book by Dan Brown.

52. There was also the allegation that she was tied to a circular device that spins and throws darts at her at a property in the South-West when she was six. The grandparents have produced a photograph of an evening entertainment when they were on holiday in Germany of grandmother being blindfolded and put against a large sized dartboard and someone pretended to throw darts at her but in fact it was all a joke, as the audience knew. That is one of the areas where the grandparents think that she may very well have taken some real memory, vague memory from the past and transformed it into something very much more serious.
53. Before turning to what I make of these allegations, I need to turn to the expert evidence. I ended up not entirely clear what Dr Thomas' view was about the veracity of these allegations. The law is that an expert's view of veracity or otherwise is not irrelevant but of course it is superseded by the view of the judge. I am the deciding voice in this. I am going to put it as neutrally as I can for the moment, Dr Thomas is certainly aware of a theory that there is such a thing as what she describes as quaternary dissociative identity disorder which is said to be created by Illuminati or other Satanist paedophile groups, by which alternative identities are

created in the subject for the purpose of exerting control, preventing disclosure and suppressing memory or diverting it into another consciousness.

54. Dr Thomas was cross-examined about whether or not this belief had been transmitted by her to X who has used the term mind-control, DID or quaternary DID and as has already been recorded, very much asserted this in her ABE interviews. I am not going to analyse every single one of Dr Thomas' letters, they are there to be read by any tribunal or person who needs to examine this judgment. A number of these letters were put to Dr Thomas in evidence. Although Dr Thomas who is a very experienced psychotherapist averred to me that it was not her job to form opinions about material which her patient brings to her in sessions, I did not feel she dealt at all satisfactorily with the content of the letters. First of all, when she writes to the mother's GP, she refers to X's childhood sexual abuse as if it were undoubted established fact. Now admittedly early on this may have related to the abuse from her grandfather.
55. In 2010 after an incident when the mother had said that she had self-harmed, Dr Thomas felt that X was not making progress, was not working hard enough at the therapy and talked about an in-patient admission and also told me that she was thinking about terminating therapy with her. That is the first reference I think, but it does not matter if it is not, to the mother telling Dr Thomas that she had at least five distinct personalities which she feels inhabit her body. Dr Thomas expresses the view that this is a dissociative technique in order to survive the sustained and severe sexual abuse she experienced from her maternal grandfather. At this point X had just told her that the abuse included both repeated oral sexual abuse and rape, and this may have been for the first time.
56. By October 2011 she had 25 alter personalities and by this time Dr Thomas was expressing the view to the GP that she was bringing to the surface material 'indicative of severe Sadistic abuse by multiple perpetrators including her parents and maternal grandfather'. She also

refers to the 'extent and severity of the childhood abuse' that the mother had suffered, and the context of all these letters are that these allegations were being made through the retrieval of memories from the alternative personalities.

57. By January 2013 Dr Thomas was expressing the view that:

'The majority of X's disassociation was not created by her defensively but was conversely engineered by her abusers through organised torture to make her and her alters highly susceptible to their manipulation and control. This process, known as mind-control programming, is sadly not uncommon I am discovering in patients who have experienced serious organised and criminal abuse, as X has'.

58. In later letters Dr Thomas is just now discovering how abusive X states her family of origin are. X talks about the role that her mother played in her own abuse, that she had been subjected to electric shock treatment, refers to severe and sustained childhood trauma within her family of origin and by September 2014 Dr Thomas writes to her care co-ordinator that, 'the originator of her DID was the experience of repeated sadistic childhood abuse at the hands of her parents, maternal grandfather and members of a paedophile group', and then deliberate drugging which also appears in the ABE interview, electric shock treatment and torture-based mind-control techniques is referred to. That is four days before the alleged abuse is reported to the Police. Then comes the letter to the court in which Dr Thomas described that the presence of DID as being corroborative of X's self-report of severe and sustained child abuse at the hands of her parents and the maternal grandfather, and expressed the view that X was likely to be correctly reporting these events. It is in that context that Dr Thomas urged the cessation or limitation of the court proceedings.

59. There is not a hint in any of this correspondence of any doubt at all about the veracity of these allegations which are presented as established fact and would have been read as such by GPs and the Court with the effect that I have described on McFarlane LJ.

