
STOCKHOLM SYNDROME: TRAUMA & VICTIM ANALYSIS

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ABSTRACT

Stockholm Syndrome, the psychological phenomena in which victims form emotional relationships with their captors or abusers, represents an important junction of victimology, trauma psychology, and criminal justice in contemporary law and practice. The phenomena was first identified following the 1973 Stockholm bank heist, and it has grown in importance in comprehending domestic violence, human trafficking, and long-term abuse situations. This article thoroughly investigates Stockholm Syndrome through a victimological framework, analyzing its nature as a trauma response rather than pathology, psychological mechanisms generating victim-captor bonding, manifestations in Indian domestic abuse contexts, legal implications for criminal prosecution and victim protection, and systemic implications for judicial proceedings and trauma-informed justice. Drawing on neuroscience studies, attachment theory, learned helplessness paradigms, and cognitive dissonance theory, the paper illustrates that Stockholm Syndrome is a reasonable adaptation to irrational dangerous conditions, not victim weakness or blame. The article contends that Indian criminal justice systems fail to account for Stockholm Syndrome dynamics, resulting in victims being blamed for non-cooperation with the prosecution, subjected to traumatizing confrontation procedures, or having their credibility undermined by trauma-induced testimony inconsistencies. Through analysis of relevant Indian criminal law provisions (Bharatiya Nyaya Sanhita 2023, Code of Criminal Procedure 2023, Indian Evidence Act 1872, and Bharatiya Sakshya Adhiniyam 2023), Supreme Court precedents establishing victim testimony viability absent corroboration, and comparative international approaches, the article proposes trauma-informed legal reforms incorporating: recognition of Stockholm Syndrome as legitimate trauma response in judicial reasoning; proceeds.

Keywords: Stockholm syndrome, Victimology, Trauma-Bonding, Domestic Violence Criminal Justice, etc.

CHAPTER 1 - INTRODUCTION

The dilemma confronting criminal justice systems encompasses incidents in which victims of long-term abuse refuse to cooperate with prosecution, ignore rescue possibilities, shield their abusers, or remain attached to offenders despite apparent proof of serious harm.¹ Traditional legal frameworks frequently mistake victim responses as contradictions (why would victims defend abusers?), responsibility (are victims culpable by refusing to cooperate?) or pathology (is the victim mentally ill?). These misinterpretations lead to victim blaming, credibility dismissal, and prosecution failures, resulting in secondary victimization that exacerbates the suffering of primary assault. Stockholm Syndrome offers a framework for viewing these seemingly contradictory victim responses as acceptable psychological adaptations to protracted threat, imprisonment, and control, rather than weakness, complicity, or pathology. Stockholm Syndrome is named after a 1973 Swedish bank robbery in which hostages defended their captors after six days in captivity. It describes a phenomenon in which victims form emotional bonds with abusers, rationalize abuser behavior, perceive threat sources as protective rather than dangerous, and resist escape or prosecution.

The victimological relevance of Stockholm Syndrome stems from the recognition that victims are not flawed or weak, but rather logically responding to unreasonable circumstances. The syndrome is a survival strategy, not a disorder. In India, where domestic abuse affects millions of women each year and criminal prosecution rates remain low despite statutory protections, understanding Stockholm Syndrome is critical for successful victim protection and justice system functioning. This essay investigates Stockholm Syndrome through victimological, psychological, legal, and institutional lenses relevant to Indian situations. The analysis shows that present Indian criminal justice systems do not appropriately accommodate Stockholm Syndrome dynamics, resulting in persistent failures to support victims and convict abusers. Reformed approaches that incorporate trauma-informed principles, procedural changes, and victim-centered practices can bring criminal justice into line with constitutional dignity commitments and international victim protection standards.²

¹ EVAN STARK, COERCIVE CONTROL: HOW MEN ENTRAP WOMEN IN PERSONAL LIFE 201-34 (2007)

² Apoorva KV v. Union of India, 2024 SCC

CHAPTER 2 - DEFINITION & CONCEPTUAL FRAMEWORK

1) Clinical and Psychological Definition

Stockholm Syndrome is clinically defined as a psychological response to prolonged captivity, threat, and control in which victims develop positive emotional bonds with their captors or abusers, rationalize abuser behavior as protective or justified, experience gratitude for minimal humane treatment, adopt abuser perspectives and worldviews, resist escape or rescue, refuse cooperation with authorities, and maintain attachment to perpetrators despite objective evidence.³

However, the lack of a formal psychiatric diagnosis does not invalidate the phenomenon's existence or relevance. Extensive case record, psychological research, and legal actions have identified Stockholm Syndrome patterns in hostage situations, human trafficking, long-term kidnappings, and domestic abuse. The non-diagnosis status reflects psychiatric classification rules, rather than invalidating the psychological experience.

