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Gendered Dimensions of Stockholm Syndrome: Examining Trauma Bonding Among Women and Girls Held by *Boko Haram*



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Abstract

Purpose: This article examines Stockholm Syndrome in the context of Boko Haram insurgency.

Methodology: It employed a doctrinal research methodology to achieve these objectives.

Findings: The paper argues that trauma bonding in Boko Haram captivity is shaped by cycles of violence, dependency, indoctrination, and gendered power structures.

Unique Contribution to Theory, Policy and Practice: The research contributes to interdisciplinary knowledge by linking trauma bonding theories with legal frameworks governing sexual violence, forced marriage, and crimes against humanity. It demonstrates how psychological survival responses should be legally interpreted as evidence of coercion rather than consent, thereby informing accountability, reparations, and victim-status determinations under international law. It further analyses the implications for reintegration, counterterrorism, transitional justice, and survivor-centred psychosocial support. The study concludes by recommending the integration of trauma-informed mental-health frameworks, culturally grounded reintegration models, and survivor-centred rehabilitation policies.

Keywords: *Boko Haram, Stockholm Syndrome, Trauma Bonding, Women and Girls, Coercive Control, Conflict-Related Sexual Violence, Nigeria*

Introduction

Boko Haram's insurgency has become one of the most devastating conflicts in contemporary West Africa. Since 2009, the group has carried out mass abductions, sexual violence, forced marriage, radicalisation of minors, and extended captivity of women and girls across Borno, Yobe, and Adamawa States.¹ The abduction of 276 schoolgirls from Chibok in 2014 brought global attention to *Boko Haram*'s gendered tactics, but thousands of additional victims remain unaccounted for.²

While extensive scholarship has examined *Boko Haram*'s terror strategies, recruitment patterns, ideological evolution, and gendered violence,³ comparatively little attention has been given to the psychological effects of long-term captivity. Emerging evidence reveals that some survivors developed emotional attachment, empathy, or loyalty towards their captors—behaviours associated with Stockholm Syndrome.⁴ Instances include rescued women attempting to return to *Boko Haram* camps, survivors expressing grief over the death of *Boko Haram* fighters they lived with, or showing reluctance to condemn their captors.⁵

This paper analyses the psychological, social, and gendered dimensions of Stockholm Syndrome within *Boko Haram* captivity. It explores how trauma bonding develops, the role of coercive control and indoctrination, and the implications for reintegration and mental-health interventions in post-conflict Nigeria.

What is Stockholm Syndrome? And its Origin

Stockholm syndrome is a psychological response to being held captive. People with Stockholm syndrome form a psychological connection with their captors and begin sympathizing with them.⁶

This condition got its name from a 1973 bank robbery incident that happened in Stockholm, Sweden. During the six-day standoff with police, many of the captive bank employees became sympathetic toward the bank robbers. After they were set free, some bank employees refused to testify against the bank robbers in court and even raised money for their defense.⁷ The term Stockholm syndrome was reiterated about a year later in the case of Patty Hearst, who was abducted by the Symbionese Liberation Army (SLA), an armed U.S. guerilla group in 1974.⁸ After her kidnapping, Patty Hearst felt sympathy for her abductors and their goals. She went

¹ Hilary Matfess, *Women and the War on Boko Haram: Wives, Weapons, Witnesses* (Zed Books 2017) 12.

² Human Rights Watch, "Those Terrible Weeks in Their Camp": *Boko Haram Violence Against Women and Girls in Northeast Nigeria* (2014) 5.

³ Jacob Zenn, 'Boko Haram's Ideology: From the Abduction of the Chibok Girls to the Decline of the Caliphate' (2018) 7(2) *J Terrorism Research* 45; Daniel E Agbibo, 'The Psychology of Terrorism in Nigeria: Boko Haram and the Islamic State' (2021) 59(1) *Africa Spectrum* 38.

⁴ Frank Ochberg, 'The Stockholm Syndrome' (1982) *Victimology* 1; Judith Herman, *Trauma and Recovery* (Basic Books 1992).

⁵ Adaobi Tricia Nwaubani, 'The Women Rescued from Boko Haram Who Are Returning to Their Captors' *BBC News* (26 December 2020).