60. Dr Thomas in evidence was first of all very supportive of the concept of mind-control DID.

She referred to names of persons who she presented impliedly as experts in the field. She was very reluctant to admit, if she even did, that there was no peer reviewed group of literature to support this theory. The prime proponent is one of her colleagues at the Centre and although she was not entirely clear about the extent of her support of the truth of the mother's allegations she certainly very much supported the idea that organisations such as described by the mother could well exist and that mind-control to create alternative identities was clinically established. As her evidence progressed she became less wedded to this theory, and described it as only a theory but then said that these things could have happened. Her explanation for the way in which her letters were couched was that she was simply presenting the mother's case about which she had not formed a view.

61. I do not know what the true state of her belief was at the time she wrote these letters but I know what would have been made of it, as I have already said, by the reader. The importance of this section of the judgment is not to analyse Dr Thomas' motivations and attitudes but to track the development in the mother's own mind of these beliefs and also to form an assessment as to whether what the mother was saying could possibly be true.
62. Dr Thomas was called, at least in part, to support the mother's case in that regard. I have come to the conclusion that any evidence so-called which there is in the public arena referred to at conferences and so on, posted online although not peer reviewed, comes from self-report by troubled patients and is therefore incapable of any form of independent assessment by this Court. Dr Thomas could not even tell me whether the Illuminati group is known to exist or not, whether it is equivalent to the Masons, for instance. I am satisfied that, although this is believed to exist, that there is no independent evidence apart from reports that it does, or that any such satanic groups exist either. That is not to mean that it is absolutely impossible for some kind of effect to be created in individuals by physical and emotional torture, although the evidence for this, and I take this part of my judgment from Dr Ratnam, is somewhat

lacking. It is believed that you can brainwash people but I do not think there is any evidence for it. Whatever the theory which may be espoused, I am not able to find that there is such a thing as mind-control DID and Dr Ratnam said that although she was vaguely aware of the theory, had no evidence and had never come across it in her many years as a psychiatrist specialising in this area although amongst other things.

63. Dr Ratnam's view, and she would not be budged from this, is that the mother does have dissociative identity disorder and such illnesses are caused by trauma in childhood which causes the splitting off of one part of the personality from another. It does not have to be horrific abuse such as described by the mother and propounded as the causative effect by Dr Thomas. She said that the mother's single experience, if traumatic enough to this mother at her age, although the prime age of vulnerability is up to five, might have been enough for her to develop this disorder. She however also found the mother's account incredible from her own perspective, something which Dr Thomas was not able to concede until the end of her evidence and I am not sure where she really ended up in that regard, and indeed so disturbing that at an earlier stage in the hearing this week Dr Ratnam had communicated that she was concerned about the mother's capacity. She saw the mother again at court and saw the mother to her withdrew the allegations against Judge W, the guardian and the guardian's solicitor which she did through Ms W on the same day, I think. That was something which had most concerned Dr Ratnam and it had concerned Dr Thomas as well.
64. Dr Thomas says that she had taxed the mother with the way in which this might be regarded by others, no doubt the Court. It was difficult to tell from her evidence as to whether she was talking about recently or further in the past. Dr Ratnam challenged the mother gently by asking her what people would think and the mother presented very rationally to Dr Ratnam and said that she did not pursue this allegation. It must have been one of her alters who was concerned about it, she was under great stress at the time of the hearing in front of Judge W

and she had confused past and present, the past being the experience of group abuse with others, the present being the group experience of the court hearing.

