

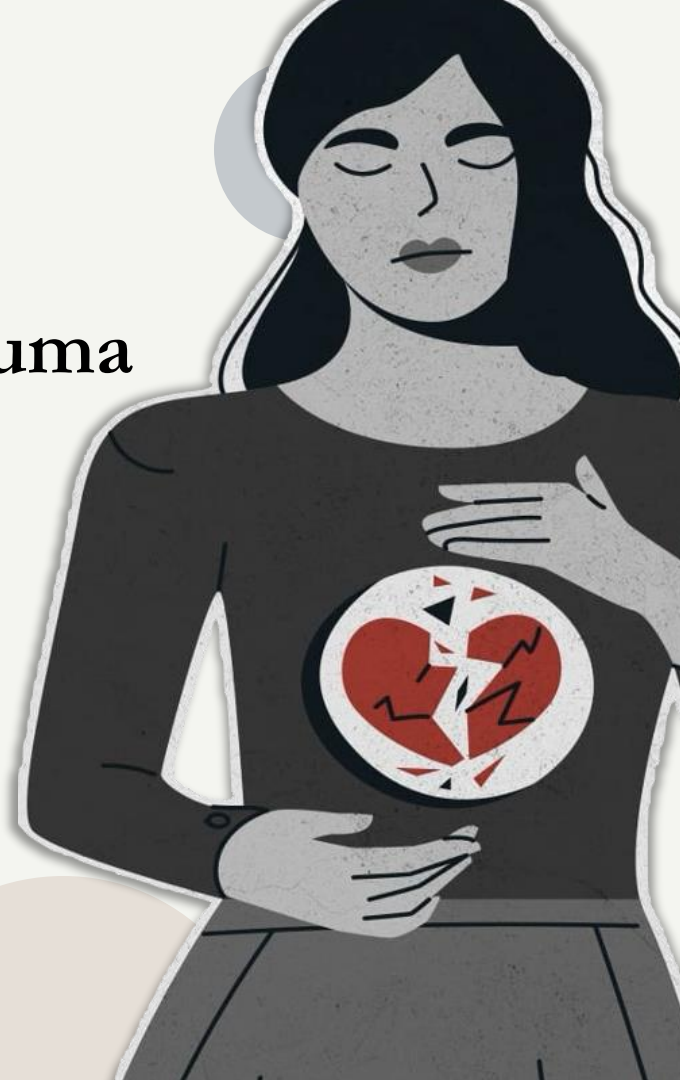
Breaking Invisible Bonds: Navigating the Challenges of Trauma Bonding in Human Trafficking

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TiP

Trafficking
in Persons -
Risk to
Resilience Lab



INTRODUCTIONS



Dr. Joan Reid is a LMHC, a Certified Rehabilitation Counselor, and Professor of Criminology at the University of South Florida. Dr. Reid is also the Director of the USF Trafficking in Persons (TIP) Research Lab located in St. Petersburg Florida. Dr. Reid is a leading expert on human trafficking having authored over 60 publications, primarily focused on child sex trafficking in Florida. Dr. Reid's research has been cited in various State Supreme Courts, state and federal government agency policy reports on child trafficking. Most recently, she is author of the book *Trauma Bonding and Interpersonal Crimes*.

Klejdis Bilali is a PhD student in Criminology at the University of South Florida and a research assistant at the USF Trafficking in Persons Risk to Resilience Lab. Klejdis is also a mental health counseling intern, providing psychotherapy to youth living with HIV. She has also worked extensively with trafficking victims involved in the child welfare and juvenile justice system, wherein her sessions have primarily focused on unwinding the trauma bond. Her research focuses on interpersonal violence, its impacts, and strategies for prevention and intervention.





Content Warning

This presentation will address topics related to physical, sexual, and psychological abuse and violence.

Some content may be triggering or emotionally challenging. Please prioritize your well-being—feel free to step away if needed.

Learning Modules

MODULE 1



What is Trauma Bonding?

MODULE 2



Trauma Bonding: Theoretical Insights & Current Research

MODULE 3



Trauma Bonding in the Context of Human Trafficking

MODULE 4



Resources & Strategies for Working with Trafficking Victims Exhibiting Indicators of Trauma Bonding



MODULE 1

What is Trauma Bonding?

Background

Trauma bonding (TB)—a phenomenon wherein victims become attached to their abusers (Dutton & Painter, 1993)

- A marked power imbalance, in which the victim increasingly feels powerless, helpless, and vulnerable
- Origins → Stockholm, Sweden 1973
- Preliminary research indicates, though it's a rare phenomenon, it is likely a universal experience, provided the “right” conditions (Reid, 2023; Chenneville et al., 2025)



“Stockholm Syndrome:”

The true story of hostages loyal to their captor—How a six-day hostage drama inside a Swedish bank in 1973 christened the psychological phenomenon known as “Stockholm Syndrome.”

“Stockholm Syndrome”
“Hostage-captor effect”
“Hostage identification syndrome”
“Battered Women’s Syndrome”
“Trauma-coerced attachments”





POLLING QUESTION 1:

How familiar are you with the
concept of trauma bonding?

Trauma Bonding & Interpersonal Violence

TB is very likely in the context of interpersonal violence—child sexual abuse; human trafficking; domestic violence; cults; hostage-taking cases

- Conditions perpetuating TB (de Fabrique et al., 2007)
 - (1) Exposure between victim and offender
 - (2) Intermittent abuse that alternates with positive or neutral interactions
 - (3) Perceived limitations on the ability to exit relationship or situation.
- Role of brainwashing



Keith Raniere: Founder and leader of NXIVM

Cultic groups like NXIVM masquerade as legitimate organizations offering self help classes, professional development workshops, spiritual guidance, and other practices.

