

ARTICLE

Hostage-taking: motives, resolution, coping and effects

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SUMMARY

Taking hostages has a long history as a method, with variable effectiveness, of securing concessions from individuals, organisations and governments. More recently, it has become a popular tactic among terrorist organisations. Although the resilience of individuals should never be underestimated, there is evidence that being taken hostage can have enduring effects, particularly on children. Individuals vary in how they cope with such an experience, both during and subsequent to it. The literature demonstrates that the research base is limited, and many important questions remain to be answered. Hostage-taking is an area of clinical and scientific interest. Apart from the need to establish the most effective post-incident interventions for individual hostages and their families, there are opportunities to develop further insights into the dynamics and effects of unequal power relationships.

DECLARATION OF INTEREST

None.

Although the history of hostage-taking is a very long one, only relatively recently has there been a systematic attempt to understand its effects, both long term and short term, on individuals and their families. This is an important issue for clinical and academic reasons. First, the advice of mental health professionals is sought with increasing frequency with regard to the strategic, tactical and operational management of a hostage incident as well as to the clinical management of those who have been taken hostage. There is evidence to suggest that how best to help those who have been taken hostage is a sensitive and complex matter, and those who deal with such individuals should be as well informed as is possible. Thus, this article will address:

- the terminology associated with hostage-taking, motives for taking a hostage, and the authorities' responses thereto
- how individuals appear to cope with such an incident
- the effects of being taken hostage
- areas that require further research.

Definition

'Hostage-taking' is a lay term and refers to the detention of an individual, against their will and without legal authority, for a particular motive. In the UK, there is no crime of hostage-taking. The relevant criminal offences are 'kidnapping' (in English law) and 'abduction' (in Scottish law). For convenience, the generic, non-legal term of 'hostage-taking' will be used throughout this article.

Motives

Historical

The taking of another person as a means of obtaining concessions has a long history. The Ancient Romans took hostage, for example, the sons of princes as a means of guaranteeing subservience and fulfilment of obligations of their conquered regions. In medieval times, the taking of knights hostage occurred in accordance with their ransom value. By means of their heraldic devices, the knights indicated their personal value; 'highly prized' knights were much less likely to be killed.

The word 'kidnap' derives from two etymological roots – 'kid' (i.e. child) and 'nap' (i.e. to snatch) – and was first associated with the stealing of children for deportation to the North American colonies for employment purposes.

Contemporary

There are many motives for contemporary hostage-taking. Prisoners in penal institutions may take hostages in an effort to highlight some perceived grievance and/or to obtain a change in their circumstances. Criminals, interrupted in the pursuit of another crime, may take a hostage in an effort to secure their escape from apprehension. 'Tiger kidnapping' refers to an event where an individual is taken hostage to induce, for example, a loved one, friend or colleague to commit a certain act such as the withdrawal of ransom money from a bank or building society. Particularly in South America, 'express kidnapping' is a common phenomenon. It entails the seeking of only a small ransom which the families can easily pay. Some

individuals with mental illness also take hostages in response to their disturbed mood, thoughts and fears.

Most recently, we have become familiar with politically inspired hostage-taking by terrorist organisations to achieve some political end, such as the evacuation of Iraq by the Coalition Forces and by foreign workers. A feature of some of these incidents is a videotaped beheading of the hostage, and its subsequent transmission through Al Jazeera and/or the Al Arabia television channels. It is a contentious issue (and one too complex to be explored here), but some would argue that the USA, with or without the complicity of the UK, has engaged in a form of hostage-taking masked by the euphemism of 'rendition'.

It should be noted that terrorism-inspired incidents of hostage-taking may differ from others. Hostage-taking by terrorists tends to involve well-trained and well-organised groups, and their hostages are likely to have been carefully chosen, particularly in anticipation of the likely effect that their abduction will have on others. Media involvement is nearly always a deliberately manufactured feature of such events.