65. It is submitted to me that there are a number of conclusions to draw from this episode. The first is the mother's suggestibility when challenged, a suggestibility which is also confirmed by the content of the ABE interview when the mother was talking about the black knife used to cut her but could not describe it. DC P introduced the word, 'obsidian' to test how independent her recollection was, and the mother immediately lighted upon this word and said, 'Yes, of course, obsidian, that's what it was'. I therefore have two pieces of evidence which supports suggestibility.
66. Secondly the mother was very resistant to the concept that she did not have capacity, as I recorded in my judgment on the capacity issue. Ms S has raised on behalf of the Local Authority, in a number of different contexts, whether one feature of the mother's presentation is an excessive need to control others. She points to the way in which the Court was hamstrung by the inability to have the ABE interviews disclosed, by the mother's refusal to come to court, by the mother's insistence on protective measures and indeed almost a degree of manipulateness in making the allegations but denying the Court the opportunity to investigate them. Ms S suggests, and there may well be something in this, that the fear of lack of control may very well have persuaded the mother to withdraw an allegation which she knew it was no longer in her interests to pursue. Ms S's submission overall is that the mother's presentation is very complex indeed, has a number of features in it, as indeed Dr Ratnam (although thinking that the primary diagnosis is DID) is convinced are still applicable particularly borderline personality disorder.
67. The reason why all these features matter in this complex analysis is because at the heart of the mother's case, or one of the central parts of the mother's case is her assertion that her memories which did not, she says, surface until two years ago of the abuse in Germany and

thereafter, through all the years when she was living at home, being supported by her parents, bringing up her child with their assistance, are because those memories were diverted into her alters. Dr Ratnam was surprised by the number of alters the mother had shown to Dr Thomas although Dr Thomas says that she was not. Dr Thomas said that the normal classical presentation would be about five, which is indeed what the mother originally presented with. Dr Ratnam is convinced about the DID, from what she saw of the mother and the mother's presentation in a slightly different manner. She says that she could not have sustained the presentation that she has done over a number of years in a number of different settings. In that context I do observe that the mother has presented herself mostly to receptive individuals of late and that she has parted company with psychiatrists who have doubted the DID disorder, or at least that she suffers from it.

68. I explored with Dr Ratnam whether this could be a very unusual psychiatric variety of factitious illness disorder, whether the mother has a genuine psychiatric condition but presents symptoms which she finds acceptable to herself and which she can blame on others rather than on anything innate within herself. I appreciate that Dr Ratnam was jointly instructed but I still remain concerned about aspects of the mother's presentation in what is probably a multi-factorial illness, a multi-presenting illness and in the end it does not matter to me whether the mother has a DID diagnosis correctly so-called or a factitious DID. The question is whether I find the memories, which she has presented as true memories, to be made out. The mother tells me that the unusual fears and memories which she has produced which she now has withdrawn are to do with her being confused and upset. Well, it is obvious to me that confusion and upset could produce some of the other allegations as well.
69. I suppose it is unsafe to say never but I do have to bear in mind the inherent credibility of what the mother has told me when uncorroborated, and if it is uncorroborated when it could be corroborated this is very significant indeed. I must also bear in mind the mother's age

when the first incident is supposed to have occurred, when the evidence of Dr Ratnam consistent I think with the experience of most people, is that childhood memories of a sustained and detailed nature such as the mother has she says produced do not begin to be laid down before the age of about three. She says she was three, the parents say that she was two when the family visited mainland Germany for the last time and when they did not even go to northern Germany which they have never visited at all.

70. I must also bear in mind the mother's allegation of harassment against her parents. The death of her pet rabbit about which I have only a photograph which is difficult to interpret. People following her in the street or in cars who she assumes must be related in some way to her parents, none of which have any foundation at all. I note from her presentation that the mother was going to approach the police with one of the number plates but I have no evidence from that. In that context it is significant that Dr Thomas was sent a death threat. Dr Thomas formed the firm view, which she expressed, that this had come from the mother's parents or someone involved in the abusing group. It did not seem to have occurred to her that as the psychotherapist for a number of very disturbed individuals, it could be any one of them including perhaps the mother, if she had wanted to provide evidence to bolster up her case. I make no finding in that regard, I have no basis upon which to do so but it is telling that Dr Thomas did not even think of that possibility.
71. I am not in a position to make any firm finding as to whether the mother's knowledge of mind-control/quaternary DID and other important features of DID presentation as described in the literature came from Dr Thomas or was presented to Dr Thomas by her, but when I first asked Dr Thomas about Internet research she did not seem to know anything definite about the mother's use of the Internet. It was only later in her evidence that she told me that the mother had indeed done Internet research, as the mother volunteered in evidence. I note that the mother and Dr Thomas spoke on the telephone last night, or the night before and the night

before last, before the mother gave her evidence but then the mother volunteered to me that they had not spoken about the evidence but only so that Dr Thomas could give the mother reassurance. I have to take that at face value but certainly there were some similarities between what the mother told me about the way in which she has come across this material which certainly do lead to the impression that they had some discussion between themselves about what Dr Thomas certainly thought to be the focus of the enquiry with her because she volunteered this at the beginning of her evidence namely that she was going to be, I think, 'accused' was the word of putting these ideas into the mother's mind. That perception may very well have led to the defensiveness with which Dr Thomas gave her evidence.

