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"A Difficult Client": Lynn's Story of Captivity, Non-State Torture, and Human Trafficking by Her Husband

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Abstract

In 2000, Lynn, a Canadian woman, was considered by home care service providers too difficult a client and thus they sought to discontinue her care. That was until Lynn disclosed to the authors that twenty-five years ago, she had been held captive and subjected to torture and sexualized trafficking for over four years, perpetrated by her husband and three of his friends. This paper shares the non-State torture (NST) victimization-traumatization informed care developed by the authors beginning in 1993 when confronted by the fact that parents, spouses, guardians, and others inflict acts of violence in the domestic private sphere that manifests as torture. Shared are the authors' explanation of non-State torture and examples of nursing interventions such as trigger table care plans. It closes with the innovative suggestion of developing a nursing diagnosis to create nursing awareness about the provision of care to women who have suffered NST victimization. Examples of resources are included.

Keywords: *Torture, Non-State, Women, Domestic, Relational, Assessment, Victimization, Traumatization, Memory, Cellular, Nursing.*

1. Introduction

Globally the World Health Organization's (WHO) research states that non-fatal intimate partner violence and sexualized violence is a major public health problem that must be prevented [1]. One in three of the world's women, including Canadian women, have experienced physical or sexualized assaults perpetrated by an intimate partner [1]. The United Nations (UN) Declaration on the Elimination of Violence against Women defines violence perpetrated against women in their public or private life as physical, sexualized, or psychological harms and suffering [2]. It also states, in article 3, that women are not to be subjected to torture. However, globally, and in Canada, seldom or never have some acts of non-fatal intimate partner violence been officially identified as reaching the defining elements of acts of torture [3][4][5][6][7][8][9].

Historically the legal right to be protected from torture victimization has been globally conditioned as a human right of men when inflicted by State actors in the public sphere of

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warring [3][4][5][6][10][11][12][13]. As authors, we use the word h[er]storically to identify women's past as separate from his past - his history. Language influences perceptions and shapes attitudes and beliefs and herstorically the universal human rights of all women to be protected from torture and other forms of violence had to be actively brought into global herstorical focus. A global petition launched by Charlotte Bunch of the Centre for Women's Global Leadership [14][15] mobilized women to assert that violence against women had to be highlighted at the 1993 Vienna World Conference on Human Rights [13][14][16]. Women attending spoke "of how being female... makes many women vulnerable to routine forms of torture, terrorism, slavery, and abuse that have gone unchecked for too long" (p. 18); and that such violence is perpetrated within family relationships mainly by husbands, boyfriends, or fathers [17]. This happened to Lynn, a Canadian woman who came under our nursing care. Lynn revealed being held captive, tortured, and sexually trafficked by her husband and three of his male friends. Her victimization had occurred 25 years previously but over the years whenever she tried to tell she was dismissed. As Lynn was a competent adult, there was no duty to report. We were, however, able to provide her with informed support developed since 1993 when working with women who Self-identified as having survived torture and human trafficking as children and or as adults. Torture and terrorism perpetrated within family-based relationships in the private sphere requires social, professional, and legal attention. In Canada, torture perpetrated within family-based relationships is not specifically named or criminalized; this makes it and the women victimized invisible [18].

Throughout this paper, we spell "Self" with a capital because developing awareness that an individual has a relationship *with/to/for* Self is importantly subjective. It is comparable to having and owning a name. It works at answering the question, "Who am I?"

2. Literature review

An Amnesty International booklet explained that society needed a term that held individuals, groups, or institutions directly responsible for their actions or policies that impaired women's enjoyment of human rights equality whether perpetrated in private or public spheres [19]. The term used was non-State actors. Applying this term to private individuals or groups who inflict torture names them as non-State torturers who perpetrate acts of non-State torture (NST).

Stepping back into 1948, the UN Universal Declaration of Human Rights assigned human rights equality to all human beings, including of article 5 that states, "No one shall be subjected to torture." However, as previously described, this specific human right was not operationalized as applicable to women. Following the Vienna World Conference on Human Rights, various UN resolutions expressed the need to focus on eliminating violence perpetrated against women in public and private spheres [20], including that violence against women can manifest as torture perpetrated by non-State actors [21][22]. Hence, non-State actor torture was incorporated into the working mandate of the UN Committee against Torture. This acknowledged for the first time that some forms of violence committed against women and girls manifest as non-State actor torture [23]. Thereafter, applying the UN Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (UNCAT) identified that women so tortured were suffering a violation of this Convention [24].

The Canadian Nurses Association (CNA) refers to the 1948 Universal Declaration of Human Rights [25]. However, the CNA position statement on human rights does not make specific reference to torture whether perpetrated by State or non-State actors [26]. Although a

resolution asking for the Development of a Position Statement on the Human Rights Violation of Non-State Torture was passed at the CNA Annual Meeting of Members, the Board's decision was not to proceed with the resolution. One reason given was that "the UNCAT definition of torture does not include non-state torture." This CNA position ignores supporting present day UN efforts to eliminate the human right discrimination that persists against women and girls; it fails to uphold their human rights equality to not be subjected to non-State torture.

Organizations such as the Native Women's Association of Canada [27], and non-governmental organization (NGOs) like Graduate Women International [28] and the Canadian Federation of University Women [29] have included non-State actor torture of women and girls as a human rights violation in their reports or position statements. Non-nursing feminist activists have concluded that forms of violence perpetrated against women within the domestic private sphere and within intimate relationships can amount to torture [3][30][31][32][33][34][35][36]. There was no nursing literature to access on NST in 1993; there continues to be scant information on non-State torture healing beyond our authored work [37][38].

3. Discussion

Involvement of nurses in the care of persons who have survived torture inflicted by State actors, such as police or military personnel, is not rare [39][40][41][42][43][44][45][46]. Specifically defining nursing care of persons who were tortured by non-state actors such as parents, spouses, other family members, their friends, human traffickers, or strangers has been neglected. This means our nursing work discussed in this paper demanded "an intuitive grasp of (the)... situation" as explained by Patricia Benner [47] who wrote that expertise comes with vast professional experience that hones professional intuitiveness. This paper was not a research study; rather, it represents nursing-in-action, innovative practice. The results obtained were the consequences of our expertise in public and women's health, community development, private practice, participatory qualitative research, and having the resilience of presence.

3.1. Qualitative research and model-making

United Kingdom researchers working with women who had experienced domestic assault reviewed over 85,000 domestic violence articles but only 140 articles included victimized women's voices. Reasons for this can be that doing qualitative research raises extensive personal involvement in every relational interaction with participants; the analysis of their stories takes hours, days, and years; getting published can be a challenge; and there can be a potential risk to the researcher's mental health [48].

