Susceptibility and the Stockholm Syndrome

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SUSCEPTIBILITY AND THE STOCKHOLM SYNDROME

by

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A thesis submitted in fulfillment of the requirements for the Honors Undergraduate Thesis Program in Psychology in the College of Sciences and in the Burnett Honors College at the University of Central Florida Orlando, Florida

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Abstract

This thesis intends to explore the relationship between three specific types of abuse and their susceptibility to developing Stockholm syndrome. Stockholm syndrome is the psychological phenomenon of a victim empathizing with their abuser. It can occur under various types of abuse, such as captivity, domestic violence with a partner, and child sexual abuse. A thorough literature review was conducted on the topic to determine which type of abuse makes a person more susceptible to developing the syndrome. It was concluded that the circumstances involved in child sexual abuse make a victim more inclined to sympathize with their abuser. By understanding the intensity of a victim's situation, clinicians can properly sculpt their treatment methods. The lack of research comparing types of abuse and their corresponding effects provides an impetus for future studies to explore this topic. A mixed-mode study is proposed as an alternative method of measuring the researcher’s hypothesis.
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Susceptibility and the Stockholm Syndrome

When a person undergoes abuse, a profusion of psychological effects begins. Victims may be diagnosed with major depressive disorder (MDD) or post-traumatic stress disorder (PTSD) due to an extended period of distress (Favaro et al., 2000; Namnyak et al., 2008). Guilt, shame, and anger are common reactions to varying types of abuse (Browne & Finkelhor, 1986). What about when the victim feels empathy towards their abuser? It is not rare for a victim's survival instincts to kick in, allowing them to identify with the threatening person. Researchers and the media often refer to this contradictory occurrence as "Stockholm syndrome" or "trauma bonding" (Namnyak et al., 2008).

The term originated after a 1973 attempted bank robbery in Stockholm, Sweden (Kuleshnyk, 1984; Graham, 1994; Fuselier, 1999; Namnyak et al., 2008). The two criminals who were escaped prison inmates, held four bank clerks hostage inside the bank vault. Over six days, the captors threatened the victims' lives while also showing them kindness (Graham, 1994). The events led to what is known as Stockholm syndrome, in which victims express a positive bond with their abusers (Kuleshnyk, 1984; Graham, 1994; Fuselier, 1999; Namnyak et al., 2008). They refused help from the police, and one of them even became engaged to an abuser after his arrest (Kuleshnyk, 1984; Graham, 1994; Namnyak et al., 2008). Romantic attachment can develop between hostages and their abusers as a primitive coping mechanism for fear (Graham, 1994). The Prime Minister of Sweden at the time got involved with the case and had a recorded phone call with one of the hostages (Graham, 1994). In this call, the hostage named Kristin claimed that Olsson, one of the captors, protected them from the police (Graham, 1994). This event is the elemental example of Stockholm syndrome as the hostage refused help from even
one of the most powerful people in the country. Nils Bejerot, the psychiatrist involved with the robbery's hostage negotiations, coined the term after noticing the captives' behavior (Namnyak et al., 2008).

This researcher's curiosity about the phenomenon arose after reading an assigned passage on the Patricia Hearst kidnapping case in the undergraduate course Legal Aspects of Psychology. This researcher began to wonder what it took to be a victim of the syndrome. After enrolling in a Personality Theory course, this researcher initially combined interests to curate the question, "What kinds of personalities are more susceptible to Stockholm syndrome?" After reading the current literature, this researcher altered the question to be more situation-based than trait-based. Graham and colleagues (1988) mentioned in their comparison of hostages to battered women that "behaviors engaged in by hostages are seen as situation-typical rather than trait-typical" (p. 228). Regarding battered women, the traits each woman holds play a part in the intensity of their abuse (Graham, 1988).

