

Coercive Control Trauma Issues: Advocate's Response

Causes, Manifestations, Resolutions



Course Objectives

- Trauma is a major factor in Coercive Control. Recent research validates long-term biopsychosocial trauma of Adverse Childhood Experiences (ACE) and associated trauma issues. Research on ACE factors supports the need to integrate ACE-based treatment into current Coercive Control Victim/survivor advocacy programs. This course reviews ACE research (extensive bibliography provided) and provides practical application of ACE-based advocacy for integration into existing trauma-based advocacy programs.
- The strength-based advocacy program is strategically designed to provide survivors with tools and techniques they can apply throughout the remainder of their lives. If additional mental health treatment is needed during highly stressful times or at various life development stages, treatment time is significantly reduced..



Trauma: Experience to Resolution

Experience

- Natural disasters
- Man-made disasters
- Adverse childhood experiences (ACE) study
- Intergenerational Transmission

Manifestations

- Neurodevelopmental
- Physical Health—short and long-term
- Mental/Emotional Health
- Relational Health
- Community/Societal Impacts

Resolution

- Recognition by medical professionals
- Mental/Emotional treatment
- Relational treatment
- Community/Societal Prevention (Focus reframed to Promote Strengths & Build Resilience)



Definitions

Trauma occurs when an external threat overwhelms a person's internal and external positive coping resources (Bloom & Fallot, 2009).



“Trauma is a Greek word for wound. Literally that's what it means. So when you understand that, then you realize...trauma is not what happens to you. Trauma is what happens inside you as a result of what happened to you.” Gabor Maté

Strength-based approach



- ✓ recognizes and utilizes genuine parent/family strengths
- ✓ allows building onto existing competencies and effectively addressing concerns
- ✓ believes that parents have the resources to learn new skills and solve problems
- ✓ involves them in the process of discovery, learning, and coping with the challenges they may face

(<http://www.greatkidsinc.org/>)



Definitions

Strength-based approaches:

- based on the identification and development of the strengths of an individual, organization, community or system
- start with what is working, where you are strong, successful, and passionate
- based on and align with the research on resiliency, positive psychology, asset based thinking, and whole system methods



What is Trauma?



3 Types of Stress: Impact Brain Architecture



Positive Stress

- Necessary aspect of healthy development that occurs in the context of stable, supportive relationships
- Brief increases in heart rate and mild changes in stress hormone levels



Tolerable Stress

- *Could* disrupt brain architecture, but are buffered by supportive relationships
- Allows the brain an opportunity to recover from potentially damaging effects



Toxic Stress

- Strong, prolonged activation of the body's stress response systems in the absence of the buffering protection of adult support
- Can damage developing brain architecture and create a short fuse for the body's stress response systems, leading to lifelong problems



Toxic Stress Leads to Trauma Response

- Why toxic stress leads to trauma response
- How toxic stress manifests as a trauma response
- What toxic stress impacts are presented in advocacy related to survivors
- When to address toxic stress impacts in advocacy with survivors
- What interventions are appropriate to address toxic stress in survivors
- Where to refer survivors for toxic stress treatment
- When to refer survivors for toxic stress treatment



What is the difference between stress and emotional or psychological trauma?

Traumatic distress can be distinguished from routine stress by assessing the following:

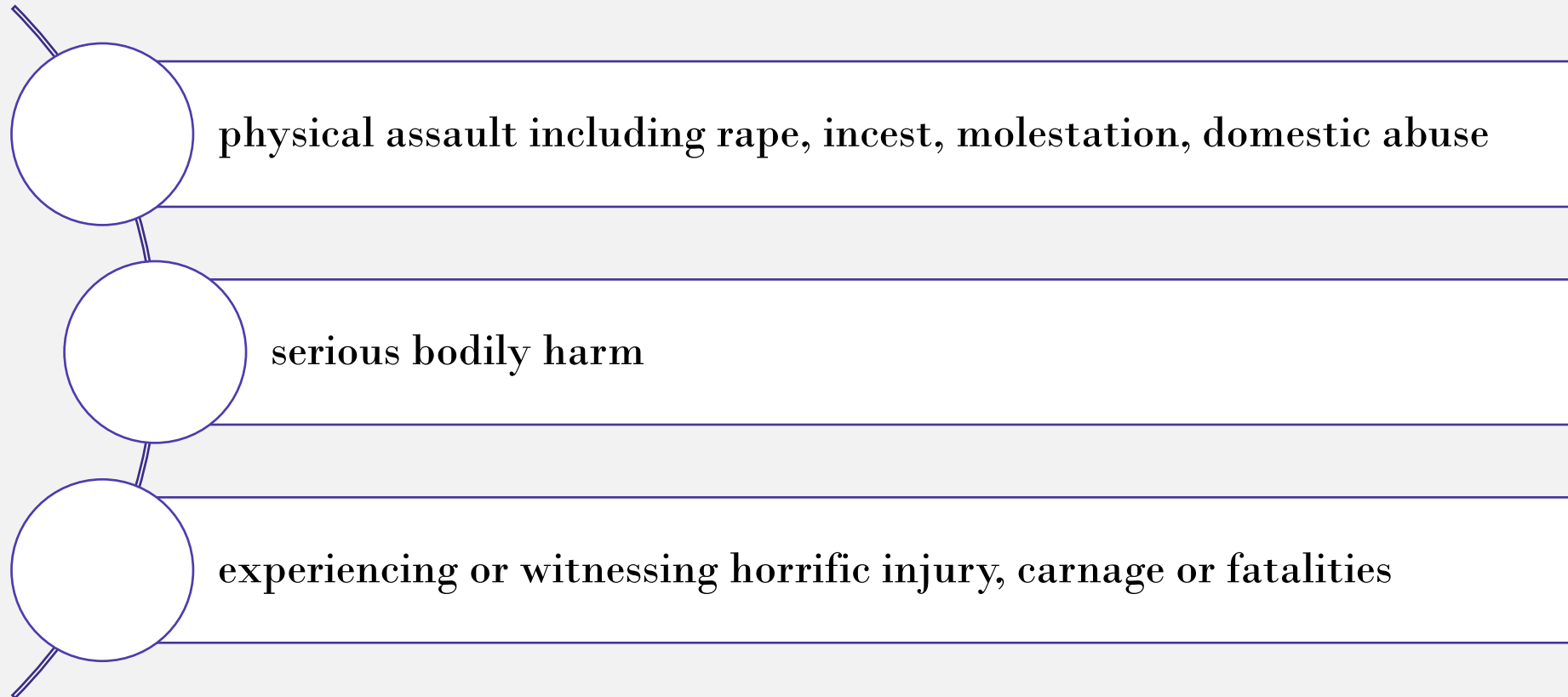
- how quickly upset is triggered
- how frequently upset is triggered
- how intensely threatening the source of upset is
- how long upset lasts
- how long it takes to calm down

If we can communicate our distress to people who care about us and can respond adequately, and if we return to a state of equilibrium following a stressful event, we are in the realm of stress. If we become frozen in a state of active emotional intensity, we are experiencing an emotional trauma - even though sometimes we may not be consciously aware of the level of distress we are experiencing



What causes psychological trauma?

- ❖ Psychological trauma can result from events we have long recognized as traumatic, including:



What causes psychological trauma?

Traumatic stress in childhood that influences the brain is caused by poor or inadequate relationship with a primary caretaker.

Sources of this developmental or relational trauma include the following:

- forced separation very early in life from primary caregiver
- chronic mis-attunement of caregiver to child's attachment signals ("mal-attachment")
- reasons such as physical or mental illness, depression or grief.

Early life trauma creates a vulnerability for experiencing future traumatic responses.



Emotional Trauma Contains 3 Common Elements



It was unexpected.

The person was unprepared.

There was nothing the person could do to prevent it from happening.

It is not the event that determines whether something is traumatic to someone, but the individual's *experience* of the event. And it is not predictable how a given person will react to a particular event.

Biblical Accounts of Trauma

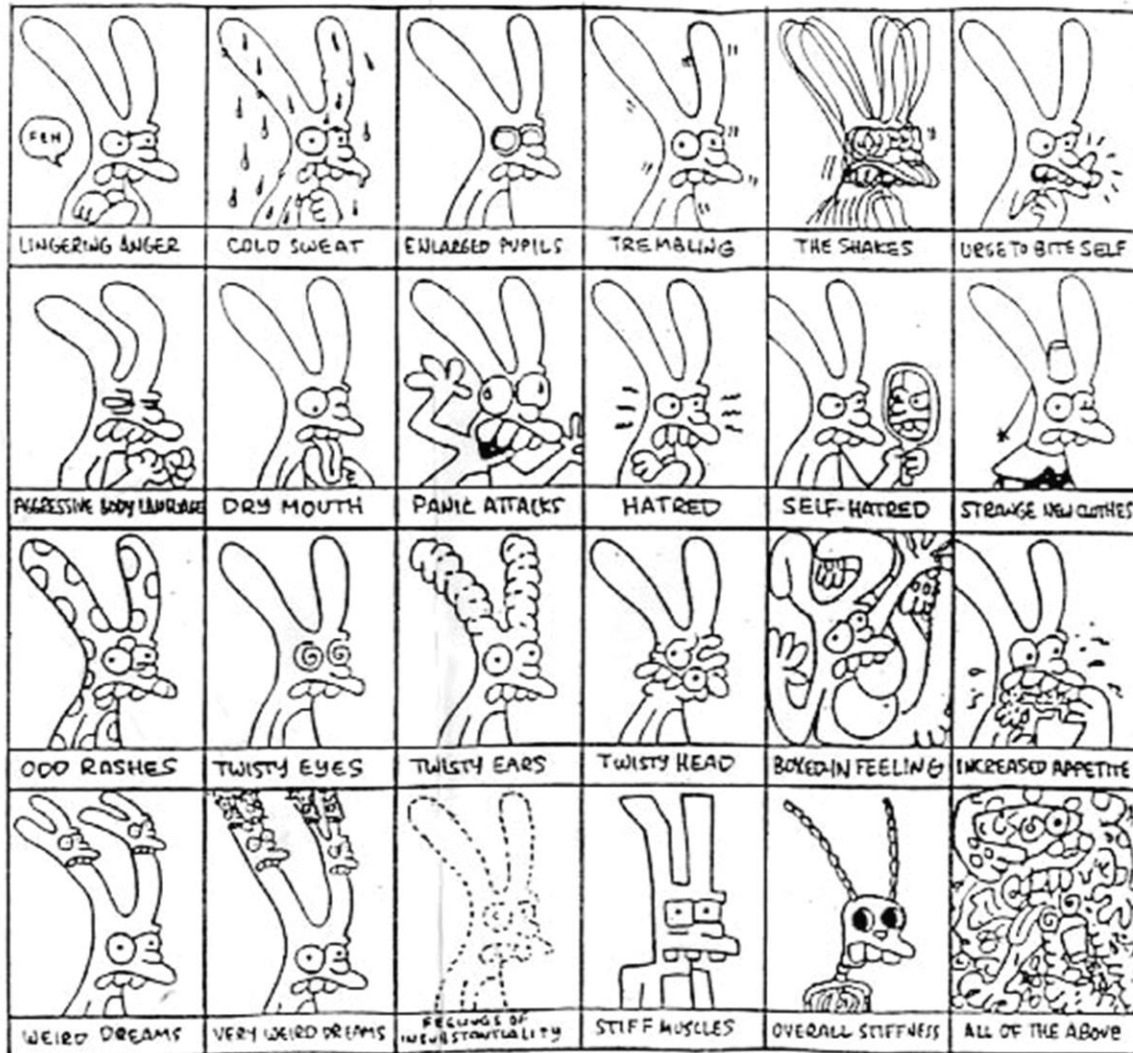
➤ David

- He faced numerous attempts on his life by Saul, which included fleeing, hiding, and being exiled (1 Sam. 18:10-11, 1 Sam. 18:17, 1 Sam. 19:11-14, 1Sam. 23:14-15)
- He faced numerous attempts on his life by Saul, which included fleeing, hiding, and being exiled (1 Sam. 18:10-11, 1 Sam. 18:17, 1 Sam. 19:11-14, 1Sam. 23:14-15)
- Personal tragedies included his first wife being forced to marry another man by King Saul, the Amalekites taking all the women and children including his two wives, his men wanting to stone him, his son dying, and his daughter being raped (1 Sam. 25:43-44, 1Sam. 30:1-6, 2 Sam. 12:15-18, 2 Sam. 13)

➤ Tamar

- Her brother rapes her. And then Scripture says that. “Amnon hated her with a very great hatred; for the hatred with which he hated her was greater than the love with which he had loved her... now throw this woman out of my presence and lock the door behind her” (2 Samuel 13:15,17).
- Amnon went on to treat Tamar as a used and unwanted outcast, a reputation she likely carried for the rest of her life.

THE 24 WARNING SIGNS OF STRESS



24 Warning Signs of Stress

Defensive States as Survival Strategies

Our Defenses are Adaptive Survival Strategies

Freeze	Flight	Fight	Fawn/Appease	Flop*	Faint
<ul style="list-style-type: none"> • Tonic Immobility • Feeling frozen, cannot move • Breath is shallow or held • Deer in the headlights • Eyes are still • Hyper aware of body sensations 	<ul style="list-style-type: none"> • Startles easily • Hyper-vigilant • Breathing rapidly into upper chest • Eyes darting • Racing thoughts • Jumpy or fidgeting • Difficulty slowing down or connecting to the body. 	<ul style="list-style-type: none"> • Tension in jaw, arms, hands, legs • Audible breath, exerted exhale • Aggressive posturing • Furrowed brow, eyes narrowed • Can't relax in body 	<ul style="list-style-type: none"> • Highly aware of other's somatic cues • Posture leans forward, chin forward • Eyes reaching or scanning • Caretaking or co-dependence • Disconnected from own body or needs 	<ul style="list-style-type: none"> • Focused on attachment even if to the perpetrator • Surrender a will of one's own • Longing to belong • Loss of a "sense of self" • Hunched shoulders • Dulling of the senses 	<ul style="list-style-type: none"> • Collapsed Immobility • Reduced heartrate • Eyes downcast • Breath is shallow • Nausea, dizziness, blurred vision • Disgust, lips curled down • Numbness, disconnected from body

Table of Defensive States: © Dr. Arielle Schwartz

*Adapted by Dr. Debra Wingfield



THE BODY KEEPS THE SCORE

Developmental Trauma Disorder (proposed by van der Kolk)

**Central principles that underlie the protean symptoms of
chronically traumatized children and adults:**

pervasive biological and emotional dysregulation

failed or disrupted attachment

problems staying focused and on track

hugely deficient sense of coherent personal identity and competence

“Our great challenge is to apply the lessons of neuroplasticity, the flexibility of brain circuits, to rewire the brains and reorganize the minds of people who have been programmed by life itself to experience others as threats and themselves as helpless.”