The inclusiveness of women's voices has been ethically and relationally central to our published writings. Since 1993, women have entrusted us with hearing the details and consequences of their NST ordeals. It is this trust that has culminated in our ability to create [Figure 1], the patriarchal divide model [49]. It compares torturers' actions - State to non-State - to reveal how both group of torturers inflict similar acts but probably and predominately occur in different environments - perhaps in a jail versus a home. The model shows non-State torture as non-criminalized. This is the legal position in Canada.

Model-making, according to Capra [50], broadens knowledge and promotes an understanding of reality via highlighting systematic observations. It involves participatory, evidence-based research, surveys or questionnaires, evaluations, and shared patterns of

subjective experiences including testimonies that can be inclusive of art forms of those involved. The patriarchal divide model makes a visible reference for understanding what women who were non-State tortured could have endured - for what Lynn survived.

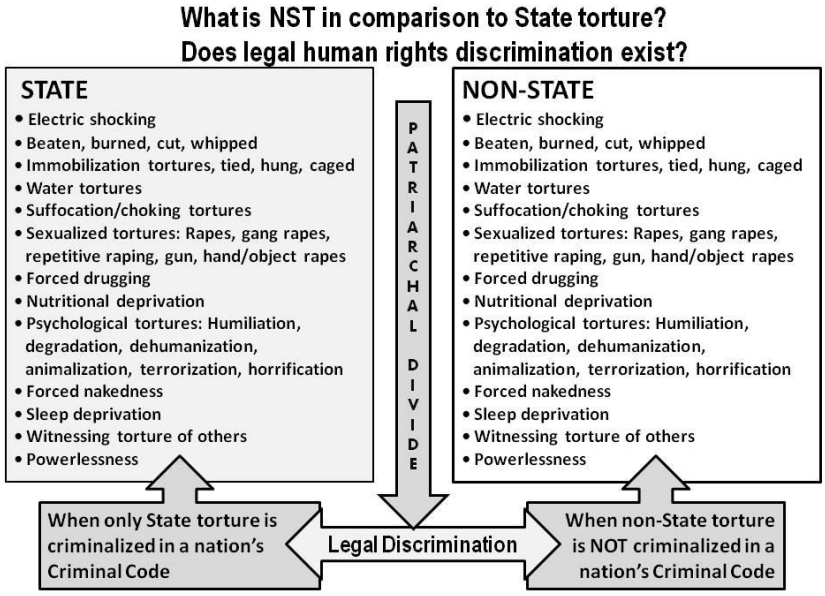

Figure 1. Patriarchal divide model (Created by J. Sarson and L. MacDonald)

4. Introducing Lynn

Lynn suffered from multiple sclerosis. Disabled, repetitive falls compromised her safety. Author MacDonald, as Lynn's nursing community care coordinator, encouraged Lynn to accept personal care to help promote her safety. However, home support workers were frequently confronted with Lynn's expressions of anger. Raising her voice, Lynn yelled and swore at them, saying "Get the hell out of my house... Don't ever come back!... I don't need your goddamn help... and I can look after mySelf!"

Addressing Lynn's anger, MacDonald asked, "Lynn, whatever happened to you in your life that has made you so angry?" In response, Lynn said she had been abused. Inquiring further, Lynn disclosed she had been held captive, tortured, and trafficked by her husband Ben and three of his "goon" friends. She revealed her state of captivity had lasted four and one-half years before she escaped. Now in her mid-forties, Lynn explained she had kept silent for over 20 years because when trying to tell a few friends, her efforts were disbelieved and disregarded.

Lynn's disclosure led to two forms of nursing care - one was home care based; the other was our voluntary independent nursing NST victimization-traumatization informed care based. We were familiar with relational NST, innovatively developed since 1993 to support mainly women who Self-identified as having survived torture perpetrated within family relationships. Lynn's home care services would positively evolve by transferring our NST nursing expertise into the home care processes.

In 1993, although working full time as community and public health nurses, we began a one-evening per week private nursing practice offering a feminist, educational, and relational healing support to adults who identified suffering relationship violence as children and or as adults. Offering a perspective that relational violence is a human rights criminal violation, this

meant a person so harmed was not to be pathologized or labelled as disordered or having a disorder. When a woman disclosed being born into a NST human trafficking family system, professionally and ethically our decision was not to abandon her. We were unable to find provincial support for her. Consequently, since 1993, we have professionally focussed on exposing the praxis knowledge and experience of NST victimization-traumatization informed care that we have developed from successfully caring about women who were NST victimized. Such praxis was transferable into designing Lynn's home care nursing plan.

We voluntarily met Lynn in her home. Lynn expressed this was the safest place because "you coming to my home puts me in control. I know I can ask you to leave whenever I want." Lynn was angry. In covering up massive NST pain and suffering, anger is a common and challenging emotional response for individuals severely harmed [51]. This is how Lynn described entering into her relationship with us:

At first, I thought, '*What am I doing? What am I getting mySelf into?'* As they asked more and more probing questions, pulling and pulling and pulling for clarity, I decided I'd put them to the test. I said to mySelf, '*Okay, if they want to hear my story, I'll give it to them - both barrels! I'll spill it out full force and see how fast they run in the other direction!'* During the first two visits... I felt like... a raging tornado going at them. It's funny looking back at how I felt and that was just four weeks ago.

4.1. Lynn's "success meeting"

Once Lynn realized she was being believed and understood, MacDonald encouraged Lynn to share parts of her story with home support workers and nurses. Their responses of empathy and belief motivated Lynn to participate in a case conference to share some of her NST human trafficking victimization-traumatization ordeals. This case conference was re-termed a "success meeting" because Lynn would not accept being identified as a "case" - she was a person.

