



Novel Strategies to Fight Child Sexual Exploitation and Human Trafficking Crimes and Protect their Victims

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D7.1 Findings on Trauma Bonding Impact in THB and CSA/CSE Victims

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Abstract (for dissemination)

A trafficker may become a protector and a saviour in the eyes of the victim as a result of traumatic bonding. This relationship is characterised by power imbalance and abuse where the trafficker maintains control over the victim. This trauma bond puts the victim in a spiral of emotions of gratitude and protectiveness toward the perpetrator because of intentional psychological coercion and grooming. As a consequence, a trauma bond may impact the victim's cooperation with LEA and affect the work of service delivery.

Keywords

Trauma bonding, Stockholm Syndrome, re-victimisation, sexual abuse, sexual exploitation, trafficking in human beings, grooming, abuse, trauma-informed approach.

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Executive summary

The present deliverable aims to define and identify trauma bonding in human trafficking and child sexual abuse/exploitation victims to subsequently analyse its effect on the mental health of the victim that could impact their behaviour and cooperation with law enforcement and service providers. Ultimately, this deliverable aims to clarify to these stakeholders what approach should be taken with these victims in order to facilitate cooperation and avoid secondary victimisation.

To achieve these objectives, this deliverable relies on desk research on the relevant topics (namely trauma bonding in trafficking and sexual abuse, and its impact on investigations and service delivery) as well interviews with professionals and experts in the field of interest working with these victims. In total, 7 interviews were done with 8 professionals.

Studies on the topic of trauma bonding in trafficking in human beings (THB) and child sexual abuse and child sexual exploitation (CSA/CSE) victims started recently. Therefore, there is a gap in the literature on the effects of trauma bonding and how those who are in contact with these victims could properly assist them while avoiding re-traumatisation as there are no medically validated criteria to identify it. Existing literature explains that a trauma bond is a coping mechanism that the victim develops to be able to cope with the abusive situation and to sympathise with their abuser, which could lead to an acceptance of the abusive situation. It is a strong emotional tie characterised by periods of abuse and violence and cognitive and emotional manipulation, which leads the victims to feel indebted and grateful for any affection and attention they receive from the abuser, despite the abuse. In addition, they may become dependent on the perpetrator for every basic need. Desk research has shown that those who have experienced childhood trauma and past negative experiences, that were left untreated, are more susceptible to develop a traumatic relationship with their abuser. As it all depends on the grooming process and its outcomes, research has concluded that similarly to offline CSA/CSE, a trauma bond can be established in the online aspect of these crimes depending on whether the grooming process has been successful.

Literature on the topic focuses on a trauma-informed approach that should be followed while assisting and approaching victims of the abovementioned crimes. Alas, there is a lack of training on the subject of trauma bonding, how to identify it, and how to deal with it in all stakeholders who are in contact with these victims. Research has shown that there are different behavioural signs that service providers and law enforcement agencies (LEA) should be aware of and that could indicate a traumatic bonding including signs related to body language and verbal behaviours. Additionally, it was found that victims of a trauma bond are the least likely to report their traffickers or seek help as traffickers hold control over the trafficked person mentally, emotionally and physically. Even after escaping that experience, the victim might still be reluctant to report it to the police and stand against the perpetrator. In this regard, the impact of trauma bonding on the work of LEA manifests itself in three themes including identification, which is the failure to recognise the signals and the problem of not self-identifying as a victim; treatment during the criminal procedure that could exacerbate second victimisation; and (un)-conditional protection¹.

These findings have been confirmed by fieldwork as interviewees explained that their knowledge on trauma bonding is the result of years of practice and experience working with these victims without receiving any detailed training on the subject. As a consequence, each participant had different screening methods and different behavioural signs that indicated to them that a certain person is experiencing a trauma bond. However, a common theme appears in these signs, which revolve around denial of being abused, overidentification with the abuser, gratitude, and, sometimes, self-blaming as well as body language that can indicate anxiety when talking about a specific event. All the participants agreed on the benefits and need of an individualised

¹ Leyla Khadraoui and Conny Rijken, 'Secondary Victimization of trafficking victims and law enforcement interventions: Theoretical Framework' (PHIT Project) 3

therapeutic program to break the bond, and that a trauma-informed approach should be adopted by LEA when interviewing these victims similarly to service providers.

Facilitating cooperation of a trauma bond victim with LEA revolves around treatment during interviews and understanding the effects of an attachment bond on the way victims behave and react to certain questions. Fieldwork concluded that the presence of a guardian or a caretaker during the interview at the police station is needed, yet another method to put the victim at ease is to have a female police officer that does the interview as some victims feel less pressured in the presence of a female agent. Some participants indicated that recording the interview is beneficial to the victim's mental health in a way that it ensures the non-repeating of unnecessary questions that might have the victim relive the trauma.

When measuring the effectiveness of current measures taken to assist these victims, participants expressed the need of spreading awareness on the topic of trauma bonding and the need of further public investment and experienced personnel to provide victims with their basic needs and long-term solutions (food, shelter, legal assistance, psychological assistance, etc.), in addition to trainings offered to all stakeholder on the topic of trauma bonding.

Abbreviations

CSA/CSE	Child Sexual Abuse/Child Sexual Exploitation
ED	Emergency Department
HEROES	Novel Strategies to Fight Child Sexual Exploitation and Human Trafficking Crimes and Protect their Victims
LEA	Law Enforcement Agencies
MeSH	Medical Subject Heading
MDR	Memories, Dreams, Reflections
PTSD	Post-Traumatic Stress Disorder
THB	Trafficking in Human Beings
UN	United Nations
UNODC	United Nations Office on Drugs and Crime
VUB	Vrije Universiteit Brussel

1. Introduction

Trafficking in human beings in all its forms, including labour or sex trafficking, as well as the crime of child sexual abuse/exploitation, entirely impact the lives of victims. This human rights violation can lead to many health consequences including a wide range of diseases (e.g., communicable diseases, diabetes) and mental health disorders² that come as a result of a combination of pre-existing vulnerabilities and violation of human integrity³. Whilst not all victims of these crimes experience long term health problems, the majority of victims experience some kind of psychological disorder that manifests differently for each person⁴. In this regard, one of the psychological health implications of these crimes is trauma bonding, that is, the bond created by victims towards their traffickers and abusers.

Although most research has focused on mental health issues related to depression, anxiety, PTSD and others, there remains a gap in research on the subject of trauma bonding or what some call Stockholm Syndrome that sometimes manifests in victims of THB and CSA/CSE. This deliverable serves to assist in bridging that gap by studying this bond and thus contribute to the understanding of the behaviour of victims vis-à-vis society, law enforcement and service providers in general.

In this context, the responses of specialised institutions and individuals, such as LEA, judicial authorities and service providers, have a significant impact and sometimes a negative effect on the psychological health of the victim leading to their re-traumatisation (also referred to as re-victimisation) if not handled properly⁵.

In this deliverable, we will examine the impact of trauma bonding on the mental health of the victim in order to demonstrate their effects on service delivery, prosecution, and investigation. This will be done by tackling the subject of trauma bonding in THB in both labour trafficking and online-offline CSA/CSE (Sections 3 and 4). The deliverable will then move on to analyse the impact of trauma bonding on service delivery and investigations (Section 5). These findings will be supplemented by fieldwork results in Section 6. Finally, conclusions and recommendations will be drawn from this research (Section 7). A detailed methodology is provided and explained in section 2.

² Lisa Murdock, CandiceHodge-Williams, KaitlinHardin, and CoreyJ.Rood. (2022). Youth Survivor Perspectives on Healthcare and Sex Trafficking. *Journal of Pediatric Nursing* 66.

³ Leyla khadraoui and Conny Rijken, 'Secondary Victimization of trafficking victims and law enforcement interventions: Theoretical Framework' (PHIT Project) 5

⁴ Katherine Chon, 'Mental Health Resources for Human Trafficking Survivors and Allies' (Administration for Children and Families, 13 October 2021) < <https://www.acf.hhs.gov/blog/2021/10/mental-health-resources-human-trafficking-survivors-and-allies#:~:text=Studies%20show%20that%20individuals%20who,%2C%20and%20For%20eating%20disorders.>> (accessed 8 September 2023)

⁵ See n 1.

2. Methodology

The present deliverable aims to provide findings on the topic of trauma bonding in THB and CSA/CSE, including how to identify and assist victims of trauma bonding in THB in order to prevent re-victimisation. This deliverable aims to provide service providers and LEAs with an understanding of the phenomenon of trauma bonding and how it affects the victims' cooperation with them to eventually be able to identify THB survivors or potential victims and provide them with the appropriate assistance.

To obtain these objectives, D7.1 relies on desk research on the relevant topics (namely trauma bonding in trafficking and sexual abuse, and its impact on investigations and service delivery) as well as fieldwork where interviews have been held with professionals and experts working in the fields of interest.

Before starting the interviews, desk research was done in order to identify the issues and topics to be discussed later with the interviewed professionals. All references and sources of this desk research are listed at the end of this document in the reference section. In order to identify and recruit interviewees, VUB staff members contacted the consortium partners and also contacted organisations outside the HEROES consortium. Despite reaching out to multiple organisations inside and outside of the HEROES Consortium, no male participant could be identified as all respondents that were identified were female. Indeed, recent studies have shown that majority of professions in the field of psychology, counselling, and social work are female-dominated⁶.

The conducted interviews are as follow:

Table 1: Conducted interviews

Interview code	Organisation	Expertise	Gender	Interview date	Interview length	Language
I1	ICMEC	Developing training and providing resources for healthcare providers and others in the response to CSA/CSE and THB	F	28 April 2023	30 minutes	English
I2	Bar-Ilan University	Investigations of online CSA/CSE and THB	F	1 May 2023	58 minutes	English
I3	Renacer	Therapy for victims of child abuse	F	23 May 2023	43 minutes	Spanish
I4	Dhaka Ahsania Mission	Counselling services for victims of THB	F	26 May 2023	35 minutes	English
I5	Animus Association	Counselling and therapy services for THB and CSA victims	F	9 June 2023	51 minutes	English
I6	HopeNow	Developing and implementing methods to identify THB victims through outreach work, counselling and therapeutic approaches.	F	12 June 2023	60 minutes	English
I7	Open Gate-La Strada	Social work and Developing programs for direct support of human trafficking and sexual violence victims	F, F	10 July 2023	54 minutes	English

Based on desk research, a questionnaire was developed, and interviewees were asked the following questions:

1. Could you please describe your position and tasks?

Probe (in case not explicitly mentioned):

⁶ For example, see June Gruber et al. (2021). The Future of Women in Psychological Science. *Perspectives on Psychological Science*, 16(3), 483–516

1.1. Have you ever worked on/with victims of trafficking in persons?

1.2. Have you ever worked on/with victims of child sexual abuse or exploitation?

The goal of this question is to understand the expertise of the interviewee, as it is not expected that all participants have worked directly with victims of THB and CSA/CSE. For example, some interviewees such as scholars and academics might have great knowledge and in-sight on the relevant topics but no specific experience with working with such victims.

2. In your experience, what are the main challenges faced in working with victims of THB, CSA/CSE?

The goal of this question is to have an insight on what challenges people working with these victims face in their daily jobs.

3. In your experience, do victims of these crimes develop an attachment bond with their trafficker?

3.1. If yes, would you be able to estimate what percentage of victims experience this?

The goal of this question is to have an idea of how widespread the phenomenon of trauma bonding is, as not all victims experience it.

4. What are the behavioural signs that indicate victims experience trauma bond?

Probe (in case not explicitly mentioned):

4.1. Are there any criteria used to identify this phenomenon?

4.2. Are you aware of any training/or have you been given training on how to identify trauma bonding?

The goal of this question is to understand how these participants are able to identify trauma bonding symptoms, and to further understand what techniques and criteria (if any) are used in order to make such identification.

5. In your experience, how does trauma bonding manifest biologically?

5.1. What is happening in the brain of victim when experiencing a trauma bond?

5.2. Do these biological impacts affect the way victims of THB and CSA/CSE cooperate with LEA and service providers?

The goal of this question is to understand what the biological impacts of trauma bonding and psychological coercion on the brain of the victim are and how these effects play a role in the way victims handle cooperation with service providers and law enforcement.

6. Do you believe that the use of technology such as the internet to groom victims results in the development of a trauma bond?

Probe (in case not explicitly mentioned):

6.1. Can online grooming be used by traffickers as a strategy to create an attachment bond with the victim?

6.2. Is it easier to establish trust with the victim through online platforms rather than offline?

The aim of this question is to identify whether online grooming and the strategies used by traffickers online can result in the development of a trauma bond between the victim and the trafficker without initiating a person-to-person meeting at first hand.

7. In your experience, do victims experiencing trauma bonding have difficulties cooperating with law enforcement and service providers?

Probe (in case not explicitly mentioned):

7.1. What are the obstacles of achieving such cooperation?

7.2. Do you think that a specific and different approach should be adopted when working with these victims in order to facilitate cooperation?

The goal of this question is to understand some of the challenges LEA and/or service providers face when seeking cooperation from these victims, as since these victims have an attachment bond with their abuser, they may be unwilling to cooperate with these stakeholders. Answers to this question can thus assist researchers in identifying the approach that should be adopted when dealing with such victims in order to avoid re-victimisation.

8. What do you think are the needs/vulnerabilities of these victims? How do you think their needs can be met in order to facilitate cooperation?

The goal of this question is to know what the interviewees, in their experience, think that trauma bonding victims are in need of and to understand how in practice these needs are met and if the assistance given encourages them to cooperate either with LEA or service providers.

9. Do you believe that the current measures taken to assist these victims are effective?

The goal of this question is to identify best practices to ensure non re-victimisation.

Apart from these questions, follow up or clarification questions may be asked, depending on the answers and expertise of each individual interviewee.

Interviewees' identity is not disclosed in this deliverable, and all the participants were provided with a consent form that was signed before participating in the interview along with an information sheet to inform them of their rights regarding their participation.

When contacting the potential interviewees, VUB provided them with the topics to be addressed in the interview but did not send the exact questions in advance in order to ensure the spontaneity of their answers while also confirming their experience in the relevant subjects.

To facilitate the analysis, all interviews have been recorded with the consent of the participants.

Interview reports containing a summary of the main points made by interviewees in each question are included as annexes to this deliverable.

3. Trauma Bonding and its occurrence in victims of trafficking in human beings and child sexual abuse or exploitation

Even though trauma bonding is the topic of many studies concerning victims of abuse and domestic violence, there is no agreed upon definition of the term. In the literature, the closest concepts and outcomes of a trauma bond is Stockholm Syndrome⁷. Indeed, some experts refer to it synonymously with Stockholm Syndrome⁸, while others consider that there are similarities between the two but what differentiate them is that Stockholm Syndrome is bi-directional as the abuser may develop reciprocal feelings towards the victim, which is not the case for a trauma bond⁹. Stockholm syndrome is neither recognised as a Medical Subject Heading (MeSH) nor found in any classification system of psychiatry, and there are no validated diagnostic criteria for it¹⁰. For the purpose of this deliverable the term trauma bonding will be used.

This syndrome is called after a failed bank robbery that took place in Stockholm (Sweden)¹¹ and

“has been used to describe the positive emotional bond a kidnap victim may develop towards their captor. It is speculated that this bond develops as part of the victims’ defence mechanism to allow them to sympathize with their captor, leading to an acceptance of the situation, limiting defiance/aggression toward the captor and thus maintaining survival in an otherwise potentially high-risk scenario”¹².

Furthermore, it is important to note that as the existing literature on Stockholm Syndrome is sparse, no medically validated criteria to identify it are found but the most widely quoted are Graham’s diagnostic criteria (1994) which are based on a study of nine different groups of victims. Graham found four precursors to the development of this syndrome¹³:

“i) that there exists a perceived threat to survival and belief that the threat will be carried out, ii) that the captives perceive some small kindness from the captor in the context of terror, iii) that the hostage experiences isolation from perspectives other than those of the captor and iv) that the hostage has a perceived inability to escape.”

In general terms, Hopper defined trauma bonding as

“The invisible strong emotional tie that develops between two individuals, where one person frequently harasses, beats, threatens, abuses or intimidates the other person¹⁴”

This tie can be created in many contexts, such as in an intimate relationship in case of domestic violence, a parent-child relationship where the abuser is a parent, a hostage situation, sexual abuse, or even kidnapping and trafficking. Initially Stockholm Syndrome was only spoken of in relation to hostages but recently the syndrome is being recognised in THB and sexual abuse/exploitation.

Indeed, what unifies all these situations is the presence of an abuser and a victim. To simplify it, Fonseca et al. explained that

⁷ Rosario V Sanchez, Patricia M Speck, Patricia A Patrician. (2019). A concept analysis of trauma coercive bonding in the commercial sexual exploitation of children. *Journal of Pediatric Nursing* 46, 51.

⁸ Such as Hardy et al., 2013; Hopper, 2017; J. Jordan et al., 2013; Lopez & Minassians, 2018

⁹ See n 7.

¹⁰ Namnyak M, Tufton N, Szekely R, Toal M, Worboys S, Sampson EL. (2008) “‘Stockholm Syndrome’: Psychiatric Diagnosis or Urban Myth?” *Acta Psychiatrica Scandinavica*, 117 (1), 1.

¹¹ See christopher Klein, ‘Stockholm Syndrome: The true story of hostages loyal to their captor’ (History news, 9. April 2019) <<https://www.history.com/news/stockholm-syndrome>> (accessed 15 december 2022)

¹² Kaitlin Casassa, Logan Knight, Cecilia Mengo. (2022). Trauma Bonding Perspectives From Service Providers and Survivors of Sex Trafficking: A Scoping Review. *Trauma, Violence, & Abuse*, 23(3), 969–984.8

¹³ Ibid 2

¹⁴ Elizabeth K. Hopper. (2017). Polyvictimization and developmental trauma adaptations in sex trafficked youth. *Journal of Child and Adolescent Trauma*, 10(2), 162.

“When, after a violent incident, strong emotional bonds are established in order to connect two people, there is the installation of a trauma called by the literature as trauma bonding. It is an emotional dependence between two people, in a relationship characterized by periods of abuse, violence and power imbalance, with bonds of intense connection, cognitive distortion and behavioral strategies of both individuals that paradoxically strengthen and maintain the bond, which is reflected in the vicious cycle of violence.¹⁵”

For the purpose of this deliverable as part of the HEROES project, this emotional bond is analysed in the context of human trafficking and child sexual abuse/exploitation, where cases of trauma-bonding often occurs. In such cases, traffickers take control of the victim by demonstrating negative and positive behaviours in order to create some sort of attachment bond and gratitude in their favour. Jordan et al. described this as “the use of reward and punishment, acceptance and degradation”¹⁶.

Some authors go further to describe it. *Inter alia*, Sanchez et al. write that traffickers engage in “cognitive and emotional manipulation” with the trafficked person¹⁷. As a result, Hopper adds, the latter would feel “indebted and grateful for any affection and attention they receive despite the abuse”¹⁸. According to research, those who develop a trauma bond tend to protect their trafficker or abuser and might not feel safe to leave or seek help as they rationalise their stay by making excuses on behalf of the trafficker¹⁹.

