



1

Course Description

The experience of ongoing coercive control can result in (complex) trauma that impacts survivors emotionally, mentally, spiritually, socially, and physically.

Understanding trauma is essential to helping survivors rebuild their sense of autonomy and safety.

Trauma awareness helps advocates to care for themselves, as well.

© 2010-2025 Wingfield House of Peace Publications All Rights Reserved Worldwide <http://HouseOfPeacePub.com>

2

Course Objectives

Upon completion, advocates will be equipped to:

- ✓ Define what trauma is and the causes from a research and biblical perspective
- ✓ Describe various manifestations of trauma
- ✓ Understand how toxic stress and trauma impacts life functioning
- ✓ Identify pathways to resolution of trauma from research and the Bible
- ✓ Apply a strength-based, coercive control-informed, trauma-informed, and biblical framework to advocacy with survivors

© 2010-2025 Wingfield House of Peace Publications All Rights Reserved Worldwide <http://HouseOfPeacePub.com>

3

**Origins & Response to Trauma
from the Bible**

- Trauma entered the world at the beginning in the garden and has been plaguing humankind ever since.
- God knew Adam and Eve had departed from His plan, but He sought them out.
- **Advocate's response:**
 - To be a witness and friend along the road to healing.
 - God drawing near to the brokenhearted throughout scripture is a model for us as we care for others.

**BUT I CALL TO GOD, AND
THE LORD SAVES ME.**

- PSALM 55:16

© 2010-2025 Wingfield House of Peace Publications All Rights Reserved Worldwide <http://HouseOfPeacePub.com>

4

5

What is Trauma?

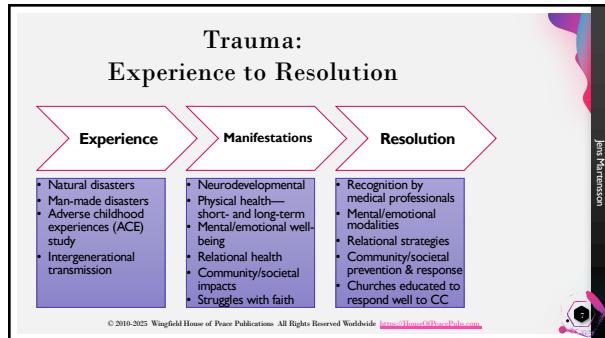
Maté says trauma, from the Greek for "wound", "is not what happens to you; it is what happens inside you as a result of what happens to you . . . It is not the blow on the head, but the concussion I get." That, he says, is the good news. "If my trauma was that my mother gave me to a stranger . . . that will never not have happened. But if the wound was that I decided as a result that I wasn't worthwhile as a human being, I wasn't lovable, that's a wound that can heal at any time."

"Trauma is not what happens to you, it's what happens inside you as a result of what happened to you."

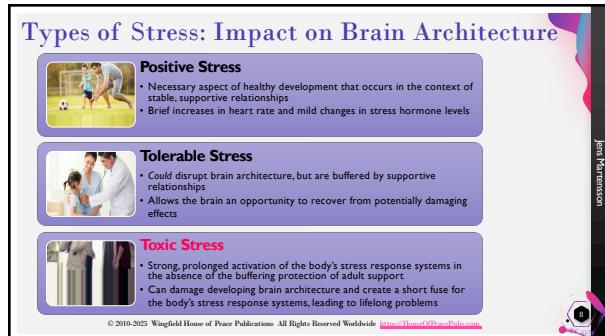
— Gaber Maté

Jens Mærsønn

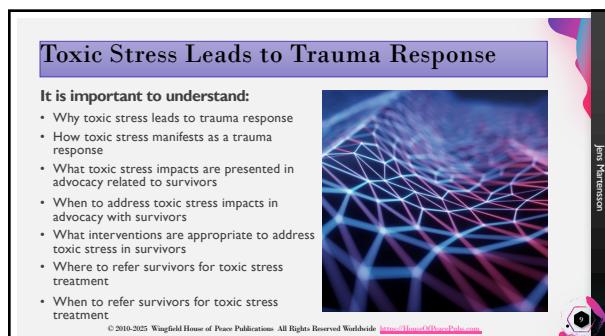
6



7



8



9

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

10

What causes psychological trauma?

11

12

What causes psychological trauma?

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

Sources of this developmental or relational trauma include the following:

- forced separation from primary caregiver very early in life
- 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.

Wired for connection
 The Lord God said, It is not good for the man to be alone. I will make a helper suitable for him. (Genesis 2:18)
 Therefore encourage one another and build one another up, just as you are doing (1 Thes. 5:11)

© 2010-2025 Wingfield House of Peace Publications. All Rights Reserved Worldwide. www.HouseOfPeaceBooks.com



80%
OF ABUSED
CHILDREN
HAVE
DISORGANIZED
ATTACHMENT

Jean Mertensson

13

Attachment Styles

- Children are naturally inclined to form attachments with caregivers to help ensure survival (Bowlby, 1969).
- Attachment patterns formed in childhood shape our expectations and behaviors in future relationships. **4 main attachment styles based on research (Ainsworth, 1978):**



Wired for connection:
 Two are better than one, because they have a good return for their labor. If one person carries a load, another will help the other up. Though one may be overpowered, two can defend themselves. A cord of three strands is not quickly broken. (Eccles. 4:9–10,12)

- **Attachment styles can change.** Healing is possible.
- **Distinguishing attachment issues from coercive control-** there is no causal relationship between attachment issues and abuse; healing/addressing attachment wounds is insufficient to stop coercive control.

14

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.