On September 26, 2001, the success meeting occurred. Attended by all the Victorian Order of Nurses (VON) home support workers and nurses who cared for Lynn, their supervisors, and the provincial director of VON, Lynn read from her developing story. The following paragraph exposes acts of NST Lynn shared that are listed in [Figure 1], the patriarchal divide. Lynn said:

I was called bitch, slut, whore and 'piece of meat.' Stripped naked and raped - 'broken in' - by three goons who, along with my husband, held me captive in a windowless room handcuffed to a radiator. Their laugher humiliated me as they tied me down spread-eagled for the men they sold my body to. Raped and tortured, their penises and semen suffocated me; I was choked or almost drowned when they held me underwater threatening to electrocute me in the tub. Pliers were used to twist my nipples, I was whipped with the looped wires of clothes hangers, ropes, and electric cords; I was drugged, pulled around by my hair and forced to cut mySelf with razor blades for men's sadistic pleasure. Guns threatened my life as they played Russian roulette with me. Starved, beaten with a baseball bat, kicked, and left cold and dirty, I suffered five pregnancies and violent beating-forced abortions. They beat the soles of my feet and when I tried to rub the pain away they beat me more. My husband enjoyed sodomizing me with a Hermit 827 wine bottle causing me to hemorrhage. I saw my blood everywhere when I was ganged raped with a knife. Every time his torturing created terror in my eyes, he'd say, 'Look at me bitch; I like to see the terror in your eyes.' I never stopped fearing I was going to die. I escaped or maybe they let me escape thinking I'd die a Jane Doe on that cold November night [7].

The success meeting forever changed Lynn's relationship with the home support workers and nurses. She eventually accepted care given by male home support workers and nurses. Lynn considered this a major healing accomplishment. It represented letting go of her hatred for all men, a hatred harboured since the NST trafficking captivity ordeals.

4.2. Lynn's trigger table interventions

Following the success meeting, MacDonald and Lynn designed her trigger table care plan. David [52] describes a *trigger* as a sound, smell, word, shape, or an everyday event that may bring back difficult memories of physical and emotional hurts, and behavioural responses for the person who has been victimized. Adapting David's trigger table, MacDonald added a solution column to Lynn's trigger tables. Copies of three examples of the trigger table interventions are: (a) being called client, (b) instrument triggering, and (c) water torture triggers and PTSR.

4.2.1. Being called client

Trigger table [Figure 2], explained to home support workers and nurses not to call Lynn a "client." This triggered her into remembering the men who tortured her were called clients by her husband and his criminal friends. The solution was to call her Lynn. This ended Lynn's yelling and swearing at the home support workers and nurses.

TRIGGER TABLE FOR TORTURE			
Event or Trigger	Reason	Potential Response	Solutions
being called client	▸ called client by the perpetrators	☹ feel like a nonperson when someone calls me a client	☺ call me Lynn

Figure 2. Being called client

4.2.2. Instrument triggering [Figure 3]

Lynn's multiple sclerosis continued to challenge her physical abilities. An occupational therapist (OT) assessment was arranged but before Lynn had agreed to inform care-providers of her NST victimization. Consequently, when the OT began spreading out her equipment, Lynn became highly triggered, shouting at the OT to "get the hell out." The OT tools triggered Lynn's memory of all the tools used to torture her. Once explained, Lynn, home care workers, and nurses continued to understand each other. Lynn had three more successful and caring years in her home.

4.2.3. Water torture triggers, [Figure 4], and PTSR

PTSR refers to *Post Traumatic Stress Responses.* It respects the victimization-traumatisation consequences women developed to survive. We reject labelling women and their survival responses as disordered including being told they have a Post Traumatic Stress Disorder (PTSD). Instead, we created the use of the term PTSR which has been strongly supported by the women and other professionals who have sought our consultations.

TRIGGER TABLE FOR TORTURE			
Event or Trigger	Reason	Potential Response	Solutions
knives bungee cords O.T. equipment	▸ tied down with ropes ▸ raped with knives	☹ terror of restraint ☹fear of being trapped	☺ do not use knives ☺ ask if OK to bring equipment into the home ☼ RESULT- physical freedom - "wheelie walkie" (motorized scooter)is very important

Figure 3. Instrument triggering

TRIGGER TABLE FOR TORTURE			
Event or Trigger	Reason	Potential Response	Solutions
water washing own hair laying back in tub showering	▸ brought close to drowning in tub many times by the perpetrators ▸ perpetrator threatened to drop a radio into the tub ▸ cannot see when head underwater or having a shower especially when shower curtain pulled. Without her eyes she feels vulnerable because "seeing was the first line of defense"	☹ terror of head under water ☹ used to avoid shower..then had shower with curtain open.	☺ care giver- understand why I am resistant to showering ☺ I bath knowing my triggers ☺ Self-talk "Nobody other than a ghost could sneak in. " "Everyday gets easier and easier. ☼ RESULT- able to have a shower with curtain closed now!!!

Figure 4. Water torture

Lynn experienced terror when water got on her face; therefore, she resisted the home support workers' efforts of washing her hair and tub bathing. During our volunteer NST victimization-traumatization healing meetings Lynn re-remembered and increasingly understood her-Self. Prior to this Lynn her-Self, the home support workers, and nurses were unaware of the meaning of Lynn's resistive responses to water on her face. This lack of understanding meant Lynn responded with anger and resistance and became labelled "a

difficult client." The following paragraphs describe Lynn's NST water torture ordeals and her reflections on her healing. This knowledge shaped Figure 4 relating to her ordeals of water torture. Lynn said:

Do you know what I've just realized? Ben used to put me in the tub, face down, dunking me under water, yanking on my hair to pull me up, and then holding me down again. I'm hearing his voice echoing in my right ear mostly, counting, 'One … two … three … four … five … six … seven … eight … nine … ten … bitch.' He'd go on and on. 'If you're still alive bitch I might plug-in the radio and throw it into the water.'

It's the strangest experience; I'm having difficulty remembering how miserable I used to feel. And, even the changes that are happening I seem not to notice until you asked about them, like the question about showering. Ever since I made the connections about why I was so terrified of having water on my face I've been showering. The first time I showered I couldn't remember whether the shower curtain went inside the tub or outside the tub. I reasoned it went outside - you know the rest of the story!

Lynn took responsibility to teach her-Self that she could cope with a shower as she described. Her anger and resistance melted away.

Beynon [53] defines this form of tub water torture as asphyxiation "non-fatal drowning" torture (p. 27). Non-fatal drowning torture such as Lynn survived involves complex processes. According to Beynon, it involves "breath-holding, struggling, physical exhaustion, rising carbon dioxide levels, the inhalation and ingestion of the liquid, coughing, vomiting, cardiac arrest, [with the potential of] culminating in death" (p. 27). Lynn's life-threatening non-fatal drowning was made more terrifying when Ben threatened to electrocute her by tossing the plugged-in radio into the water. Electrocution or electric shocking is commonly listed as a tactic used by State torturers [5][54][55][56][57][58][59][60][61][62][63]. Based on our knowledge it is also used by non-State torturers [5][64][65].