These are pragmatic descriptions of motives, and Lipsedge (2004) has referred to a two-category classification. Motives can be identified as 'instrumental', i.e. acts which seek a specific concrete aim such as obtaining a ransom. Alternatively, they can be described as 'expressive', in that their primary aim is to enable the perpetrator to seek revenge and/or to express some pent up frustration, anger or other emotion. Generally, incidents which are not politically motivated tend to have a successful and safe resolution (Lipsedge 2004).

Resolution

Where hostages are detained will influence the negotiation process and shape the likelihood of a safe release. If the stronghold (i.e. the specific place where the hostage is being detained) is known to and accessible to the authorities, this has some advantages, including secure containment and opportunities for manipulating the perpetrators' environment (e.g. by cutting off power supplies). Negotiations and rescue operations are made more difficult if the hostages are held where the local population is hostile to the hostage's country of origin.

Rescue by force

The use of force to rescue hostages is a complex and sensitive matter. Attitudes have changed over time. Particularly in response to prison hostage

incidents in the USA, the suppression model prevailed, and overwhelming force was used as the principal method of resolving them (Needham 1977). However, high-profile failed rescue efforts confirm how dangerous armed intervention can be to hostages. The German authorities' attempted rescue of the Israeli wrestling team, who had been taken hostage by the Black September group at the 1972 Munich Olympics, resulted in the deaths of all hostages (Jonas 2005). More recently, armed intervention in response to the incidents pertaining to the Dubrovka Theatre in Moscow (in 2002) and to the Beslan school (in 2004) resulted in the deaths of 130 and 334 hostages respectively (Speckhard 2004; Giduck 2005).

Successful resolution by force requires exceptional training, planning and execution, as was demonstrated by the Special Air Service (SAS), who secured the safe release of all hostages taken by the anti-Khomeini terrorists who seized the Iranian Embassy in London in 1980 (Fremont-Barnes 2009).

Negotiation

Negotiation is now widely recognised, at least in Western countries, as the first-choice intervention (Soskis 1986). Negotiation consumes time and therefore helps to reduce the arousal levels of the perpetrators, hostages and first responders; it also enables the authorities to gather intelligence and plan a resolution strategy. In the UK, negotiating the release of a hostage is the responsibility of the police. In the case of UK nationals abducted abroad, the UK government has the responsibility to ensure their safe release. This responsibility is exercised through the Foreign and Commonwealth Office (FCO) in London, and the UK's Embassies and High Commissions. The Hostage and Crisis Negotiation Unit of the Metropolitan Police is the unit through which UK governmental strategy is coordinated. The FCO also part-funds Reunite International (www.reunite.org), a leading UK charity which specialises in international abductions by parents. In addition, there is the national organisation pioneered by Terry Waite to provide care, advice and information for UK nationals taken hostage abroad (www.hostageuk.org).

Effects of being taken hostage

Individual reactions

The psychological impact of being taken hostage will to some extent reflect the specific features of the event, including: its duration; whether the hostages have been physically, sexually and/or psychologically abused; whether there has been a

BOX 1 Individual reactions to being taken hostage

- Shock, numbness, denial
- Fear, anxiety
- Helplessness, hopelessness
- Anger, irritability
- Guilt
- Impaired memory and concentration
- Confusion, disorientation
- Impaired decision-making
- Social withdrawal, avoidance

The listed reactions may be phasic, repetitive and/or prolonged, depending on individuals and their circumstances.

(perceived) threat to life; whether the hostage is alone or in the company of other hostages; and the perpetrator's motives. There have been few follow-up studies which allow a clear delineation of the differential effects of different hostage circumstances. The general impression, however, is that the reactions of hostages to their plight are very similar to those displayed by adult (Alexander 2005) and child (Williams 2007) victims of other trauma. Such reactions include those set out in Box 1.