Jens Marnesson

15

3 Biblical Accounts of Trauma

- David**
 - 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, 1 Sam. 23:14-15)
 - Personal tragedies included first wife being forced to marry another man by King David, Abigail taking in the woman 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, 1 Sam. 30:1-6, 2 Sam. 12:15-18, 2 Sam. 17:3)
- Joseph**
 - Joseph is hated by his envious brothers. He is thrown into a pit and sold into slavery by his own family (Gen. 37-50).
- Tamar**
 - Her brother rapes her. And then Scripture says that, "Annon hated her with a very great hatred; for the hatred with which he hated her was greater than the love with which he loved her. He threw her into a deep pit out of my presence and locked the door behind her" (2 Sam. 13:15,17)
 - Anon went on to treat Tamar as a used and unwanted outcast, a reputation she likely carried for the rest of her life.

16

Impact of Trauma on Faith

Judith Herman's book *Trauma and Recovery*, addresses the issue of faith. She states "[T]raumatic 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.

- When a person is being victimized, they resort to survival skills which often cut them off from spiritual connection.

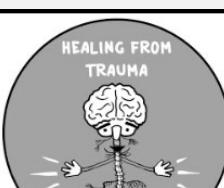
With coercive control, survivors may end up with a distorted view/connection with God due to the abuser twisting scriptures. Rebecca Davis' book series *Untwisting Scriptures* may be a helpful resource.

- Prayer helps to repair the bodymind connection; study and meditation on scripture, trauma-informed therapy, and various trauma-reduction techniques (to be discussed) can all work together in healing.

© 2018-2025 Wingfield House of Peace Publications All Rights Reserved Worldwide [www.HouseOfPeacePub.com](#)

17

Trauma and the Nervous System

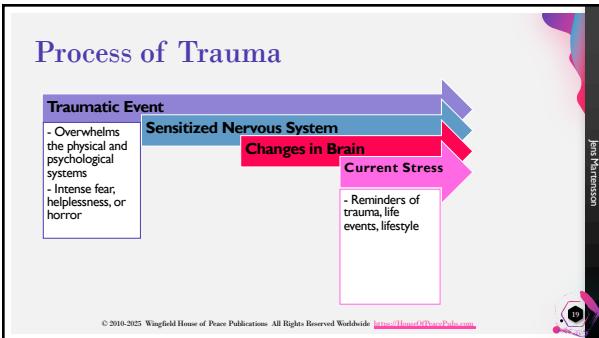


The illustration is a central graphic within a white rectangular frame. It features a large, light-grey circle with the text "HEALING FROM TRAUMA" in white, bold, sans-serif capital letters at the top. Inside the circle, a white brain is positioned above a white spinal cord. The spinal cord is depicted with a series of segments and a small tail-like end. From the bottom of the spinal cord, a small, stylized human figure is shown with arms outstretched and a joyful expression, with small white lines radiating outwards to suggest movement or energy. The entire graphic is set against a white background with a thin black border.

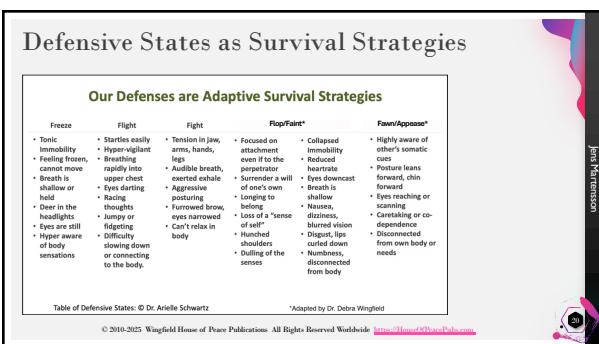
© 2010-2025 Wingfield House of Peace Publications All Rights Reserved Worldwide <http://www.HouseOfPeaceBooks.com>

Jens Malmsson

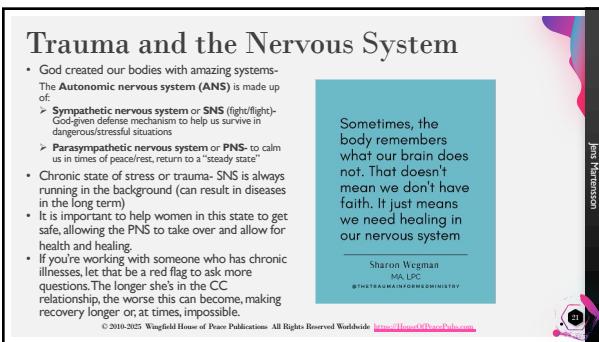
18



19



20



21

Trauma & The Nervous System: Polyvagal Theory

Stephen W. Porges developed **Polyvagal Theory** in the 90s. Deb Dana has translated Porges' research into practical, accessible tools for clinicians and trauma survivors.

Porges focused on how the **vagus nerve**, a key part of the parasympathetic branch of the ANS:

- Regulates **physiological state** (heart rate, breathing, digestion), especially in relation to:

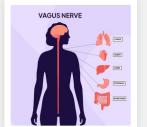
Stress > Safety > Connection

- When dysregulated (due to trauma, stress, coercive control), the body can get "stuck" in states of fight/flight, shutdown, etc.
- When activated, the vagus nerve slows heart rate, calms breathing, and reduces stress hormones, helping the body shift from fight/flight to **rest and digest**.

© 2010-2025 Wingfield House of Peace Publications. All Rights Reserved Worldwide. www.HouseOfPeacePub.com.

I praise you because I am fearfully and wonderfully made; your works are wonderful, I know that full well. (Psalm 139:14)

Jens Malmsson



22

POLYVAGAL THEORY
MADE SIMPLE



© 2010-2025 Wingfield House of Peace Publications. All Rights Reserved Worldwide. www.HouseOfPeacePub.com.

Jens Malmsson

23

Discussion Questions: Polyvagal

How would you share this video with a survivor?

