In my first guest editorial back in 2009, I discussed the connections between childhood sexual abuse (CSA), posttraumatic stress disorder (PTSD), and borderline personality disorder (BPD). My perspective is that CSA survivors are often misdiagnosed as having BPD instead of PTSD and then are not treated compassionately and effectively (Schwecke, 2009). Unfortunately, CSA can occur in connection with physical, emotional, and psychological abuse that compounds the effects of CSA. Abuse may even escalate into the realm of torture (Keltner, Schwecke, & Bostrom, 2007). Only the most severe or long-lasting ritual abuse-torture (RAT) gets reported in the media, but I believe most RAT situations are never reported unless survivors report it later when they finally feel safe and are asked about it directly.

DESCRIPTION OF RITUAL ABUSE-TORTURE

RAT may be carried out by individuals, families, cults (non-Satanic or Satanic), and gangs as a way to instill submission, humiliation, and fear in victims. According to survivors, the tactics of RAT can include confinement in locked cages, closets, single rooms, basements, or backyard sheds (with or without bathroom facilities). Drugs or alcohol may be used to enhance the power and control over the victims. Other tactics frequently used are beatings, submersion in cold water, starvation, sleep/sensory deprivation, perverse sexual acts, photographing the abuse (often for pornography), marking or mutilation of body parts, and not providing basic life necessities. To keep victims silent, there are often threats of death for the victims and/or their siblings, other family members, peers, or pets or threats of even more severe physical abuse. As a result, victims will hide what is happening even if they are allowed to be out in public to go to school, church, or stores (McCollough-Zander & Larson, 2004; Sarson & MacDonald, 2004, 2009; Valente, 2000). The silencing strategies make it difficult to identify and help current victims and survivors.

Similar to ongoing CSA, in young victims of RAT, the prolonged fear and stress can lead to changes in neurobiology, such as in the amygdala, hippocampus, corpus callosum, and cerebral cortex (Rick & Douglas, 2007). Physical, emotional, and psychological development can be hindered, with the victims having a lack of trust in others, damaged self-concepts and self-esteem, distorted identities, and difficulty in peer and intimate relationships. They often exhibit patterns such as chronic headaches and pain, anxiety, aggression (outside of the abusive environment), depression, fear of authority figures, self-destructive behaviors, and somatization. Adolescent and even older victims may be violent toward others, cruel to animals, or act out impulsively as a result of uncontained rage. Evidence of suicide attempts, self-mutilation, substance abuse, sexual acting out, sleep disturbances, eating disorders, early pregnancies (or forced abortions), and attempts to run away or get married.
at an early age may be present (Cook, 2005; Davis & Petretic-Jackson, 2000; Valente, 2000). I personally believe these outward behaviors lead to misdiagnosis of victims/survivors, such as being diagnosed with conduct disorder or BPD instead of PTSD.

HUMAN TRAFFICKING

I also believe RAT is often associated with human trafficking. Human trafficking includes the harboring and transporting of victims for the purpose of forced sex and/or labor, which is a very profitable industry today, involving 4 to 27 million victims (Cole, 2009). Children, teenagers, and women are the most vulnerable, especially if they live in poverty. What is most often reported in the media is the trafficking from Southeast Asia, Mexico, and South America, although it occurs in most countries, including the United States. (A large U.S. case is well documented in DeCamp’s [1996] The Franklin Cover-Up: Child Abuse, Satanism, and Murder in Nebraska.). Human trafficking victims may be subjected to any of the tactics used with RAT victims to ensure traffickers’ power and control and maintenance of compliance and silence. They may show signs similar to those of RAT victims, as well as poor nutrition and hygiene, infections, sexually transmitted diseases, reproductive problems, fear of authority and revealing personal information, and fear of going outside of home or work (Cole, 2009; Sarson & MacDonald, 2009; Wessells, 2009).