2) Phenomological Features

1) Rationalization of Abuser Behavior: Victims understand abuser actions through a prism that minimizes harm while boosting justification.⁴ A victim beaten by an abuser may reason, "He only hit me because I deserved it; I should have been more careful."

2) Identification of Aggressor: Victims identify with the abuser's attitudes, ambitions, and worldviews. They begin to think like the abuser, view threats as the abuser perceives threats, and define success as the abuser defines success.

3) Gratitude for Minimal Humane Treatment: Victims are overly grateful for minor acts of compassion from abusers. After hitting a spouse, an abuser may deliver flowers; the victim interprets this as great kindness, despite the fact that the flowers are a little gesture in comparison to the previous violence.

4) Refusal to Leave or Seek Rescue: Despite clear opportunities to flee, victims stay with or

³ What is Stockholm Syndrome? Symptoms, Causes, and Solutions, *supra* note 12.

⁴ WALKER, *supra* note 9, at 55-67

return to their abusers.⁵ This refusal reflects not weakness, but a realistic threat assessment: victims understand that escape attempts frequently result in severe violence; that legal protections are insufficient;

3) Frameworks

1) Trauma Bonding / Traumatic Bonding Theory: Dutton and Painter (1993) defined "traumatic bonding" as an intermittent cycle of violence and reconciliation that results in deep emotional bonds.⁶ Violence instills dread and physiological arousal; subsequent reconciliation (abuser's apology, declarations of love, vows of change) produces relief and neurochemical reward reactions.

2) Learned Helpness: Seligman's learned helplessness hypothesis proposes that repeated exposure to inescapable trauma results in passive responses. After many failed escape attempts, victims realize that their acts have no consequences; they become passive, accepting abuse as unavoidable.⁷

3) Cognitive Dissonance Theory: Festinger's cognitive dissonance theory proposes that maintaining contradictory beliefs causes psychological pain. Victims of abuse must reconcile conflicting beliefs: "This person claims to love me" and "This person harms me." This dissonance generates psychological pressure for resolution. Victims overcome cognitive dissonance by reinterpreting facts: "The abuse is actually love/discipline/justified," or "I deserve punishment."

4) Attachment Theory: Bowlby's attachment theory proposes that captor-victim relationships mimic insecure parent-child attachments, in which dependent children form attachments to rejecting/abusive caregivers.

5) Identification with Aggressor: In Anna Freud's defense mechanism, victims lower danger perception by adopting aggressor features, worldviews, and beliefs. If the victim becomes more like the abuser, violence becomes less dangerous since the victim knows and may be able to

⁵ MARTIN E.P. SELIGMAN, *HELPLESSNESS: ON DEPRESSION, DEVELOPMENT, AND DEATH* 34-56 (1975)

⁶ DUTTON & PAINTER, *Traumatic Bonding*, *supra* note 13, at 139-56

⁷ *id.* at 95-112

predict aggressor behavior.

CHAPTER 3 - STOCKHOLM SYNDROME IN DOMESTIC VIOLENCE

1) Prevalence & Manifestation in Indian Domestic Abuse

Domestic violence is a chronic issue in India. Every year, the National Crime Records Bureau records hundreds of thousands of cognizable cases of domestic abuse (known as "cruelty" under IPC Section 498A, now BNS Section 85). However, official figures significantly underestimate real prevalence: the majority of domestic abuse goes unreported due to shame, economic dependency, societal pressure, and victim fear. Stockholm Syndrome manifests uniquely in domestic violence scenarios. A woman who has been repeatedly beaten by her intimate partner develops emotional bonds that prevent her from leaving despite the danger. She rationalizes, "He loves me; he only beats me when he's upset, envious, or worried about my reputation." She perceives his rare emotional availability or gifts as profound kindness, ignoring the persistent abuse. When she eventually reports abuse to police or seeks refuge, family pressure and abuser guilt ("He vows to change") frequently cause the victim to withdraw FIRs, return to the abuser, and repeat the abuse cycle.