Denial

In the short term, denial is an important normal reaction. Hostages may cling to an alternative explanation for their circumstances – usually a more palatable one. This was shown by some of the theatre-goers in the Russian theatre incident. Speckhard (2004) reports that, when the Chechen terrorists first took over the theatre, some of the audience thought this was merely part of the military musical they had gone to see. Strategies based on denial can be adaptive in the short term but, in the longer term, this defence may pose a problem and may even be life-threatening if hostages cease to take seriously the commands and demands of their captors.

Other reactions

As the event progresses and the reality of the situation becomes more obvious, hostages may display different reactions. These include asking questions of themselves, including 'Why me?', 'Was it my fault I got into this?', 'What will this do to my family?' and 'Should I be brave and try to escape or just do as I'm told?' Obviously, these are difficult dilemmas for the hostage to

resolve. Although some anger may be turned against themselves, hostages may also become increasingly angry with their captors; this can be dangerous if they overreact. It is easy to see why a hostage-taker would find it much easier to kill or be violent towards a hostage whose behaviour and attitudes are seen to be threatening. It is widely accepted that the best way to survive as a hostage is to blend with the background and not to draw attention to oneself.

Extreme reactions

Two extreme reactions, described by Symonds (1983), may persist. The first is frozen fright, a state in which the individual's emotional reactions are paralysed such that they behave in an automaton-like, compliant fashion in response to their captors.

Psychological infantilism is the other reaction, and this is characterised by regressed behaviour whereby the individual behaves in an infantile and clinging manner in response to the hostage-taker. Unfortunately, some hostage-takers view such behaviour with contempt and, thereby, the risk to the hostage may be increased in terms of threat to life and serious injury.

Resilience

Some hostages display a remarkable resilience to being overwhelmed, even when having to endure physical violence: 'Perhaps they will beat me again – even kill me. Whatever they do, they will never destroy me – never, never' (Waite 1993: p. 82). In an excellent review, Busuttil (2008) provides information on reactions to torture and interrogation strategies, particularly those used against military personnel in captivity.

Learned helplessness

Learned helplessness, as described by Seligman (1975), may also develop among hostages. After an extended period of trying to improve their circumstances, individuals may begin to feel completely helpless and hopeless; nothing they do seems to have any effect. This emotional state can leave the victim open to criticism post-incident, for example, for failing to overwhelm their captors and/or to seek escape. Hall & Leidig (2006) describe the recent case of the Austrian girl, Natascha Kampusch, who was held from the age of 10 years: despite opportunities, she made no effort to escape until after about 8 years of incarceration. This state of learned helplessness is reminiscent of the state of mind and behaviour of the 'walking corpses' in the concentration camps of the Second World War (Bettelheim 1960).

Group dynamics

In more prolonged events, where a number of hostages are held together, there may be important group dynamics, as were observed in the skyjacking of an aircraft by the Popular Front for the Liberation of Palestine (Jacobsen 1973). Initially, after the aircraft had been hijacked, there was cohesiveness among the passengers. More specifically, a group of adolescents on the aircraft became particularly helpful to the parents of children on the flight. However, it was noted that other reactions later emerged, such as divisiveness, jealousy and a shifting in group boundaries in response to, for instance, the captors seeking out those passengers with dual nationality and their providing non-kosher food for Jewish passengers.

Generally, however, it appears to be the case that group processes are protective against the deleterious effects of being kept captive; solitary detention appears to be more 'psychonoxious' (Busuttil 2008).

Family reactions

This important theme cannot be discussed in detail here, but it should be noted that families' reactions may mirror those of the hostages (Navia 2003). In particular, they may suffer badly from the uncertainty of the situation and conflicting information from different sources, for example, employers, police family liaison officers, the media and released hostages.

High-profile cases may also involve the families in political and law enforcement conflicts and intrigues, as was the case in the kidnapping of the baby of Charles Lindbergh in 1932 (Gardner 2004). The pain of losing a loved one, the wavering trust in the authorities and the sense of helplessness experienced by the wife of a hostage (subsequently murdered by his captors) is movingly captured in the book *A Mighty Heart* (Pearl 2003). It is vital that consideration be given to the challenges facing released hostages and their families, especially when individuals have been detained for extensive periods.