The destruction of the personality of a woman or girl is the goal of family-based non-State torturers. We see this expression of destruction voiced by women so tortured. Lynn did so when describing her-Self as "damaged goods" and "a piece of meat." Other women who were tortured since infancy or soon thereafter tell us they did not perceive they were human beings; they said they were "an it," "a thing," or "a nothing". Lynn had to heal from the torturers' destructive objectification inflicted against her Self-concept by re-learning she was a whole person *with* human rights and responsibilities. This perception she needed to do *for* her-Self, internalizing *to* her-Self that she had a relationship with/to/for her-Self, who she was as a whole human person, worthy of developing Self-care and healing.

5. Hospitalization

In April 2004, Lynn fell. Seriously injuring one shoulder that required pain medication, Lynn became confused on the medication and was admitted to hospital. Being hospitalized meant that informed NST home care community support and our professional NST victimization-traumatization care support ended. This led to what Smith and Freyd describe as institutional betrayal which "occurs when an institution causes harm to an individual who trusts or depends upon that institution" (p. 578) [66]. It can take many forms including a particular person's experiences being mistreated and devalued.

Lynn's medication was re-regulated, clearing her confusion. However, Lynn was informed she had to undergo a competency test. Her response of terror was understandable if placed in the context of respecting the psychological tortures she had suffered. Lynn, when previously asked during our NST healing meetings what incompetence meant to her, had explained:

Until you asked me to put my feelings and thoughts about incompetence into words, I hadn't realized I wasn't incompetent. My sense of incompetence was created by my torturers who intentionally made me feel and believe I was incompetent by torturing me, by treating me as a non-person - an "it" - a faceless piece of meat. Reinforcing my emotional feelings of being incompetent, my torturers repeatedly called me crazy and said my stupidity had caused my plight... cemented in my Self-blame... making it easier to believe I was, in some way, incompetent. Incompetence is having no ability. I did and do have abilities! I survived! I escaped! I got my-Self back on my feet! I worked for years. Ben and the goons took so much from me! It's so sad!

Although the hospital institutional process did not encourage Lynn's interaction with MacDonald, MacDonald advocated for Lynn's competence in a hospital "case conference." This was attended by MacDonald, a hospital based home care coordinator, a hospital nurse, and two supervisors; Lynn was not present. The hospital staff's decision was to proceed with the competency test. MacDonald left feeling infuriated, sad, and helpless in the total lack of respect given to understanding the significance of Lynn's NST victimization-traumatization ordeals and consequential PTSR. In fact, it was one of the worst nursing experiences of her nursing career. This case conference was, in our opinion, an example of institutional betrayal.

Lynn passed the competency test. Realizing the hospital institutional plan was to place her into organized care, Lynn contacted a cousin. In her last communication with us, Lynn wrote:

I feel so fortunate and cared about. My relatives, who now know my story, have created a special bright and sunny room for me in their home. They are also looking after my dog. I feel like I'm in heaven.

6. Nursing future: NST victimization-traumatization informed care

Based on our relational experiences working with women to support their NST victimization and consequential traumatization, healing and recovery involved fundamental steps. These steps include helping women name their victimization, developing language that assists them to tell and be understood, gathering insights into their post traumatic stress responses, and being asked assessment questions that may give the opportunity to disclose the NST and exploitations they survived.

6.1. Naming

Pre-attaching the word victimization to trauma informed care can help place responsibility on the perpetrator(s) for the crime committed. It can challenge societal "blame-the-victim" responses. It may therefore deliver a message to the woman that it was not her fault and help undo the torturers' message which was to always make her feel at fault. By incorporating the word *victimization* into the term *NST victimization-traumatization informed care*, the NST ordeals women and girls survived are validated more fully and nurses are assisted to develop knowledgeable care.

6.2. Women need to tell their NST victimization ordeals

Women re-remember their ordeals in the manner that is meaningful and unique to them. Lynn, as other women do, needed to own her own story. Meeting times with women were usually two hours, but four and sometimes seven hours were required for women to unfold their NST, terror, horror, and humiliation. This is similar to the prolonged sessions for persons recovering from State torture victimization and comparable to Vietnam combat

survivors' supportive requirements [67]. Knowledge such as this repeatedly confirmed our praxis experiences. It was this praxis knowledge we voluntarily offered to Lynn, to work with her up to four hours one afternoon every two weeks to promote her opportunity to heal.

6.3. Post Traumatic Stress Responses (PTSR)

It is beyond the scope of this paper to detail our 26 years of developed focus on NST victimization-traumatization care. Lynn had not forgotten her NST ordeals. She had been silenced from telling because the legal structure and professional and civil society did not support her telling. When women re-remember their NST victimization this most often includes the release of cellular memory or "body talk," whereby women experience the torture pain they previously suffered but distanced or dissociated it. Re-remembering is like being tortured all over again. It is essential for women to understand this temporary response and that they will be okay. Lynn, during our two years of meetings, explained this body talk experience by saying:

Sometimes talking and healing through my past makes the past so vivid that it takes me a few weeks to recover. Taking my time to tell my story is necessary because this is hellish hard work! It feels, at times, as if I'm back there with the Hermit 827 wine bottle stuck in my bum, terrified I will bleed to death. This is what the flashbacks and the re-remembering the torture feels like. Being able to look back makes me realize more clearly what I went through. How did I ever survive?

Women need to be heard and believed. This need is reflected in the report of Manfred Nowak, a previous UN Special Rapporteur on Torture. Interviewing individuals tortured by State actors, he wrote:

What seemed to matter most [to tortured individuals was]... being able to tell their stories and being heard... What mattered to them was that they were not forgotten and that their stories be made public... public acknowledgement of the pain, suffering and humiliation... is an important first step in ending their powerlessness and seeking redress (p.44) [68].

6.4. Relational assessment

Asking questions about a person's relationships is what a *relational assessment* means. Having a relational assessment approach is a way to inquire about relational issues including relationship violence. When Lynn was asked whatever happened to her in her life that made her so angry, this revealed the root cause of her emotional anger and dissolved the "difficult client" labelling. Nurses may consider incorporating relational assessment questions into practice. These can provide knowledge about a woman who is seeking health care or her need for other referral services or resources. Examples of relational assessment questions can be:

Do you have many relationships? Are these close, trusting, and supportive relationships? Answers can offer initial insights into relational vulnerabilities such as a sense of aloneness, emotional loneliness, or violence.

If you have a problem that you need help with, do you have relationships to call upon? This begins to assess availability to support and safety. For the person who is vulnerable, being able to call on support mitigates crisis development which challenges her ability to maintain activities of daily living.

Do you ever feel at risk or unsafe in any relationship? If yes, in what way? The previous questions lead into evaluating types of risk and vulnerabilities. This question provides a woman with the opportunity to describe in her own way what she considers risks and unsafe circumstances to be.