The existing literature typically associates Stockholm syndrome with three scenarios: kidnapping; domestic violence with a partner; and child sexual abuse (CSA) (Namnyak et al., 2008). The primary purpose of this study is to identify the situation that makes a person most susceptible to Stockholm syndrome. This researcher hypothesizes that CSA causes increased susceptibility in victims due to their inescapable situation and reliance on the abuser for survival. Therefore, CSA is predicted to be associated with increased Stockholm syndrome symptomology when compared to the other two scenarios. This information can improve the quality of care given to Stockholm syndrome sufferers.

A thorough understanding of the intensity of a victim's situation allows their clinician to properly select treatment methods. Clinicians should also comprehend the syndrome’s
qualifications as it may enhance rapport with the victim. Affinity with the victim is especially important in these circumstances as they have suffered through a period of mind manipulation from the abuser. For the purposes of this article, the term “victim” describes a person who has undergone CSA, kidnapping, or domestic violence. Perpetrators of the abuse are described as “threatening person,” “abuser,” “captor,” or “aggressor.”

The differences between ego-syntonic and ego-dystonic behaviors should be outlined prior to delving into the literature. Ego-syntonic behaviors are those which match one’s self-concept and goals with no discomfort (Hart et al., 2018). In contrast, ego-dystonic behaviors conflict with one’s self-concept and goals while causing discomfort (Hart et al., 2018). Stockholm syndrome victims are typically considered as having complex trauma. Some victims live in the atmosphere of their trauma for days to years on end and it can eventually integrate itself into the person’s whole being. When dealing with these victims, clinicians should understand the depth of the victims’ trauma by analyzing internal and external factors. Clinicians with a grasp on the ego-related roots in Stockholm syndrome can deeply analyze and treat patients from within.

**Literature Review**

The existing literature has suggested varying definitions for Stockholm syndrome. Naganandini (2014) defines it as "the psychological tendency of a hostage to bond with, identify with, or sympathize with his or her captor" (p. 109). This definition excludes the other scenarios that may cause a victim to develop the syndrome, like CSA and domestic violence. It is typically associated with hostage scenarios due to media influence (Namnyak et al., 2008).
Graham (1994) used a table to describe the paradoxical characteristics seen with Stockholm Syndrome. The left side presents the hostages' perspective, and the right side shows the outsiders' perspective. An example of the paradox is that hostages feel gratitude towards their captor(s), while the outsider expects hostages to feel rage towards captors for endangering their lives (Graham, 1994). Demarest (2009) defines the syndrome as “a condition that evolves between an aggressor and the victims in situations such as hostage negotiations, kidnapping, and abuse” (p. 1). This definition appears more inclusive to the scenarios in which the syndrome may occur.

To understand the emotional implications of the syndrome on a victim, one must first recognize the required conditions for it to take place. Graham and colleagues (1988) identified four conditions that should occur for Stockholm syndrome to apply. The first is that a person threatens death on another person and shows the capacity to do so (Graham et al., 1988). Captors might instill fear in their victims by displaying weapons or explaining how they would hurt them if they disobeyed (Graham et al., 1988). The threatened person must not have a means of escaping, indicating that their life depends on the threatening person (Graham et al., 1988). This circumstance may include the seclusion of victims inside a basement, boarded home, or bank vault (Graham et al., 1988). The victim must be kept isolated from the outside world, only seeing the captor's perspective (Graham et al., 1988). For example, during the Stockholm bank hostage crisis, the captors made the victims believe that seeking help from the police was not in their best interest (Graham, 1994). Finally, the captor must express kindness to the victim (Graham et al., 1988). The captors from the bank robbery displayed compassion by providing coats when the victims felt cold and caressing them for comfort (Graham, 1994).
According to Graham (1988), however, there is an added qualification for female victims: the threat of rape. The victim's whole being is the ransom paid to continue living (Graham, 1988). Graham (1988) also recognized several qualities following development of the syndrome, including fear, love, empathy, and compassion towards their abuser. Kuleshnyk (1984) identified an advantage of developing the syndrome in a dangerous situation. Forming a positive bond with the abuser can lead to the victim’s survival, overriding the syndrome's disadvantages (Kuleshnyk, 1984). Law enforcement tends to encourage the development of the syndrome as it can ensure the successful resolution of a hostage situation (Strentz, 1980; Kuleshnyk, 1984).

