

CONTEMPORARY REVIEW OF EMPIRICAL AND CLINICAL STUDIES OF TRAUMA BONDING IN VIOLENT OR EXPLOITATIVE RELATIONSHIPS

Introduction

There is no widely accepted theory to explain how perpetrators of trauma emotionally bind their victims to them; however, the general phenomenon of victims developing emotional attachments to their abusers or captors has been observed in situations of intimate partner violence, child abuse, hostage situations, human trafficking, and cults. This has been referred to as a "paradoxical attachment." Dutton and Painter (1981, 1993) explain this process through "trauma bonding theory". They suggest that two conditions are necessary for victim-perpetrator bonding to occur: (1) a marked power imbalance, in which the victim increasingly feels powerless, helpless, and vulnerable; and (2) intermittent abuse that alternates with positive or neutral interactions. Dutton and Painter (1993) assert that trauma bonding or paradoxical attachment is a general learning phenomenon similar to the anxious-avoidant pattern of attachment postulated by Bowlby (1969, 1973, 1977, 1980).

Specific explanations regarding the cognitive processes underlying the formation of a trauma bond have also been hypothesized. Numerous researchers have enumerated cognitive distortions commonly held by victims enmeshed in a trauma bond regardless of the particular exploitive setting (Graham et al., 1994; James, 1994; Herman, 1992a; van der Kolk et al., 2007). A key misattribution based in the traumatic experience is that love, not terror, is creating the consequent emotional arousal and behaviors (Graham et al., 1994). Without this key misinterpretation of terror as love, it is postulated that trauma bonding would not develop and as long as this cognitive distortion remains intact trauma bonding will persist (Graham et al., 1994).

Trauma Bonding and Cults

Research investigating cults, charismatic groups, or new religious movements has increased over the past few decades (Aronoff, Lynn, and Malinoski, 2000). An overview of the literature indicates that there are two opposing camps pertaining to cults - those who support brainwashing or trauma bonding theories and those who do not (Coates, 2010). Psychologists, psychiatrists, and social workers are more likely to support brainwashing theories, arguing that involvement in cults is psychologically harmful and supporting their position with research findings that link characteristics of cults to damaging psychological symptoms experienced by former members of these groups (Aronoff et al., 2000; Miller, Veltkamp, Kraus, Lane and Heister, 1999; Singer 1979; Walsh, 2001; West, 1993). According to Ward (2000), the most common feature of abusive relationships is the assault on the victim's identity. Ward (2000) asserted that cultic systems attack the central elements of the self including worldview, ego strength, and social interaction that results in repression of the pre-cult identity of group members. Ward (2000) described brainwashing that often occurs in cults, stating that "there comes a point in the process where the individual can no

longer tolerate the cognitive dissonance and an 'identification with the aggressor' ensures...a dual identity develops where the cult identity is superimposed" (p. 40). When this cult identity is diminished and the individual separates from the cult, the former cult member is able to come to understand why they performed bizarre behaviors when they were active cult group members (Ward, 2000).

More recent and emerging areas of research on cults include the investigation of vampire cults. White and Omar (2010) summarized the limited literature on vampire cults. Members of these cults claim to be "real vampires" and engage in vampire-like behavior including: nocturnal emergence, sleeping in coffins, wearing fangs, and drinking and sharing blood (Miller et al., 1999; White and Omar, 2010, p. 190). Group rituals of vampire cults may also include role and game-playing, group sex, drug use, and acts of violence. A history of abuse, neglect, low self-esteem, lack of social support systems, being in a transitional life phase, and several personality disorders have been found in vampire cult members (Miller et al., 1999; White and Omar, 2010). Many factors that are common in adolescence, or coming of age, may place this population at a higher risk to seek out cult membership (Miller et al, 1999; White and Omar, 2010).

Individuals involved in cult behavior may display some behavioral changes including, but not limited to, a sudden change in their value system, affect blunting, and a decrease in cognitive flexibility (White and Omar, 2010). Certain psychopathologies including dissociation, obsessive thought, delusional thinking, and hallucinations may also be present (Miller et al., 1999; White and Omar, 2010). Empirical studies focused on vampire cults are limited and much information pertaining to modern vampirism is featured within popular media. More research on this topic is needed, as it continues to emerge in popular culture and cases of cult involvement in vampirism may be misidentified as self-cutting or homicidal behavior.

Measurement Tools

Certain instruments may be useful in identifying and measuring trauma bonding were noted in the literature. Two were specifically designed to measure trauma bonding but have not been sufficiently tested or standardized. [OMITTED]

The second measure, called the Stockholm Syndrome Scale, was created to identify Stockholm syndrome in students who were experiencing dating violence (Graham et al., 1995). To test the measure, 764 undergraduate women participated in a study that included the newly developed 127-item Stockholm Syndrome Scale. Based on factor analysis of the survey results, Graham and associates produced a condensed 49-item survey to measure three central factors of Stockholm syndrome in women who have experienced abusive relationships. The three core factors included: 1) Core Features of Stockholm Syndrome (the use of dysfunctional strategies to cope with interpersonal violence), 2) Psychological Damage (depression, low self-esteem, loss of sense of self), and 3) Love-Dependence (belief that survival was dependent on abusive partner's love).

Conclusion

Despite repeated observations of trauma bonding in victims of interpersonal violence, based on this review of existing literature, it is clear that many questions remain regarding the formation or persistence of trauma bonding and little is known about positive resolution in survivors. Clear empirical evidence regarding the percentage of [children and adult] victims of interpersonal violence who become trauma bonded with their perpetrators is not available; however, Carnes (1997)

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warned that we should be careful to not overlook the possibility of trauma bonding in work with victims of crime or interpersonal violence. Crimes that involve interpersonal violence, such as kidnapping, cult activity, intimate partner violence, child sexual abuse, and sex trafficking, share factors that have potential to result in a trauma bond and the possible development of Stockholm Syndrome. These factors include: 1) perceived threat to one's physical and psychological survival at the hands of an abuser, 2) perceived kindness from the abuser to the victim, 3) isolation, and 4) inability to escape (Carnes, 1997; deYoung and Lowry, 1992; Jülich, 2005).

Much of the difficulty exploring and explaining trauma bonding comes from the phenomenon of trauma bonding itself such as the unwillingness or inability of victims to self-identify, victim experiencing strong attachment with the perpetrator, victim fear of further violence from the perpetrator because of disclosure or cooperation with authorities, victim anxiety regarding the trustworthiness of law enforcement, and victim confusion regarding their own complicity in the crime being committed against them (e.g., Herman, 1992a; Reid and Jones, 2011; Summit, 1983).

Despite the similarities of trauma bonding across various types of interpersonal violence, several unique features were also evident. Cults add the distinct component of victim indoctrination into a new belief system, with cult members often developing a cult identity that is superimposed onto their pre-cult identity (Ward, 2000). Trauma bonding that occurs within certain cults, CSA, and child sex trafficking is compounded by the additional psychological and social vulnerabilities inherent in children and adolescents (Finkelhor, 1984; Gardner and Steinberg, 2005). When discovered by law enforcement, victims of sex trafficking or forced prostitution are often charged with a crime, reinforcing the trauma bond between exploiter and victim by further marginalizing the victim from potential sources of support (Reid, 2010). More research is needed in each of these areas; in particular, research is urgently needed regarding effective assessment and treatment for survivors of trauma bonding as information regarding best practices is practically nonexistent (Saewyc and Edinburgh, 2010).

REFERENCES [OMITTED BY ORDER OF COURT]