Have you ever been hurt in your relationships, for example, kept away from your friends, from other family members, or locked in your home? These questions seek to identify a woman's experiences of a perpetrator's controlling and isolating tactics. Identifying direct harms occurs when asking, for example, whether a woman has been hit, kicked, burnt, raped, degraded and humiliated, strangled, choked, assaulted, abused, tortured, or sought health care or other services as a result of previous harms.

Do you have children? Are they safe in the family or in other relationships? Have they witnessed relational violence? Professional responsibilities to report must always be considered when a child is at risk based on the knowledge that would be specific to the laws of a province or state.

Do you have pets? Who cares for them? Have they or are they in danger of being harmed or used to control you? Protecting a pet can be a reason a woman may stay in a dangerous and violent relational situation. Harming or threatening to harm pets is a manipulative and controlling tactic of perpetrators including non-State torturers.

Have you thought that you have a relationship with your-Self? This question may provide a woman and the nurse with insights into whether the woman is respecting and valuing her Self-worth. It can challenge the Self-blaming misogynistic discriminatory messages perpetrators and society express. It may stimulate her re-assessment of not only her-Self but of other relationship(s).

6.5. Relational questionnaire

We developed the participatory questionnaire, [Figure 5], to be applicable for persons who are of the opinion they suffered NST victimization. One of the questions on it included a list of 48 NST acts. This list is reflective of the forms of torture listed in the patriarchal divide model that are perpetrated by State and non-State torturers but more specifically detailed. The questionnaire is on our website and is a component of our on-going participatory research data collection. When directly contacted we ask individuals to consider completing this questionnaire to Self-evaluate whether the violence they suffered manifests as NST. Occasionally women will decide that they did not suffer NST when reviewing the questionnaire. For nurses or other care providers who work as intake carers in abused women's centers for instance, the questionnaire can be utilized as an additional assessment tool to identify the form of harms a woman has endured.

Several examples of the feedback we have received from women about the value of completing this questionnaire include:

"Thank you for the questionnaires... it's nice to see that someone cares and wants to know about torture (U K woman, February 4, 2008).

"I read... that torture survivors take much longer to heal. This helped me so much! I was wondering why it is taking everything I have, for so long, & why it seems utterly endless. . . Because I was not abused, I was tortured! Torture is SO TOUGH. I AM recovering, but it is crucial to call it by its real name... Thank you for creating this questionnaire. It was very validating. After 9 years of full-time... therapy, I am making progress! This shows me how far I've come I am even more encouraged to do so after filling out this survey. Thank you!"

6.6. Non-state torture wheel model

A second resource we developed is the Non-State Torture Wheel, [Figure 6]. We developed this model in partnership with the London Abused Women's Centre (LAWC), London, Ontario, Canada. We presented a two-day workshop on non-State torture

victimization-traumatization informed care to staff and the community in 2015. LAWC has utilized and adapted their service to include NST victimization. They began collecting NST data and at present approximately 60 women a year have identified being tortured, which represents a new experience. There is no legal or governmental resource that provides a statistical place where the women's voices, LAWC's data or ours can be are heard, validated, and recorded as a specific crime, thus the women and NST victimization remains invisible. The NST Wheel identifies the modus operandi tactics of non-State torturers who perpetrated NST within families or other relationships, such as that survived by Lynn.

1. food/drink withheld _____
2. chained or handcuffed to a stationary object _____
3. savagely and repeatedly beaten _____
4. savagely and repeatedly kicked _____
5. hung by your limbs _____
6. burnt _____
7. cut _____
8. whipped _____
9. soles of feet beaten (falanga) _____
10. fingers, toes, and limbs twisted _____
11. fingers, toes, and limbs broken _____
12. fingers, toes, and limbs dislocated_____
13. tied down naked for prolonged periods of time _____
14. sat on making breathing difficult _____
15. forced to lie naked on the floor/ground without bedding/warmth _____
16. confined to a dark enclosed space _____
17. placed in crate/box _____
18. caged _____
19. electric shocked _____
20. forcibly impregnated _____
21. forcibly aborted _____
22. forced to eat one's vomitus (throw-up) _____
23. forced to eat one's bowel movements _____
24. raped by one person _____
25. raped by a family/group _____
26. raped with a weapon (gun or knife) or other objects _____
27. raped with animals _____
28. prevented from using toilet _____
29. smeared with urine, feces, or blood _____
30. forced under cold or burning hot water _____
31. placed in a freezer _____
32. near drowned when held under water in the tub, toilet, bucket, stream _____
33. drugged with alcohol _____
34. drugged with pills _____
35. drugged with injections _____
36. drugged with by mask _____
37. choked _____
38. suffocated by object placed over one's face _____
39. pornography pictures taken _____
40. pornography or snuff films made/used _____
41. forced to harm others _____
42. forced to watch others being harmed _____
43. forced to watch pets being harmed or killed _____
44. forced to harm or kill pets or animals _____
45. threatened to be killed _____
46. called derogatory names _____
47. put down _____
48. treated as non-human _____

Comment on other non-State torture harms you suffered that are not included

Figure 5. Relational questionnaire

Understanding this NST wheel begins at the outer black ring. It names non-State torturers' expressions of power, pleasure, and profit. Profit can occur when the women or girls tortured are exploited - trafficked, prostituted, and or suffer pornographic NST. The central black half-circles name the intentional destruction inflicted by non-State torturers who use totalitarian power and have pleasure committing acts described in the NST wheel's eight segments that amount to manifestations of torture**.** Individuals and groups do inflict NST; it can be repetitive and ritualized. The non-State torturers can be connected to other like-minded individuals, groups, or rings who also perpetrate NST. Therefore, some non-State torturers have organized networks with local, national, or international connections that facilitate sexualized human trafficking and NST of women and girls. Having a cover of respectability means non-State torturers do not announce to their community that they are torturers. Non-State torturers come from any walk of life, from any social status, live in many forms of communities - in villages, towns and cities, in rural settings on farms or work in large city institutions or buildings. They can hold highly respectful community positions with social, professional, and political power. They are volunteers in different sites such as in churches or if a parent they may volunteer in their child's school thereby exerting control over their child not to tell on the family. Seldom is it realized that stalking of a child can begin when they start school at the age of five years.

