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Human Trafficking Crimes and Protect their Victims  
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**D7.2 Best practices guidelines for trauma  
bonding identification protocol**

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<b>Abstract (for dissemination)</b>	
<p>This task aims to formulate best practices guidelines for trauma bonding identification protocol. It has defined terminologies namely child, victim, child sexual abuse, child sexual exploitation, commercial sexual exploitation, online child sexual exploitation, exploitation of children for prostitution, child sexual exploitation materials, and lastly trauma bonding. The guideline has emphasized victim-centred and child rights-based approach while interacting with victims of trauma bonding to avoid re-victimization during the intervention process. Especially when it is a child victim it is based on the fundamental child rights outlined by the United Nations Convention on the Rights of the Child, and other international conventions and guidelines. The concept of trauma bonding was thoroughly discussed with emphasis on the victim's behavior, its relationship with codependency and how a trauma bonding framework harms victims. Most importantly, trauma bonding identification was explored giving various abusive scenarios that give rise to such bonding. We also identified the risk factors and people susceptible to trauma bonding, discussed four attachment styles, as well as the stages of trauma bonding, and the reactions and consequences of trauma bonding. We also address breaking the vicious cycle of trauma bonding, recovery and assistance for such cases. Lastly, we concluded with ways to work with victims of trauma bonding.</p>	
<b>Keywords</b>	Trauma bonding, child sexual abuse and exploitation, child trafficking, victim-centred, child right-based approach

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## Abbreviation

ACE	Adverse Childhood Experience
ACS	American College of Surgeons
BIPOC	Black, Indigenous, and Other people of Color
CBT	Cognitive Behavioral Therapy
CRC	Convention on the Rights of the Child
CSA	Child Sexual Abuse
CSE	Child Sexual Exploitation
CSEC	Commercial Sexual Exploitation of Children
DBT	Dialectical Behavior Therapy
ED	Emergency Department
EU	European Union
IPV	Intimate Partner Violence
LGBTQ+	Lesbian, Gay, Bisexual, Transgender, Queer, Questioning
PTSD	Post-Traumatic Stress Disorder
SEA	Sexual Exploitation and Abuse
SH	Sexual Health
THB	Trafficking in Human Being
UK	United Kingdom
UN	United Nations
UNGA	United Nations General Assembly
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations International Children's Emergency Fund
US	United States
USA	United States of America
WHO	World Health Organization

## Executive Summary

The HEROES Deliverable 7.2 is a Best practices guidelines for trauma bonding identification protocol designed to assist professional stakeholders to conceptualize and address trauma bonding of CSA/CSE/THB. It starts with defining terminologies namely child, victim, child sexual abuse, child sexual exploitation, commercial sexual exploitation, online child sexual exploitation, exploitation of children for prostitution, child sexual exploitation materials, trafficking in children and lastly trauma bonding of victims with their perpetrators. The guidelines provides an overview of signs and symptoms that may indicate child sexual abuse, physical abuse and psychological abuse as well as trauma bonding. It has emphasized victim-centred and child rights-based approach while interacting with victims of trauma bonding to be sensitive and non-judgmental which is based on the fundamental child rights outlined by the United Nations Convention on the Rights of the Child, and other international conventions and guidelines. For example, the seven principles of a child rights-based approach which are: life, survival and development; dignity; best interests; interdependence and indivisibility; participation; non-discrimination; and lastly transparency and accountability.

It has elaborated on identifying victims of sex trafficking including potential warning signals and risk factors of trafficked victims and what minimum questions to be asked to get the information that is needed by rapport building and a sense of trust in the victim-physician relationship.

The guidelines provides the conceptual clarity of trauma bonding which is a mental and psychological response that emerges when an abused adult person or a child develops an unhealthy attachment to their abuser. Such trauma bonds can happen at any time or in any situation where one person is exploiting another and may not be limited to romantic relationships. Trauma bonds are deeply rooted in our basic need for attachment and security. The abuser influences tremendous power and control that compound with shame and embarrassment, making it impossible for their abused partner to share the experiences with others or to leave the abusive relationship. Although trauma bond is an unhealthy connection between an abuser and the abused person, still it can happen in a family system, workplace, and even in religious groups.

The connection that develops in a trauma bond results from a psychological response to abuse that overtime, makes the person being abused to start developing sympathy or even love and affection for their abuser. For example, children form attachments to their parents or caregivers, and perceives it as a source of support, comfort, and security.

The guidelines highlighted the emphasis on the victim's behavior, codependency and the trauma bonding framework harms victims where four problems were discussed. It was followed by identification of trauma bonding and the various abusive scenarios were identified as examples where trauma bonding may occur due to the power imbalance such as in domestic abuse, child abuse, human trafficking, incest to name a few.

The section on risk factors and people susceptible to trauma bonding elaborated on the four attachment styles namely secure attachment style, avoidant attachment, anxious attachment and lastly disorganized attachment. There are also the seven stages of trauma bonding starting from love bombing, trust and dependency, criticism, manipulation and gaslighting<sup>1</sup>, resignation and giving up, loss of self, and addiction to the cycle. In addition, there are various reactions and consequences to trauma bonding a person might face. These are mainly emotional, physical, cognitive, and behavioral reactions as well as consequences for example becoming isolated from family or friends, engaging in self-blame or feeling unable to leave unhealthy relationships.

However, the hardest part of breaking the vicious cycle of trauma bonding is recognizing that it needs to be broken and the victim should be rescued. Some of the points to be considered by victims while breaking the trauma bonding are: start by surrounding yourself with professional; put a safety plan in place; make a clean

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<sup>1</sup> Medical News Today defines, "Gaslighting is a form of psychological abuse where a person causes someone to question their sanity, memories, or perception of reality. People who experience gaslighting may feel confused, anxious, or unable to trust themselves." Available at: <https://www.medicalnewstoday.com/articles/gaslighting>

break; and stay safe and take care of yourself. The next phase is recovery from trauma bonding which is rather challenging, but with time and patience, it can be possible to heal and move on further.

The guidelines identified some of the organizations who provide assistance for those who experience trauma bonding. These are mainly organizations who have hotline numbers and help victims of domestic violence, human trafficking, sexual exploitation, online child sexual exploitations by providing psychosocial counselling, shelter, food, basic needs, access to justice and rehabilitation etc.

Lastly, it has narrated various ways to work with victims of trauma bonding mainly what professionals need to consider and references were provided of tools and guides to improve their responses and understand the victims' behaviors of resistance and to respect victims' unique needs.



# 1. Introduction

In general terms, the term trauma bonding may simply refer to two people bonding over a difficult or painful experience but in this deliverable the term is in reference to a connection that can appear in abusive relationships. It is a situation where there is the strong attachment to someone who is causing harm. It can happen in any relationship either romantic or not, but rather it is the result of a cycle of abuse and affection that can be difficult to break. Trauma bonding is when a person who is or has been abused feels a connection to their abuser. Moreover, this connection is based on the abuse that the person has or is enduring, whether emotional and/or physical. It may be rather surprising that the victim develop a bond with someone who treats them harshly, but this is why the cycle of abuse is a puzzle to many researchers. Psychotherapist Natacha Duke explains that, this is why a person being abused will cling onto those moments of peace and affection, even when they escape the abusive situation.<sup>2</sup>

One of the most challenging things in trauma bonding is about experiencing an abusive relationship and how it brings up complicated, mixed feelings. It can happen in any type of relationship that involves a power imbalance. For example, this includes child abuse, where the child wants an emotional attachment to their parent and feels a bond, but also experiences abuse, creating a cycle. Duke notes that although the child wants relief from the abuse but at the same time, the child has an emotional attachment with their parent or guardian.<sup>3</sup>

On the discourse of the cycle of abuse, trauma bonding plays a parallel role in it. The cycle of abuse explains the cyclical nature of an abusive relationship and the various phases. During the first phase, there is tension, anger or stress that silently grow between the abuser and the abused person. The second phase is when an incident of abuse or violence occurs which can be either physical or emotional that includes actions like yelling, throwing things, calling someone names or threatening to bring harm. At this phase, the abuse is most “visible” where one or both actors may threaten to end the relationship while emotions are at their peak. The third phase is where there is the reconciliation. After the end of abuse and violent incident, a reconciliation happens that is like putting the matter to rest. In an abusive relationship, this will often look like the abuser buying gifts or being overly kind to make up for the previous behaviour or abusive actions which further strengthens the trauma bond.

This reconciliation phase may also include the abuser apologising for their behavior, promising not to do it again, expressing love, etc. The partner often believes these statements and hopes for change. They may also blame themselves for what happened, thereby protecting the abuser. In the final phase, there is the calm stage where the abusive relationship is essentially in “neutral” mode, it’s also creating the groundwork for the next cycle of abuse to begin - when tensions can be building. We find that an abusive relationship creates a push and pull between extremely painful events and periods of kindness, reconciliation and calm. Duke rightly points out, “here lies the role of the trauma bond, disguised as a genuine connection.”<sup>4</sup>

Trauma bonding also plays a big role in cases of Stockholm syndrome where, over time, a bond is developed between kidnappers and their captors. A clear sign of emotional trauma bonding is denial when the person experiencing abuse chooses to ignore any obvious red flags in their relationship. In such cases, the abused person hardly wants to talk about the abuse with people around them, choosing to minimize or hide information from their loved ones. Moreover, trauma bonding can lead to isolation, as the abused person may withdraw from friends and family and lead them to keep things secrets. This secrecy further isolates the person experiencing abuse, who must then rationalize the abusive behavior in order to reconcile their conflicting emotions. Moreover, the abused person may feel shame and/or guilt, so they try to hide the event from outsider. Also the abuser may strongly pressure the victim to distance themselves from others, and become isolated and dependent.

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<sup>2</sup> Health.clevelandclinic.org, 2023. Here’s What Trauma Bonding Really Is and How To Recognize the Signs: The glue that helps hold an abusive relationship together. Cleveland Clinic (web). Available at: <https://health.clevelandclinic.org/trauma-bonding/>

<sup>3</sup> Ibid

<sup>4</sup> Ibid

Conflict in relationships is normal and can actually be healthy if both partners are treated as equals and able to communicate and resolve the conflict in a respectful way. But in abusive relationships, the conflict often follows a pattern of gas-lighting, manipulation and blaming along with a power imbalance. Here, we are emphasizing on the pattern that the conflict is happening to determine whether a relationship is healthy.

