Coercive Control Trauma Issues: Advocate's Response

Causes, Manifestations, Resolutions

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.

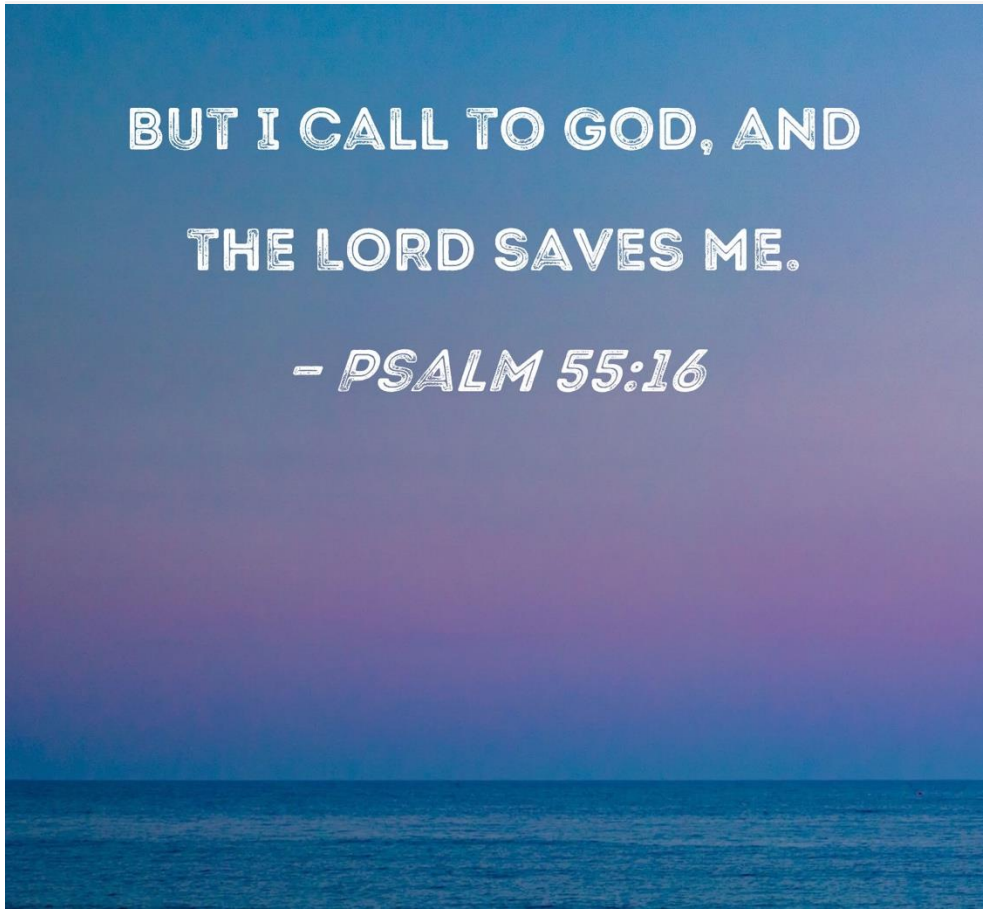
Course Objectives

Upon completion, advocates will be equipped to:

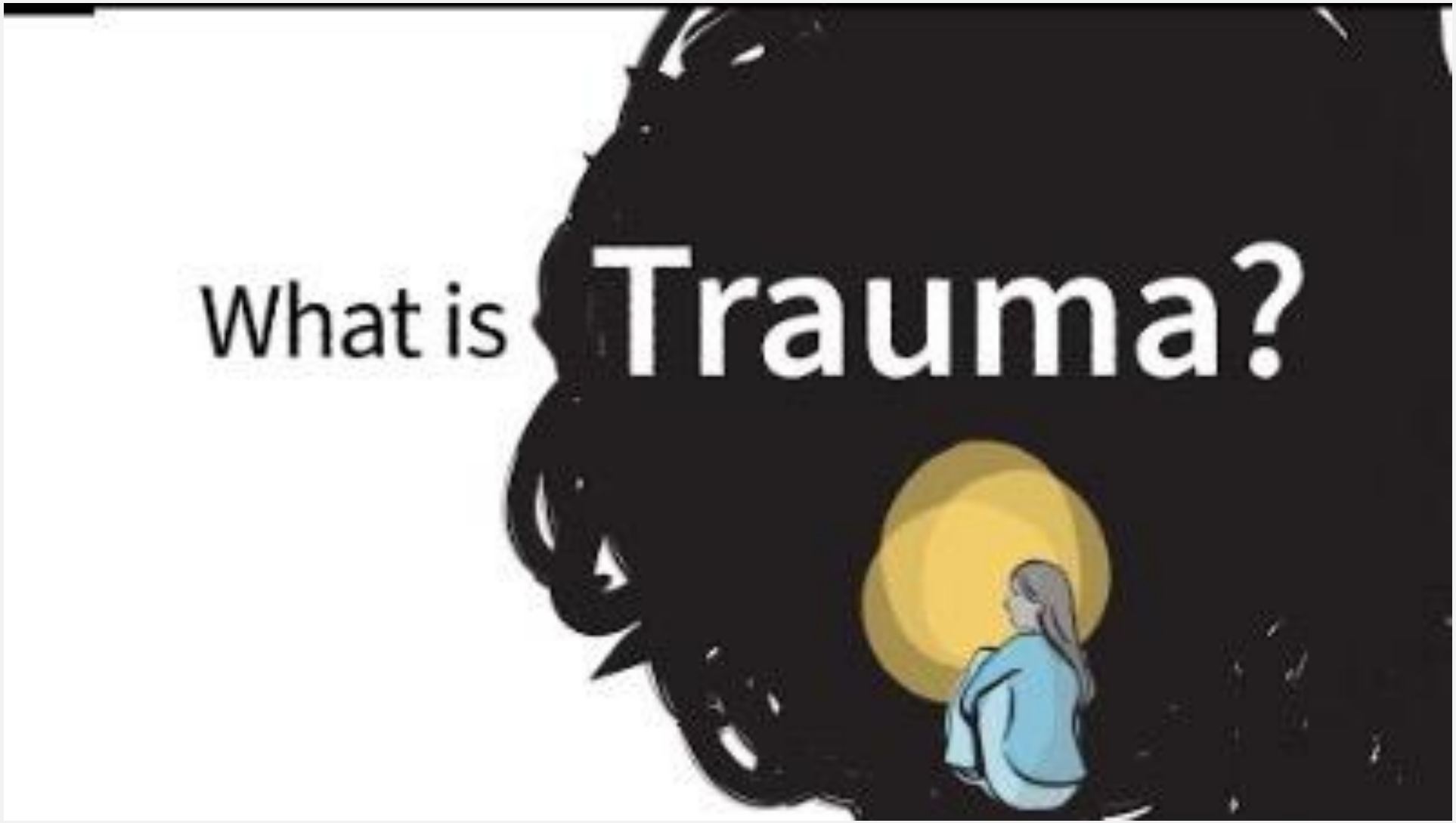
- ✓ Define what trauma is and the causes from a research and biblical perspective
- ✓ Describe various manifestations of trauma
- ✓ Understand how toxic stress and trauma impacts life functioning
- ✓ Identify pathways to resolution of trauma from research and the Bible
- ✓ Apply a strength-based, coercive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

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.

