

Nursing, Relational Assessments and Trigger Table Care Plans

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This paper is written to offer a brief insight into our human rights nursing framework that for 20 years has helped guide us in our support for persons who Self-identify having endured torture victimization perpetrated by private individuals or non-state actors as they are referred to in human rights literature.

Of note is that relational assessments and the development of relational care plans is also proving to be a way to organize the care of elders who may not have endured non-state torture but did endure childhood victimizations including abuse and who were victims of multi-pedophilic perpetrator violations for example and who present with behavioural re-enactments or flashbacking re-enactments. Our experiences of using trigger tables with a person who is in the early stages of organic functional brain loss or dementia and who as a child was victimized is breaking new ground. It appears to be a nursing intervention that holds merit to improving how to interact with them in ways that produce improved caring results.

Basic principles of caring interventions include always retaining awareness that a victimized person is a person first; a person who has had their human and legal rights violated. Acknowledging their personhood, understanding and respecting their human rights by promoting and acting to attempt to restore their sense of human dignity and gender-equality are important in that these help to heal the feelings of humiliation and dehumanization that non-state torturers inflicted, for example. Building safety and trust are ever present because when childhood victimizations are inflicted safety and trust are fractured and difficult to restore. Identify the strengths of the person, build on these, and reinforce positives. Listening to them versus treating them as being unheard makes them feel invisible and increasingly more vulnerable often creates painful and sometimes harmful re-enactments. When flashbacking or re-enactments occur it is essential to first go where they are in time and space then to walk the person out of the flashback. We have written more about such interventions in several presented papers and published articles which are listed below. If there is a golden rule to caring interventions for persons so harmed it is to do the opposite of what the perpetrators did.

You will note that if using outcomes these are about building the relationship with Self; it may be wise not to include specific outcomes. The reason being that if outcomes are very specifically stated at the beginning or are reflected more of the carers attitude or perception this may create the focus so that the care is directed towards achieving the outcome versus concentrating on how the interventions are working. Therefore, we

suggest that evaluations be done on the effectiveness or non-effectiveness of the trigger table interventions and these be adjusted accordingly.

The papers and publications referred to in the earlier paragraph include:

- **Torture victimization-child to adult: Flashbacks and connection with First Responders Part I and Part II** published in *Sexual Assault Report*, 2012;
- [Sexualized Torture in the Domestic/Private Sphere and 'Body Talk': A Human Rights and Relational Feminist Paradigm](#);
- [Behavioural Harms: Enforced and Survival Tactics in Ritual Abuse-Torture Victimization Best practice: Connecting the dots – A walk through a violent like-minded 'co-culture](#).

The following are excerpts from two examples of care plans utilizing trigger tables.

Trigger Table Care Plan Excerpts

Trigger table care plan No. 1 to support a woman tortured by a spouse and his like-minded friends.

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 L

TRIGGER TABLE FOR TORTURE

Event or Trigger	Reason	Potential Response	Solutions
change	<p>▸ had no consistency never knew how many men were coming to rape me or what they were going to do...what I was going to be beaten with.... everything was a horror surprise...some came for sex, some came to beat the shit out of me, some came for both</p>	<p>☹ outwardly I would accept the change in schedule but inside I would die a little more , shut down a little more...giving up hope..I had a terror of dying without anyone knowing the truth about what happened to me. I was hoping that someone was humane enough to care and say that my suffering was wrong</p>	<p>☺ keep staff consistent and call ahead to talk about any change before change happens explaining why it is necessary</p> <p>☺ telling my story has allowed me to cope with change</p> <p>✧ RESULT- Educate about spousal torture...break the cycle of silence about such atrocities</p>

Trigger table care plan No. 2 to support with a woman tortured in childhood and his like-minded friends.

EVENT OR STIMULI TRIGGERING	FACT, REASON OR CAUSE OF TRIGGERING	MY RESPONSE TO TRIGGERS IN THE HERE & NOW	SOLUTIONS THAT MAY HELP
Physical feelings of pain in my chest and ribs	Re-remembering torture chest and rib pain caused by being crushed by pedophile perpetrator's body weight when I was a little girl of five.	Worry	<ol style="list-style-type: none"> 1. Try to remind my-Self that I am now a grown woman with a memory of what happened and how I was harmed by pedophile torturers when I was a little girl of five. 2. Try to Self-talk to remind my-Self that my ribs and chest are, in the here and now, just fine. 3. Outcome: Learning to be me!
<ol style="list-style-type: none"> 1. Physical feelings of weight on my body. 2. Thoughts that come into my mind of wanting to die. 	<ol style="list-style-type: none"> 1. Re-remembering pedophile perpetrator's climbing on top of me and all putting their body weight on me when I was little girl. 2. Re-remembering how I wanted to die when I was a little girl; it was my response to cope with enduring physical and sexualized tortures and horror. 	Suicidal emotions & thinking	<ol style="list-style-type: none"> 1. Keep reminding my-Self that I am responding to a torture ordeal that happened almost 50 years ago. 2. Remind my-Self that I am a woman now, a mother, and a partner. 3. Remind my-Self that these feelings of weight are not related to the present, there is no one putting weight on my chest now, May 4th 2010. 4. Self-talk to remind my-Self that my ribs and chest are, in the here and now, just fine and these past re-remembered feelings will pass. 5. Outcome: Learning to be me!

Reference

Personal communication with Paula David, MSW, 2001, Holocaust Resource Project Baycrest Center for Geriatric Care, Toronto, Canada.