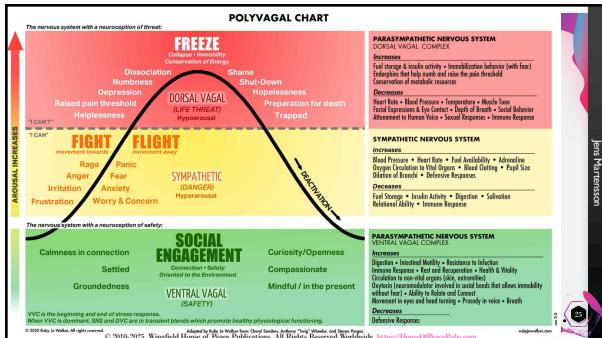
How would you help her identify the impact of her trauma as she watches this with you?

How would you help her identify the manipulations of the coercive controller to intimidate, threaten, or coerce her to dysregulate to where he made her think she was "going crazy" or was "mentally unstable"?

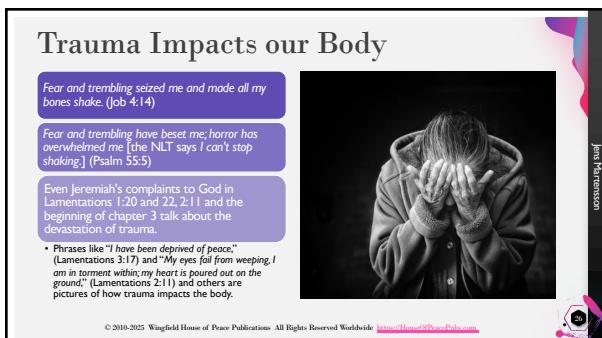
© 2010-2025 Wingfield House of Peace Publications. All Rights Reserved Worldwide. www.HouseOfPeacePub.com.

Jens Malmsson

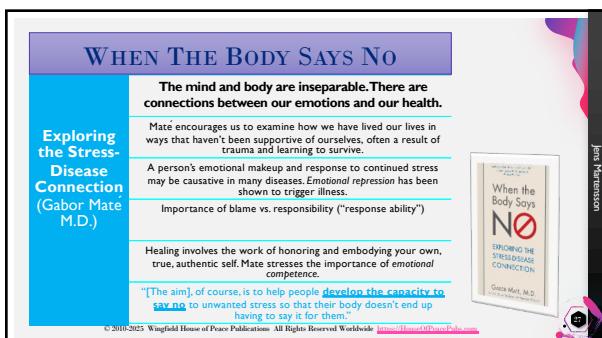
24



25



26



27

“Emotional Competence”

(Gabor Maté, M.D.)

Counteracts the effects of stress on the body and 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 and 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 what needs to be expressed instead of being repressed for the sake of others' acceptance or approval ("felt needs" such as our physical, emotional, and spiritual needs to survive)

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

© 2010-2025 Wingfield House of Peace Publications. All Rights Reserved Worldwide. <https://HouseOfPeacePub.com>

28

THE BODY KEEPS THE SCORE

Brain, Mind, and Body in the Healing of Trauma
(Bessel van der Kolk M.D.)

"Trauma is not just an event that took place in the past... it is also the imprint left by that experience on mind, brain, and body."

* Affects threat detection (amygdala), thinking (prefrontal cortex), and memory (hippocampus).

* Trauma responses often appear physically before verbally.

* Talking about trauma is often not enough to resolve it. The body needs to feel safe and in control again.

* Healing usually requires somatic (body-based) therapies—examples will be provided

"The body keeps the score: If the memory of trauma is encoded in the viscera, in heartbreak and gut-wrenching emotions, then the cure must involve the body."

© 2010-2025 Wingfield House of Peace Publications. All Rights Reserved Worldwide. <https://HouseOfPeacePub.com>

29

Grounding Break

SPICE UP YOUR PANIC ATTACK WITH A HARMONICA.



© 2010-2025 Wingfield House of Peace Publications. All Rights Reserved Worldwide. <https://HouseOfPeacePub.com>

30

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

© 2010-2025 Wingfield House of Peace Publications. All Rights Reserved

PTSD
Posttraumatic Stress Disorder

Potential Causes of PTSD

31

31

Post-Traumatic Stress Defined

The disturbance, regardless of its trigger, causes **clinically significant distress or impairment** in social interactions, capacity to work, or other 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:

- 1) Intrusion/re-experiencing
- 2) Avoidance
- 3) Alterations in cognition and mood
- 4) Alterations in arousal and reactivity

© 2010-2025 Wingfield House of Peace Publications. All Rights Reserved Worldwide <http://HouseofPeacePub.com>

Jens Malmstrom

32

1. 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)
--	--	---	--	---

Jesus as a suffering Savior: He was despised and rejected by men, a man of sorrows and acquainted with grief. (Isaiah 53:3)

© 2010-2025 Wingfield House of Peace Publications. All Rights Reserved Worldwide <http://HouseofPeacePub.com>

Jens Malmstrom

33

2. Avoidance



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



AVOID DISTRESSING MEMORIES, THOUGHTS, OR FEELINGS ASSOCIATED WITH THE TRAUMA

Jesus as a suffering Savior:
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. 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)

© 2010-2025 Wingfield House of Peace Publications. All Rights Reserved Worldwide HouseOfPeacePub.com

34

3. 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
- Feeling detached from others and emotionally numb

Jesus' spiritual identity was questioned: Then a demon-possessed man who was blind and mute was brought to him, and he healed him, so that the man spoke and saw. And all the people were amazed, and said, "Can this be the Son of David?" 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)

© 2010-2025 Wingfield House of Peace Publications. All Rights Reserved Worldwide HouseOfPeacePub.com

35

4. 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

Jesus as a suffering Savior: 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)

© 2010-2025 Wingfield House of Peace Publications. All Rights Reserved Worldwide HouseOfPeacePub.com

36

Judith Herman Defines Complex PTSD (C-PTSD)

In 1988, Dr. Judith Herman of Harvard University proposed the concept of Complex PTSD (C-PTSD) was needed to describe the symptoms of **long-term trauma**. According to her formulation, symptoms include:

- ✓ Behavioral difficulties
- ✓ Emotional difficulties
- ✓ Cognitive difficulties
- ✓ Interpersonal difficulties
- ✓ Somatization

© 2018-2025. Wingfield House of Peace Publications. All Rights Reserved Worldwide. <https://HouseOfPeacePub.com>



Judith Herman

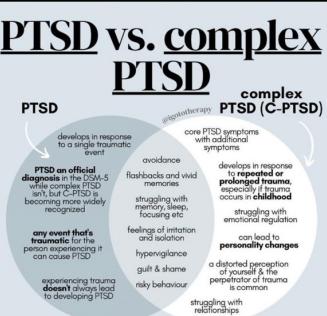
37

PTSD vs. complex PTSD

Note: While Complex PTSD is not formally included in the **DSM**, it was officially recognized in the **ICD-11** (International Classification of Diseases, 11th Edition) by the **World Health Organization** in 2018.

PTSD develops in response to a single traumatic event PTSD is an official diagnosis in the DSM-5 while complex PTSD isn't, but is becoming more widely recognized any event that's threatening for the person experiencing it can cause PTSD experiencing trauma doesn't always lead to developing PTSD	complex PTSD (C-PTSD) core PTSD symptoms with additional symptoms avoidance, flashbacks and vivid memories, struggling with memory, sleep, focusing etc, feelings of irritation and isolation, hypervigilance, guilt & shame, risky behaviour can lead to personality changes develops in response to repeated or prolonged trauma, especially if trauma occurs in childhood struggling with emotional regulation, a distorted perception of yourself & the perception of trauma is common struggling with relationships
--	--

© 2018-2025. Wingfield House of Peace Publications. All Rights Reserved Worldwide. <https://HouseOfPeacePub.com>



Judith Herman

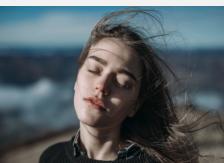
38

Traumatizing events don't always lead to PTSD: Other Responses to Trauma

Painful emotional state	Retreat into self-destructive action	Isolation
Dissociation	Depression	Anxiety
Substance abuse	Eating disorder	Non-suicidal self-injury

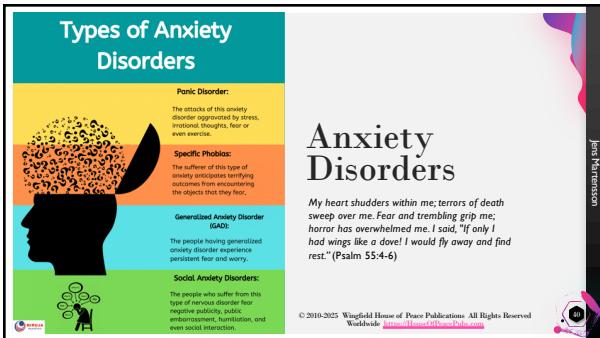
My God, my God, why have you abandoned me? Why are you so far from my deliverance and from my words of groaning? My God, I cry by day but you do not answer, by night, yet I have no rest. (Psalm 22:1-2)

© 2018-2025. Wingfield House of Peace Publications. All Rights Reserved Worldwide. <https://HouseOfPeacePub.com>



Judith Herman

39



Types of Anxiety Disorders

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

Specific Phobias:
The sufferer of this type of disorder has a strong aversive outcome from encountering the objects that they fear.

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

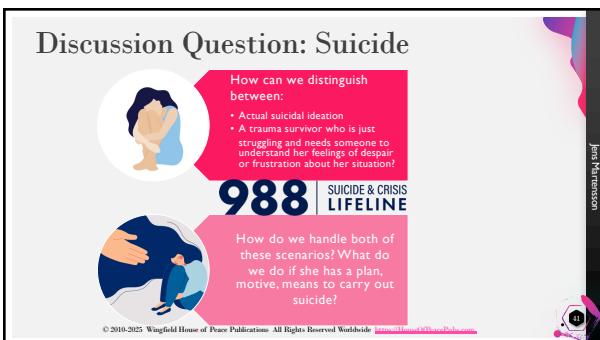
Social Anxiety Disorders:
The people who suffer from this type of anxiety disorder fear negative publicity, public embarrassment, humiliation, and even social interaction.

Anxiety Disorders

My heart shudders within me; terrors of death sweep over me. Fear and trembling grip me; horror has overwhelmed me. I said, "If only I had wings like a dove! I would fly away and find rest." (Psalm 55:4-6)

© 2010-2025 Wingfield House of Peace Publications. All Rights Reserved Worldwide. <https://HouseOfPeacePub.com>

40



Discussion Question: Suicide

How can we distinguish between:

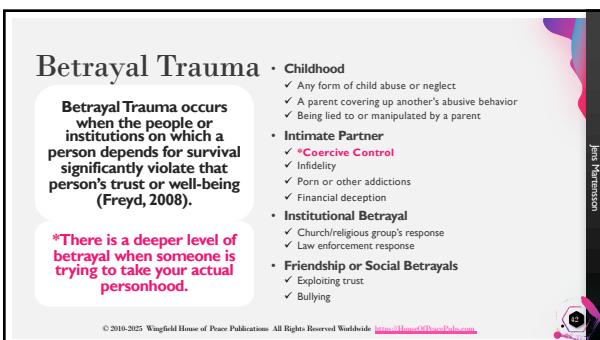
- Actual suicidal ideation
- A trauma survivor who is just struggling and needs someone to understand her feelings of despair or frustration about her situation?

988 SUICIDE & CRISIS LIFELINE

How do we handle both of these scenarios? What do we do if she has a plan, motive, means to carry out suicide?

© 2010-2025 Wingfield House of Peace Publications. All Rights Reserved Worldwide. <https://HouseOfPeacePub.com>

41



Betrayal Trauma

Betrayal Trauma occurs when the people or institutions on which a person depends for survival significantly violate that person's trust or well-being (Freyd, 2008).