In the book *Loving to Survive*, Graham (1994) identified factors that may contribute to the cause of Stockholm syndrome, such as time, sex, and age. According to Graham (1994), time is not as much of a relevant variable as are the events or psychological processes that occur during the abuse. In the hostage situation, victims "who believe their captivity might end soon may be less likely to develop Stockholm Syndrome or may develop it more slowly than those who believe the ordeal may be lengthy" (Graham, 1994, p. 20). Researchers did not find a significant relationship between the tenacity of the syndrome after release and the time passed since release (Graham, 1994). Concerning sex, males and females show an equal chance of developing the syndrome (Graham, 1994). In addition, every age group is susceptible to Stockholm syndrome (Graham, 1994). However, the age and sex of the abuser and victim play a role in the form of affection that occurs (Moorehead, 1980; Graham, 1994). Regarding the hostage situation, the amount of time spent in captivity appears to accelerate the development of Stockholm syndrome (Strentz, 1980).

In their systematic review, Namnyak and colleagues (2008) gathered the various existing literature containing the term "Stockholm syndrome" from four databases and compared their
findings. The study's goal was to identify common themes that may form the syndrome in victims. They claim the literature on the subject is sparse, as the syndrome is hardly mentioned in any peer-reviewed articles (Namnyak et al., 2008). Nevertheless, they identified the stage of life that may make a person more susceptible to developing the syndrome. Children are dependent on caretakers for protection and the supply of basic needs (Namnyak et al., 2008). This caring relationship allows for a positive bond between the child and adult. If abuse becomes part of the mix, it becomes difficult for the child to renounce the positive bond, as doing so would deprive them of life's fundamentals (Namnyak et al., 2008; Jülich, 2005).

The most prominent theory surrounding the cause of Stockholm syndrome is that it provides a means of survival (Namnyak et al., 2008; Jülich, 2005). Other ideas claim that the syndrome offers the hope of escape (Namnyak et al., 2008). In embracing friendly behavior with the abuser, victims may cope better with the heavy stress of captivity (Namnyak et al., 2008; Auerbach et al., 1994). This coping mechanism can also create a psychological separation between the victim's ordinary world and their current state (Namnyak et al., 2008; West, 1996).

In addition to the review of articles, Namnyak and colleagues (2008) completed an analysis of five high-profile cases involving Stockholm syndrome widely reported in the media. Throughout the five cases, the researchers identified various similarities. All victims were held hostage by strangers and kept isolated from the world (Namnyak et al., 2008). All victims experienced abuse, whether physical, sexual, emotional or neglect (Namnyak et al., 2008). All took on pseudo-identities and had their life continuously threatened (Namnyak et al., 2008). Finally, they all had opportunities to escape but did not use them and showed sympathy towards their abusers following their rescue (Namnyak et al., 2008). These cases indicate the kinds of precursors needed for a matter of Stockholm syndrome.
Another point of view on the syndrome is that it generates a sense of “infantilization” (Ochberg, 1978). This perspective applies mostly to the hostage situation in which the captive’s self-efficacy is reverted and the abuser controls their actions such as speaking, eating, and using the bathroom (Ochberg, 1978). Just like a parent grants their child the “gift of life,” captors grant their hostages the same every moment they allow them to continue living (Ochberg, 1978).

Along with the psychoanalytic view, “it is akin to the precursor of all forms of love - the infant's gratitude for acts that fill basic needs and provide life” (Speckhard et al., 2005, p. 133).