Breaking a trauma bond can be a challenging and difficult process, but it's also an important step toward healing of the abused person and regaining control over their lives. The final way to end the trauma bond, and thus end a cycle of abuse, is to finally cut off contact with the abuser. However, even after cutting ties with the abuser, the bond can still be very real for the victim. The only way to successfully break a bond is through therapy. But before that safety plan should be prepared. There are ways to put a safety plan in place by reaching out to hotline for help and resources.

## 2. Defining terminologies related to child abuse, exploitation and trauma bonding

The UN Secretary-General's Study on Violence against Children, and the World Report on Violence against Children, reinforces the discourse on sexual violence against children at the UN level<sup>5</sup> which is a starting point of the CRC (Article 19) and the WHO definition of violence. The Study systematically refers to sexual violence and contextualizes sexual abuse, sexual exploitation, sexual harassment, and internet-related sexual offences. Since then, a large number of resolutions of UNGA and Human Rights Council have made reference to sexual violence against children (UNGA Resolutions 66/140 (2011), 66/141 (2011), 68/146 (2013), often addressing specifically child sexual exploitation and sexual abuse.

The international conventions and guidelines, regional declarations and national laws regarding children use various definitions of 'child sexual abuse', 'child sexual exploitation' and 'trafficking in human beings.' However, the definitions used in this document are mainly from the international conventions and guidelines.<sup>6</sup>

**Child** means "every human being below the age of 18 years unless under the law applicable to the child, majority is attained earlier." (Article 1 of the CRC-1989)<sup>7</sup>

**Victim** is a person who is or has been sexually exploited or abused.

### Child sexual abuse (CSA):

- **1989:** The CRC refers to "all forms of sexual exploitation and sexual abuse" in its Article 34, and to protect children by taking "national, bilateral and multilateral measures to prevent: (a) The inducement or coercion of a child to engage in any unlawful sexual activity; (b) The exploitative use of children in prostitution or other unlawful sexual practices; (c) The exploitative use of children in pornographic performances and materials."<sup>8</sup>
- **2007:** The Lanzarote Convention refers to both the "sexual exploitation and [the] sexual abuse of children". The Preamble sets forth that "all forms of sexual abuse of children, including acts which are committed abroad, are destructive to children's health and psycho-social development." The Convention further states in Article 3(b) that "sexual exploitation and sexual abuse of children shall include the behavior as referred to in Articles 18 to 23 of this Convention." This includes sexual abuse, offences concerning child prostitution, child pornography, the participation of a child in pornographic performances, corruption of children, and solicitation of children for sexual purposes.<sup>9</sup>
- **2011:** EU Directive 2011/93 sets forth, in its Article 3, a thorough definition of offences concerning sexual abuse, and includes in that definition the fact of causing a child to witness sexual activities or sexual abuse, engaging in sexual activities with a child, and coercing, forcing, or threatening a child into sexual activities with a third party.<sup>10</sup>

### Child sexual exploitation (CSE):

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<sup>5</sup> Pinheiro, P. Sérgio, 2006. World Report on Violence against Children. United Nations, Secretary-General's Study on Violence against Children, Geneva, Switzerland. Available at: [https://violenceagainstchildren.un.org/sites/violenceagainstchildren.un.org/files/document\\_files/world\\_report\\_on\\_violence\\_against\\_children.pdf](https://violenceagainstchildren.un.org/sites/violenceagainstchildren.un.org/files/document_files/world_report_on_violence_against_children.pdf)

<sup>6</sup> Susanna Greijer and Jaap Doek, 2016. Terminology Guidelines for the Protection of Children from Sexual Exploitation and Sexual Abuse. ECPAT International, Bangkok, 12/6/2016. Available at: [https://www.ilo.org/ipecc/Informationresources/WCMS\\_490167/lang-en/index.htm](https://www.ilo.org/ipecc/Informationresources/WCMS_490167/lang-en/index.htm)

<sup>7</sup> OHCHR.ORG, 1989. Convention on the Rights of the Child (CRC). Adopted by: General Assembly Resolution 44/25; 20/11/1989. Available at: <https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-child>

<sup>8</sup> Ibid

<sup>9</sup> Council of Europe, 2007. Explanatory Report to the Council of Europe Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse. Council of Europe, Lanzarote, 25/11/2007. Available at: <https://www.coe.int/en/web/children/lanzarote-convention>

<sup>10</sup> EUR-Lex, 2011. Document 32011L0093; Directive 2011/93/EU of the European Parliament and of the Council of 13/12/2011 on combating the sexual abuse and sexual exploitation of children and child pornography, and replacing Council Framework Decision 2004/68/JHA. Available at: <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=celex%3A32011L0093>

- **1989:** The CRC refers to “all forms of sexual exploitation and sexual abuse” in its Article 34, and explicitly to “(b) The exploitative use of children in prostitution or other unlawful sexual practices; (c) The exploitative use of children in pornographic performances and materials.”<sup>11</sup>
- **2007:** The Lanzarote Convention refers to the behaviour constituting the offences of child sexual exploitation and child sexual abuse as described in Articles 18–23. The Preamble refers to exploitation as “the sexual exploitation of children, in particular child pornography and prostitution.”<sup>12</sup>
- **2011:** EU Directive 2011/93 defines offences concerning sexual exploitation in its Article 4, and includes in that definition acts such as making a child participate in pornographic performances, knowingly attending pornographic performances that include children, making a child participate in child prostitution, and engaging in sexual activities with a child where recourse is made to prostitution.<sup>13</sup>

### Commercial sexual exploitation of children:

Under international law, there is no definition for the term “commercial sexual exploitation of children” (CSEC), but the term has increasingly been used interchangeably with the term “child sexual exploitation” which can be observed in the outcome documents from the three World Congresses against the Sexual Exploitation of Children. The outcome document of the first World Congress against Commercial Sexual Exploitation of Children in Stockholm in 1996, called the Stockholm Declaration and Agenda for Action, refers to CSEC as follows: “It comprises sexual abuse by the adult and remuneration in cash or kind to the child or a third person or persons. The child is treated as a sexual object and as a commercial object. The commercial sexual exploitation of children constitutes a form of coercion and violence against children, and amounts to forced labour and a contemporary form of slavery”.<sup>14</sup>

EU Directive 2011/93, on the other hand, appears to include commercial aspects into the term “sexual exploitation” by indicating that states should, in combating sexual exploitation of children, make full use of “existing instruments on the seizure and confiscation of the proceeds of crime” (Paragraph 23). Moreover, Article 7 of the OPSC requires that State Parties shall take measures for the seizure and confiscation of goods used to commit or facilitate offences under the OPSC and proceeds derived from such offences.<sup>15</sup>

### Online child sexual exploitation:

- **1989:** The CRC refers, in its Article 34, to “the exploitative use of children in pornographic performances”, without specifying whether such performances are carried out online or offline.<sup>16</sup>
- **2007:** The Lanzarote Convention details different types of “use” of a child and requires State Parties to criminalise a series of offences concerning the participation of a child in pornographic performances, such as recruiting a child into participating in pornographic performances or causing a child to participate in such performances; coercing a child into participating in pornographic

<sup>11</sup> OHCHR.ORG, 1989. Convention on the Rights of the Child (CRC). Adopted by: General Assembly Resolution 44/25; 20 November 1989. Available at: <https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-child>

<sup>12</sup> Council of Europe, 2007. Explanatory Report to the Council of Europe Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse. Council of Europe, Lanzarote, 25 November 2007. Available at: <https://www.coe.int/en/web/children/lanzarote-convention>

<sup>13</sup> EUR-Lex, 2011. Document 32011L0093; Directive 2011/93/EU of the European Parliament and of the Council of 13 December 2011 on combating the sexual abuse and sexual exploitation of children and child pornography, and replacing Council Framework Decision 2004/68/JHA. Available at: <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=celex%3A32011L0093>

<sup>14</sup> Stockholm Declaration and Agenda for Action, Stockholm, 1996. Available at: [https://www.dji.de/fileadmin/user\\_upload/izkk/StockholmAgenda1996.pdf](https://www.dji.de/fileadmin/user_upload/izkk/StockholmAgenda1996.pdf)

<sup>15</sup> EUR-Lex, 2011. Document 32011L0093; Directive 2011/93/EU of the European Parliament and of the Council of 13 December 2011 on combating the sexual abuse and sexual exploitation of children and child pornography, and replacing Council Framework Decision 2004/68/JHA. Available at: <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=celex%3A32011L0093>

<sup>16</sup> OHCHR.ORG, 1989. Convention on the Rights of the Child (CRC). Adopted by: General Assembly Resolution 44/25; 20/11/1989. Available at: <https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-child>

performances or profiting from or otherwise exploiting a child for such purposes; and knowingly attending pornographic performances involving the participation of children.<sup>17</sup>

- **2011:** EU Directive 2011/93, in its definition of “pornographic performance” (Article 2(e)) includes a “live exhibition aimed at an audience, including by means of information and communication technology, of (i) a child engaged in real or simulated sexually explicit conduct; or (ii) the sexual organs of a child for primarily sexual purposes”.<sup>18</sup>

Online child sexual exploitation includes all acts of a sexually exploitative nature carried out against a child that have, at some stage, a connection to the online environment. It includes any use of ICT that results in sexual exploitation or causes a child to be sexually exploited or that results in or causes images or other material documenting such sexual exploitation to be produced, bought, sold, possessed, distributed, or transmitted. This notion can thus encompass (but is not limited to):

- Sexual exploitation that is carried out while the victim is online such as enticing/manipulating/threatening a child into performing sexual acts in front of a webcam
- Identifying and/or grooming potential child victims online with a view to exploiting them sexually whether the acts that follow are then carried out online or offline
- The distribution, dissemination, importing, exporting, offering, selling, possession of, or knowingly obtaining access to child sexual exploitation material online even if the sexual abuse that is depicted in the material was carried out offline.<sup>19</sup>

