

Dissociative Symptoms Among Venezuelan Kidnapping and Ransom Victims: A Preliminary Report

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ABSTRACT. A set of measures of trauma and dissociation were administered to a sample of fifteen Venezuelan victims of kidnapping and ransom. Two women in particular reported high levels of dissociative experiences on the Structured Interview for Disorders of Extreme Stress. These two participants also reported the most symptoms on the trauma measures. Although preliminary, the findings demonstrate that dissociative symptoms can be detected among traumatized individuals in South America. The study has a number of limitations including a small, non-random sample.

There have been no systematic epidemiological studies or case series of dissociative symptoms or disorders reported from South America, although work has been done in Puerto Rico (Lewis-Fernandez, 1994; Martinez-Taboas, 1989; 1991; 1995; Martinez-Taboas, Canino, Wang, Garcia, and Bravo, 2006; Reyes-Perez, Martinez-Taboas, and Ledesma-Amador, 2005), and there has been clinical discussion from Argentina (Baita, 2005). In the context of work done with clinical populations in Europe, North America, and Asia (Dell and O'Neil, 2009; Sar and Ross, 2009; Xiao Yan, Wang, Zou Xu, Chen, Zhang, Ross, and Keyes, 2006), and based on the senior author's experience of having her son kidnapped and held for ransom, we decided to gather a sample of kidnap and ransom victims in Venezuela in order to determine whether significant dissociation can be detected in this population.

Favaro, Degortes, Colombo and Santanastaso (2000) interviewed 24 victims of kidnapping and ransom in Sardinia. The average duration of captivity was 99.2 days. Of the 24 victims, 11 met criteria for posttraumatic stress disorder (PTSD) on the Structured Clinical Interview for DSM-IV (First, Spitzer, Gibbon, and Williams, 1997). The average score on the Dissociative Experiences Scale (Bernstein and Putnam, 1986) was 19.1 for the victims with PTSD and 8.1 for those without, which was significant at $p < .02$. These are the only data on kidnapping victims using a standardized measure of dissociation. Other studies by Bisson, Searle and Srinivasan (1998) and Navia and Ossa (2003) describe mental health effects of kidnapping but do not discuss dissociation.

In a review article, Alexander and Klein (2009) mention dissociation as a symptom of kidnapping and hostage-taking but they cite no studies using standardized measures of dissociation other than Favaro et al. (2000). Siegel (1984) reviewed hallucinations among 31 kidnap victims identified from hospital and Veterans Administration case files. He found that eight victims also experienced dissociation, but the dissociation was not clearly defined. In the case examples, the dissociation included depersonalization experiences such as body distortion and being out-of-body. The sparse previous literature indicates that dissociative experiences do occur among kidnap victims, but little detail is reported about the symptoms and their severity.

METHOD

Participants.

Participants were fifteen individuals identified from local press articles about kidnapping and ransom victims in Venezuela who could be contacted and who were willing to participate. All were Spanish-speaking Venezuelans. There were eleven men and four women ranging in age from 24 to 65 years at the time of interview, with an average age of 43.7 years. Twelve were married and three were single. Six lived in an urban setting and nine in a rural setting. There were three engineers in the sample, six ranchers, two businessmen, one lawyer, one student, one homemaker and one therapist. The time in captivity ranged from one to 34 weeks with an average of 18.9 weeks.

Of the participants, three had attended graduate school, eight had an undergraduate degree, two had completed high school, and two had completed elementary school. All participants belong to the upper class or upper middle class, which made them targets for kidnap and ransom. Fourteen were Catholic and one was Buddhist. The time interval between being kidnapped and the research interview ranged from one to nineteen years, with an average of 6.9 years. All participants were kidnapped in southwestern states of Venezuela bordering on Colombia. All participants gave written informed consent and the study was approved by the Ethics Committee of the Southern California University for Professional Studies.

Measures.

The measures administered included the Structured Interview for Disorders of Extreme Stress (SIDES) (Pelcovitz, van der Kolk, Roth, Mandel, Kaplan, and Resick, 1997), the Schillace Trauma Scale (Schillace, 1994; unpublished manuscript), and the Los Angeles Symptom Checklist (King, King, Leskin, Gregory, and Foy, 1995). The measures were translated into Spanish by the senior author but no back-translation was performed. No study of the reliability or validity of the Spanish versions of the measures was undertaken.