***There is a deeper level of betrayal when someone is trying to take your actual personhood.**

Childhood

- ✓ Any form of child abuse or neglect
- ✓ A parent covering up another's abusive behavior
- ✓ Being lied to or manipulated by a parent

Intimate Partner

- ✓ **Coercive Control**
- ✓ Infidelity
- ✓ Porn or other addictions
- ✓ Financial deception

Institutional Betrayal

- ✓ Church/religious group's response
- ✓ Law enforcement response

Friendship or Social Betrayals

- ✓ Exploiting trust
- ✓ Bullying

© 2010-2025 Wingfield House of Peace Publications. All Rights Reserved Worldwide. <https://HouseOfPeacePub.com>

42

Unique Impacts of Betrayal Trauma

-  Abuse by a caregiver is more likely to be **forgotten or dissociated**, compared to abuse by a non-caregiver in order to maintain an attachment to the perpetrator (Freyd, DePrince, & Zurbriggen, 2001; DePrince & Freyd, 2002).
-  Traumas involving betrayal have a stronger impact on **PTSD and psychosomatic symptoms** than non-betrayal traumas (Martin, Cromer, DePrince, & Freyd, 2013).
-  Higher levels of betrayal trauma are linked to **lower trust** in others, more severe PTSD symptoms, and greater interpersonal difficulties (Gobin & Freyd, 2014).
-  Betrayal trauma increases **shame and dissociation** more than non-betrayal trauma — particularly during interpersonal threats (Brown, Freyd, & Christian, 2015).

43

Support for Betrayal Trauma

Advocacy support

- 3Es
- Providing a safe & nonjudgmental space
- Validation of experience and feelings

Well-trained trauma therapist

- = who understands coercive control (some specialize in area of betrayal trauma)

Support groups

Tips for Betrayal Trauma Recovery

- Acknowledge the trauma
- Take care of your body
- Focus on your healthy relationships
- Learn to set boundaries
- Try activities that calm your nervous system
- Tell your story
- Tell your story (for resilience and an old one)
- Take care of a trauma-informed therapist
- Commit to your own personal growth

© 2018-2025 Wingfield House of Peace Publications. All Rights Reserved Worldwide. www.wingfieldhouse.org

44

Brain Injury Common in Domestic Abuse

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



© 2010-2025 Wingfield House of Peace Publications All Rights Reserved Worldwide www.HouseofPeacePub.com

45



A TBI is an invisible injury.

© 2010-2025 Wingfield House of Peace Publications All Rights Reserved Worldwide <http://www.HouseOfPeacePub.com>

46

Causes of TBI



47

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

48

Symptoms of TBI

Immediately after TBI:

- Secondary cell death- trauma causes biochemical physiological reactions within cells now flood the brain, damaging and destroying 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/disorientation

As advocates, we may see:

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

© 2010-2025 Wingfield House of Peace Publications. All Rights Reserved Worldwide. www.HouseOfPeacePub.com

49

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**.



(Jens Bränenmark, 2021)

© 2010-2025 Wingfield House of Peace Publications. All Rights Reserved Worldwide. www.HouseOfPeacePub.com

50

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.

© 2010-2025 Wingfield House of Peace Publications. All Rights Reserved Worldwide. www.HouseOfPeacePub.com

51

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).

© 2010-2025 Wingfield House of Peace Publications. All Rights Reserved Worldwide. <https://HouseOfPeacePub.com>.

Jens Malmsson

52

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>

© 2010-2025 Wingfield House of Peace Publications. All Rights Reserved Worldwide. <https://HouseOfPeacePub.com>.

Jens Malmsson

53

Grounding Break



© 2010-2025 Wingfield House of Peace Publications. All Rights Reserved Worldwide. <https://HouseOfPeacePub.com>.

54

54

Phases of Mechanical Asphyxia

Anaesthetic phase- tinnitus, photopsis, 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 Brämcamp, 2021)

© 2010-2025 Wingfield House of Peace Publications. All Rights Reserved Worldwide. <https://HouseOfPeacePub.com>

55

SIGNS AND SYMPTOMS OF STRANGULATION

NEUROLOGICAL

- Loss of consciousness
- Facial palsy
- Horizontal nystagmus
- Drowsiness
- Headache
- Dizziness
- Confusion
- Loss of balance
- Loss of coordination
- Loss of memory
- Loss of reflexes
- Loss of sphincter control
- Seizures
- Short changes in consciousness
- Loss of consciousness

EYES & EARS

- Pale conjunctiva
- Pupils are constricted
- Pupils are dilated
- Double vision
- Headache
- Dizziness
- Confusion
- Loss of balance
- Loss of coordination
- Loss of memory
- Loss of reflexes
- Loss of sphincter control
- Seizures
- Short changes in consciousness
- Loss of consciousness

FACE

- Pale face
- Cyanosis
- Edema of the eyelids
- Edema of the lips
- Edema of the tongue
- Edema of the face
- Edema of the neck
- Edema of the eyelids
- Edema of the lips
- Edema of the tongue
- Edema of the face
- Edema of the neck

CHEST

- Pale face
- Cyanosis
- Edema of the eyelids
- Edema of the lips
- Edema of the tongue
- Edema of the face
- Edema of the neck
- Edema of the eyelids
- Edema of the lips
- Edema of the tongue
- Edema of the face
- Edema of the neck

VOICE & THROAT

- Pale face
- Cyanosis
- Edema of the eyelids
- Edema of the lips
- Edema of the tongue
- Edema of the face
- Edema of the neck
- Edema of the eyelids
- Edema of the lips
- Edema of the tongue
- Edema of the face
- Edema of the neck

MOUTH

- Pale face
- Cyanosis
- Edema of the eyelids
- Edema of the lips
- Edema of the tongue
- Edema of the face
- Edema of the neck
- Edema of the eyelids
- Edema of the lips
- Edema of the tongue
- Edema of the face
- Edema of the neck

NECK

- Pale face
- Cyanosis
- Edema of the eyelids
- Edema of the lips
- Edema of the tongue
- Edema of the face
- Edema of the neck
- Edema of the eyelids
- Edema of the lips
- Edema of the tongue
- Edema of the face
- Edema of the neck

RESPIRATORY SYSTEM

- Difficult breathing
- Shortness of breath
- Coughing
- Stridor
- Cyanosis
- Edema of the eyelids
- Edema of the lips
- Edema of the tongue
- Edema of the face
- Edema of the neck

Source: Brämcamp, J. (2021). Violence against women. Chapter 18. Atlantic Public Press. (2nd edition). Pub. No. 220.