#### Exploitation of children for prostitution:

- **1989:** Article 34 of the CRC requires State Parties to take measures to prevent the “exploitative use of children in prostitution.”<sup>20</sup>
- **2007:** The Lanzarote Convention uses the term “child prostitution” in Article 19(2), and defines it as “the fact of using a child for sexual activities where money or any other form of remuneration or consideration is given or promised as payment, regardless if this payment, promise or consideration is made to the child or to a third person.”<sup>21</sup>
- **2011:** EU Directive 2011/93 uses the term “child prostitution” and defines it as “the use of a child for sexual activities where money or any other form of remuneration or consideration is given or promised as payment in exchange for the child engaging in sexual activities, regardless of whether that payment, promise or consideration is made to the child or to a third party.”<sup>22</sup>

#### Child sexual exploitation materials:

<sup>17</sup> Council of Europe, 2007. Explanatory Report to the Council of Europe Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse. Council of Europe, Lanzarote, 25/11/2007. Available at: <https://www.coe.int/en/web/children/lanzarote-convention>

<sup>18</sup> EUR-Lex, 2011. Document 32011L0093; Directive 2011/93/EU of the European Parliament and of the Council of 13 December 2011 on combating the sexual abuse and sexual exploitation of children and child pornography, and replacing Council Framework Decision 2004/68/JHA. Available at: <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=celex%3A32011L0093>

<sup>19</sup> Susanna Grejjer and Jaap Doek, 2016. Terminology Guidelines for the Protection of Children from Sexual Exploitation and Sexual Abuse. ECPAT International, Bangkok, 1/6/2016. Available at: [https://www.ilo.org/ipecc/Informationresources/WCMS\\_490167/lang-en/index.htm](https://www.ilo.org/ipecc/Informationresources/WCMS_490167/lang-en/index.htm)

<sup>20</sup> OHCHR.ORG, 1989. Convention on the Rights of the Child (CRC). Adopted by: General Assembly Resolution 44/25; 20/11/1989. Available at: <https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-child>

<sup>21</sup> Council of Europe, 2007. Explanatory Report to the Council of Europe Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse. Council of Europe, Lanzarote, 25/11/2007. Available at: <https://www.coe.int/en/web/children/lanzarote-convention>

<sup>22</sup> EUR-Lex, 2011. Document 32011L0093; Directive 2011/93/EU of the European Parliament and of the Council of 13 December 2011 on combating the sexual abuse and sexual exploitation of children and child pornography, and replacing Council Framework Decision 2004/68/JHA. Available at: <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=celex%3A32011L0093>

- **1989:** The CRC refers to “the exploitative use of children in pornographic performances and material” in Article 34(c).<sup>23</sup>
- **2007:** The Lanzarote Convention in its Article 20.2 defines the term as “any material that visually depicts a child engaged in real or simulated sexually explicit conduct or any depiction of a child’s sexual organs for primarily sexual purposes”. The Lanzarote Convention prohibits, through Article 20(1) “producing child pornography; offering or making available child pornography; distributing or transmitting child pornography; procuring child pornography for oneself or for another person; possessing child pornography, and knowingly obtaining access to child pornography”.<sup>24</sup>
- **2011:** Article 2 of EU Directive 2011/93 defines “child pornography” as “(i) any material that visually depicts a child engaged in real or simulated sexually explicit conduct; (ii) any depiction of the sexual organs of a child for primarily sexual purposes; (iii) any material that visually depicts any person appearing to be a child engaged in real or simulated sexually explicit conduct or any depiction of the sexual organs of any person appearing to be a child, for primarily sexual purposes; or (iv) realistic images of a child engaged in sexually explicit conduct or realistic images of the sexual organs of a child, for primarily sexual purposes”.<sup>25</sup>

### Trafficking of children:

- **2000:** The UN Protocol to Prevent, Suppress, and Punish Trafficking in Persons, especially Women and Children, supplanting the UN Convention against Transnational Organized Crime commonly known as the Palermo Protocol refers to trafficking in persons, particularly women and children and defines it as follows in its Article 3.a: “The recruitment, transportation, transfer, harboring 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. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs.” However, the Protocol clearly indicates that when the definition is applied to children that is below the age of 18 years, the ‘means’ described are not required.<sup>26</sup>
- **2011:** EU Directive 2011/36 on Preventing and Combating Trafficking sets forth in Article 2(1) that the following offences must be criminalised as trafficking of human beings: “The recruitment, transportation, transfer, harbouring or reception of persons, including the exchange or transfer of control over those 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.” Furthermore, Article 2(5) specifies that “when the conduct

<sup>23</sup> OHCHR.ORG, 1989. Convention on the Rights of the Child (CRC). Adopted by: General Assembly Resolution 44/25; 20/11/1989. Available at: <https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-child>

<sup>24</sup> Council of Europe, 2007. Explanatory Report to the Council of Europe Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse. Council of Europe, Lanzarote, 25/11/2007. Available at: <https://www.coe.int/en/web/children/lanzarote-convention>

<sup>25</sup> EUR-Lex, 2011. Document 32011L0093; Directive 2011/93/EU of the European Parliament and of the Council of 13/12/2011 on combating the sexual abuse and sexual exploitation of children and child pornography, and replacing Council Framework Decision 2004/68/JHA. Available at: <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=celex%3A32011L0093>

<sup>26</sup> UNODC, 2009. Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, supplementing the UN Convention against Transnational Organized Crime. New York, 15/11/2000. Available at: [https://www.unodc.org/documents/treaties/Special/2000\\_Protocol\\_to\\_Prevent\\_2C\\_Suppress\\_and\\_Punish\\_Trafficking\\_in\\_Persons.pdf](https://www.unodc.org/documents/treaties/Special/2000_Protocol_to_Prevent_2C_Suppress_and_Punish_Trafficking_in_Persons.pdf)

referred to in paragraph 1 involves a child, it shall be a punishable offence of trafficking in human beings even if none of the means set forth in paragraph 1 has been used.”<sup>27</sup>

### **Trauma bonding:**

Trauma bonding is the attachment an abused person feels for their abuser, specifically in a relationship with a cyclical pattern of abuse. The bond is created due to a cycle of abuse and positive reinforcement. After each circumstance of abuse, the abuser professes love, regret, and otherwise tries to make the relationship feel safe and needed for the abused person. Trauma bonding is one reason that leaving an abusive situation can feel confusing and overwhelming. It involves positive and/or loving feelings for an abuser, making the abused person feel attached to and dependent on their abuser.

It is important to note that trauma bonding does not mean bonding with another person over shared traumas; but rather, a bond that a victim of abuse feels toward the person perpetrating the abuse.<sup>28</sup>

## **2.2. Signs and symptoms of child abuse, exploitation and trauma bonding**

The first step in helping or supporting abused and exploited children is to recognize the signs and symptoms that are manifested or observed in a child. These signs maybe identified into different categories or maybe found in combination. Tables 1 and 2 have listed some of these signs and symptoms which can be red flags to alert individuals working with children to be the possibilities of child abuse and trauma bonding. Although these can be divided into different categories, they may often found in combination or none of them can be exhibited.

Table 1. Signs and Symptoms that may indicate child abuse and exploitation

<b>Child Sexual Abuse: Signs and Symptoms</b>
<ul style="list-style-type: none"> <li>• Genital pain/itching/odors, diagnosis of a sexually transmitted disease or frequent urinary infections;</li> <li>• Torn/stained/bloody under clothing;</li> <li>• Sexualized behavior;</li> <li>• Extreme changes in behavior and attitudes;</li> <li>• Abrupt and extreme changes in sleep patterns;</li> <li>• Depression or excessive crying;</li> <li>• Regressive behaviors (i.e., thumb sucking or bed wetting in an older child);</li> <li>• Anxious or aggressive behavior toward adults;</li> <li>• Fear of a specific location or person;</li> <li>• Extreme fears or phobias that are sudden and out of character for a child;</li> <li>• Sexual knowledge beyond what is expected of a child’s age;</li> <li>• Noticeable change in academic performance;</li> <li>• Self-destructive behavior in the form of risk taking, running away, cutting or substance abuse;</li> <li>• Repeated sexual “play” or coercive sexual behavior, especially with younger children;</li> <li>• Showing an unusual interest in their own genitals or the genitals of peers, adults or animals;</li> <li>• Withdrawal or isolation;</li> <li>• Difficulty walking or sitting; and</li> <li>• Selective mutism.</li> </ul>

<sup>27</sup> EUR-Lex, 2011. Document 32011L0093; Directive 2011/93/EU of the European Parliament and of the Council of 13 December 2011 on combating the sexual abuse and sexual exploitation of children and child pornography, and replacing Council Framework Decision 2004/68/JHA. Available at: <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=celex%3A32011L0093>

<sup>28</sup> Ariane Resnick, CNC, 2022. What is Trauma Bonding? VERYWELLMIND (web.). Available at: <https://www.verywellmind.com/trauma-bonding-5207136>

Child Physical Abuse: Signs and Symptoms
<ul style="list-style-type: none"> <li>• Extensive unexplained or inadequately explained bruising;</li> <li>• Bruising on multiple body parts or in the shape of an object;</li> <li>• Glove or stocking-like immersion burns;</li> <li>• Unexplained burns of all types, but especially burns partially replicating the shape of the burning object (e.g. burns from cigarette, irons);</li> <li>• Frequent unexplained complaints of soreness;</li> <li>• Awkward movement as if caused by pain;</li> <li>• Sleep disturbances or nightmares;</li> <li>• Dramatic change in appetite;</li> <li>• Bed wetting, soiling themselves (either urine or feces);</li> <li>• Compulsive and repetitive acts for self-soothing and control (when not a part of a diagnosable neurologic condition);</li> <li>• Fixation on security item (e.g. very young children often ‘fixate’ on a thumb or blanket or toy);</li> <li>• Social withdrawal - avoiding physical contact with others;</li> <li>• Aggressive acting out toward self, objects, people or pets;</li> <li>• Bizarre or self-destructive acts, destructive behavior or cruelty to animals;</li> <li>• Extreme anxiety or hyper vigilance; and depression.</li> </ul>
Child Psychological Abuse: Signs and Symptoms
<ul style="list-style-type: none"> <li>• Constant self-berating or belittling;</li> <li>• Inability to play as most children do;</li> <li>• Sleep problems;</li> <li>• Antisocial behaviors such as extreme aggression toward other children or animals;</li> <li>• Lagging in emotional and intellectual growth, not related to a documented learning disability;</li> <li>• Self-destructive feelings or behaviors;</li> <li>• Excessive crying; and</li> <li>• Lack of eating or excessive eating.</li> </ul>

