
CPT SECURITY TRAINING

- I. **KIDNAPPING** – one of the most important survival strategies is knowing what is likely to happen and preparing yourself for it in advance. The following is the general pattern of stages and advice for each stage. Recent statistics say about 80% of planned kidnappings end with a safe release. This may come after a ransom, or a rescue, or a change of heart by the captors. The goal then is *survival until release*.

A. Abduction Stage:

1. This is the most dangerous stage. There is chaos and confusion. The goal of the kidnapers is to terrify and intimidate. They can yell, curse, use physical force.
2. At this stage it is very dangerous to try to escape. You have between 3 to 5 seconds to get away before a kidnapper can get you in his sights and fire. If there is sufficient chaos and confusion, and if you see an opportunity to escape in those first 3 to 5 seconds, you can consider taking it. Your decision must be instantaneous and determined. It is extremely dangerous. A half-hearted attempt will make a bad situation worse. The captors have chosen the location and timing most suitable to them.
3. What distinguishes an amateur from a professional is consistency in how they do things.
4. “Do”s and “Don’t”s
 - a. do not resist
 - b. do not argue
 - c. do not act aggressively
 - d. do not try to engage them in conversation
 - e. minimize eye contact but do not avoid completely
 - f. do not communicate with fellow hostages
 - g. do not take leadership: you will be seen as trying to take control; you might be killed
5. Be observant and try to retain:
 - a. exactly what happened
 - b. setting
 - c. sequence
 - d. what were the captors wearing, weapons, footwear
 - e. get a sense of general direction and time the vehicle is taking
 - f. observe terrain
 - g. attention to captors’ voices
6. It is wise to:
 - a. submit
 - b. answer questions promptly, politely and to keep answers minimum
 - c. not lie
 - d. show outer compliance but remain inwardly strong
 - e. do self-talk/prayer

B. Intimidation Stage:

1. During this stage the captors seek to rapidly establish complete dominance over their captives in order to ensure compliance and reduce the risk of counterattack or escape.

2. You are likely to be blindfolded or hooded, and drugged.
3. They can be violent and brutal including: screaming at you; ordering, shoving you about; beating; torture; sexual assault; murder
4. In general, it is best to submit. The sooner the captors believe that they have complete control of you, the sooner they will stop abusing you, since you are generally of more value to them alive rather than dead.

C. Custodial Stage:

1. The captors are still nervous and will continue to try to establish their dominance. You are likely to be shackled for long periods, denied water/food/toilet/medical care. The hostage's role is one of outward compliance while keeping up your own inner dignity and strength. Resistance can result in severe punishment. Be prepared to be moved around a lot which will cause emotional upheaval each time. Prepare yourself for a LONG ordeal, excruciating boredom, an emotional roller-coaster of hope and despair, and moments of sheer terror.
2. be a "grey person:"
 - a. keep a low profile, follow commands, blend in
 - b. don't stand out as too strong/aggressive or too weak/submissive
 - c. captors are more likely to abuse those they see as leaders
 - d. try to make a "nest" – an emotionally ok relationship to the space
3. trust: as you build more trust you may ask for items (tooth brush, comb, note book). If they say no, then back off. The "no" is just to intimidate. If you know more about the kidnapper's mind-set, you have a little more power.
4. guilt: do not blame yourself or dwell on "what ifs." This can lead to depression. You are alive and loved by God. Now make the best of this bad situation.
5. routines: establish these early and stick to them
 - a. mental - include stories, games, and worship. Keep track of time.
 - b. physical – exercise regularly and as much as possible in order to maintain physical health, sense of self, and relieve stress
 - c. food – eat well to keep up your strength
 - d. hygiene – keep up your personal appearance to maintain your own hope and self-respect, and garner respect from the captors
 - e. spiritual – deal with negative pressures as you become aware of them. Pull up the positive to keep from falling into despair.
6. communication with the captors: converse with them as often as possible about your families, your peacemaking work, your human needs; also use listening, smiles, gestures, nods
7. communication with other hostages: talking to one another can be seen as a threat. If you are able to talk, deal with conflicts as they arise and talk it through right away so there is no distrust. You need to work well together
8. tricks: some kidnappers will try to divide you by picking one person and confiding in her/him or privileging them in some way in order to cause distrust between everyone; you may be told (frequently) that you are about to be released. This is a mind game which seeks to keep you compliant.
9. duration: prepare for a long ordeal – think long term. You will be more emotionally healthy. Don't count days except as a record. Stay in the moment. You are always looking for little ways to have some control so you don't feel helpless and utterly victimized.