WHEN THE BODY SAYS NO

Exploring the Stress-Disease Connection (Gabor Maté M.D.)

The mind and body are inseparable. There are connections between our emotions and our health.

Maté encourages us to examine how we have lived our lives in ways that haven't been supportive of ourselves, often a result of trauma and learning to survive.

A person's emotional makeup and response to continued stress may be causative in many diseases. *Emotional repression* has been shown to trigger illness.

Importance of blame vs. responsibility (“response ability”)

Healing involves the work of honoring and embodying your own, true, authentic self (including your needs). Importance of *emotional competence*.

“The ultimate aim, of course, is to help people develop the capacity to say no to unwanted stress so that their body doesn't end up having to say it for them.”

Emotional Competence

(Gabor Maté, M.D).

Requires:

- the capacity to feel our emotions, so that we are aware when we are experiencing stress
- the ability to express our emotions effectively and thereby to assert our needs and to maintain the integrity of our emotional boundaries
- the facility to distinguish between psychological reactions that are pertinent to the present situation and those that represent residue from the past
- the awareness of those genuine needs that do require satisfaction, rather than their repression for the sake of gaining the acceptance or approval of others

Stress occurs in the absence of these criteria, and it leads to the disruption of homeostasis.

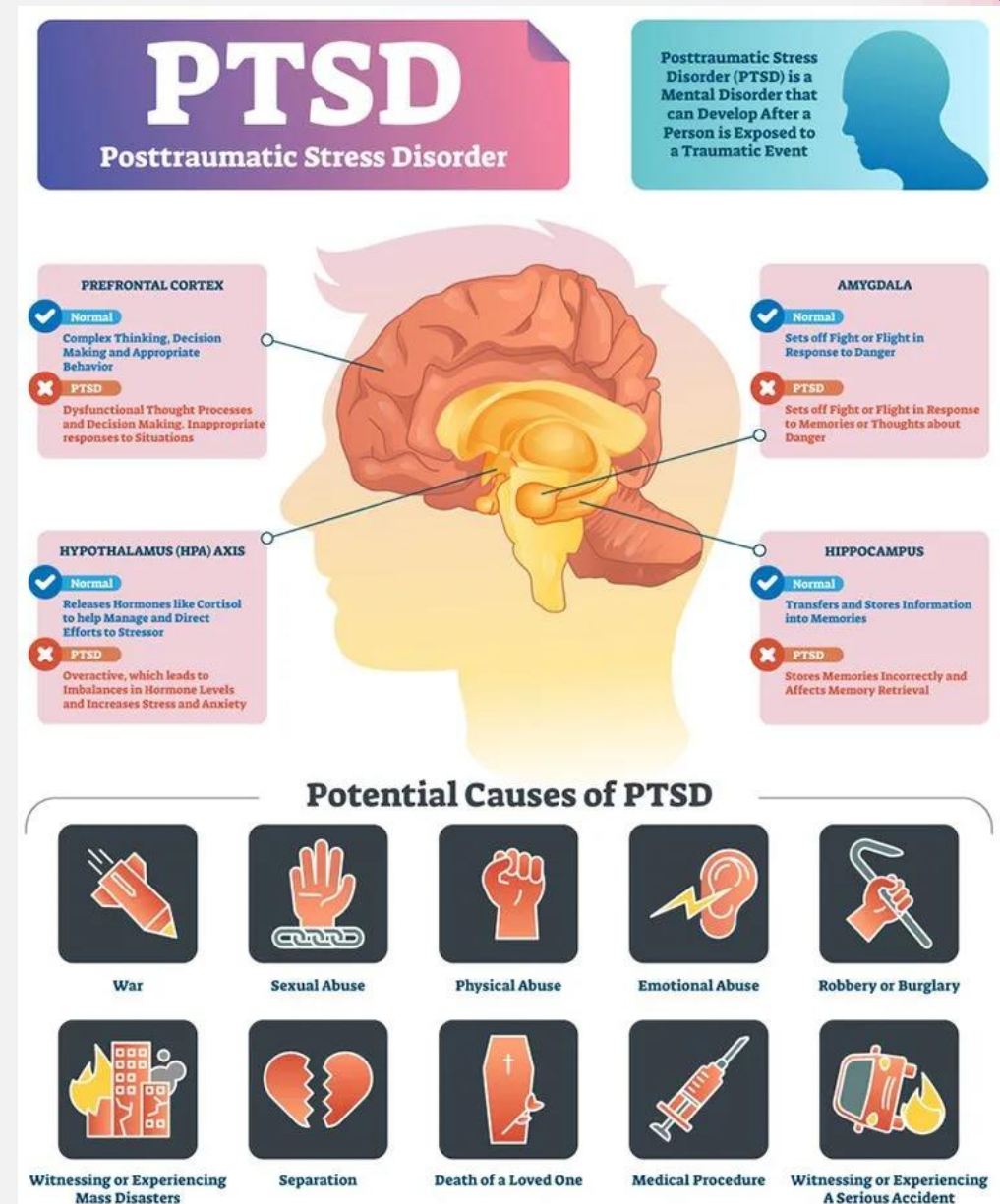
Chronic disruption results in ill health.

Post-Traumatic Stress Defined

A diagnosis of **Post-traumatic Stress Disorder (PTSD)** requires exposure to an upsetting traumatic event (actual or threatened death, serious injury, or sexual violence).

Exposure in one of the following ways (may be multiple events):

- directly experiencing an event
- witnessing a traumatic event happening to others
- learning that a traumatic event happened to a close family member or friend
- as a result of repeated exposure to details of trauma.



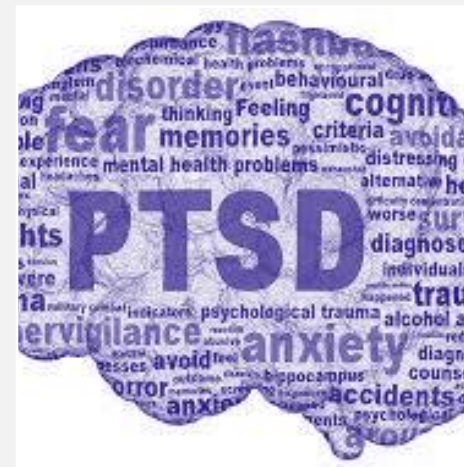
Post-Traumatic Stress Defined



The disturbance, regardless of its trigger, causes clinically significant distress or impairment in the individual's social interactions, capacity to work or other important areas of functioning. Duration of the disturbance is >1 month and is not the physiological result of another medical condition, medication, drugs or alcohol.

Symptoms fall into 4 categories:

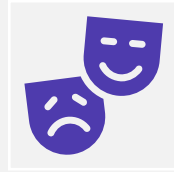
- Intrusion/Re-experiencing
- Avoidance/Emotional Numbing
- Alterations in cognition and mood
- Alterations in arousal and reactivity



Re-Experiencing the Traumatic Event



Intrusive,
upsetting
memories of the
event



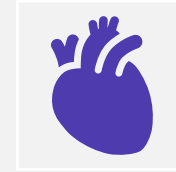
Flashbacks
(acting or
feeling like the
event is
happening
again)



Nightmares
(either of the
event or of other
frightening
things)



Feelings of
intense
emotional
distress when
reminded of the
trauma



Intense physical
reactions to
reminders of the
event (e.g.
pounding heart,
rapid breathing,
nausea, muscle
tension,
sweating)



Avoidance and Emotional Numbing



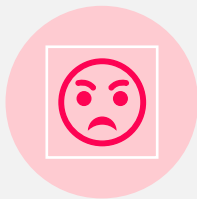
AVOIDING
ACTIVITIES, PLACES,
THOUGHTS, OR
FEELINGS THAT
REMINDE YOU OF THE
TRAUMA



INABILITY TO
REMEMBER
IMPORTANT
ASPECTS OF THE
TRAUMA



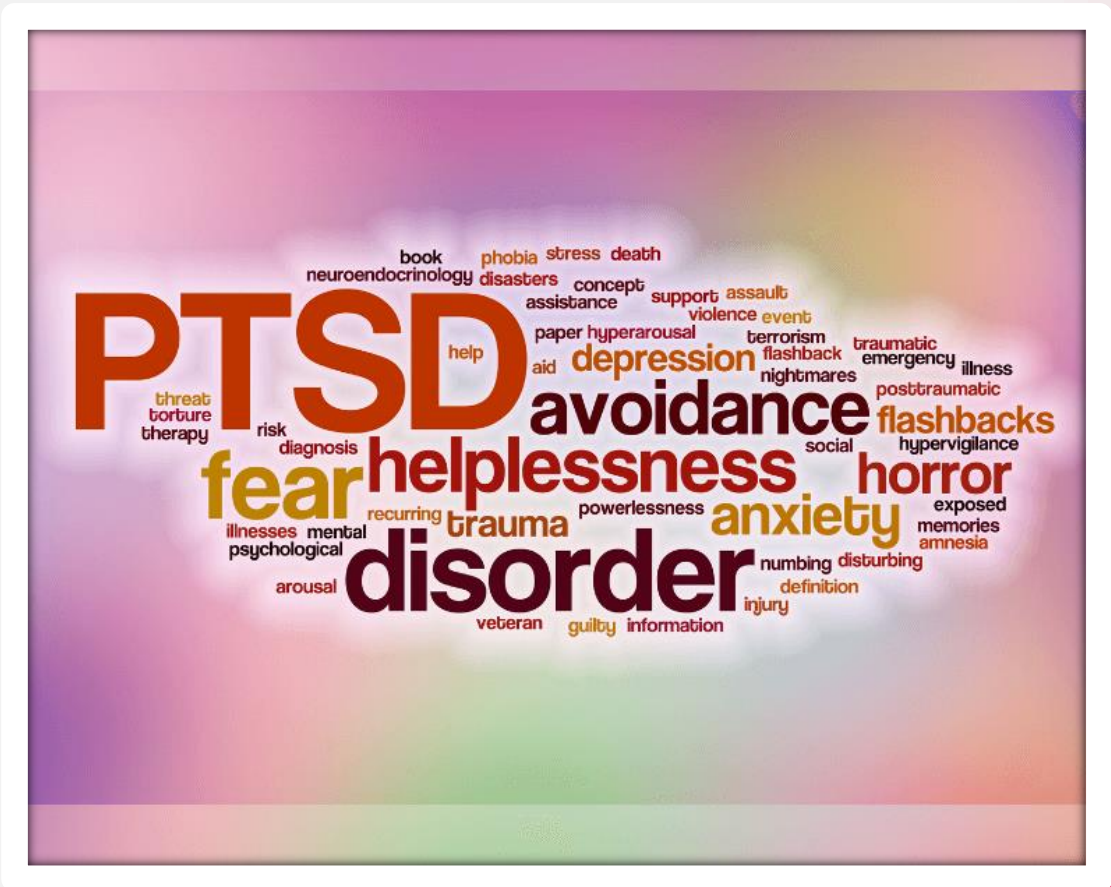
LOSS OF INTEREST
IN ACTIVITIES AND
LIFE IN GENERAL



FEELING DETACHED
FROM OTHERS AND
EMOTIONALLY
NUMB



SENSE OF A LIMITED
FUTURE (YOU DON'T
EXPECT TO LIVE A
NORMAL LIFE SPAN,
GET MARRIED, HAVE
A CAREER)



Alterations in Cognition and Mood

Negative thoughts or feelings that began or worsened after the trauma

- Inability to recall key features of the trauma
- Overly negative thoughts and assumptions about oneself or the world
- Exaggerated blame of self or others for causing the trauma
- Negative affect
- Decreased interest in activities
- Feeling isolated
- Difficulty experiencing positive affect