Source: *Model protocol for the Multidisciplinary Response to Child Abuse and Neglect - 2011*, Attorney General’s Office, Division for Children Youth and Families, Granite State Children’s Alliance, The State of New Hampshire, Fourth Edition, 2021. Available at: <https://www.doj.nh.gov/criminal/victim-assistance/documents/2021-ca-protocol.pdf>

Table 2. Signs and Symptoms that may indicate trauma bonding

Trauma bonding: Signs and Symptoms
<ul style="list-style-type: none"> <li>• An abuse victim covers up or makes excuses to others for an abuser’s behavior.</li> <li>• An abuse victim lies to friends or family about the abuser.</li> <li>• A victim doesn’t feel comfortable with or able to leave the abusive situation.</li> <li>• An abuse victim thinks the abuse is their fault.</li> <li>• The abuse follows a cycle (i.e. manipulation or gaslighting)</li> <li>• The abuser isolates the victim from friends and family.</li> <li>• The abuser gets friends and family on their side.</li> <li>• The victim continues to trust the abuser.</li> </ul>

Source: Zlatka Rakovec-Felser, 2014. *Domestic Violence and Abuse in Intimate Relationship from Public Health Perspective*. Published on *Health Psychol Res.*; 2014 Oct 22. doi: [10.4081/hpr.2014.1821](https://doi.org/10.4081/hpr.2014.1821). Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4768593/>



### 3. Victim-centred and child rights-based approach while interacting with victims of trauma bonding

#### 3.1 Victim-centred approach

In November 2020, UNHCR took a critical step by issuing its Policy on a Victim-Centred Approach in UNHCR's response to Sexual Misconduct: Sexual Exploitation and Abuse and Sexual Harassment. This policy, the first of its kind in the United Nations, creates a framework to put victims at the centre of UNHCR's response to SEA or SH. Building on these premises, UNHCR developed a definition that is both rights- and needs-based which emphasises the need for victims to regain control over actions taken after an experience of sexual misconduct, whether in the context of assistance, support or pursuing justice.

The policy defines a victim-centred approach in the following way: "A way of engaging with victims that prioritises listening to victims, avoids re-traumatisation, and systematically focuses on their safety, rights, well-being, expressed needs and choice, thereby giving back as much control to the victims as feasible, and ensuring the empathetic and sensitive delivery of services and accompaniment in a non-judgmental manner."<sup>29</sup>

Along the same lines, Save the Children UK has adopted "A victim-centred approach to safeguarding from initial reporting, to responding to a potential concern, to management of a concern, including conducting an investigation, follow-up actions, and other case management-related responsibilities." SCUK defined: "A victim-centred approach is one which places the victim's experiences, considerations, and needs at the centre of our processes and actions, elevates the voice of victims, and places their wishes, rights, dignity, safety, and wellbeing at the forefront of efforts to prevent and respond. This occurs from the initial concern or report, through to investigating, responding to concerns and potential incidents, follow-up actions, and case management."<sup>30</sup>

A victim/victim-centred approach emphasize to ensure and uphold the rights of each victim so that they are treated with dignity and respect. Putting the victim/victim at the centre of the whole approach promotes their recovery, reduces the risk of further harm, and reinforces their agency.

#### 3.2 Child rights-based approach

All children have rights whether they are boys or girls or alternative gender identities, rich or poor, no matter who they are, who their parents are, where they live, what language they speak, their religion, what they look like, or if they have a disability. No child should be treated unfairly for any reasons whatsoever. Governments must keep their commitments and do everything possible to make sure that every child in their countries can enjoy all the rights endorsed in the CRC. Governments should oversee that families and communities guide their children so that, as they grow up, they learn to claim their rights in the best way. The more children grow, the less guidance they will need.

Children and adolescents, are particularly vulnerable to sexual exploitation and abuse because of their age, gender, size and dependency on others. In responding to child victims, a child-sensitive approach should be adopted that takes into account the vulnerabilities and capacities of the child, in a manner consistent with the Convention on the Rights of the Child: non-discrimination; best interests of the child; the right to life, survival and development; the evolving capacity of the child and their right to express their views.

The best interests of the child should always involve an ongoing assessment as to what would be the best protection for a child's physical, psychological and emotional safety, security and well-being. Furthermore, it applies to decisions which affect the child as an individual or as a member of any specific group or community.

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<sup>29</sup> UNHCR, 2020. Policy on a Victim-Centred Approach in UNHCR's response to Sexual Misconduct. UNHCR/HCP/2020/04. Available at: <https://www.unhcr.org/media/policy-victim-centred-approach-unhcrs-response-sexual-misconduct>

<sup>30</sup> Director of Safeguarding (Save The Children), 2022. Safeguarding Victim/Survivor Centred Protocol. Director of Safeguarding and Director of People, Save The Children. Available at: [https://www.savethechildren.org.uk/content/dam/gb/reports/policy/safeguarding\\_survivors\\_protocol.pdf](https://www.savethechildren.org.uk/content/dam/gb/reports/policy/safeguarding_survivors_protocol.pdf)

Moreover, while dealing with children, the processes conducted should follow child protection procedures compliant with the United Nations Approach to Justice for Children.

It should be emphasized that those who interact with child victims have the necessary professional expertise and training. In particular, child victims of sexual exploitation and abuse may need particular assistance, and such assistance and support should be provided by those working for child protection or maybe it can be done in coordination with other experts in this area.

In cases involving children, informed consent of the child (as developmentally appropriate), child’s parent, legal guardian or person acting as guardian should be obtained. Consent should be explained at the outset in a way that the child or guardian understands, and obtained prior to dealing with children keeping in mind the provision of assistance to child victims.

During any investigation or legal process that will follow, a child victim should be provided with appropriate assistance, which should include the child’s best interests that means they are accompanied by a trained professional throughout the process. Particularly in the case of child victim of sexual exploitation and abuse, they should be informed of the process and clear indication of the consequences of what is expected. It mainly includes the provision of psychosocial support to the child while gathering information and investigations. Interviews that are sensitive should be conducted considering the age, gender and the mental developmental stage and capacities of the child. Therefore, what is needed are properly trained persons who are sensitive and responsive to child rights. Only then we can achieve and honour the views of the child in the decision-making process which is most pertinent in the solution of sensitive issues such as child sexual exploitation and abuse.

The right to treatment that is free of bias and discrimination cannot be over emphasized. Children who experience CSA/CSE/THB often are exposed to multiple types of discrimination, many related to the trauma experience itself for example stigma against ‘prostitution’ or the view that child victims of sexual violence are somehow ‘dirty’ or ‘tarnished.’ There are also conditions that render the child vulnerable to CSA/CSE/THB for example foreign-born status, street-based living conditions; non-binary gender identity; physical or intellectual disability. Such discrimination may originate with both the public and professionals alike. It may be extremely distressing to both child and caregiver and may hinder the ability of a professional to build trust with the child and family members/guardians and to provide assistance. UNICEF have identified some principles as best practices of a child rights-based approach.<sup>31</sup>

Table 3. Seven principles of a child rights-based approach

Principles	Explanations
<b>Life, survival and development</b>	Every child has a right to life and each child and young person should enjoy the same opportunities to be safe, healthy, grow and develop. From birth to adulthood, children and young people develop in many different ways – physically, emotionally, socially, spiritually and educationally – and different professionals should work together to help make this happen.
<b>Dignity</b>	Every child and young person, just like each adult, has inner dignity and worth that should be valued, respected and nurtured. Respecting children’s dignity means all children should be treated with care and respect in all circumstances – in schools, hospitals, police stations, public spaces or children’s homes.
<b>Best interests</b>	The best interests of the child must be a top priority in all decisions and actions that affect children and young people. Decisions can relate to individual children, for example about adoption, or groups of children and young people, for instance when designing play spaces. In all cases, children and young people should be involved in deciding what is best for them.

<sup>31</sup> Unicef.org.uk, undated. A Child Rights-Based Approach. UNICEF (web.). Available at: <https://www.unicef.org.uk/child-friendly-cities/crba/>

<b>Interdependence and indivisibility</b>	Rights cannot be ‘cherry-picked’ depending on circumstances. All children and young people should enjoy all of their rights all of the time because all rights are equally important. Children and young people’s rights to a good standard of living, or to be protected from abuse, neglect and violence, are just as important as their rights to get together with their peers or to freedom of expression.
<b>Participation</b>	All children and young people have the right to have a say in matters that affect them and to have their views taken seriously. In order to participate meaningfully in the lives of their family, community and the wider society, children and young people need support and opportunities for involvement. They need information, a space to express their views and feelings, and opportunities to ask question.
<b>Non-discrimination</b>	Every child and young person should be treated fairly and protected from discrimination, whatever their age, gender, ethnicity, religion, language, family background or any other status. Having access to equal opportunities and best possible outcomes doesn’t mean being treated identically; some children and young people need more support than others to overcome barriers and difficulties.
<b>Transparency and accountability</b>	Open dialogue and strong relationships between children and young people, professionals and local politicians are key to making rights a reality. For this to happen, everyone needs to be supported to learn about and understand rights. Knowledge of rights also allows children and young people to hold to account the people responsible for ensuring their rights are protected and realised.