The study of trauma bonding is a phenomenon that started recently in the context of human trafficking; therefore, there is no full understanding of its prevalence in this crime as not all victims experience a trauma bond but do experience some sort of mental health consequence. In cases of sexual exploitation or sexual abuse of children, Hill explains that a child’s abusive experience outweighs their ability to cope, which leads to depression, anxiety, and other mental health challenges where eventually violence seems normal to them²⁰. She continues to say that when a child is subjected to the concurrent and alternating positive and negative behaviour of the abuser, a child becomes co-dependent and separating oneself from the abuser becomes difficult. Those children, in addition to what is listed before, are unable to frame their experience of sexual abuse as of an abusive nature and lack power to stop it.

Both minors and adults develop a survival behaviour to cope, including developing a “bi-directional bonding within the relationship with the abuser”²¹ as a necessary step for their survival. This bond explains why victims do not run away, they keep coming back to the trafficker because this person is providing them with food, shelter, clothing and other basic life needs. Therefore, they become dependent on that person and attached to them in a way that they do not want to leave them nor turn them in or testify against them²². Graham has also found that there are similarities between hostage victims and victims of abuse (such as CSA/CSE) as both these groups of victims adopt a survival mechanism that includes an emotional bond, as explained above²³.

¹⁵ Nicole de Queiroz Lima Fonseca, Bruno Quintino de Oliveira. (2021). Trauma Bonding: concepts, causes and mechanisms in intimate relationships. Revista Científica Multidisciplinar Núcleo do Conhecimento. Year. 06, Ed. 11, Vol. 06, 60.

¹⁶ Jodi Jordan, Bina Patel, Lisa Rapp. (2013). Domestic minor sex trafficking: A social work perspective on misidentification, victims, buyers, traffickers, treatment, and reform of current practice. Journal of Human Behavior in the Social Environment, 23(3), 361.

¹⁷ See n 7, 29.

¹⁸ Elizabeth K. Hopper. (2017). Polyvictimization and developmental trauma adaptations in sex trafficked youth. Journal of Child and Adolescent Trauma, 10(2), 162.

¹⁹ Lori Lawrenz, Nancy Lovering. What is Trauma Bonding (PsychCentral, 13 September 2022)

<<https://psychcentral.com/relationships/what-is-trauma-bonding>> (accessed 25 November 2022)

²⁰ Tamara Hill, 9 Signs of Traumatizing Bonding: “Bonded to the abuser” (PsychCentral, 8 September 2015)

<https://psychcentral.com/blog/caregivers/2015/09/9-signs-of-traumatic-bonding-bonded-to-the-abuser#1> (accessed 21 November 2022)

²¹ Ibid.

²² Shirley Julich, ‘Stockholm Syndrome and Child Sexual Abuse’ (2005) 14 Journal of Child Sexual Abuse 109

²³ Ibid.

3.1 Online grooming and trauma bonding

A trauma bond is never established on its own. Perpetrators intentionally seek to cultivate an attachment bond with the victim as a strategy to manipulate and control them (See sub-section 4.2). In THB and child sexual abuse cases, grooming of victims is found to be one of the common ways to develop trauma bond.

Grooming of children is defined as the process during which a person builds trust and emotional connection with a minor in order to manipulate them and abuse them more easily, e.g.: recruit them for sex trafficking. Nowadays, technology plays a big part in grooming and recruiting victims of trafficking. In a study conducted in 2020 with service providers, almost all participants acknowledged that the internet plays a significant role in facilitating CSA/CSE when parents also lack awareness of online risk factors²⁴. In this aspect, research has indicated that the internet, and more specifically social media and online marketing platforms, are gateways for facilitating these crimes²⁵. On these platforms, perpetrators are able to identify and target minors easily, which means that victims of these crimes get to first know the person who later becomes their trafficker online rather than in person.

In order to understand how online grooming might contribute to developing a trauma bond, it is important to mention the different stages of online grooming that are used by perpetrators and might be similar to offline grooming²⁶:

The first stage consists of the act of targeting minors, during which perpetrators identify young persons based on their social media content and their posts²⁷. They then use this information to create fake profiles online and may introduce themselves as having the same age and interests as the targeted person in order to build a relationship with them²⁸. The conversations held online are often asked by the perpetrator to be kept private, this way the trafficker ensures that the victim is isolated from any other person who can see the chats and could step in to help.

The second stage is a common element that perpetrators engage in to build trust and affection with the victim. In this stage, the trafficker starts exhibiting behaviours of love and admiration where the trafficker would complement the minor, give them attention, send gifts, and maintain a constant connection with the potential victim. As it will be explained in the next section, this method of approaching minors is very dangerous for those who have bad childhood experiences and do not have this sort of attention given to them in their daily lives. At this level, the bond starts to take place.

The next stage encompasses a constant and consistent presence of the trafficker in the victim's life where the perpetrator might take the role of a friend or even a lover. If a romantic relationship is established between the two parties, the victim at this point might not be aware of what is a normal relationship and what is not, as the perpetrator works on blurring the line between what is normal and what is abnormal²⁹. They start building a net of trust with the victim through sharing similar problems and showing them empathy and understanding³⁰. There is no specific timeline during which trust can be established online as it differs from case to case; however, in the cases of minors who experience a lack of affection at home and are in search of love and family, it is sometimes easy for the trafficker to quickly earn their trust. Dr. Bouché V. found that minors that have met their controllers online trusted them so quickly, and just in a few months, for a number of reasons

²⁴ Jennifer E.O'Brien, and Wen Li, (2020) 'The role of the internet in the grooming, exploitation, and exit of United States domestic minor sex trafficking victims', *Journal of Children and Media*, 14(2), pp. 187–203.9

²⁵ Ibid 3

²⁶ Paola Pasca, Fulvio Signore, et al. (2022). Detecting online grooming at its earliest stages: development and validation of the Online Grooming Risk Scale. *Mediterranean Journal of Clinical Psychology*, 10 (1). 3

See also InHope, 'The Stages of Grooming' <<https://www.inhope.org/EN/articles/the-stages-of-grooming>> accessed 14 September 2023

²⁷ See Stop the Traffik - People Shouldn't Be Bought & Sold, 'Online Grooming and Trafficking: What's The Link?' <<https://www.stopthetraffik.org/online-grooming-trafficking-whats-link/>> accessed 4 April 2023

²⁸ See INHOPE, 'Recognise the Stages of Grooming' (6 April 2022) <<https://www.inhope.org/EN/articles/the-stages-of-grooming>> accessed 4 April 2023

²⁹ See n 24

³⁰ See n 27

including feeling like they found love and family, or they have been given promises of romance, and the controller does that by using psychological coercive language and action to keep the victim from leaving³¹.

After that trust is built, the perpetrator uses coercion, deception and even threats in order to pressure the victim into engaging in sexual activities such as forcing them to send sexual images or videos of themselves. Although minor victims might not have been exposed to online sexual content, in order to incentivise them, the perpetrator exposes the child to sexual content by sending it to them, enacting sexual fantasies and talking about it, which eventually would facilitate CSA and CSE³².

The last stage is when the offender gains control over the victim. After the victim has shared their images and videos, they might feel ashamed and afraid that the perpetrator shares this content with others. In these cases, the perpetrator plays on the secrecy and feelings of shame and fear in order to maintain control over the victim. This could eventually lead to sextortion, where the perpetrator threatens the victim to disseminate the sexual content for the purpose of procuring more content from the victim³³. This makes it harder for the victim to escape the abusive relationship.

As Ioannou et al. said, in each stage the perpetrator uses specific strategies to enable grooming and are integral to meeting the child offline³⁴. These authors have found that online offenders have skills to online groom a minor in a shorter time than it takes to do it offline since they have unlimited access to victims and can easily be active in multiple chat rooms with different victims³⁵.

Even though grooming differs when the perpetrators meet the victim in person and grooms them, it is clear that online grooming has almost the same effect and consequences as offline grooming. As explained in this sub-section, the perpetrator alternates between loving and abusive behaviours with the victim by using psychological coercion techniques and builds a strong relationship with them: either a romantic one (such as the case of the loverboy phenomenon which will be explained in sub-section 4.2) or a friendly and family one. In either case, the victim does not see their abuser as a trafficker nor are they aware that they are being sexually abused or exploited, and eventually because of the secrecy and the feelings developed toward the perpetrator, they do not want to leave the abusive situation. As these characteristics follow the definition of a trauma bond, it is therefore safe to conclude that, in some cases, online grooming does contribute to the development of a trauma bond in THB and CSA/CSE.

³¹ Dr. Vanessa Bouché, (2015) 'A Report on the Use of Technology to Recruit, Groom and Sell Domestic Minor Sex Trafficking Victims' (Thorn, Digital Defenders of Children) 11

³² See n 27

³³ Justin W. Patchin and Sameer Hinduja. (2020) 'Sextortion Among Adolescents: Results From a National Survey of U.S. Youth', *Sexual Abuse*, 32(1), 30.

³⁴ Maria Ioannou et al. (2018) 'A comparison of online and offline Grooming characteristics: An application of the victim roles model', *Computers in Human Behavior*, 85, pp. 291–297. 2.

³⁵ Ibid 3

4. Psychological coercion and their impact on the increased likelihood of trauma bonding

Trafficking in human beings, according to the Palermo Protocol³⁶, refers to

The recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation.

This definition hereby means that perpetrators engage in trafficking acts by using coercive techniques, including psychological coercion. In this sense, coercion means “the ability to persuade someone to do something by the use of force or threats”³⁷.

In the next sub-sections, it will first be explained how victims of labour trafficking exhibit some signs of trauma bonding with the trafficker based on the elements of dependency on their trafficker and the control that the latter exhibits on them. Analysing the situation of victims of labour trafficking would therefore help us understand trauma bonding in trafficking in general and would lay down the basis for identifying psychological coercive techniques that are commonly used by traffickers in the case of child sexual abuse/exploitation, as will be demonstrated in the second sub-section. In order to grasp the effects of a trauma bond, it will be lastly explained in short terms the biological impact of this trauma on the brain of the victim.

4.1 Labour Trafficking: The relation between dependency, control and the development of a trauma bond

As Weatherburn explained, in the context of labour exploitation, there is a problem of “power relation” between the exploiter and the exploited, meaning that parties are seen as unequal with a disproportionate bargaining power and where the basic needs of one are not accessible³⁸. She explains that vulnerability is closely related to not having the bare minimum which explains the level of dependency that the exploited party has towards the exploiter³⁹. To better understand this situation, the author writes that the phases of the exploitation are crucial in understanding how the disproportionate power relation between the two parties came to be. Chronologically, one has to take into consideration the background of the situation and the victim’s past (before the exploitation), the procedural phase (during the exploitation), and the substantive phase (after the exploitation). These phases construed the circumstances that created the vulnerability of the victim which the traffickers manipulate in order to practice control as a form of coercion. Whilst it is important to identify this vulnerability, there is no common feature to it as each case is personal and different from the other.

Indeed, in discussing labour trafficking, a trauma bond may not include an emotional bond at first but rather full dependency on the trafficker for basic needs such as food, shelter, and assistance with language barriers (in cases where the victim is a migrant and does not speak the language of the country nor knows the available legal and social assistance, which weakens the independence of the worker)⁴⁰. Weatherburn goes further to demonstrate that in labour exploitation there are two crucial elements that define an exploitive situation, namely: “**dependency and the totality of the situation.**”⁴¹ In a first instance, the element of dependency is illustrated by a continuum of grooming the victim after which a shift in the behaviour of the trafficker will take place, in the sense that the victim is faced with deteriorating working conditions and conditioned to accept the

³⁶ UNODC, “United Nations Convention against Transnational Organised Crime and the Protocols thereto” <<https://www.unodc.org/unodc/en/organized-crime/intro/UNTOC.html>> (accessed 28 September 2022)

³⁷ R v DS, RU (unreported, 22 February 2013) Portsmouth Crown Court, United Kingdom

³⁸ Amy Weatherburn. (2020). Clarifying the scope of labour exploitation in human trafficking law: towards a legal conceptualisation of exploitation, 152.

³⁹ Ibid 155.

⁴⁰ Antonio Pascual-Leone, Jean Kim and Orrin-Porter Morrison, ‘Working with Victims of Human Trafficking’ (2017) 47 Journal of Contemporary Psychotherapy 52.

⁴¹ See n 38.

situation as it is⁴². In this regard, the dependency inflicts the element of control that the trafficker has over the resources of the abused and overall, control over these victims. Whilst the exercise of control can be limited to withholding the victim's salary for instance, it can also be "exerted via the threats or use of physical violence and an aggressive personality⁴³" to secure compliance.

The second element of the totality of the situation depicts that the victim encounters difficulties to change circumstances and to leave the exploitive relationship considering the financial restraints put by the trafficker and the isolation that the victim might be trapped in. It is the state of mind of the individual that makes them think that there is no way out.

As traffickers take advantage of the vulnerability of the victim stripped from their basic needs, this implicates the lack of respect of the victim's human dignity. When dissecting these two elements mentioned above, this author continues to explain that "dependency and lack of alternatives are closely related to discussion around voluntariness and imbalance of bargaining power"⁴⁴.

Those who have been in forced labour trafficking might have also experienced sexual abuse at the hands of the trafficker which could eventually mean that in addition to feeling dependent, the victim develops an emotional bond and positive feelings towards the abuser as is the case of victims of sexual exploitation.

Thus, the attachment created by an imbalance of power as explained in this sub-section implies that such an imbalance is not only existent in labour trafficking but also in sex trafficking, as the misappropriation of power between the two parties is accompanied by intermittent abuse, which is a characteristic of punishment and reinforcement treatment that fosters traumatic bonding. This attachment bond therefore becomes extremely difficult to resolve as it is "characterized by paradoxical complexities of abuse, control, and dependence, coupled with strong feelings of affection for the abuser, such as love, admiration, and gratitude"⁴⁵.

4.2 Forms of psychological coercion in the case of CSA/CSE: An overview

As they tend to lure the vulnerable into their trap, traffickers intentionally approach those who have already been susceptible to past traumatic events, drug usage, and mental disorders that have not been treated⁴⁶ and feed on these experiences as a form of psychological coercion technique. As the literature on trauma bonding has reflected, a trauma bond may occur without the existence of childhood trauma but the prevalence of past experiences of abuse and exploitation, such as child neglect, increases the chances of developing trauma coercive bonding in CSA and CSE in case they have not been treated with the help of a professional such as a psychotherapist⁴⁷.

In sex trafficking, the connection between trauma bonding and past life experiences tends to encompass many factors. As Cassasa et al. demonstrated, trafficked persons for the purpose of sexual exploitation are "struggling with low self-esteem, feeling a strong need for love and belonging, often have difficulty establishing healthy relationships with clear boundaries, and have confusion about what constitutes kindness, safety, and love⁴⁸". Franchino-Olsen added that "[E]xposure to maltreatment early in life often leaves survivors with an internalized normalization of violence and dysfunction, which coupled with the effects of trauma, including poor coping skills, exacerbate vulnerability, making such individuals easier to deceive, control, and exploit"⁴⁹.

⁴² Ibid 279.

⁴³ See n 34, 275.

⁴⁴ See n 38.

⁴⁵ Kaitlin Casassa, Alexa Ploss, and Sharvari Karandikar (2023), "'He Loves Me Hard and Then He Abuses Me Hard': How Service Providers Define and Explain Trauma Bonds Among Sex Trafficking Survivors," *Violence Against Women*, 1-24, 4

⁴⁶ Ronald Chambers, Matthew Gibson, Sarah Chaffin, Timothy Takagi, Nancy Nguyen & Toussaint Mears-Clark (2022): Trauma-coerced Attachment and Complex PTSD: Informed Care for Survivors of Human Trafficking, *Journal of Human Trafficking*, 3.

⁴⁷ Kaitlin Casassa, Logan Knight, Cecilia Mengo. (2022). Trauma Bonding Perspectives From Service Providers and Survivors of Sex Trafficking: A Scoping Review. *Trauma, Violence, & Abuse*, 23(3), 8.

⁴⁸ Ibid 9.

⁴⁹ Hannabeth Franchino-Olsen. (2021). Vulnerabilities relevant for commercial sexual exploitation of children/ domestic minor sex trafficking: A systematic review of risk factors. *Trauma, Violence & Abuse*, 22(1), 99–111, 4.

Indeed, Fonseca et al. elaborate that those who since childhood have been subjected to increased levels of stress triggered by violent situations (abuse, being abandoned, etc.) unconsciously end up being attached and attracted to those people who show abusive and dominant behaviour (in our case, their trafficker). Even though this generates emotions of fear, shame and abuse, victims tend to stay in this situation as they are accustomed to it⁵⁰.

A question arises here: How do traffickers take advantage of this vulnerability, and what are the consequences?

In order to answer this question, it is important to note that studies have shown that trauma bonding is not an incidental consequence of trafficking. That being said, traffickers intentionally manipulate victims in a strategic manner in order to create the emotional bond between them and the trafficked person⁵¹.

In our case of CSA and CSE, Hom & Woods divided psychological coercion into two phases: before the abuse and during it⁵². The first phase encompasses the circumstances that led the person to be lured into sex trafficking. As explained before, this is related to past negative life events. Hom & Woods go further to detail that

“These antecedent events usually revolved around the difficult home lives with many of the women coming from abusive families. Several service providers noted that rape was often the first sexual encounter these young women had. Minors and young women were used by family members and friends of the family as sexual objects, being rented out from their own house, or being raped by a foster parent. This abuse and domestic violence often led to the young woman or girl running away from home and eventually being recruited by a pimp⁵³.”

Eventually, traffickers start grooming the victims and building a net of trust with them by showing them affection, love, making them feel safe and making each one of them feel special. Ultimately, providing them with what they have been denied as children. Casassa et al. call this “a romantic element” that camouflages the real intent of the trafficker⁵⁴.

In this phase, attention should also be driven to what is called “**The Loverboy Phenomenon**” existing in the sphere of sexual exploitation of mostly young girls and women. Payoke⁵⁵ - an NGO working against the trade and exploitation of people located in Belgium - defined a loverboy to be “teenage pimps or boyfriend pimps, also called Romeo pimps who seduce victims to exploit them in prostitution⁵⁶”. Loverboys target vulnerable and disadvantaged young girls who are in difficult situations, they provide them with attention, love and a promise of a better future. As Payoke described it, “loverboys tactics have become one of the most common *modus operandi* exploiters use in recruiting and grooming their victims. There is a common pattern in the way loverboys operate: gifts, love, drugs and, as a final step, initiation to prostitution. The exploiter knows that once a girl is emotionally involved, she will be ready do whatever she can to get his affection⁵⁷”. It is important to note that loverboys do not just pray on girls but also young boys. As the pimp creates this romantic relationship with the victim, the victim gets attached, become deeply in love and would do anything for the trafficker. This phenomenon is another example of how a trauma bond is formed in THB and CSA/CSE, where victims who - usually are teenagers in this case - have a strong confidence in the relationship they have with the pimp. These victims share common personality traits such as low self-esteem and easy to get addicted to

⁵⁰ Nicole de Queiroz Lima Fonseca, Bruno Quintino de Oliveira. (2021). Trauma Bonding: concepts, causes and mechanisms in intimate relationships. *Revista Científica Multidisciplinar Núcleo do Conhecimento*. Year. 06, Ed. 11, Vol. 06, 67.

