

Case Report

# Kidnapping-Induced Post-Traumatic Stress Disorder in an Elderly Nigerian Woman: Biopsychosocial Insights and Cognitive Processing Therapy Outcomes

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## Abstract

### Background

In Nigeria, the rising prevalence of kidnapping incidents has led to significant psychological impacts on victims. This study explores the biopsychosocial consequences of kidnapping-induced post-traumatic stress disorder (PTSD) in an elderly Nigerian woman and assesses the efficacy of Cognitive Processing Therapy (CPT) as a therapeutic intervention.

### Objectives

To examine the psychological aftermath of kidnapping through a biopsychosocial lens and evaluate the outcomes of CPT in treating PTSD symptoms in a 65-year-old Nigerian woman.

### Methods

An elderly Nigerian woman who experienced a kidnapping event, was assessed for PTSD using the Acute Stress Disorder Scale and PTSD Checklist (PCL). She underwent six sessions of CPT, and her progress was evaluated using the PCL, Brief Resilience Scale and Spirituality Self-Rating Scale.

### Results

The patient initially exhibited severe PTSD and acute stress disorder. After the intervention, her PTSD symptoms significantly reduced from severe to moderate levels. Additionally, her resilience and spirituality scores increased, indicating an overall improvement in her psychological state.

### Conclusion

The case highlights the significant psychological impact of kidnapping and effectiveness of CPT in reducing PTSD symptoms. The findings underscore the importance of incorporating resilience and spirituality into holistic treatment strategies for managing the psychological effects of traumatic experiences like kidnapping.

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**Keywords:** Kidnapping, PTSD, Cognitive Processing Therapy, Resilience, Spirituality

## Introduction

Post-traumatic stress disorder (PTSD) is a debilitating psychological condition that emerges in response to exposure to traumatic events, often characterized by recurrent, involuntary, and intrusive distressing memories of the event, as well as avoidance of stimuli associated with the trauma. [1] While various traumatic events can result in PTSD, kidnapping poses unique challenges due to the combination of acute trauma and prolonged psychological torment.[2] Notably, Nigeria has witnessed a concerning surge in kidnapping incidents in recent years, with major cities becoming particularly affected. [3] These incidents have left numerous victims and their families grappling with the mental health consequences of these traumatic experiences.[4]

Understanding PTSD in the context of kidnapping is pivotal due to the multifaceted nature of the trauma. Kidnapped victims are not only physically restrained but also subjected to psychological torture, threats, and sometimes, physical violence. [5] Such experiences can induce profound psychological distress, with symptoms often lingering long after the traumatic event has passed.

In addressing the psychological suffering lingering from psychotraumatic events like kidnapping in Nigeria, pharmacotherapy is often more pronounced than psychotherapy. This might be due to prevalent cultural beliefs that view mental health conditions as spiritual curses and prioritize traditional treatment, creating skepticism about the effectiveness of psychotherapy. Additionally, the stigma associated with mental health issues discourages elderly individuals from seeking necessary services. Furthermore, concerns about the applicability of Western psychotherapy protocols in different cultural contexts persist. These issues are exacerbated by the urgency to address kidnapping-induced PTSD, which is heightened by the frequency and commodification of kidnapping incidents,

especially by economically motivated youths, emphasizing the biopsychosocial dimensions of PTSD in Nigeria.[6,7]

This case report aims to provide insights into the manifestation of PTSD following a kidnapping event in an elderly Nigerian woman and to outline the biopsychosocial implications of her trauma. Further, the study documented the efficacy of Cognitive Processing Therapy as a therapeutic intervention for her PTSD.

## Ethical Considerations

Ethical approval for this case study was obtained from the Federal Neuropsychiatric Hospital Kaduna Health Research Ethics Committee dated 18<sup>th</sup> October 2023. The patient provided informed consent for the publication of this case report.

## Case Presentation

The patient is a 65-year-old woman from Nigeria. Prior to her retirement, she dedicated her professional life to educating young minds as a primary school teacher. In retirement, she took to medium scale farming and enjoys her life as a wife, mother, grandmother, although her being kidnapped experience has cast a shadow on her previously peaceful life.

She faced a harrowing ordeal when kidnappers abducted her on her farm during harvesting period. One of her workers was shot dead in her presence, before her abduction. She spent 12 distressing days in the custody of her kidnappers, before being released, after ransom had been collected. During her captivity, she found herself in a perpetual state of disorientation, often feeling as though her surroundings were surreal, difficulty in falling asleep, loss of hope of ever regaining her freedom again, fear of the likelihood that she might be raped (as one of the kidnappers threatened to rape her) or even killed as few kidnapped victims were shot dead in her presence.