Post-incident psychopathology

Very few individuals develop frank psychopathology during, or in the immediate aftermath of, a traumatic event and it is important not to pathologise normal reactions. Although some individuals do develop genuine psychopathology and problems of post-incident adjustment, it is important that these findings do not mask typical human resilience and adaptiveness.

In terms of post-traumatic psychopathology, a review by Favaro and colleagues (2000) of hostages

abducted for ransom in Sardinia showed that just under half of them developed post-traumatic stress disorder (PTSD), and just over a third showed signs of a major depression.

Severe and extended periods of detention may lead to another chronic condition, labelled 'enduring personality change after catastrophic experience' (World Health Organization 1992). Characteristic features (which must have lasted for at least 2 years) are:

- a hostile or mistrustful attitude towards the world
- social withdrawal
- feelings of emptiness or hopelessness
- a chronic feeling of being 'on edge', as if constantly threatened
- estrangement.

This defect state is similar to what was earlier referred to as 'concentration camp syndrome' (Eitinger 1961). The relationship between the condition and physical and psychological influences is complex (Busuttil 2008).

Psychopathology in children

Most research on hostages has been conducted on adults. For children, the effects of being abducted may be even more serious, particularly if they have been detained for over 6 months and if the event involved a breach of trust by a previously trusted figure (Agopian 1984). Following the so-called 'Chowchilla incident' in California, involving the kidnapping of 26 children in a school bus, Terr (1983) reported that every child displayed symptoms similar to PTSD 4–5 years after the event. Some reactions, such as shame, pessimism and 'death dreams', increased over time.

Younger age and pre-existing family problems seem to make children more vulnerable to the adverse effects of being taken hostage (Terr 1983; Agopian 1984). The effects on children may be further exacerbated by their loss of education and their need for medical care post-incident. The medical and psychiatric follow-up of abducted children must be conducted with great sensitivity. Professional follow-up always runs the risk of 'retraumatising' the victim, particularly when accompanied by intense media involvement.

Physical reactions

In addition to the psychological effects of being taken hostage, physical reactions must be considered, as they can be disturbing and even life-threatening to hostages. In the acute phase of an incident, such physical reactions may include faintness, nausea, incontinence, and increased heart and respiratory rates. The last reaction may

be severe enough to develop into hyperventilation syndrome. Moreover, hostages may have to deal in captivity with the exacerbation of pre-existing physical conditions, such as asthma and diabetes, caused by stress and physical deprivation. New conditions may develop, occasioned by being deprived of a nutritious diet, daylight, exercise, fresh air, sleep and adequate sanitation.

Coping while in captivity

Much of our knowledge about coping as a hostage comes from individual accounts of high-profile cases, including those of Brian Keenan (Keenan 1992), Terry Waite (Waite 1993), Stephanie Slater (Slater 1995), Natascha Kampusch (Hall 2006) and Peter Shaw (Shaw 2006).

As informative and as impressive as these accounts are, it is not clear how successful these individuals' coping responses would be if employed by different individuals exposed to different or even the same situations. Nonetheless, some common strategies do appear to be helpful. Terry Waite (Waite 1993) used several. First, he set himself three principles: no regrets, no false sentiment, and no self-pity. Second, he used mental arithmetic and reading (as did Natascha Kampusch) as a distraction and as a way of keeping himself mentally active. Third, he tried to impose order and self-care by doing regular and carefully self-monitored physical exercises. Fourth, by means of a form of cognitive restructuring, he sought to extract some positive gain, even during captivity, from his dreadful circumstance (4 years of being chained, beaten and held in isolation) by drafting out in his mind his autobiography. Finally, he took one day at a time.