Source: *Unicef.org.uk, undated. A Child Rights-Based Approach. UNICEF (web.). Available at: <https://www.unicef.org.uk/child-friendly-cities/crba/>*

### 3.3 Identifying victims of sex trafficking

Sex trafficking victims, including children, may go to a health professional when they are being victimized. For example, in the US, studies suggests that most children who experience sex trafficking or exploitation seek medical attention at some point but this may not be true globally. However, health professionals do not recognize them as victims of sex trafficking. On the other hand, victims of sex trafficking may experience acute injuries that require care such as psychosocial counselling by the trauma team, and other specialized healthcare services. In the US, about 87 per cent of adolescent and adult victims reported visiting a health professional while being victimized, but health professionals miss the signs of trafficking due to lack of training to identify victims, moreover hospital protocols or guidelines often do not exist. Healthcare service providers play a critical role in the identification of trafficking victims, as well as they can significantly impact the care of victims. Therefore to identify this vulnerable population who are victims of sex trafficking, recognition of key situations and circumstances is essential.<sup>32</sup>

Table 4. Potential warnings signs and risk factors of trafficked victims

<p><b>Some potential warnings signs and risk factors of a person who may be trafficked</b></p> <ul style="list-style-type: none"> <li>• Minor presents without a legal guardians.</li> <li>• Unstable housing situation</li> <li>• Runaway youth</li> <li>• Substance or drug use</li> <li>• Multiple of frequent sexually transmitted infections</li> <li>• Delay in seeking medical care, such as no prenatal care</li> <li>• Children with a history of being in the child welfare system</li> <li>• LGBTQ+ youth (lesbian, gay, bisexual, transgender, queer, questioning)</li> <li>• History of child abuse or family violence</li> <li>• History of date violence or sexual assault.</li> </ul>
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Source: *Facs.org, 2019. ACS Trauma Quality Programs: Best Practices Guidelines for Trauma Center Recognition of Child Abuse, Elder Abuse, and Intimate Partner Violence. American College of Surgeons (web.), Chicago. Available at: [https://www.facs.org/media/o0wdimys/abuse\\_guidelines.pdf](https://www.facs.org/media/o0wdimys/abuse_guidelines.pdf)*

<sup>32</sup> Facs.org, 2019. ACS Trauma Quality Programs: Best Practices Guidelines for Trauma Center Recognition of Child Abuse, Elder Abuse, and Intimate Partner Violence. American College of Surgeons (web.), Chicago. Available at: [https://www.facs.org/media/o0wdimys/abuse\\_guidelines.pdf](https://www.facs.org/media/o0wdimys/abuse_guidelines.pdf)

When assessing victims of sex trafficking, it is imperative to assess their safety, treat and respond with kindness and without any judgment. Victim’s disclosure of trafficking experience should not be the goal, rather emphasize or focus should be on establishing a relationship of trust and respect between the health professionals and the trafficking victim and assessing the risk of exploitation. Health professionals should try to speak with the victim alone by telling non-health professionals to leave at least once during the medical visit. When the victim is alone with the health professionals and able to answer freely, only then they should ask only need-to-know information and inquire about immediate safety.<sup>33</sup>

Table 5. Questions regarding need-to-know information

<p><b>Need-to-know information:</b></p> <ul style="list-style-type: none"> <li>• Do you have a safe place to stay?</li> <li>• Where are you living?</li> <li>• Do you work, live, and sleep all in the same place?</li> <li>• Have you ever traded sex for anything, such food, a place to sleep, clothing, or drugs?</li> </ul>
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*Source: Facs.org, 2019. ACS Trauma Quality Programs: Best Practices Guidelines for Trauma Center Recognition of Child Abuse, Elder Abuse, and Intimate Partner Violence. American College of Surgeons (web.), Chicago. Available at: [https://www.facs.org/media/o0wdimys/abuse\\_guidelines.pdf](https://www.facs.org/media/o0wdimys/abuse_guidelines.pdf)*

When initiating the victim-physician relationship provide the victim with a safe and comfortable environment taking time to build rapport and a sense of trust. Many victims of sex trafficking feel shame and believe that they are to be blamed or solely responsible for being trafficked, sometimes similar of sexual abuse and domestic violence. It is important to maintain a nonjudgmental and open attitude, avoid pressuring the individual for sensitive information, and to inform them of the limits of confidentiality proscribed by mandatory reporting laws and healthcare policies. In the US, mandatory reporting laws exists to protect victims, connect patients to community services and treatment programs, and to bring perpetrators to the attention to the authorities. However, mandatory reporting of sex trafficking victims often involves significant risk to the victims because the perpetrators are on the lookout and may cause further harm. When a patient disclose being a victim of sex trafficking, the health professional should contact the social worker, if available, so that needs can be further assessed and resources offered. When patient is under 18 years old, then the child abuse team should be contacted, if available. For adult victims, hospital report policy should be followed with regards to intimate partner violence (IPV) or rape.<sup>34</sup>

<sup>33</sup> Ibid

<sup>34</sup> Ibid

## 4. Trauma bonding: Conceptual clarity

### 4.1 Concept of trauma bonding

A trauma bond is a strong, emotional bond or attachment that occurs between a victim and their abuser. These types of bonds usually develop and thrive when fear and affection are intermingled. At the end it becomes a complicated relationship that may be difficult to disentangle on the part of the victim. Typically, trauma bonding starts when the abused person begins to develop a bond with the abuser. It does not stop only by developing a strong emotional attachment to the abuser, but goes beyond that when the abused person also may depend on them for food, clothing, shelter, or affection.<sup>35</sup>

Erica Laub explained, “Trauma bonding happens when an abuser uses manipulation tactics and cycles of abuse to make the victim feel dependent on them for care and validation, causing a strong attachment or bond. This often occurs in romantic narcissistic relationships, but can also occur in families, friendships, or work relationships.”<sup>36</sup>

Erica further stated, “Trauma bonding relationship can coincide with the presence of any physical or sexual abuse. However, whether the abuse is purely psychological or a combination of both physical and emotional, it may be impossible to simply “walk away” even when the victim is being harmed. Moreover, it can take victims a long way to find ways to detach themselves from their trauma bond with the abuser. Often there are instances where the victim stay longer than they should either due to fear for their safety or livelihood options. Thus the situation become even worse before they can break free from the abuse they are suffering.”<sup>37</sup>

Trauma bonding, which is similar to Stockholm syndrome, can develop over days, weeks, or even months, depending on the severity of the abuse, duration, and the coping skills of the abused person. Moreover, it is important to recognize that it is never the fault of the victims when they develop a trauma bond.<sup>38</sup>

#### 4.1.1 Emphasis on the victim’s behavior

Patrick Carnes identified the perpetrator’s creation of “fear” as one of the key elements in trauma bonding. However, it also emphasizes the victims’ addiction to untrustworthy and abusive people. In the clinical practice around trauma bonding, references to the abusive partner are often left in the background. Mostly trauma bonding discussion heavily focus on the victims’ behavior. To cite an example, one definition explicitly refers to trauma bonding as “a strong emotional attachment between an abused person and his or her abuser, formed as a result of the cycle of violence.”<sup>39</sup> It is clear that the emphasis is on the problematic emotional state of the victim of abuse rather than the perpetrator’s manipulation, more so the systems that enable the entrapment from which there is no escape.

#### 4.1.2 Trauma bonding and codependency

An international domestic violence website states that even victims of past abuse experience “trauma bonding” and victims ‘making excuses for the abuser.’ An article in Psychology Today on Trauma Bonding highlights the domestic violence victims’ ‘choice’ to continue to seek love, affection and attention from the abusive partner. Trauma bonding is also associated with the language of codependency. The use of terms like trauma bonding, codependency and learned helplessness all blame the victims’ psychopathology on the continued contact with an abuser or perpetrator. The focus is shifted to victims instead of assessing the perpetrator’s

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<sup>35</sup> Gordon, S. (2023). How to Identify and Break a Trauma Bond. Health (web.). Available at: <https://www.health.com/trauma-bonding-7966480>

<sup>36</sup> Laub, E. (2022). The 7 Stages of Trauma Bonding. Choosing therapy (web.). Available at: <https://www.choosingtherapy.com/stages-of-trauma-bonding>

<sup>37</sup> Ibid

<sup>38</sup> Gordon, S. (2023). How to Identify and Break a Trauma Bond. Health (web.). Available at: <https://www.health.com/trauma-bonding-7966480>

<sup>39</sup> Mandel, D. (2021). 4 Ways the Concept of Trauma Bonding Works Against Survivors. Safe & Together Institute, Canton. Available at: <https://safeandtogetherinstitute.com/4-ways-the-concept-of-trauma-bonding-works-against-survivors/>

pattern of coercive control along with the external forces that enable and support their legitimacy or effectiveness.<sup>40</sup>

## 4.2 Concept of Trauma Bonding Framework Harms Victims<sup>41</sup>

### **Problem #1: It focuses professionals on the victim, not the perpetrator.**

The definition of the problem determines where to put our attention and what interventions will make the situation better. Patrick Carnes' original definition of trauma bonding focused professionals on the abusive person's behavior. Although the concept is framed as a result of a "cycle of violence," still there is hardly any discussion about the abuser who continues to abuse or display unacceptable behaviors, the society that fails to challenge such actions or the systems that fail to create accountability. The most prevalent arguments echoes the fact that that women remain in abusive relationships because of masochism or loving too much. Mostly, professionals feel more comfortable putting the behaviors of victims under a microscope than examining the behaviors of perpetrators. As a result, there are many therapies and interventions that have come about around self-help for victims.

### **Problem #2: It lets the perpetrator off the hook by ignoring the threats or actions of the perpetrator or the circumstances that keep the victim trapped.**

Trauma bonding services focus on the psychology of the victim and their continued "unhealthy" contact with the perpetrator with least attention to the context created by the perpetrator's behaviors. Discussion around trauma bonding rarely begin with an assessment of how the perpetrator's behaviors are entrapping the victim. For example, a victim may continue contact with a perpetrator due to factors like sharing children and being part of the same religious or cultural community. Blaming the victim's "trauma bonding" is tantamount to victim-blaming by failing to examine these behaviors or circumstances that compelled the victims. Thus the perpetrator is let free for their harmful behavior.

### **Problem #3: It blames victims for the failures of others-individuals and systems- to intervene with the perpetrator.**

Perpetrators do not act in a vacuum. Although professionals often perceive the perpetrator's behaviors, but they ignore them, support them or engage in limited interventions. On the other hand, victims may assess that the safest course of action is compliance or subtle forms of resistance while maintaining contact with the perpetrator. When the blame of trauma bonding is on a victim, the actions of others which might be making it harder for her to leave is ignored. Her actions are not seen as a logical form of resistance to the abuse.