⁶ 'Stockholm Syndrome: What It Is, Symptoms & How to Treat' available at <https://my.clevelandclinic.org/health/diseases/22387-stockholm-syndrome> accessed on 30/12/2024

⁷ Ibid

⁸ Ibid

further to reject her family, fiancé and the police. In April 1974, she was pictured with an assault rifle in the robbery of a bank in San Francisco with other members of the Symbionese liberation army. After a warrant was issued for her arrest, she was eventually taken into custody in September 1975. At her trial, her attorney argued that she was brainwashed, specifically citing the Stockholm syndrome incident, although the defense was unsuccessful and she was sentenced to a seven-year term in jail. She served 22 months before her sentence was reduced by then-President Jimmy Carter in 1979, and in 2001 she was granted a full pardon by President Bill Clinton.⁹

This experience has been referred to by scholars and experts as the Stockholm syndrome, which is construed as:

A mental procedure where an individual held in captivity develops some sort of emotional connection to his/her captor and agrees with their plans and requests.¹⁰

This emotional connection has a significant effect on the capability of the victims to report their offenders, namely continuously protecting the perpetrators long after the violence has stopped. This is given the fact that many times the victims of sexual violence tend to downplay their victimisation.¹¹

Stockholm Syndrome and the Boko Haram Armed Conflict

survivors' testimonies reveal that emotional bonds developed in captivity were often rooted in survival instincts rather than affection.¹² Reported cases include women refusing to leave insurgent-held territories even when military rescue was imminent,¹³ women returning to Boko Haram voluntarily,¹⁴ and survivors speaking of their captors with conflicted loyalty.¹⁵

The complexity of these behaviours is frequently misunderstood, resulting in stigma, community rejection, and flawed reintegration responses.¹⁶ In many cases, families and community leaders perceive bonded survivors as radicalised, complicit, or morally compromised.¹⁷

Many survivors honestly believed that their violators loved them and that their abuse was a result of the kindness that their violators had for them. Graham¹⁸ in trying to explain the Stockholm Syndrome, stated explicitly that they were a series of strategies developed by victims and these included seeing the violator as a victim whom they were only required to

⁹ Ibid

¹⁰ Ibid, 'What Is Stockholm Syndrome?' available at <<https://www.webmd.com/mental-health/what-is-stokholm-syndrome>> accessed on 31/12/2024

¹¹ Ibid

¹² Judith Herman (n 4) 74; Donald G Dutton and Susan L Painter, *The Battered Woman Syndrome* (Lexington Books 1981).

¹³ Jacob Zenn, Ibid (n 3) 52.

¹⁴ Nwaubani, Ibid (n 5).

¹⁵ Bulama A Bukarti and Uche Ekhator-Mobayode, 'The Trajectories of Boko Haram's Use of Women and Girls' (2020) 28(4) *Africa Security Review* 285.

¹⁶ Uche Anyanwu and Danladi Agbiboa, 'On the Periphery: Women's Experiences in Boko Haram Captivity' (2019) 58(2) *Journal of Modern African Studies* 181.

¹⁷ UNICEF, *Silent Shame: Girls Abducted by Boko Haram and Forced to Boko Haram Fighters* (2017)

¹⁸ Ibid; Dee L. R. Graham, Edna J. Rawlings and Roberta K. Rigsby *Loving to Survive: Sexual Terror, Men's Violence, and Women's Lives* (New York University Press 1994).

love more, self-blame and sympathise with. He further stated that these strategies had three major functions, which were to:

- a) Downplay the horror the victim experienced;
- b) Assist in greater bonding with the violator;
- c) Inculcate hope in the victim. Here, the victim honestly believed, as soon as the horror perpetrated by the violator abated, that the violence was perpetrated as a result of the immense love the violator had for him/her.¹⁹ This inculcated in the victim emotions of hope and the need to redefine the relationship.

This was consistently demonstrated in the *Boko-Haram* episode in Nigeria, where persons who have been held hostage by members of the *Boko-Haram* group refused to assist the police and other security agencies with information to apprehend the perpetrators of these heinous crimes. Other times, the hostages return to their abductors and more frequently the hostages end up getting married to the abductors and having children for them while fully incorporating the plans of these abductors in their minds and belief systems.²⁰

For instance, the abduction of the Chibok girls in 2014, Connections formed by years of captivity and shame at marrying militants might explain why some Chibok girls have chosen not to return home from their *Boko Haram* ordeal. One of the abductees said:

We are the Chibok girls. We are the ones you are crying about for us to come back. By the grace of Allah, we are never coming back.²¹

According to psychiatrist, in any human relationship, healthy or unhealthy, when you live with someone for years, connections are formed.²²

Another girl reportedly said of her life with the man who abducted her and forced her into marriage: "I am happy where I am. I have a husband."²³

Developing feelings of trust and affection towards an abductor is influenced by the Stockholm syndrome which psychiatrist believe the victim's positive feelings toward their abuser a psychological response — a coping mechanism — that they use to survive the days, weeks or even years of trauma or abuse. Other closely linked psychological conditions include:

¹⁹ Ibid, UNODC, 'Handbook for the Judiciary on Effective Criminal Justice Responses to Gender-Based Violence against Women and Girls' available at <https://www.undoc.org/pdf/criminal_justice/HB_for_the_Judiciary_On_Effective_Criminal_Justice_Women_and_Girls_E_e_books.pdf> accessed 24 June 2022.