The SIDES is a 48-item interview that inquires about seven different symptom domains. The five items in the SIDES in the subsection on alterations in attention or consciousness are: (amnesia subscale) "Difficulty remembering a part of life, or being confused about what happened or whether certain important things

did or did not happen”; (transient dissociative episodes and depersonalization subscale) “Difficulty keeping track of time in daily life”; “Spacing out when frightened or under stress”; “Feeling unreal, as if living a dream, or not really there”; and “Feeling like there were two persons living inside self who controlled behavior”. The cut-off score for the dissociation/depersonalization subscale of the SIDES is one item endorsed out of four; for the amnesia subscale it is one item out of one.

The SIDES inquires about reactions and behavioral alterations occurring in the last month, and reactions and behavioral alterations occurring after the traumatic experience. Responses to each item range from zero to four for experiences in the last month, and are ‘yes’ or ‘no’ for experiences after the trauma. Coefficient α for the seven subscales of the SIDES ranged from 0.53 to 0.90 and was 0.76 for alterations in attention or consciousness. Cohen’s kappa for inter-rater reliability of the SIDES was 0.81 in its original development.

The SIDES was administered to 149 victims of childhood interpersonal violence or abuse, 87 victims of adulthood violence or abuse, and 58 victims of natural disasters. The percentage meeting the cutoff for the amnesia subscale was 78% in the childhood violence group, 40% in the adult violence group and 15% in the disaster group. The percentage meeting the cutoff for the dissociation/depersonalization subscale was 80% in the childhood violence group, 59% in the adulthood violence group and 44% in the disaster group.

The Schillace Trauma Scale is a 91-item questionnaire in a true-false format (Schillace, 1994; unpublished manuscript). It includes a 30-item L-scale (Loss Scale) a 37-item T-scale (Trauma Scale) and a 24-item V-scale (Vulnerability Scale). The T Scale has good internal reliability (Cronbach's $\alpha = 0.87$) and test-retest reliability over 12 weeks ($r = 0.89$). The L-Scale has good internal reliability (Cronbach's $\alpha = 0.88$) and test-retest reliability over 12 weeks ($r = 0.90$). The V-Scale has good internal reliability (Cronbach's $\alpha = 0.79$) and test-retest reliability over 12 weeks ($r = 0.85$). There are no established cut-off scores for the Schillace Trauma Scale but in a non-clinical sample the average scale scores for 100 individuals age 40-49 were: L-Scale, 6.6 (SD 6.1); T-Scale 9.4 (SD 5.6); and V-Scale, 8.9 (SD 7.7) (the average age of the 15 kidnapping victims in the present study was 43.7 years).

Items from the Schillace Trauma Scale include: (T-Scale) "I feel overwhelmed with fear when I think about certain events"; and "I'm troubled by repetitive memories and mental images of a recent painful or frightening events"; (V-Scale) "I feel as though there is punishment "hanging over my head", ready to drop at any time"; and "I feel it is important to always keep my guard up and to be alert to possible threats"; (L-Scale) "I have a feeling that something or someone has been taken away from me and I desperately want "it" back"; and "I used to have a sense that life was good but now it seems empty and hurtful."

The Los Angeles Symptom Checklist is a 43-item questionnaire that inquires about a wide range of symptoms, with responses ranging from zero to four. The Checklist had excellent internal reliability (Cronbach's $\alpha = 0.95$) and test-retest reliability at one week ($\alpha = 0.90$) and two weeks ($\alpha = 0.94$) in its original development. Among the 300 male Vietnam combat veterans in the sample, the average score on the checklist was 45.2 with a range of 4-68; for 142 women who experienced childhood sexual abuse the average score was 30.3 with a range of 4-64. There are no cut-off scores for the Los Angeles Symptom Checklist.

Items from the Los Angeles Symptom Checklist include: difficulty falling asleep; momentary blackouts (amnesia); tension and anxiety; suicidal thoughts; vivid memories of unpleasant experiences; excessive jumpiness; avoidance of activities that remind you of prior unpleasant experiences; and feeling emotionally numb.

RESULTS

Overall Results.

In an unstructured clinical interview, 8 participants reported experiencing some degree of amnesia for events during their captivity. The amnesia was not defined in any operationalized manner. On the SIDES, the average score for reactions and behavioral alterations in the last month was 16.3, with a range of 3-49; the average score for reactions and behavioral alterations after the traumatic experience was 13.4, with a range of 5-21.

The number of participants reporting amnesia immediately after the trauma on the SIDES was 8 (53%). The number of participants reporting at least one item on the dissociation/depersonalization subscale for the period immediately after the trauma was 9 (60%). These numbers are similar to the adulthood violence group in the original SIDES study (40% amnesia and 57% dissociation/depersonalization). For the last month prior to being interviewed, 5 kidnapping victims (33%) reported amnesia and 4 (27%) endorsed at least one dissociation/depersonalization item.