⁵¹ Kaitlin Casassa, Logan Knight, Cecilia Mengo. (2022). Trauma Bonding Perspectives From Service Providers and Survivors of Sex Trafficking: A Scoping Review. *Trauma, Violence, & Abuse*, 23(3), 10.

⁵² Kristin A Hom and Stephanie J Woods, Trauma and Its Aftermath for Commercially Sexually Exploited Women as Told by Front-Line Service Providers (2013) 34 *Issues in Mental Health Nursing* 75, 76

⁵³ Ibid 77.

⁵⁴ Kaitlin Casassa, Logan Knight, Cecilia Mengo. (2022). Trauma Bonding Perspectives From Service Providers and Survivors of Sex Trafficking: A Scoping Review. *Trauma, Violence, & Abuse*, 23(3), 10.

⁵⁵ See <<https://www.payoke.be/en/>>

⁵⁶ Payoke, The stories behind the loverboy phenomenon (2014) <<https://www.payoke.be/en/2018/12/19/the-stories-behind-the-loverboy-phenomenon/>> accessed 14 December 2022

⁵⁷ Ibid.

any person who shows them love and affection; and as it was stated by De Ceuster – an educator who previously worked as a social assistant with Payoke – that these people come from different backgrounds yet share common stories such as past sexual abuse, parents who were not always there, which made them prone to falling victims of a loverboy⁵⁸.

Later on, and after the person has been tricked into sexual abuse/exploitation, the second phase begins. In this phase, during the trafficking, perpetrators start exercising control over victims by alternating between violent and non-violent actions in order to ensure compliance. On the one hand, traffickers may isolate the victim from reality and the outside world by making any other source of support inaccessible. Van der Kolk clarifies that “[P]ain, fear, fatigue, and loss of loved ones and protectors all evoke efforts to attract increased care. When there is no access to...other sources of comfort, people may turn toward their tormentors.⁵⁹” On the other hand, violent control involves physical abuse, such as rape, beating, starvation and coercion into using drugs⁶⁰. Indeed, introducing drugs and substance use to these people is a strategic move made by traffickers in order to make these persons dependent on them for chemical sustainability⁶¹. Therefore, making it harder on victims to detach from the trauma bond.

In sum, all these forms of psychological coercion increase the chances of trauma bonding and eventually lead to deeply rooted psychological trauma including PTSD, disassociation, and anxiety⁶². All these mental health repercussions lead to re-victimisation of victims of THB, exactly what the HEROES project is intending to address in this deliverable.

What interests the HEROES project is ultimately how this trauma bond affects the victim’s cooperation with LEAs and service providers. This will be discussed in detail in the next sections. However, it should be emphasised that one of the extreme effects of psychological coercion on the trafficked person is the distortion of the person’s perception of being victimised⁶³ and seeing their trafficker as the protector. Thereby this results in non-cooperation of the victim with government officials and investigators as victims tend to protect the trafficker. As Cassasa et al. concluded, victims idolise their traffickers, love them, and feel obliged towards them⁶⁴.

What makes the job of investigators and service providers harder is that the trauma bond does not cease to persist even after the victim has escaped, meaning that even after the abuse is over and the victim is out of that vicious cycle, the victim will experience mixed feelings towards the trafficker and the need to protect them, which might interfere with the investigation and assistance⁶⁵.

4.3 Biological impact of trauma and their effects of psychological coercion on the brain

It is noticeable that trauma bonding impacts the functionality of the brain of the victim. In this context, whatever method of psychological coercion used by the trafficker, the demonstration of biological effects on the victim would explain the correlation between trauma bonding and why the victim behaves in a certain way during investigation.

⁵⁸ Patsy Sorensen, ‘Loverboys: The Stories behind the Loverboy Phenomenon’ (Payoke, 2014) 13

⁵⁹ Office to monitor and combat trafficking (2020). Trauma bonding in Human trafficking. United States Department of State, 1.

⁶⁰ Kristin A Hom and Stephanie J Woods, Trauma and Its Aftermath for Commercially Sexually Exploited Women as Told by Front-Line Service Providers (2013) 34 Issues in Mental Health Nursing 75, 77

⁶¹ Ibid.

⁶² See n 52, 78.

⁶³ Yvette Yong. The Bond That Harms: The Impact Of Trauma Bonding On Human Trafficking Victims (Forbes, 2019).

<<https://www.forbes.com/sites/civcnation/2019/11/06/the-bond-that-harms-the-impact-of-trauma-bonding-on-human-trafficking-victims/?sh=76f2b80252c3>> accessed 30 September 2022

⁶⁴ Kaitlin Casassa, Logan Knight, Cecilia Mengo. (2022). Trauma Bonding Perspectives From Service Providers and Survivors of Sex Trafficking: A Scoping Review. Trauma, Violence, & Abuse, 23(3), 9.

⁶⁵ Ibid.

The human brain, with all its complexity, is affected by the continuous and frequent psychological coercion⁶⁶. The impact of trauma bonding is found at the neurological level, and at every exposure of trauma, “the limbic system, the brain’s emotion center, over-activates, and the prefrontal cortex, the brain’s logic center, shuts down”⁶⁷. Some experts explain this as being a “disruption of self-development” in CSA and CSE victims⁶⁸. Indeed, Fonseca et al. explained that many hormones, such as oxytocin, play a role in strengthening the trauma bond with the abuser. Fonseca et al. continue to write that since oxytocin is a hormone responsible for emotions of pleasure, and dependency, and other hormones like dopamine - responsible for desire -, are also involved, it is hard for the victim to regulate their emotions and thereby hard for them to make decisions⁶⁹. This may cause the victim to be dependent on their abuser, as they are addicted to the highs and lows of the cycle of abuse and what it triggers biologically.

In a study conducted in 2023 with service providers, one of the participants explained that

“The brain gets used to these really intense relationships and the rush of chemicals that come with it, even though it might not always be pleasant, but it is very intense. If that’s what you’ve known in a relationship is that intensity, then it becomes very difficult to have a normal relationship because the good, much less intense loving feelings don’t feel as intense, so it doesn’t feel as real”⁷⁰.

Indeed, many participants in that study mentioned oxytocin and demonstrated that

“It [oxytocin] reduces pain, creates a little bit of fuzziness about a memory, and it creates bonding to a perpetrator. Usually that in the context of childbirth, because people love their babies who cause all this pain. The same thing happens when we’re abused by another person, and I think that helps to kind of explain at least a little bit of the physical piece”⁷¹.

⁶⁶ Nicole de Queiroz Lima Fonseca, Bruno Quintino de Oliveira. (2021). Trauma Bonding: concepts, causes and mechanisms in intimate relationships. *Revista Científica Multidisciplinar Núcleo do Conhecimento*. Year. 06, Ed. 11, Vol. 06, 64.

⁶⁷ Office to monitor and combat trafficking (2020). Trauma bonding in Human trafficking. United States Department of State, 1.

⁶⁸ Rosario V Sanchez, Patricia M Speck, Patricia A Patrician. (2019). A concept analysis of trauma coercive bonding in the commercial sexual exploitation of children. *Journal of Pediatric Nursing* 46, 1.

⁶⁹ See n 50, 65.

⁷⁰ Kaitlin Casassa, Alexa Ploss, and Sharvari Karandikar (2023), “‘He Loves Me Hard and Then He Abuses Me Hard’: How Service Providers Define and Explain Trauma Bonds Among Sex Trafficking Survivors,” *Violence Against Women*, 1-24, 9.

⁷¹ Ibid 16.

5. Impact of trauma bonding on THB, CSA/CSE victims, service delivery and the justice system

Trauma bonding has significant implications on THB and CSA/CSE victims. Some of these implications, as listed by Casassa et al., include that:

- (a) “attachment to the perpetrator prevents survivors from leaving abusive situations
- (b) attachments motivate survivors to protect perpetrators from legal consequences, such protections may extend to moral responsibility, as survivors often blame themselves for the perpetrators’ abusive actions or accept such acts as warranted or even loving, despite the harm that is inflicted; and
- (c) survivors grow distrustful of outside or institutional systems that can offer help or protection (i.e., social services and police) as they internalize the perpetrator’s perceptions of such systems as well as a sense of guilt (Sanchez et al., 2019), making survivors unlikely to utilize such services”⁷².

In the next sub-section, it will be explained how these implications affect the work of LEA and service providers when having to work with a victim of a trauma bond. In this sense, it will be seen that communication, assistance and cooperation with these victims need a specific and different approach to be utilised by stakeholders.

5.1 Trauma Bonding impact on service providers: Challenges of identifying victims

When talking about challenges regarding the identification of trafficked persons, there are providers-related barriers that make this identification more difficult. As explained previously, those who have a bond with their traffickers might not just protect the trafficker but might also not self-identify as a victim or identify their abuser as a trafficker. Murdock et al. have studied these barriers vis-à-vis youth victims and demonstrated that

“Many survivors do not disclose their victimization status for a variety of reasons, such as not self-identifying as victims, not being aware of their exploitation, or carrying feelings of shame or self-blame. For instance, 95% of female adult and adolescent sex trafficking survivors reported experiencing either physical or sexual violence that occurred during their period of exploitation; 90% reported threats to themselves; 57% indicated that they had sustained physical injuries; and 35% reported threats to family.”⁷³

These authors added that these victims (including minors) also fear judgment from providers, punishment from traffickers, or prosecution since traffickers make them believe that they did something wrong that the law would punish them for. In addition, research has found that THB victims require 20 times more the attention than providers give to domestic violence victims for example⁷⁴. Providers reported that these victims have greater mental health needs, are less stable than other patients and have severe trauma⁷⁵.

Studies confirmed that a big percentage of THB and CSA/CSE victims seek help in EDs, this includes minors who also seek free clinics for an urgent care emergency. For example, In the US, 28 to 87,8% of THB victims encounter health services while being under the control of the trafficker. Indeed, health services are considered one of the important access points for THB victims to seek help. Health care professionals play a crucial role in preventing, identifying, and treating health issues resulting from being trafficked. In addition, and as Casassa et al. mentioned, social workers are also great service providers for victims of sex trafficking considering that

⁷² Kaitlin Casassa, Alexa Ploss, and Sharvari Karandikar (2023), “‘He Loves Me Hard and Then He Abuses Me Hard’: How Service Providers Define and Explain Trauma Bonds Among Sex Trafficking Survivors,” *Violence Against Women*, 1-24. 4

⁷³ Lisa Murdock, CandiceHodge-Williams, KaitlinHardin, and CoreyJ.Rood. (2022). Youth Survivor Perspectives on Healthcare and Sex Trafficking. *Journal of Pediatric Nursing* 66, 96.

⁷⁴ Cathy Zimmerman, Mazeda Hossain, Katherine Yun, and others. (2018). ‘The Health of Trafficked Women: A Survey of Women Entering Posttrafficking Services in Europe’ (2008) 98 *American Journal of Public Health* 98 (1), 55.

⁷⁵ Ibid.

they provide a wide range of services including “advocacy, case management, therapeutic services, and addiction counselling, across a variety of settings including emergency rooms, health clinics, behavioral health facilities, shelters, domestic violence programs, community drop-in centers, residential facilities, and substance use treatment centers⁷⁶”, which makes them important stakeholders in identifying and supporting victims of such crimes.

For that, these stakeholders should provide a safe space for trafficking patients so that they feel safe and trust the provider to disclose their situation. Nonetheless, there remains a lack of awareness on the subject of trauma bonding and survivor-informed protocols that these providers should adopt, since “48% of survivors reported no one asked me questions about my situation, 23% reported little privacy, 19% reported feeling rushed, and 14% reported wanting to talk about it but did not due to lack of trust in the healthcare provider (HCP)”⁷⁷.

It is important for service providers to be acquainted with the term trauma bonding in order to be able to identify, respond and care for victims of human trafficking. In order to prevent re-victimisation, as this deliverable intends to help with, service providers’ personnel should adopt a trauma-informed care approach. In fact, Mumma et al. distinguish between traditional medical care that might exacerbate the re-victimisation of the patient and a trauma-informed approach designed specifically for THB and CSA/CSE victims.

For healthcare providers, Mumma et al. explain that when a patient comes in and there are signs and indicators of human trafficking, the healthcare provider should conduct an assessment to determine whether the patient has been trafficked or sexually abused by using the trauma informed care approach⁷⁸.

As this approach is explained in detail in D7.3 (Multidisciplinary Teams Framework), this deliverable will focus on some of its the elements as written by the literature. In this aspect, this approach includes⁷⁹:

- Holding a private confidential conversation with the patient and not including even family members since they might be perpetrators. Only a professional interpreter can be present. However, confidentiality should be limited in cases of CSE and CSA since it involves minors and there might be mandatory reporting of the case to the concerned state authorities depending on the applicable legislation and relevant procedural rules in these cases.
- The conversation shall include a set of different questions for adults and minors that would help the provider to validate the presence of THB and CSA.
- The service provider should adopt a patient-centred conversation, where victims are not required to answer questions that they do not want to discuss yet, and where there is no judgment expressed toward them.
- Even though the patient might not disclose being trafficked, the healthcare personnel should provide the patient with optional resources that would meet the patient’s physical and psychological needs, including national and local resources, such as a Hotline to call. In this aspect, involving and coordinating with advocates, social workers and case managers is highly recommended.
- Mumma et al. described another important factor of this approach: the service provider is not allowed to involve LEAs unless the patient expresses their explicit consent and desire to contact law enforcement⁸⁰. For example, children who left their abusive homes are afraid of being returned to it by the LEA. This is why trafficked persons tend to have a “socially acceptable story” told to service providers in order to avoid suspicion. Otherwise, in case the victim does not desire to involve the

⁷⁶ See n 72, 2.

⁷⁷ Ibid.

⁷⁸ Bryn E. Mumma, Wendy Macias-Konstantopoulos, and Hanni Stoklosa, ‘Human Trafficking’ in Harrison J Alter and others (eds), *Social Emergency Medicine* (Springer International Publishing 2021) 1

⁷⁹ Jamie Shandro, Makini Chisolm-Straker, Herbert C. DuberHuman, et al. (2016) *Trafficking: A Guide to Identification and Approach for the Emergency Physician*. *Annals of Emergency Medicine* 68 (4), 503. See also Elizabeth K.Hopper. (2016). *Trauma-Informed Psychological Assessment of Human Trafficking Survivors*. *Women & Therapy*, 40 (1-2). 12-30

⁸⁰ Ibid.

police, the trust built between them and the service provider would be shattered and therefore the victim would not consider receiving help again. Eventually, this would lead to re-victimisation.

Even though service providers might have received some training on THB, it is crucial for them to be able to identify signals of trauma bonding when a patient comes to seek help. In fact, they should have the necessary skills to identify victims that are not only exploited sexually but also labour trafficked. Furthermore, according to Stoklosa et al., professionals “must be trained about THB from a human rights perspective”⁸¹. For that reason, Deliverable 7.2 develops a protocol to identify signs of trauma in CSA and CSE that will allow all parties concerned (LEAs, service providers, government officials, etc.) to recognise if the victim has experienced trauma bonding.

In addition to the aforementioned, in order for the trauma care approach to be effective, there are a number of factors that should be avoided by medical care staff. Since ED are accessible by patients 24/7, trafficking and CSA/CSE victims might seek help there. However, as Mumma et al. expressed, ED services fail to identify victims of THB and those at risk⁸². That is for a number of reasons, including non-private locations for examination and the victim being accompanied or visited by the “might-be trafficker”. This might be an inconvenience since THB victims who have developed trauma bonding tend to protect their trafficker or are scared of them, eventually they are not able or do not want to disclose to the service provider that they are in danger. Marcinkowski et al. added that the medical staff is not always prepared for such cases and is not properly equipped to address such situations⁸³. Training in identifying indicators of THB is therefore necessary (See Deliverable 4.4 “Manual for early identification of potential victims of THB and of CSA/CSE4”). In this aspect, when a medical practitioner, or any other service provider, is in contact with a person who shows physical and psychological signs of sexual abuse and exploitation, they should be aware of the indicators that help identify THB victims.

Inter alia, Shandro et al. listed the following red flags⁸⁴:

- Those accompanying the patient are reluctant to leave the patient alone with the healthcare provider. As explained above, these people may be the trafficker of the patient, so the care team should not rule out the presence of THB even if the accompanying person is a partner, a family member, or a friend.
- The medical history of the patient is either unknown to them, very vague, or inconsistent with the complaint/injury they came to the ED (or any other service provider) for.
- The patient may demonstrate a strange behaviour coupled with anxiety, irritability, and avoidance of eye contact with the staff.
- The patient is not in possession of their identification papers or has few personal items on them. They may be also unable to give a home address or not know where to go after leaving the ED.
- In case law enforcement becomes involved, or even if the medical practitioner mentions the LEA, the patient acts in a hostile and fearful manner.

Overall, there are some behavioural signs that a victim might show that indicate a trauma bond, including but not limited to⁸⁵:

- Overidentification with the trafficker, meaning that the victim would express conflicting emotions regarding their abuser, or they would identify themselves as being similar to the trafficker.

⁸¹ See n 78.

⁸² Ibid

⁸³ Bridget Marcinkowski, Amy Caggiula, Brandon N. Tran, Quincy K Tran, and Ali Pourmand. (2022). Sex trafficking screening and intervention in the emergency department: A scoping review. *JACEP Open* 3 (1).

⁸⁴ Jamie Shandro, Makini Chisolm-Straker, Herbert C. DuberHuman, et al. (2016) *Trafficking: A Guide to Identification and Approach for the Emergency Physician*. *Annals of Emergency Medicine* 68 (4), 503.