D. Resolution stage:

1. There are two ways in which you may be freed:
 - a. negotiation
 - b. liberation: it is incredibly dangerous to be freed by other people. It is chaotic and there are weapons present. Protect yourself by:
 - (1) going down flat on the ground
 - (2) hide if you can
 - (3) do not expect possible rough treatment by your liberators
 - (4) do not make sudden moves
 - (5) do not pick up any weapons. You will be shot.
 - (6) do say help or hello when there's less chaos
2. escape: experts are generally negative about the chances for escape; if one escapes, the others might be brutalized; if you escape, you will be facing a new set of challenges; remember these figures: 80% of hostages are released. 20% of hostages are killed. Try to survive.
3. Questions for team discussion:
 - a. resistance?
 - b. try to escape? Singly or as a group?
 - c. how do you help someone who is deteriorating?
 - d. should you resist rape or not?

E. Prevention

1. There are two types of kidnapping
 - a. opportunistic – the wrong place at the wrong time, e.g. during a robbery. The captor(s) are likely unprepared and unsupported. They can be desperate and violent and the outcome is unpredictable.
 - b. planned abduction – you will be observed up to a week before the abduction. The kidnappers will pick a place where they are safest and you are most vulnerable.
2. Suggestions to minimize odds include:
 - a. vary travel routes and routines
 - b. change your appearance
 - c. look for and remember strangers or strange vehicles observing you, following on foot or by car
 - d. if by car, notice the following car and the people in the car
 - e. if you think your car is being followed, make 3 unexpected turns and see if the follower is still with you
 - f. if you are being followed, go to your destination or to a “safe” destination
 - g. drive closest to the curb in order to be able to turn quickly into side streets
 - h. discuss the above with your driver in advance
 - i. write a protocol
3. Questions for team discussion:
 - a. how and when to make appointments?
 - b. what are your “safe” destinations if being followed?

Based on special training attended by Iraq team members after November 2005 abduction of 4 CPTers.

II. BALLISTICS – Types of Weapons**A. Guns**

1. low velocity - hand guns and very old rifles
bullets are larger than high velocity models and have a blunt nosed injuries from the slug's entry, travel, internal ricochets
2. high velocity – every current rifle – include AK-47, M-16
bullets are tiny and streamlined. They fly supersonically (break the sound barrier.) Extensive damage is from the large diameter sound wave around the small bullet that leaves a vacuum behind it. Small entry wound, massive damage internally to large exit wound. This vacuum also sucks everything into the wound making for massive infection. There are 2 sounds: first a “crack” (the bullet breaking the sound barrier over your head), and then a “thump” (the earlier firing of the rifle).
3. semi-automatic pistols have 7-30 bullets per clip
rifles have 20-30 bullets per clip.
carrying enough ammunition is one of the limitations on shooters and so they need to be somewhat sparing in their fire, even if the rifle is fully automatic shooting multiple rounds/second.
4. Defensive strategy:
You are an easy kill, even at 200 yards, so:
 - lie down – flat. Do not poke your head up to look around. Lie down FLAT. You will be hard to see, and as a gun fires the muzzle moves upwards away from the ground.
 - keep your mouth open
 - look for SOLID cover. One clip of bullets from a high-velocity rifle can drill through a double brick wall!
 - run for cover when there is an opportunity. It takes 3 to 5 seconds for a shooter to get a sight on a target. So run for 3 to 5 seconds ONLY and then drop flat again
 - don't come up where you came down -- so crawl at least 5 yards away. Do not roll, crawl.
 - make a serpentine track with your crawling and running, so that the shooter can't predict where you are going to come up again.
5. Sniper's alley:
When crossing a sniper's alley, do not cross one by one. Run across as a group. Your only advantage is the moment of surprise and the 3 to 5 seconds it will take a shooter to aim and fire. If only one crosses, the shooter will be ready for the next one.