Jülich focused on the sexually abused children cohort and identified Graham’s four precursors in various interviews with adult survivors (2005). In providing anecdotes from survivors, the researcher exemplified the thought process of young children as they underwent Stockholm syndrome. Jülich also mentioned the particular susceptibility to the syndrome in children (2005). In a sexual abuse situation, there is typically a preexisting emotional bond between the child and abuser (Jülich, 2005). Children often are abused by those who provide their basic survival needs, so staying in the relationship is vital (Jülich, 2005). In addition, children tend to view the world from the adults' perspective, allowing the abuser to mind-control them (Jülich, 2005). The longer the abuse, the more difficult it becomes for victims to psychologically escape from the abuser (Jülich, 2005; Graham, 1994).

While Stockholm syndrome can occur in multiple types of abuse, battered woman syndrome specifically entails the psychological symptoms that follow a woman’s physical, sexual, or psychological abuse from a partner (Walker, 1991). Battered woman syndrome compares to Stockholm syndrome in that it acts as a natural painkiller for the victim, allowing them to dissociate from the abuse (Walker, 1991). However, this form of self-hypnosis can be a temporary fix, as it may contribute to memory loss and recurrent body and mind splitting.
between polar extremes during ordinary situations (Walker, 1991). It has also been noted that people with anxious attachment styles towards their partner are more likely to be preoccupied with their relationship (George, 2015). If these people are also love-dependent on their partner, meaning that they view their partner as “critical to their central identity and survival,” they are likely to justify any abuse (George, 2015, p. 35).

Obeid and Hallit (2018) attempted to find a correlation between Stockholm syndrome and early maladaptive schemas in previously battered women. They identified a domino effect in which children who experience abandonment, neglect, rejection, domestic violence, or abuse typically develop a submission, avoidance, or compensation to these schemas (Obeid & Hallit, 2018). Regarding female victims of domestic violence, these individuals tend to form a history of embarrassing or exhausting relationships because of the schemas developed in childhood and throughout life (Obeid and Hallit, 2018). The researchers wondered whether battered women held more active dysfunctional cognitive patterns that led them to sympathize with their abuser (Obeid and Hallit, 2018). Their study showed that women with a history of domestic abuse and Stockholm syndrome present higher levels of activation of early maladaptive schemas (Obeid and Hallit, 2018). The researchers also pointed out that battered women are also economically and emotionally dependent on their abuser in many situations, making it increasingly difficult to break away from the relationship (Obeid and Hallit, 2018). They develop Stockholm syndrome in response to the problematic circumstances (Obeid and Hallit, 2018).

Finally, in a hostage situation, the captor may require the fulfillment of a condition in order to release the victim (Favaro et al., 2000). Favaro and colleagues (2000) conducted a study to examine the frequency of PTSD and MDD among a sample of 24 victims who were kidnapped for ransom. The researchers also investigated the relationship between PTSD and
Stockholm syndrome (Favaro et al., 2000). They found that victims who presented the syndrome spent longer time in captivity than victims who did not report Stockholm syndrome (Favaro et al., 2000). They also found a significantly higher number of humiliating experiences among the group who reported living with the syndrome, but the number of violent incidents did not differ substantially (Favaro et al., 2000). Regarding the study’s objective, the researchers did not find a relationship between Stockholm syndrome and the development of PTSD or MDD (Favaro et al., 2000).

Concerning the hostage situation, Stockholm syndrome is also referred to as “identification with the aggressor” (Jameson, 2010). Arguably the most famous case of Stockholm syndrome involves Patricia “Patty” Hearst, daughter of the renowned newspaper publisher William Randolph Hearst (Ewing & McCann, 2006; Namnyak et al., 2008). Patty was kidnapped, physically and sexually abused by the Symbionese Liberation Army terrorist group, and eventually participated in the group’s criminal activities (Ewing & McCann, 2006; Namnyak et al., 2008). Patty had various opportunities to escape throughout her time captive but decided to stay with the group due to her affinity with them (Ewing & McCann, 2006; Namnyak et al., 2008). During her trial in 1976, Dr. Harry Kozol, a psychiatrist who provided expert testimony, claimed that Hearst’s criminal actions were done out of her own free will, implying that she was not coerced or mind controlled (Ewing & McCann, 2006). Hearst identified with her aggressors by joining them in their vicious actions (Ewing & McCann, 2006).