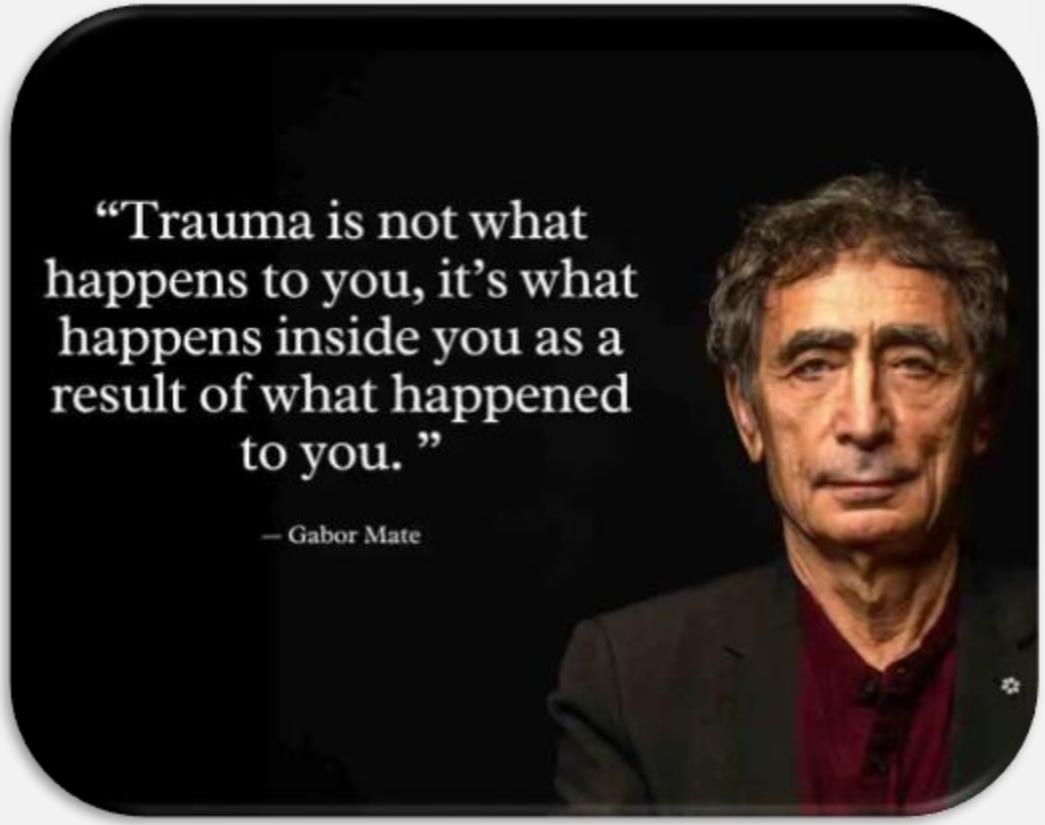


Trauma occurs when an external threat overwhelms a person's internal and external positive coping resources (Bloom & Fallot, 2009).

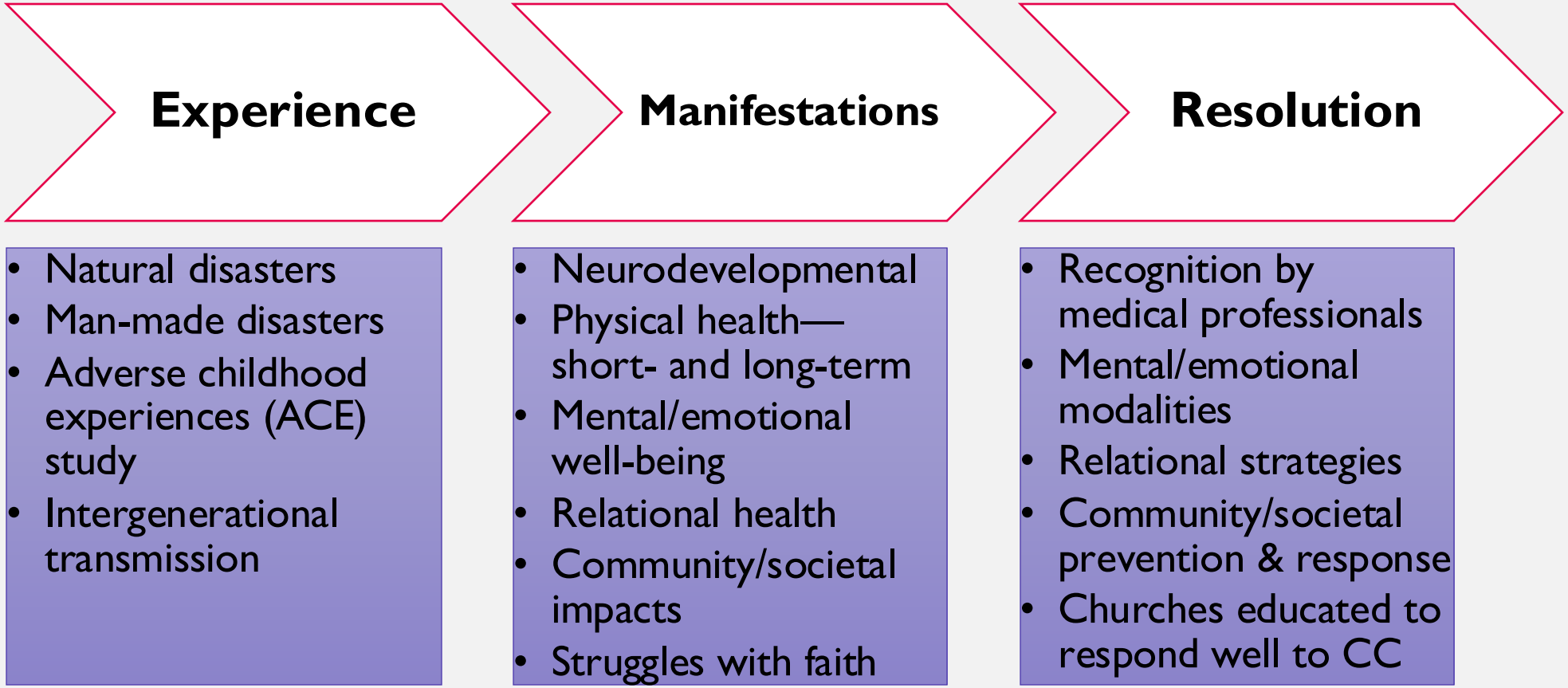


What is Trauma?