72. The mother is a prolific user of the Internet. There is quite a lot of material to support that and I am not in any position to decide as to whether it is true that the mother brought this information to Dr Thomas or whether Dr Thomas introduced the ideas into the mother's mind. Both are possible, it seems to me also inevitable and I conclude from the evidence that they had discussed these concepts and indeed Dr Thomas accepts that they had. Therefore I must be fearful of some kind of iatrogenic overlay in the mother's presentation of her symptoms. I am not finding, and I do not need to find in that context, that she is deliberately misleading the Court or misleading her therapist. I am merely suggesting that she could be producing symptoms which are what she feels are expected of her or which she wishes to present. That does not mean that her doing so is not caused by very significant psychiatric ill health or emotional disturbance. I think it must be but Dr Ratnam accepted, in fact put forward, the concept of the mother's claimed 100 alternative personalities, the very large majority were quite possibly not alternate personalities at all but constructs which she put forward. If some of the alternate personalities, let alone a lot, are not genuinely symptoms of DID then it is difficult for me to place any reliance on what the mother tells me are genuine retrieved memories and the genuineness of the full presentation of her condition, even though Dr

Ratnam may very well be right and this is the evidence I have that there is an underlying condition which is established.

73. There is then the question of what I must find in relation to child sex abuse because of the established view that a condition of this nature is caused by significant childhood trauma, particularly sex abuse. Dr Ratnam, as I have said, said it could be sufficient that the mother had had the one experience with her grandfather.
74. I am not investigating the mother's psychiatric condition for the sake of it but my overall conclusion on all the evidence, weighing the impression I have of the family and the consistency and the demeanour with which they gave their evidence as weighed against the mother's account is that she has not even begun to establish the assertions which she makes. The grandparents ask me to go further and say that they are positively untrue which of course is to go one step very much further, that is save for the one assertion against her grandfather which they accept.
75. Taking these features which I have described, the very high degree of psychiatric involvement and support for her allegations and report to the police, and in that context (I accept DC P's evidence) that Dr Thomas was upset that the police were not going to arrest the grandparents in spite of Dr Thomas' denials. I have her note at the time which is supportive of that recollection. Surrounded as she was by these influences, whether or not she was the originator of the allegations, whether or not she produced evidence of multi abuse in order to please Dr Thomas, who she is likely to have known one way or another by her connection with other persons working in the field, accepted as at least a possibility if not a probability the kind of abuse that the mother had described. The lack of corroborative evidence and the sheer unbelievability which ought to have set up warning bells in any reader's mind that these allegations are frankly and wholly incredible. It is quite possible that X's memories have some basis in what happened with her grandfather about which I can make no further findings.

76. I acquit Z's grandparents of any knowledge or complicity in such activity. It is possible in hindsight maybe to blame them for their actions immediately after the disclosure. They are criticised also for introducing X's grandfather into the home on a very limited basis six months after her disclosure. They say, and there is nothing to gainsay this, that this was as a result of a suggestion by her therapist, and the grandmother had some unsought contact with her father before his death. Otherwise the consistent evidence I have, supported by X to a considerable extent, is that the grandmother put an end to her relationship with her own father as a result of what she believed had happened to her daughter. Well, that must have been a hard thing for any child to do. There is no suggestion that she allowed X ever to come into any potentially abusive contact with him again. It may very well be that the circumstances in which he came to the house were badly managed, distressing and gave X the very strong opinion that she had not been listened to. Of course it is possible, bearing in mind that no particularly clear picture could be gained from her writings which A told her parents to read, that X feels that she has not been listened to because hints that she gave and so on were ignored. That is a very common picture in the kind of cases I see. It is only a thought, I am not making any finding. It is not even a possibility which has been raised. This kind of sequential disclosure or difficulty in disclosure is very common and in fact Mrs B displayed exactly the same characteristic in the witness box.
77. I have not dealt specifically with the schedule of findings of fact with which Mr B [counsel] has presented me. I have dealt with a number of the points that he raised but in the context of my findings overall and focused very much on X, in the context of Z from whose direct interests I have of course had to somewhat depart when looking at X's allegations. I am asked to make a finding that Dr Thomas acted entirely improperly when, as she did, she saw the mother and Z together in 2014, I think, to explain to Z why he could not see his grandparents with whom the mother had just cut off contact. It is asserted that this must have caused Z