Used sexual and labor exploitation, blackmail, branding, etc. to racketeer millions of dollars



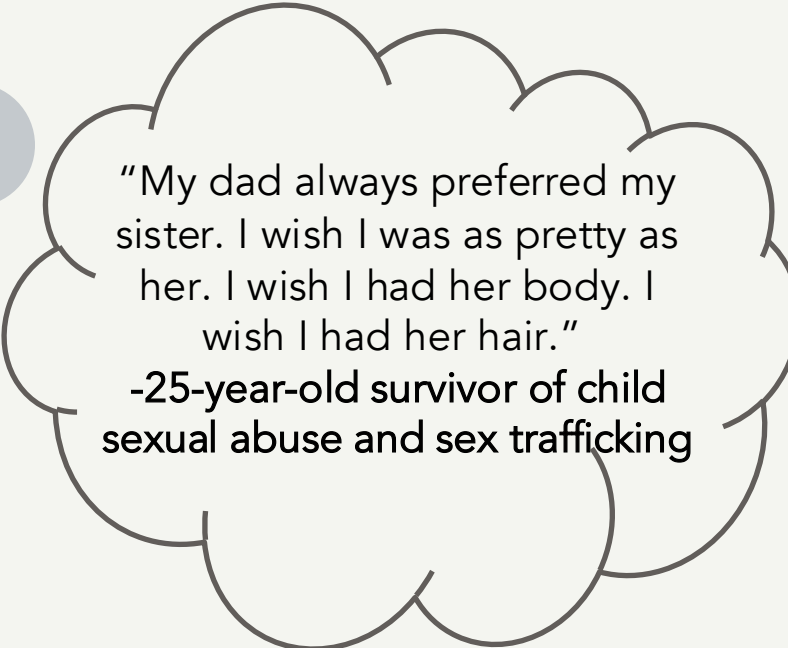
POLLING QUESTION 2

What emotion do you associate
most with trauma bonding?

What Does Trauma Bonding Look Like?

RED FLAG INDICATORS	
Behavioral	<ul style="list-style-type: none">• Defending or protecting the abuser• Returning to the abuser voluntarily• Extreme loyalty• Minimizing or denying the abuse• Seeking approval from the abuser• Difficulty trusting safe adults
Cognitive/Psychological	<ul style="list-style-type: none">• Internalizing blame• Belief in a special relationship with the abuser• Confusion about love and harm• Feeling indebted to the abuser• Distorted sense of normalcy• Warped sense of identity
Emotional	<ul style="list-style-type: none">• Guilt and shame• Fear of abandonment• Emotional numbness or dissociation• Anxiety or distress when separated from the abuser• Feeling incapable or unworthy of healthy love

Long-Term Effects of Trauma Bonds



"My dad always preferred my sister. I wish I was as pretty as her. I wish I had her body. I wish I had her hair."

-25-year-old survivor of child sexual abuse and sex trafficking

- Emotional distress, identity confusion, personality disorders
- PTSD, depression, anxiety, emotion dysregulation
- Warped perception of self, others, or world around them
- Difficulty in forming healthy relationships in adulthood
- Substance use
- Increased susceptibility to re-victimization



MODULE 2

Trauma Bonding: Theoretical Insights & Current Research

Theoretical Explanations of Trauma Bonding

Research often focuses on “symptoms” rather than theoretical frameworks

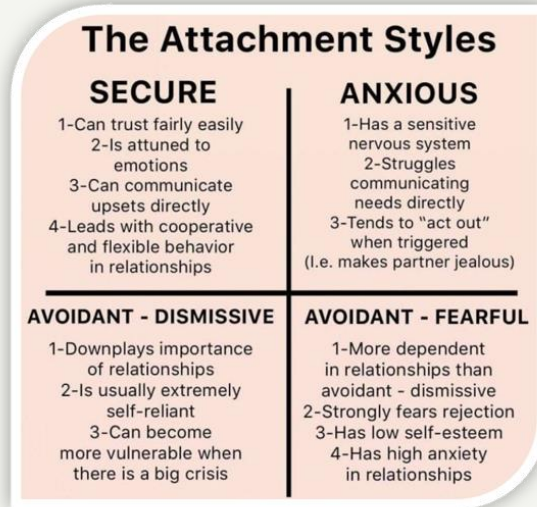
- Causal theoretical models help explain how trauma bonding happens
 - Allows us to ask, “What are the antecedent factors that cause trauma bonding?”
- **Potential Theories**
 - Attachment Theory
 - Child Sexual Abuse Accommodation Syndrome (CSAAS; Summit, 1984)
 - Neurological explanations



Attachment Theory

John Bowlby & Mary Ainsworth (1969; Bretherton, 1992)

- Emphasizes child-caregiver bonds and their long-term effects.
- Secure vs. insecure attachment patterns:
 - **Secure:** Warm, responsive caregiving, trust in relationship
 - **Insecure-avoidant:** Dismissive caregivers, self-reliant child; “adultification”
 - **Insecure-ambivalent:** Inconsistent caregivers, clingy yet rejecting child
- Early attachment disruptions may foster trauma bonds.



Bartholomew & Horowitz (1991)

- Adult Attachment Styles
 - **Secure:** Comfortable with intimacy and autonomy.
 - **Preoccupied/Anxious:** Overly fixated on relationships, fears abandonment.
 - **Dismissing/Avoidant:** Avoids closeness, highly independent.
 - **Fearful:** Wants to be close to partner but fears intimacy and is socially avoidant.
- Trafficking victims more likely to develop insecure attachments.