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: Experience to Resolution



Types of Stress: Impact on 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

It is important to understand:

- 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 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:

- physical assault including rape, incest, molestation, domestic abuse/coercive control
- serious bodily harm
- experiencing or witnessing horrific injury, carnage, or fatalities

Grounding Break

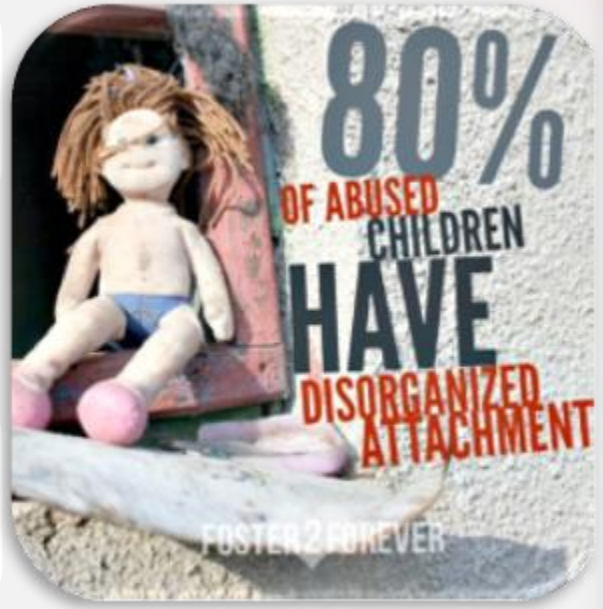
What causes psychological trauma?

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**.



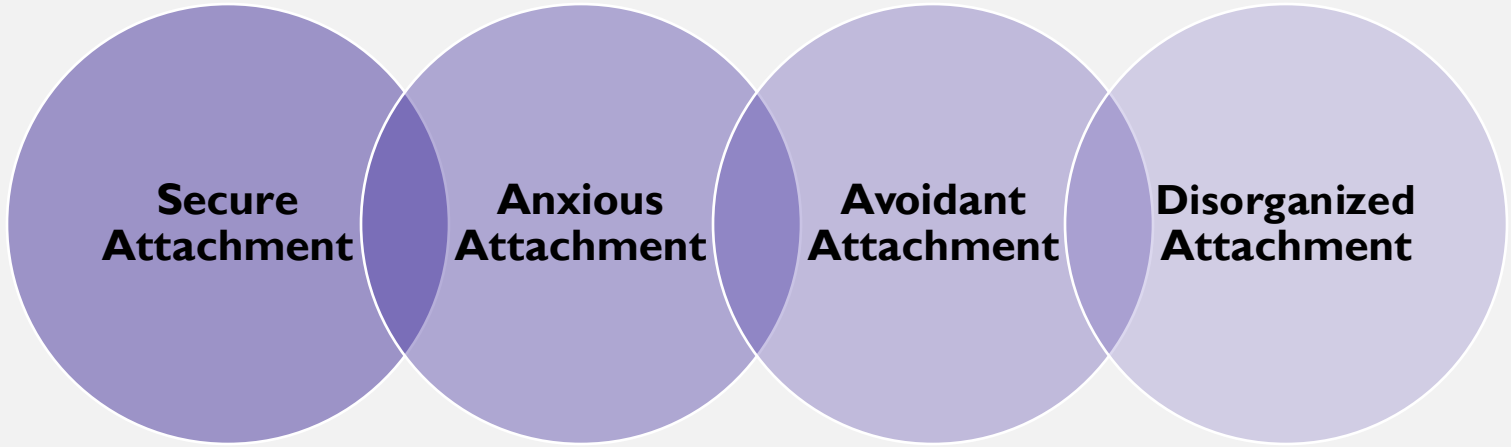
Wired for connection:

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)

Attachment Styles

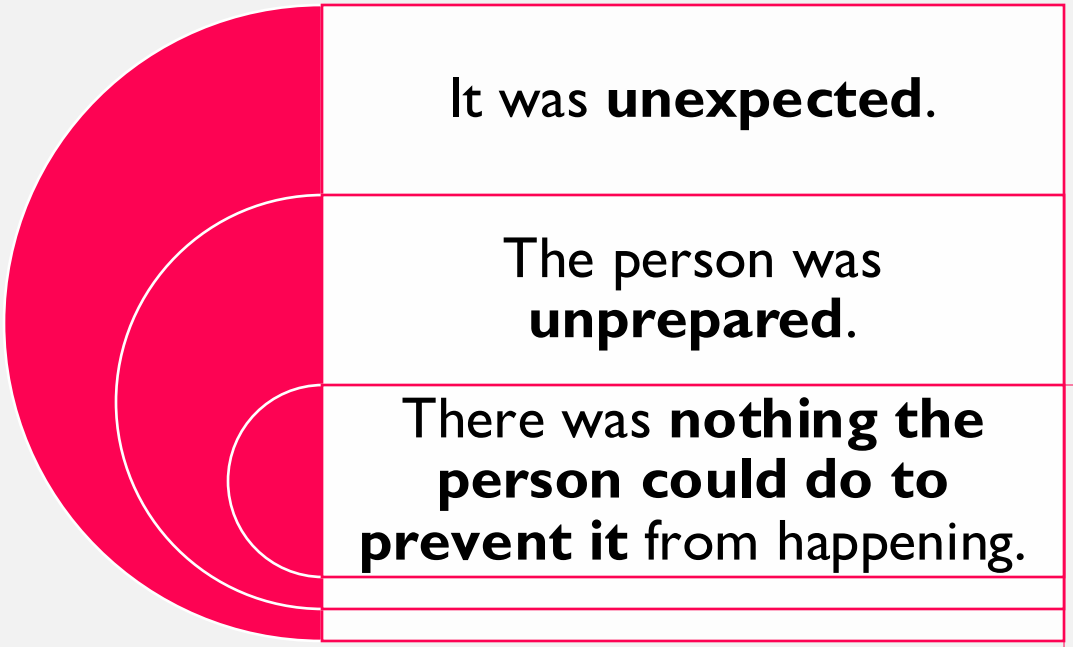
- Children are naturally inclined to form attachments with caregivers to help ensure survival (Bowlby, 1969).
- Attachment patterns formed in childhood shape our expectations and behaviors in future relationships. **4 main attachment styles based on research** (Ainsworth. 1978):



Wired for connection:
Two are better than one, because they have a good return for their labor: If either of them falls down, one can 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.

Emotional Trauma Contains: 3 Common Elements



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.

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 Saul, 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, 1 Sam. 30:1-6, 2 Sam. 12:15-18, 2 Sam. 13)

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, "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 Sam. 13:15,17)
- Amon went on to treat Tamar as a used and unwanted outcast, a reputation she likely carried for the rest of her life.