ASSESSMENT, TREATMENT, AND PROTECTION OF VICTIMS

RAT and human trafficking victims may be seen in any health care facility, but especially in emergency departments, public health/community clinics, and psychiatric settings for physical injuries, pregnancies, miscarriages, complications of poorly administered abortions, suicidal ideation/attempt, self-mutilation, and/or psychiatric disorders, including PTSD and dissociative disorders. It is critically important to assess suspected victims alone, apart from those who bring them in and may be the perpetrators (just as nurses typically do with victims of partner abuse and with children who are witnesses to domestic violence). Victims who are not fluent in English may need a translator present during the interviews. Ideally, victims will be admitted to a medical or psychiatric facility to give nurses and others more time for assessment and development of short- and long-term treatment plans. In brief contacts or short-term hospitalizations, a critical immediate nursing intervention with victims must focus on physical safety and emotional security for them and others who may be harmed as a result of the discovery of their dangerous situation. Without this guarantee of safety and security, victims are not likely to admit to the RAT/human trafficking and will refuse any offers of help. Another important need is to provide safe outlets for victims’ intense anger and guilt, self-destructive urges, and severe anxiety, such as confidential talks with safe non-abusive individuals, relaxation techniques, and writing in a journal that can be hidden from the abusers/captors.

I think the major barrier to any treatment plan is the risk of harm by perpetrators if victims reveal their circumstances. Police, legal, and social services may not be able to respond quickly enough to ensure the safety of everyone involved. Safe housing, protection, and financial resources may not be available. Thus, it is not surprising that victims may deny or retract details of their problems and needs to protect themselves and others. What is needed is a coordinated multidisciplinary action team and resources for victims of RAT/human trafficking. Some communities are forming multidisciplinary coalitions aimed at developing such teams and resources, such as the one I attended in Indianapolis in 2008. The conference was co-sponsored by the U.S. Attorney of the Southern District of Indiana and the Marion County, Indiana, prosecutor’s office. The 24-hour hotline of Indiana Protection of Abused and Trafficked Humans (IPATH) is 800-928-6403.

For those who are able to escape or be rescued from RAT/human trafficking, long-term treatment with specialized counselors or centers is usually required. Recovery tends to be slow and difficult due to fears, severe lack of trust, and intensely painful emotions and memories. Survivors and nurses who want to learn more about these crimes may benefit from the information and resources provided by organizations listed in the Sidebar on this page.

Even with specialized outpatient counseling or treatment, inpatient psychiatric nurses may have sporadic contact with survivors who attempt suicide, self-mutilate, escalate their substance abuse, or become unable to

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### ADDITIONAL RESOURCES

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<tr>
<th>Resource</th>
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<tr>
<td>The Center for Victims of Torture</td>
<td><a href="http://www.cvt.org">http://www.cvt.org</a></td>
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<tr>
<td>The Center: Posttraumatic Disorders Program</td>
<td><a href="http://www.thecenteratpiw.com/home.html">http://www.thecenteratpiw.com/home.html</a></td>
</tr>
<tr>
<td>The National Human Trafficking Resource Center</td>
<td><a href="http://nhtrc.polarisproject.org">http://nhtrc.polarisproject.org</a></td>
</tr>
<tr>
<td>U.S. Department of Justice’s Trafficking in Persons and Worker Exploitation Task Force</td>
<td><a href="http://www.justice.gov/crt/crim/tpwetf.php">http://www.justice.gov/crt/crim/tpwetf.php</a></td>
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**Sidebar**

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Guest Editorial
take care of themselves in periods of crisis. Survivors need to be believed and be ensured confidentiality as well as receive continued empathy, support, and understanding from staff. It is essential to coordinate treatment plans with the specialized counselors or center, individuals providing safe housing, and legal and financial services that are already in place. Additional safety protections and emotional support are needed if the perpetrators of RAT or human trafficking are being investigated or prosecuted, because reliving the emotions and memories of the torture/abuse is similar to the experiences of rape survivors. I believe all nurses, including psychiatric nurses, need to become more aware of how to recognize victims and survivors of RAT/human trafficking so these victims can receive appropriate treatment and referrals.

REFERENCES


Lee H. Schwecke, RN, EdD
Associate Professor Emeritus
Indiana University School of Nursing
Indianapolis, Indiana

The author discloses that she receives royalties from the sale of the textbook she co-authored.

doi:10.3928/02793695-20101202-02