In addition to abused children, domestic violence victims, and hostages, researchers have identified the syndrome among "concentration camp prisoners, cult members, civilians in Chinese Communist prisons, pimp-procured prostitutes, incest victims….and prisoners of war"
Each group listed has exhibited the four qualifications for Stockholm syndrome mentioned by Graham and colleagues (1988).

The existing literature has not suggested whether Stockholm syndrome involves ego-syntonic or ego-dystonic behaviors, but the findings from a study on the behaviors in personality disorders (PDs) can be used to predict this inquiry. Hart and colleagues (2018) looked at personality disorders from an ego-syntonic point of view to determine if people with higher PD traits apply more functionality towards their diagnosed behaviors. It was found that among the participants with high levels of PD traits, they reported increased functionality in their expressions of PD traits, but still admitted that the traits were dysfunctional and potentially self-recriminating. These results suggest that the traits expressed by people with PDs are likely ego-dystonic rooted. Victims with Stockholm syndrome, on the contrary, sympathize with their abusers in reassuring ways (Graham, 1994). Victims intentionally defend and serve their abuser due to the psychological switch in their brain that allows them to feel protected (Graham, 1994).

**Materials and Methods**

This researcher systematically reviewed the existing literature to identify the type of situation most susceptible to Stockholm syndrome. This researcher searched for “Stockholm syndrome,” “hostages,” and “terror bonding” across various databases and university library websites between the months of August 2021 to July 2022. To find information on specific scenarios, this researcher searched “CSA,” “domestic violence,” “battered woman syndrome,” and “kidnapping.” Using the University of Central Florida (UCF) library's Primo search, this researcher explored texts on the subject. Limited text is available at this library, so this researcher relied more on online articles. EBSCO Host "APA PsycInfo" was generally used to
research the topic, as this is the most used database among psychology courses at UCF. Google Scholar was used as a secondary database to explore articles.

This researcher conducted a thorough literature review to explore the situational risk factors that prior abuse poses on the development of Stockholm syndrome. This analysis provides an in-depth view of the topic's existing literature. Stockholm syndrome is a complex and heavy subject, so quantitative studies should be left to more experienced researchers.

Some of the articles chosen for this extensive literature review covered Stockholm syndrome as a general topic, encompassing the syndrome’s origin and criteria. This contributed to this researcher’s knowledge by providing a thorough understanding of the syndrome’s implications. Other articles covered specific scenarios such as battered woman syndrome and kidnapping. These articles provided support for the susceptibility of each scenario in contracting Stockholm syndrome, setting the foundation for this article. Most of the studies included in this article were conducted before 2010, evidence of the lack of contemporaneous research on this topic.

Graham and colleagues published the scale for identifying Stockholm syndrome in a specific population in 1995, creating a basis for future studies to determine the syndrome in other people. It was also essential to include this scale to exemplify the topic’s use in academic studies. As Namnyak and colleagues (2008) mentioned, the media widely uses the term yet no international classification system has reported it as an official diagnosis.

**Results**

The previous research has suggested that the preexisting emotional bond commonly found between a child and sexual abuser make the child more susceptible to developing
Stockholm syndrome than the other mentioned scenarios. This researcher has presented a supplementary study to emphasize the need for future research on the subject.

**Proposed Study**

**Proposed Hypothesis**

The victims of child sexual abuse will express higher levels of sympathy towards their abuser either currently or in the past.

**Proposed Participants**

Forty-five total participants, aged 18 to 50, will be chosen from a pool of survey responses according to their scores on the Stockholm syndrome scale. The participants will be evenly divided into groups of fifteen depending on their corresponding trauma.