Impact of Trauma on Faith

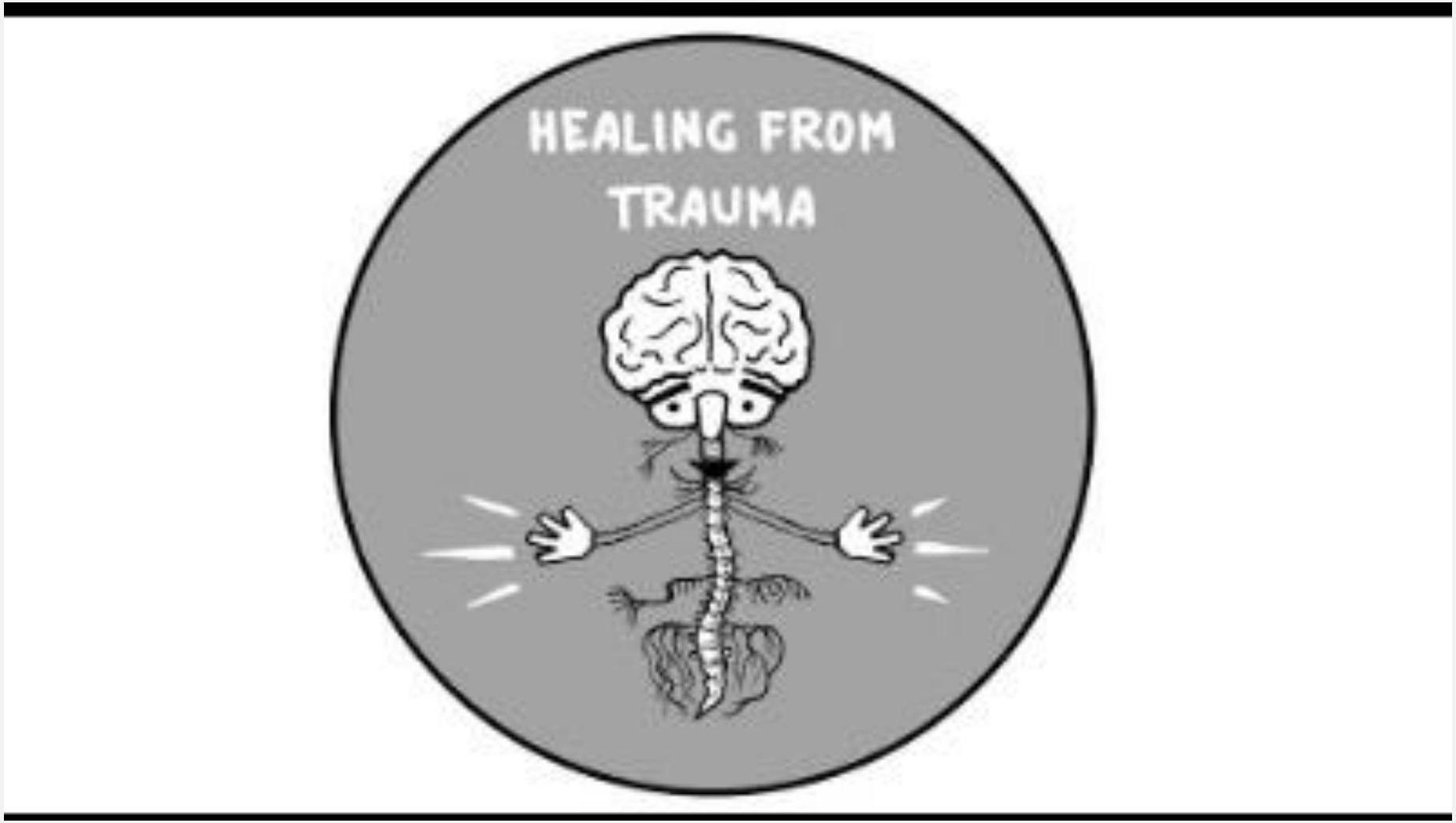
Judith Herman's book *Trauma and Recovery*, addresses the issue of faith. She states "[Traumatic events…] violate the victim's faith in a natural or divine order and cast the victim into a state of existential crisis." Simply put, we doubt everything we know, or thought we knew.

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

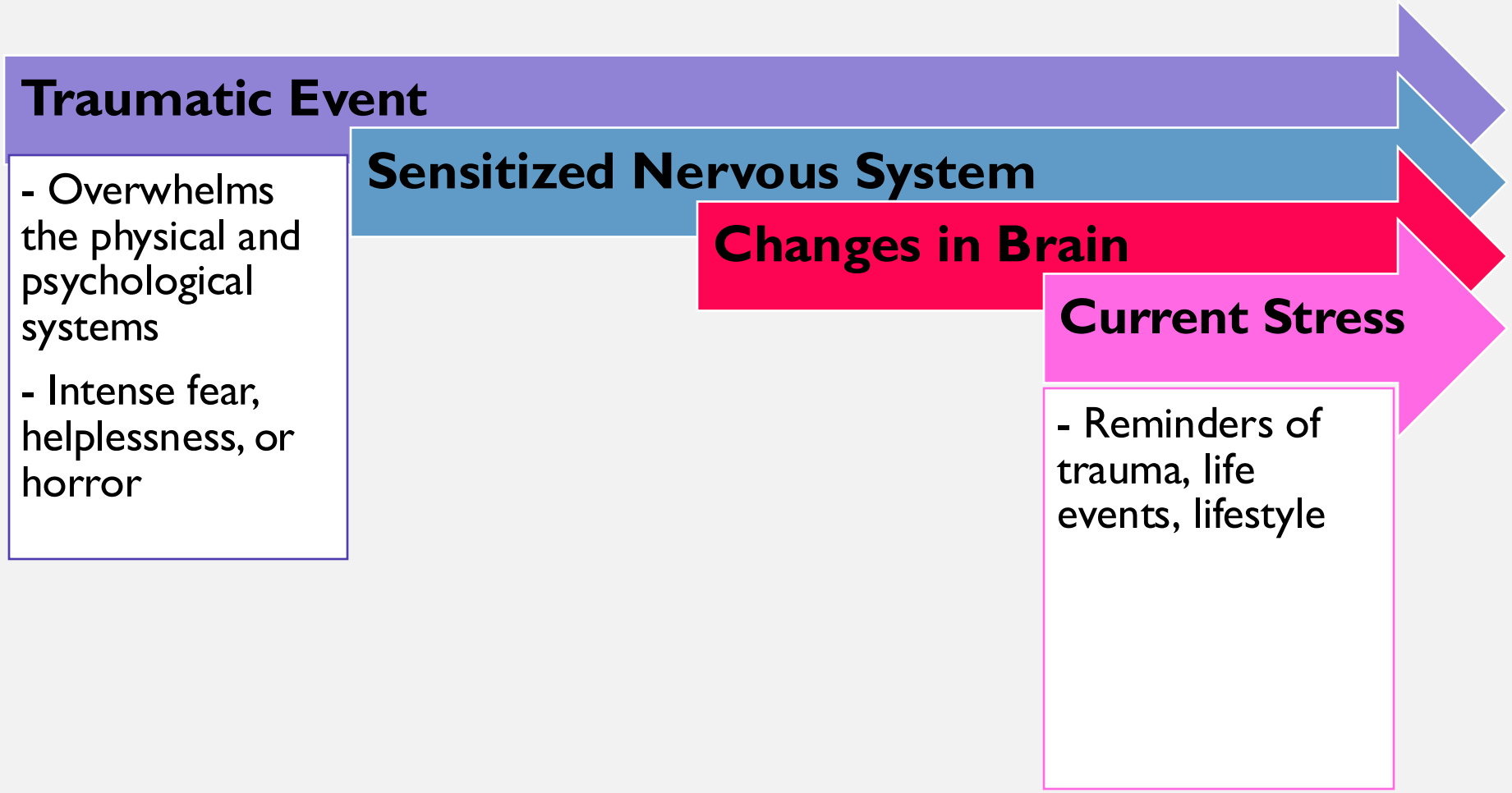
With coercive control, survivors may end up with a distorted view/connection with God due to the abuser twisting scriptures. **Rebecca Davis'** book series *Untwisting Scriptures* may be a helpful resource.