### **Problem #4: It prevents wider systems change.**

When professionals blame victims, they fail to acknowledge the role that perpetrators play or pathologize the problem, and avoid self-reflection on their own role. Unfortunately, professionals can sustain abusers or become manipulated by them. The impact disproportionately affects poor, indigenous, BIPOC, and trans victims. Trauma bonding, and other similar victim-blaming pathologies, seems to be a convenient way for practitioners and systems to avoid fixing themselves.

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<sup>40</sup> Ibid

<sup>41</sup> Ibid

## 5. Identification of trauma bonding

Trauma bonding identification is most pertinent to find out more detail and in-depth information regarding the bond that has developed between the abused person and the abuser, irrespective of the period that this has been going on. The first steps are knowing how to recognize trauma bonding, what causes it, and why it happens if we want to break in to free the abused person and start the healing process. The healing process may include ending the abused relationship, seeing a mental health professional, and connecting the person with an advocate.<sup>42</sup>

In almost any abusive situation, there is a power imbalance where trauma bonding can occur. There are several abusive scenarios that most likely give rise to trauma bonding such as:<sup>43</sup>

- Domestic abuse
- Child abuse
- Incest
- Elder abuse
- Kidnapping or hostage situations
- Human trafficking
- Religious extremism or cults
- Workplace abuse

In the above scenarios, we find that trauma bonds are rooted in a person's innate need for attachment. Generally, trauma bonding occurs when the abused person feels threatened and receives harsh treatment intermingled with acts of love and kindness. At the same time, they are usually isolated from other known or unknown persons and believe there is no escape from the present situation.<sup>44</sup>

Sherri Gordon analyzed the physical component of trauma bonding by stating, “When exposed to these abusive and traumatic situations, the logical part of the person's brain is not the part that responds. Instead, the part of the brain responsible for ensuring survival takes over, while other brain chemicals that handle fear suppress the part of the brain that makes logical decisions. Because this survival brain (or amygdala) is more concerned with survival instead of logic, attachments start to form. The end result is very complex situation in which the relationship consists of both fear and comfort.”<sup>45</sup>

When the abused person are frequently exposed to such abusive relationship, it also alters the brain and the way a person thinks, often leaving the victimized person feeling detached and disconnected from themselves. They mostly revolves around chasing a fearful emotion. Given such emotional intensity, combined with familiarity, may keep the abused person bonded to the person abusing them. Highly sympathetic persons who experience abuse may be more inclined to develop trauma bonding. Maybe they have trouble recognizing the abuse they are experiencing and instead engage in self-blame. Sherri Gordon pointed out that more research is needed to determine the specific connection between empathy and trauma bonding.<sup>46</sup>

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<sup>42</sup> Gordon, S. (2023). How to Identify and Break a Trauma Bond. Health (web.). Available at: <https://www.health.com/trauma-bonding-7966480>

<sup>43</sup> Ibid

<sup>44</sup> Ibid

<sup>45</sup> Ibid

<sup>46</sup> Ibid

## 5.1 Risk factors and people susceptible to trauma bonding

A person’s personality and future relationship is affected by the types of relationships they have with their primary caregivers in childhood which is the basis of the attachment theory. Psychiatrist John Bowlby came up with the theory of attachment that children are meant to feel securely attached to their primary caregivers, and when that does not happen, emotional dysregulation can occur. Bowlby’s theories were further developed by psychologist Mary Ainsworth and researchers Mary Main and Judith Solomon, who together came up with the four attachment styles: secure attachment, avoidant attachment, anxious attachment, and disorganized attachment. Attachment styles are developed between the ages of 6 months to 2 years-old.<sup>47</sup>

Table 6. Four Attachment Styles

<p><b>Secure attachment style</b></p> <p>People with secure attachment tend to feel safe, stable, and more satisfied in their close relationships. While they do not fear being on their own, they usually thrive in close, meaningful relationships.</p> <p><b>How secure attachment style affects adult relationships</b></p> <p>Having a secure attachment style doesn’t mean you’re perfect or you don’t experience relationship problems. But you likely feel secure enough to take responsibility for your own mistakes and failings, and are willing to seek help and support when you need it.</p> <p><b>Ambivalent or anxious-preoccupied attachment style</b></p> <p>People with an ambivalent attachment style tend to be overly needy. As the labels suggest, people with this attachment style are often anxious and uncertain, lacking in self-esteem. They crave emotional intimacy but worry that others don’t want to be with them.</p> <p><b>How ambivalent attachment style affects adult relationships</b></p> <p>If you have an ambivalent or anxious-preoccupied attachment style, you may be embarrassed about being too clingy or your constant need for love and attention. Or you may feel worn down by fear and anxiety about whether your partner really loves you.</p> <p><b>Avoidant-dismissive attachment style</b></p> <p>Adults with an avoidant-dismissive insecure attachment style are the opposite of those who are ambivalent or anxious-preoccupied. Instead of craving intimacy, they’re so wary of closeness they try to avoid emotional connection with others. They’d rather not rely on others, or have others rely on them.</p> <p><b>How avoidant attachment style affects adult relationships</b></p> <p>As someone with an avoidant-dismissive attachment style, you may tend to find it difficult to tolerate emotional intimacy. You may value your independence and freedom to the point where you can feel uncomfortable with, even stifled by, intimacy and closeness in a romantic relationship.</p> <p><b>Disorganized/disoriented attachment style</b></p> <p>Disorganized/disoriented attachment, also referred to as fearful-avoidant attachment, stems from intense fear, often as a result of childhood trauma, neglect, or abuse. Adults with this style of insecure attachment tend to feel they don’t deserve love or closeness in a relationship.</p> <p><b>How disorganized attachment style affects adult relationships</b></p> <p>If you have a disorganized attachment style, you’ve likely never learned to self-soothe your emotions, so both relationships and the world around you can feel frightening and unsafe. If you experienced abuse as a child, you may try to replicate the same abusive patterns of behavior as an adult.</p>
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Source: Lawrence Robinson, Jeanne Segal and Jaelline Jaffe, 2022. Attachment Styles and How They affect Relationships. HelpGuide.org (web). Available at: <https://www.helpguide.org/articles/relationships-communication/attachment-and-adult-relationships.htm>

Table 7 shows the risk factors and characteristics in the persons that make them more susceptible to trauma bonding.

<sup>47</sup> Wisner, W. (2023). What are the 4 Attachment Styles? Health (web.). Available at: <https://www.health.com/attachment-styles-7497280>



Table 7. Risk factors towards developing a trauma bonding with an abusive person

- Have attachment insecurity
- Experienced childhood maltreatment
- Exposed to abusive relationships growing up
- Have a lack of social support
- Display signs of low self-esteem.

Source: Gordon, S. (2023). *How to Identify and Break a Trauma Bond*. Health (web.). Available at: <https://www.health.com/trauma-bonding-7966480>

Perpetrators target people who have relational and emotional trauma in a trauma bond either intentionally or otherwise. Moreover, abusers can also seek out strong, driven, educated, and independent thinkers to break them down and feel that they are superior when finally they are entrapped.

Table 8. Those who are vulnerable to trauma bonding

- People with dependent personalities
- People with separation anxiety
- People who are sensitive to rejection
- People with disorganized, anxious, or avoidant attachments
- People with a history of being abused in childhood or past relationships
- People who have existing mental health concerns, such as depression, BPD, and anxiety
- People who puts a lot of value on “the good times” and is quick to forgive
- People with the tendency to question themselves, even despite strong evidence that suggests they are not to blame.

Source: Laub, E. (2022). *The 7 Stages of Trauma Bonding*. Choosing therapy (web.). Available at: <https://www.choosingtherapy.com/stages-of-trauma-bonding>

Although on an intellectual level, victims of trauma bond are very likely to know that what is happening to them is wrong and can identify how painful and soul-crushing their relationship is with their abusers, still they often struggle to accept it as abuse.

## 5.2 Stages of trauma bonding

Erica Laub proposed seven stages of trauma bonding (see Table 9), often beginning with seemingly excellent relationships before gradually progressing turning into an abusive dynamic relationship. This progression is part of the reason why this bond can profoundly impact a victim’s worldview, perception of reality, and their relationship with themselves.

Table 9. Seven stages of trauma bonding

**Love Bombing:** Love bombing involves the sudden, intense attempt to create a “we” in a relationship through high praise and excessive flattery. While this dynamic typically occurs between a perpetrator and victim of abuse, it can sometimes involve other people surrounding the couple. love bombing can subtly set the stage for an abusive dynamic by: Allowing the abuser to prey on the victim’s emotions, deep hopes, desires and dreams; Causing the victim to let their guard down and trust the abuser’s intentions; Fostering positive feelings and validation between the possible perpetrator and victim; “Proving” that an abuser has good intentions; and Providing a sense of stability and security.

**Trust & Dependency:** In this stage, an abuser may purposefully test the victim’s trust and dependency on them usually leading to the target feeling guilty for questioning their partner. Doubts are expected in a healthy relationship and it takes time to get to know someone not only for what they say but also for what they do. In trauma bonds, the idea that you can trust an abuser in the relationship is an illusion.

**Criticism:** Once they’ve got your trust, emotional abusers may start to pick apart some of your qualities, identifying them as insignificant or problematic. This criticism can feel sudden, especially after experiencing the love bombing stage, but it is common for abusers to wait until a victim’s trust has been tested before they begin criticizing them. The criticism phase is most noticeable during intense arguments or disagreements, where the abuser will likely blame their partner and the target may end up over-apologizing for things that are not their fault. The back-and-forth dance of harsh criticism and over-apologizing is the glue forming the trauma bond.

**Manipulation & Gaslighting:** Gaslighting and manipulation are two forms of psychological abuse often seen in trauma bonds that ultimately make victims question their reality and perception. Gaslighters will never fully or honestly take responsibility for their behaviors, and tend to shift blame onto the other person. It is very common for gaslighters to suddenly seem calm, cool, and collected once they have pushed their target to their breaking point. Gaslighting is a textbook behavior among common types of abusers like narcissists, sociopaths, and psychopaths. The gaslighting type of abuser seeks to isolate the target from anything and anyone that gives them a sense of reassurance, normalcy or independence.