Alterations in Arousal and Reactivity

Difficulty falling or staying asleep

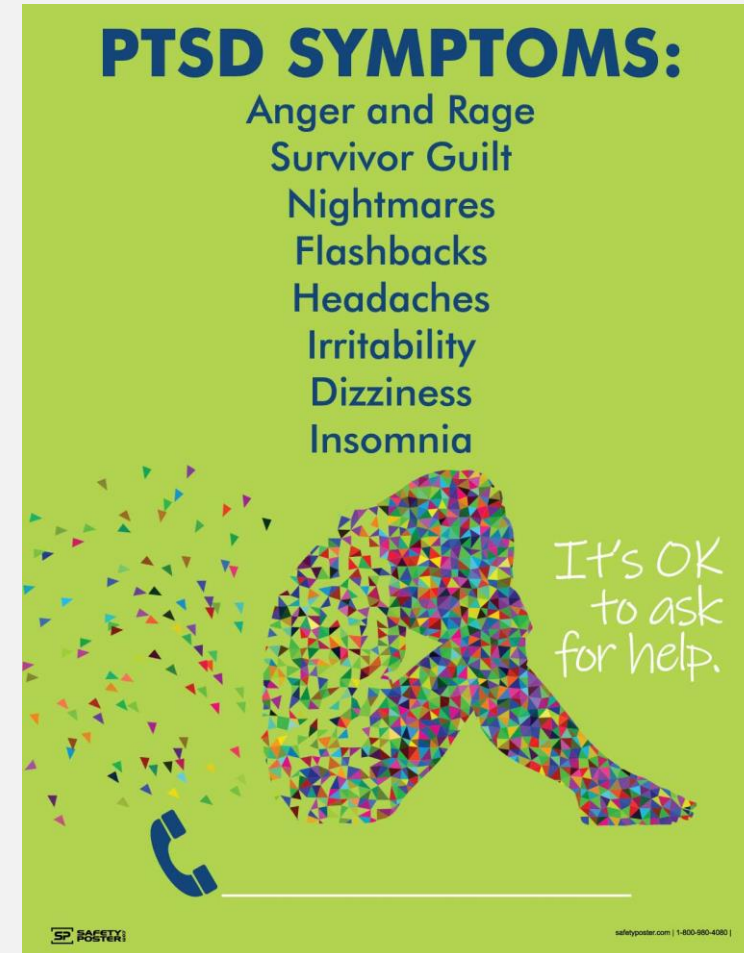
Irritability or outbursts of anger

Difficulty concentrating

Hypervigilance (on constant “red alert”)

Feeling jumpy and easily startled

Risky or destructive behavior



Biblical Accounts of Trauma

➤ Jesus as a suffering Savior

- “He was despised and rejected by men, a man of sorrows and acquainted with grief.” (Isaiah 53:3)
- “For we do not have a high priest who is unable to empathize with our weaknesses, but we have one who has been tempted in every way, just as we are—yet he did not sin. 16 Let us then approach God’s throne of grace with confidence, so that we may receive mercy and find grace to help us in our time of need.” (Hebrews 4:15-16)
- Jesus’ spiritual identity was questioned- “Then a demon-oppressed man who was blind and mute was brought to him, and he healed him, so that the man spoke and saw. 23 And all the people were amazed, and said, “Can this be the Son of David?” 24 But when the Pharisees heard it, they said, “It is only by Beelzebul, the prince of demons, that this man casts out demons.” Matthew 12:22-23
- Overwhelmed with grief and sorrow in the garden- “Then he said to them, “My soul is overwhelmed with sorrow to the point of death.” (Matthew 26:38)

Judith Lewis Herman Defines Complex PTSD (C-PTSD)

In 1988, Dr. Judith Herman of Harvard University suggested that a new diagnosis, Complex PTSD, was needed to describe the symptoms of **long-term trauma** (1).

Such symptoms include, according to her formulation:

- Behavioral difficulties (e.g. impulsivity, aggressiveness, sexual acting out, alcohol/drug misuse and self-destructive behavior)
- Emotional difficulties (e.g. affect lability, rage, depression and panic)
- Cognitive difficulties (e.g. dissociation and pathological changes in personal identity)
- Interpersonal difficulties (e.g. chaotic personal relationships)
- Somatization (resulting in many visits to medical practitioners)



Complex PTSD

A disorder that may develop following:

- Exposure to an event or series of events of an extremely threatening or horrific nature, most commonly prolonged or repetitive events from which escape is difficult or impossible (e.g. torture, slavery, genocide campaigns, prolonged domestic violence, repeated childhood sexual or physical abuse).

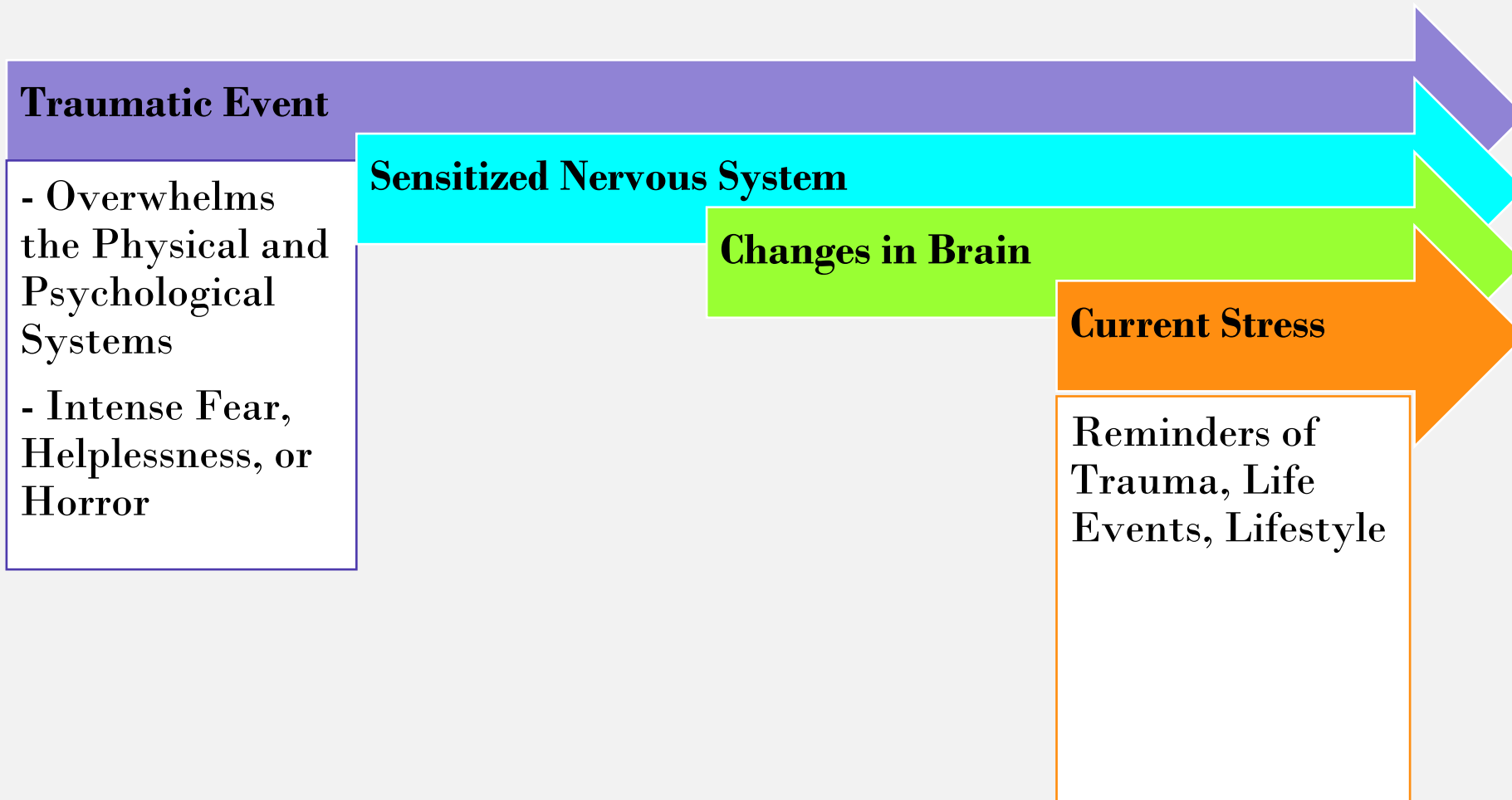
All diagnostic requirements for PTSD are met.

In addition, Complex PTSD is characterized by severe and persistent

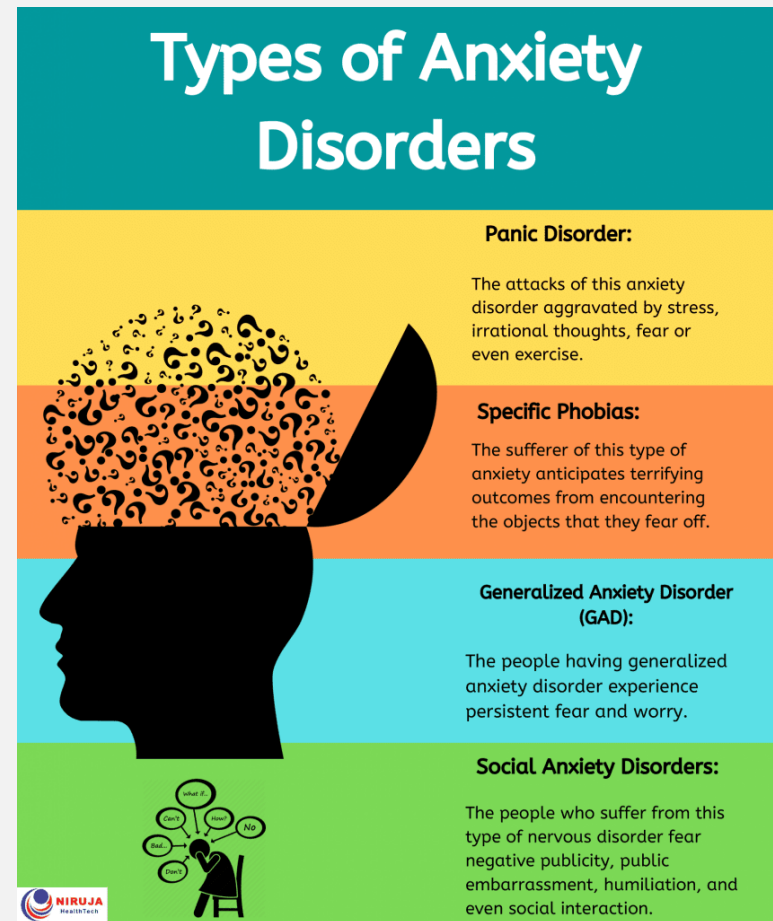
- problems in affect regulation
- beliefs about oneself as diminished, defeated or worthless, accompanied by feelings of shame, guilt or failure related to the traumatic event
- difficulties in sustaining relationships and in feeling close to others



Process of Trauma



Traumatizing events don't always lead to PTSD!





Types of Anxiety Disorders

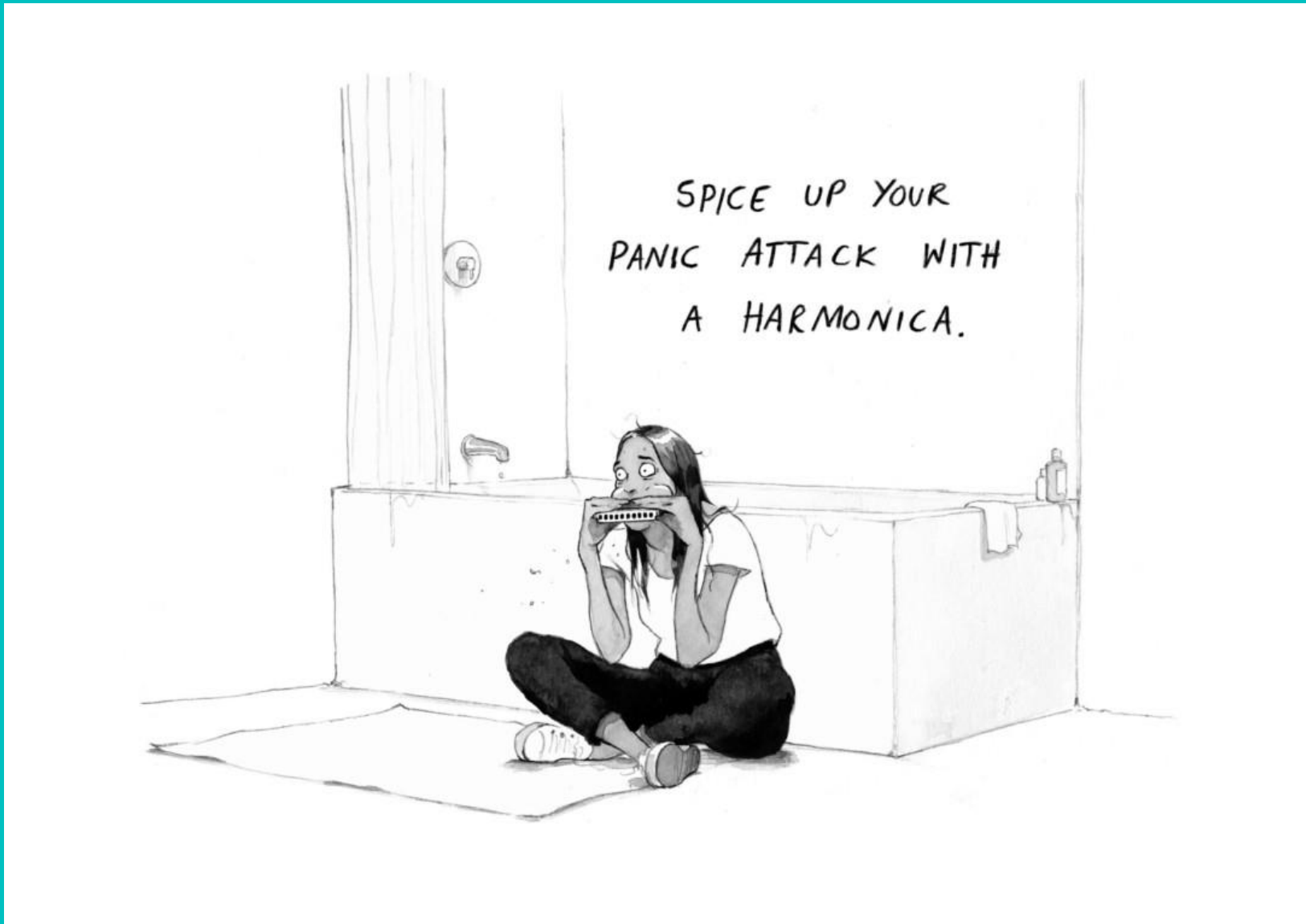
Panic Disorder:
The attacks of this anxiety disorder aggravated by stress, irrational thoughts, fear or even exercise.

Specific Phobias:
The sufferer of this type of anxiety anticipates terrifying outcomes from encountering the objects that they fear off.