significant harm. The mother and Dr Thomas both told me that this had only been part of the focus of the meeting with Z, Dr Thomas saw Z on a number of occasions at a time when he was not receiving support from his own psychiatrist. I think that the mother had brought to an end the CAMHS involvement, but I may be wrong about that. Dr Thomas has child psychiatric experience, she said that she felt perfectly qualified and able to see Z in this context. She was not clear whether Z was her patient or whether the mother was. Whatever the extent of the focus upon the mother's allegations against the grandmother, the context was that the mother had spoken to Z, I am satisfied, or has spoken since, in far more detail, about her allegations against the grandparents at home. Both the mother and Dr Thomas told me that the mother had been age-appropriate, sensitive and lacking in detail in telling Z about the mother's own history of abuse. I have no independent evidence to take me further than that but it must have been very distressing to Z to have this conversation and the very fact that Dr Thomas was there, not in any way casting doubt upon what the mother said, supporting the mother, facilitating the mother's discussion with Z must have given Z a very strong sensation that Dr Thomas was wholly endorsing what the mother told him.

78. The mother herself accepts that Z was close to his grandparents before she cut off contact which she did specifically because she says of her recovered memories of abuse. Cutting off contact from his grandparents also meant cutting off contact from his uncle and aunt and other relatives and indeed from any male influence within the family insofar as one is entitled to pay any attention to that feature nowadays. Z must have found it difficult to understand, he must have worried about his mother, worried about what she might have experienced, worried about what he was to feel about his grandparents and I entirely agree with Dr Ratnam that it was wholly inappropriate that he should lack any form of independent psychological support for himself in that context, particularly because Dr Thomas was not able to do so because of the blurred boundaries between her responsibilities to the mother and her support of the

mother and her support of Z.

79. Z has been a very disturbed boy whilst he has been in care. The foster placement has broken down and he has recently been arrested for a very serious criminal offence and is on bail. I am not suggesting that this episode was solely responsible for his upset but it must have contributed. It was unhelpful and inappropriate and it must have led to Z's perception which cannot be regarded as being in the slightest sense to be relied upon in representing any form of truth about his feelings towards his grandparents or his wish to live with them.
80. I do not think it would be helpful for Z to see this judgment. He does not want to see me, which is fine by me. This judgment will be transcribed and it is possible that I may want to tone it down significantly when I come to approve it but I did think it was important for me to explain to all the parties, particularly the grandparents, the view that I take in respect of these very serious allegations. The mother is not here of course, she may or may not want to see the judgment in due course. In the light of the very short amount of time that I had to prepare this judgment I have not been able to consider my phraseology and the way in which I expressed myself in a way that I would like to do. I assume that in the process of approving the transcript, so long as I do not re-address specific findings, I can address the language in which I expressed them. I do not know what the future holds for Z. There is not very long. I think that the people to explain this decision to him are his guardian and his solicitor, as discussed with counsel. I am told that he is going to accept that combination, who he does not see as being in any way in conflict, which they are not.
81. I am sure that I have forgotten to deal with many matters about which counsel will now address me. It may be right, as Ms W says, that this decision is going to do the mother harm, it will be difficult for her to come to terms with and may drive her further into her beliefs. Dr Ratnam whilst being much more careful with what she said and much more measured than I have been in the judgment today and being careful not to express a word of criticism, did

express the view that the sensible thing for the mother to do might be to move on to a different type of therapy and a different therapist. I cannot force her to do anything and it is a matter for Ms W in her judgment as to how she deals with any of these matters with her client. I would not dream of interfering in that.