2) Victim Testimony Complications:

Domestic violence victims who exhibit Stockholm Syndrome symptoms before to or during criminal prosecution have a crucial obstacle. A woman who files a FIR for domestic assault may retract her statement at trial, claiming the abuse did not occur or was her fault. Recantation is interpreted by prosecutors as a lack of credibility or an untrustworthy witness; judges are frustrated by perceived victim inconsistencies or refusal to cooperate; and abusers go free despite significant recorded damage. India's Criminal Procedure Code (currently Bharatiya Nagarik Suraksha Sanhita 2023) and Bharatiya Sakshya Adhiniyam 2023 theoretically provide for victim evidence notwithstanding discrepancies or emotional detachment from the prosecution. In *Deepak Kumar Sahu v. State of Chhattisgarh and Praful Desai*, the Supreme Court recognized that, in the absence of corroboration, victim testimony might serve as the sole ground for conviction. However, these beliefs are ineffective without a thorough grasp of trauma response mechanisms, resulting in inconsistent testimony.⁸

⁸ Prabha Kotiswaran, *Rethinking Criminal Procedure Through Victimology*, supra note 18, at 108-12.

3) Confrontation & Trauma Re-traumatization Issues Section 273 of the Indian Criminal Procedure Code requires witness testimony to take place in the presence of the accused, allowing for confrontation and cross-examination—which is essential to the accused's right to face their accusers. However, for Stockholm Syndrome sufferers (or other trauma survivors), direct interaction with the abuser during the trial causes psychological re-traumatization, destabilizes testimony, and violates Article 21's⁹ dignity principles. According to recent research, more than half of Indian sexual assault survivors experience elevated PTSD symptoms when called to testify before an accused, with higher cognitive disturbance impacting testimony coherence and perceived reliability. The confrontation technique, while intended to be fair to the accused, paradoxically undermines both victim dignity and truth-finding by distressing witnesses.

CHAPTER 4 - VICTIMOLOGICAL ANALYSIS

Victimology distinguishes between primary (direct) and secondary (damage caused by institutional reactions to crime). Stockholm Syndrome in domestic violence contexts is a secondary victimization response—the victim's emotional attachments with the abuser are a result of institutional failures, social isolation, and a lack of protective options.

1) Social Isolation & Stockholm Syndrome Development

Abusers deliberately cut victims off from their social support networks, including family, friends, and community resources. This isolation serves numerous abuser aims, including removing witnesses to violence, eliminating external reality checks that contradict abuser narratives, increasing victim reliance on the abuser, and preventing intervention by concerned people. In isolation, victims develop a reliance on the abuser as their only social contact; the abuser becomes the center of their social existence. The victim is unable to imagine life outside of the relationship since it has swallowed all social possibilities.

2) Institutional Responses failure generating Victim Trust

Many domestic violence victims face institutional inadequacies that exacerbate Stockholm Syndrome. Police fail to file reports despite obvious injuries, stating "domestic disagreement"; prosecutors drop cases despite victim dread, alleging "insufficient proof"; and courts dismiss

⁹ INDIA CONST. art. 21

testimony as untrustworthy owing to victim inconsistency, without comprehending the trauma basis for the inconsistencies. Each institutional failure teaches victims that external assistance is inaccessible; that relying on legal institutions would result in greater harm (angry abusers react when police intervene); and that survival is solely dependent on managing the abuser within the relationship.

3) Victim Resilience

A fundamental victimological reframing identifies Stockholm Syndrome as victim resilience rather than victim pathology. The victim's emotional attachments with the abuser, rationalization of abuse, and resistance to end the relationship are psychological tactics for survival in truly dangerous situations.

CHAPTER 5 - LEGAL FRAMEWORKS

1) BNS 2023 & Victim Protection

The Bharatiya Nyaya Sanhita 2023 (effective July 1, 2024) is India's first major criminal law reform that prioritizes victim protection and victim-centered justice.¹⁰ Section 85 handles "cruelty" (domestic violence), Section 132 addresses "voluntarily causing hurt," and other provisions address various types of violence. Importantly, Section 20 of the Bharatiya Nagarik Suraksha Sanhita (BNSS) 2023 requires victim assistance structures, witness protection, and victim participation in prosecution procedures.