Generalized Anxiety Disorder (GAD):
The people having generalized anxiety disorder experience persistent fear and worry.

Social Anxiety Disorders:
The people who suffer from this type of nervous disorder fear negative publicity, public embarrassment, humiliation, and even social interaction.



Betrayal Trauma

Refers to a kind of trauma independent of the reaction to the trauma. From Freyd (2008): **Betrayal trauma occurs when the people or institutions on which a person depends for survival significantly violate that person's trust or well-being:** Childhood physical, emotional, or sexual abuse perpetrated by a caregiver are examples of betrayal trauma.

Betrayal Trauma Theory: From Sivers, Schooler, & Freyd (2002): A theory that predicts that the degree to which a negative event represents a betrayal by a trusted needed other will influence the way in which that event is processed and remembered.



Trauma Responses

Painful emotional state	Retreat self-destructive action	Destructive action
Isolation	Dissociation	Depression
Anxiety	Substance abuse	Eating disorder
Deliberate self-harm	Suicidal actions	Aggression
Violence	Rages	



Trauma, PTSD, and Relationship Violence

- Separate from PTSD, a connection has been found between the experience of certain traumatic events and relationship violence.
- In particular, studies have found that men and women who have experienced physical abuse, sexual abuse, or emotional neglect in childhood may be more likely to be abusive in intimate relationships as compared to people without a history of childhood trauma.



Trauma, PTSD, and Relationship Violence

- In addition, people are more likely to be aggressive and engage in intimate partner abuse than people without a PTSD diagnosis.
- The connection between PTSD and violence has been found for both men and women with PTSD.



How are they related?

Several studies have been conducted in an attempt to better understand what may lead people with a history of trauma or PTSD to engage in aggressive and violent behaviors.



How are they related?

A couple of studies have found that violent and aggressive behavior, especially among men, may be used as a way of attempting to manage unpleasant feelings.

Aggressive behavior may be a way of releasing tension associated with other unpleasant emotions stemming from a traumatic event, such as shame, guilt, or anxiety.

While aggressive and hostile behavior may temporarily reduce tension, it, of course, is ineffective in the long-run -- both in regard to relationships and dealing with unpleasant emotions.

How are they related?

It is important to note that:

- Just because a person has experienced a traumatic event or has PTSD does not mean that they will exhibit violent behavior.

Brain Injury Common in Domestic Abuse

- ❖ Victims experience violence directed at the head, neck, and face- through blows to the head or strangulation



Brain Injury Definitions

- **Acquired brain injury (ABI)**- occurs *after* birth; an injury to the brain that is not hereditary, congenital, degenerative, or induced by birth trauma.
 - Non-traumatic
 - **Traumatic brain injury (TBI)**- an alteration in brain function, or other evidence of brain pathology, caused by an external force (bump, blow, or jolt).
 - **Concussion (mild TBI/mTBI)**- most common type of TBI



A TBI is an invisible injury.

Causes of TBI

MAJOR CAUSES OF TRAUMATIC BRAIN INJURIES*



*Based on information from the National Center for Injury Prevention and Control, CDC

1%	SUICIDE
11%	ASSAULT
19%	STRUCK BY OBJECTS (INCL. SPORTS)
20%	MOTOR VEHICLE ACCIDENTS
21%	OTHER
28%	FALLS

Domestic Violence

Child Abuse

Assaults

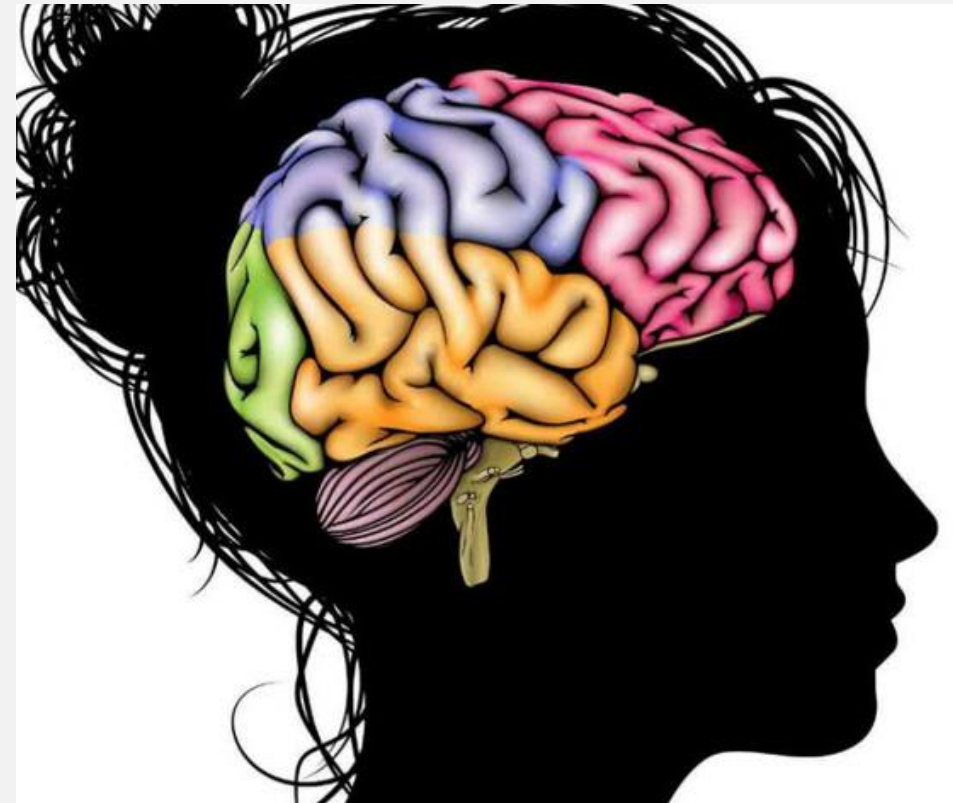
Abusive Head Trauma (Shaken Baby Syndrome)

Gunshot Wounds

Domestic Abuse as a Cause of TBI

TBI is a serious and often undiagnosed consequence of intimate partner violence (IPV)

- Abusers will often hit their victims on the head to conceal bruises
- An estimated 36% of domestic abuse survivors have sustained injuries to the head, neck, or face
- Women seeking medical attention for these injuries are 7.5x more likely to be survivors of domestic abuse than women with other bodily injuries
- TBI may also be associated with sexual assault with or without the experience of domestic abuse
- Wide range of somatic, cognitive, and affective symptoms experienced by IPV survivors

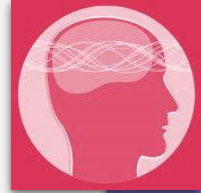


Symptoms of TBI



Immediately after TBI:

- Secondary cell death-trauma causes biochemical/physiological responses where substances housed safely within cells now flood the brain, damaging and destroying brain cells
- May include (depending on severity)-
 - temporary loss of consciousness or coma
 - respiratory (breathing) problems
 - damaged motor functions



Following loss of consciousness:

- Irritability
- Aggression
- Posturing
- Post-traumatic amnesia (PTA)-confusion/dis-orientation



As advocates, we may see:

- Difficulties with:
- Memory
 - Attention
 - Comprehension
 - Thinking speed
 - Word finding
 - Confusion
 - Headaches, dizziness, light sensitivity
 - Sleep or appetite
 - Fatigue
 - Stress management
 - Emotional regulation
 - Anxiety, Depression, PTSD

Strangulation as a Cause of TBI

Strangulation- the obstruction of blood vessels and/or air passages of the neck resulting in asphyxia

Asphyxia- when the body is deprived of oxygen causing unconsciousness or death; suffocation

Hypoxia- deficiency in oxygen supply to tissue

Anoxia- absence of oxygen supply to tissue

- Most frequent mechanisms of asphyxia: external compression of neck by **throttling** and **strangulation**.



(Joana Braamcamp, 2021)

Important Distinction

- ❖ Avoid the word “choking.”

CHOKING vs. STRANGULATION

and why verbiage matters in DV cases

Choking occurs internally when something gets lodged in the throat, blocking the airway and impeding breathing.

With few exceptions, choking is mostly accidental and is caused by the person who is choking.

Strangulation occurs externally when pressure to or on the throat impedes breathing and/or the circulation of blood.

With few exceptions, strangulation is mostly intentional and happens at the hands of another.



CRIMINAL JUSTICE
KNOW YOUR

Lethality Risk



Women who survive strangulation by their partner are 7 times more likely to be the victim of an attempted homicide, and 8 times more likely to be a victim of homicide (Glass et al., 2008).



It can take less than **10 seconds**
for a person to lose
consciousness as a result of
strangulation, and death can
occur in under **5 minutes**.

<https://www.strangulationtraininginstitute.com>

Phases of Mechanical Asphyxia

Anaesthetic phase- tinnitus, photopsia, pain, headaches, and loss of consciousness

Convulsive phase- characteristics are similar to those of an epileptic crisis, accompanied by seizures

Agony phase- involuntary movements, heart with isolated and spaced contractions and relaxation of sphincters

Terminal phase- cardiorespiratory arrest, areflexia, pupil dilatation, and death

(Joana Braamcamp, 2021)

SIGNS AND SYMPTOMS OF STRANGULATION

NEUROLOGICAL

- Loss of memory
- Loss of consciousness
- Behavioral changes
- Loss of sensation
- Extremity weakness
- Difficulty speaking
- Fainting
- Urination
- Defecation
- Vomiting
- Dizziness
- Headaches

SCALP

- Petechiae
- Bald spots (from hair being pulled)
- Bump to the head (from blunt force trauma or falling to the ground)

EYES & EYELIDS

- Petechiae to eyeball
- Petechiae to eyelid
- Bloody red eyeball(s)
- Vision changes
- Droopy eyelid

EARS

- Ringing in ears
- Petechiae on earlobe(s)
- Bruising behind the ear
- Bleeding in the ear

FACE

- Petechiae (tiny red spots-slightly red or florid)
- Scratch marks
- Facial drooping
- Swelling

MOUTH

- Bruising
- Swollen tongue
- Swollen lips
- Cuts/abrasions
- Internal Petechiae

CHEST

- Chest pain
- Redness
- Scratch marks
- Bruising
- Abrasions

NECK

- Redness
- Scratch marks
- Finger nail impressions
- Bruising (thumb or fingers)
- Swelling
- Ligature Marks

VOICE & THROAT CHANGES

- Raspy or hoarse voice
- Unable to speak
- Trouble swallowing
- Painful to swallow
- Clearing the throat
- Coughing
- Nausea
- Drooling
- Sore throat
- Stridor

BREATHING CHANGES

- Difficulty breathing
- Respiratory distress
- Unable to breathe

Source: Strangulation in Intimate Partner Violence, Chapter 16, Intimate Partner Violence. Oxford University Press, Inc. 2009.

Signs of Mechanical Asphyxia

Neck injury with mark of a thumb

Circular abrasive injuries of self-defense

Single or multiple abrasive horizontal neck injuries



Image 3: Injuries of asphyxia

50% no visible injuries
35% insignificant injuries
15% specific injuries

% based on the study of
Strack, G.B. *et al.*, 2001

When applied with enough intensity and for enough time, an act of asphyxia can result in the victim's death.

(Joana Braamcamp, 2021)

Symptoms of Non-Fatal Asphyxia

- **Symptoms of non-fatal asphyxia by strangulation:**

Neck pain	Voice changes/ Difficulty speaking	Breathing difficulties	Painful swallowing	Dizziness
Bloodshot eyes	Headaches	Memory Loss	Sensory deficit	Vision changes
Tinnitus	Nausea/ Vomiting	Incontinence	Muscle spasm or weakness	Paralysis

(Bichard, H., Byrne, C.,
Saville, C.W.N. &
Coetzer, R., 2021; Joana
Braamcamp, 2021)



Consequences of Asphyxia

Psychological injury

Neurological or cognitive injury

Neck injury

Death

Strangulation Laws

- ❖ Know the laws in your/your survivor's state.

List of state statues of strangulation legislation-

<https://www.familyjusticecenter.org/resources/strangulation-legislation-chart/>

<https://www.womenslaw.org/search/google/strangulation>

Advocate's Response

C.A.R.E. Strategies and Practices

- **C- CONNECT:** Before addressing potential injuries, focus on building genuine relationships and connections. Establish trust.
- **A- ACKNOWLEDGE:** Acknowledge the reality of head trauma and strangulation resulting in potential brain injury. Ask directly about head injuries and provide information on head injury and strangulation to survivors (see tools on course website).
- **R- RESPOND:** Adjust how you provide advocacy to take the survivor's unique needs into consideration.
- **E- EVALUATE:** Effective advocacy is evaluating how current efforts are working and how to help survivors with healing.

(ODVN)



Questions to Ask Survivors about TBI & Strangulation

❖ <https://www.odvn.org/wp-content/uploads/2020/08/CHATSAdvocateGuide.pdf>



Have you ever experienced any type of oxygen deprivation caused by your partner?



Have you ever been prevented from breathing, such as, having a hand covering your nose and mouth, partner putting their weight on your body, felt suffocated, or other means to stop you breathing?



Have you ever had head injuries caused by punches in your face, to your head, or head bounced against walls or floors, or other types of head injuries from your partner?