B. Grenades and mortars

1. Grenades – handheld ones explode after 3 to 5 second time delay. Rocket propelled grenades (RPG) explode on contact. Lethal area is 15 yards, but shapnel danger to 200 yards
2. Light Mortar - three men can move a light mortar. Usually explode on contact. The lethal blast area is 10 yards and shrapnel to 100 yards. You may hear an incoming whistle, or may not. When one lands, a second one is coming right after, so take protective action (see below).

3. Medium mortar - must be moved by truck. The lethal blast area is about 40 yards. Shrapnel goes out up to 200 yards. You may or may not hear an incoming whistle. When one lands, another is coming, so take action.
4. Immediate effects from all of the above include:
 - blast effect causes a lethal concussion wave.
 - blast could also drive you against a wall or ground injuring you a different way as you fall, and could also damage walls which then fall on you for a third type of injury.
 - shrapnel is the fourth source of injury. Can be chunks of metal, or tiny wires that are burning hot and can slice through your vital organs.
5. Protective action:
 - in all the above cases, the explosions go up and out, so LIE FLAT
 - cover head with hands
 - open mouth to reduce blast effect
 - cross ankles to protect anus, genitals
6. Secondary effects include stampede. Get to the edge of the crowd

C. Car bombs:
 massive damage
 be suspicious of strange vehicles
 know what is normal for your own vehicle and look for the abnormal

- D. Mines:
1. Use – maim or kill, indiscriminate; as cheap as 35 cents each
 Duration – can lie active and undetected for years
 Location – buried or camouflaged; along paths or roads, or in buildings, or anywhere else!
 2. Types – many: activated by pressure, trip wires
 3. Detection – ASK THE LOCAL POPULATION
 - look for: wires, disturbed ground, animal carcass or other rubbish, marker signs
 4. If in Doubt: STOP, DON'T TOUCH ANYTHING, RETRACE STEPS, REPORT
 5. If in a minefield:
 - Stop and send for help
 - Ignore shouts of casualties while you think, observe, and act very carefully
 6. Clear a path to any casualties and then to safety:
 - examine your immediate area for wires, fuses, depressions
 - feel with your fingers lightly all around you
 - prod with a thin wire or stick at a 30 deg angle at intervals of 30 mm to a depth of 90 mm. If you touch anything, mark the location and avoid it.
 - clear an area large enough to lie down, and then lie down (reduces exposure to blast). Mark the cleared area.
 - continue prodding in front of you to create a clear path 1 metre wide towards a safe area and then towards the casualty. Mark these cleared areas as you go.
 - drag casualty to safety if first aid can be delayed that long.

Restrain their arms and equipment so they don't flail outside cleared area while being dragged.

- otherwise, clear an area of 0.6 metres around the casualty and give first aid.

III. PROTECTIVE EQUIPMENT

- A. Body armour
 - no such thing as a bullet “proof” vest – only certain level of protection against certain threats
 - Kevlar vest costs \$1000. Heavy, hot and bulky. Must fit properly. Resists low velocity bullets (ie handguns) and shrapnel only. They do not resist stabbing unless also embedded with chain mail.
 - Ceramic plates must be added front and back to provide protection to some vital areas from high velocity bullets, ie rifles. Very heavy.
 - No protection against machine gun bullets.
- B. Goggles
 - For protection from handgun bullets, shrapnel.
 - No protection from rifle bullets
- C. Helmets
 - With the proper liner, there is protection from low velocity handgun bullets and shrapnel only.
 - No protection from rifle bullets.
 - Makes you look “military” and therefore a more likely target.
- D. Armored Car
 - Makes you stand out
 - More prone to tipping over, esp with inexperienced drivers

Question for team discussion:

- should we at least wear the least obvious type of protective vests, since they are available and it is a passive defence against some injuries? Would it make us more of a target as that gets known, because we look more like military or media? What would it communicate to our drivers, translators, neighbours, partners?
- should we offer vests to our employees?