82. I do not know what to suggest if X wants to approach her parents in any manner, whether to reassert her point of view in whatever way, or to discuss anything with them. That must be a matter for them and their daughter. Turning to Z, I would suggest that if they are approached by Z they should just simply be reassuring and tell him to talk to his solicitor.
83. I hope very much that nothing I have said and the way in which I have said it has made things any worse between Mrs T and Mr C and their daughter, and if any counsel want to make any suggestions as to how I can express myself any differently by my sending them the first draft of the judgment, I will happily do that. I do not think there is any necessity for it to be produced in a very great hurry. Whether or not I publish it and whether Dr Thomas needs to be involved in that, well, she does need to be involved in that decision if it happens, is all going to take some time as well. I have not addressed these issues gratuitously because it is important to look at the full picture in trying to establish what has happened in the past and why I have rejected what the mother says, which Dr Thomas has been found so plausible, and how the Local Authority needs to approach the question of who is going to care for this child, if they have a choice. They may not, because of Z's views in the future.
84. I have not made up my mind about this last point but in the light of my findings overall, quite apart from Z's recent restriction on where he lives, it seems to me that he is going to be much better off in a neutral environment if he can be kept there for the time being. I am sorry that it has been such a long judgment.

**End of Judgment**

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Annexe

**RE Z**

**SUMMARY OF ALLEGATIONS FROM X'S ABE INTERVIEW**

X

C (X's father)

T (X's mother)

M (X's brother)

S (X's sister)

E (X's maternal grandfather)

H (X's maternal grandmother)

J (X's maternal Aunt)

B (X's Aunt's husband)

**[Location redacted]** – 2 week family holiday, when X was 3 years old.

1. (a) Hung by her feet from 'a Pi shaped frame' by the river.  
(b) T inserted sand into her anus using red enema tube.  
(c) Hung by her hands from the frame.  
(d) Electrically shocked by C.  
(e) Anally raped by C with the sand still in her anus and later by E without the sand in her anus.  
(f) Present: E and H, T and C.
2. (a) Bound in black gaffer tape with arms bound to her side 'to create like a pole' and her head and shoulders held upside down in the river by C.  
(b) Present: E and H, T, C, M, S, and J and B.
3. (a) In the woods, sealed into a wooden crate with spiders and insects that bite and buried in the ground.  
(b) X was cut behind both ears, causing scars to remain.

4. Forced to push her 3 year old twin brother into a bonfire, he was then removed from the fire, tied onto a post by T and C and burnt alive. His remains were buried in the woods by the river.
5. C and T cut X from her anus up to her lower back with a sharp, 'black slate-like', 'ritual tool'; the cut was about 3 inches long.
6. X needed a blood transfusion in hospital as a result of the cut near her anus and contracting hepatitis.

**[Location redacted]** - Grandparents' home, when X was 5 years old.

7. Drugged by E with an orange drink, 'makes us sleepy and tired and woozy and funny and trippy'.
8. Hands are tied behind her back and feet tied together with grey, charcoal coloured stockings.
9. Vaginally and 'violently' raped by E causing bleeding.
10. Anally raped by E whilst being forced to perform oral sex on C.
11. T held X's head whilst C inserted his penis into X's mouth and forced her to have oral sex.
12. Anally raped by C.
13. The abuse was recorded on camera and photographed.

**[Location redacted]** – when X was 11 years old.

14. Anally raped by C.

**[Location redacted]** – between the ages of 3 years and 17 years old.

15. X was used as a sex slave.
16. X was forced to perform oral sex on C whilst T held her head.
17. Anally raped by C whilst X's hands are tied, aged 9 years.
18. T inserted a vibrator and other objects into X's vagina.
19. T forcefully and repeatedly inserted her fingers into X's vagina and scratched her inside with her 'claw like nails'.

## **IN GENERAL**

20. C and T have used programming/mind control on X throughout her life.
21. C, T, E, H, M, and S used an electric shocking device on X, which they called a 'wand'.

22. C, T, E, H, M and S smeared X's faeces over her body and called her 'shit girl'.
23. C, T, M and S tie X to a circular device that spins and throw darts at her. This takes place when X is 6 years old.
24. C and T murdered X's real mother.
25. Trigger words or items have been implanted into X's mind by T and C that are specifically designed for her to kill herself or to kill others or as a means of control.
26. T and C are practicing Satanists.

Ms S

Counsel for the LA

5 February 2016