The translation of an adverse experience into a positive one was also displayed initially by the adolescents in the hijacked aircraft, as they regarded their kidnap as an exciting event and something of an adventure. Moreover, as indicated earlier, they banded themselves into a helpful group, particularly with regard to the mothers of children (Jacobsen 1973).

More work needs to be conducted before we can understand why some individuals cope better than others. In particular, we lack long-term follow-up data. However, an early follow-up by Stöfel (1980) of hostages from Dutch hijacked trains revealed that there were more serious psychological symptoms among women (and the younger the woman, the worse the symptoms) than men, among those with low educational level and those who had a more extended period of captivity. In the same survey, he noted that out of 168 individuals, only 6% reported no adverse effects. From an extensive

review, Markestyn (1992) suggested that certain personality features may compromise coping as a hostage: these include passive-dependent traits, an external locus of control and a dogmatic-authoritarian manner.

Little research has gone into the adaptive value of religious belief and value systems. However, it was noted in a hostage-taking incident in Fiji that a group of abducted parliamentarians (irrespective of whether they were Christian, Hindu or Muslim) all used sacred texts to enable them to cope with the threats, intimidation and anxiety (Taylor 2002).

Stockholm syndrome

One highly publicised reaction, sometimes reported among hostages, is the so-called Stockholm syndrome, a term coined by the criminologist Nils Bejerot (Cantor 2007). It is questionable whether the word 'syndrome' is appropriate, since it implies a pathology or an attachment disorder, whereas it could be reasonably argued that the behaviour and attitudes associated with this reaction are normal in response to an abnormal event and can be adaptive. However, as the phrase is well-known we will use it here.

The term was introduced to describe the unexpected reactions of hostages both during and after an armed raid on the Sveriges Kredit Bank in Stockholm in 1973. Over a 6-day period, it was noted that the four hostages (three female) began to develop positive feelings towards their male captors and vice versa. After their release, the hostages even set up a fund to pay for their captors' legal defence fees.

Patty Hearst

A similar reaction was allegedly shown by Patty Hearst (the daughter of a wealthy USA magnate), who was kidnapped and physically and sexually abused by members of the Symbionese Liberation Army (SLA) (Hearst 1982). Although apparently offered the chance to leave their captivity, she chose to stay as a member of the group. Subsequently, she was arrested during a bank robbery along with members of the SLA, and she served 2 years in prison before her sentence was commuted by President Carter.

In relation to this case, there are two points to be noted. First, she displayed no subsequent sympathy for their cause, and did not seek to defend their actions. Second, she herself discounted Stockholm syndrome and argued that she chose consciously to stay with them to ensure her survival, believing that she was at risk of death because she knew so much about the SLA.

Natascha Kampusch

A more recent and dramatic illustration of the possible power of this reaction involves Natascha Kampusch (Hall 2006). This 10-year-old Austrian girl was abducted in 1998 and detained in an underground cellar for just over 8 years, escaping only in 2006. Immediately following her escape, her abductor Wolfgang Priklopil killed himself. The girl then blamed the police for his death, and grieved for him. So far, she has always been protective of him in terms of his behaviour towards her. Moreover, a distinctive feature of their extraordinary relationship was that they seemed to engage on occasions in role reversal, such that he became the 'servant' and she took charge of their situation.

Validity

Stockholm syndrome has been conceptualised in various ways, including as 'identification with the aggressor' (Freud 1936), but others (e.g. Namnyak 2008) have challenged the validity of the 'syndrome' and have suggested that it is the product of reporting and publication bias by the media. Also, as was indicated above in the Hearst case, some survivors have claimed that their alignment with their captors was no more than a conscious effort at self-preservation. It may be viewed as a form of denial whereby captives deceive themselves into believing that they are no longer at personal risk of harm and have control of their destiny.

An interesting finding by Favaro and colleagues (2000) is that PTSD and Stockholm syndrome both reflect the severity of the hostages' experience, but PTSD is related to the number of violent episodes experienced by the hostages, whereas Stockholm syndrome is predicted by the number of humiliating experiences and the level of deprivation experienced.