- E. Regular Vehicle Precautions
 - 1. emergency supplies to carry
 - g. don't have car break downs – maintain vehicles well
 - h. have spare parts
 - i. carry extra fuel
 - j. carry extra water
 - k. be aware of detours and dangerous corners
 - l. make plans for what to do in case of check points, break downs, getting lost and other considerations
 - m. establish a policy and have an orientation for drivers
 - n. in a convoy, do not drive close to the preceding car
 - o. always be in communication with the front car. The front car should be passing information to the following cars
 - p. keep designating more recent locations to come back to if you are separated
 - q. if you break down, leave the car and move to a place of hiding where you can keep an eye on the car
 - r. dress for walking home – you might have to

- s. when you have to rendezvous – make the location 200 meters beyond the obvious gas station or the major intersection
- t. know the route your driver is taking

Questions for team discussion:

- what should the second car do if people from the first car are kidnapped?
- do we call law enforcement?
- do we call other local authorities: sheiks, etc.?

2. Grab Bags - A grab bag of gear you will need in case of a breakdown or the car comes under fire. Keep the bag in the back seat between a passenger's legs and nowhere else. It should not be in the trunk or on the shelf of the rear window. The minimal bag should include everything you need to survive several hours of walking back to safety.

- a. General – for hot environments
 - water
 - charged cell phone
 - mosquito netting
 - shade tarp
 - water purification tablets
 - food
 - knife
- b. Personal
 - hat
 - sun-block
 - walking shoes

IV. **PERSONAL SECURITY**

A. Prevention

1. be observant, aware - constantly
2. be adept in looking for a place to retreat to
3. trust and act on your instincts
4. appear confident, do not look unsure
5. dress down
6. when checking into a hotel, do not room on the first floor
7. if you do not trust the person on the elevator with you, do not go to your room
8. alarm devices
 - to carry in your hand
 - in a window
 - door wedges
9. when carrying a lot of money, distribute it to different pouches or wallets
10. Trust your gut – if something doesn't feel right, it probably isn't
11. either memorize or write important phone numbers on your underwear or body part
12. if you need a taxi, take the one who is least interested
13. vary your routines

B. Responses

1. don't put property above your life
14. negotiate if possible
 - your response should be non-aggressive
 - remove sunglasses but avoid unwanted eye contact
 - remain confident and calm
 - smile and agree where possible
 - speak softly and briefly
 - consider creative responses
 - distract with other actions
 - humour can sometimes be effective
 - in some situations a woman may be best at defusing the encounter
 - confront if you can shame
15. if in a confrontation, listen closely and actively – not listening provokes the most violent responses
16. maintain visual contact but watch attacker's hands, not their eyes
17. if you choose to resist – make noise, run, use a "shield". Practise this.

Questions for team discussion:

- As a team, agree on responses and brief new team members.
- Write these it down

V. FIRST AID IN HOSTILE ENVIRONMENTS

Send for help, first. If you are alone, do the following primary and secondary examinations and then go for help.

A. Primary Examination

The acronym for rendering Primary first aid is "DR. ABC." No matter what other conditions are present, follow this order of care.

1. **D = Danger**
First, assess whether there is danger to you, the first aider. Second, assess whether there is danger to the injured party. E.g. gunfire, mortars, fire, live electricity, falling masonry. If danger is present, try to remove the danger from the injured party, or remove the injured party from the danger using appropriate "carry" techniques (solo with arms or on a blanket, multiple people using make-shift stretcher from blanket, blanket and poles, coats and poles, etc.)
2. **R = Responsiveness of the patient**
 - Kneel near their feet. Call the person's name while you tap the person's legs to assess whether they are conscious and what they say about their injuries.
 - Identify yourself and that you are here to help.
 - Keep talking reassuringly
3. **A = Airway**
 - Make sure the airway is open. First, open the mouth and look in. If you see any obstructions (e.g. vomit, broken teeth), turn patient's head and try and get these to fall out. Only if absolutely necessary, insert two fingers to scoop out obstructions. The tongue may be lodged at the back of the mouth and obstructing – especially if lying on back unconscious.
 - Tilt head back – use one hand on forehead, and other hand under chin. This will open up air passage from nose
4. **B = Breathing**
Are they? Check for breathing using as many senses as possible: with your ear close to their mouth/nose, look down the center of the body to check visually for breathing and place your hand on their belly to feel for respiration. In a period of 10 seconds, the injured party should breathe 2 ½ to 3 times. If they are not breathing, make sure head is tilted back to keep airway open. As you treat the injured party, continue to check for breathing, and whether rate of breathing is increasing, steady, or decreasing.
 - if patient is lying on front, or you can't get your ear close to their mouth/nose, use the back of your hand to check for breath
5. **C = Circulation – Control Bleeding**