(ODVN)

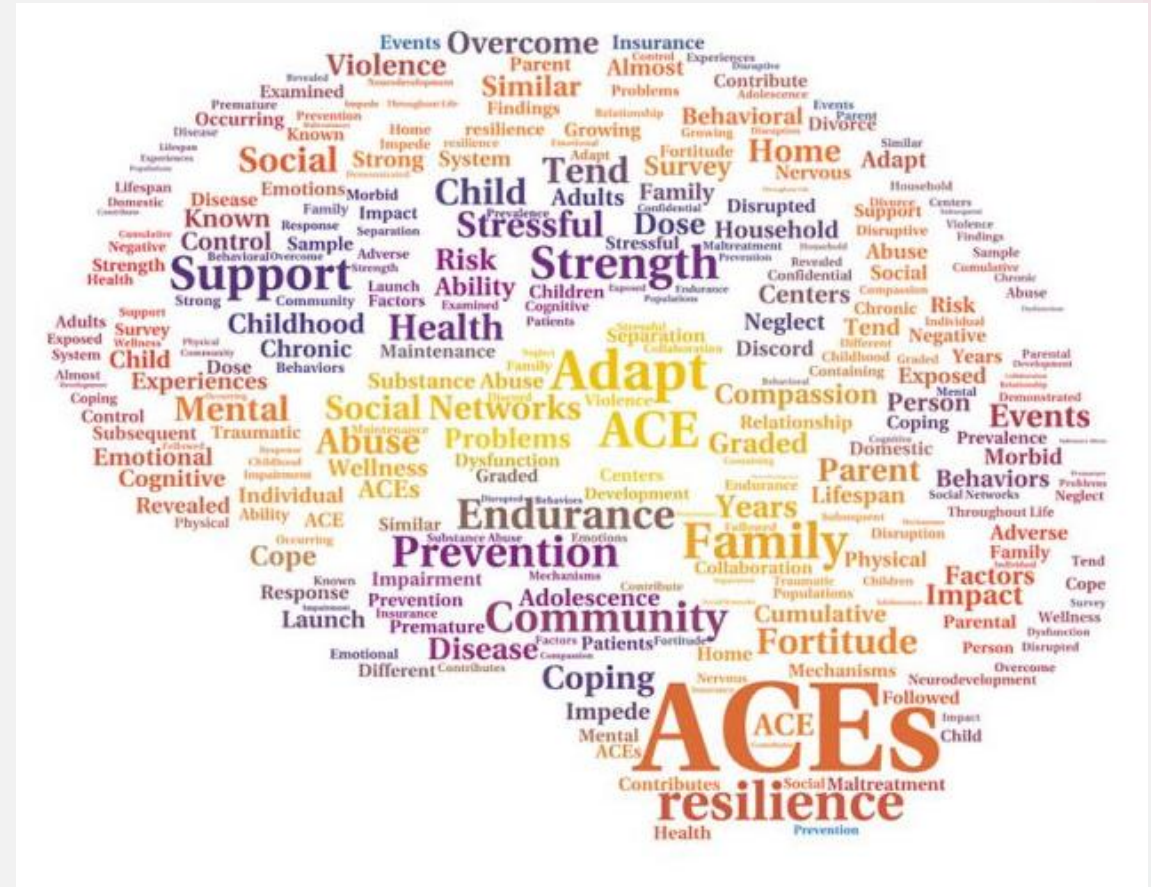
ACEs and the Bible

- “In situations of terror, people spontaneously seek their first source of comfort and protection. Wounded soldiers and raped women cry for their mothers, or for God. When this cry is not answered, the sense of basic trust is shattered. Traumatized people feel utterly abandoned, utterly alone, cast out of the human and divine systems of care and protection that sustain life.” Judith Herman
- “Surely oppression destroys a wise man’s reason.” (Ecclesiastes 7:7)
- If you grew up being abused, neglected or witnessing domestic violence, you experienced a loss of control. In our attempt to control what’s going on inside and outside of us we often make decisions based on our faulty reasoning and not on God’s wisdom, “There is a way that appears to be right, but in the end it leads to death.” (Proverbs 14:12)



The ACE Study (Adverse Childhood Experiences Research)

- San Diego—Vincent Felitti, M.D.
- Obesity Treatment Program at Kaiser Permanente
- Partnered with Robert Anda, M.D.—CDC
- 1998 study released
- Findings validate Mental Health Research
- Plus demonstrate Long-Term Impacts of ACE



The ACE Study

The largest study of its kind ever done to examine the health and social effects of these childhood experiences throughout the lifespan:

17,421 participants

What do we mean by Adverse Childhood Experiences?

Experiences that represent health or social problems of national importance, such as:

- childhood abuse and neglect
- growing up with domestic violence, substance abuse or mental illness in the home, parental discord, crime

ACE Factors

Types of Childhood Adversity



Prevalence by ACEs Category

Abuse

Physical Abuse	28.3%
Sexual Abuse	20.7%
Emotional Abuse	10.6%

Neglect

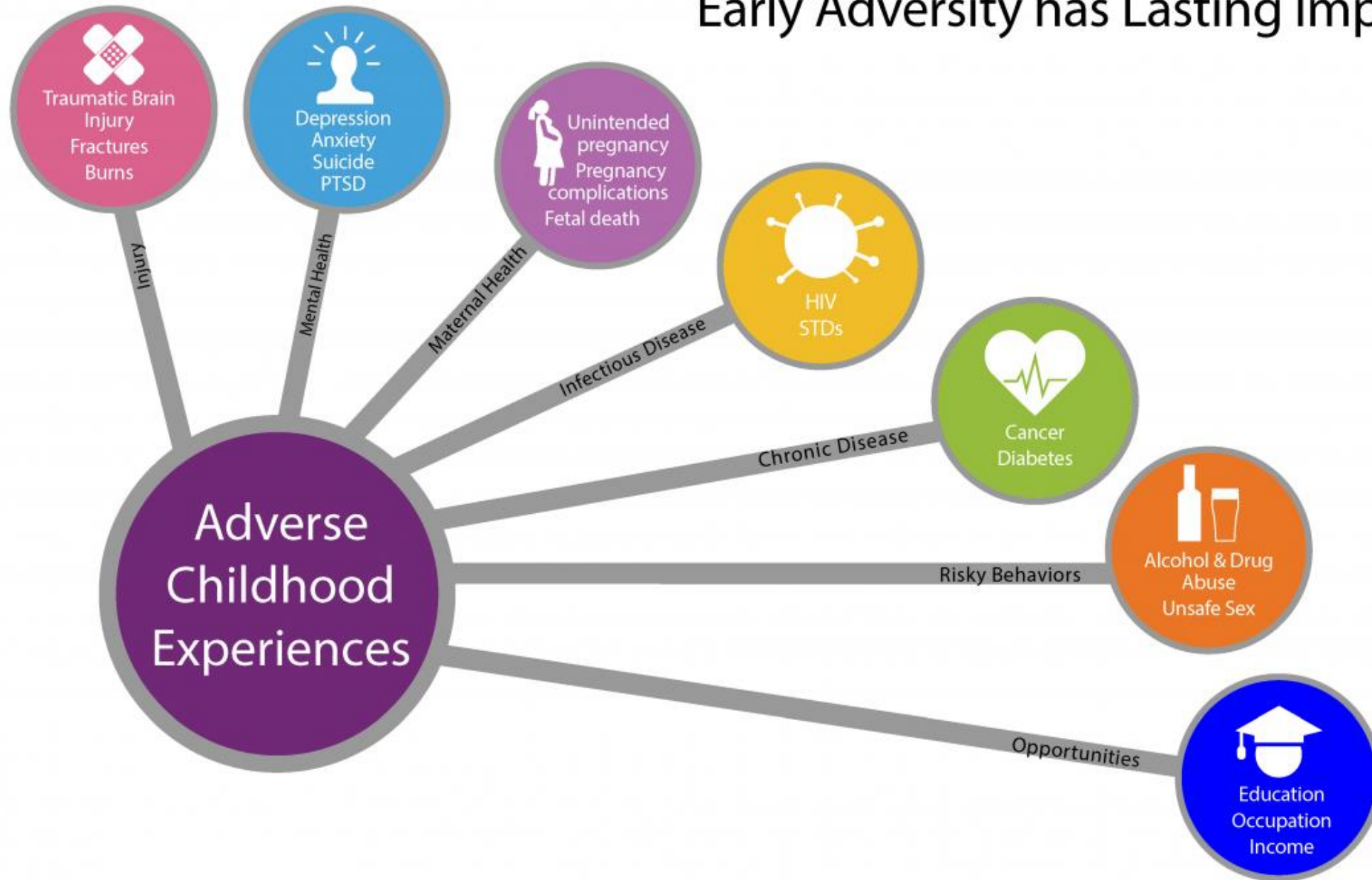
Emotional neglect	14.8%
Physical neglect	9.9%

Dysfunction

Household substance abuse	26.9%
Parental divorce	23.3%
Household mental illness	19.4%
Parent treated violently	12.7%
Incarcerated household member	4.7%

Based on 17,000 study participants, 2010

Early Adversity has Lasting Impacts



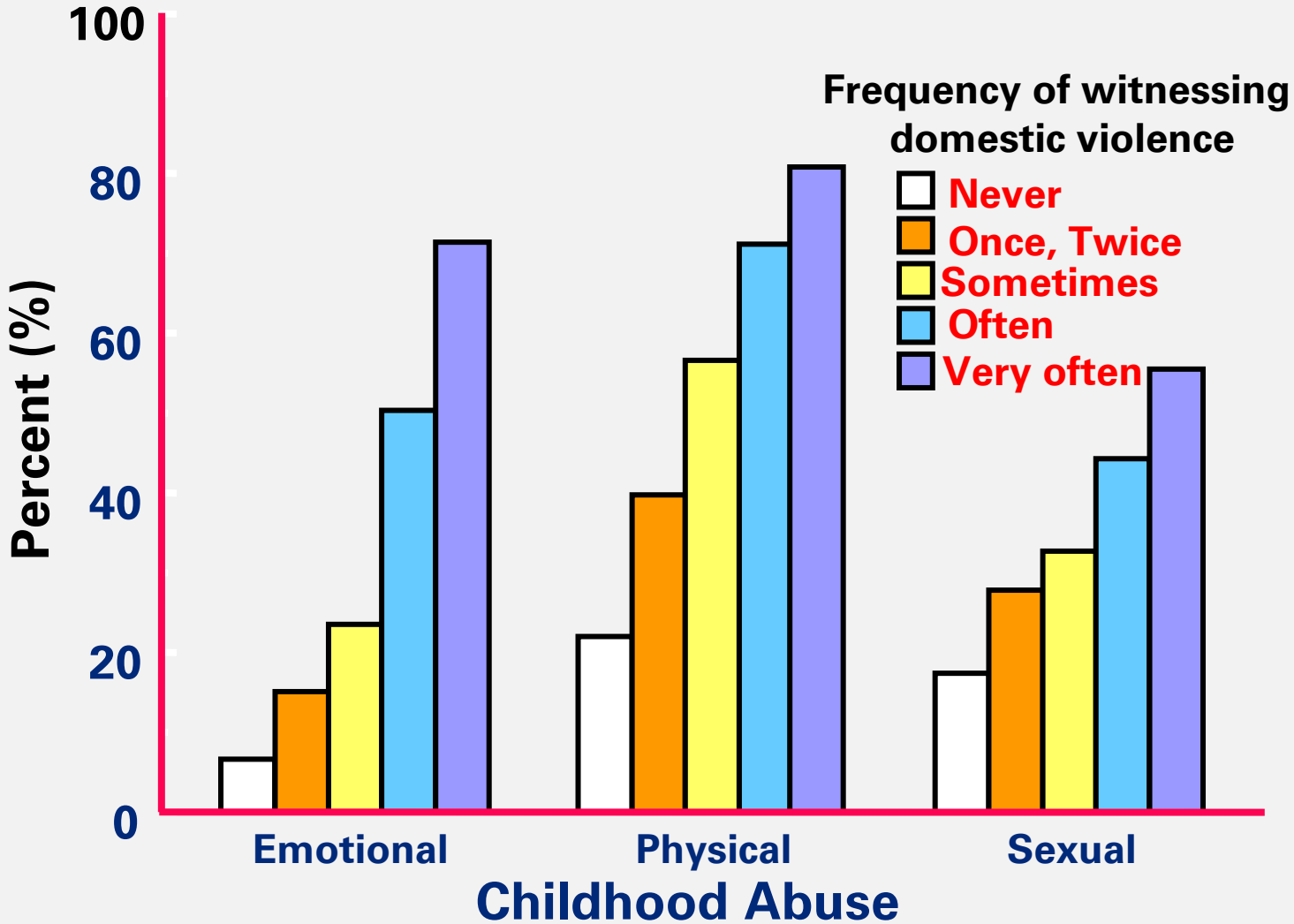
Death



Birth



Prevalence of Childhood Abuse by Frequency of Witnessing Domestic Violence



Frequency of Being Pushed, Grabbed, Slapped, Shoved or Had Something Thrown at Oneself or One's Mother as a Girl and the Likelihood of Ever Having a Teen Pregnancy



Male Involvement in Teen Pregnancy

19% of men had impregnated a teenage girl

Mean age of the males at the time of impregnation was 20.7 years

60% of males were 20 years or older at the time of impregnation



As the number of ACE factors increase, the risk for the following health problems increases in a strong and graded fashion.

Alcoholism and Alcohol abuse

Chronic obstructive pulmonary disease (COPD)

Depression

Fetal death

Health-related quality of life

Illicit drug use

Ischemic heart disease (IHD)

As the number of ACE factors increase, the risk for the following health problems increases in a strong and graded fashion.