Misplaced attachment

It should be noted that there are in the literature other cases of misplaced attachments, including individuals who become acolytes of cults; the bonding between prisoners of war and their guards; the obedience of 'boy soldiers' to their leaders; the relationship between slaves and their masters (even after emancipation, many slaves did not leave their masters); and the enduring relationships between abused women and children and those who abuse them. This dynamic of unequal relationships has commonly led to victims being unfairly criticised for submitting to their circumstances and for failing to show resistance thereto.

Syndrome development

Certainly, Stockholm syndrome potentially has survival value, and some hostages and hostage negotiators deliberately try to engineer its development for that reason. However, there are two disadvantages of its development. First, on release, hostages may feel guilty and embarrassed about the way they have behaved in relation to their captors. Second, the authorities cannot routinely trust hostages to provide accurate information or to assist in any rescue plan.

It must be noted that Stockholm syndrome does not always develop. It seems to require a number of preconditions such as those in Box 2.

Clearly, this is an important phenomenon, but its development is poorly understood, and it is not clear why some individuals display these reactions, whereas others, in a similar setting, do not. For example, Yvonne Ridley, a British journalist, was captured for 11 days by the Taliban (Ridley 2001). She claimed that she was rude and aggressive to her captors, and rejected their food as well as their invitation that she convert to Islam (although she did so some time after her release).

Research questions

We have commented elsewhere on the difficulty associated with following up hostages after release (Alexander 2009). There are ethical issues, particularly with regard to the omnipresent risk of retraumatising individuals by requiring them to revisit in detail intensely emotive experiences (some of which will have entailed humiliation, torture and sexual abuse). Also, some events have involved only very small samples – sometimes

BOX 2 Preconditions of the development of Stockholm syndrome

- An extended and emotionally charged event
- An adverse environment shared by captors and captives (e.g. lack of warmth, food, shelter)
- Opportunities for a bond to develop (to counter this, guards may be frequently moved to different hostages)
- When threats to life are not fulfilled (e.g. 'mock executions')
- When the hostages, deprived of usual supports, have a high level of dependence on the hostage-takers even for the most basic needs
- When the hostages are perceived by their captors as personalised human beings (to avoid this, in some incidents, hostages are 'dehumanised' by being given pseudonyms or numbers and treated as animals or 'aliens')

single individuals. Thus, the database is modest in size. Sometimes hostages (and their families) prove to be elusive and insular (Taylor 2007). Moreover, an important point, emphasised by Markestyn (1992), is that most research relates only to descriptive accounts of various phenomena and there are few efforts at theory development and the testing of specific hypotheses. However, Cantor & Price (2007) have attempted to embrace, within an evolutionary perspective, a number of extraordinary relationships, including Stockholm syndrome.

In particular, there is an outstanding need to identify the moderating and therapeutic features of the post-incident environment. Following other kinds of trauma, it is recognised that family and social support can play a particularly important and positive role. However, we know that hostages and other incarcerated individuals may be met with approbation and moral censure for their conduct during captivity and for their failure to escape. Some individuals who survived the concentration camps of the Second World War were subject to much abuse and moral criticism on their return to Israel (Solomon 1995). A particularly pertinent research issue of therapeutic significance is how best to restore trust in relationships, particularly in relation to children who have been taken hostage by a previously trusted individual.

It is noteworthy that most hostages who survive high-profile events write books about their experiences – an activity that may provide catharsis and offer an opportunity for the attribution of meaning to what they have experienced. For others, these outcomes may be achieved by giving regular presentations on their experiences to, for example, the police and the military to enhance their training in relation to dealing with such incidents and their victims. Unfortunately, this latter strategy may also occasion the risk that former hostages are permanently cast in the role of the ‘hostage survivor’, depriving them of personal growth and development through their experiences. Further exploration of such matters would augment the now developing literature on positive growth and resilience following trauma (e.g. Bonanno 2001; Linley 2003; Wessely 2005).

