

Name: _____

Date: _____

Trauma Bonding Q's

Get Answers on Trauma Bonding



Answer the following questions to find out how much you know about healthy habits

1 Does or did your partner get defensive when you bring up problems in your relationship?

2 Are there intense ups and downs in your relationship? For example, love bombing followed by fights, verbal abuse, or gaslighting?

3 Did you become increasingly financially, emotionally, or otherwise reliant on this person?

4 Do you or did you notice a decrease in your sense of self, self esteem, or ability to trust that your experiences are real?

5 Do you or did you experience emotional withdrawals (e.g., missing the abusive person or toxic relationship) upon leaving?

6 Did you experience gaslighting, criticism, or threats? Alternatively, were you made to feel as though you were or are "nothing" or "less than" without this person or relationship – that you were incapable on your own?