Child Sexual Abuse Accommodation Syndrome (CSAAS) ◆

- Proposed by Roland Summit (1983)
- Explains why victims of child sexual abuse remain silent, recant abuse allegations, or continue relationships with abusers
- Five key components:
 - **Secrecy:** Victims coerced into silence
 - **Helplessness:** Children feel powerless against adults
 - **Entrapment/Accommodation:** Victims adapt to ongoing abuse
 - **Delayed/Conflicted Disclosure:** Disclosures may be met with disbelief
 - **Retraction:** Victims recant abuse to maintain family stability
- **CSAAS & Trauma Bonding**
 - CSAAS provides an explanatory framework for paradoxical victim behavior amidst abnormal conditions → child's attempt to improve survival
 - Controversies related to misuse of CSAAS theory in a court of law—CSAAS was being used as a way to prove that a child was being sexually abused which led to wrongful convictions
 - Summit (1993) criticized prosecutors for the misapplication of his theory



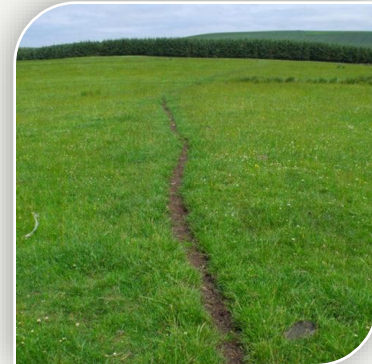
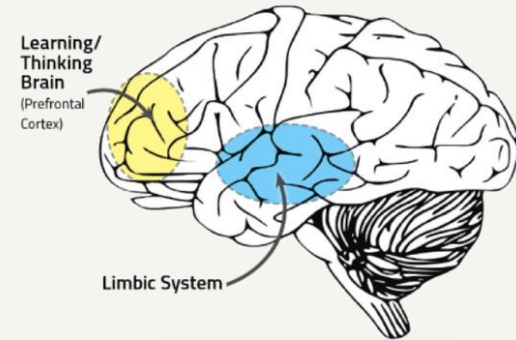
Neurological Explanations

Amygdala Hyperactivation (Andrewes & Jenkins, 2019)

- The amygdala, which processes fear, becomes hyperactive due to trauma, overriding executive functions of prefrontal cortices leading to:
 - Heightened fear of leaving, even when escape is possible
 - A misperception of threats, where the victim sees the outside world as more dangerous than the abuser
 - The development of learned helplessness, where the brain stops trying to seek escape → the idea of life without the abuser is too intimidating
 - Gradually, victims become neurologically conditioned to remain in exploitative relationship
 - Even after recovery, victim is in constant “amygdala hijack” mode → **fight-flight-freeze-fawn**

Survival Mode: **Flight/Fight/Freeze**

Frontal lobe (Prefrontal cortex) goes offline
Limbic system / mind and lower brain functions take over





MODULE 3

Trauma Bonding in the Context of Human Trafficking

Trauma Bonding in the Context of Human Trafficking

According to TVPA (2000) Human Trafficking is defined as

- ✓ “(a) commercial sex act is induced by *force, fraud, or coercion*, or in which the person induced to perform such act has not attained 18 years of age; or
- ✓ (b) the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery” (22 U.S.C. § 7102(11), 2023)
- ✓ **For victims younger than 18, “**force, fraud, or coercion**” need not be present to identify child trafficking.

Process of Exploitation

- Visit areas frequented by potential victims
- Find vulnerable victims
- Enlist other victims/peers to recruit
- Power dynamics

Recruitment

Grooming

- Gifts, attention, affection
- Gradual desensitization
- Normalization of boundary violations
- Distorts perception of love/trust
- Dependency increases

- More intrusive abuse begins
- Threats, coercion, guilt-tripping
- Physical, sexual, psychological violence

Escalation of Abuse

Entrapment

- Emotional/psychological control
- Abuse and control reinforce exploitation cycle

Trauma Bonding in the Context of Human Trafficking

Human trafficking provides the “optimal” conditions that give rise to trauma bonds

- Victims are vulnerable, isolated, and subjected to various forms of relentless violence
- **Coercion** element of trafficking is the most difficult to prove
- TB complicates evidence of coercion

CONDITIONS	TRAFFICKER TACTICS
Isolation & Dependence	Cut off support systems, restrict communication, relocate victim, create financial reliance.
Psychological Manipulation	Gaslighting, normalize abuse, play the “savior,” reinforce self-blame.
Intermittent Reinforcement	Alternate cruelty with kindness, false hope, exploit past trauma.
Fear & Threats	Threats of harm, shame, blackmail, constant danger.
Physical & Sexual Abuse	Sexual violence, deprivation, physical punishment, forced addiction.
Identity & Reality Control	Rename victim, brand victim, control appearance, destroy documents, enforce new beliefs.
Learned Helplessness	Destroy self-esteem, convince victim they have no escape, promote guilt.