²⁰ Condé Nast, 'The Women Rescued from Boko Haram Who Are Returning to Their Captors' (20 December 2018) The New Yorker available at <<https://www.newyorker.com/news/dispatch/the-women-rescued-from-boko-haram-who-are-returning-to-their-captors>> accessed 24 June 2022

²¹ Adaobi Tricia Nwaubani, 'Chibok girls changed by shame, Stockholm syndrome – experts (2018) available at <<https://www.reuters.com/article/worldchibok-girls-changed-by-shame-stokholm-syndrome-experts-idUSKBN1F7225>> accessed on 31/12/2024

²² Ibid

²³ Ludovica Laccino 'Stockholm syndrome: Why Boko Haram and Isis slaves choose to stay with their captors' (2017) available at <<https://www.ibtimes.co.uk/stockholm-syndrome-why-boko-haram-isis-slave-choose-to-stay-their-captors-1642507>> accessed on 31/12/2024

- a) Trauma bonding.
- b) Learned helplessness.
- c) Battered person syndrome.²⁴

This was clearly the scenario that the *chibok* girls experienced. Some of the freed girls have said in interviews they could choose whether or not to marry the militants, but those who refused were starved and beaten regularly, with many then succumbing to their demands²⁵. Some agreed (to marry) because they were fearful or because they thought they might get better treatment, while others agreed because they thought they might never see their families. Most of them made those decisions because they already had children with the insurgents, and afraid and ashamed that society might not accept them.²⁶ (Fear of stigmatization and societal rejection)

The Stockholm syndrome constitutes a serious challenge in implementation reparation in the *Boko Haram* armed conflict in that most victim may not report their violators, claim reparation, return to their family or even assist in investigating and apprehending their perpetrators. This may also affect litigation of suspected insurgents in the future as some victim may not testify against their violators before the courts, neither will they claim compensation for the violation of their rights.²⁷

Trauma Bonding and Psychological Effects on Boko Haram Captives

Trauma bonding significantly affects captives of *Boko Haram* by creating psychological attachments between victims and their abductors through cycles of coercion, violence, and intermittent reward. The prolonged exposure to fear and intimidation, combined with occasional acts of kindness, produces a distorted perception of safety in which perpetrators become sources of protection rather than harm.²⁸ In the context of forced marriage, repeated rape, and religious indoctrination, abducted women and girls may develop dependency and emotional identification with specific fighters as a survival strategy.²⁹ Studies indicate that this pattern of bonding is reinforced by isolation from family, threats of death upon escape, and the promise of relative privilege for compliance.³⁰ As a consequence, many survivors experience difficulty reintegrating into society after release, sometimes defending their captors or attempting to return to *Boko Haram* enclaves, particularly when faced with stigma and social exclusion in their home communities.³¹ Trauma bonding therefore has long-term implications for psychosocial rehabilitation, transitional justice, and reparations, as survivors may not

²⁴ Ibid

²⁵ Ibid

²⁶ Ibid

²⁷ Author's View

²⁸ Patrick Donnelly and Erin Myers, 'Forced Marriage by Non-State Armed Groups: Frequency, Forms, and Impact' (International Peace Institute, 2023).

²⁹ Adaobi Tricia Nwaubani, 'The Women Rescued from Boko Haram Who Are Returning to Their Captors' (BBC News, 12 May 2018) <<https://www.bbc.com/news>> accessed 26 November 2025.

³⁰ Rebecca Grey, 'The ICC's First "Forced Pregnancy" Case in Historical Perspective' (2017) 15 *Journal of International Criminal Justice* 906.