After her release by her abductors, she was taken to the General Practitioner to assess for routine medical checkup, from where she was referred for psychological help. Following her release, she experienced a series of PTSD symptoms, most notably: recurrent, vivid dreams of her kidnapping ordeal, which frequently disrupted her sleep; persistent flashbacks to the traumatic event, which often led to episodes of palpitations, rapid breathing, and overwhelming sadness; an aversion to situations or discussions that reminded her of the kidnapping; a heightened state of alertness and a pervasive sense of danger; engaging in self-blame and placing blame on her spouse for not facilitating a quicker rescue; and a newfound fear towards the Hausa-Fulani ethnic group, further complicating her emotional state.

However, she did not exhibit irritability, suicidal ideations, self-destructive tendencies, perceptual disturbances, or any significant mood or energy shifts. Moreover, there is no prior history of mental illness in her background.

On mental state examination, she appeared well-groomed and appropriately attired for an elderly woman of her background. However, her demeanor was noticeably anxious, and she seemed preoccupied with the traumatic memories of her kidnapping.

A clinical assessment of kidnapping-induced PTSD was made. Two psychometric tools, the 19-item Acute Stress Disorder Scale (ASDS) and 17-item PTSD Checklist (PCL) were administered to the patient and her score suggested she had both psychiatric disturbances (See Table 1). Timely intervention and therapeutic measures taken include being placed on low dose tablet of amitriptyline (i.e. 25mg to aid sleep) and to undergo cognitive processing therapy, to treat the profound impacts of the traumatic experiences.

A week following presentation at the Hospital, the patient was introduced to Cognitive Processing Therapy (CPT),

a well-established therapeutic technique that is specifically designed to treat PTSD. [8] CPT has been extensively researched and found effective in helping individuals process traumatic events and reconstruct their narratives, leading to symptom alleviation. The CPT was carried out for the patient by the team member.

The patient stopped further participation in more sessions after undergoing a total of six sessions of CPT: First session was initial assessment of her baseline symptoms, her history was thoroughly explored and psychoeducation was carried out to provide context to tailor the therapy according to her needs; Second session 2 was used to further educate her about the nature of PTSD, guided in recognizing trauma-related thinking pattern, how the disordered thoughts played pivotal role in perpetuating the distressing symptoms, linking them to emotions with brief practice of alternative interpretations of events. The third session provided her with guides to recognize “stuck points” or challenging beliefs related to her traumatic event. This was followed in the fourth session with cognitive reappraisal through challenging and altering these distorted beliefs to develop a more balanced perspective. The fifth session was used to reconstruct her traumatic narrative further and discussed by processing them in a safe therapeutic environment. In the sixth session, the patient reported a noticeable improvement in her symptoms. Feeling considerably better, she decided not to continue with additional sessions, and registered her confidence towards recovery. At this point, we added a brief duration to provide strategies to manage and prevent potential future symptoms, skills to increase self-care and information about easy access to self-referral at anytime if she deemed it necessary. Her scores on the six session administered scales, of ASDS, PCL, Brief Resilience Scale (BRS) and Spirituality Self-Rating Scale (SSRS) were encouraging of moderately high recovery (See Table 1). Also, the low dose amitriptyline was tapered off.

**Table 1. Psychological assessment outcome before and after implementing CPT**

Assessment Tools	Pre-intervention scores	Post-intervention scores
ASDS	56 (case for ASD distress)	- -
PCL	40 (Case for Severe PTSD)	27 (Case for Moderate PTSD)
BRS	- -	22 (Case for Moderate Resilience)
SSRS	- -	30 (Case for High Spirituality)

**Note:** ASDS = Acute Stress Disorder Scale; PCL = PTSD Checklist; BRS = Brief Resilience Scale; SSRS = Spirituality Self-Rating Scale

### A Brief Description of Assessment Tools and Their Application in the Case Study

To comprehensively assess the patient's psychological state after her traumatic event, a set of validated instruments were employed to understand her acute stress, PTSD symptoms, resilience, and spiritual beliefs. The Acute Stress Disorder Scale (ASDS), [9] a 19-item self-reporting instrument, was used within four weeks of the incident to measure acute stress symptoms. As shown in Table 1, the patient score of 56 indicate a case for acute stress disorder (ASD). Following the initial assessment, the Posttraumatic Stress Disorder Checklist (PCL-17), [10] which mirrors the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, (DSM-5) criteria and ranges from 17 to 85, respectively indicating scores of 17–23, 24–39, 40–59, and 60 and above, as mild, moderate, severe and extremely severe levels of PTSD symptoms.