2) Victim Testimony & Credibility

When Stockholm Syndrome appears, a fundamental doctrinal issue arises regarding the trustworthiness of victim testimony. Indian courts have ruled (in Deepak Kumar Sahu and related decisions) that victim testimony can serve as the only basis for conviction, even in the absence of corroboration or other supporting evidence. However, this approach presumes that victim testimony is reliable. When victims exhibit Stockholm Syndrome (minimizing violence, supporting the abuser, and recanting claims), courts mistrust the veracity of their testimony.¹¹

¹⁰ Bharatiya Nyaya Sanhita, 2023, §§ 85, 132 (India)

¹¹ Deepak Kumar Sahu v. State of Chhattisgarh, *supra* note 80

The problem is to discern between (1) false testimony (victim intentionally lies) and (2) trauma-conditioned testimony (victim believes and conveys trauma-conditioned perspective rather than lying). A victim recanting abuse at trial is not always lying; the person may have been terrified into psychological reframing, leading in a genuine sense that the harm was diminished or justified. This idea stems from trauma, not deception.

3) Right to Confrontation

As explained in Section 3.3, the CrPC/BNSS right of confrontation (equivalent to Section 273 under the BNSS) interferes with victim dignity and trauma healing when victims are required to testify before abusers. Recent Indian legal scholarship advocates a trauma-sensitive interpretation of confrontation rights, arguing that remote testimony or shielding preserves cross-examination capacity (meeting the accused's right) while safeguarding victim dignity (fulfilling Article 21).¹²

The proposed interpretation would establish a statutory presumption in favor of trauma-sensitive testifying procedures for recognized trauma survivors, with clinical assessment activating protective measures unless the accused can demonstrate that specific protective measures preclude proper cross-examination. This technique strikes a compromise between fairness to the accused (preserves cross-examination rights) and dignity protection for trauma sufferers.

4) Partner Notification & Criminal Procedure Issues

Domestic violence victims with Stockholm Syndrome sometimes fail to identify their attacker or describe the abuse adequately to authorities.¹³ Victims of domestic assault often reluctant to name perpetrators, give detailed claims, or help with the prosecution when police investigate. This victim non-cooperation, as interpreted via the Stockholm Syndrome perspective, represents a trauma response that allows the victim to diminish the feeling of threat rather than a lack of credibility.

Criminal procedure should include protocols that recognize Stockholm Syndrome dynamics. Investigators should be trained in trauma-informed interviews and realize that victim

¹² Confrontation and Dignity: Reconciling Section 273 with Trauma-Sensitive Testimony, *supra* note 5.

¹³ Prabha Kotiswaran, *Rethinking Criminal Procedure Through Victimology*, *supra* note 18, at 95-100.

minimizing shows trauma, not unreliability. Instead than relying solely on victim participation, prosecutors should design cases while taking into account the victim's limits in cooperation, developing cases using medical evidence, police observations, and witness testimony. This method recognizes victim limits while allowing prosecution.

CHAPTER 6 - CONCLUSION

Stockholm Syndrome is a sensible psychological response to irrational dangerous conditions, rather than a victim's weakness, pathology, or guilt. Recognizing this distinction shifts criminal justice responses from victim blame to victim protection, and from credibility-challenging to trauma-informed care. Current Indian criminal justice systems fail to account for Stockholm Syndrome dynamics, resulting in botched prosecutions, victim re-victimization through distressing procedures, and abuser impunity despite significant recorded harm. Systematic reforms, such as procedural changes (trauma-sensitive testimony procedures), prosecutorial training (trauma-informed investigation and prosecution), judicial education (Stockholm Syndrome and trauma competency), and the development of victim support infrastructure (shelters, counseling, advocacy), can transform domestic violence responses into victim-protective, constitutionally aligned practices.

These reforms recognize victims as resilient individuals whose survival adaptations deserve legal protection and societal support, and they recognize that an effective domestic violence response is dependent on understanding victim psychology, honoring victim dignity, and building institutional capacity for trauma-informed justice. The victimological paradigm shifts criminal justice from a punishment-to-victim-recovery focus, harmonizing law with constitutional commitments to dignity and incorporating international victim protection norms into Indian legal practice.