TRAFFICKER TYPE	FIND TACTICS	GROOMING TACTICS	ENSNARE TACTICS
Peer Trafficker	<ul style="list-style-type: none"> • Chat online • Meet at places frequented by youth 	<ul style="list-style-type: none"> • Normalize selling sex • Build trust via friendship 	<ul style="list-style-type: none"> • Aggression toward victim and others in front of victim
Organized Crime Trafficker	<ul style="list-style-type: none"> • Peer recruitment via syndicate members • Meet in high crime drug trafficking areas 	<ul style="list-style-type: none"> • Promise and provide drugs • Give gifts • Provide youth with basic needs 	<ul style="list-style-type: none"> • Threaten harm • Control drugs • Aggression toward others in front of victim
Family Abuser Trafficker	<ul style="list-style-type: none"> • Reside with victims • Frequently visit child's residence 	<ul style="list-style-type: none"> • Create obligations to exchange sex • Increase intrusiveness of sex abuse • Promise victim rewards (e.g., ungrounding) • Withhold valuables 	<ul style="list-style-type: none"> • Abuse physically and sexually • Threaten harm • Neglect medically • Use drugs to disorient
Romantic Coercive Conman Trafficker	<ul style="list-style-type: none"> • Chat online via dating sites • Meet at places frequented by youth 	<ul style="list-style-type: none"> • Love bomb • Shower with gifts • Claim unique connection • Provide drugs 	<ul style="list-style-type: none"> • Isolate from family • Impregnate and use child to control • Threat to harm • Use drugs to disorient
"Mate" Coercive Conman Trafficker	<ul style="list-style-type: none"> • Meet youth w/ disabilities at drug hotspots, group homes, juvenile justice facilities • Chat via social media 	<ul style="list-style-type: none"> • Fill a need through providing youth with basic needs (money, food) • Promise/provide drugs 	<ul style="list-style-type: none"> • Abuse physically • Control victim drug use • Blackmail • Shame victim into submission
Opportunistic Trafficker	<ul style="list-style-type: none"> • Meet runaway youth at truck stops, gas stations, outside hospitals, tattoo shops, on the street 	<ul style="list-style-type: none"> • Fill a need through providing transportation/shelter • Provide drugs 	<ul style="list-style-type: none"> • Threaten to harm • Abuse physically • Hold captive • Stalk victim when they try to leave
Cyber Trafficker	<ul style="list-style-type: none"> • Target primarily via social media • Recruit via teen modeling websites 	<ul style="list-style-type: none"> • Offer money for explicit images, extra money for "custom jobs" • Provide drugs 	<ul style="list-style-type: none"> • Blackmail with recorded sex acts ("revenge porn") • Promise job in pornography

Note. Results based on Reid et al. (2023).

What Does Trauma Bonding Look Like in the Context of Human Trafficking?

CASE EXAMPLE (Reid et al., 2020)

Ariana* is a 25-year-old Asian American woman coerced into sex trafficking by her batterer boyfriend, who was subsequently arrested and plead guilty to sex trafficking due to her coerced involvement in her trafficker's criminal human trafficking enterprise.

- **Witnessing of IPV During Childhood**
- **Experienced IPV as Adult with Boyfriend Batterer/Trafficker**
- **Coerced into Trafficking**
- **Batterer Tactics Resulting in Trauma Bond**
- **Enmeshment in Human Trafficking Criminal Enterprise, Arrest, and Conviction**
- **Trauma-Related Symptoms and Relational Dysfunction**

**pseudonym is used to protect client identity.*



MODULE 4

Resources & Strategies for Working with Trafficking Victims Exhibiting Indicators of Trauma Bonding



POLLING QUESTION 3:

How often do individuals recognize they are in a trauma bond before therapeutic intervention?

Challenges of Recovery

- Reluctance to self-identify as a victim of a crime
- Confusion regarding appropriateness of sexual/intimate behaviors
 - Difficulty recognizing or seeking out healthy, equitable relationships
- Trauma bonding
 - Loyalty to trafficker/pimp
 - Identification with “the life” → perception of a high adrenaline, “adventurous” lifestyle overshadows violence and exploitation
 - Complex relationships with other victims
 - Trafficker’s relationship to victim’s family
- Lack of trust in law enforcement, social service providers, and the CJ system

Recovery of Trafficking Victims

Law enforcement involvement:

- Police are the most likely respondents to experience victim resistance (Koster et al., 2020)

Trauma-informed responses → See [interviewing guide](#) by International Association of Chief of Police

- Non-judgement for strange victim behavior
- Victim defiance is a result of trauma
- Parrot language used by victim
- Reflect thoughts and feelings
- Refrain from attacking trafficker
- Refraining from “why” questions → “Why didn’t you run away from this guy sooner?”
- Co-response model
 - Collaborative efforts between police and mental health professionals in responding to victim recovery



Legal Responses and Trafficking Diversion

- **Be familiar with resources in your area**
 - Is the victim assigned to a multidisciplinary team (MDT)?
 - Does your community offer a trafficking diversion court?
- **Specialty courts**
 - Mental health courts, trafficking courts, diversion courts
- **Aim is to:**
 - Facilitate trafficking exit
 - Prevent trafficking revictimization
 - Divert victims from CJ system
 - Provide collaborative, trauma-informed, integrated care
- **Most effective if (Bilali et al., forthcoming):**
 - MDTs work collaboratively and communicate openly
 - Collaborators/providers have a wide range of resources
 - Participants are actively involved in their treatment and understand the purpose of program/court proceedings
 - Victims are not criminalized for behaviors that can be attributed to their exploitation
 - Survivor mentors are active participants





POLLING QUESTION 4:

Do you feel equipped to explain trauma bonding to someone in crisis?

PHASE 1: Screening

- **AIM:** Gather critical information about the victim's situation
- **Key Questions:**
 - ✓ What circumstances are we working with? (think *force, fraud, coercion*)
 - ✓ What is the victim currently experiencing?
 - ✓ What past and ongoing trauma have they endured?
 - ✓ Who is involved in their exploitation? How many people? What is their relationship to the trafficker/abuser?
 - ✓ How long has the victim been connected to the trafficker/abuser?
 - ✓ How committed are they to leaving their situation?
- **Screening Tools & Resources:**
 - [HT screening tools and assessments](#)
 - [Victim interviewing guide](#) (International Association of Chief of Police)
 - [Victim interviewing guide](#) (UNODC)
 - [Trauma Bonding Scale for Adults ©](#) (Reid, 2023)
 - Biopsychosocial assessment (for ongoing counseling clients)
 - Mental health screening tools ([PC-PTSD](#), [PHQ-9](#), [GAD-7](#), etc.)
 - [ACEs screening](#)
 - [Brief Resilience Scale](#)
 - Suicidality risk assessment (e.g., [Columbia Suicide Severity Rating Scale](#))