Conclusions

Hostage-taking has become a frequent crime and political weapon. In the long term, resilience may be the norm, but being taken hostage – particularly as a child – can be a deeply disturbing event with long-term emotional and physical sequelae, which requires skilled, informed care. It

is an underinvestigated topic that requires further enquiry to increase our understanding of unequal power relationships.

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References

- Agopian MW (1984) The impact on children of abduction by parents. *Child Welfare* **63**: 511–9.
- Alexander DA (2005) Early mental health intervention after disasters. *Advances in Psychiatric Treatment* **11**: 12–8.
- Alexander DA, Klein S (2009) Kidnapping and hostage-taking: a review of effects, coping and resilience. *Journal of the Royal Society of Medicine* **102**: 16–21.
- Bettelheim B (1960) *The Informed Heart: Autonomy in a Mass Age*. The Free Press.
- Bonanno GA, Papa A, O’Neill K (2001) Loss and human resilience. *Applied and Preventive Psychology* **10**: 193–206.
- Busuttil W (2008) Prolonged incarceration: effects on hostages of terrorism. *Journal of the Royal Army Medical Corps* **154**: 128–35.
- Cantor C, Price J (2007) Traumatic entrapment, appeasement and complex post-traumatic stress disorder: evolutionary perspectives of hostage reactions, domestic abuse and the Stockholm syndrome. *Australian and New Zealand Journal of Psychiatry* **41**: 377–84.
- Eitinger L (1961) Pathology of the concentration camp syndrome. *Archives of General Psychiatry* **5**: 371–9.
- Favaro A, Degortes D, Colombo G, et al (2000) The effects of trauma among kidnap victims in Sardinia, Italy. *Psychological Medicine* **30**: 975–80.
- Fremont-Barnes G, Winner P (2009) *Who Dares Wins – The SAS and the Iranian Embassy Siege 1980*. Osprey Publishing.
- Freud A (1936) *The Ego and the Mechanisms of Defence*. International Universities.
- Gardner LC (2004) *The Case that Never Dies: The Lindbergh Kidnapping*. Rutgers University Press.
- Giduck J (2005) *Terror at Belsan: A Russian Tragedy with Lessons for America’s Schools*. Archangel Group.
- Hall A, Leidig M (2006) *Girl in the Cellar. The Natascha Kampusch Story*. Hodder & Stoughton.
- Hearst P, Moscow A (1982) *Patty Hearst: Her Own Story*. Avon.
- Jacobsen SR (1973) Individual and group responses to confinement in a skyjacked plane. *American Journal of Orthopsychiatry* **43**: 459–69.
- Jonas G (2005) *Vengeance: The True Story of an Israeli Counterterrorist Team*. Simon and Schuster.
- Keenan B (1992) *An Evil Cradling: The Five Year Ordeal of a Hostage*. Hutchinson.
- Linley PA, Joseph S, Cooper R, et al (2003) Positive and negative changes following vicarious exposure to the September 11 terrorist attacks. *Journal of Traumatic Stress* **16**: 481–5.
- Lipsedge M (2004) Hostage-taking and domestic sieges. *Psychiatry* **3**: 24–6.