⁸⁵ Nancy Lovering, ‘What is Trauma Bonding?’ (PsychCentral, 22 September 2022) < <https://psychcentral.com/relationships/what-is-trauma-bonding> > (accessed 5 September 2023)

- Feeling grateful and indebted to the trafficker, and this is related to the positive behaviour that a trafficker might show to the victim as a strategic play to control them. In this aspect, if the trafficker for example gives them shelter, food, etc. they would feel that the trafficker loves them and therefore they are indebted to them. In relation to this behaviour, the victim might start showing protective feelings towards the trafficker, this comes as an extension of the feeling of indebtedness towards him.
- Feeling like they deserve to be treated this way, in other words, they justify every act of abuse thinking that they have been treated in such a way because they misbehaved or did something wrong or that the abuser actually needs them, and they have to satisfy them.
- Another sign that is more specific to CSA/CSE, is that the victim allows for the abuse to continue in order to “please the abuser”. They become so overwhelmed with the situation that they eventually give in. The reason behind this behaviour is that the victims is fearful of experiencing more problems and fearful of leaving that they let it happen in order to “keep the problem down”.
- Playing different roles in the life of the trafficker, Hill calls this “wearing multiple hats”⁸⁶. She explains that in case of a child victim, the child might take multiple roles besides being “the abused”, as they might take the role of caregivers to other children who are also under the control of the trafficker. In this case, they lose their identity and their childhood.
- Covering negative emotions whenever the abuser is around. Survivors expressed that in the presence of the trafficker they would not show how they truly feel and instead they mimicked the trafficker’s emotions and hid theirs; “if you are sad and the abuser is happy, you cover your sadness. If you are happy and the abuser is depressed, you cover your elation”⁸⁷.
- When a person develops a trauma bond, and even though they are experiencing violence and being hurt, they tend to desire affection and love from their abuser. Hill added that some of these victims would even sacrifice themselves in order to receive this affection and confirmation from the other⁸⁸.

Survivors who have developed trauma bonding are in need of a coordinated communication between psychiatric and physical healthcare services. In cases of mandatory reporting, pursuant to the national legislation, questions that are asked by a medical practitioner and other service providers can indeed help the LEA in their job. For that reason service providers should have sufficient skills to build trust with the potential victim and be able to separate the victim from the person accompanying them in order to ask questions related to their safety.

This approach does not only encompass CSA and CSE, but also labour trafficking. Those who have been exploited in a labour manner show similar psychological signs to those subjected to sex trafficking such as anxiety, PTSD, suicide attempts, and depression⁸⁹. Other physical complaints must also be taken into account, such as sexually transmitted diseases in CSA and CSE or physical pain and injuries such as back pain, weight loss, etc. in labour trafficked victims⁹⁰.

⁸⁶ Tamara Hill, 9 Signs of Traumatizing Bonding: “Bonded to the abuser” (PsychCentral, 8 September 2015) <<https://psychcentral.com/blog/caregivers/2015/09/9-signs-of-traumatic-bonding-bonded-to-the-abuser#1>> (accessed 21 November 2022)

⁸⁷ See Abuse Warrior, ‘39+ Subtle signs of Trauma Bonding, Can you relate?’ <<https://abusewarrior.com/abuse/signs-of-trauma-bonding/>> (accessed 5 September 2023)

⁸⁸ See n 86

⁸⁹ Eleanor Turner-Moss, Cathy Zimmerman, Louise M. Howard and Siân Oram.(2014) Labour Exploitation and Health: A Case Series of Men and Women Seeking Post-Trafficking Services. *J Immigrant Minority Health* 16, 478.

⁹⁰ Gangmasters & Labour Abuse Authority, ‘Labour Exploitation- Spot the Signs’ 10 <<chrome-extension://efaidnbmnfnkcefnlpcjcllfkdmdkaj/https://www.gla.gov.uk/media/3178/spot-the-signs-glaa.pdf>> accessed 14 September 2023

5.2 Impact of trauma bonding on the investigation and prosecution of THB, CSA/CSE crimes

As this deliverable explained the psychological and biological effects of trauma bonding in THB and CSA/CSE victims, we have concluded that the aftermath of the abuse and the process of recovery from a trauma bond affect the investigation and prosecution process negatively. For that, victims of a trauma bond are the least likely to report their traffickers or seek help considering that traffickers hold control over the trafficked person mentally, emotionally and physically, even after escaping that experience the victim is reluctant from reporting it to the police. Indeed, victims rarely turn to the police, and are unlikely to take a stand against the trafficker⁹¹.

Following the work of Khadraoui and Rijken, the impact of trauma bonding on the work of LEA manifests in “three themes including identification, treatment during the criminal procedure, and (un)-conditional protection”⁹².

Regarding identification, similarly to the challenges faced by service providers, police fail to identify THB and CSA/CSE mainly because of failure to recognise the signals. In addition to the behavioural signals mentioned in the last sub-section, Khadraoui and Rijken noted that it is important to understand the behaviour of the victim including denial of dependency and involuntariness⁹³. Another problem is the non-self-identification as victim of these crimes and the high threshold expected to be held by these victims to cooperate with agents. In addition, and as discussed earlier, the strategies that offenders practice in order to control the victim (such as threat, violence and alternating behaviours) contribute to the fear of retaliation against the trafficker adding to the fact that the offender might have also painted a negative image of law enforcement⁹⁴. The result of such control strategies and the bond formed between the victim and the offender is that victims believe that they are responsible for their victimisation and that they genuinely believe the promises of a better life with the trafficker; these attitudes are difficult to be understood by LEA who have not been made aware of the consequences of a trauma bond.

The second theme includes victim’s participation in criminal proceedings, which is problematic in trafficking and CSA/CSE cases as LEA are expected to be able to do their job with an interest to prosecute and convict perpetrators while taking a victim centred approach vis-à-vis the victim. When a person experiences a trauma bond with their abuser, cooperation with the police is hard to achieve unless some reassurances are given to them and that includes victim’s protection (the third theme). This is because the victim thinks that their abuser would chase them, and eventually hurt their families once they have been reported them to the police. This is where LEA play a huge role in giving and providing the victim assurances by reassuring them that their families and loved ones will not be subjected to any harm. In more concrete words, protecting the loved ones of the victim is a necessity and could be achieved by maintaining international cooperation between the relevant authorities in case the family of the victim is located outside the country where the victim is receiving assistance. In case all individuals are located in the same country then it is for the authorities of that state to protect them.

However, this protection is often linked and conditioned by the victim’s actual cooperation⁹⁵. To explain this further, Khadraoui and Rijken took the example of Western European countries (Italy, Belgium, and the Netherlands) where they deducted that in these countries victims of THB are given a reflexion period (between 30 days and 6 months) during which they can decide whether to file a report with the police and cooperate with them on the case. As Brunovskis mentioned, following the trauma and the stress that accompany the

⁹¹ Molly M.Fleming, The bonds that bind them: Getting sex-trafficking victims out of the game requires complex care, (The Journal record, 20 December 2013) <https://journalrecord.com/2013/12/20/the-bonds-that-bind-them-getting-sex-trafficking-victims-out-of-the-game-requires-complex-care-general-news/> (accessed 28 November 2022)

⁹² Leyla Khadraoui and Conny Rijken, ‘Secondary Victimization of trafficking victims and law enforcement interventions: Theoretical Framework’ (PHIT Project) 3

⁹³ Ibid 6

⁹⁴ See Conny Rijken, Jan van Dijk, and Fanny Klerx-van Mierlo, (2013) ‘Mensenhandel: het slachtofferperspectief. Een verkennende studie naar belangen en slachtoffers mensenhandel in Nederland’ Tilburg University

⁹⁵ See n 92, 11

victim, it is beneficial for them to have a reflecting period given that in case this period is extended, adequate assistance should be given to them⁹⁶. However, requirements to actually grant this period are complicated, as some countries require the slightest indication of human trafficking⁹⁷.

In another instance, special assistance and support should be provided for these victims while undergoing investigations. In other words, a person who has been exploited, harmed physically and mentally might develop a bond with their abuser, which means that psychological assistance should not only focus on the period of exploitation but rather to also encompass pre- and post- vulnerabilities and experiences that play a role in developing such a trauma bond⁹⁸.

Brunovskis and Surtees have also identified several categories of needs that victims of trafficking have, including housing, mental well-being, legal assistance, security, and safety⁹⁹. Nevertheless, if the victim decides to cooperate with the police, in practice this assistance is only granted for the duration of the investigation, which is quite problematic and therefore does not provide the vulnerable victims with enough reassurances to initially participate in the investigations¹⁰⁰.

Furthermore, it should be noted that, in principle, THB and CSA/E crimes can be prosecuted without the need of a victim's report or witness¹⁰¹. However, in practice and in order to have a successful trial against traffickers, prosecution demands cooperation from the victim. Despite the reluctance of the victim to cooperate, victims of trafficking know what role their statement plays in a courtroom. The prosecution turns to these victims not just for their statements that have been given to the police, but also to its ratification with live testimony during the trial before a judge. For that reason LEA often ask those victims repeated detailed questions that a traumatised person might have difficulties to answer and might give inconsistent testimonies. While this method of questioning constitutes a problem for these victims, during criminal proceedings, victims might experience troublesome interactions with LEA, as some feel ridiculed, some get interrupted while telling the story, and for female victims of THB and CSA/E having to speak to male policemen can be intimidating and they might feel misunderstood¹⁰².

During the investigations, agents should avoid using terms and speaking methods that inquire that the victim did something shameful, intentional and wrong. When we put a victim of these crimes in a room full of policemen, all wearing uniforms and asking questions, it might be very intimidating to the victim. It is also important for the LEA to be non-judgmental and sensitive, as in cases of sexual offences, police can be judgmental from a moral stand and seem to forget that even if the victim agreed to be sexually exploited, they remain victims. A different approach should be adopted here, not to forget that this person being interrogated has had many awful experiences and trust is a difficult goal to reach. This might involve that, because of the trauma, they unconsciously forget some details since they do not want to be reminded of it¹⁰³.

Besides the evidence obtained by the prosecution and law enforcement, the statement given by the victim is crucial to build the case. As deduced from interviews carried out by the PHIT project (Psychological health impact of trafficking in human beings), it is recommended that the victim is accompanied by an expert who could be a psychologist and put in a different room than the one where the defendant, the judge, the prosecution and others are¹⁰⁴.

⁹⁶ Ibid 15

⁹⁷ For example, in The Netherlands, the only requirement is that there is a slightest indication of human trafficking. Many differences exist among authorities and individuals in how they interpret the 'slightest indication' and the decision to grant a reflection period and therefore access to support and services. In practice, due to the involvement of law enforcement this is often interpreted by determining whether there are leads for a criminal investigation (Roeleven, 2013; Rijken, 2012; BNRM, 2017).

⁹⁸ See n 83,14.

⁹⁹ Anette Brunovskis, and Rebecca Surtees (2012). A fuller picture, 'Addressing trafficking-related assistance needs and socio-economic vulnerabilities'. Fafo: Nexus Institute.

¹⁰⁰ Ibid 18.

¹⁰¹ Ibid 2.

¹⁰² See n 92.

¹⁰³ Ibid.

¹⁰⁴ See n 92.

In fact, by understanding the psychological impacts of THB on victims, LEAs, judges and prosecutors can all be aware of why the victim is hesitant or unwilling to answer specific questions since victims are dysfunctionally attached to their trafficker they might be unwilling to testify against them. However, it is important for these authorities to remember the factor of victimisation in these cases in order to objectively evaluate the testimony of the victim if given.

6. Trauma Bonding in THB and CSA/CSE victims: Fieldwork results

6.1 Trauma Bonding's occurrence in THB and CSA/CSE victims and its factors

Based on fieldwork, most of the interviewees (I1, I2, I3, I5, I6, I7) acknowledged the presence of a complex relationship that involves an attachment bond with the abuser who could be a stranger, a parent, a lover, etc. Indeed, almost all the interviewees (I1, I2, I3, I5, I6, I7) agreed that it depends on the victim's experience, and although not all victims develop this bond, the majority of THB and CSA/CSE victims develop a trauma bond with their trafficker. In the course of the interviews, interviewees I4 and I5 confirmed that not all victims experience an attachment bond with their trafficker. Following this statement, I4 gave a concrete example based on her experience working in Bangladesh with trafficked persons and she explained that one of the reasons why victims do not develop feelings towards their trafficker is because in some cases, the only feeling that the victim has towards the perpetrator is a feeling of fear for themselves and their family. More concretely, I4 explains that in countries where trafficking channels are run by big criminal organisations that have people of high authority working with them such as police officers and other people in high positions, traffickers hold extreme power over victims and threaten them to bring harm to them or to sell them in sex trafficking.

Other factors play a role in developing a bond, namely cultures that have raised women to depend on a male figure for example, past experiences, the level of both emotional and psychological maturity of the victim, and the vulnerability of the victim such as foreign victims who only got to know their trafficker and rely solely on them to continue their journey. This renders them dependent on the trafficker and not really wanting to break the relationship (I5).

Interviewee I2 went further to explain why not all these victims develop an attachment bond with their trafficker. She explains that the grooming process has a major role to play in building a relationship with the victim; in this aspect, she considers that for a perpetrator to reach a trauma bond with the victim, the grooming process must be successful. This means that if the grooming process is going well for the perpetrator, then the victim becomes more cooperative, and they start experiencing false feelings of safety, dependency and love, then the trauma bond becomes solid (I2). On the other hand, in case the grooming process does not work, then the trauma bond will not work and hence the perpetrator will not be able to accomplish their goal in this relationship; in this case they will either move to another victim or they will try to re-establish that relationship (I2).

6.2 Psychological coercion, childhood trauma, and biological manifestation

Interviewee (I3) confirmed the findings of sub-section 4.2 of this deliverable, and more precisely, she notes two phases of the psychological coercion practiced by the trafficker. I3 considers that there are two types of an attachment bond: the first occurring before the exploitation with a close person to the victim such as a parent or a romantic partner, and the second occurring during the exploitation based on the manipulation behaviour exhibited by the trafficker. Based on the victim's past experiences and how the trafficker takes advantage of the vulnerabilities created in the previous years, the victim may see the trafficker as a person who can fill in the void in their lives and can show them the needed affection and approval (I3). In the case of children specifically, it is easier for a perpetrator to manipulate and control them as children often feel very dependent on their abusers, and thus do not see themselves as autonomous and capable beings. This leads to emotional and social difficulties that obliges them to continue in the exploitative relationship to feel good (I3).

The likelihood of untreated previous negative experiences such as childhood trauma and abuse contributing to the development of a trauma bond was confirmed in fieldwork results (I1, I2, I3, I5, I6, I7). Indeed, it has been noted that there is a high probability that a person who is being exploited had negative childhood experiences prior to the exploitation and that a smart trafficker would know how to fill this void created by the childhood trauma (I1, I6). This psychological coercion strategy is called by I6 as "the carrot and the stick method" where the person is being rewarded for doing what the trafficker wants. This manipulative relationship grows with the victim, meaning that overtime some victims are deeply grateful to their abuser no matter what and how

they were abused by them, and at a certain point some change from being a victim to becoming perpetrators. In this sense, those who had very poor relationships with an adult in their formative years are extremely vulnerable to becoming traffickers or continue to always have perpetuated relationships where they remain the victim as they become drawn towards people who might abuse them (I6).

Going deeper into understanding how a trauma bond manifests, it has been concluded by the majority of the interviewees that a trauma bond can somehow shape the brain of the victim (I1, I2, I3, I5, I6, I7) as all human's perceptions are being recorded in the brain and sort of impact the brain. Consequently, each person's experience shapes the way the brain reacts and responds, which explains why a trauma bond can affect the way victims respond to cooperating with LEAs and service providers (I1). This can also be said about the emotions that a person might experience when they are in a relationship with their abuser (I2). In layman's terms, the very primitive formative parts of the brain – the limbic area, the amygdala - are overriding other parts of the brain, and short circuits occur in the brain when there is early abuse and development trauma (I6). This is a natural coping mechanism for parts of the brain to attach to new persons, since there are neurological changes in the brain that occur in these kinds of relationships based on the circle of abuse and reward and the safety feeling related in the known behavioural interaction (I6).

As trauma bonding involves psychological manipulations, the victim becomes addicted to the highs and lows of the relationship making it hard to break from it. This relationship somehow structures and organises the lives of the victims with their abusers, and their lives start revolving around it. As they try to self-detach from this bond, victims might exhibit some other psychological issues such as anxiety, depression, etc. (I5, I7).

I3 notes that the most difficult thing to overcome in cases of trauma bonding is assisting the child to break the bond when the abuser is someone very close such as parent, in these cases, the attachment bond increases the chances that they abandon therapeutic programs as children often feel very dependent on their abusers, and thus do not see themselves as autonomous and capable beings. This relationship affects the way victims interact with authorities and service providers as they may not wish to voluntarily leave the relationship (I3).

6.3 Online grooming and trauma bonding in THB and CSA/CSE cases

Recruitment of children for sexual exploitation has changed significantly in the past years due to the internet, as today's teenagers grew up with technology, which became part of their daily lives (I3). This has been more noticeable during the COVID-19 pandemic where traffickers switched to the internet to recruit victims (I4). Recently, CSA/CSE victims might have their first contact with the perpetrator online before meeting them in person (I3, I7).

Sexual offences and human trafficking are crimes that nowadays occur in both the virtual and the physical world. That being said, according to I2, perpetrators can be divided into three categories: The first group is those who only offend physically. I2 called this group "the old generation of sex offenders". The second group are the mix offenders, that is, those who offend both in the virtual and the physical world. Lastly, the third group are the offenders who only connect with and offend against their victims online (I2).

All interviewees confirm that the internet has become a favourable place for perpetrators to engage with victims to later recruit them in trafficking. Indeed, fieldwork has concluded that the online sphere assists perpetrators in providing them with an easy access to a whole range of victims including minors (I1, I2, I3, I4, I5, I6, I7). The internet is a convenient platform for both victim and offender, where an offender can easily gain the trust of the victim and where they can reach out to hundreds of victims at the same time. In this aspect, the internet might lead to more offences than offline since it is easier for perpetrators to pretend to be whoever they want to be behind the screen by creating fake identities relatable to the victim's profile, and some of them might not even consider that they are abusing a real child online given that it sometimes it is impossible to verify who is behind a screen in the virtual world and therefore perpetrators might think that the child is a fictional person, or might not even comprehend the existence of the abuse since there is no physical meeting at that stage (I2, I6).

All of the interviewees confirm the findings of sub-section 3.1, as they believe that the use of technology such as social media to groom victims could eventually result in a trauma bond (I1, I2, I3, I4, I5, I6, I7) specially in the case of loverboys, which tends to be more common in the online sphere (I5, I7). As in offline grooming, not all victims of online CSA/CSE develop this trauma bond, and in repeating what have been explained about previous attachment issues, childhood trauma, and past negative experiences, those who exhibit these vulnerabilities are more likely to be groomed online too (I6). Since the internet has become a commonplace for everyone, and mostly teenagers, to meet and chat with new people, it is easy for them to create bonds online as that is natural for their generation (I3).

As previously said, online grooming is not a new behaviour exhibited by traffickers but merely just a new point of access for them to groom victims which gives them more advantage (I1). For the trauma bond to take place, the trafficker has to succeed in grooming the victim by developing a connection with them and gaining their trust. Once the bond has been created, the perpetrator can start introducing sexual content to the victim to build a sexual interest with them (I2, I5). The “carrot and stick method” can also be used in the virtual world as a psychological coercion technique; for example, victims could probably be misused into film work that could be used as blackmail. This blackmail can be used as a strategy to have them make the next film, otherwise the trafficker might distribute the filmed video on the internet or send it to the victim’s family (I6).