**Resignation & Giving Up:** When dealing with a trauma bond, it is very common for targets of abuse to start giving in at some point to avoid more conflict. Fawning, or the “fawn” trauma response, are bargaining and people-pleasing behaviors that may ensure the relationship can remain somewhat stable.

Depending on the length of the relationship and the nature of the psychological abuse, a target often becomes more dependent on the abuser to avoid further conflict by getting married, having children, or becoming more emotionally and financially reliant on their partner. There are many reasons why an abused person cannot easily leave, including safety concerns. It is natural to fear that an abuser’s behavior may escalate when they sense they are losing control when a target is threatening to leave or actually walking out of the door. Things can escalate and become physical or deadly for many domestic disputes.

**Loss of Self:** Throughout the stages of a trauma bond, there is a progressive loss of self, which brings tremendous pain and a disconnection from the world we once knew. People who leave abusive relationships may not seem like their usual selves due to a loss of their own identity and personal boundaries.<sup>4</sup> Trauma bonds can be incredibly isolating, as you can lose many of your social connections due to the changes of self-identity that no longer match what people close to you are used to. This level of psychological destruction may lead to a complete loss of confidence and even suicidal ideation. For many, this emotional torture, shame, and guilt is built up for years, which can make it very difficult to face and move forward from.

**Addiction to the Cycle:** Often in trauma bonds, the stages can be cyclical; after a significant conflict, there may be a cool down or honeymoon period. At this moment of peace, the abuser might apologize and start the love-bombing process all over again, which makes the target feel relieved and desired, thus positively reinforcing a dependency on this abusive cycle. Conversely, the abuser may completely shut down, become avoidant, and withhold all love, affection, and attention as a way to pressure or force the victim to apologize.

Source: Laub, E. (2022). *The 7 Stages of Trauma Bonding*. *Choosing therapy (web)*. Available at: <https://www.choosingtherapy.com/stages-of-trauma-bonding>

The seven stages of trauma bonding show a repeated cycle of extreme highs and lows in abusive relationships, which often lead to the victim feeling isolated, lacking identity, and staying in the relationship for too long. However, breaking a trauma bond is possible, and support is readily available. In addition to forming a social support system and creating a safety plan, it is important to partner with a mental health professional who is highly trained and skilled in psychological abuse recovery.

### 5.3 Reactions to trauma bonding

Everyone responds to trauma differently, likewise there are a number of ways in which people can be affected by trauma. The impact of trauma may vary from subtle, insidious, or overtly destructive.

Table 10. Reactions to trauma bonding

Notable reactions a person might have to trauma are:

- **Emotional reactions:** Persons who have experienced trauma may display anger, anxiety, fear, sadness, and shame. At the same time, they may have numbing response where they appear detached from thoughts, behaviors, and memories. Therefore, it is obvious for them to experience emotional dysregulation.
- **Physical reactions:** Persons who have experienced trauma whether for a short time or ongoing, they often display physical symptoms such as experiencing sleep disturbances. They may suffer from physical disorders like gastrointestinal, cardiovascular, neurological, musculoskeletal, respiratory, and dermatological.
- **Cognitive reactions:** Persons having experienced trauma develops cognitive reactions which include intrusive thoughts and memories. They may make inaccurate rationalizations, idealizations, or justifications about their abuser, particularly if the person was a caregiver or partner.
- **Behavioral reactions:** Persons who have experienced trauma may be more prone to self-harm including suicide ideation. They also may engage in avoidant behaviors or alter their behavior in some way to keep in an attempt to keep the abuse from happening again. They even are at risk for substance abuse issues.

Source: Gordon, S. (2023). *How to Identify and Break a Trauma Bond*. *Health (web)*. Available at: <https://www.health.com/trauma-bonding-7966480>

## 5.4 Consequences of trauma bonding

Trauma bonding can impact a person in a number of ways. But one notable consequence is the overproduction of cortisol. Cortisol is released to give a person the energy when they are faced with something stressful. But when they experience abuse on a consistent basis, their body will produce an overabundance of cortisol, which can, in turn, damage their immune system, make them more prone to illnesses, and cause high blood pressure.<sup>48</sup>

There are also other health issues that can occur as a result of a trauma bond. Research has shown that abuse can trigger everything from asthma and fibromyalgia to sexual dysfunction and depression.<sup>49</sup>

Table 11. Consequences of trauma bonding

### Consequences of trauma bonding include:

- Making excuses for or defending the person who hurt you
- Becoming isolated from family or friends
- Engaging in self-blame or believing you deserve the abuse
- Feeling attracted to untrustworthy people
- Going above and beyond to help people who have hurt you
- Attempting to get people to like you even when they are clearly using you or hurting you
- Maintaining contact with people you know will cause you more pain
- Trusting people who have proven untrustworthy
- Feeling unable to leave unhealthy relationships
- Trying to be understood by people who do not care to do so
- Attempting to convince someone who won't listen that there is a problem
- Staying in contact with a person who has abused you even though they do not take responsibility
- Obsessing about someone who has hurt or harmed you even though they are gone
- Remaining committed to people who have hurt or betrayed you
- Keeping secrets about exploitation or abuse.

Source: Gordon, S. (2023). *How to Identify and Break a Trauma Bond*. Health (web.). Available at: <https://www.health.com/trauma-bonding-7966480>

<sup>48</sup> Gordon, S. (2023). How to Identify and Break a Trauma Bond. Health (web.). Available at: <https://www.health.com/trauma-bonding-7966480>

<sup>49</sup> Ibid

## 6. Breaking the vicious cycle of trauma bonding

The hardest part of breaking a trauma bond is recognizing that it needs to be broken and the victim should be rescued. Once the victim of trauma bonding have made a decision to end the relationship and move on, it is important that first they have to put a plan in place. Many a times, the abusers will go to great lengths to keep the relationship intact, so the victim need to lay some groundwork first to ensure safety. Given some of the points to be considered by victims while breaking the trauma bonding:<sup>50</sup>

- **Start by surrounding yourself with professionals:** At the very beginning, the victim may start contacting advocates, support group members, friends, or mental health professionals. The key message is that the victim will have a support network who will help them to make preparations to leave the abusive relationship.
- **Put a safety plan in place:** Someone already experienced with abusive situations and how to safely leave from it can help the victim to think through what they need to do in order to exit from the relationship safely.
- **Make a clean break:** Once the abused person have decided to leave an abusive relationship, it is important to leave and not to look back. On the other hand, trying to work things out or sending warnings signals to the abuser that they are leaving will only undermine the plan. The victim also should make a concerted effort to cut off all contact with the perpetrator. The separation is needed to think straight and allow the brain to learn and think more logically.
- **Stay safe and take care of yourself:** Once the victim leaves an abusive relationship, the top priorities should be their personal care and safety. They could consider practical changes like changing the number and protecting online safety as well as personal changes like learning to recognize their value and worth. At the same time, it also can be helpful to know where to go in an emergency or where to find mental health support.

### 6.1 Recovery from trauma bonding

It is obvious that trauma bonds can seem challenging to overcome, but with time and patience, it can be possible to heal and move on further. Gordon expressed that, “The best way to accomplish this is through the help of a licensed mental health professional and a solid support network.”<sup>51</sup>

He further added that individual therapy can be beneficial to the victim’s recovery, but at the same time, it can also be instrumental in teaching victims new ways to think about themselves and others. The victim will learn to recognize where they are doing, accept the feelings, and be honest with themselves, even in situations when they still have mixed emotions about their relationship ending. He clearly pointed out to just remember that this is a journey that takes time. However, healing is a very individual process and where there is a committed effort, healing will ultimately take place. With a mental health professional, the victim can develop a plan on how to heal from the abuse they have experienced. Having said that, Gordon said that some people find that cognitive behavioral therapy (CBT) is useful while others may find dialectical behavior therapy (DBT) helpful. In fact, DBT is often used with people recovering from trauma and the main key is that they are receiving the help they need so that they can heal and feel good about themselves.<sup>52</sup>

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<sup>50</sup> Ibid

<sup>51</sup> Ibid

<sup>52</sup> Ibid

## 6.2 Assistance for those who experience trauma bonding

With a concerted effort to break free and change their way of thinking, particularly about themselves, victims can heal from trauma bonding. But the key is to get support and assistance from mental health professionals and advocates who are skilled not only in safely leaving abusive situations, but also know how to initiate trauma recovery.

When the victims believe that they are experiencing trauma bonding - or if they have just escaped a traumatic relationship and they are in need or want help, there are resources available to assist such trauma bonding cases. Many of the following national organizations in USA offer assistance 24 hours a day, seven days a week:<sup>53</sup>

- **The National Domestic Violence Hotline** offers a free 24-hour hotline for people who are in an abusive situation and need help. You can dial 1-800-799-SAFE (7233) or 1-800-787-3224 (TTY) to reach the hotline by phone. You also can communicate confidentially online via a live chat with an advocate or you can even text “START” to 88788 to get help.
- **Love Is Respect** is a project of the National Domestic Violence Hotline. You can reach this organization by phone at 1-866-331-9474 or by texting “LOVEIS” to 22522.
- **The National Sexual Assault Online Hotline** is part of RAINN (Rape, Abuse and Incest National Network) that provides live help for victims of sexual assault. Call 1-800-656-HOPE (4673) to chat with a member of their staff or communicate with them online.
- **Pandora’s Project** is a nonprofit group staffed by volunteers who are victims of sexual violence and includes a message board and chat room.
- **National Human Trafficking Hotline** is a toll-free hotline available 24 hours a day. Call 1-888-373-7888 to speak with a specially trained anti-trafficking hotline advocate. Support is available in more than 200 languages.

The victim also may want to find a support group or contact a mental health professional. It has been found that if there are they are speaking about their life experience with more people, reinforcing their value and worth, the easier will be the recovery.