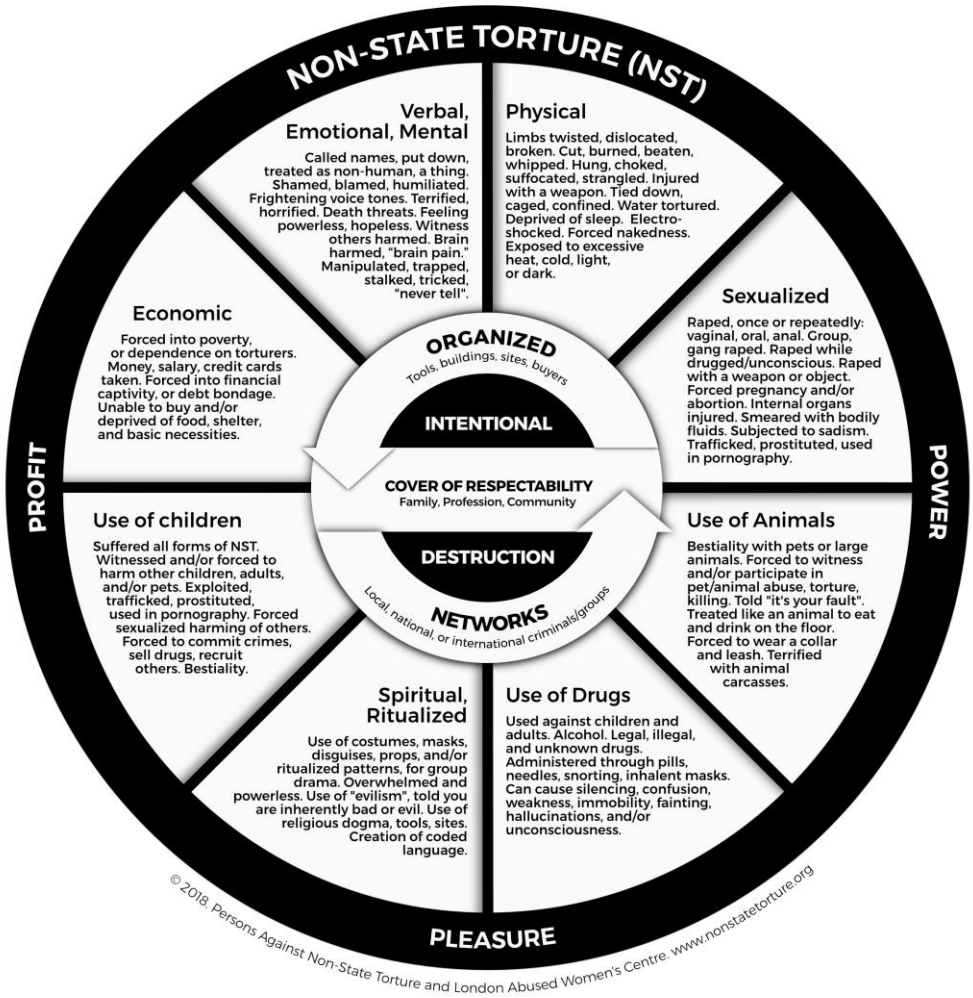

Figure 6. Non-state torture wheel

Being stalked is a tactic listed under the verbal emotional and mental segment. Based on our experience women can be stalked for decades if the torturers have access to women who have fled. For example, the following is a woman's comment she added to the relational questionnaire when completing it. She wrote:

The cruelty that I endured took place from infancy through age 16 when I moved 1500 miles away in order to escape, was STILL followed and stalked for years afterward even following repeated address and even name changes.

There will be no safe place for women who are born into, married into, or developed relationships with others whose pleasures are the infliction of acts of NST unless we as professional nurses and all of society respond with informed caring.

7. Conclusion

Nurses come in contact with women and girls every day. Some will have survived NST, human trafficking, and forms of captivity. Nurses themselves may have similarly survived such victimizations. To respect a woman's disclosure nurses can respond with, "I hear you

tell me that you survived NST. I believe you. I am so very sorry." These statements are powerful, validating, and respectfully nurturing of the women's dignity and human rights.

This is a praxis based article. It shares that the provision of NST victimization-traumatization informed care by nurses makes a difference. Listening to women's feedback about their experiences with uninformed nurses and other care providers offers these concluding suggestions:

Women frequently say that health providers dismiss their disclosure of NST by incorrectly reflecting back to them using and charting the word "abuse" versus "torture." Women can find this emotionally violating. It continues to represent and trigger that herstorically whenever they tried to tell, as Lynn did, they and their NST victimizations were disregarded. Respectfully acknowledging by naming and using their wording of "torture" victimization validates their truth-telling is being heard.

Recognizing that NST is committed within family relationships means safety can become a serious concern when women are hospitalized. One woman described her experience of informing a hospital surgical floor staff that she had suffered family based NST. Explaining family visitation must not be permitted, however, following major surgery she awoke to find the family perpetrators in her room. This created a negative impact on her ability to cope and heal.

Utilizing nursing theories such as Orem [69] to guide our NST nursing practice process we formulated our own *nursing diagnosis - A fractured relationship with/to/for Self related to non-State torture victimization and other forms of sexualized exploitation*. It names that Lynn and other women similarly NST victimized are not considered disordered. Instead, it is based on learning what the normal survival responses and behaviours can be of women who have suffered NST victimization. It respects the fundamental question: What and how do health professionals think the everyday woman or girl would normally respond when subjected to NST, including being tortured for years? It is not a disorder when a person cries when hurt; it must not be a disorder when a women develops survival responses to being NST hurt. Having a nursing diagnosis respectful of the human rights and dignity of women so tortured is truth-telling versus labelling her as being disordered. Women tell us being called disordered makes them perceive that there is something wrong with them versus acknowledging that they were a person who was victimized. We speak of women because, now into our 26th year of NST focussed care, our connections have been predominately with women.

On a global level nurses and all providers can consider supporting and signing on to the Every Woman Treaty [70]. This global coalition evolved to address violence against women and girls by developing a global legally binding treaty that would provide women and girls with the opportunity to hold their countries accountable when the country is not acting to respect, protect, and fulfil their human rights equality. Including not acting with due diligence to name, criminalize, and prevent, investigate, prosecute, and compensate women and girls fully for the NST violations they suffered [71].

Lynn gave consent that her story be shared. In so doing, we include our witnessing and supportive healing of Lynn, she hoped others would learn from her ordeals and healing. Htun and Weldon [72] studied violence against women as a violation of human rights that covered four decades and encompassed 70 countries and 85 per cent of the world's population. The study showed that autonomous feminist movements are more capable of articulating organized change within civil society than are the wealth of a nation, the number of women politicians the nation has, or how left-wing its political parties are. As autonomous feminists, activist, and human right defenders with nursing backgrounds, we persist. We insist that the NST of women and girls must be nationally and globally specifically named and criminalized.