© 2010-2025 Wingfield House of Peace Publications. All Rights Reserved Worldwide. <https://HouseOfPeacePub.com>

56

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 Brämcamp, 2021)

© 2010-2025 Wingfield House of Peace Publications. All Rights Reserved Worldwide. <https://HouseOfPeacePub.com>

57

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 spasms or weakness	Paralysis

(Bishopt, Byrne, Saville, & Cozter, 2021; Brancamp, 2021)

© 2010-2025 Wingfield House of Peace Publications. All Rights Reserved Worldwide. <https://HouseOfPeacePub.com>

Jens Malmsson

58

Consequences of Asphyxia

- Psychological injury
- Neurological or cognitive injury
- Neck injury
- Death

© 2010-2025 Wingfield House of Peace Publications. All Rights Reserved Worldwide. <https://HouseOfPeacePub.com>

Jens Malmsson

59

Strangulation Laws

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

List of state statutes of strangulation legislation-
<https://www.familyjusticecenter.org/resources/strangulation-legislation-chart/>

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

© 2010-2025 Wingfield House of Peace Publications. All Rights Reserved Worldwide. <https://HouseOfPeacePub.com>

Jens Malmsson

60

Advocate's Response

C.A.R.E. Strategies and Practices

- **CONNECT:** Before addressing potential injuries, focus on building genuine relationships and connections. Establish trust.
- **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).
- **RESPOND:** Adjust how you provide advocacy to take the survivor's unique needs into consideration.
- **EVALUATE:** Effective advocacy is evaluating how current efforts are working and how to help survivors with healing.

© 2010-2025 Wingfield House of Peace Publications. All Rights Reserved Worldwide. <http://HouseofPeacePub.com>

Jens Malmsson

61

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 from 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?

© 2010-2025 Wingfield House of Peace Publications. All Rights Reserved Worldwide. <http://HouseofPeacePub.com>

Jens Malmsson

62

Redemption: Hope in the Midst of Trauma

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)
- I called on your name, LORD, from the depths of the pit. You heard my plea: "Do not close your ears to my cry for relief." You came near when I called you, and you said, "Do not fear." You, Lord, took up my case; you redeemed my life. (Lamentations 3:55-58)

© 2010-2025 Wingfield House of Peace Publications. All Rights Reserved Worldwide. <http://HouseofPeacePub.com>

Things That Can Be True About Trauma

I can have fear triggered <i>and</i> I can have faith in God	I can have anxiety <i>and</i> I trust God
I have a traumatic experience <i>and</i> We humans can be healed	

Sharon Wegman
MA, LPC
@THETRAUMAINFORMEDMINISTRY

63

A Strength-Based Approach

- ✓ based on the identification and development of the **strengths** of an individual, organization, community or system
- ✓ believes that individuals have the resources to learn new skills and solve problems
- ✓ starts with **what is working where you are**, **strong, successful, and passionate**
- ✓ based on and aligned with **research on resilience, positive psychology, asset-based thinking, and whole system methods**

Are Your Strengths?

© 2010-2025 Wingfield House of Peace Publications. All Rights Reserved Worldwide. HouseOfPeacePub.com

Jens Malmsson

64

A Strength-Based Approach

...from a Biblical perspective, is rooted in our identity in Christ. God sees His children as:

Blessed with every spiritual blessing	Chosen	Adopted	Wanted	Blameless before Him
Part of His plan	Forgiven	Loved lavishly by Him	Heirs of an inheritance through Christ	

You were also uniquely created with gifts!

- We have different gifts, according to the grace given to each of us... (Romans 12:6-8)
- Each of you should use whatever gift you have received to serve others, as faithful stewards of God's grace in its various forms (1 Peter 4:10)
- And He said to me, "My grace is sufficient for you, for My strength is made perfect in weakness." Therefore most gladly I will rather boast in my infirmities, that the power of Christ may rest upon me. (2 Cor. 12:9)

© 2010-2025 Wingfield House of Peace Publications. All Rights Reserved Worldwide. HouseOfPeacePub.com

Jens Malmsson

65

A Coercive Control Trauma-Informed Approach:

Core Principles of Trauma-Informed Care

Safety (physical and emotional)	<p>He has sent me to bind up the brokenhearted, to proclaim freedom for the captives and release from darkness for the prisoners. (Isaiah 61:1)</p> 
Trustworthiness	
Choice	
Collaboration	
Empowerment	

© 2010-2025 Wingfield House of Peace Publications. All Rights Reserved Worldwide. HouseOfPeacePub.com

Jens Malmsson

66

Somatic (body-based) Trauma Therapies

Eye Movement Desensitization and Reprocessing (EMDR)

Somatic therapy

>Sensorimotor Psychotherapy (SP)
>Somatic Experiencing (SE)

Brainspotting

Internal Family Systems (IFS)

Narrative Focused Trauma Care

Neurofeedback

Trauma Touch Therapy

Equine Assisted Therapy

© 2010-2025 Wingfield House of Peace Publications. All Rights Reserved Worldwide <https://HouseOfPeacePub.com>

Jens Malmsson

67

Somatic (body-based) Tools

Mindfulness (notice without judgment)

Breathwork

Meditation (can meditate on scriptures)

Journaling

Grounding techniques from class

*Yoga, Tai Chi, and Qi Gong

*Disclaimer

© 2010-2025 Wingfield House of Peace Publications. All Rights Reserved Worldwide <https://HouseOfPeacePub.com>

Jens Malmsson

68

Grounding Break

© 2010-2025 Wingfield House of Peace Publications. All Rights Reserved Worldwide <https://HouseOfPeacePub.com>

Jens Malmsson

69

Breakout: Dysregulation

- Practice an approach to help a survivor who is very dysregulated.