I2 gave an example of a girl who was groomed online and tricked into sending sexual content to her trafficker:

“In one case, there was a girl 14 or 15 [years] of age who would offer her online abuser to send him pictures of herself. It does consider as a trauma bond since she might be too young to understand the effect on her. And maybe because it's online, she thinks it's even not that bad, but it can cause trauma later on in her life”.

I4 gave another example of young women and children who are being contacted to work as a model and to film some videos thinking that they are being offered a modelling job, however they end up being trafficked and exploited by the person who requested these videos and posted them online in order to make profit.

On this note, it can be said that the goal of grooming is to create that bond, but it is a process that could take months or years to understand the victim’s expectations and needs and present oneself according to those expectations and needs (I3).

Online grooming has become easier than offline grooming as the perpetrator has more access to the child rather than face to face (I1). There, the perpetrator can maintain contact and constantly text the victim during all hours of the day and night which renders the victim to be easily manipulated and attached (I1). It is then simpler to create a bond online since nowadays people are used to have online interactions and the online sphere can be less suspicious than in person contacts (I3). We should also not forget the power of the physical meeting after the online process, which could extremely strengthen the trauma bonding. Face to face meetings and presence of the trafficker can build the intimacy and attachment with the victim (I6, I7).

6.4 Service providers’ perspective on behavioural signs of a trauma bond

As stated by the literature, there are no medically validated criteria to identify trauma bonding and the most widely quoted are Graham’s diagnostic criteria (See section 3). Indeed, all interviewees indicated that there are no criteria used to identify trauma bonding but there are screening procedures to identify children at risk of exploitation that are not specifically targeted to identify those with a trauma bonding relationship (I1). Some use other methods, such as developing a questionnaire by therapists and service providers to identify the scope of the trauma when dealing with THB victims, how to process it and what type of therapy to use (I4). Based on this, they apply MDR (Memories, Dreams, Reflections), which are trauma reducing tools (I4). Others do not use a questionnaire but instead do an in-depth assessment of the case, meaning that they listen to the story of the victim and depending on what the victim tells them they assess whether the victim is experiencing a trauma bond (I5).

As for the behavioural signs that could indicate to the service provider that the victim has developed an attachment bond to their abuser, participants had different answers on the subject that can be divided into verbal and non-verbal behavioural signs.

Verbal behaviours include, but are not limited to, the child's description of their relationship with the abuser, which might indicate that they do not see this person as being an evil person who is subjecting them to victimisation. Instead, they may see it as a working relationship or a friendship or a romantic one in case of loverboys, or even a parental relationship (I1, I6). In case of online CSA/CSE, the child might start talking to their families or others about someone they met online, and that they consider them their mentor, and in some ways speaking highly of that person they met virtually (I2). It can also be that the perpetrator has isolated the child from their families and friends in order to create a new alternative atmosphere for just both of them; following that, victims become distanced from their family and friends and they keep everything to themselves, they become more private as it is important to them, for example, to not show their phones, to put passwords on their phones as they do not want anyone to see the photos or chats (I2).

The opposite can also be seen with victims who refuse to talk about their abuser or refuse to denounce them and find it challenging to disclose anything related to this person. That is because despite the abuse, they see their abuser as someone who protected them, who gave them affection, not someone who exploited them, therefore resisting to recognise that they were victims of abuse (I3, I7). The victims often do not want to be in a safe shelter but would rather go back to the trafficker as they have not detached from that relationship (I7). Other behavioural signs include dependency, trust, protection of their trafficker and self-blaming (I5) or feeling anxious and aggravated (I2).

Non-verbal behaviours are all about body language of the victim when being asked certain questions. A specific question related to an event might immediately trigger a body reaction, such as pupil change, colour change, change in the tone and a whole array of physical signs that the service provider should be trained to observe and recognise as a misinterpretation of body language could negatively affect the healing process (I6).

Participants articulated the difficulties in reaching out to these victims and having them continue their therapeutic program. In their perspective, a trauma bond is a risk sign for evasion, that is, an indicator that the person may abandon the therapeutic program (I3). That also means that initially they do not see that there is a problem or that they need therapy to heal and change (I1). In the end, it comes down to enabling the child to trust the provider enough to be able to describe their relationship honestly with that person. After that, it will be easier to get them to talk about it when asked and then the provider can figure out how to approach this (I1). Going full on asking questions about the trafficker by the therapist is not recommended as resistance might be expressed by the victim, and even though the therapist might be a step ahead of the victim, sometimes giving the steering wheel to the victim would empower them to express their feelings more and these feelings would sometimes develop into anger feelings towards the trafficker, for example (I6). Here therapists can work with positive anger by encouraging it and mirroring it (I6). In this situation, ambivalent feelings are a good sign to therapists (I5).

Most importantly, it has been previously said that in some national legislations, service providers are obliged to report a case of trafficking either if it involves a minor or, in the case of an adult, service providers have the obligation to report a case of trafficking but only with the consent of the victim, unless the victim is in a dangerous situation (I5). Before reporting, service providers explain this obligation to the victim and give them information on their rights, making sure that they know whether they will be obliged to participate in the criminal proceedings (I5).

The key of reaching out to these victims is to adopt victim-centred approach towards them, meaning that the therapeutic program is tailored to each individual child based on their needs and wants (I3). That includes asking the victim's perspective and being respectful of their relationship with their abuser, showing no judgment or shaming them (I1). One awareness method can be used to enlighten the victim on the reality of their relationship with the trafficker is to introduce them to things that they have not thought of or known of

that could help them perceive that this attachment is not as good as they think it is (I1, I3). The language used with the child should also be adapted to their level of understanding (I7).

It has been noticed that no specific training on the subject of trauma bonding was given to any of the participants. Interviewees explained that service providers are given training on recognising and responding to child sexual abuse/exploitation and trafficking that mention briefly what is a trauma bond without going deep into it (I1). Therapists are trained to take a victim-centred approach, in which the key is to listen to the child to understand their needs and then develop an adapted therapeutic program. A specific program for psychological support is sometimes given in centres that shelter and work with these victims that contains a specific protocol for working with children and trauma bonding in part of the training (I7). Within the training, trauma bonding is not a central issue, but it is presented as a risk to the success of the therapeutic intervention (I3). Others have mentioned that they gained their knowledge on the topic from their experience working with these cases and by researching on the topic (I2, I5). Based on these practices and experiences in dealing with THB and CSA/CSE victims, they are now able to give training on the subject to other colleagues. These trainings can also be given to LEA, and people working within the judicial system considering the challenges of having a victim witness against their abuser because of the traumatic relationship (I5).

6.5 Victims' cooperation with LEA through a different approach

It has been unanimously agreed by participants that the traumatic experience of victims of these crimes impacts their cooperation with LEA. Some participants noted that, in some countries, victims do not trust authorities in general and law enforcement sometimes lack the tools and personal abilities to take an empathetic approach that can create trust (I3, I6). That can also be said in cases of corruption and police involvement in trafficking criminal organisations where prosecution and bringing charges against traffickers is rarely achieved (I4). When it comes to cooperating in criminal proceedings, it also depends on what is the victim being offered in return, for example, are they going to be returned to their home countries if they were foreigners, or are they going to be offered short term residency for the duration of the trial, or adequate protection for them and their families, etc. (I6)

In other instances, and given that victims of these crimes have difficulties disclosing what happened to them or to talk about the negative activities of their abuser and trafficker or even acknowledge them, these victims find it challenging to disclose anything to LEA. A trauma bond makes them feel grateful and protective towards the perpetrator making it hard for agents to have the victim speak of anything related to their situation as they believe that they will be able to return to the perpetrator and live with them the life they have been promised (I2, I5):

“A 20-year-old female was so in love with her abuser and so protective of him to the point that she did not want to cooperate with LEA no matter what type of questions agents asked her and no matter what technique we used with her to gain her trust. No matter what we told her about her abuser, she refused to believe and cooperate. She was so protective of her abuser as she believed that when all this ends, she will be able to have a relationship with him in the real physical world¹⁰⁵. (I2)”

In addition to their feelings towards their abuser, some victims do not feel like they have been exploited/abused, and therefore they do not seek help from anyone. One of the reasons why victims want to be protective and be in a denial part is because they also want to protect themselves in a way that it is hard for them to grasp that they fell in such a trap, especially when it comes to online sexual offences (I2).

LEA should adopt a trauma informed approach to reach out to victims of trafficking and sexual offences and should receive training on trauma bonding and its effects on the victim to better understand why these persons act in a certain way. LEA should be made aware that a trauma bond affects the way the victim thinks (as explained in section 4.3 and 6.2), and the way victims are able to answer questions about their exploitive

¹⁰⁵ Since the crime was committed online, the victim thought that in the physical real world she would have a real relationship with the perpetrator.

situation, and that getting them to talk requires patience as it might take a long time to have the victim trusts them enough to disclose information (I6, I7). Even though is a slow process but it ensures the non-re-traumatisation of the victim. Some victims might experience memory loss and confuse certain events, they may omit certain details, or have conflicting thoughts. For these reasons, the case to be built against the perpetrator should not solely lie on the victim's testimony as it might change every time they are questioned, and it might pressure the victim into participating in criminal proceedings (I5).

The key message that LEA should convey to the victim is that they are there to help them and be empathetic and that bringing the perpetrator to justice does not lie solely on the shoulders of the victim. For this purpose, a positive communication approach should be used such as "You've done the best you can. You have not done anything wrong" to incentivise victims to talk about their relationship with the trafficker, how they meet, what is their relationship (I1). At the same time, it is best to avoid asking the 'why questions' as they can sound judgmental (I2) in addition to avoid using certain words such as defining the abuser as "trafficker" or telling the victim directly that they are being exploited or calling them "victims, prostitutes, etc.". Listening more than talking is advised to create a non-judgmental and respectful space where the victim should not be forced to talk and answer questions (I1). It is also important to refrain from shouting at the victim and forcing them to speak to ensure that they do not experience a second trauma at the police station (I2). LEA should understand that sexual offences are different than any other crime and criminal investigations in such crimes should be done differently, especially when the abuse takes place online, because it is hard for people to understand that even if it is online, it is still an offence, especially as self-blaming in online sexual offences is very common (I2). In that way, it is important for agents and service providers to say to the victim that it is okay that they feel this way and that it is natural that they feel traumatised and that they are not the first to get abused and harmed (I2).

During victim's interview with LEA and prosecutors, and to refrain from exposing the victim to re-victimisation, service providers advise LEA to record their interview with the victim in order to avoid repeating unnecessary questions to minimise the risk of having them relive the trauma (I7). Some participants believe that in case of children, it could be best that this interview is not done directly by the prosecutor but by a psychologist. Despite advocating for this method, it has not been practiced often and for that reason the victim is accompanied by a guardian or a caretaker during their interview to support them (I2, I7).

Another way to help facilitate cooperation is to have a female investigator in the room while interviewing the victim and this applies for both male and female victims as victims consider female agents to be softer and easier to talk to, making it an easier and more understandable conversation rather than an interrogation (I2), or to have a prosecutor specialised and trained in dealing with children (I7).

7. Conclusion

The aim of this deliverable was to give an understanding of trauma bonding in THB and CSA/CSE victims in order to assess its impact on service delivery and investigations. The ultimate goal of this assessment is to identify measures that can reduce or eradicate re-victimisation of victims of these crimes by exploring a trauma informed approach centred on the victim's perspective that could be applied by relevant stakeholders.

Literature review on the topic has concluded that the majority of these victims develop a trauma bond towards the perpetrator and that any previous negative life experience might exacerbate the chances of the development of such bond. It has been demonstrated that intentional and planned psychological coercion is a perpetrator's strategy to control the victim by having them develop feelings towards them and solely depend on them. Findings showed, among others, that this complex emotional tie could impact the victim's response towards any assistance given to them by service providers, as well as towards cooperation with LEA in criminal proceedings against the perpetrators. These findings have been reaffirmed by the fieldwork conducted with experts and professionals working with victims of these crimes and who have expertise in the topic (See section 6).

A trauma bond has proven to be a complex emotional tie that a victim might develop towards their abuser and that generates feelings of dependency, trust, gratefulness, love, admiration, and protectiveness towards the perpetrator. Even though trauma can be seen in a wide array of victims of different crimes, those who have an attachment tie need specific treatment and continuous individual therapeutic programs to break the bond. Having them cooperate in criminal proceedings or even report their abuse to police is a challenge on its own as a trauma bond can shape a behaviour that police agents might not understand or know how to deal with.

Based on this research, the following can be concluded and recommended:

- Trauma bonding can be present in the majority of THB and CSA/CSE victims if the grooming process was successful. Given that these crimes can also be committed in the online sphere, a trauma bond can similarly take place when the grooming takes place online. This trauma can persist even after escaping the exploitive situation and may still impact the lives of these victims and for that it is advised that victims keep on seeking therapy sessions.
- An individual therapeutic program should be tailored to each victim taking into account their culture and background.
- Focused trainings program on the subject of trauma bonding should be given to both service providers and LEA that include training on trauma-informed approach, and training on identifying both verbal and non-verbal behavioural signs of a trauma bond.
- A trauma-informed approach should be centred on the victim's perspective in which stakeholders focus on positive communication, empathy and understanding of the victim's relationship with the perpetrator in order to build their trust and encourage them into disclosing information.
- Service providers and LEA should avoid pressuring the victim into talking and answering questions, it is necessary to understand that it takes more effort and time for the victim to cooperate.
- A female investigator could be present in the room during the interview as it has been explained that victims tend to feel more at ease with a female agent.
- The victim should be accompanied by a guardian, a caretaker or someone whom they trust during the interview with LEA, however, given that the abuser/trafficker might be the person accompanying them, LEA should be careful and observant of that person.
- Interviews and statements given by the victim should be recorded in order to avoid repeating the same questions and to avoid having the victim relive the trauma.

- LEA should not solely rely on the victim's testimony to bring the perpetrator to justice. Further evidence should be collected, as victim's testimony might be blurred, missing leads, and differ each time it is taken because of the trauma.
- It is necessary to address the needs of victims, and to give them reassurances in order to facilitate their cooperation in criminal proceedings. Answering their basic need of food, shelter, etc. can assist them in being independent of their abuser which could help in breaking the bond.

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Annex A Interview Report (I1)

1. Could you please describe your position and tasks?

Probe (in case not explicitly mentioned):

- 1.1. Have you ever worked on/with victims of trafficking in persons?
- 1.2. Have you ever worked on/with victims of child sexual abuse or exploitation?

The interviewee is currently working with the International Centre for Missing Exploited Children, providing training and developing resources for healthcare providers, but also non healthcare providers, regarding the response to child sexual violence and trafficking. The interviewee's work focuses on doing trainings that focuses on the victim's perspective, including how to approach and talk to children of different ages, how they respond to trauma and how their perspective may differ from adults' perspective. Their current work is based on their previous clinical career as a child abuse physician for many years in the children's hospital, providing evaluations where children were suspected of being abused or neglected or exploited.

The interviewee has experience working with children victims of THB, CSA/CSE.

2. In your experience, what are the main challenges faced in working with victims of THB, CSA/CSE?

Lack of professional training and understanding about what trafficking and sexual abuse and exploitation are, and how best to approach children. The interviewee adds that the reason behind this is lack of resources and lack of training on the proper approach to take with these victims.

Another challenge lies in the healthcare setting where healthcare providers lack the ability of identifying children at risk specifically because children are unlikely to spontaneously disclose what's going on with them. They may disclose their situation based on how they do the screening and how they ask questions. The interviewee adds that it is on them to figure out the needs of the victims since children don't realise, and don't have the perspective, that they are being exploited so they don't disclose anything they don't perceive.

3. In your experience, do victims of these crimes develop an attachment bond with their trafficker?

- 3.1. If yes, would you be able to estimate what percentage of victims experience this?

The interviewee had many cases in their clinic where they commonly see victims of child sexual abuse who have a very complicated relationship with the abuser, such as in cases of incest where the child has a complex relationship with the parent, brother, or any other family member, and develop feelings of love towards them. Even in non-familial cases, the interviewee has seen children who view their relationship with their trafficking as a friendly or romantic relationship.

The interviewee thinks that it is not the same case for everyone, and not victims develop this trauma bond since each victim has a different experience. However, a significant proportion of victims of sexual exploitation involve a complex relationship with the abuser where there is some kind of bonding with the perpetrator.

They explain that the likelihood that a person who's being exploited has had negative childhood experiences is very high, however, they are not sure whether the number of adverse experiences is correlated with the presence or absence of trauma bonding as they are not aware of any evidence that could base this argument but they add that it could definitely be used as an argument.

4. What are the behavioural signs that indicate victims experience trauma bond?

Probe (in case not explicitly mentioned):

4.1. Are there any criteria used to identify this phenomenon?

4.2. Are you aware of any training/or have you been given training on how to identify trauma bonding?

The interviewee is not aware of any non-verbal communication that show these signs, but one of the signs is how the children are describing their relationship with the abuser which might indicate they don't see this person as being an evil person who subjecting them to victimisation. They see it as a working relationship or a friend or a boyfriend or girlfriend or a family member. The interviewee explains that the loverboy phenomenon is very common among victims of sexual exploitation especially adolescent girls.

In this aspect, the interviewee does not know of any criteria used to identify trauma bonding but there are screening procedures to identify children at risk for exploitation, but not specifically targeted to identify those with a trauma bonding relationship. In the end, the interviewee adds that it comes down to enabling the child to trust the provider enough to be able to describe their relationship honestly with that person, and then if you ask their perspective, they will share it and then the provider can figure it out. This all comes to building that level of trust that they feel like they can talk to you.

The interviewee demonstrates that there's a lot of provider training now on recognising and responding to child sexual abuse and exploitation trafficking that sort of mention trauma bonding as being a way that may make it difficult for the child to disclose or make the communication more challenging, but they don't spend a lot of time on it and training do not focus on it much. Meaning that they just define what is trauma bonding and then move on to other topics.

5. In your experience, how does trauma bonding manifest biologically?

5.1. What is happening in the brain of victim when experiencing a trauma bond?

5.2. Do these biological impacts affect the way victims of THB and CSA/CSE cooperate with LEA and service providers?

The interviewee explains that all of the human's perceptions are being recorded in the brain and sort of impact the brain, so each person's experience shapes the way the brain reacts. They add that trauma bonding does somehow shape the brain. The interviewee clarifies that they don't know the details about which areas of the cortex are activated when experiencing a trauma bond.

The interviewee agrees that these biological impacts affect the way the victim cooperate with LEA and service providers in a way that everything we do as humans and the way we perceive it and process it is driven by the human brain. They explain that human's behaviour is also driven by past experiences which sort of shape the way the human brain sees things and how it responds.

6. Do you believe that the use of technology such as the internet to groom victims results in the development of a trauma bond?

Probe (in case not explicitly mentioned):

6.1. Can online grooming be used by traffickers as a strategy to create an attachment bond with the victim?

6.2. Is it easier to establish trust with the victim through online platforms rather than offline?

The interviewee does not know if there is a hard evidence on trauma bonding occurring via grooming online but they explain that there is an increase in grooming and solicitation on the internet since it's easier to have access to the child victim. Offline grooming is different but in grooming online the perpetrator has more access

to the child rather than face to face, where the perpetrator can maintain contact and constantly text the child during all hours of the day and night. Face to Face contact is much less than online texting. In addition, people tend to feel disinhibited online, meaning that they can say things that they cannot say in person. This renders the child more manipulative. Online grooming is not a new behaviour exhibited by traffickers but merely just a new point of access for them to groom victims which gives them more advantage.