PHASE 1: Screening

Human Trafficking Identification Tools

- *Screening* vs *Assessment*

HT Screening Tools

- [Community Human Trafficking Identification Guide for Commercial Sexual Exploitation of Children \(CSEC\) and Labor Trafficking](#)
- [Louisiana Indicator Tool for Child & Youth Labor Trafficking](#)
- [Quick Youth Indicators of Trafficking \(QYIT\)](#)
- [Adult Human Trafficking Screening Tool](#)

HT Assessment Tools

- [WestCoast Children's Clinic CSE-IT](#)
- [SharedHope International DMST Intake Tool](#)
- [IACP Practical Guide to Interviewing HT Victims](#)
- [Vera Institute Trafficking Victim Identification Tool \(TVIT\)](#)

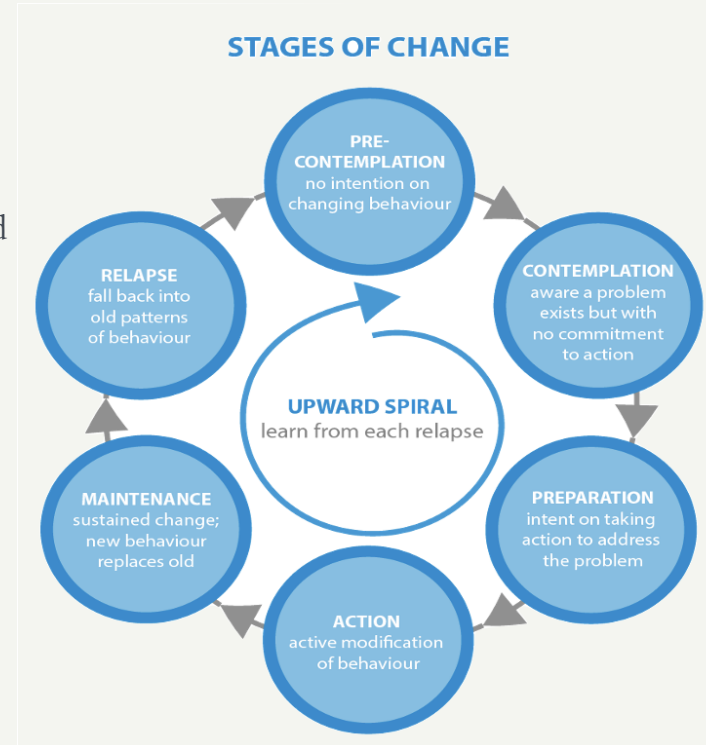
PHASE 2: Safety Planning

- **AIM:** Ensure victims have access to essential resources to facilitate their exit from trafficking and secure safety
- **Key Questions:**
 - ✓ Do they have access to basic necessities (food, shelter, medical care)?
 - ✓ Does the victim have safe family, friends, or service providers to contact in emergencies?
 - ✓ Do they have reliable transportation?
 - ✓ Do they have children? If so, are they in a safe environment?
 - ✓ How ready are they to leave their situation?
 - ✓ Is the victim assigned to a multidisciplinary team?
 - ✓ Does the victim qualify for participation in diversion court?
 - ✓ What type of treatment would be most beneficial (individual, family, substance use therapy)?
- **Safety Planning Resources:**
 - [National Human Trafficking Hotline Resource/Referral Directory](#)
 - [UM HT Collaborative: Safety Planning Questionnaire](#)
 - [Safety Planning with Foreign National Children](#)
 - [TiP Lab BRIGHT program](#)



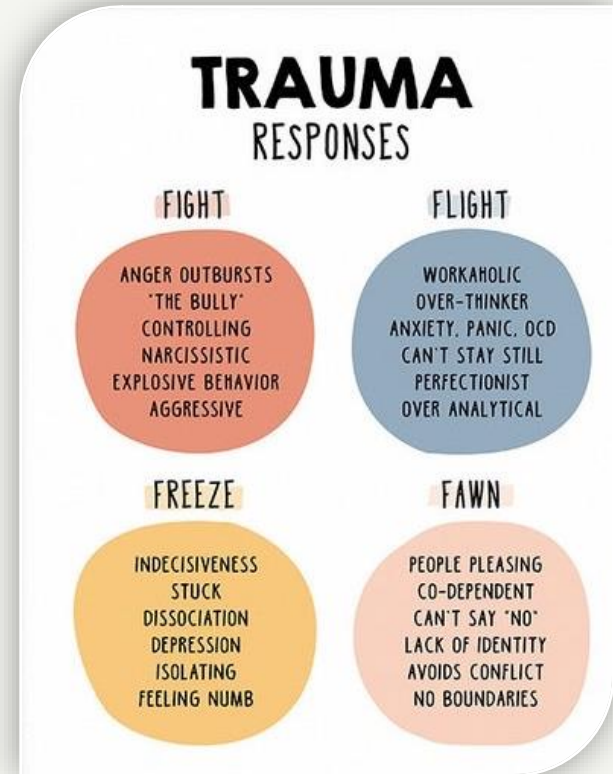
PHASE 3: Treatment/Intervention

- **AIM:** Explore and process lived experiences; Empower victims to transition from victim to survivor to lived-experience expert
- **Key Considerations:**
 - ✓ What mental health diagnoses are evident?
 - ✓ How does the victim perceive themselves and the world around them?
 - ✓ How does the victim perceive their relationship with the trafficker over time?
 - ✓ How does victim define safety and stability for themselves?
 - ✓ What skills or strengths does the victim have or want to build?
- **Treatment & Support Resources:**
 - Psychoeducation (e.g., trauma bonding, trafficking risks)
 - [Wiley Treatment Planners](#) (guides for therapy planning, interventions, and homework assignments)
 - Consider survivor mentorship program
 - Comprehensive guide on trafficking victim support at each stage
→ [Girls Educational and Mentoring Services \(GEMS\)](#)