The PCL-17 was administered twice, pre-intervention scores of 40 and post-6-session-intervention scores of 27 respectively showing the severe PTSD symptoms reduced to moderate level. The Brief Resilience Scale (BRS), [11] consisting of six items and ranging from 6 to 30 with score of 6 to 18, 19 to 24 and 25 to 30, respectively indicating low, moderate and high levels of resilience. The BRS provided insights into the patient's resilience at the end of six sessions of CPT as moderate (score of 22), despite not completing the standard twelve sessions. Lastly, the 6-Item Spirituality Self Rating Scale (SSRS) [12] with score range of 6–30, was utilized to measure the patient's spiritual beliefs post-CPT, and higher scores indicate stronger spiritual inclination.

Her SSRS score was 30, offering an understanding of how her high spirituality might have influence her recovery and coping mechanisms.

### Discussion

The case offers critical insights into the holistic biopsychosocial impacts of a traumatic event and the therapeutic potential of Cognitive Processing Therapy (CPT) in addressing them. The traumatic incident of kidnapping left profound psychological marks on her, mirroring a larger societal issue that plagues Nigeria. [3] The use of a comprehensive set of validated assessment tools allowed for an in-depth understanding of her psychological state and tracking the progress post-intervention. [1] Future research should explore the long-term biopsychosocial impacts of kidnapping-induced PTSD and develop culturally tailored interventions that incorporate resilience and spirituality.

As depicted in Table 1, the patient initially exhibited scores signifying acute stress disorder (ASD) and severe PTSD. [9,10] However, following six sessions of CPT, her PCL scores, indicating PTSD symptoms, showed a reduction from severe to moderate levels. This underscores the potential efficacy of CPT in modulating PTSD symptoms post-trauma, aligning with previous literature emphasizing the benefits of CPT in trauma-focused psychotherapy. [8] This pattern of non-completion appears to have been the focus of a recent study explored as variable-length CPT. [13] Clinicians and mental health professionals should consider incorporating CPT in their treatment plans for PTSD patients,

particularly in contexts where trauma is compounded by cultural and socio-economic factors.

Interestingly, post-intervention evaluations using BRS and SSRS shed light on the patient's resilience and spirituality.[11,12] While she exhibited moderate resilience, her high spirituality score was noteworthy. This aligns with research highlighting the role of spiritual beliefs in aiding trauma survivors, providing a buffer and an additional coping mechanism.[14] The Nigerian cultural context, which often emphasizes relational dynamics, especially in the context of spiritual beliefs, might have played a pivotal role in her recovery trajectory.[14,15] Healthcare providers should integrate assessments of spirituality and resilience in therapeutic settings to enhance recovery outcomes for PTSD patients.

The multidimensional assessment of the patient's psychological state, both before and after CPT, underlines the importance of a tailored therapeutic approach that not only focuses on symptom reduction but also leverages inherent strengths, such as resilience and spirituality. Future research should delve deeper into understanding the synergistic role of these factors in accelerating recovery from traumatic experiences, especially in diverse cultural contexts.

The case report offers several important lessons for clinical practice and future research. Firstly, it demonstrates the effectiveness of Cognitive Processing Therapy (CPT) in significantly reducing PTSD symptoms in a culturally specific context, suggesting its potential as a viable treatment option in similar settings. Additionally, the case highlights the crucial role of spirituality and resilience in the recovery process, underscoring the need to incorporate these elements into trauma-informed care. The report also emphasizes the importance of cultural sensitivity in mental health treatment, advocating for the integration of culturally relevant factors,

such as spirituality, into therapeutic interventions. Finally, the case illustrates the benefits of a holistic biopsychosocial approach that addresses the psychological, social, and spiritual dimensions of the patient's life, contributing to a more comprehensive and effective therapeutic outcome.

## Conclusion

This case report underscores the profound traumatic ramifications of kidnapping, as illustrated by the patient's experience, underscores the intricate web of biopsychosocial challenges faced by survivors. The presentation of acute stress symptoms, transitioning into PTSD, highlighted the profound psychological distress emerging from such incidents. However, this study also spotlights hope in therapeutic landscapes, with Cognitive Processing Therapy presenting as a beacon for trauma-informed care. The patient's post-intervention assessments not only reflect the reduction in PTSD symptomatology but also shed light on the inherent pillars of resilience and spirituality as formidable tools in the recovery process. As kidnapping remains a significant concern in regions like Nigeria, integrating a comprehensive, culturally sensitive, and multi-dimensional therapeutic approach is paramount to address the holistic needs of survivors.

## Authors' Contribution

TA and OOF conceptualize the case report including working on the methodology, data collection, analysis, and writing (inclusive of the original draft preparation, review and final editing).

## Conflict of Interest Declaration

The authors disclose that there is no financial, personal, or professional relationships that could be perceived to influence the writing of the case report or its interpretation.

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