

To specialists in Investigations of Crimes against Children

International Call for Information on Abuse Leading to Dissociative Identity Disorders (DID)

A collaboration project between the Swiss Federal Police and Specialists in Psychotraumatology in Switzerland

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Bern, Switzerland, October 15, 2019

Summary:	• Dissociative Identity Disorder (DID) is the most severe posttraumatic disorder. It occurs as a psychological reaction to cruel abuse. • From psychotherapy of victims with DID, we understand that some perpetrators know how to actively create dissociative identity disorders. • However, we currently do not have proof (visual, auditory, written, personal) about how perpetrators provoke DID. • We ask specialists worldwide for any information on creating DID which they find in online child abuse material, which they gather in chat protocols or which they learn from interrogations of perpetrators. • Your information could help us understand how DID is created, to close a scientific gap and to improve investigations and psychotherapy.
What is DID?	Dissociative Identity Disorder, according to the World Health Organization in the ICD-11, "is characterized by disruption of identity in which there are two or more distinct personality states (dissociative identities) associated with marked discontinuities in the sense of self and agency" [1]. It was formerly called "Multiple Personality Disorder", a term which today is considered outdated and obsolete. Simplified, some personality states are active in daily life (e.g. family, school), whereas other personality states are in control during abuse, in order to psychologically survive severe abuse.  The diagram shows two stylized human figures standing on a horizontal line, separated by a vertical line. The figure on the left is blue and has its hands behind its head. The figure on the right is orange and has its arms raised. To the left of the blue figure is a blue-bordered box containing text. To the right of the orange figure is an orange-bordered box containing text. Dissociative personality state active in daily life, (partly) unaware of abuse. Dissociative personality state active in abuse situations (there may be many such states)

How are dissociative personality states created?	Research has shown that there is a very strong correlation between dissociative identity disorder and severe abuse in childhood [2-7]. In this respect, diagnosing a patient with DID means uncovering proof of severe crimes in the past and/or the present. From what we have learnt from patients with DID, some perpetrators take several key steps to create dissociative personalities: 1. <u>Infliction of brutal pain and/or mortal agony</u>, most often through quick and unprepared anal penetration (the bowels are directly connected to the brain via the vagal nerve), hereby creating an exceptional mental state with severely reduced mental defenses and with the conscious mind temporarily disengaged. Other forms include strangulation, water boarding, and other forms of torture. 2. Simultaneously, the <u>use of hypnotic induction</u> to implement instructions (such as to remain silent about the abuse, not to resist abuse, to be totally obedient to the abuser, and others). 3. In addition, some perpetrators seem to give <u>Ketamin</u> to the victim. Ketamin is a medication mainly used for starting and maintaining anesthesia. Among other effects, it induces dissociative states which seem to facilitate the disengagement of the conscious mind and the creation of dissociative personality states. It is primarily sold throughout the world under the brand name Ketalar®. It is also used as a party drug. Other drugs and alcohol might be used as well.
What benefits do perpetrators get from inflicting DID on their victims?	Perpetrators gain several advantages by inducing dissociative identity disorders: • They obtain almost total control over the victim • If anyone suspects abuse, the personality state responsible for daily activities is not aware of any abuse due to dissociative amnesia and therefore will deny any crimes. • As psychiatry, police and justice worldwide generally are not aware of DID, the risk of the victim being able to tell on the abuser is very slim. For example, in psychiatry, DID is often mistaken for schizophrenia or borderline disorder and therefore not treated properly, which in turn keeps the truth from surfacing and protects perpetrators.
Scientific ambiguities on DID	For ethical reasons, no research can be done to learn more about the following questions: • How exactly are dissociative personality states created? • In which ages is the creation of personality states possible? • Which hypnotic inductions are used exactly to create these personality states? • Which substances are used to facilitate the creation of dissociative states? Therefore, we ask investigators worldwide for any information they can gather which might aid resolving these questions.

What to look for:	We ask you to look for the following indications: <u>In videos of severe child abuse:</u> • Hints of hypnotic techniques: Perpetrators looking into the eyes of a victim while inflicting severe pain, and/or giving instructions with calm, monotonous voice. • Indications of severe dissociative states in victims, for example distanced gaze, hypomimia (reduced facial expression), dissociative stupor (victim is almost entirely unresponsive), and others. <u>In chats and perpetrator handbooks:</u> • Hints on the creation of “parts”, “states”, “child parts”, “fragments”, “splits” or other expressions perpetrators might use to describe dissociative personality states. • Advice perpetrators exchange in chats • Instructions in handbooks on the creation of dissociative personality states. <u>Information on Ketamin and other substances</u> • Any information the use of Ketamin and other substances in chats and handbooks. • Any proof of Ketamin and other substances in the blood or plasma of victims or in medicolegal death investigation with suspected victims of severe abuse (international sex trafficking, child victims, etc.).
Who to contact:	If you find material which is illegal, please get in contact with Dominique Trachsel of Swiss Federal Police, at 10.2.g@fedpol.admin.ch. If you find material which is legal, please contact Dr. Jan Gysi, MD, at 10.2.g.ch. The material you send us will be evaluated in an interdisciplinary team of experts of police, justice and psychotraumatology and made available to authorities through articles. You may also contact us if you are interested in obtaining any information we will publish in the future.

Literature:

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