Women and girls who have been non-State tortured need to be cared about within NST victimization-traumatization informed care. Nurses and nursing organizations have vital roles in developing a feminist perspective that makes visible versus invisible NST victimization-traumatization informed care. Promoting women's and girls' [her]story and future equality versus invisibilizing them when speaking only of men and boy's history - of [his]tory is an essential attitudinal and caringly informative shift.

References

[1] WHO, "Violence against women," **(2017)**
[2] UN General Assembly, "Declaration on the elimination of violence against women," A/RES/48/104, New York City, **(1993)**
[3] R. Copelon, "Gender crimes as war crimes: Integrating crimes against women into international criminal law," McGill Law Journal, vol.46, (**2000**)
[4] A. Edwards, "Violence against women under international human rights law," Cambridge University Press, Cambridge, United Kingdom, pp.198-262, **(2011)**
[5] J. Jones, J. Sarson and L. MacDonald, "Gender perspective on torture: Law and practice, edited center for human rights & humanitarian law anti-torture initiative," Washington College of Law, Washington, pp.33-56, **(2018)**.
[6] E. A. Sheehy, "Intimate partner violence, risk and security securing women's lives in a global world," Edited K. Fitz-Gibbon, S. Walklate, J. McCulloch and J. M. Maher, Routledge, New York, pp. 251-268, **(2018)**
[7] J. Sarson and L. MacDonald, "Defining Torture by Non-State Actors in the Canadian Private Sphere," First Light, pp.29-33, **(2009)**
[8] J. Sarson and L. MacDonald, "Women, law and culture, conformity, contradiction and conflict," Edited J. A. Scutt, Palgrave MacMillan, London, United Kingdom, pp. 263-281, **(2016)**.
[9] J. Sarson and L. MacDonald, "No longer invisible: Families that torture, traffic, and exploit their girl child," Oñati Socio-legal Series, vol.8, no.1, **(2018)**
[10] UN Commission on Human Rights, "Report of the special rapporteur on violence against women, its causes and consequences," Ms. Radhika Coomaraswamy, Submitted in Accordance with Commission on Human Rights Resolution 1995/85, E/CN.4/1996/53, Geneva, Switzerland, **(1996)**
[11] C. Benninger-Budel and L. O'Hanlon, "Expanding the definition of torture," Human Rights Dialogue, **(2003)**
[12] D. S. Cartwright, "Contemporary gender issues in the refugee context," Proceedings of International Association of Refugee Law Judges (IARLJ) Inaugural Meeting IARLJ Australia/New Zealand Chapter Topic of discussion: Refugee Women Fleeing Gender-Based Persecution, March 10, Auckland, New Zealand, **(2000)**
[13] J. E. Mendez, "Gender perspective on torture: Law and practice, edited center for human rights & humanitarian law anti-torture initiative," Washington College of Law, Washington, pp.xi-xiv, **(2018)**.
[14] H. Pietilä, "Engendering the global agenda: The story of women and the united nations," UN Non-Governmental Liaison Service (NGLS), Geneva, Switzerland, **(2002)**
[15] H. Pietilä, "The unfinished story of women and the United Nations," UN Non-Governmental Liaison Service (NGLS), Geneva, Switzerland, **(2007)**
[16] C. Bunch, "Feminism and human rights the legacy of Vienna," Canadian Woman Studies, vol.33, no.1-2, pp.21-25, **(2018)**
[17] C. Bunch and N. Reilly, "Demanding accountability the global campaign and Vienna tribunal for women's human rights," Center for Women's Global Leadership Ruthers University, New Jersey, USA and United Nations Development Fund for Women (UNIFEM), New York, **(1999)**
[18] Parliament of Canada, Fifth Report Standing Committee on Justice and Human Rights (JUST) 42nd Parliament, 1st session, (n.d.) Ottawa, Canada, **(2019)**
[19] Amnesty International, "Respect, protect, fulfil women's human rights state responsibility for abuses by 'Non-State Actors,'" Author, London, **(2000)**
[20] UN Commission on Human Rights1994/45, "Question of integrating the rights of women into the human rights mechanisms of the united nations and the elimination of violence against women," E/CN.4/1994/132, Office of the High Commissionner for Human Rights, Geneva, Switzerland, **(1994)**
[21] UN General Assembly. 65/205, "Torture and other cruel, inhuman or degrading treatment or punishment," New York City, New York, **(2010)**
[22] UN Human Rights Council, "Resolution 8/8 torture and other cruel, inhuman or degrading treatment or punishment," Geneva, Switzerland, **(2008)**
[23] UN Committee against Torture, General Comment No. 2 Implementation of Article 2 by States Parties, CAT/C/GC/2, Geneva, Switzerland, **(2008)**