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

Trauma and the Nervous System



Process of Trauma



Defensive States as Survival Strategies

Our Defenses are Adaptive Survival Strategies

Freeze	Flight	Fight	Flop/Faint*		Fawn/Appease*
• Tonic Immobility • Feeling frozen, cannot move • Breath is shallow or held • Deer in the headlights • Eyes are still • Hyper aware of body sensations	• Startles easily • Hyper-vigilant • Breathing rapidly into upper chest • Eyes darting • Racing thoughts • Jumpy or fidgeting • Difficulty slowing down or connecting to the body.	• Tension in jaw, arms, hands, legs • Audible breath, exerted exhale • Aggressive posturing • Furrowed brow, eyes narrowed • Can't relax in body	• 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	• Collapsed Immobility • Reduced heartrate • Eyes downcast • Breath is shallow • Nausea, dizziness, blurred vision • Disgust, lips curled down • Numbness, disconnected from body	• 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

Table of Defensive States: © Dr. Arielle Schwartz

*Adapted by Dr. Debra Wingfield

Jens Martensson

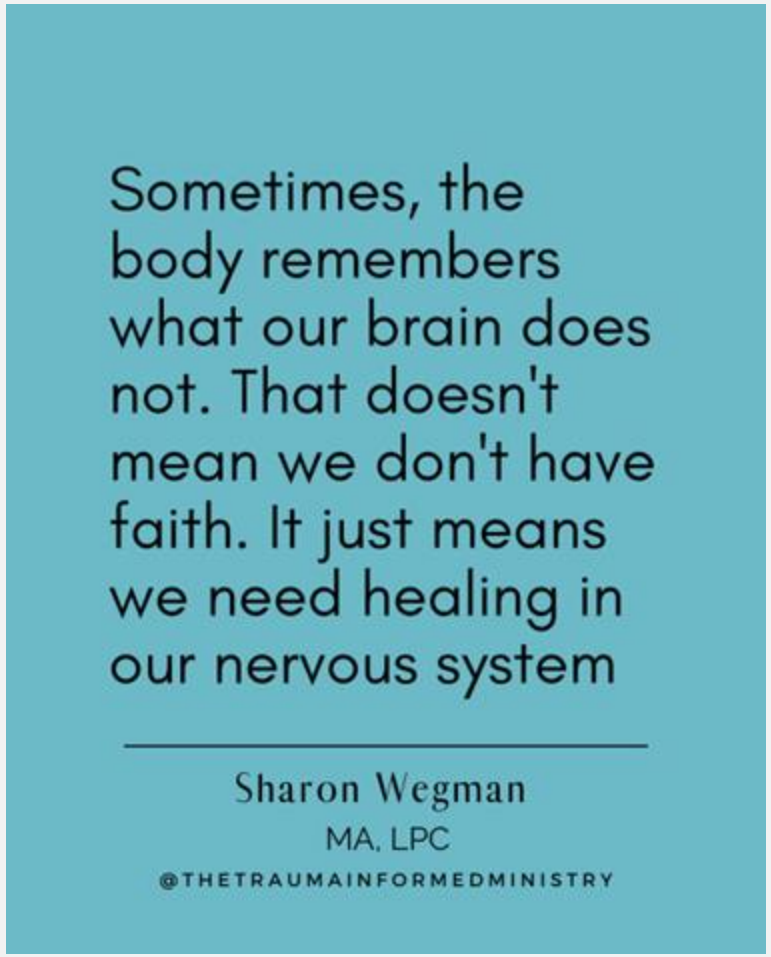
Trauma and the Nervous System

- God created our bodies with amazing systems-

  The **Autonomic nervous system (ANS)** is made up of:

  - **Sympathetic nervous system** or **SNS** (fight/flight)- God-given defense mechanism to help us survive in dangerous/stressful situations
  - **Parasympathetic nervous system** or **PNS-** to calm us in times of peace/rest, return to a "steady state"

- Chronic state of stress or trauma- SNS is always running in the background (can result in diseases in the long term)
- It is important to help women in this state to get safe, allowing the PNS to take over and allow for health and healing.
- If you're working with someone who has chronic illnesses, let that be a red flag to ask more questions. The longer she's in the CC relationship, the worse this can become, making recovery longer or, at times, impossible.



Trauma & The Nervous System: Polyvagal Theory

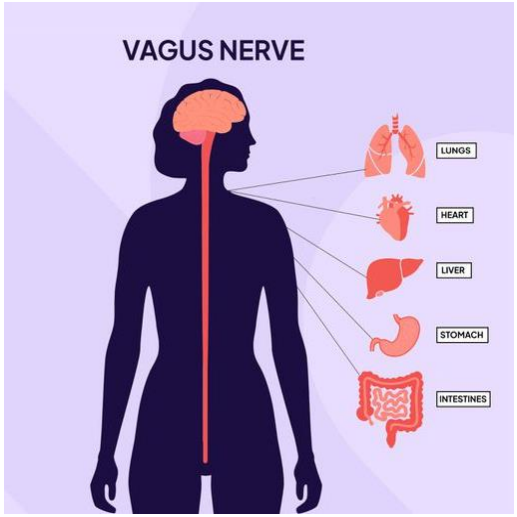
Stephen W. Porges developed **Polyvagal Theory** in the 90s. **Deb Dana** has translated Porges' research into practical, accessible tools for clinicians and trauma survivors.