**Proposed Materials**

With the use of the Qualtrics web-based software, a survey will be composed to gather at least one-hundred participants. The Stockholm Syndrome Scale (SSS) by George (2015) will be utilized to distinguish survey respondents who qualify for an interview (see Appendix A). This scale is a reduced version of Graham’s (1995) scale for identifying "Stockholm syndrome" reactions in young dating women. Eligibility for interviews will be determined by the scores on the SSS. The scale is based on a 7-point Likert scale from 1 (I never feel this way) to 7 (I always feel this way) (George, 2015). The level of anguish, depression, and anxiety in participants during the interview will be measured using the Hospital Anxiety and Depression Scale (Zigmond & Snaith, 1983).
Proposed Methods

This mixed mode study will use quantitative data from survey responses and later gather qualitative anecdotal data from interviews with chosen participants. Participants will be sought from the Central Florida area due to the high population and tourist influx. Orange County ranked as the fifth most populated county in Florida in 2021, making it an adequate location to collect data from a diverse population (Bureau of Economic and Business Research, 2021). Florida also ranked as one of the places in the United States with the most human trafficking (Florida Department of Health, 2018). The most common types of abuse involved in human trafficking are physical restraint, physical harm, sexual assault, and beatings (Office on Trafficking in Persons, n.d.). As previously mentioned, these factors are common among Stockholm syndrome victims.

Quantitative Data Collection

A survey will be released in the Central Florida area asking for participants who are victims of captivity, domestic violence with a partner, or childhood sexual abuse. This will be posted in a variety of locations, such as domestic violence shelters, social media advertisements, online support groups, and universities, to retrieve a diverse population. Surveys will remain completely anonymous with a verification of age, ethnicity, and gender.

The survey will include the SSS to distinguish regular trauma victims from those who have experienced Stockholm syndrome. Additional questions will be included to determine which type of abuse the respondent identifies with. Questions will not directly ask the respondent “if they have ever been abused” to increase sensitivity towards the victim. Examples of these carefully worded questions are, “On a scale from 1-10, how much do you relate to victims of child sexual abuse?” “On a scale from 1-10, how much do you relate to victims of domestic
violence with a partner?” and “On a scale from 1-10, how much do you relate to victims of hostage situations?” In addition, there will be a question asking the respondent to classify themselves as either a victim or not, to determine if the person even believes they should be considered as a sufferer of abuse.

As responses to the survey begin to gather, the researcher and research assistants will select responses that score high levels of Stockholm syndrome on the SSS. Chosen respondents will be sorted according to their associated trauma (i.e. CSA, captivity, and domestic violence). Participants will then be interviewed by the main researcher to collect anecdotal evidence regarding their trauma experience.

**Qualitative data collection**

The conditions of the interview environment will remain the same for all interviewees to increase objectivity. Interviews will be conducted in a therapeutic office with minimal surroundings. The researcher will ask the exact same questions to all participants in the same manner without deviating or probing for more information. Interviews will be recorded for future retrieval. The researcher will wear the same clothing for all interviewers to not evoke varying emotions from participants. The interview questions will remain general and not directed towards any specific type of abuse. Sample questions include “Describe your feelings towards the perpetrator at the peak of the abuse” and “Describe your current feelings towards the perpetrator.” Following the interview process, participants’ level of anguish, depression, and anxiety will be measured using the Hospital Anxiety and Depression Scale (Zigmond & Snaith, 1983). This will give the researchers an idea of the participants’ level of comfort while discussing their trauma.
As the interviews are completed, two separate research assistants will code the responses according to a binary system in which certain responses represent increased Stockholm syndrome in the victim while the others represent decreased Stockholm syndrome. The participants’ demographics, such as gender, race, ethnicity, and age at the time of abuse, will be coded as well. Demographics of the perpetrators, as provided by the victims, will be coded to determine the relational identity with the victim. The average location of the abuse will be coded to possibly identify a pattern among specific types of abuse and the places they most commonly occur. The research assistants will code all responses in a double-blind manner to increase the inter-rater reliability of the study. After the coding process is completed, the researcher and research assistants will analyze the responses for patterns in levels of sympathy from the victims towards their abusers.