PHASE 3: Treatment/Intervention

- Treatment is a long-term process—expect setbacks and incorporate relapse prevention into safety planning
- Therapy should be **trauma-informed** and **victim-centered**
- **Recommended Modalities:**
 - Cognitive-Behavioral Therapy (CBT)
 - Cognitive Processing Therapy (CPT)
 - Eye Movement Desensitization and Reprocessing (EMDR)
 - All aim to explore and process traumatic experiences
- Use **Dialectical Behavioral Therapy (DBT)** & mindfulness practices to:
 - Promote radical acceptance
 - Reduce “fight-flight-freeze-fawn” responses
 - Improve emotion regulation
- Consider **family- and group-based therapy** for improving social support
 - Essential for family reunification and long-term recovery
 - Transition support beyond “the life”





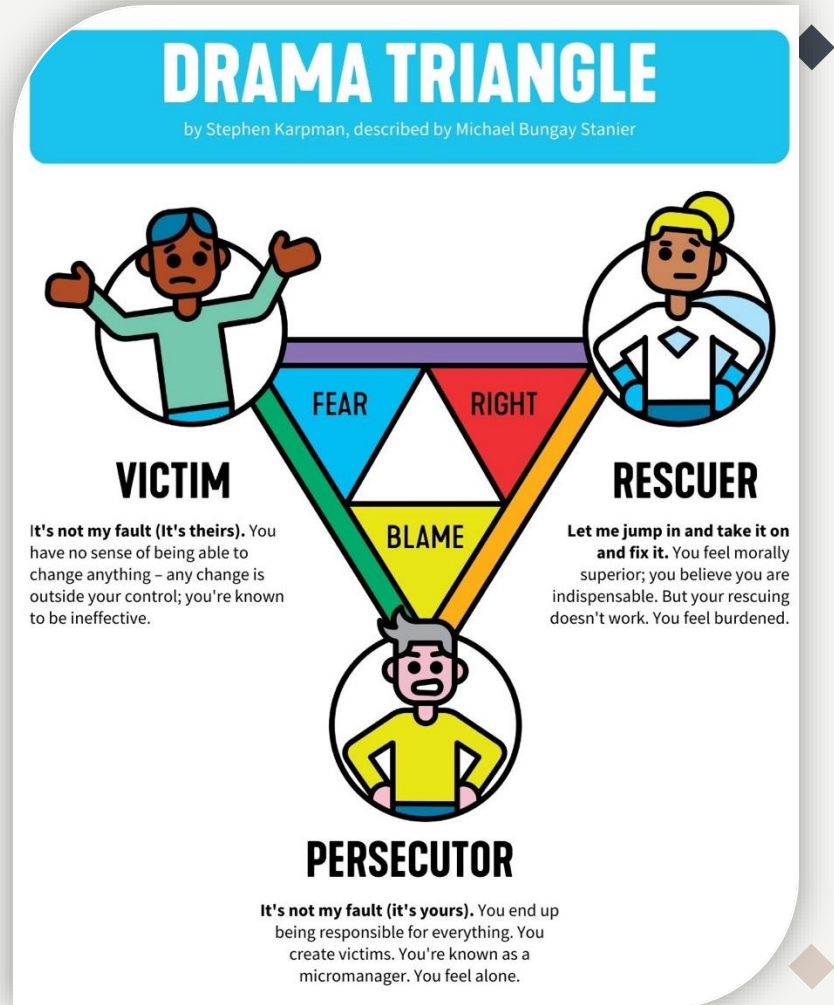
POLLING QUESTION 5:

Have you ever felt confused when an exploited or abused individual refused help or minimized abuse?

PHASE 3:

Treatment/Intervention

Avoid the “Drama Triangle!”



PHASE 4: Maintenance

AIM: help the survivor stabilize in their recovery, ensure they have the tools to cope with triggers, and support their independence and ability to maintain a healthy lifestyle

Questions to Consider:

- ✓ Is the survivor feeling more confident and autonomous in their decisions and daily life?
- ✓ Have they developed a solid support system (family, friends, or peer groups)?
- ✓ What coping mechanisms or strategies have been effective in maintaining their recovery?
- ✓ Is the survivor involved in any continued therapy or support programs to ensure long-term healing?
- ✓ Have there been any significant life changes (e.g., employment, relationships, living situation) that might impact their stability?
- ✓ How do they feel about their progress?

Treatment and Safety Planning Resources

- Continued case management to help with any ongoing needs (e.g., housing, legal issues, employment)
- Ongoing therapy, treatment, and support: intervention should be changing toward sustaining skills already learned
- Safety planning → Providing access to hotlines, emergency contacts, and crisis intervention services for if/when relapse occurs; safety plan should be revisited
- Consider survivor-mentorship program

Relapse

Relapse is a setback in the recovery process. Recovery is *not* linear; setbacks are likely to occur.

AIM: Understanding that relapse is a part of the healing process; helping survivors understand the reasons behind their relapse; providing victims/survivors with the tools to recover and continue moving forward; reestablish the survivor's commitment to long-term recovery

Questions to Consider:

- ✓ What factors contributed to the relapse (e.g., stress, emotional triggers, lack of support, substance use issues)?
- ✓ What adjustments to the treatment plan are needed to address gaps in care or unmet needs?
- ✓ How does the survivor feel about their relapse—hopeless or open to addressing it?
- ✓ Are additional resources (legal, social, housing, mental health) needed to help regain stability?