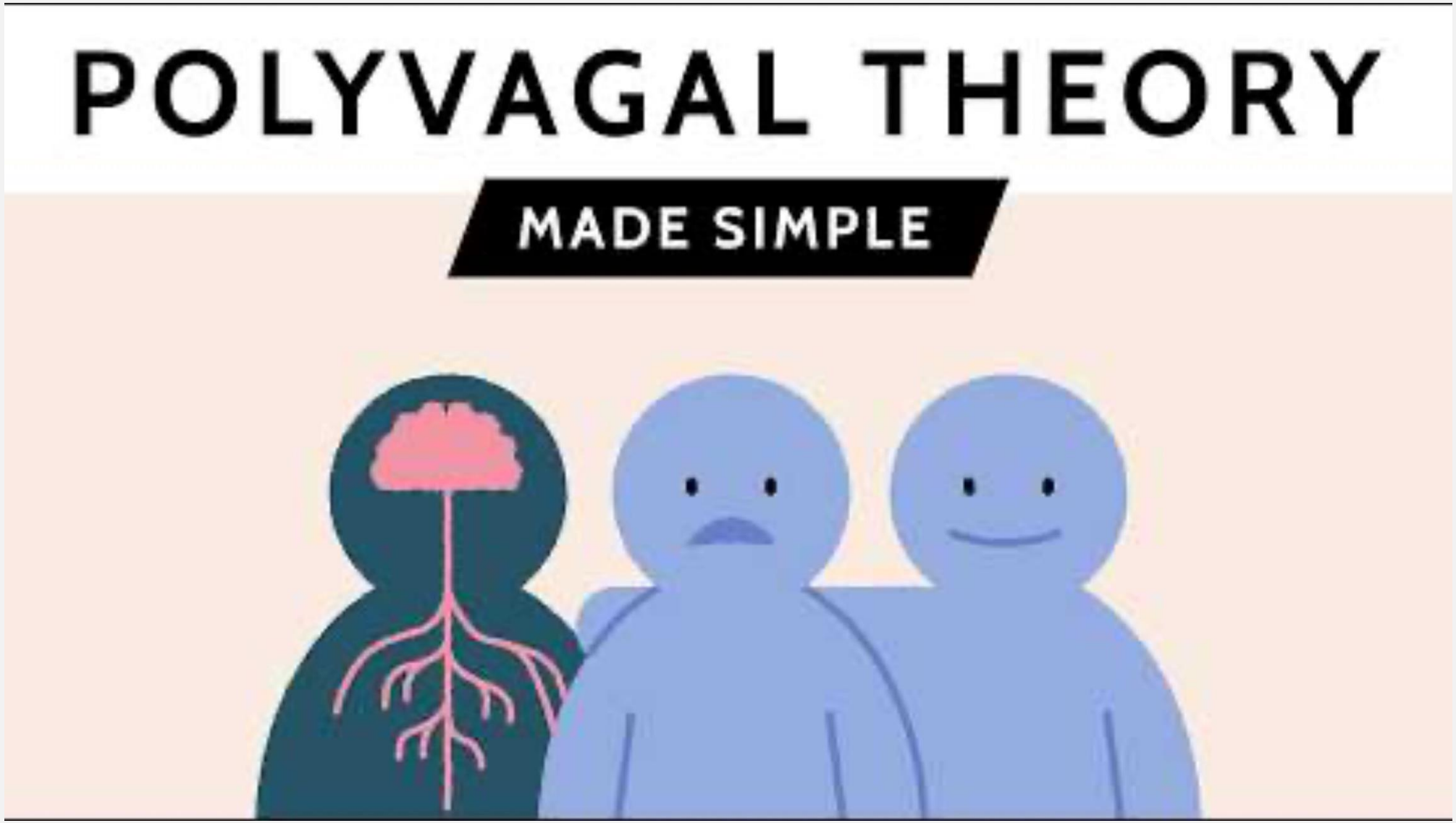
Porges focused on how the **vagus nerve**, a key part of the parasympathetic branch of the ANS:

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

- 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**.

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





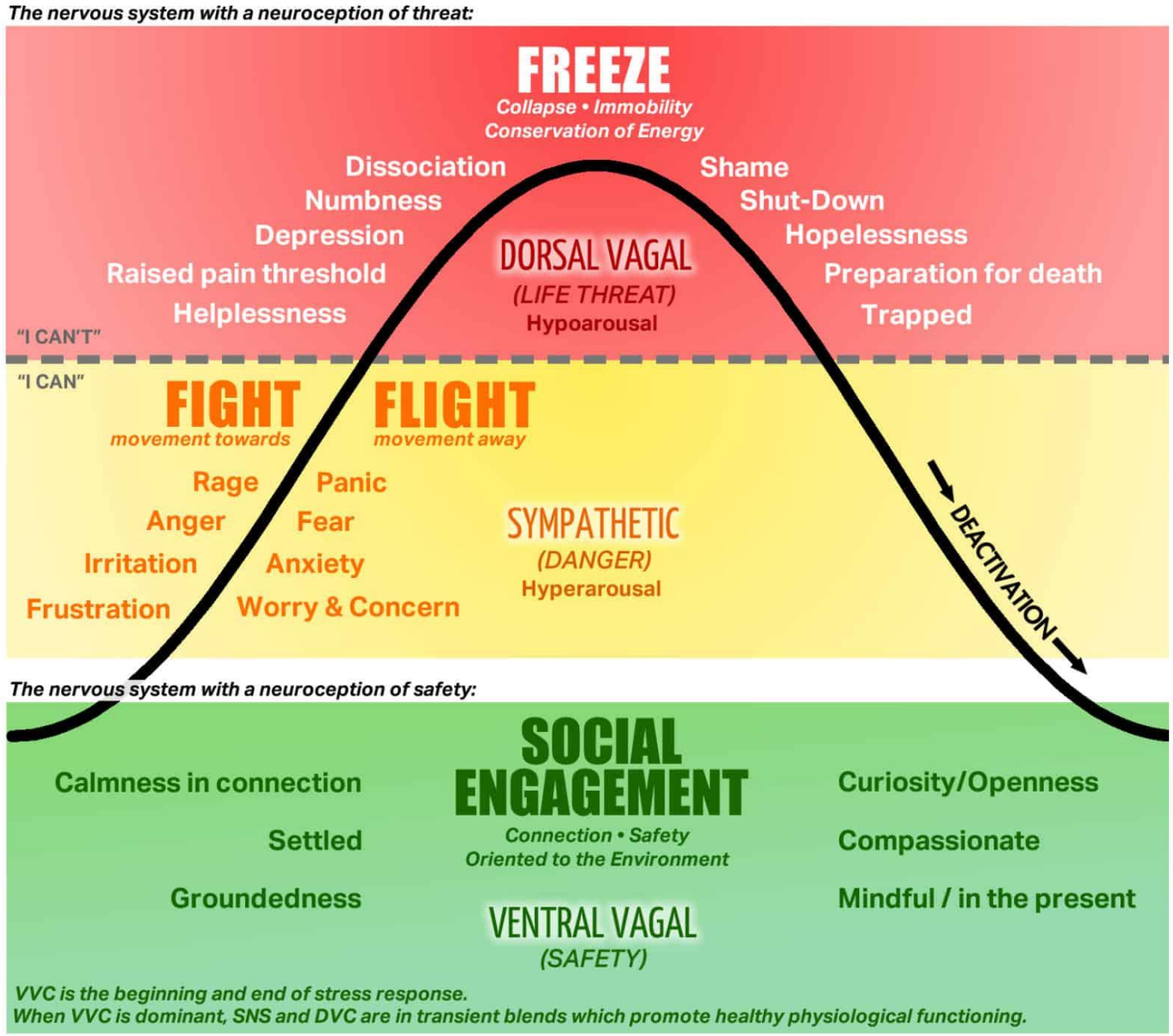
Discussion Questions: Polyvagal

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"?