On a trust level, it depends on the child whether it's easier to establish trust online or not but the interviewee thinks that the perpetrators certainly have more access online to the child where the perpetrator can maintain contact with the potential victim more frequently than face-to-face.

7. In your experience, do victims experiencing trauma bonding have difficulties cooperating with law enforcement and service providers?

Probe (in case not explicitly mentioned):

- 7.1. What are the obstacles of achieving such cooperation?

- 7.2. Do you think that a specific and different approach should be adopted when working with these victims in order to facilitate cooperation?

The interviewee considers that it's hard for the child to disclose the negative activities of the trafficker or even acknowledge them and it's certainly even harder to disclose them. They add that if the exploited children don't feel like they are being exploited then they usually don't want anyone helping them because they don't think that there is a problem and that they need help.

The interviewee adds that It's also much harder for these kids to engage in mental health therapy because, again, they don't see that there's problem and as a result they do not want to change. This makes it very hard to give them the services that service providers think these victims need.

The interviewee agrees that a specific and different approach should be adopted with these victims when working with them and this approach includes: Service providers need to ask victims questions from their perspective and be very respectful to them about their perspective of their relationship with the trafficker, to take that into consideration, explore it and figure out exactly what they are willing to do, what they want to change. This approach also includes figuring out harm reduction techniques so that if the victims don't completely get out of the trafficked life, then the providers try to help them reduce the harm and meanwhile try to explore and see if they can begin to see things differently. One method that can work is to introduce these victims to things that they haven't thought of or known of that could enlighten them on how to perceive their relationship, and perhaps eventually they will be able to see that the situation they are in with the trafficker is not as good as they thought it was; which can be used as an awareness technique.

From their experience, the interviewee clarifies that this approach is ideal to work with these victims and the key is to acknowledge and respect their point of view and working with them instead of telling them that they are in the wrong. They key message that providers and LEA should send to the victim is to be able to convey a message that these providers are here to help them and that they care about them and want to know more about the victim's perspective. Positive communication approach should be used such as "You've done the best you can. You have not done anything wrong" to incentivise victims to talk about their relationship with the trafficker, how they meet, what is their relationship (boyfriend/girlfriend, family, etc.). The interviewee adds that certain words should not be used while working with the victim such as defining the abuser as "trafficker" or telling the victim directly that they are being exploited or calling them "victims, prostitutes, etc.". They key is to listen more than talk and to create a non-judgmental and respectful space where the victim should not be forced to talk and answer questions.

8. What do you think are the needs/vulnerabilities of these victims? How do you think their needs can be met in order to facilitate cooperation?

The interviewee stresses that these victims' needs are basic needs such as housing, shelter, food, clothing. What they need is giving them a sense of basic physical safety.

The interviewee explained that those stakeholders who work and provide assistance to victims need to be very non-judgmental, meet the victims on their perspective, not to force major change but try to see alternatives to their situation if there is no imminent harm. Providing these services to them would let them realise that these stakeholders are not acting like their parents by talking down to them but they are just providing them with help. However, the interviewee thinks that when there is imminent harm, stakeholders should act fast.

Dropping centers are great alternatives to minimize the risks where victims can be provided with shelter and

9. Do you believe that the current measures taken to assist these victims are effective?

The interviewee explains that there are no studies to show if current measures are effective but they think that there is certainly more to be done in terms of primary prevention and looking at risk factors that put these kids in danger in the first place, in addition to dedicating more resources to address basic needs of these victims. In addition, giving trainings and spreading awareness at school about child sexual abuse to both children and parents.

There are not enough resources to address the needs of these victims and specifically there are not enough dropping centre for boys.

Regarding trainings that are given to service providers and other stakeholders, the interviewee clarifies that it's hard to cover everything in the very little time during trainings, but ideally trauma bonding should be covered more because one of the reasons why victims don't come forward is because they're bonded to their trafficker but trainings mainly just speak a bit about Stockholm syndrome and then they move on without giving ways and approaches to deal with victims who experience it. The interviewee adds that there are many trainings that are not practical to address such a problem.

Annex B Interview Report (I2)

1. Could you please describe your position and tasks?

Probe (in case not explicitly mentioned):

- 1.1. Have you ever worked on/with victims of trafficking in persons?

- 1.2. Have you ever worked on/with victims of child sexual abuse or exploitation?

The interviewee previously worked as a sexual offences investigator in a special unit in Israel called 105, a police unit that focuses on protecting children online, where the focus was on investigating sexual offences committed online. They used to collect testimonies from youth victims under the age of 18 and also investigate suspects and their computers used to commit the crime. The interviewee was thus able to read the chats and conversations between the victims and the perpetrators. They have worked with both victims of sexual exploitation (mainly minors who are not under the age of 14 since those under 14 of age require the presence of a social worker to collect their testimonies) and victims of trafficking.

At the current moment, the interviewee has left the police force and is currently working on their PhD thesis where they investigate the rehabilitation process of the sexual offenders, they also work on raising awareness on the phenomenon of online abusive sexual offences.

2. In your experience, what are the main challenges faced in working with victims of THB, CSA/CSE?

From their experience, the interviewee explains that online offences are the most challenging. Because of the nature of the offence most of the times victims don't know they are being offended since perpetrators are impersonating someone else when contacting them. In this aspect the interviewee gave an example of a case they handled

“it was a 14 year old girl who thought she was speaking with another 14 year old boy from another city or another country. From her point of view, it's a whole relationship and she even fell in love with him and had real feeling, and all of a sudden, we are approaching her and letting her know that the person who she was in a relationship with him was in real life a 40 year old man who's been talking to her”

1st challenge is to let them know they are being abused and to gain their trust because they trust the person they think they are in a relationship with and it's hard for them to grasp the truth and understand it considering that the victim has been living a lie for a while.

Another big challenge is to get the victim's families and the society know if even it's an online experience it is still an offence and it causes a huge trauma even if the parties have not met in person. The interviewee explains that one of the reasons victims do not come forward is because they think that their closed ones would not understand them and support them.

3. In your experience, do victims of these crimes develop an attachment bond with their trafficker?

- 3.1. If yes, would you be able to estimate what percentage of victims experience this?

The interviewee considers that the way for a perpetrator to reach a trauma bond with the victim, the grooming process has to be successful. The grooming process is the way the perpetrator can reach to the point of a trauma bond, if the grooming process is going well then the trauma bond develops and the victim becomes more cooperative and does whatever the perpetrator wants to do. At that point, when the trauma bond is solid, they start experiencing false feelings of safety, dependency and love, etc. They become attached and they

consider that since they are so dependent on the abuser then they think that even though this relationship is not so comfortable it's still okay to go through this abusive experience and it's worth the uncomfortable feeling.

The interviewee adds that in case the grooming process didn't work, then the trauma bond won't work and hence the perpetrator won't be able to accomplish their interest in this relationship, in this case they will either move to another victim or they will try to re-establish that relationship. They add that especially in the case of online offences, the only way to successfully create a sexual interest with the victim, a trauma bond should be established through grooming. In other words, for the sexual abuse to take place successfully, the victim should have already trusted the offender and have a connexion with them.

Most of the victims do develop an emotional bond, the interviewee would estimate 90% of these victims do develop this trauma bond. The interviewee considers that this is mostly the case in the online spectrum:

“In one case, there was a girl 14 or 15 of age who would offer her online abuser to send him pictures of herself. It does consider as a trauma bond since she might be too young to understand the effect on her. And maybe because it's online, she thinks it's even not that bad, but it can cause trauma later on in her life”.

4. What are the behavioural signs that indicate victims experience trauma bond?

Probe (in case not explicitly mentioned):

4.1. Are there any criteria used to identify this phenomenon?

4.2. Are you aware of any training/or have you been given training on how to identify trauma bonding?

For the grooming to succeed, the perpetrator tries to isolate the children from their families and their friends in order to great an new alternative atmosphere for just both the victim and the perpetrator. Following that, victims become distanced from their family and friends and they keep everything to themselves, they become more private as it is important to them for example to not show their phones, they put passwords on their phones as they do not want anyone to see the photos or chats.

The interviewee adds that one of the behavioural signs is that victims might start talking to their families or others about someone they met online, and that they consider them their mentor, and in some ways speaking highly of that person they met online.

Another important main sign is that victims feel more aggravated and more anxious since they do not understand what is happening, but they feel that something is quite off.

The interviewee has not received a formal training on trauma bonding; however, they gained their knowledge on the topic from their experience as an investigator and from reading lots of material on the relevant subjects. Nonetheless, the interviewee is now able to train parents and teacher on how to identify these cases and how to deal with children who has been sexually abused.

5. In your experience, how does trauma bonding manifest biologically?

5.1. What is happening in the brain of victim when experiencing a trauma bond?

5.2. Do these biological impacts affect the way victims of THB and CSA/CSE cooperate with LEA and service providers?

The interviewee elaborates that whenever a person feels love and excitement, all of these emotions that a person might experience when they are in a relationship, they must be pronounced in the brain. These emotions affect the way victims act. The victims want to protect their abusers, they do not want to cooperate, they do not want to trust LEA and service providers since they trust what their trafficker is telling them and that they are not being abused since the offender is showing them love and helping them in their lives.

In that way victims are more connected to the perpetrator that they trust them blindly and even after LEA explain to the victim that they are being abused, the victim even though might start to believe LEA, it will still be difficult for them not to protect their abuser.

The interviewee had a case that demonstrates this difficulty to cooperate with LEA:

“A 20 years old female was so in love with her abuser and so protective of him to the point that she did not want to cooperate with LEA no matter what type of questions agents asked her and no matter what technique we used with her in order to gain her trust. No matter what we told her about her abuser, she refused to believe and cooperate. sHE was so protective of her abuser as she believed that when all of this ends, she will be able to have a relationship with him in the real world.”

6. Do you believe that the use of technology such as the internet to groom victims results in the development of a trauma bond?

Probe (in case not explicitly mentioned):

6.1. Can online grooming be used by traffickers as a strategy to create an attachment bond with the victim?

6.2. Is it easier to establish trust with the victim through online platforms rather than offline?

The interviewee divides sexual offenders into three groups: The first group is those who only offends physically, the interviewee called this group “the old generation of sex offenders”, and there are still some of them and then there are the mix offenders who offend both in the virtual and the physical world, and there are the sex offenders who only connect and only offend their victims online.

The last group are those who sexually abuse their victims online, and they are the type of persons that are mostly shy people, and they will feel like they have more confidence online, so they will choose the virtual online platforms to groom victims. The interviewee strongly believes that the use of technology such as social media to groom victim eventually results in a trauma bond. They explain that the internet is a convenient platform for both victim and offender, where an offender can easily gain trust of the victim and where they can reach out to hundreds of victims at the same time. In this aspect, the internet might create more offences that offline because it is easier for perpetrator to pretend to be whoever they want to be behind the screen, and some might believe that they are not abusing a real child online and it it's easier for them to picture that this is not this is just a movie since they are doing it online. The internet is facilitating their way to abuse victims.

7. In your experience, do victims experiencing trauma bonding have difficulties cooperating with law enforcement and service providers?

Probe (in case not explicitly mentioned):

7.1. What are the obstacles of achieving such cooperation?

7.2. Do you think that a specific and different approach should be adopted when working with these victims in order to facilitate cooperation?

The interviewee thinks that trauma bonding does make it difficult for victims to cooperate with LEA and service providers. One of the reasons why victims want to be protective and be in a denial part is because they also want to protect themselves in a way that it is hard for them to grasp that they fell in such a trap. LEA should not be judgemental, not to shame them. LEA should understand that sexual offences are different than any other crime and criminal investigations in such crimes should be done differently specially when it's online because it is hard for people to understand that even if it's online, it's still an offence. They add that:

“If I were a victim of an online abuse and I discover that whom I’ve been talking too is a fraud and he was only abusive to me, then it’s hard for me to believe that I fell in that trap. Then I see that others are judging me but I am also self-blaming as severely as I can.”

The interviewee continues to say that the self-blaming online sexual offences is enormous, and if there was someone more empathic, who would listen to the victim in a non-judgmental way where the victims comes to see that that person understands them, then it will be easier for victims to open up and to feel that they are in a safe environment where they can share their feelings. In that way, it is important for agents and service providers to say to the victim that it’s okay that they feel this way and that it’s natural that they feel traumatized and that they are not the first to get abused and harmed.

The interviewee thinks that asking ‘why questions’ is a bit judgmental, and instead questions should be focused on what that got them in that situation in the first place and how the connexion with the abuser was made.

Another way to help facilitate cooperate is to have a female investigator in the room while interviewing the victim and this applies for both male and female victims as victims consider female agents to be softer and easier to talk to, making it an easier understandable conversation rather than an interrogation. The interviewee explains that sometimes women are better at this, and that this method might make investigations take longer in contrast to shouting at victims and forcefully getting information out of them, but this method ensures that victims don’t experience a second trauma at the police station.

The interviewee says that everyone who's investigating needs to have a proper training for online offences, for sexual offences and especially online offences to understand to and to be really aware of the risks.

8. What do you think are the needs/vulnerabilities of these victims? How do you think their needs can be met in order to facilitate cooperation?

First of all, there should be a safe environment created for them, they need to feel protected in a mental aspect, and LEA should make sure that they have the proper support from professionals and family members. The interviewee adds that it’s important to make it clear for the victim that when they are finally aware of the abusive nature of the relationship they have with the abuser, and that they want to get out of that situation, then investigations will help them end this relationship. It is important to show them support as it is part of their healing process.

The interviewee recommends that in the investigation room there should be a some to support and guide the victims, whether it’s a professional or their family or a close person to them. This will also ensure that these close persons understand what the victim is going through and the amount of harm they have been exposed to. On the other hand, the interviewee adds that there isn’t much awareness on these kind of subjects especially in online sexual offences. In Israel, in practice, this is not always the reality since victims are shy to ask for someone to sit with them during the interrogation even though by law it’s one of their rights, and the reason behind that is that they know that others wouldn’t understand what they are going through.

9. Do you believe that the current measures taken to assist these victims are effective?

More needs to be done, more awareness of the society, the police forces, and the judicial system in general should be raised on the phenomenon of trauma bonding including giving proper training on the topic. Further regulations need to be adopted in order to have the victim feel supported enough.

The interviewee adds that trainings are being given to LEA are not enough; they explain that for example in Israel a one-week course automatically makes an agent a sexual offences investigator and it's a great course, but it's not enough even though it should be retaken every year since they don’t ever discussed the online sexual offence for police in that course.

Annex C Interview Report (I3)

1. Could you please describe your position and tasks?

Probe (in case not explicitly mentioned):

1.1. Have you ever worked on/with victims of trafficking in persons?

1.2. Have you ever worked on/with victims of child sexual abuse or exploitation?

The interviewee has been working for RENACER, in Colombia, for 25 years. She initially worked as a therapist for victims of child abuse, later becoming a therapeutic coordinator. As coordinator, she not only worked as a therapist but also organised the actions of the interdisciplinary therapeutic team. In her experience as a therapist (a role she held for about 15 years), she says she handled thousands of cases of exploited children.

In more recent years, she joined the prevention team at RENACER. In prevention, she works with government authorities, community members, private companies, different media outlets, among others, to unify efforts to fight trafficking and (sexual) exploitation of children.

2. In your experience, what are the main challenges faced in working with victims of THB, CSA/CSE?

The interviewee said the first challenge is that exploited children often do not identify as victims and do not seek assistance. Thus, there is no opening to start a therapeutic intervention, as children initially resist the idea of being assisted. She mentions that children are often so manipulated by their abusers, who are sometimes members of their families, that they see the abuse as normal. They sometimes believe it to be a simple way to make a living and do not see the situation of abuse as such. She mentioned that reaching out to these children is even harder when there is a bond between the child and the abuser, especially when this is a family bond (e.g. mother, father, romantic partner), as the resistance from the child is even greater.

3. In your experience, do victims of these crimes develop an attachment bond with their trafficker?

3.1. If yes, would you be able to estimate what percentage of victims experience this?

The interviewee started by noting that every case is different but recognised that generally there is an attachment bond between child and abuser. While she cannot estimate a percentage of cases, she believes that more often than not there is an attachment bond.

She notes two general types of attachment bond. The first is one that starts before the exploitation, such as the bond with a parent or a romantic partner. The second is one that is created during the exploitation dynamic because of the manipulation by the abuser, which leads the child to see the exploiter as someone who fills the gaps in affection they may experience. That is, the child may need affection and approval and the exploiter is seen as someone who can give them that.

4. What are the behavioural signs that indicate victims experience trauma bond?

Probe (in case not explicitly mentioned):

4.1. Are there any criteria used to identify this phenomenon?

4.2. Are you aware of any training/or have you been given training on how to identify trauma bonding?

The interviewee notes that children who have a bond with their abuser are very reluctant to denounce their abuser. Even when the child decides to take action against the exploitation itself, that is, when they recognise the exploitative situation, they are in and to try to leave it, entering a therapeutic program, they often refuse

to denounce their abuser. She says this is because, despite the abuse, they see their abuser as someone who protected them, who gave them affection, not someone who exploited them.

Other signs that indicate a trauma bond experience are children resisting to recognise that they were abused and showing difficulties in breaking the bond. In some cases, children may refuse to talk about facts that involve the abuser.

She also notes that a trauma bond is a risk sign for evasion, that is, an indicator that the person may abandon the therapeutic program.

She says when it comes to training, therapists are trained to take a victim-centred approach, which should be respectful and empathetic. In this approach, the key is to listen to the child to understand their needs and then develop an adapted therapeutic program. Within the training, trauma bonding is not a central issue, but it is presented as a risk to the success of the therapeutic intervention. In this regard, trainings note that trauma bonding may be one of the consequences of the abuse, but since there are many others, there is no special focus on trauma bonding.

5. In your experience, how does trauma bonding manifest biologically?

5.1. What is happening in the brain of victim when experiencing a trauma bond?

5.2. Do these biological impacts affect the way victims of THB and CSA/CSE cooperate with LEA and service providers?

The interviewee does not have the appropriate training to say if trauma bonding has biological or neurological consequences on victims. In her experience, however, she says that a way trauma bonding affects victims is that it increases the chances that they abandon therapeutic programs. This is especially the case where the abuser has a direct relationship with the child, such as a mother. She notes that the most difficult thing to overcome in cases of trauma bonding is assisting the child to break the bond. She says children often feel very dependent on their abusers, and thus do not see themselves as autonomous and capable beings. This leads to emotional and social difficulties that obliges them to continue in the exploitative relationship to feel good. This relationship affects the way victims interact with authorities and service providers as they may not wish to voluntarily leave the relationship. In RENACER's work more specifically, since therapeutic intervention is voluntary, children may not seek to join it or may leave it due to the bond they have with the abuser.