Things to consider:

- Revisit safety planning protocol! → Ensure safety plan is still appropriate; accommodate to survivor's current circumstances
- Crisis intervention: Ensure survivor has access to emergency resources, including a 24/7 crisis hotline or safe shelter, to offer immediate help if the survivor is at risk.
- Work to explore and process complex thoughts and feelings that survivor might have with reuniting with abuser/trafficker

Technical Skills to Consider Across Recovery Phases

Key Technical Skills for Recovering and Treating Trafficking Victims with Trauma Bonds

Skill/Strategy	Description	Example
Recognizing and Identifying Trauma Bonding	<ul style="list-style-type: none"> Understanding trauma bonding dynamics (e.g., Karpman Drama Triangle). Identifying victim resistance as a sign of trauma, not criminal behavior. 	<ul style="list-style-type: none"> The victim may feel torn between loyalty to the trafficker and fear of rejection or punishment. It's not about defiance but about psychological manipulation. Victim resistance is often seen as compliance with the abuser, but it's actually a symptom of the trauma bond they're caught in.
Engaging with Victims in a Non-Persecutory Way	<ul style="list-style-type: none"> Recognize how traffickers manipulate victims into maintaining loyalty. Avoiding the "persecutor" role by refraining from judgment or forceful rescue. Act as a challenger, not an accuser or rescuer. 	<ul style="list-style-type: none"> It's vital to remember that the victim may feel the need to protect the trafficker out of fear or emotional manipulation. Criticizing the trafficker will only drive them away. Instead of telling victims what to do, we need to ask, "What do you want for your future?" and empower them to explore those options. Don't be the person who forces change; be the one who helps them envision a way out when victims are ready.
Using Empowerment Models	<ul style="list-style-type: none"> Shift from rescuer to coach, focusing on victim autonomy. Help victims recognize their own potential and decision-making power. 	<ul style="list-style-type: none"> We, as providers, aren't here to "save" victims. We're here to give them the tools to save themselves. Rather than solving their problems, we encourage them to solve their own and take ownership of their recovery process.
Creating Predictable and Consistent Contact	<ul style="list-style-type: none"> Establish routine, predictable contact to avoid triggering fear or paranoia. Contact should be seen as non-threatening and consistent. 	<ul style="list-style-type: none"> Establish a regular check-in schedule helps them know you're there to support them, without creating the stress of random visits. Routine contact sends the message that you haven't abandoned them, and that someone cares even if they don't ask for help right away.
Coaching vs. Rescuing: Shifting the Role	<ul style="list-style-type: none"> Engage victims as co-creators of their recovery. Focus on empowering victims to take steps towards healing at their own pace. 	<ul style="list-style-type: none"> As a provider, ask questions that help them reflect, rather than telling them what they should do. Do not challenge them to confront their reality, but we're not there to tell them how to fix everything. They're the ones who need to take action.
Long-Term Unwavering Support	<ul style="list-style-type: none"> Provide consistent emotional and practical support. Be available when they're ready to seek help, without pressuring them. 	<ul style="list-style-type: none"> Victims may not realize the importance of our role, but just being there consistently makes a world of difference. When clients are ready, you [the provider] are the constant they can rely on, even if they don't understand it at first.
Evaluating and Improving Practices	<ul style="list-style-type: none"> Define what "trauma-informed" means within your agency. Collect data (rescreen) and assess what works in your trauma-informed intervention process. 	<ul style="list-style-type: none"> We as providers need a clear, measurable definition of being trauma-informed so we can assess what strategies are effective in our agency. Continually collecting feedback from victims helps us refine our approach and better understand what helps them in their recovery journey.



Validating & Gentle Challenging

Stage of Change	VALIDATION	GENTLE CHALLENGING
Pre-Contemplation (Denial, Defending the Trafficker)	<ul style="list-style-type: none"> "I hear that you care about them and feel like they've helped you in some ways." "It makes sense that leaving feels scary, especially if they've been a big part of your life." "You've done what you needed to do to survive." 	<ul style="list-style-type: none"> "What would you say to a friend in a similar situation?" "I wonder if love should feel this painful or unsafe." "Have there been times when you felt afraid or controlled by them?"
Contemplation (Conflicted, Acknowledging Some Harm But Stuck)	<ul style="list-style-type: none"> "It's completely normal to feel torn. Change is really hard." "You've been through so much, and your feelings about them are real." "You deserve to feel safe, no matter what." 	<ul style="list-style-type: none"> "What does 'love' mean to you? Does this relationship align with that?" "If you imagined life in five years, what would you want for yourself?" "What's stopping you from taking the next step toward safety?"
Preparation (Recognizing the Need for Change, Seeking Resources)	<ul style="list-style-type: none"> "It takes a lot of strength to even consider leaving. That's huge." "You don't have to have all the answers right now—just small steps." "You're not alone, and there are people who care about your safety." 	<ul style="list-style-type: none"> "What's the worst that could happen if you leave? What's the best that could happen?" "What's one small thing you can do this week to move toward safety?" "Would you be open to talking with someone who has been through this and found freedom?"
Action (Actively Taking Steps to Leave, Seeking Support)	<ul style="list-style-type: none"> "I see how much effort you're putting into this—you're really brave." "It's okay to feel scared or uncertain. Change takes time." "You are in control of your choices, and you get to decide what's next." 	<ul style="list-style-type: none"> "What's helping you move forward? What's pulling you back?" "How can you remind yourself why you're doing this on the hard days?" "What do you need to stay strong and not go back?"
Maintenance (Sustaining Change, Building a New Life)	<ul style="list-style-type: none"> "You've come so far—you've made so much progress." "Healing isn't about being perfect; it's about growing." "You're learning to trust yourself, and that's incredible." 	<ul style="list-style-type: none"> "What new challenges are coming up now, and how can we address them?" "What have you learned about yourself through this journey?" "How can you keep growing your support system and sense of safety?"
Relapse (Returning to Old Patterns, Reconnecting with the Trafficker)	<ul style="list-style-type: none"> "I'm here for you no matter what. No judgment." "Relapse is part of the process—it doesn't erase your progress." "I know this is hard, and I still believe in you." 	<ul style="list-style-type: none"> "What do you think brought you back to this place?" "What felt different this time? What do you want to do next?" "What would you tell yourself if you were looking back on this moment in a year?"