Examine and treat major bleeding in this order

- aortic blood – bright red and pulsing out. Can bleed to death in 20 minutes. Apply major pressure at points on upper arm or groin and observe whether bleeding stops. Keep applying pressure for 10 minutes for clot formation and check whether bleeding stopped before dressing wound.

- venous blood – darker colour and tends to pool under body. Dress wound.

- capillary blood – oozes out from grazes and scratches. Not life-threatening.

B. Secondary Examination

After the Primary Examination and treatment above, move on to a full Secondary Examination. This is for the purpose of identifying other problems and attending to them if possible. To extent possible run one hand over one side of body and other hand over the other side looking for differences in what you feel on both sides

1. Head

- check eyes for size of pupils and differences in size

- check ears for presence of blood/cerebro-spinal fluid

- run hands over front and back of head looking for fractures and blood

2. Chest

- run hands down front and back of chest looking fractures and bleeding

- run both hands down each arm looking for fractures and bleeding

3. Abdomen

- check each quadrant of abdomen above and below navel looking for hardness as evidence of internal bleeding or other injury. Press fingers of one hand on area and fingers of other hand over top and press in a couple of inches.

4. Pelvis

- if patient is on their back, place a hand on each “horn” of the pelvis and press down with all your weight. Pelvis will “give” a little unless fractured.

- check genitals and anal area for bleeding

5. Legs

- run both hands down each leg looking for fractures and blood

C. Recovery Position

If you are alone, you now need to put the patient in “recovery position” to keep their airway open while you go for help:

§ Use patient’s knee as lever to roll patient onto their front taking care to protect head as they roll over

§ place patient’s cheek on back of their hand to keep airway off ground

§ tilt patient’s head back to keep airway open

§ check that patient is still breathing steadily

§ spread patient’s legs and move one knee forward at right angle to stabilize this position

D. Wound Dressing – elevate wound wherever possible

1. Basic Laceration – bulky dressing pad on top and wrapped with tight elastic bandage from above wound to and below

2. Impaled Object – stabilize with bulky dressings, do not remove it

(don't know shape of object and so removal might be damaging, removal might also accelerate bleeding)

3. Fractures – stabilize with bulky dressings, splints
4. Burns – pour water above to cool, cover with plastic to keep wound clean, weave something between fingers and into fist to avoid “claw hand”
5. Amputation – stop arterial bleed, dressing over stump, keep amputated part cool and clean for possible reattachment and out of patient's sight to reduce distress
6. Chest (punctured lung) – roll patient onto side so wound side is down, apply “3-sided” patch
7. Abdominal – do not try to push intestines back in (infection, impaction etc.), apply plastic over top and dress with elastic bandage
8. Head – scalp lacerations can bleed a lot. Skull fractures need immediate professional care

D. Shock

1. Symptoms – pale, shallow breathing, chills, nausea, thirst
2. Treatment – lay down with head lower than legs, keep warm

E. CPR

Little use unless ambulance is coming in 15 minutes to apply defibrillator, drugs, other expertise, etc. Check first for clear airway. Basic rhythm is 2 breaths (to put oxygen into the lungs) and then 15-30 compressions of the breast bone to a depth of 5 cm (to move that oxygen around the body manually). This will keep major organs from deteriorating as fast from lack of oxygen until the ambulance arrives.

F. Minimal First Aid Kit

- § bulky dressings
- elastic bandages
- § scissors to cut clothing
- § plastic to cover burns
- § headlamp

Questions for team discussion:

- protocols for rendering first aid – do we attempt this? For whom? Team-mates? Colleagues? Neighbours? Strangers? In what settings, if any?
- gender limitations?
- cultural considerations, e.g. need to cut away clothing for proper examination, wound dressing
- contents of team first aid kit and when/where to carry