POLYVAGAL CHART



PARASYMPATHETIC NERVOUS SYSTEM
DORSAL VAGAL COMPLEX

Increases

Fuel storage & insulin activity • Immobilization behavior (with fear)
Endorphins that help numb and raise the pain threshold
Conservation of metabolic resources

Decreases

Heart Rate • Blood Pressure • Temperature • Muscle Tone
Facial Expressions & Eye Contact • Depth of Breath • Social Behavior
Attunement to Human Voice • Sexual Responses • Immune Response

SYMPATHETIC NERVOUS SYSTEM

Increases

Blood Pressure • Heart Rate • Fuel Availability • Adrenaline
Oxygen Circulation to Vital Organs • Blood Clotting • Pupil Size
Dilation of Bronchi • Defensive Responses

Deceases

Fuel Storage • Insulin Activity • Digestion • Salivation
Relational Ability • Immune Response

PARASYMPATHETIC NERVOUS SYSTEM
VENTRAL VAGAL COMPLEX

Increases

Digestion • Intestinal Motility • Resistance to Infection
Immune Response • Rest and Recuperation • Health & Vitality
Circulation to non-vital organs (skin, extremities)
Oxytocin (neuromodulator involved in social bonds that allows immobility without fear) • Ability to Relate and Connect
Movement in eyes and head turning • Prosody in voice • Breath

Decreases

Defensive Responses

Adapted by Ruby Jo Walker from: Cheryl Sanders, Anthony "Twig" Wheeler, and Steven Porges.

rubyjowalker.com

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Trauma Impacts our Body

Fear and trembling seized me and made all my bones shake. (Job 4:14)

Fear and trembling have beset me; horror has overwhelmed me [the NLT says *I can't stop shaking.*] (Psalm 55:5)

Even Jeremiah's complaints to God in Lamentations 1:20 and 22, 2:11 and the beginning of chapter 3 talk about the devastation of trauma.

- Phrases like "*I have been deprived of peace,*" (Lamentations 3:17) and "*My eyes fail from weeping, I am in torment within; my heart is poured out on the ground,*" (Lamentations 2:11) and others are pictures of how trauma impacts the body.

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.

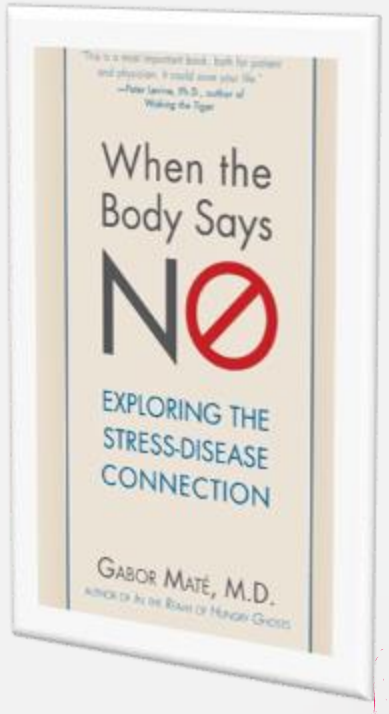
Maté encourages us to examine how we have lived our lives in ways that haven't been supportive of ourselves, often a result of trauma and learning to survive.

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. Mate stresses the importance of *emotional competence*.

"[The 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).

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.

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."

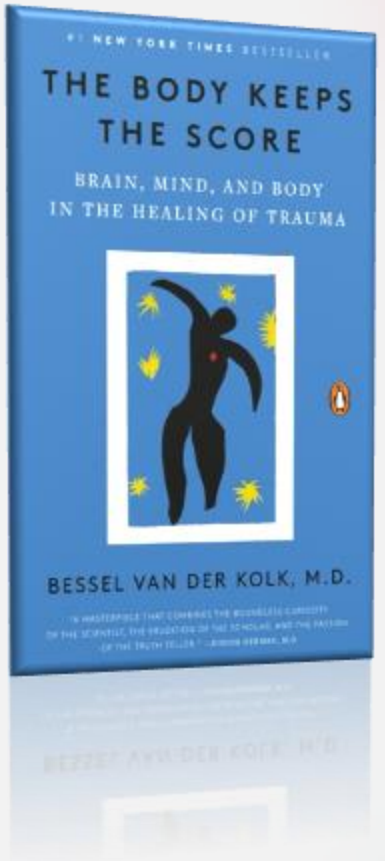
* Affects threat detection (amygdala), thinking (prefrontal cortex), and memory (hippocampus).

* Trauma responses often appear physically before verbally.