On the Schillace Trauma Scale, the average score on the L-scale was 12.9 with a range of 8-26; the average score on the T-scale was 17.9 with a range of 11-29; and the average score on the V-scale was 10.3 with a range of 5-15. The average L-Scale and T-Scale scores were both more than one standard deviation above the mean score for members of the general population age 40-49.

On the Los Angeles Symptom Checklist, the average score was 31.1 with a range of 4-86. This compares to an average score of 45.2 with a range of 4-68 for 300 male Vietnam combat veterans, and 30.3 with a range of 4-64 for 142 adult women who were victims of childhood sexual abuse. For the question on momentary blackouts (amnesia), eight participants responded '0,' three responded '1,' two responded '2,' and two responded '4' for the frequency of this experience.

Results for the Two Most Dissociative Participants.

The purpose of the study was to determine whether highly dissociative individuals could be identified in a sample of Venezuelan kidnap and ransom victims. Therefore we report the findings on two women in the sample who reported the most dissociative symptoms in more detail. These two participants reported far more dissociative symptoms than any of the others on the SIDES 5-item subscale for alterations in attention or consciousness. They were a 63-year old single woman who worked as a therapist and a 65-year old married woman who was a housewife. Both were kidnapped in urban settings. Both women spent long periods in captivity (25 weeks for the 63-year old and 30 weeks for the 65-year old).

When rating the severity of their experiences for the five SIDES items for alterations in attention and consciousness in the past month, eight participants responded '0' to all items, one had a total severity score of 1, three had a total severity score of 2, one had a total severity score of 3, and the two most dissociative women had total severity scores of 11. The 63-year old woman was the only participant who reported feeling like there were two people living inside her.

On the Los Angeles Symptom Checklist, the two dissociative women were the participants who responded with a '4' to the item that inquires about momentary blackouts (amnesia). Their overall scores on the Checklist were 62 and 86, the two highest scores of all participants. On the Schillace Trauma Scale their L-scale

scores were 19 and 26, which were the two highest scores; on the T-scale their scores were 17 and 29; 29 was the highest score and 17 was the ninth highest score; on the V-scale their scores were 14 and 11, which were the second and third-highest scores. The 63-year old woman who reported two people living inside her was the participant with the highest Schillace Trauma Scale scores. Her scores were more than two standard deviations above the mean for the general population on the L-Scale and the T-Scale.

The two dissociative women were among the 8 participants who reported amnesia during the clinical interviews.

DISCUSSION

It is clear from the results that Venezuelan kidnapping and ransom victims include individuals who report significant levels of dissociation. Two out of the fifteen study participants (13.3%) were highly dissociative as measured by the SIDES, and this finding was consistent with the momentary blackouts (amnesia) item on the Los Angeles Symptom Checklist and the clinical interviews. This figure of 13.3% is similar to the prevalence of diagnosed dissociative disorders among general adult psychiatric inpatients: in 10 studies in 6 countries involving 1529 participants, the overall prevalence of a dissociative disorder was 16.1% (Ross, Duffy, and Ellason, 2002).

The two most dissociative participants in the sample also reported the most trauma symptoms, which is consistent with a conclusion that their dissociation was a response to trauma. Clearly, however, the limitations of this preliminary study make any firm conclusions about the causes of the dissociation impossible. The sample was not random or systematic, and the mostly widely used measure of dissociation, the Dissociative Experiences Scale (Bernstein and Putnam, 1986) was not used, nor was a structured interview for dissociative disorders (Ross, Ellason, and Duffy, 2002). The measures used were not back-translated and no tests of the reliability and validity of the translated versions were undertaken. Also, we did not inquire about antecedent trauma prior to the kidnappings: the two most dissociative victims might have had childhood trauma that contributed to their dissociation. The long periods of time between the kidnappings and the interviews raise concerns about the accuracy of recall, and we did not use any validity checks, nor did we assess any tendency of the participants to over-endorse symptoms.

Despite these limitations, however, the data do suggest that dissociative symptoms can be detected in South America, and specifically among kidnapping and ransom victims. Further research should be undertaken in South America on a variety of traumatized populations using valid and reliable measures of trauma and dissociation. There are practical and logistical difficulties gathering a sample of kidnap and ransom victims, but nevertheless, in future studies every effort should be made to use valid and reliable measures, and to interview the participants as soon as possible after the kidnappings.

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