Proposed Results

This researcher predicts that following the completion of the proposed study, the participants who identified more closely with victims of child sexual abuse will have the highest levels of Stockholm syndrome, as indicated by the SSS and the research assistants’ coding of responses.

Discussion

Stockholm syndrome is the psychological phenomenon of a victim sympathizing or identifying with their abuser(s). It can occur under various types of abuse, such as hostage situations, domestic violence with a partner, and CSA. After digesting the ongoing literature, this researcher concludes that the preexisting emotional bond commonly found between a child and sexual abuser make the child more susceptible to developing Stockholm syndrome than the other
scenarios. While all other scenarios can be intense breeding grounds for the syndrome, the common factors involved in child sexual abuse cases make it appear as the most plausible one.

With the gained knowledge from this study, future researchers can cater studies on specific populations affected by Stockholm syndrome. In understanding that CSA victims may be more sympathetic toward their abuser, it is important to be able to distinguish them from people who simply feel enraged at their abuser. With this new understanding, clinicians can sculpt their therapeutic methods according to the level of sympathy felt by the victim to the abuser. The proposed study provides an alternative method of determining the susceptibility of situations that typically facilitate the development of Stockholm syndrome.

The limitations of the proposed study include its location. Although Central Florida may be a fruitful location for reaching a variety of abuse victims, it may not be representative of the trauma experienced by humans as a collective society. Another limitation may be the openness of participants during the interview process. The interview procedures, particularly the non-probing method, may come off as cold and insensitive to the victims as they do not offer much comfort following the disclosing of trauma. To counter this possibility, precedents will take place in which the researcher lets participants know of the reasoning behind their seemingly straightforward and cold demeanor. The researcher will mention that these specific procedures help maintain objectivity in the study so that interpretations of the results are as minorly skewed as possible.

The proposed study would be appropriate for a doctoral candidate with more time and resources than an undergraduate student. The study may also be suitable for a person with experience analyzing diagnostic therapy interviews, such as a psychologist or mental health counselor.
The lack of overall research comparing types of abuse and their corresponding effects provide an impetus for future studies to explore this topic. Substantial further investigations will be required to fully understand the extent of Stockholm syndrome’s effects on abuse victims. Psychological abuse is among the most common types of abuse, so any research that can contribute towards the comprehension and compassion of victims can potentially save lives (Aging and Long-Term Support Administration, n.d.)
References


Appendix A

Stockholm Syndrome Scale (George, 2015)

Core

If I give my partner enough love, s/he will stop getting so angry at me

I both love and fear my partner.

I do not want others to know how angry my partner gets at me.

There is something about me that makes my partner unable to control his anger. My partner is as much a victim as I am.

The more I talk to people, the more confused I get about whether my relationship with my partner is healthy.

I know my partner is not a violent person; s/he just loses control.

The problem is not that my partner is "just an angry person"; it is that I provoke him/her.

Psychological Damage

I do not know who I am.

I feel down and blue.

I feel calm and sure of myself. (REVERSE CODED)

I feel good about who I am (REVERSE CODED)

I cannot make decisions.

I find it difficult to concentrate on tasks.

When others ask me how I feel about something, I do not know. When I start getting close to people, something bad happens.
Love Dependency

I have to have my partner's love to survive. Without my partner, I have nothing to live for.

I need my partner's nurturance and protection to survive.

Without my partner, I would not know who I am.

My partner's love and protection are more important than any hurt s/he might cause me.

If my relationship were to break up, I would feel so much pain that I would want to kill myself.

In my eyes, my partner is like a god.