Liver disease

Risk for intimate partner violence

Multiple sexual partners

Sexually transmitted diseases (STDs)

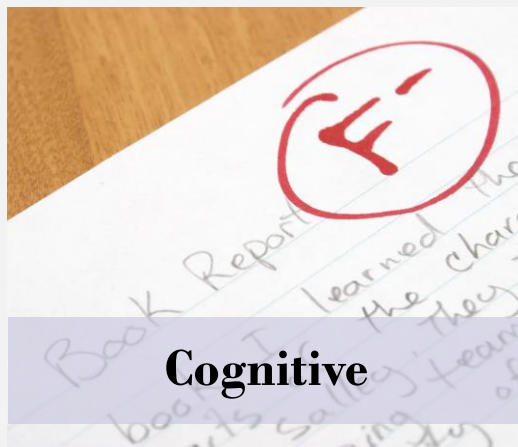
Smoking

Suicide attempts

Unintended pregnancies



Children's Exposure to Domestic Violence Impacted



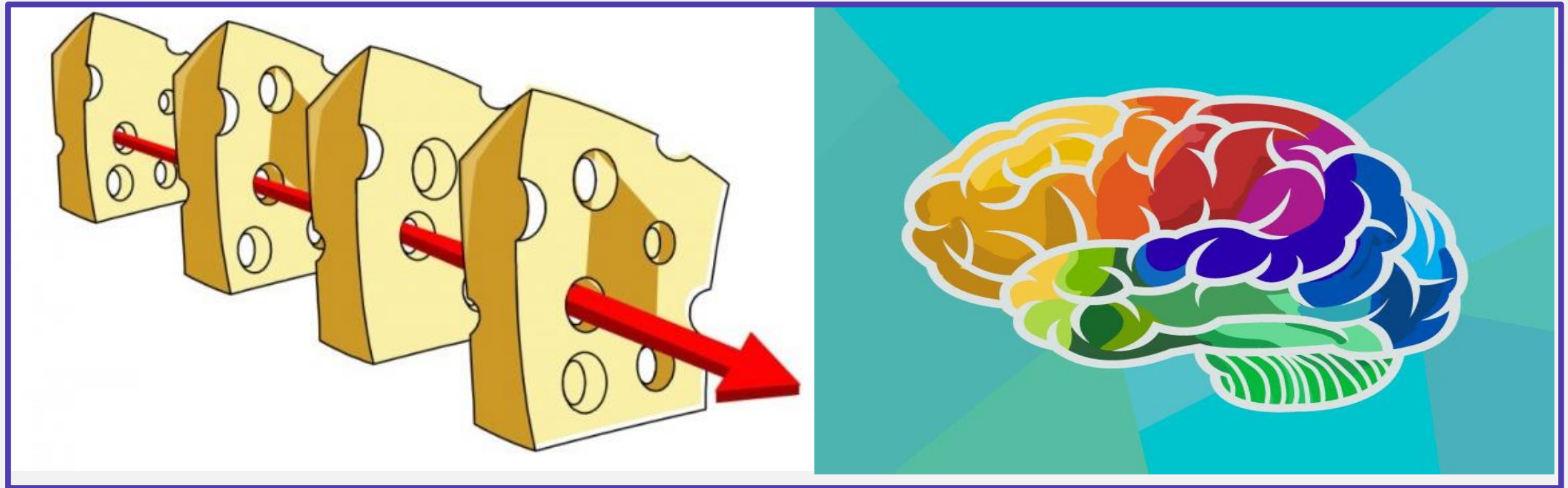
Co-occurrence of child abuse increased the level of emotional and behavioral problems above and beyond exposure alone

“....early experiences help to determine brain structure, thus shaping the way people learn, think, and behave for the rest of their lives.”

I Am Your Child
Reiner Foundation



Neurodevelopmental Effects of ACE Factors



Neurodevelopmental Responses to ACE

The ACE Score appears to be robust of the cumulative, lifetime impact of traumatic stress on neurodevelopment in childhood.

Stressful and traumatic childhood and adolescent experiences literally become “biology” affecting brain structure and function (as well as endocrine, immune, and other biologic functions) thus leading to persistent effects.

Until now, these persistent effects were “hidden” from the view of both neuroscientists and public health researchers.



Scripture on Counseling

- **The importance of counseling and not making life decisions without it.**
 - Proverbs 15:22 Plans fail without advice, but with many counselors they are confirmed.
 - John 16:13 When the Spirit of Truth comes, he will guide you into the full truth. He won't speak on his own. He will speak what he hears and will tell you about things to come.
- **We are encouraged to listen to wise counsel.**
 - Proverbs 19:20 Listen to advice and receive discipline, that you may become wise by the end of your life.
 - Proverbs 12:15 A stubborn fool considers his own way the right one, but a person who listens to advice is wise.
 - Proverbs 11:14 Where there is no guidance, a people falls, but in an abundance of counselors there is safety.
 - Proverbs 20:18 Plans are established by counsel; by wise guidance wage war.
 - John 14:26 But the Counselor, the Holy Spirit—the Father will send Him in My name—will teach you all things and remind you of everything I have told you.



Core Principles of Trauma-Informed Care

Safety (physical and emotional)

Trustworthiness

Choice

Collaboration

Empowerment



What can be done?

Trauma Treatment Approaches

- Eye movement desensitization and reprocessing (EMDR)
- Somatic therapy
 - Sensorimotor Psychotherapy (SP)
 - Somatic Experiencing (SE)
- TF-CBT
- Brainspotting
- Progressive counting (PC)
- Trauma Touch Therapy

Reason for Optimism- Recovery, Healing, Transcendence...

Regarding the adult or aging brain...

“But all is not doom and gloom. As neuroscientists unravel the secrets of the aging brain, they are learning that there is good reason for confidence and optimism.

An organ long thought defenseless before the onslaughts of time, the brain is now recognized as capable of marshaling surprising powers of renewal.”

The Secret Life of the Brain

Richard Restak, M.D.



Brain Development: Key Points

The brain develops from the most primitive functions to the most complex

Normal development of systems and functions they mediate requires specific signals at specific times

These critical periods are times of sensitivity to environmental input—including traumatic experience

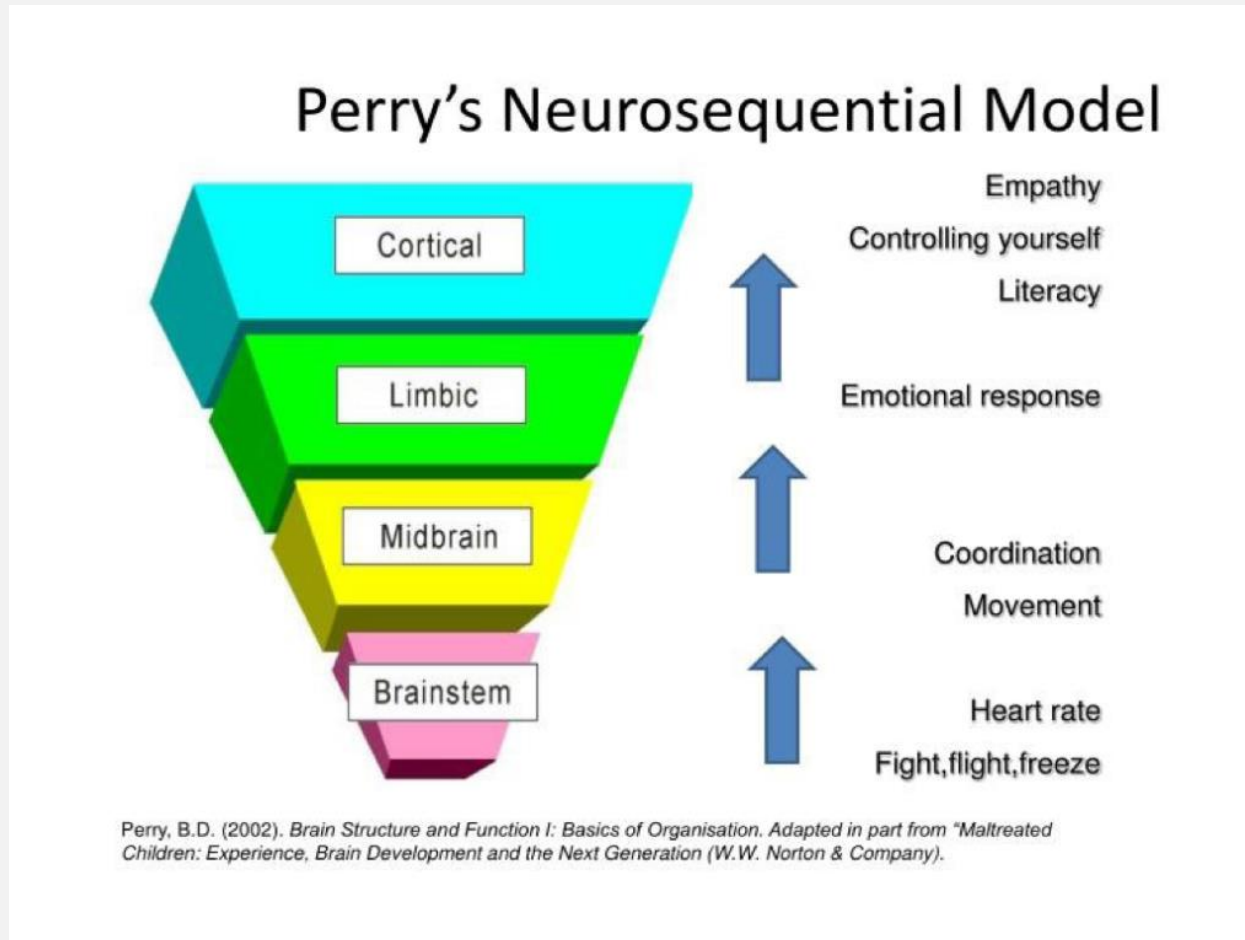
Different functions (regulation of anxiety, mood, abstract thought) develop or mature at different times in the life of a child.