MCQ answers

1 b 2 e 3 a 4 c 5 d

- Markestyn T (1992) *The Psychological Impact of Nonsexual Criminal Offences on Victims*. Report No. 1992-21. Ministry of the Solicitor General of Canada.
- Namnyak M, Tufton N, Szekeley R, et al (2008) 'Stockholm syndrome': psychiatric diagnosis or urban myth? *Acta Psychiatrica Scandinavica* **117**: 4–11.
- Navia CE, Ossa M (2003) Family functioning, coping, and psychological adjustment in victims and their families following kidnapping. *Journal of Traumatic Stress* **16**: 107–12.
- Needham J (1977) *Neutralization of Prison Hostage Situations*. Sam Houston State University.
- Pearl M (2003) *A Mighty Heart*. Virago Press.
- Ridley Y (2001) *In the Hands of the Taliban: Her Extraordinary Story*. Robson Books.
- Seligman MEP (1975) *Helplessness: On Depression, Development, and Death*. Freeman.
- Shaw P (2006) *Hole: Kidnapped in Georgia*. Accent Press.
- Slater S, Lancaster P (1995) *Beyond Fear: My Will to Survive*. ISIS Publishing.
- Solomon Z (1995) From denial to recognition: attitudes toward holocaust survivors from World War II to the present. *Journal of Traumatic Stress* **8**: 215–28.
- Soskis DA, van Zandt CR (1986) Hostage negotiation: law enforcement's most effective nonlethal weapon. *Behavioral Sciences and the Law* **4**: 423–35.
- Speckhard A (2004) Soldiers for God: a study of the suicide terrorists in the Moscow hostage-taking siege. In *The Roots of Terrorism: Contemporary Trends and Traditional Analysis* (ed O McTernan): 1–22. NATO Science Series.
- Stöfvel W (1980) Psychological sequelae in hostages and the aftercare. *Danish Medical Bulletin* **27**: 239–41.
- Symonds M (1983) Victimization and rehabilitative treatment. In *Terrorism: Interdisciplinary Perspectives* (eds B Eichelman, D Soskis, D Reid): 69–82. American Psychiatric Association.
- Taylor AJW, Nailatikau E, Walkey FH (2002) A hostage trauma assignment in Fiji. *Australasian Journal of Disaster and Trauma Studies* (2) (<http://www.massey.ac.nz/~trauma/issues/2002-2/taylor.htm>).
- Taylor AJW (2007) Defusing the terrorism of terror. In *Psychology of Terrorism* (eds B Bongar, LM Brown, LE Beutler, et al): 373–99. Oxford University Press.
- Terr LC (1983) Chowchilla revisited. The effects of psychic trauma four years after a school bus kidnapping. *American Journal of Psychiatry* **140**: 1543–50.
- Waite T (1993) *Taken on Trust*. Hodder & Stoughton.
- Wessely S (2005) Victimhood and resilience. *New England Journal of Medicine* **353**: 548–50.
- Williams R (2007) The psychological consequences for children of mass violence, terrorism and disasters. *International Review of Psychiatry* **19**: 263–77.
- World Health Organization (1992) *The ICD-10 Classification of Mental and Behavioural Disorders*. WHO.

MCQs

Select the single best option for each question stem

1 As regards kidnapping and hostage-taking:

- a children are particularly resilient to the adverse effects of being kidnapped
- b 'abduction' represents the Scottish legal equivalent of 'kidnapping' in English law
- c 'tiger kidnapping' refers to the kidnapping of children
- d 'express kidnapping' is rare in South America
- e the mentally ill most frequently take hostages.

2 The statement that best describes an 'instrumental' motive for kidnapping is that it:

- a is any act of the politically oppressed
- b involves well-organised political groups
- c does not provoke Stockholm syndrome

- d enables the perpetrators to ventilate their sense of injustice
- e reflects a specific aim such as obtaining a ransom.

3 The suppression model was first described by:

- a Needham
- b Waite
- c Lipsedge
- d the Foreign and Commonwealth Office
- e the Metropolitan Police.

4 The following incidents were successfully resolved through force:

- a the 1972 Munich Olympics siege
- b the Beslan school siege
- c the Iran Embassy siege in London

- d the Moscow (Dubrovka) Theatre siege
- e the rescue of Natascha Kampusch.

5 Stockholm syndrome is least likely to occur when:

- a there is risk to life
- b the hostages are female
- c the hostages are on personal terms with their abductors
- d the hostages have a considerable degree of independence
- e the incident is a prolonged one.