Given below are other victim assistance services in different countries:

- **“Animus Association” Foundation**, which is the centre for rehabilitation, counselling and psychotherapy in Bulgaria. They have a trauma centre for children and families and helpline for survivor of violence “0800 1 8676, 02 981 7686”.<sup>54</sup>
- **Bangladesh National Woman Lawyers’ Association (BNWLA)** provides the shelter support, counselling and rehabilitation support to the victims of trafficking.<sup>55</sup>
- **Centre for Women and Children Studies (CWCS)** initiated the multi-sectoral referral system for victims of trafficking, sexual exploitation and those in vulnerable situation in Satkhira district in Bangladesh. They provide healthcare support, counselling services, legal support, skill development training and wage & self-employment support. Their hotline number “01743388080” provides the holistic support to the victims.<sup>56</sup>
- **Victim Support Europe** is an initiative to support the victims of crime, such as victims of gender-based violence, victims of hate crimes, victims of human trafficking, and victims of terrorism including

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<sup>53</sup> Ibid

<sup>54</sup> “Animus Association” Foundation. Available at: <https://animusassociation.org/en/>

<sup>55</sup> Bangladesh National Woman Lawyers’ Association (BNWLA). Available at: <https://bnwla-bd.org/>

<sup>56</sup> Centre for Women and Children Studies (CWCS). Available at: <https://cwcsbd.org/>

children, women and men. They provide information and advice, counselling and/or psychological support, medical care and reintegration support, legal aid and accommodation (shelters).<sup>57</sup>

### 6.2.1 Reframe victims’ behaviour

It is pertinent to re-conceptualize the problem of trauma bonding and explore a language to name the impact that the perpetrator’s behaviors have on adult and child victims. The language needs to empower the victims without blaming them for trauma bonding with their abusers.

Dr. Chitra Raghavan and Kendra Doychak, sex traffic researchers urged that the first step is to reframe victims’ behaviors “as a traumatic response to a terrifying chronic stressor rather than as a dysfunctional attachment that reflects masochism, weakness, or social vulnerability in the victim.” Furthermore Zoë Krupka explains “Such an overhaul requires therapists to engage in the painful process of facing our profession’s complicity in violence against women. Anything less is not only dangerous and ineffective but a significant and widely debilitating contribution to the problem.”<sup>58</sup>

It stands out prominently in the discourse on trauma bonding to change the language to ensure that victims’ behaviors are contextualized to the perpetrator’s pattern. However, change of the language is not enough. Therefore, we have to go beyond the healthcare service working environment.

Table 12. Looking beyond the four walls of the clinical setting

<p><b>Working for victim’s wellbeing</b></p> <ul style="list-style-type: none"> <li>• Ensure that perpetrator or systems do not use a diagnosis for the victim as a weapon against them.</li> <li>• Consider on-going coercive control as a factor in any work with the victim which includes interference with leaving the relationship or getting support.</li> <li>• Active advocacy by mental health professionals for their clients in the systems that are impacting them, like family court. To do this, we need to actively integrate a perpetrator pattern-based approach into any work with the victim.</li> </ul>
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Source: Mandel, D. (2021). *4 Ways the Concept of Trauma Bonding Works Against Survivors. Safe & Together Institute, Canton.* Available at: <https://safeandtogetherinstitute.com/4-ways-the-concept-of-trauma-bonding-works-against-survivors/>

## 6.3 Breaking the trauma bonding

Breaking a trauma bond can be challenging and may take time, but it is possible. The National Domestic Violence Hotline suggest that people:<sup>59</sup>

- **Focus on the present:** Hope that an abusive person will change or nostalgia for good times in the past can keep people in their trauma bonds. Try to acknowledge what is currently happening and the impact that it has by pausing to reflect on it. If it is safe to do so, keep a diary.
- **Focus on the evidence:** If a person continues to abuse or takes no steps to get help, stay focused on this, rather than on their promises about the future.
- **Practice positive self-talk:** Abuse can lower a person’s self-esteem and make them feel that they cannot be without the abusive person. Noticing negative self-talk and challenging with positive alternatives can start to change this.
- **Practice self-care:** Taking care of oneself may help relieve some stress and reduce the desire to turn to an abusive person for comfort. Journaling, meditation, exercise, hobbies, prayer, or talking to trusted friends can help.

<sup>57</sup> Victim Support Europe. Available at: <https://victim-support.eu/>

<sup>58</sup> Zoppi, L. (2023). What is trauma bonding? #Recovery from abuse. MedicalNewsToday (web.). Available at: <https://www.medicalnewstoday.com/articles/trauma-bonding#recovery>

<sup>59</sup> Zoppi, L. (2023). What is trauma bonding? #Breaking a trauma bond. MedicalNewsToday (web.). Available at: <https://www.medicalnewstoday.com/articles/trauma-bonding#breaking-the-bond>

*If possible, a victim of trauma bonding can also:*<sup>60</sup>

- Learn about abusive and toxic relationships in order to spot the signs early and reinforce that they are not healthy.
- Learn what healthy relationships look like and seek them out.
- Create a plan to improve safety and make it possible to leave.

### **Safety planning**

Safety plans include personalized steps that an individual can take to protect themselves physically and emotionally. The plan may include:<sup>61</sup>

- Safe places where someone can go to protect themselves, children, or pets from violence
- Names and contact information for people who provide support
- Information about local organizations and services
- A way to gather evidence of the abuse, such as a journal with events and dates that a person keeps in a safe place
- A plan to leave, considering factors such as money, a safe place to live, and work
- A plan for staying safe after leaving, which may include changing locks and phone numbers, altering working hours, and pursuing legal action

### **Recovery from abuse**

The trauma of abuse can have lasting effects on mental and physical health. No one has to cope with this alone. The following approaches may help people understand their experiences and address related issues, such as anxiety or depression.<sup>62</sup>

### **Therapy**

- A person may experience pain, a sense of loss, and grief after escaping an abusive situation.
- An understanding therapist, counselor, or support worker can help someone work through this. It may help to find a therapist who has experience with trauma and abuse victims.
- A therapist can provide a safe space to talk about all thoughts, feelings, and experiences. They can also identify and treat conditions that may develop as a result of abuse, such as post-traumatic stress disorder, known as PTSD.<sup>63</sup>

### **Support groups**

- Support groups offer abuse victims places to share their stories with others who understand. This can help a person feel less alone and remind them that there are others who care.
- People in support groups may also share tips on coping and staying safe, and provide other practical advice about moving on from an abusive situation.<sup>64</sup>

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<sup>60</sup> Ibid

<sup>61</sup> Ibid

<sup>62</sup> Zoppi, L. (2023). What is trauma bonding? #Recovery from abuse. MedicalNewsToday (web.). Available at: <https://www.medicalnewstoday.com/articles/trauma-bonding#recovery>

<sup>63</sup> Ibid

<sup>64</sup> Ibid

## Medication

- If a person develops an anxiety disorder or depression as a result of abuse, medications may help relieve some of the symptoms. Anyone interested can discuss this option with a doctor.<sup>65</sup>
- In some cases, there is excessive reliance on medication to ‘cure’ mental health issues. However, there is a need to ensure the appropriate evaluation and medication monitoring, as well as explore other, non-pharmaceutical strategies.

## 6.4 Ways to work with victims of trauma bonding<sup>66</sup>

- Professionals need to consider the victims’ behaviors, choices and mental health in the context of perpetrators’ pattern of behavior. This needs to include patterns of manipulation of systems, and professionals by perpetrators so that they do not inadvertently reinforce or condone the abuse. If professionals are trained in the [Safe & Together Model CORE Training \(4 Days\)](#) the mapping tool is perfect.
- Actively seek to understand the victims’ behaviors of resistance and protection for self and others. Explore the question ‘What was safer about doing that?’ when considering the actions and choices of victims
- Work to improve your response to victim’s disclosures so that they are positive experiences – consider how you validate and partner with the victim and hold the perpetrator accountable.
- Respect victims’ unique needs; do not predetermine what they need, what their safety plan should be or automatically refer them to services based on own assumptions.
- In your documentation and reports make clear the perpetrators’ pattern and how it has impacted the victim. Diagnosis should be contextualized.
- Use [tools](#) like the Friends and Family Ally guide and watch the associated webinar “Helping the Helpers: A Guide for Friends & Family on How to Be an Ally for a Loved One Experiencing Domestic Violence.” The Ally guide can help you better partner with the victim.
- Wherever you can be an advocate for the victim, helping others understand the perpetrators’ pattern and the different ways the victim has tried to resist the abuse, and when children are involved, protect them from the perpetrators’ behaviors.
- Be courageous in your organization or system by leading efforts to examine how it performs and develop plans to become more domestic violence-informed. The self-assessment tool and evaluation framework can help and you can contact us for a free systems change consultation.

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<sup>65</sup> Ibid

<sup>66</sup> Mandel, D. (2021). 4 Ways the Concept of Trauma Bonding Works Against Survivors. Safe & Together Institute, Canton. Available at: <https://safeandtogetherinstitute.com/4-ways-the-concept-of-trauma-bonding-works-against-survivors/>



## 7. Conclusion

The task on trauma bonding identification provides a guideline to develop a protocol by defining child abuse, exploitation and trauma bonding, its effects and signs and symptoms.

It elaborated on victim-centred and principles of child-rights-based approach which has its basis on the Convention on the Rights of the Child and work of UNHCR and SCUK.

The guideline have clarified the concept of trauma bonding, framework harms victims and most importantly discussed on trauma bonding identification. It elaborated on the risk factors and identified people who are most susceptible and vulnerable to be victims of trauma bonding. The various stages of trauma bonding were discussed along with identified reactions and consequences of such bonding.

Breaking the vicious cycle of trauma bonding related to recovery and assistance to victims where addresses of some hotline services were shared. The guideline concluded with some better ways to handle victims of trauma bonding, especially what professionals need to consider with regard to the victims' behaviors, choices and mental health in the context of perpetrators' pattern of behavior; actively seek to understand the victims' behaviors of resistance and protection for self and others; respect victims' unique needs; can be an advocate for the victim, helping others understand the perpetrators' pattern and the different ways the victim has tried to resist the abuse, and when children are involved, protect them from the perpetrators' behaviors.