[24] UN General Assembly, "Convention against torture and other cruel, inhuman or degrading treatment or punishment," New York City, New York, **(1984)**
[25] CNA, "Code of Ethics for Registered Nurses," Author, Ottawa, Ontario, **(2017)**
[26] CNA, "Position statement nurses, health and human rights," Author, Ottawa, Ontario, **(2018)**
[27] Native Women's Association of Canada, "Sexual exploitation and trafficking of aboriginal women and girl's literature review and key informant interviews final report," Canadian Women's Foundation and Task Force on Trafficking of Women and Girls in Canada, **(2014)**
[28] Graduate Women International, "Gender-based non-state actor torture," Author, Geneva, Switzerland
[29] Canadian Federation of University Women, "Non-State Actor Torture," Author, Ottawa
[30] C. Bunch, "Women's rights as human rights: Toward a re-vision of human rights," Human Rights Quarterly, vol.12, no.4, **(1990)**
[31] L. Cooper, J. Anaf and M. Bowden, "Contested concepts in violence against women: 'Intimate', 'Domestic' or 'Torture'?," Australian Social Work. vol.59, no.3, **(2006)**
[32] A. Dworkin, "Terror, torture and resistance," Canadian Woman Studies, vol.12, no.1, **(1991)**
[33] M. Farley, "Prostitution, trafficking, and cultural amnesia: What we must not know in order to keep the business of sexual exploitation running smoothly," Yale Journal of Law and Feminism, vol.18, no.1, article no. 5, **(2006)**
[34] C. Ferstman, "Procedural and substantive obstacles to reparations for women subjected to violence through judicial and administrative forums," Paper presented during Mandate of the Special Rapporteur on Violence Against Women, Its Causes and Consequences - Panel Discussion on Reparations for Women Subjected to Violence, Geneva, Switzerland, **(2010)**
[35] F. D. Gaer, "Rape as a form of torture: The experience of the committee against torture," CUNY Law Review, vol.15, **(2012)**
[36] C. A. MacKinnon, "Are women human? And other international dialogues," The Belknap Press of Harvard University Press, Cambridge, **(2006)**
[37] J. Sarson and L. MacDonald, "Having non-state torture recognized by the UN and member states as an infringement of woman's human rights is imperative," Canadian Woman Studies/Les Cahiers de la Femme, vol.33, vol.1-2, **(2018)**
[38] J. Sarson, E. Gordon and L. MacDonald, "The palgrave international handbook of human trafficking," Edited J. Winterdyk and J. Jones, Palgrave, Cham, Switzerland, pp.1-25, **(2019)**
[39] E. A. Anasarias, B. Molino, E. P. Hernandez and J. M. Briola, "Human rights, human wrongs: Torture prevention, documentation and prosecution in the Philippines," Journal on Rehabilitation of Torture Victims and Prevention of Torture, vol.22, no.1, **(2012)**
[40] G. Cowgill and G. Doupe, "Recognizing and helping victims of torture," The Canadian Nurse, **(1985)**
[41] J. Glittenberg, "The tragedy of torture: A global concern for mental health nursing," Mental Health Nursing, vol.24, no.6-7, **(2003)**
[42] L. Jacobsen, "Teaching health professionals about torture," International Nursing Review, vol.45, no.3, **(1998)**
[43] R. Laurence, R. "Part 1: Torture and mental health: A review of the literature and part 2," Issues in Mental Health Nursing, vol.13, **(1992)**
[44] K. McCullough-Zander and S. Larson, "'The fear is still in me': Caring for survivors of torture," American Journal of Nursing, vol.104, no.10, **(2004)**
[45] Nurse.com, "Caring for victims of torture," **(2008)**
[46] W. Pabilonia, S. P. Combs and P. F. Cook, "Knowledge and quality of life in female torture survivors," Journal on Rehabilitation of Torture Victims and Prevention of Torture, vol.20, no.1, **(2010)**
[47] P. Benner, "From novice to expert excellence and power in clinical nursing practice," Edited P. Benner, Menlo Park, CA: Addison-Wesley Publishing Company California, pp.13-38, **(1984)**
[48] A. M. Clark and B. J. Sousa, "The mental health of people doing qualitative research: Getting serious about risks and remedies," International Journal of Qualitative Methods, vol.17, **(2018)**
[49] J. Sarson and L. MacDonald, "Torturing by Non-State Actors Invisibilized, a Patriarchal Divide and Spillover Violence from the Military Sphere into the Domestic Sphere," Peace Studies Journal, vol.2, no.2, **(2009)**
[50] F. Capra, "The turning point science, society, and the rising culture," Bantam Book, Toronto, **(1988)**
[51] OSCE Office of the Special Representative and Co-ordinator for Combating Trafficking in Human Beings in partnership with the Ludwig Boltzmann Institute of Human Rights and the Helen Bamber Foundation, "Trafficking in human beings amounting to torture and other forms of ill-treatment," Occasional Paper Series, no.5. Vienna, **(2013)**
[52] P. David, "Caring for the aging survivors of early life trauma due to war holocaust survivors: Case in point training manual," The Holocaust Resource Project at Baycrest Centre for Geriatric Care, Toronto, **(2001)**
[53] J. Beynon, ""Not waving, drowning". Asphyxia and torture: the myth of simulated drowning and other forms of torture," Journal on Rehabilitation of Torture Victims and Prevention of Torture, vol.22, no.1, **(2012)**
[54] Amnesty International, "'I wanted to die' Syria's torture survivors speak out," **(2012)**

[55] B. M. A. Aziz and M. Neur, "Torture in Egypt," Journal on Rehabilitation of Torture Victims and Prevention of Torture, vol.17, no.1, **(2007)**
[56] B. Danneskiold-Samsøe, E. M. Bartels and I. Genefke, "Treatment of torture victims - A longitudinal clinical study," Journal on Rehabilitation of Torture Victims and Prevention of Torture, vol.17, no.1, **(2007)**
[57] D. Forrest, "A glimpse of hell reports of torture worldwide," Edited D. Forrest, New York Press, pp.104-121, **(1996)**
[58] G. Hinshelwood, "A Glimpse of Hell Reports of Torture Worldwide," Edited D. Forrest, New York Press, pp. 187-196, **(1996)**
[59] R. F. Mollica, "Surviving torture," N Engl J Med, vol.351, no.1, **(2004)**
[60] M. Pilisuk and L. Ober, "Torture and genocide as public health problems," Amer. J. Orthopsychial, vol.46, no.3, **(1976)**
[61] E. Smith, E. and J. Boyles, "Justice denied: The experiences of 100 torture surviving women of seeking justice and rehabilitation," Medical Foundation for the Care of Victims of Torture, London, UK, **(2009)**
[62] H. Starman, "Whose torture is it anyway?," The international journal of human rights, vol.4, no.1, **(2000)**
[63] S. Wright, "A Glimpse of Hell Reports of Torture Worldwide," Edited D. Forrest, New York Press, pp.137-152, **(1996)**
[64] J. Sarson and L. MacDonald, "Torture in the private sphere: Patriarchal misogyny expressed as "False Memory"," Rain and Thunder, #51 Open Issue, **(2011)**
[65] J. Sarson and L. MacDonald, "Torture victimization - Child to adult: Flashbacks and connection with first responders," Family & Intimate Partner Violence Quarterly, vol.6, no.3, **(2014)**
[66] C.P. Smith and J. J. Freyd, "Institutional betrayal," American Psychologist, vol.69, no.6, **(2014)**
[67] C. F. Shatan, "Living in a split time zone: Trauma and therapy of Vietnam combat survivors," Mind & Human Interaction, vol.8, no.4, **(1997)**
[68] UN Human Rights Council, "Report of the special rapporteur on torture and other cruel, inhuman or degrading treatment or punishment (A/HRC/13/39/Add.5)," Geneva, Switzerland, **(2010)**
[69] J. B. George, "Nursing theories the base for professional nursing practice," Prentice-Hall, Englewood Cliffs, New Jersey, **(1980)**
[70] Everywoman.org, "Every woman treaty," **(2018)**
[71] UN General Assembly, "Violence against women, its causes and consequences (A/69/368)," New York, NY: United Nations, **(2014)**
[72] M. Htun and S. L Weldon, "The civil origins or progressive policy change: Combating violence against women in global perspective, 1975-2005," American Political Science Review, vol.106, no.3, **(2012)**

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