HOW DO VICTIMS OF TRAFFICKING RESPOND?

Victim perspectives *before* trauma-bonds are “broken”

“My boyfriend didn’t do any of these [bad] things.”

“He had a lot of mental problems. His dad beat the crap out of him when he was a kid”

“He always had off days, but I like guys a little toxic anyway.”

“Y’all don’t know my boyfriend how I know him.”

“I put myself in that position so I’m not one to talk about things my boyfriend did wrong.”

“What’s your point? At least I got money out of it.”

HOW DO VICTIMS OF TRAFFICKING RESPOND?

Victim perspectives *during* trauma processing

"Well, sometimes he'd say things to me that rubbed me the wrong way. Things that he knew bothered me."

"I didn't always want to have sex with his friends, but I don't know if he could tell that I didn't want to do it."

"It wasn't all great all the time. Isn't that normal in relationships anyway? Sometimes things are good, sometimes bad?"

"The good times were fun; he made me feel like I wanted to be with him all the time, but then he would turn mean."

"Sometimes, I wanted sex, but I didn't want it the way he wanted it."

HOW DO VICTIMS OF TRAFFICKING RESPOND?

Perspectives *after* trauma-bonds are “broken”

“I just wanted to be with someone that liked me for me.”

“My pimp sold me for a bag of weed. A bag of weed. It was that easy for him to give me off to his friends, when all I wanted was to be his.”

“I was tired of being the black sheep of my family and he made me feel important.”

“My trafficker did things to me for no reason; he was crazy, but that shouldn’t be an excuse for treating people bad.”

“I didn’t deserve to be beat when I didn’t want to have sex. He did things that he knew bothered me, just to piss me off, just to hurt me.”

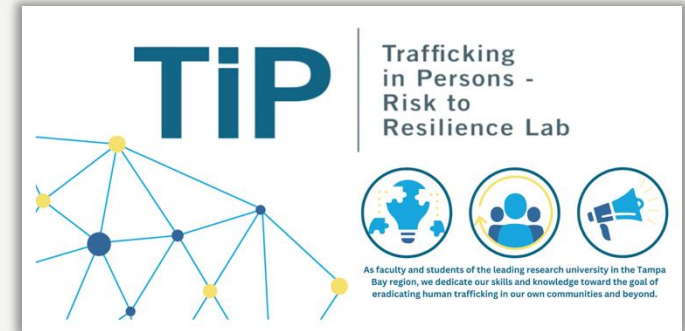
Take Home Points!

- 1) Trauma bonding is a major repercussion of human trafficking, and other forms of interpersonal violence, involving coerced attachments between victims and their traffickers.
- 2) There are many conditions that increase the risk for trauma bonding in the context of human trafficking, and other forms of interpersonal violence. Attachment theory, CSAAS, and neurological perspectives provide a deeper understanding of the causal pathways linking risk factors to the development of trauma bonding.
- 3) Responses to human trafficking must be victim-focused and trauma-informed to facilitate trafficking exit and prevent revictimization. Wrap-around services are key! Have a structured protocol in place for working with victims/survivors across each of the Stages of Change.
- 4) Healing is NOT linear. Relapse is very common among trafficking victims and should be incorporated into treatment and safety planning.

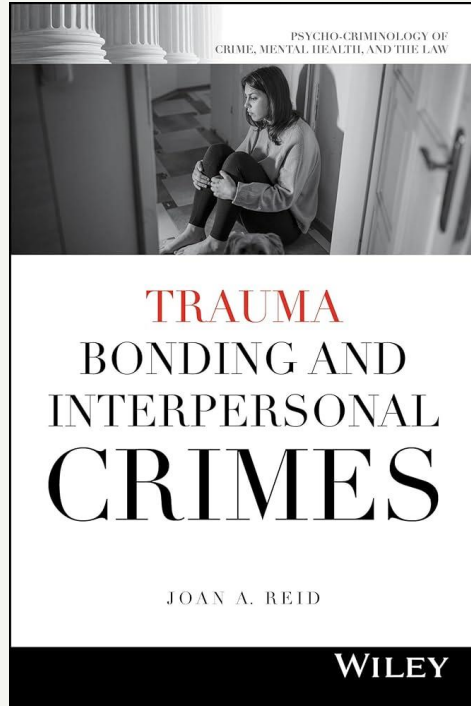
Ways Forward: USF Trafficking in Persons (TiP) Risk to Resilience Lab

Coming Soon!

- Launching trauma bonding training modules available through the [TiP Lab website](#)
 - Accessible to survivors, researchers, practitioners, students, etc.!
- Testing a new measure of trauma bonding—the **Trauma Bonding Scale for Adults**© :
 - [Reid \(2023\)](#)
 - [Chenneville et al. \(2024\)](#)



Interested in Learning More About Trauma Bonding?



- [Trauma Bonding and Interpersonal Crimes by Dr. Joan Reid et al.](#)

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