6. Do you believe that the use of technology such as the internet to groom victims results in the development of a trauma bond?

Probe (in case not explicitly mentioned):

6.1. Can online grooming be used by traffickers as a strategy to create an attachment bond with the victim?

6.2. Is it easier to establish trust with the victim through online platforms rather than offline?

She notes that the recruitment of children for exploitation has changed significantly in the past years due to the internet, as today's teenagers grew up with technology and spend a great amount of time on the internet. She says that since having part of their lives online is commonplace, it is easy for them to create bonds online as that is natural for their generation.

When it comes to grooming, the goal of grooming is to understand the victim's expectations and needs and presents oneself according to those expectations and needs. Thus, the goal of grooming is to create that bond and it is something that last months, even years sometimes to create.

The interviewee also says it is simpler to create a bond online, as teenagers are very used to have online interactions. They may be more suspicious of certain in person contacts, but on the internet it is easier to trick

someone. In this regard, she notes that RENACER has noted in the past years that more and more children first have contact with abusers online, with offline contact coming only afterwards.

7. In your experience, do victims experiencing trauma bonding have difficulties cooperating with law enforcement and service providers?

Probe (in case not explicitly mentioned):

7.1. What are the obstacles of achieving such cooperation?

7.2. Do you think that a specific and different approach should be adopted when working with these victims in order to facilitate cooperation?

The interviewee recalls what she said before, that the bond makes children reluctant to interact with authorities and service providers. Furthermore, she said that in Colombia, the general population does not trust authorities. She says law enforcement in Colombia often lack the tools and personal abilities to take an empathetic approach that can create trust. Children may thus not want to seek the police.

Regarding service providers, the interviewee mentioned RENACER's approach. She says that to overcome this possible reluctance of children to seek therapeutic help, they try to work as facilitators. This means that they try to establish a horizontal relationship, in which therapists are not the owners of the truth. They listen to children and try to empower them to make their own choices. Thus, they try to create a relationship with the children based on empathy, patience and genuine interest in them to make them feel important and see what a healthy relationship is like.

8. What do you think are the needs/vulnerabilities of these victims? How do you think their needs can be met in order to facilitate cooperation?

Building on what was said before, she says that often these children need to understand that they can have healthier relationships and that there are other ways to receive affection that are not abusive. They need to see themselves as autonomous beings and regain their freedom, as in a situation of trafficking or abuse freedom is the first thing that is withdrawn from them.

9. Do you believe that the current measures taken to assist these victims are effective?

The interviewee believes RENACER's approach (mentioned above in question 7) is effective, as they have seen less children leave therapeutic programs. She estimates that when she started between 20 and 25 years ago, about 50% of children would leave a program after starting it. This percentage has now dropped in view of their efforts to improve their programs and act in the way that was described before (that is, try to establish a horizontal relationship, in which therapists are not the owners of the truth. They listen to children and try to empower them to make their own choices. Thus, they try to create a relationship with the children based on empathy, patience and genuine interest in them to make them feel important and see what a healthy relationship is like).

She also stressed that taking a victim-centred approach means that the therapeutic program is tailored to each individual child. Thus, they provide a specialised program based on what victims need and want.

She says, however, that the government sometimes takes ineffective measures. For example, she says that Colombia is against shelters for victims, preferring to keep them in a family environment. While generally the interviewee thinks that is the best approach, it is sometimes necessary to separate the child from their family and community, as these may be the child's exploiters or those who facilitate the exploitation. Thus, to help break the bond, they may need to be separated for some time and placed in shelters or in similar solutions.

She also says governmental programs do not differentiate between victims of mistreatment and victims of abuse, even though the consequences of these actions are very different. The interviewee thus prefers an individualised approach to address victim's experiences.

Annex D Interview Report (I4)

1. Could you please describe your position and tasks?

Probe (in case not explicitly mentioned):

1.1. Have you ever worked on/with victims of trafficking in persons?

1.2. Have you ever worked on/with victims of child sexual abuse or exploitation?

The interviewee works as a psychotherapist in Dhaka Ahsania Mission in Bangladesh, her tasks include working as coordinator in counselling services giving mental health support to victims human trafficking, both adults and children including street working children and abandonment children.

2. In your experience, what are the main challenges faced in working with victims of THB, CSA/CSE?

Based on her long experience with counselling victims of human trafficking, she explains that the main challenge she faces is that these victims are not open and do not confide easily in their therapists considering that they have trust issues and do not trust anyone and self-isolate. The trust challenge comes as direct consequence of traffickers sometimes being a family member close to the victim such as a parent whom the victim has put their trust in but ended up being sold by the family member.

Another challenge is not having a stable space dedicated to interview victims of THB and to hold the therapy session. They usually have the sessions with these victims in other organizations or shelters such as a shelter home in Northern District of Bangladesh. However, victims can only stay in that shelter for 15 days, then they either repatriated to their own country or sent back home which makes it difficult to continue the therapy and some might even have to stop therapy at that point.

3. In your experience, do victims of these crimes develop an attachment bond with their trafficker?

3.1. If yes, would you be able to estimate what percentage of victims experience this?

The interviewee acknowledges that trauma bonding can happen between the trafficker and the victim which is triggered by the traumatic experience of being trafficked; nonetheless, in her work in Bangladesh she has not encountered victims who have developed an attachment bond to their trafficker. The trauma created by being trafficked makes the victims unstable.

She explains that in Bangladesh, human trafficking networks are extremely big and well connected and because of that victims are mostly afraid of the trafficker because the trafficker has a big network of people in the community of the victim and as she explained in question 2, these traffickers can be family members who use their victims as a way to make money by selling them in other countries and in brothels for example. The network can indeed extend to police officers and people with high authority in the country. Often times, the trafficker threatens to bring harm to the family of the victim, making the victim fearful of the trafficker without being able to develop any other feelings towards them.

4. What are the behavioural signs that indicate victims experience trauma bond?

Probe (in case not explicitly mentioned):

4.1. Are there any criteria used to identify this phenomenon?

4.2. Are you aware of any training/or have you been given training on how to identify trauma bonding?

The interviewee has not encountered the situation of having a victim attached to the trafficker for the reasons explained in question 3, but in her experience, victims of trafficking often experience some type of trauma.

She explains that the way they deal with THB victims is that they develop a questionnaire to identify trauma signs, and based on that they identify the scope of the trauma and how to process it and what type of therapy to use. Based on this, they apply MDR, trauma reducing tools.

The interviewee does however give training to others on the general subject of trauma including trauma bonding and the 8 protocols to handle trauma, her training tackle health providers, counsellors, and other professionals.

5. In your experience, how does trauma bonding manifest biologically?

5.1. What is happening in the brain of victim when experiencing a trauma bond?

5.2. Do these biological impacts affect the way victims of THB and CSA/CSE cooperate with LEA and service providers?

As the interviewee has not dealt with THB victims who have experienced a trauma bond because of the reasons mentioned in question 3, she was not able to answer this question. She however explained why it is hard for these victims to cooperate with LEA in Bangladesh, not just because of the traffickers actually being well connected to LEA but also because the main emotion described by victims towards their trafficker is fear of being harmed or inflicting harm on their loved ones.

6. Do you believe that the use of technology such as the internet to groom victims results in the development of a trauma bond?

Probe (in case not explicitly mentioned):

6.1. Can online grooming be used by traffickers as a strategy to create an attachment bond with the victim?

6.2. Is it easier to establish trust with the victim through online platforms rather than offline?

The interviewee believes that building trust over the internet is much easier than in person. She adds that this has been shown specially in the time of pandemic where traffickers switched to online platform as a way to recruit victims. She gives the example of young women and children who are being contacted to work as a model and to film some videos thinking that they are being offered a modelling job, however they end up being trafficked by the person who requested these videos and posted them online in order to make profit.

7. In your experience, do victims experiencing trauma bonding have difficulties cooperating with law enforcement and service providers?

Probe (in case not explicitly mentioned):

7.1. What are the obstacles of achieving such cooperation?

7.2. Do you think that a specific and different approach should be adopted when working with these victims in order to facilitate cooperation?

She explains that in the case of psychotherapists for example, once trust is built, it is easy for victims to trust service providers and continue therapy; however, in the case of police cooperation it is more difficult since in Bangladesh police might be involved in criminal organisation that engage in trafficking activities. As she explained in question 3, trafficking in Bangladesh is a big channel of people who has many connections and are in high positions such as police officers, prosecutors, etc. Since victims are afraid of their traffickers, and since traffickers might be people in power, it is hard for victims to actually go to the police and report a case of trafficking. The interviewee adds that in Bangladesh it is difficult to have traffickers punished by the law for engaging in trafficking acts, evidence can be hard to obtained and proven. She continues to say that because

these people are in the position of power and are on the inside of the judicial system and police force, evidence might also be destroyed.

8. What do you think are the needs/vulnerabilities of these victims? How do you think their needs can be met in order to facilitate cooperation?

As the interviewee explained in question 2, there is a problem of shelters and spaces dedicated to counsel these victims. They need a safe center, mental health support, they need also legal support. She explains that in Dhaka Ahsania Mission, they assess their needs of the victims and based on that they could refer them to a professional institute and in some cases, they might be able to provide them with some money to start their lives again for example to start a business. She adds that they also provide them with professional training to self-employee if needed and based on their abilities.

9. Do you believe that the current measures taken to assist these victims are effective?

The interviewee believes that the current measures in place are not enough, but NGOs in Bangladesh are trying to work better towards this issue. She gives the example of Dhaka Ahsania Mission where she is currently working, she explains that the NGO is located on the borders of Bangladesh which is a main route for traffickers. She believes that being located at the borders is a positive factor in effectively assisting victims of THB.

She further explains that a huge problem in Bangladesh is the poor literacy rate in women, however, in the last years things have been changing to include women in professional trainings and teaching them how to be self-dependent which minimises the risk of them being trafficked.

In addition, awareness about the subject of trafficking in general should be done not just at community level but also at government level.

On a positive note, changes are being done by the Bangla government to tackle the problem of trafficking through implementing safe and legal migration. Nonetheless, the problem of NGOs relying on donor funding is a problem that can affect the continuation of therapy sessions with the victims, she explains that stopping the trauma counselling can be very dangerous to THB survivors and it is crucial to follow the protocol in closing the sessions in order to have an effective trauma therapy.

Annex E Interview Report (I5)

1. Could you please describe your position and tasks?

Probe (in case not explicitly mentioned):

1.1. Have you ever worked on/with victims of trafficking in persons?

1.2. Have you ever worked on/with victims of child sexual abuse or exploitation?

The interviewee is an educational psychologist working in psycho analytical training, she is also the programme coordinator in Animus Association in Bulgaria responsible for activities and projects related to combatting trafficking in human beings.

She also works with clients, most of them are victims of human trafficking and domestic violence both adults and children. She adds that most of the trafficking victims that she met, have been previously victims of domestic violence and child sexual abuse.

2. In your experience, what are the main challenges faced in working with victims of THB, CSA/CSE?

The interviewee says that the main problem is that victims don't want to be engaged in counselling or engage in therapeutic activities. The reason behind that is that they are not in the state of mind to think about therapy. Culture and background of the victim are also related to this issue.

Another significant problem is that it takes a lot of time to establish trust with the victims. She explains that most of the victims she deals with are Bulgarian women that are being internally trafficked. The women have very low education and very little opportunities and their reintegration in society is difficult. Meaning that when the interviewee deals with these women, they are not just dealing with trauma but also a lot of vulnerabilities.

The interviewee adds that they also have other victims of trafficking who are foreign women coming from Middle East, from Africa, now from Ukraine. The challenge with these women is that when they are first referred to Animus association, they are not identified as victims of trafficking. After months of holding counselling sessions with them, service providers conclude that they have been trafficked.

She adds that foreign people don't want to be identified here as the victim of the victims of trafficking because they consider Bulgarian as a transit country, so they want as soon as possible to continue their journey and they don't want to be engaged in criminal proceedings and they don't know their rights and they lack legal aid.

They go from one dependent relationship to another.

3. In your experience, do victims of these crimes develop an attachment bond with their trafficker?

3.1. If yes, would you be able to estimate what percentage of victims experience this?

Based on her experience, the interviewee explains that these victims do develop an attachment bond with their trafficker and that is mostly the case in foreign victims who know only their trafficker and do not trust anyone else. They rely on their trafficker to continue their journey, so they don't want really to break the relationship with this person because they feel totally alone, abandoned and helpless. They are dependent on their trafficker. In this case, she gives the example of how culture shapes the dependency factor, by demonstrating that women cannot survivor on their own in certain situations and would need to feel connected to a man. For these reasons, it is hard to break the bond.

One of the particularities of a trauma bond is that the dependency is not only based on fear but also on the feeling that the trafficker given them that they are stronger with him considering how much power he exhibits on them and on his operation.

She could not give a percentage on it however she explains that not all the victims experience an attachment bond, it depends on many factors including level of maturity, the level of her emotional and psychological maturity and their past experiences before being trafficked.

She encountered victims of trafficking who have not developed feelings toward their trafficker but instead want them to be in prison, but even in these cases, these women self-blame and compromise.

One of the problems caused by a trauma bond is that once victims are taken out of the trafficking situation, they still want to engage with the trafficker by calling him, chatting with him, the interviewee explains that

“If they are freshly taken out of the situation of trafficking and if we meet them right after the trafficking situation, you can see this dependency on on the trafficker which is very strong. then we have problems because they want to chat with them because they want to connect with them and we have to be bad and take their phones and to keep them safe.”

Because of this dependency, even after escaping this situation, victims tend to find another person to be dependent on, she explains that

“To to break one dependent relationship, they immediately go to another dependent relationship. Actually, this is another challenge that they go from one dependent relationship to another dependent relationship and we never know whether the next one is not abusive.”

In her opinion, this comes as a natural result of the way these women have been raised to always depend on a male figure and they are raised to be autonomous.

4. What are the behavioural signs that indicate victims experience trauma bond?

Probe (in case not explicitly mentioned):

4.1. Are there any criteria used to identify this phenomenon?

4.2. Are you aware of any training/or have you been given training on how to identify trauma bonding?

She explains that they don't use a questionnaire, but they do an in-depth assessment of the case. They listen to the story of the victims and depending on what the victim tells them they assess whether the victim is experiencing a trauma bond. One of the behavioural signs are dependency, trust, they protect their trafficker and self-blame.

Ambivalent feelings are a good sign to therapists in these cases

“One side they say he was a friend. He treated me well Bbut at the same time, he abused me”

The interviewee says that they did not receive any training on the subject of trauma bonding, they are self-learned through practice. However, based on these practices and experiencing with dealing with THB victims, they are now able to give training on the subject to other colleagues, to teach them to be tolerant and more supportive. These trainings are also given to LEA, and people working in the judicial system since sometimes the victim does not want to witness against the trafficker because of the traumatic relationship they have.

5. In your experience, how does trauma bonding manifest biologically?

5.1. What is happening in the brain of victim when experiencing a trauma bond?

5.2. Do these biological impacts affect the way victims of THB and CSA/CSE cooperate with LEA and service providers?

The interviewee could not give an answer on the biological aspects of a trauma bond, but she explains that a trauma bond increases anxiety of victims. They feel very helpless, they have sleeping problems and

psychosomatic issues. Considering that without this relationship with the trafficker, they feel alone and could self-harm. She demonstrates that losing this relationship is like entering an obstinacy state:

“This relationship was used to structure and organise their life and all their life was organised around this relationship and now when you miss this very important organising point in your life, you fall apart. You fall apart you. You don't have opinion on nothing. You don't know where you are, where you go, what you want for yourself. Because always someone has told you.”

6. Do you believe that the use of technology such as the internet to groom victims results in the development of a trauma bond?

Probe (in case not explicitly mentioned):

- 6.1. Can online grooming be used by traffickers as a strategy to create an attachment bond with the victim?

- 6.2. Is it easier to establish trust with the victim through online platforms rather than offline?

The interviewee has seen a lot of cases of sexual abuse online where a trauma bond was established. She explains that for example, a loverboy phenomenon is common online. In her opinion, a trauma bond can be created anywhere, and perpetrators could use the internet as a way of communication to create dependency and trust with the victim. She adds that in her opinion, it depends on the personality of the victim and their vulnerabilities to see if online grooming can succeed to create a trauma bond even though it is easier for perpetrators to control their victims online.

She adds that online sexual abuse can easily turn into trafficking.

7. In your experience, do victims experiencing trauma bonding have difficulties cooperating with law enforcement and service providers?

Probe (in case not explicitly mentioned):

- 7.1. What are the obstacles of achieving such cooperation?

- 7.2. Do you think that a specific and different approach should be adopted when working with these victims in order to facilitate cooperation?

Based on her experience, the interviewee agrees that trauma bonding impacts cooperation with LEA and service providers because victims feel very guilty don't want to take the responsibility in putting their trafficker in prison and this is one of the effects of a trauma bond since they don't feel anger towards him and do not want to do anything bad to him. This means that sometimes they do not want to talk to LEA in the first place.

Because of this, she explains that they give trainings to police on how to approach this. LEA should know about trauma bonding to understand why victims behave in a certain way:

“They should make sure to tell the victim that the case does not lie on her testimony since it plays a minor role in the proceedings and that she is not responsible for the trafficker being criminally charged. Indeed, they should explain that the responsibility of bringing the perpetrator to justice does not lie on her shoulders.”

Law enforcement professionals should be more tolerant, not rely on what the victim says and stop pressuring the victim into giving information or to testify in court, since this causes a secondary trauma. This is also because they should not rely on the victim's testimony during trial, in this case they need to find a witness and gather more evidence.

In another instance, the interviewee notes that service providers have the obligation to report a case of trafficking but only with the consent of the victim unless the victims in in a dangerous situation. Before

reporting, service providers explain this obligation to the victim and gives her information on her rights making sure that she knows that victims are not obliged in Bulgaria to participate in the criminal proceedings.

8. What do you think are the needs/vulnerabilities of these victims? How do you think their needs can be met in order to facilitate cooperation?

The interviewee has already answered this in question 7, she explained that LEA should be more tolerant when interviewing a victim of these crimes and avoid actions that may lead to re-victimisation of the victim.

9. Do you believe that the current measures taken to assist these victims are effective?

The interviewee thinks that Bulgaria has enough legislation on human trafficking and sexual abuse but what is needed is more competence in people dealing with these victims. More human resources are needed to tackle this problem. She is currently working on a project to train LEA on a trauma informed approach while working with victims who experience a trauma bond considering that LEA don't know why the victim became behaves in a strange way. They have some expectations how the victim should behave and if the victim does not behave in the expected way then they express anger towards her which leads to re-traumatisation. The training also includes information of how traumatic memory works when victims constantly change their testimony.

Annex F Interview Report (I6)

1. Could you please describe your position and tasks?

Probe (in case not explicitly mentioned):

- 1.1. Have you ever worked on/with victims of trafficking in persons?
- 1.2. Have you ever worked on/with victims of child sexual abuse or exploitation?