Source: Bruce Perry, MD, PhD

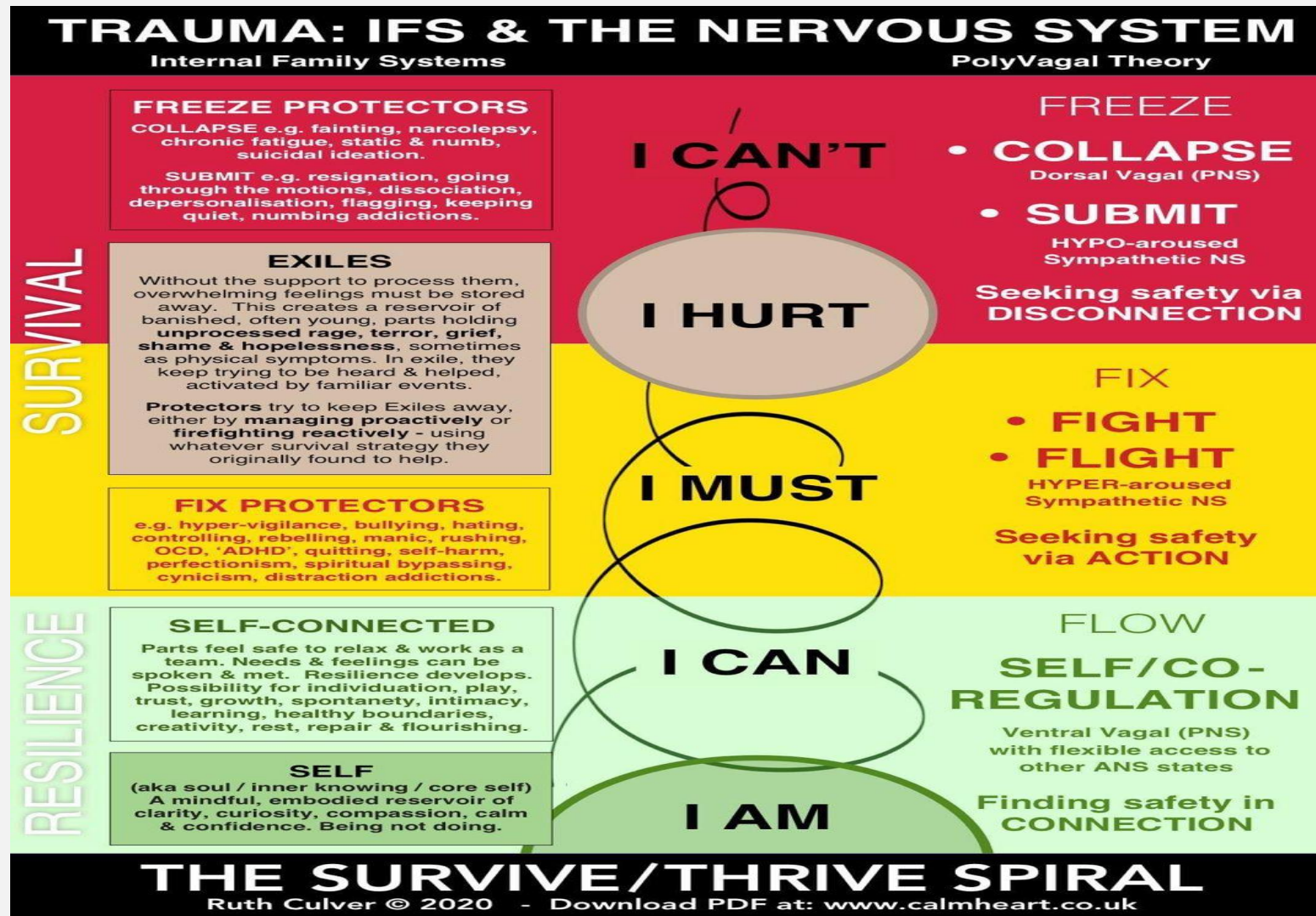
www.ChildTrauma.org



Perry's Brain Development Model



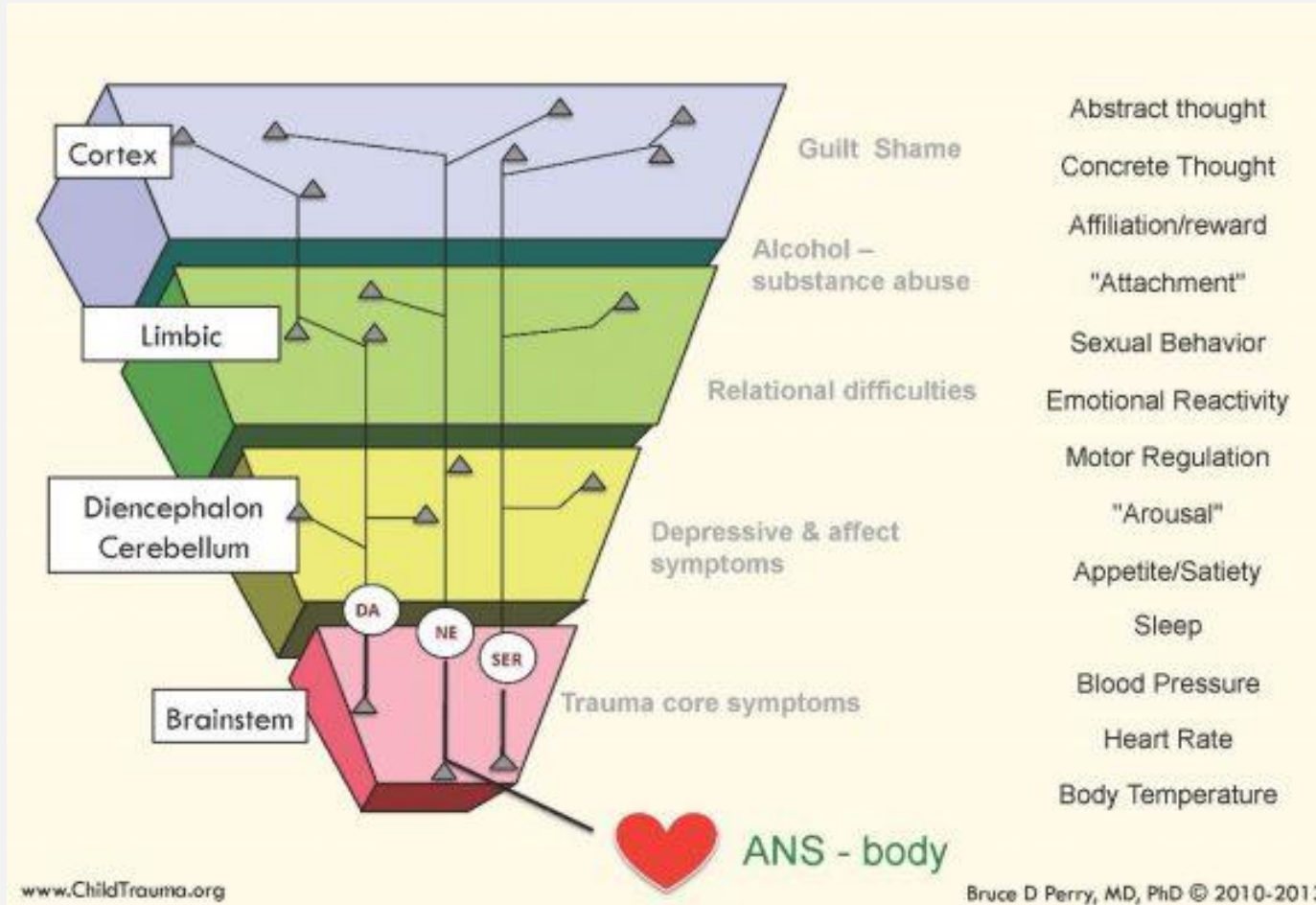
Trauma and the Nervous System



Trauma and the Nervous System



Perry's Response to Combat ACE



<https://www.communitysolutions.com/adverse-childhood-experiences-bruce-perry/>

Resilience Defined

Psychological resilience refers to an individual's capacity to withstand stressors and not manifest psychological dysfunction, such as mental illness or persistent negative mood.

Psychological stressors or "risk factors" are often considered to be experiences of major acute or chronic stress such as death of someone else, chronic illness, sexual, physical or emotional abuse, fear, unemployment, and community violence.

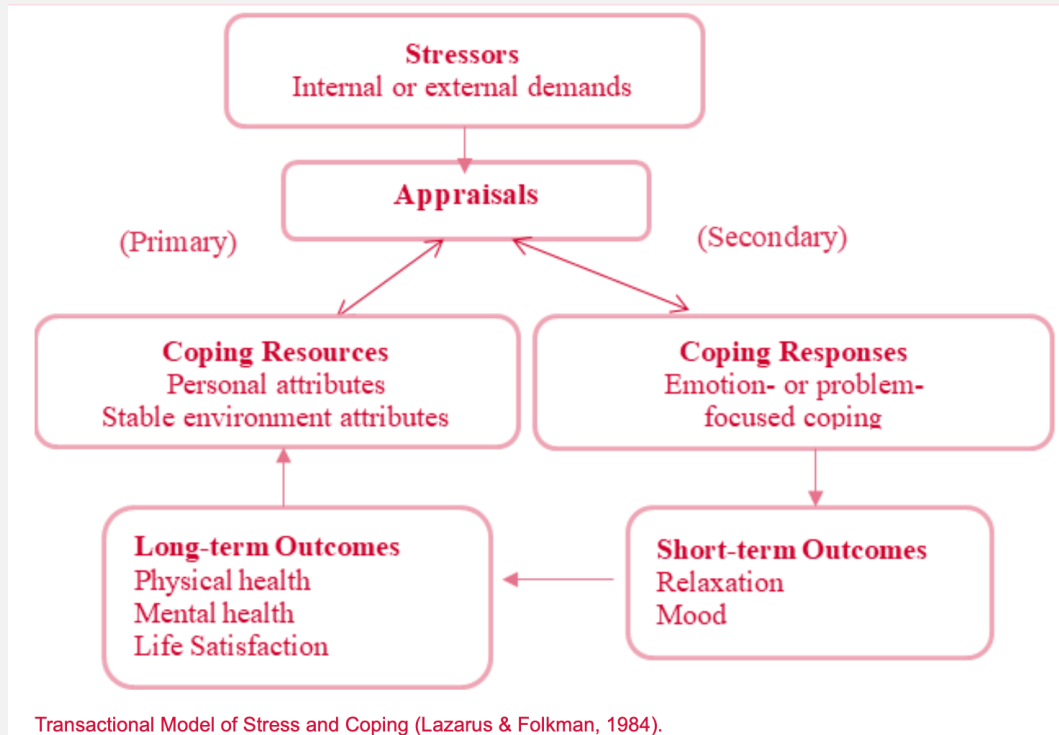
"We are afflicted in every way, but not crushed; perplexed, but not driven to despair; persecuted, but not forsaken; struck down, but not destroyed." (2 Corinthians 4:8)



Resilience and Coping

The central process involved in building **resilience** is the training and development of adaptive coping skills.

Basic flow (or transactional) model of stress and coping:



Resilience and the Bible

In her amazing book, *Trauma and Recovery*, Judith Herman, M.D. addresses the issue of faith. She states “(Traumatic events...) violate the victim’s faith in a natural or divine order and cast the victim into a state of existential crisis. Simply put we doubt everything we know, or thought we knew.

Key to Resiliency: Faith in the Lord

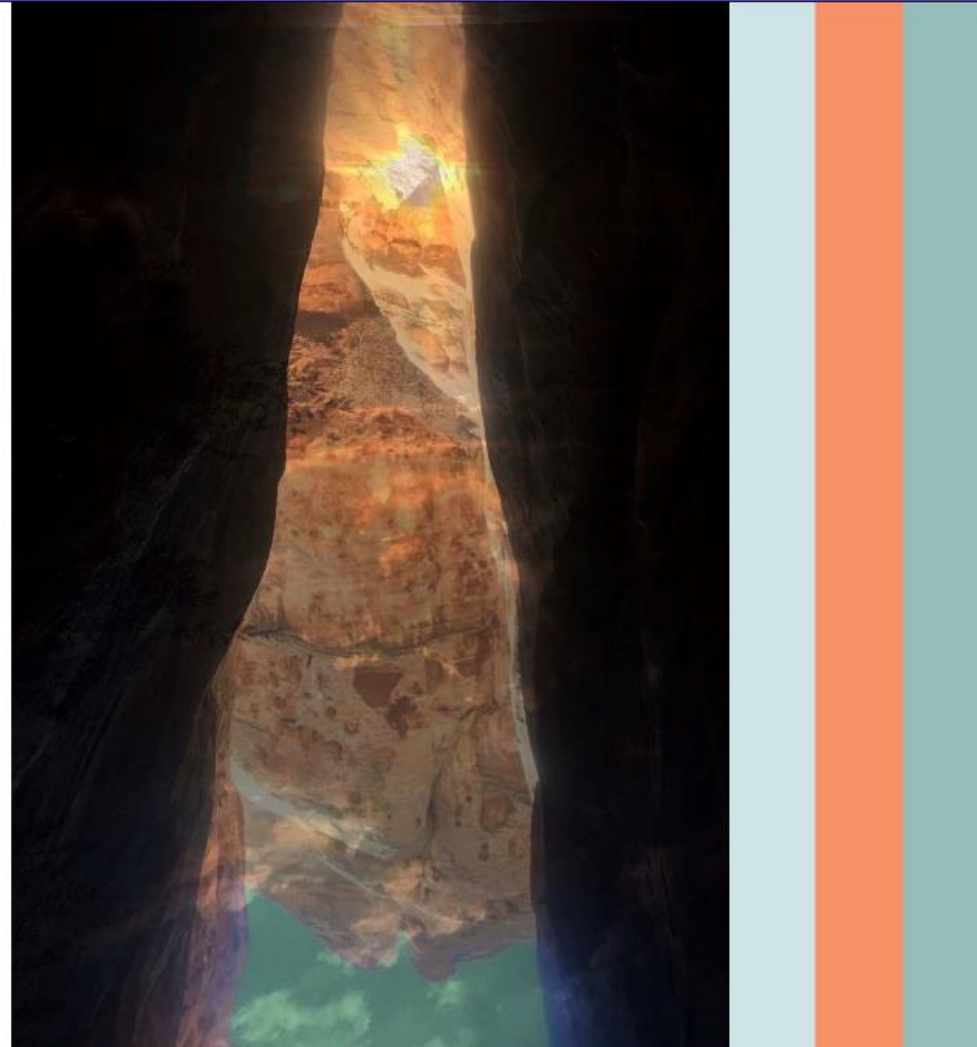
- “The Lord makes firm the steps of the one who delights in him, though he may stumble, he will not fall, for the Lord upholds him with his hand.” (Psalm 37:23-24)
- “Do not gloat over me, my enemies! For though I fall, I will rise again. Though I sit in darkness, the Lord will be my light. ... But after that, he will take up my case and give me justice for all I have suffered from my enemies.” (Micah 7:8)
- “Brothers, I do not consider that I have made it my own. But one thing I do: forgetting what lies behind and straining forward to what lies ahead, I press on toward the goal for the prize of the upward call of God in Christ Jesus. Let those of us who are mature think this way, and if in anything you think otherwise, God will reveal that also to you.” (Philippians 3:13-15: 13)



Resilience Factors

Factors of Resilience

- Growth Mindset
- Control
- Self-Efficacy
- Commitment
- Connectedness
- Coherence
- Action



Learning Resilience

Resilience is not a trait that people either have or do not have. It involves behaviors, thoughts, and actions that can be learned and practiced.



How to Help Children Build Resilience

1 Presence of a Loving and Supportive Adult

Research suggests that the single most common factor in how children overcome adversity is the presence of at least one loving, consistent, and supportive adult.¹

It is often a parent, but it can also be a grandmother, godparent, coach, teacher, or neighbour.

Children benefit when we recognize and preserve the important connections that provide them with nurturing and security.

2 Positive Self-Perceptions

Self-perceptions refer to how children think about themselves, their skills and capabilities, and their sense of control.²

For instance, children who believe they are capable of doing certain tasks may be more optimistic, less anxious, and persevere more to accomplish a task.

Positive self-perceptions can be nurtured by recognizing children's efforts, helping to set short-term goals, and helping them learn from setbacks.



3 Self-Regulation Skills

These skills enable children to manage their thoughts, emotions, and behaviours when they feel overwhelmed, anxious, or angry.³

“Scaffolding” is an approach used to support children with self-regulation by helping them navigate difficult situations one step at a time until they are able to handle the challenges on their own.⁴

Western  Centre for Research & Education on Violence Against Women & Children
LEARNING NETWORK

4 Connection to Faith and Culture

Children who are involved in cultural or faith groups may be better positioned to navigate adversity.⁵

Children benefit from the support of a network of people who share similar values and beliefs. In addition, positive messages conveyed by spiritual, cultural, or religious traditions may help them overcome difficulties.⁶



How to Help Children Build Resilience

5 Parenting Competencies

Parenting competencies include being responsive to a child's needs, expressing emotional warmth, providing support to the child, and building strong parent-child bonds.⁷

Research shows that parenting competencies are positively linked to better outcomes for children exposed to adversity and trauma.⁸

Children benefit when we work with parents to strengthen their parenting skills.

6 Mother's Well-Being

Children whose mothers experience positive mental health display increased resilience and better outcomes than other young people who are exposed to adversity.⁹

Promoting health and well-being in mothers is an important way to support children.