EMOTIONAL DYSREGULATION	EMOTIONAL REGULATION
Unaware of feelings or only aware of surface-level feelings	Awareness of feeling as it arises
Acting impulsively driven by emotions	Understanding what causes & triggers emotion
Rapid and frequent shifts in emotional states	Acceptance of the presence of emotions without judgement
Struggle to return to baseline emotional state within a reasonable timeframe	Modulation of intensity, duration and expression of emotions
Difficulty managing relationships due to reactivity, conflict or emotional withdrawal	Adaptive coping by using healthy and constructive strategies, support and activities

© 2010-2025 Wingfield House of Peace Publications All Rights Reserved Worldwide www.HouseOfPeacePub.com

Jens Malmsson



70

Reasons for Optimism- Recovery & Healing

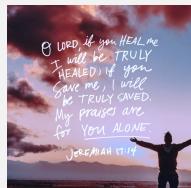
Regarding the adult or aging brain...

"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.

© 2010-2025 Wingfield House of Peace Publications All Rights Reserved Worldwide www.HouseOfPeacePub.com



Jens Malmsson



71

Reasons for Hope- Redemption

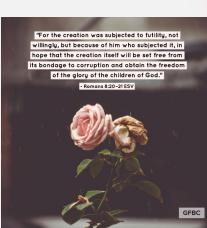
Promises to the afflicted:

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)

© 2010-2025 Wingfield House of Peace Publications All Rights Reserved Worldwide www.HouseOfPeacePub.com



Jens Malmsson



72

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.



© 2010-2025 Wingfield House of Peace Publications All Rights Reserved Worldwide <http://HouseOfPeacePub.com>

73

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:

```

graph TD
    Stressors[Stressors  
Internal or external demands] --> Appraisals[Appraisals]
    Appraisals --> CopingResources[Coping Resources  
Personal attributes  
Stable environmental attributes]
    Appraisals --> CopingResponses[Coping Responses  
Emotions or problem-solving coping]
    CopingResources --> LongTermOutcomes[Long-term Outcomes  
Physical health  
Mental health  
Life Satisfaction]
    CopingResponses --> ShortTermOutcomes[Short-term Outcomes  
Balanced mood  
Mood]
    
```

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

- Stressors** (Internal or external demands) lead to **Appraisals**.
- Appraisals** lead to **Coping Resources** (Personal attributes, Stable environmental attributes) and **Coping Responses** (Emotions or problem-solving coping).
- Coping Resources** lead to **Long-term Outcomes** (Physical health, Mental health, Life Satisfaction).
- Coping Responses** lead to **Short-term Outcomes** (Balanced mood, Mood).

Transnational Model of Stress and Coping (see Figure 8.10a, 1994)

© 2018-2025. Wangfield House of Peace Publications. All Rights Reserved Worldwide. <https://HouseofPeacePress.com>

74

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 pressing 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 to also you. (Philippians 3:13-15)

We are
hard pressed in various ways but not crushed;
perplexed, but not in despair;
persecuted, but not abandoned;
struck down but not destroyed.

2 Corinthians 4:8-9

www.TheResilientSoul.com

Jennifer Weller

75

Resilience Factors

Factors of Resilience

Biblical Lens:

- Growth Mindset ➤ Hope mindset
- Control ➤ God-given ability to make choices
- Self-Efficacy
- Commitment
- Connectedness
- Coherence
- Action
- Healing happens with people bearing witness and with God
- Hope in God means taking action to reclaim what was lost

© 2010-2025 Wingfield House of Peace Publications. All Rights Reserved Worldwide www.HouseOfPeacePub.com

IMDRIA VIRTUAL SUMMIT 2024

Jens Malmsson

76

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.

© 2010-2025 Wingfield House of Peace Publications. All Rights Reserved Worldwide www.HouseOfPeacePub.com

IMDRIA VIRTUAL SUMMIT 2024

Jens Malmsson

77

Positive Focus on Well-Being

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

Introducing a New Theory of Well-Being

Positive Emotions

Engagement

Positive Relationships

Meaning

Accomplishment

© 2010-2025 Wingfield House of Peace Publications. All Rights Reserved Worldwide www.HouseOfPeacePub.com

IMDRIA VIRTUAL SUMMIT 2024

Jens Malmsson

78

Resources: Positive Focus

79

Breakout: Discussion

What is an advocate's response to trauma?



© 2010-2025 Wingfield House of Peace Publications. All Rights Reserved Worldwide www.HouseOfPeacePub.com

80

Breakout: Debrief

Question: What is an advocate's response to trauma?

- 1. Be aware and **understanding about how women in trauma may present**—“trauma brain”; survivors may react emotionally or physically even if they “know” they are safe.
- 2. Believe survivors’ **body-based experiences**.
- 3. Be aware of **body-based signs of distress**; survivors might not verbalize what they feel.
- 4. Be informed about **non-verbal or experiential healing practices**. Refer to body-based, trauma-informed therapies, if needed.
- 5. Always support survivors’ **autonomy** and promote **empowerment (use 3 Es!)**
- 6. A trauma-informed lens improves **safety and trust**, which are critical for healing.
- 7. Avoid re-triggering through power dynamics or invasive practices.