The interviewee is the CEO and founder of the anti-trafficking organization HopeNow in Denmark, she develops and implements methods to identify THB victims through doing outreach work, counselling and through therapeutic approaches.

The majority of her work is with adults victim of trafficking. She hasn't worked with victims of child sexual abuse/exploitation; however, she worked with victims of trafficking who are minors.

2. In your experience, what are the main challenges faced in working with victims of THB, CSA/CSE?

One of the challenges, she explains, is that victims do not self-identify especially. When these victims meeting law enforcement, they often try to hide the fact that they're trafficked, either consciously because they've been instructed by the traffickers and are coerced to do that, or because they just don't understand how disclosing that would be relevant. She adds that these victims sometimes come from their origin countries where corruption is embedded into the police force and therefore, they do not trust law enforcement.

Another challenge is that these persons are highly traumatized and depending on their background, which could involve childhood trauma and childhood attachment theory, they have major traumatic episodes in their lives which could result in memory loss, they find it very difficult to tell a story sequentially or have some gaps in their story.

Adding to that, the interviewee says that people who are in direct contact with the victim and interviewing them do not have the necessary tools to be able to contain the trauma in a way that is not re-traumatizing the person. Mishandling a conversation with a victim by touching upon specific subject of their trafficking, such as on their recruitment and the coercive techniques used by the trafficker, could re-traumatise the victim and they might go into lockdown and exhibit different behavior such as aggression, or entering a frozen state. The interviewee explains that unless a trauma informed approach is taken when interviewing victims, positive results to help the victim would not be achieved.

3. In your experience, do victims of these crimes develop an attachment bond with their trafficker?

- 3.1. If yes, would you be able to estimate what percentage of victims experience this?

The interviewee begins by saying that the relationship built up between the trafficker and the victim is always a very complicated bond of attachment. However, she explains that this depends on background of the victim, how vulnerable they are to needing attachments, particularly if there's been childhood trauma. She continues to say that a smart trafficker would know how to fill in this void created by the childhood trauma, and he would begin to compensate for the lack of love and attention. Being listened and seen by someone, even though they might have bad intentions, would create a bond.

She notes that as the relationship moves on, the trafficker starts playing various roles in the victim's life. She calls this "the carrot and the stick", where the person is being rewarded for doing what the trafficker wants. Based on her experience, she explains that Many people who are trafficked will be using language like "this person helped me to come to Europe". In these cases, she says that law enforcement should keep on asking

questions to see what does “this person helped me” means, and gradually what will occur is a story that shows abuse, manipulation, reward.

This manipulative relationship grows with the victim, meaning that overtime some adults are deeply grateful to their trafficker no matter what and how they abused the victim, and at a certain point some change from being a victim to becoming perpetrators. In this sense, she demonstrates that those who had very poor relationships with an adult in their formative years (for example, childhood abuse) are extremely that group are vulnerable to becoming traffickers or remaining always having perpetuated relationships where they remain the victim and are actually drawn towards people who might abuse them. This could last even after escaping the trafficking situation. Meaning that will still be having relationships that have similar patterns since it feels safe for them as it is something they have already experienced.

In this regard, she explains that moving on from toxic relationships requires a lot of work to be done on a psychotherapeutic level. On a practical level she gives the example of the issue of setting boundaries by these victims, where therapy should not just be done by talking about it but rather with role play where she would get the victim moving their body rather than sitting down which could entice them to going into a frozen state.

4. What are the behavioural signs that indicate victims experience trauma bond?

Probe (in case not explicitly mentioned):

4.1. Are there any criteria used to identify this phenomenon?

4.2. Are you aware of any training/or have you been given training on how to identify trauma bonding?

The interviewee says that it is all about body language of the victim. In asking some questions to the victim. A specific question related to an event might immediately trigger a body reaction, such as pupil change, color change, change in the tone and a whole array of physical signs. If a service provider is trained to observe, they will notice this body change. These are signs that the victim is traumatised. A misinterpretation of body language could negatively affect the healing process.

When asked about other behavioural signs, she notes that, depending on the relationship level in terms of communication and counselling with the victim, victims could actually start talking about the trafficker who they might call a friend, or someone who really helped them. She adds that going full on in asking questions about the trafficker by the therapist is not recommended as resistance might be expressed by the victim. Even though the therapist might be a step ahead the victim, the interviewee explains that sometimes the steering wheel should be given to the victim which would empower them and would sometimes develop into anger feelings towards the trafficker for example. She notes that here therapists are able to work with positive anger by encouraging it and mirroring it.

When asked about trainings on the subject of trauma bonding, she says that she is not aware of any specific training given on that subject although it is needed and there might be some work might be in the process to develop such training by the centre against human trafficking. She also clarified that she does not give any trainings either.

5. In your experience, how does trauma bonding manifest biologically?

5.1. What is happening in the brain of victim when experiencing a trauma bond?

5.2. Do these biological impacts affect the way victims of THB and CSA/CSE cooperate with LEA and service providers?

The interviewee notes that in layman's terms, the very primitive, formative parts of the brain – the limbic area, the amygdala - are what are overriding other parts of the brain. She explains that short circuits occur when there is early abuse and development trauma. This will be a nature coping mechanism for parts of the mind

and the brain to attach to new persons. there are neurological changes in the brain which which occur in these kind of relationships based on the circle of abuse and reward and the safety feeling related in the known behavioural interaction.

6. Do you believe that the use of technology such as the internet to groom victims results in the development of a trauma bond?

Probe (in case not explicitly mentioned):

- 6.1. Can online grooming be used by traffickers as a strategy to create an attachment bond with the victim?
- 6.2. Is it easier to establish trust with the victim through online platforms rather than offline?

The interviewee thinks that the internet can indeed be used to groom victims. The internet helps to recruit large number people easily. She notes that it could be a preliminary stage in a trafficking. The internet is a place where promises, hope, dreams, and compliments are easily exchanged. It could be a starting point for building a relationship between the trafficker and the victim before meeting in person. In this regard, she adds that the in-person meeting could further develop the bonding.

She recalls what she has previously explained about vulnerability and a developmental trauma in previous years of the victim's life who already has problems with attachment, and she further says that this person will be more likely to be sucked into the way that the person who is online recruits them. She says that sometimes the bond does not take place online unless a physical meeting has taken place; however, in case where trafficking process is entirely online then the trafficker would be using "the carrot and the stick" method to build that bond. For example, victims in this case could probably going to be misused into film work or and then there will be the kind of blackmail coming in that if they don't make the next film, then the trafficker would distribute the filmed video to the internet or to the victim's family. The coercion might be too strong to break the bond.

In responding to the question on trust being built online, she answers that with the internet becoming very popular especially with children, it is easier to deceive and manipulate online because for example, one could pretend to be a young person to get in contact with a minor. Online, lots of games that could be played that will create an attachment that will be highly complex and will give the trafficker a great advantage.

She ends with noting that we should not forget the power of the physical meeting after the online process which could extremely strength the trauma bonding. Face to face meetings and presence of the trafficker can build the intimacy and attachment with the victim, the interviewee refers here also to loverboys who engage in sexual activities with their victims, or those who live with their trafficker who's also a woman and they share a place with her and help her around the house.

The exception to trauma bonding occurring online, is when the trafficker is a close family member of the victim or someone who's not a stranger to the victim.

7. In your experience, do victims experiencing trauma bonding have difficulties cooperating with law enforcement and service providers?

Probe (in case not explicitly mentioned):

- 7.1. What are the obstacles of achieving such cooperation?
- 7.2. Do you think that a specific and different approach should be adopted when working with these victims in order to facilitate cooperation?

The interviewee notes that it is hard for victims to cooperate with police and service providers. When it comes to cooperating in criminal proceedings, it depends on what the victim is being offered in return for this

cooperation. Are they going to be offered short term residency in case she chose to witness against the trafficker? Adequate protection for the victim and their family? Are they going to be returned to their country of origin?

In her opinion, victims coming from their origin country where there is a lot of corruption in the police force and no protection is therefore offered to them, it is not wise to witness against the perpetrator.

Another obstacle towards cooperation with LEA is not all police officers have an understanding of how to work with a trafficking victim and how to interview them. The interviewee has encountered the work of one detective who was working with two minor girls who were trafficked into prostitution. The way he reached a prosecution against the trafficker was by establishing a bond with these girls by listening to them, respecting them, understanding them and being patient. After 8 months, he was able to have them witness against the trafficker. She called this an empathetic approach that even though is a slow process but it ensures the non-re-traumatisation of the victim.

She explains that in order to have victims become witnesses, we have to be able to make tailor made approaches where the cultural background and the psychological state of the victim, the physical security of the victim and also the family's security are taken into account.

8. What do you think are the needs/vulnerabilities of these victims? How do you think their needs can be met in order to facilitate cooperation?

The interviewee has already mentioned in question 2 that that people who are in direct contact with the victim and interviewing them do not have the necessary tools to be able to contain the trauma in a way that is not re-traumatising the person, she also mentioned the need of LEA to have an understanding on how to work with victims of these crimes.

9. Do you believe that the current measures taken to assist these victims are effective?

The interviewee says that current measures could be improved greatly. More teaching and training on trauma informed approaches should be provided to people who work with trafficked victims. They need to understand also the mechanisms where the brain drops out and that memory can be affected. She adds that immigration plays a great role in the victim's life as she notices that a lot of victims rather go through the asylum system rather than being returned home. Another problem that should be looked at is that forced crime committed by the trafficked victim should not be prosecuted because in this case they are also traumatised by the State.

In Denmark, if a victim does not accept to return to their original country they will be arrested and put in jail, therefore losing the victim status because they did not cooperate. The problem with victims who choose the asylum process, any contradictions and gaps in their stories would be used against them.

Another problem, she adds, is that victims of trafficking are given temporary residency in Denmark during the trial as they are acting as witnesses, but once the trial has ended no protection or safe shelter is given to them, which means that once the trial is done they are expected to leave to their home country,

Lastly, she expresses the need and lack of further fundings and support to operate NGOs that help these victims.

Annex G Interview Report (I7)

1. Could you please describe your position and tasks?

Probe (in case not explicitly mentioned):

1.1. Have you ever worked on/with victims of trafficking in persons?

1.2. Have you ever worked on/with victims of child sexual abuse or exploitation?

Two representatives of Open Gate-La Strada were present in this interview.

One of the interviewees works as Program Director of Open Gate-La Strada, she is responsible for developing the programmes for direct support of trafficked persons, she has recently worked on the professional supervision of the professionals in the shelter, including the psychologists and social workers for prevention of burnout, but also for more qualitative support of trafficked persons. She also worked on developing specific approach with traumatised children victim of trafficking.

The second interviewee is currently the program assistance of Open Gate-La Strada and program coordinator of projects for support of these victims, she has a background of 10 years experience working as a social workers.

The majority of the victims of trafficking and sexual violence who are hosted by their shelter are children.

2. In your experience, what are the main challenges faced in working with victims of THB, CSA/CSE?

The first challenge mentioned by the interviewees was the trauma that accompanies the victims of these crimes and their success to reintegrate into society.

The interviewees added that there are many challenges, and they mentioned the following:

- *For a successful prosecution of the perpetrators, the prosecutor relies on the testimony of the victim. When these victims are children, it is challenging to support them in building their confidence to give the statement before the prosecutor. According to the Law in Macedonia, they can be interviewed only twice. This is very challenging and problematic in cases where the children have connection with the traffickers who might be either their parents, their relative, or someone that they dependent on. They add that at La Strada, they have psychologists, social workers, and female lawyers that support these victims, to stabilise them, calm them, provide them with an environment where they feel safe so that they feel encouraged to talk to prosecutors about their experience.*
- *The other challenge is the risk of re-traumatising the victims during the criminal proceedings since it is a long process. Here the organisation gives training to prosecutors and spread awareness on how to approach these victims.*
- *Re-victimisation was one of the major concerns that the interviewees expressed. Since prosecution takes a long time and the victim has to appear before the public prosecutor to give their testimony, for those who have successfully reintegrated into society and have to face again their traumatic experience by talking about it before the prosecutor, there is a high chance of re-traumatisation.*
- *It is also challenging to provide these victims with a sustainable and long-term solution for these victims including accommodation, medical assistance, legal assistance, education, etc.*

3. In your experience, do victims of these crimes develop an attachment bond with their trafficker?

3.1. If yes, would you be able to estimate what percentage of victims experience this?

The interviewees answered that in 90% of the cases, there is a connection with the trafficker. In their shelter, they see that the majority of victims are children who have intense connections with their trafficker who in these cases might be related to them (their parents for example) or they have a bond with a loverboy.

4. What are the behavioural signs that indicate victims experience trauma bond?

Probe (in case not explicitly mentioned):

4.1. Are there any criteria used to identify this phenomenon?

4.2. Are you aware of any training/or have you been given training on how to identify trauma bonding?

The interviewees explains that there is an adaptation period of 60 days during which a victim is accommodated in their shelter. These victims sometimes do not want to be helped, they do not want to engage with anyone and sometimes the help of their guardians is needed. In this period, they do not want to be in a safe shelter but would rather go back to the trafficker whom they see as they lover, protector, a supportive person as these victims need time to detach from this relationship. It is also challenging to have them open up and talk about it.

For these victims, even if they talk about their exploitive situation before a social worker or a psychotherapist, when they are faced with having to talk to a prosecutor about it, they refrain from talking. This is problematic especially when for example they have case of a mother who was exploiting her daughter for many years. Victims still feel some connected with the family, they don't know about anything different and certainly do not know what a normal family function is.

The interviewees gave an example of a girl who was sexually exploited as a sex worker by her mother, they explained that she was the provider of the family. The only reason she filed a report before the police was because her boyfriend supported her and rescued her. However, she still had difficulties detaching from her mother and she did not want to give her statement against her.

As for the training, the interviewees have a specific program for psychological support in the centre and outside of it and a specific protocol for working with children and trauma bonding is part of these trainings.

5. In your experience, how does trauma bonding manifest biologically?

5.1. What is happening in the brain of victim when experiencing a trauma bond?

5.2. Do these biological impacts affect the way victims of THB and CSA/CSE cooperate with LEA and service providers?

The interviewees explained that most of the victims that come to their shelter have anxiety and recurring nightmares, which affect their physical health as a consequence.

They continue to say that most of the victims were neglected by their trafficker and did not have proper diets during the exploitation, so some of them suffer from eating disorders. These victims have regular examinations with a psychiatric clinic and they take medication depending on their mental and physical condition if needed.

6. Do you believe that the use of technology such as the internet to groom victims results in the development of a trauma bond?

Probe (in case not explicitly mentioned):

6.1. Can online grooming be used by traffickers as a strategy to create an attachment bond with the victim?

6.2. Is it easier to establish trust with the victim through online platforms rather than offline?

The interviewees answered that internet sexual exploitation is increasing highly and that two years ago they had the first case of online sexual exploitation:

“We had the first case in our country two years ago where a victim was being exploited for four years online since she was 9 years old, and her case was discovered when she was 14. This victim had severe depression, severely traumatised, she even tried to kill herself”.

They added that children are being recruited online, where their first contact with the trafficker was online via social media platforms before they meet them face to face. Traffickers have many tactics to keep the child online with them, and one of these ways is the use of extortion and threats by for example using their naked photos as a threat to keep them engaged in sexual activities. Another ways was to send these victims physical threats through the post for example. They added that in these online sexual exploitation situations, children find it difficult to talk about it to their parents which exasperates the trauma.

The interviewee talked also about the loverboy phenomenon which could also be found online, they added that children were not just coerced into giving sexual services but also for labour exploitation.

A study was conducted by La Strada on online exploitation of children between 12 and 17 years old in which, the interviewees explain, it has been concluded that these online grooming are leading children to physically meeting strangers. Based on this, their centre is doing many awareness campaigns in schools to teach these kids about the risks of online exploitation.

On the question related to trust, they said that it is easier to build trust online as the perpetrator present themselves using fake identities. They once had a case of a 55 year old man who presented himself online as a 15 year old boy and it took months until he revealed his real face.

7. In your experience, do victims experiencing trauma bonding have difficulties cooperating with law enforcement and service providers?

Probe (in case not explicitly mentioned):

7.1. What are the obstacles of achieving such cooperation?

7.2. Do you think that a specific and different approach should be adopted when working with these victims in order to facilitate cooperation?

The interviewees explained that in most cases victims have difficulties cooperating with LEA. In Macedonia, the legal period of stabilisation of the victim is 60 days, and in this period, whether the victim is a national or a foreigner, have the right to decide whether to cooperate with authorities. In most cases they end up cooperating with the authorities, but that takes more than two months, and with dedicated engagement of psychologists and other team members in the centre who work with the victims. It actually takes a long period of time for the victim to be able to cooperate with LEA especially when the perpetrator is someone close to them. However, when it comes to service delivery, victims tend to cooperate well in accordance with a psychosocial assistance programme put for them by the centre.

8. What do you think are the needs/vulnerabilities of these victims? How do you think their needs can be met in order to facilitate cooperation?

The key to facilitate cooperation and minimize the risk of revictimization is the awareness and knowledge of LEA of the trauma informed approach. Since most of the victims hosted by the centre are children, the interviewee demonstrate that they need a good environment to be provided for them when being interviewed by the prosecutor and an important step towards ensuring the minimization of the risk of reliving the trauma, the prosecutor is now asked to video tape the statement of the victim. Recording the statement avoids unnecessary repeat of questions that might retraumatise the victim. This statement however is done without

any direct contact of the prosecutor with the victim but rather a psychologist will do the interview with the child. Although the interviewees are advocating for this, nonetheless, this method of interviewing does not happen often and for this reason the interviewees add that the victim should be accompanied by a guardian or a caretaker (when there is no parent guardian). In the case of La Strada, the victim is accompanied by a social worker that works with the victim in the shelter and whom the victim trusts.

Another thing to consider, the interviewees said, is that not all prosecutors are good with children and in this regard, they advocate to have specialised prosecutors and judges especially for children victims of trafficking.

When asked about the trauma informed approach, they explained that they have a specific protocol that professionals abide by when working with children with severe trauma. One key aspect is the language used with the child, when considering their age, some of them might have not even started primary school so using a language that is on the level of education of the child is necessary. It is also important not to interrupt them when they are talking. Another thing is to provide them with a child friendly space where they feel comfortable and not to push them to talk.

9. Do you believe that the current measures taken to assist these victims are effective?

The capacity of professionals working with these children should be improved including LEA, prosecutors, social workers in state institutions and the guardians of these children. The interviewees added that guardians are not just responsible for the protection of the children but also responsible to provide them with a long-term solution and help them to integrate, therefore they consider that training of guardians is also crucial.

Service providers in the centre should have continuous support in their work and continuous training to be able to provide quality services that are of best interest to these victims. Another thing that could be improved is the capacity of shelters since there is a high need of accommodation, but the shelter has limited capacity, and this needs investment. The interviewee thinks that foster families could be a solution for the accommodation and shelter limitations.