Western  Centre for Research & Education on Violence Against Women & Children
LEARNING NETWORK

7 Positive School Environment

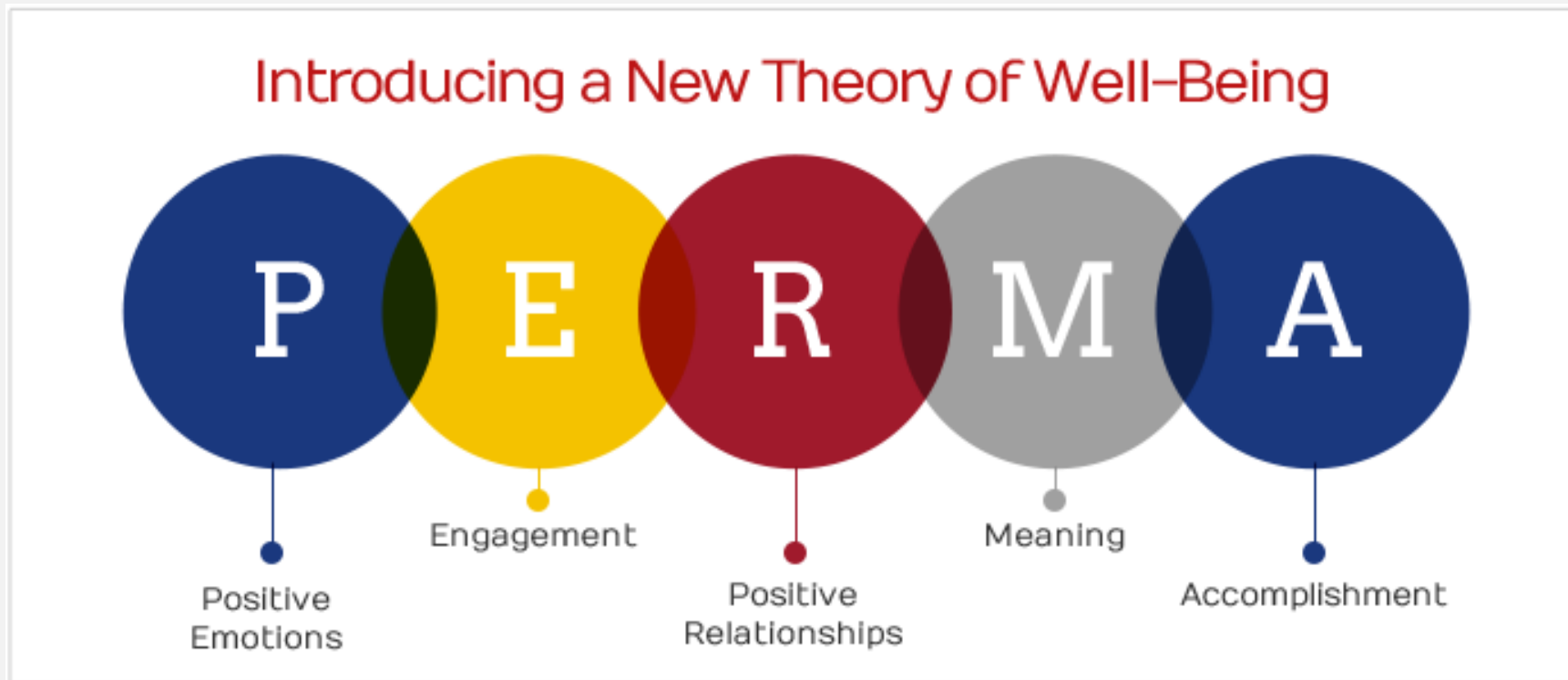
Schools can support children's beliefs in their own abilities to achieve and can provide them with the intellectual and emotional tools to do so.¹⁰

Children's mental health and well-being can be further strengthened when schools incorporate social-emotional learning and/or trauma-informed approaches in their classrooms, supports, and services.



Positive Psychology

Well-being has 5 measurable elements (PERMA) that count toward it.



Resources on Positive Psychology

Authentic Happiness

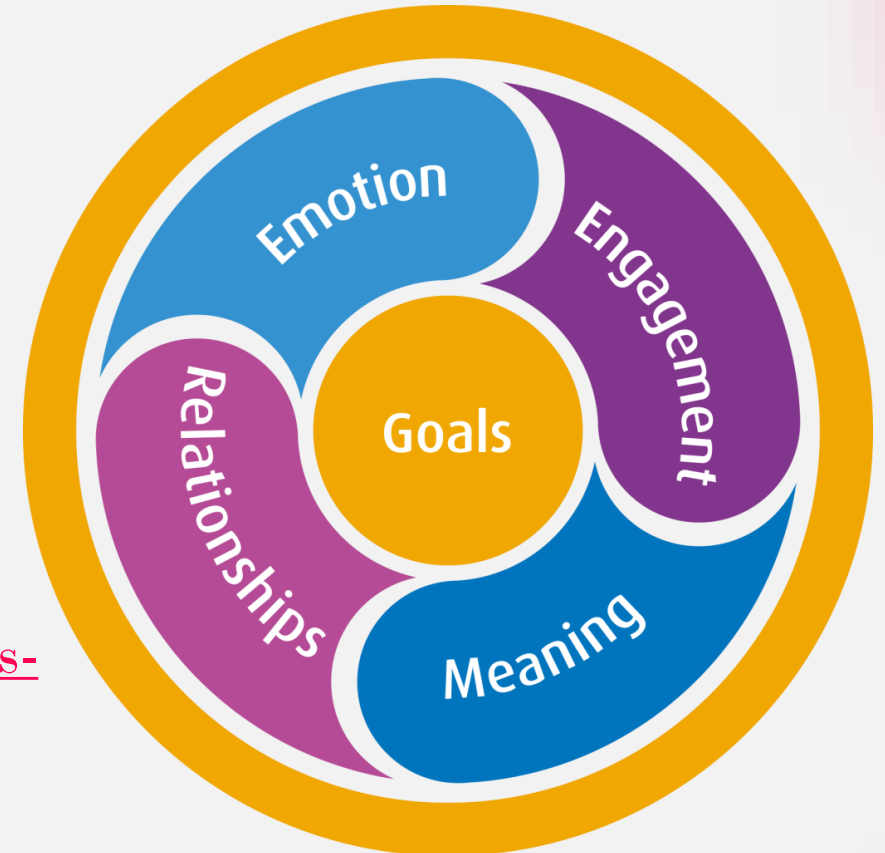
<https://www.authentichappiness.sas.upenn.edu/home>

VIA Character Strengths

<http://www.viacharacter.org/www/Character#>

Take the Survey

<http://www.viacharacter.org/www/Character-Strengths-Survey>



Promote Safe, Stable, Nurturing Relationships, Communities, Society

- New CDC Agenda based on ACE Study
<https://www.cdc.gov/violenceprevention/aces/index.html>
- Frameworks in conjunction with Prevent Child Abuse America developed new frame for child abuse prevention <http://www.preventchildabuse.org>;
<http://www.frameworksinstitute.org/>
- Harvard Center on the Developing Child intensively studied and trains on implementation of new agenda
<http://www.developingchild.net>; <http://www.developingchild.harvard.edu>
- Search Institute identified the 40 developmental assets and trains in Strength-based programming
<http://www.search-institute.org/>



ADVOCATE'S RESPONSE TO SURVIVOR'S TRAUMA ISSUES



Trauma-informed
perspective of
“what has happened to her?”
not
“what is wrong with her?”

Redemption

Examples of Trauma

- Psalm 55:1-7
- Lamentations 1:16-22; 3:1, 17-20

Redemption

- Lamentations 3:21-26; 3:31-33, 55-58
- 2 Corinthians 4:8-10

God will redeem our afflictions

- You intended to harm me, but God intended it for good to accomplish what is now being done, the saving of many lives (Genesis 50:20).
- He rescues me unharmed from the battle waged against me, even though many oppose me (Psalm 55:18).

Promises to the afflicted

- Cast your cares on the Lord and he will sustain you; he will never let the righteous be shaken (Psalm 55:20).
- And we know that in all things God works for the good of those who love him, who have been called according to his purpose (Romans 8:28).
- For I know the plans I have for you, declares the LORD, plans to prosper you and not to harm you, plans to give you hope and a future (Jeremiah 29:11-13).



References

Allard, C. B., Norman, S. B., Thorp, S. R., Browne, K. C., & Stein, M. B. (2018). Mid-treatment reduction in trauma-related guilt predicts PTSD and functioning following cognitive trauma therapy for survivors of intimate partner violence. *Journal of interpersonal violence, 33*(23), 3610-3629.

Anda, R.F., Felitti, V. J., Bremner, J. D., Walker, J. D., Whitfield, C., Perry, B. D., Dube, S. R., & Giles, W. H. (2006). The enduring effects of abuse and related adverse experiences in childhood: A convergence of evidence from neurobiology and epidemiology. *European Archives of Psychiatry and Clinical Neuroscience, 256*(3): 174–186. Published online 2005 Nov 29. doi: 10.1007/s00406-005-0624-4

Bichard, H., Byrne, C., Saville, C.W.N. & Coetzer, R. (2021). The neuropsychological outcomes of non-fatal strangulation in domestic and sexual violence: A systematic review, *Neuropsychological Rehabilitation*.

Braamcamp de Mancellos, J. (2021). Pathology of Non-Fatal Asphyxia and the Risk of Fatal Outcome in the Context of Intimate Partner Violence. *J Forensic Sci Criminol, 9*(2): 201.

Cloitre, M., Stolbach, B. C., Herman, J. L., Kolk, B. V. D., Pynoos, R., Wang, J., & Petkova, E. (2009). A developmental approach to complex PTSD: Childhood and adult cumulative trauma as predictors of symptom complexity. *Journal of traumatic stress, 22*(5), 399-408.

Dong, M., Anda, R. F., Felitti, V. J., Dube, S. R., Williamson, D. F., Thompson, T. J., Loo, C. M., & Giles, W. H. (2004). The interrelatedness of multiple forms of childhood abuse, neglect, and household dysfunction. *Child abuse & neglect, 28*(7), 771–784.

Dube, S. R., Anda, R. F., Felitti, V. J., Croft, J. B., Edwards, V. J., & Giles, W. H. (2001). Growing up with parental alcohol abuse: exposure to childhood abuse, neglect, and household dysfunction. *Child abuse & neglect, 25*(12), 1627-1640.



References

Dube, S. R., Williamson, D. F., Thompson, T., Felitti, V. J., & Anda, R. F. (2004). Assessing the reliability of retrospective reports of adverse childhood experiences among adult HMO members attending a primary care clinic. *Child abuse & neglect*.

Fallot & Harris (2015). *Creating Cultures of Trauma-Informed Care (CCTIC): A Fidelity Scale*. Community Connections, Washington, D.C.

Felitti, V. J. & Anda, R. F. (2008). The Relationship of Adverse Childhood Experiences to Adult Medical Disease, Psychiatric Disorders, and Sexual Behavior: Implications for Healthcare. (77-87). In *The Impact of Life Trauma on Early Health and Disease: The Hidden Epidemic*. Lanius, R.A., Vermetten, E., & Pain, C. DOI: 10.1017/CBO9780511777042.010

Felitti, V.J., Anda, R.F., Nordenberg, D., Williamson, D.F., Spitz, A.M., Edwards, V., Koss, M.P., & Marks, J.S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*, 14. 245–258. <http://www.cdc.gov/ace/index.htm>

Ford, J. D., & Courtois, C. A. (2014). Complex PTSD, affect dysregulation, and borderline personality disorder. *Borderline Personality Disorder and Emotion Dysregulation*, 1(1), 1-17.

Freyd, J. (2008). <https://dynamic.uoregon.edu/jjf/articles/freyd2008bt.pdf>

Gilkerson, F (2011). *Participant's Guide. Traumatic Brain Injury as a Result of Domestic Violence. Module V*.

Hambrick EP, Brawner TW, Perry BD, Brandt K, Hofmeister C, Collins JO. Beyond the ACE score: Examining relationships between timing of developmental adversity, relational health and developmental outcomes in children. *Arch Psychiatr Nurs*. 2019 Jun;33(3):238-247. doi: 10.1016/j.apnu.2018.11.001. Epub 2018 Nov 9. PMID: 31227076.



References

Harris & FalLOT (2015). *Creating Cultures of Trauma-Informed Care: A Self-Assessment and Planning Protocol*. Project: Trauma-Informed Care: The Community Connections Model Washington, D.C. DOI: 10.13140/2.1.4843.6002

Hebenstreit, C. L., Maguen, S., Koo, K. H., & DePrince, A. P. (2015). Latent profiles of PTSD symptoms in women exposed to intimate partner violence. *Journal of affective disorders*, 180, 122-128.

Herman, J. L. (1992). Complex PTSD: A syndrome in survivors of prolonged and repeated trauma. *Journal of traumatic stress*, 5(3), 377-391.

Herman, J. L. (1992). *Trauma and Recovery: The Aftermath of Violence--from Domestic Abuse to Political Terror*. NY: Basic Books.

Hughes, M., Jones, L. (2000). Women, domestic violence, and posttraumatic stress disorder (PTSD). *Family Therapy*, 27

International Classification of Diseases, Eleventh Revision (ICD-11), World Health Organization (WHO) 2019/2021
<https://icd.who.int/browse11>

Lieberman, A., Zeanah, C., & McIntosh, J. (2011). Attachment perspectives on domestic violence and family law. *Family Court Review*, 49(3), 529-538.

Mate, G. (2011). *When the Body Says No: Exploring the Stress-Disease Connection*. NJ: Wiley.

Seligman, M.E.P. (2002). *Authentic Happiness: Using the New Positive Psychology to Realize Your Potential for Lasting Fulfillment*. New York, NY: Free Press.



References

Seligman, M .E.P. (2011). *Flourish: A Visionary New Understanding of Happiness and Well-being*. NY: Simon and Schuster.

Strack, G. & Smock, B. (2017). *Strangulation: The Last Warning Shot*. Training Institute on Strangulation. Alliance for HOPE International. <https://noviolence.org.au/wp-content/uploads/2017/03/Strangulation-Keynote-Professor-Gael-Strack-.pdf>

Van der Kolk, B. (2014). *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma*. NY: Penguin Books.

Wilson, Sharon. R. (2009). *Traumatic brain injury and intimate partner violence in Connie Mitchell's Intimate Partner Violence: A Health-based Perspective*. 187. Oxford University Press, Inc., New York: NY.

<https://www.pursuit-of-happiness.org/history-of-happiness/martin-seligman-psychology/>

<https://ppc.sas.upenn.edu/services/penn-resilience-training>

<https://www.biausa.org>

<https://www.strangulationtraininginstitute.com>

<https://www.odvn.org/brain-injury/>