Jen Maranssen

© 2010-2015 Wingfield House of Peace Publications All Rights Reserved Worldwide www.HouseOfPeacePub.com

81

© 2010-2025 Wingfield House of Peace Publications All Rights Reserved Worldwide <http://HouseOfPeacePub.com>

ADVOCATE'S RESPONSE TO SURVIVOR'S TRAUMA ISSUES

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

—Jen Mertensson

82

83

References

Ainsworth, M. D. S., Blehar, M. C., Waters, E., & Wall, S. (1978). Patterns of Attachment: A Psychological Study of the Strange Situation. Hillsdale, NJ: Lawrence Erlbaum.

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*, 32(23), 3610-3629. <https://doi.org/10.1177/0886260516636628>

Richard, H., Byrne, C., Saville, C. W. N., & Coeter, R. (2021). The neuropsychological outcomes of non-fatal strangulation in domestic and sexual violence: A systematic review. *Neuropsychological Rehabilitation*, 32(6), 1164-1192. <https://doi.org/10.1080/09602020.2020.1865537>

Bowlby, J. (1969). Attachment and Loss. Vol. 1. Attachment. New York: Basic Books.

Braamcamp de Manolles, J. (2021). Pathology of Non-Fatal Asphyxia and the Risk of Fatal Outcome in the Context of Intimate Partner Violence. *Journal of Forensic Sci Criminol*, 9(2), 201. <https://www.sagepub.com/doi/10.1177/29209900211002001>

Brown, L. A., Freyd, J. J., & Christian, S. M. (2015). Trauma-related dissociation and the tendency to shame in interpersonal relationships. *Journal of Trauma & Dissociation*, 16(5), 514-528. <https://doi.org/10.1080/15248377.2015.1015111>

Cloitre, M., Stollbach, B. C., Herman, J. L., Kolb, B. V., Pynoos, R., Wang, J., & Perkova, E. (2009). A developmental approach to complex PTSD: Children and adult cumulative trauma as predictors of symptom complexity. *Journal of Traumatic Stress*, 22(5), 399-408. <https://doi.org/10.1080/08862605.2009.4000444>

DePrince, A. P., & Freyd, J. J. (2002). The harm of trauma: Pathological fear, shattered assumptions, or betrayal? In K. Nader, N. DeShaw, & B. H. Stamm, (Eds.), Honouring differences: Cultural issues in the treatment of trauma and loss, 295-315.

84

References

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

Ford, J. D., & Couture, C. A. (2014). Complex PTSD, affect dysregulation, and borderline personality disorder. *Borderline Personality Disorder and Emotion Dysregulation*, 1(1), 1-17. <https://doi.org/10.1186/s40659-014-0014-9>

Freyd, J. (2008). <https://www.traumainformed.org/sites/default/files/freyd2008.pdf>

Freyd, J. J., DePrato, A. P., & Zerbegeorg, E. L. (2010). Self-reported memory for abuse depends upon victim-perpetrator relationship. *Journal of Trauma & Dissociation*, 2(2), 5-15. https://doi.org/10.1300/J129-0200_01_07

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

Gohin, R. L., & Freyd, J. J. (2014). The impact of betrayal trauma on the tendency to trust. *Psychological Trauma: Theory, Research, Practice, and Policy*, 6(5), 505-511. <https://doi.org/10.1037/tr0001125>

Hambrecht, E., Brewner, T. W., Perry, B., Brandt, K., Hafnerius, C., Collins, J., & Beyond the ACE score: Examining relationships between timing of developmental adversity, relational health and developmental outcomes in children. *Arch Psychiatr Nurs*, 27(3):238-247. <https://doi.org/10.1016/j.apnu.2014.01.001>

Harris & Faletz (2015). Creating Cultures of Trauma-Informed Care: A Self-Assessment and Planning Protocol. Project: Trauma-Informed Care. *Community Connections* Model Washington, D.C. <https://doi.org/10.1186/1459-2049-14-313>

Hahnenstreich, C. L., Maguen, S., Koss, K. H., & DePrato, A. P. (2015). Latent profiles of PTSD symptoms in women exposed to intimate partner violence. *Journal of affective disorders*, 188, 122-128. <https://doi.org/10.1016/j.jad.2015.03.017>

© 2010-2025 Wingfield House of Peace Publications All Rights Reserved Worldwide <https://www.HouseOfPeaceBooks.com>

85

References

Herman, J. L. (1992). Complex PTSD: A syndrome in survivors of prolonged and repeated trauma. *Journal of traumatic stress*, 5(3), 377-391. <https://doi.org/10.1080/08862605.1992.10820505>

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/icd-11>

Lieberman, A., Zaytin, C., & McRee, J. (2011). Attending perspectives on domestic violence and family law. *Family Court Review*, 49(5), 529-538. <https://doi.org/10.1111/j.1740-1723.2011.00198.x>

Mate, G. (2011). *When the Body Says Yes: Exploring the Stress-Disease Connection*. NJ: Wiley.

Martin, C. G., Conner, L. D., Piferi, A. P., & Foy, J. J. (2012). The role of cumulative trauma, betrayal, and appraisals in understanding trauma symptomatology. *Psychological Trauma*, 5(2), 110-118. <https://doi.org/10.1037/a00274956>

Nemeth, J. M., Neugebauer, C., Kahlen, E., Brown, A., & Ramirez, R. (2015). Provider perceptions and domestic violence (DV) survivor experiences of traumatic and anxiety-hypotic brain injury: Implications for DV advocacy service provision. *Journal of Aggression, Maltreatment & Trauma*, 28(10), 744-763. <https://doi.org/10.1080/10778559.2014.921592>

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

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

Seligman, M. E.P. (2012). *Flourish: A Visionary New Understanding of Happiness and Well-being*. All Rights Reserved Worldwide. <https://doi.org/10.1037/1743-7756.1.1.1>

86

References

87