³¹ Ioanna Siatitsa and Nato Titberidze, 'Observance of Human Rights and International Humanitarian Law by Nigeria Armed Forces in Internal Security Operations' (2015) 9 *International Journal of Humanities and Social Sciences* 143.

immediately identify themselves as victims and may resist participation in recovery programmes.³²

In April 2014, for instance, two hundred and seventy-six (276) Female students aged from sixteen (16) to eighteen (18) were kidnapped by Boko Haram from the Government Girls Secondary School at the town of Chibok in Borno State, Nigeria.³³ A study conducted by the Murtala Muhammed Foundation in April 2024 found out that, a decade later, ninety-one girls remain unaccounted for. Some reports claimed that some of the abducted girls, subsequent to their rescue, chose to remain with the group in the Sambisa Forest. Some of them who were abducted as girls returned as mothers having had children with their abductors, the Murtala Muhammed Foundation³⁴ report states that this confirms that the girls were coerced into marriages and endured sexual violence. Some reports claim that it seems the girls are swayed by the comparative state of the living conditions in the forest, deeming them superior to the circumstances in their communities.³⁵ Stockholihgvguhvhk65t, although paradoxical given the circumstances of captivity, becomes a coping mechanism, a psychological adaptation to the traumatic situation. In the absence of death, the captor assumes an unexpected role as the provider of life, fostering a sense of indebtedness and allegiance from the captive. People with Stockholm syndrome form a psychological connection with their captors and begin sympathizing with them.³⁶ Medical professionals consider the victim's positive feelings towards their abuser a psychological response and a coping mechanism that they use to survive the trauma or abuse.³⁷

Conclusion

Trauma bonding is a critical psychological consequence of captivity in the *Boko Haram* armed conflict, particularly for women and girls subjected to sexual violence, forced marriage, and prolonged coercive control. The blending of fear, intermittent kindness, and complete dependence on captors produces complex emotional attachments that shape survivor behaviour both during captivity and after release. These trauma-generated bonds often hinder reintegration efforts, complicate perceptions of victimhood, and contribute to long-term psychosocial challenges such as shame, internalised stigma, and difficulty forming healthy relationships. The phenomenon demonstrates that recovery from conflict-related sexual violence requires more than legal redress or material compensation; it necessitates trauma-informed, culturally sensitive mental health interventions that recognise patterns of attachment and survival under extreme conditions. Understanding trauma bonding therefore provides essential insight for developing effective rehabilitation programmes, shaping reparations policies, and strengthening transitional justice responses for *Boko Haram* survivors.

³² Hasan Haidar, *International Legal Framework for Humanitarian Action* (International Development Department, College of Social Science, Birmingham University 2013).

³³ Gorata Chepete, 'Stockholm syndrome re-examined: Understanding the relationship between radicalization and building mutuality within Boko Haram in Northern Nigeria' (2023) *Leadership & Developing Societies* (8) (1) 62

³⁴ Ibid

³⁵ Ibid

³⁶ Ibid

³⁷ Ibid

Recommendations

1. It is recommended that government agencies, humanitarian organisations, and mental health practitioners adopt trauma-informed psychosocial support models. Standard short-term counselling is insufficient for survivors of *Boko Haram* captivity; therefore, long-term psychological interventions specifically tailored to trauma bonding are essential. Practitioners should be trained to recognise survival-driven attachment patterns, coercive control dynamics, and cognitive dissonance commonly exhibited by survivors of conflict-related sexual violence.
2. Community sensitisation initiatives should be prioritised to address stigma, discrimination, and cultural misconceptions surrounding women and girls associated with *Boko Haram*. Engagement with religious leaders, traditional rulers, and community-based organisations is vital for promoting acceptance, reducing victim-blaming narratives, and supporting successful social reintegration.
3. Sustainable livelihood and economic empowerment programmes should be implemented to reduce economic dependency among survivors. Providing vocational training, skill acquisition, micro-grants, and employment opportunities will enhance autonomy and lower the likelihood of survivors returning to *Boko Haram* enclaves due to poverty, marginalisation, or lack of support.
4. Strengthened institutional collaboration between security agencies, health providers, social welfare departments, and local networks is necessary to ensure efficient service delivery. Establishing clear multi-sectoral referral pathways will reduce bureaucratic obstacles and guarantee that survivors have access to psychosocial support, legal assistance, healthcare, and reintegration services in a timely manner.
5. Reparations initiatives should incorporate trauma-aware approaches that recognise psychological harm as a serious consequence of conflict-related sexual violence. Reparations should not be limited to financial compensation but should include symbolic measures, community healing programmes, truth-telling processes, and other survivor-centred mechanisms that address the emotional and social impacts of trauma bonding.
6. Specialised training programmes for reintegration officers, case workers, and social service providers are essential. Practical training must focus on identifying symptoms of trauma bonding, such as emotional attachment to perpetrators, ambivalence upon rescue, and fluctuating behavioural responses, thereby ensuring appropriate support throughout rehabilitation.

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