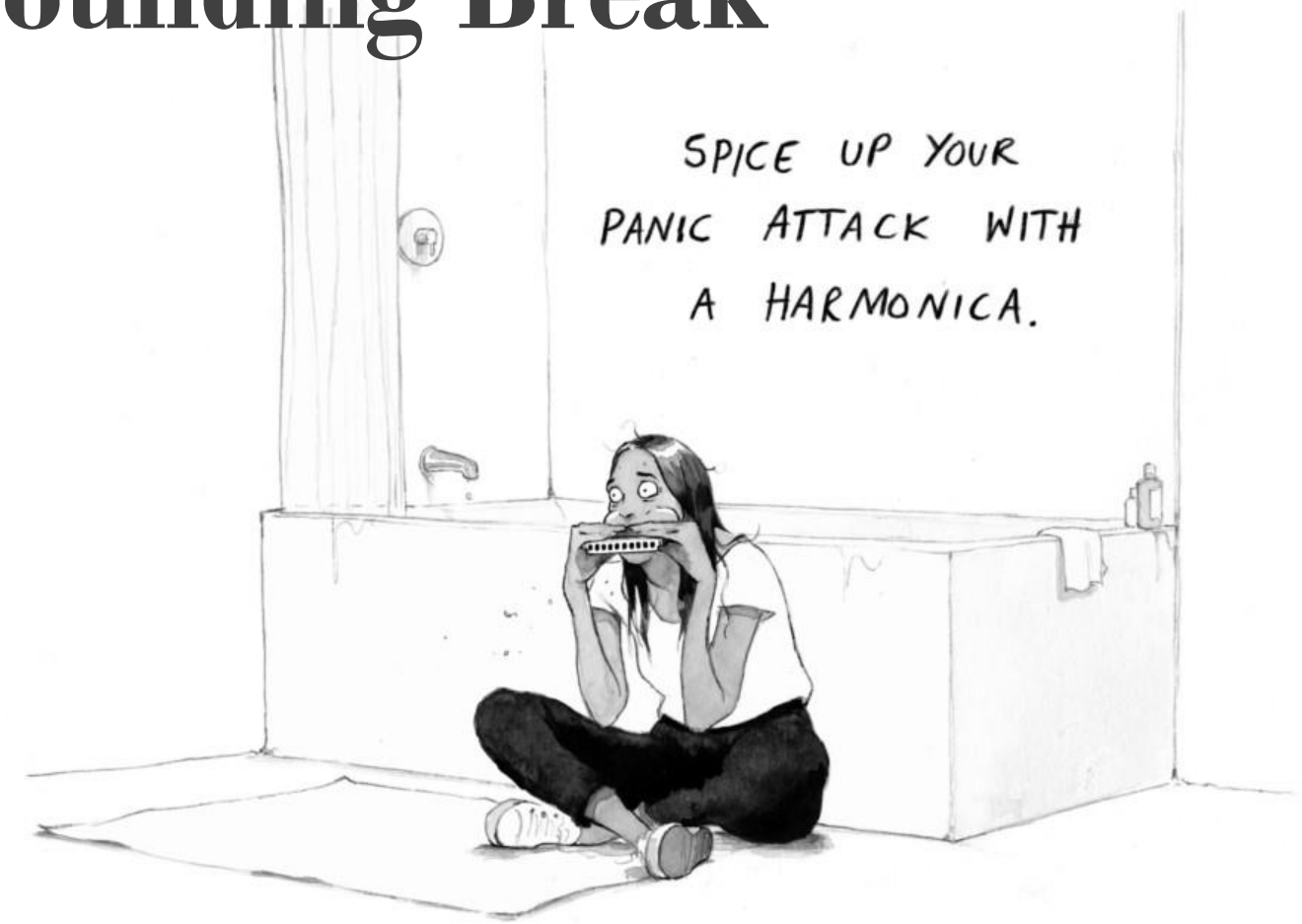
*Talking about trauma is often not enough to resolve it. The body needs to feel **safe and in control again**.

*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 heartbreaking and gut-wrenching emotions, then the cure must involve the body."



Grounding Break

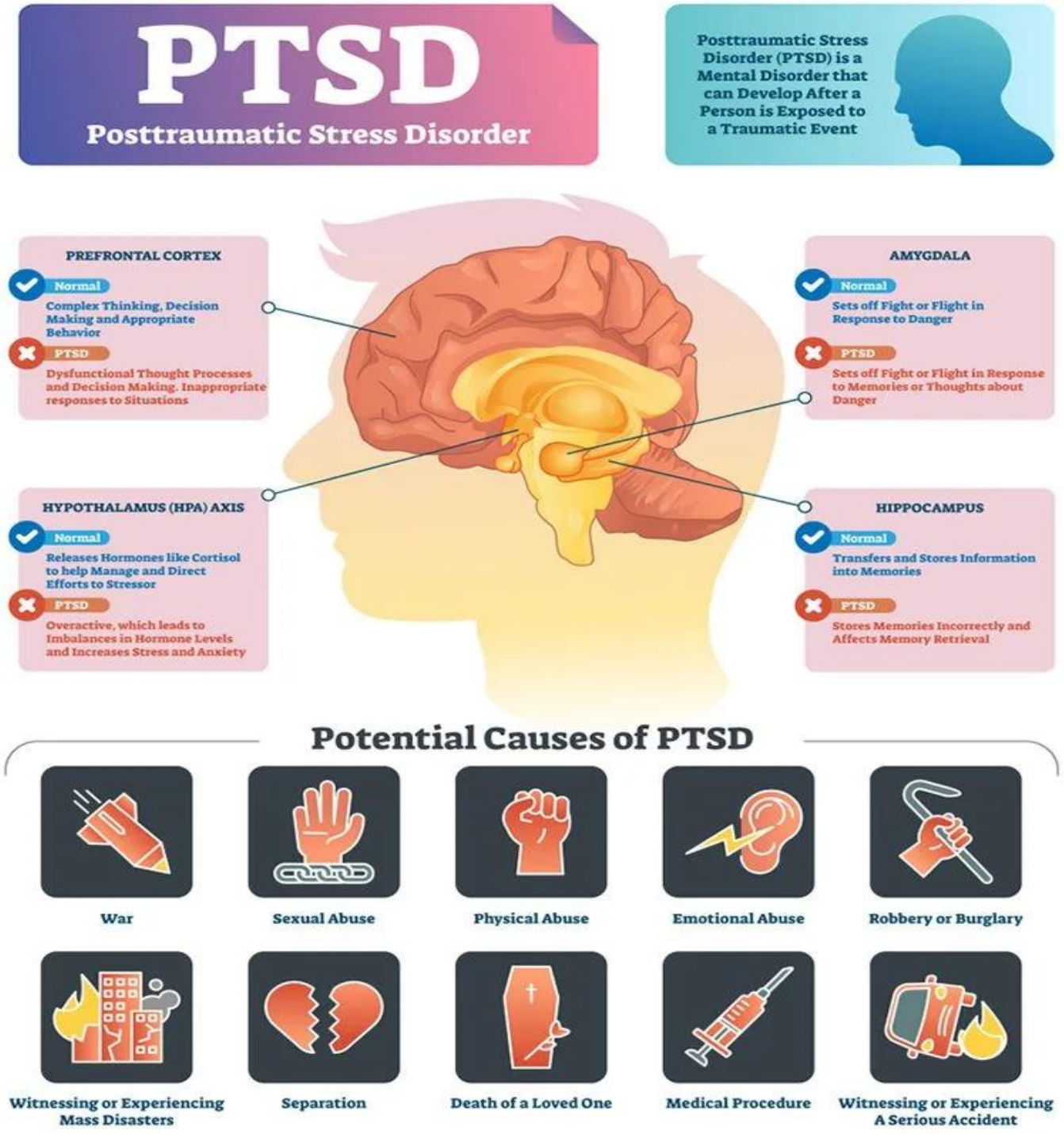


Post-Traumatic Stress Defined

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

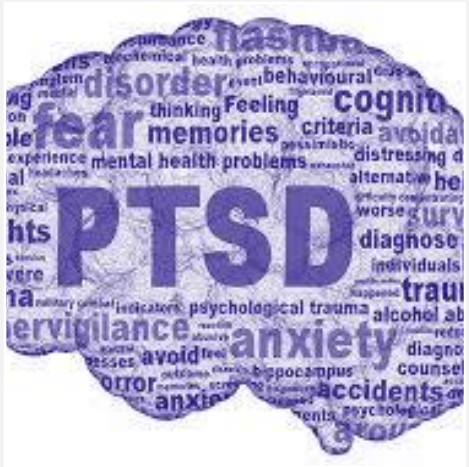


Post-Traumatic Stress Defined

The disturbance, regardless of its trigger, causes **clinically significant distress or impairment** in 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



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)

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)

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-oppressed 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)

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)

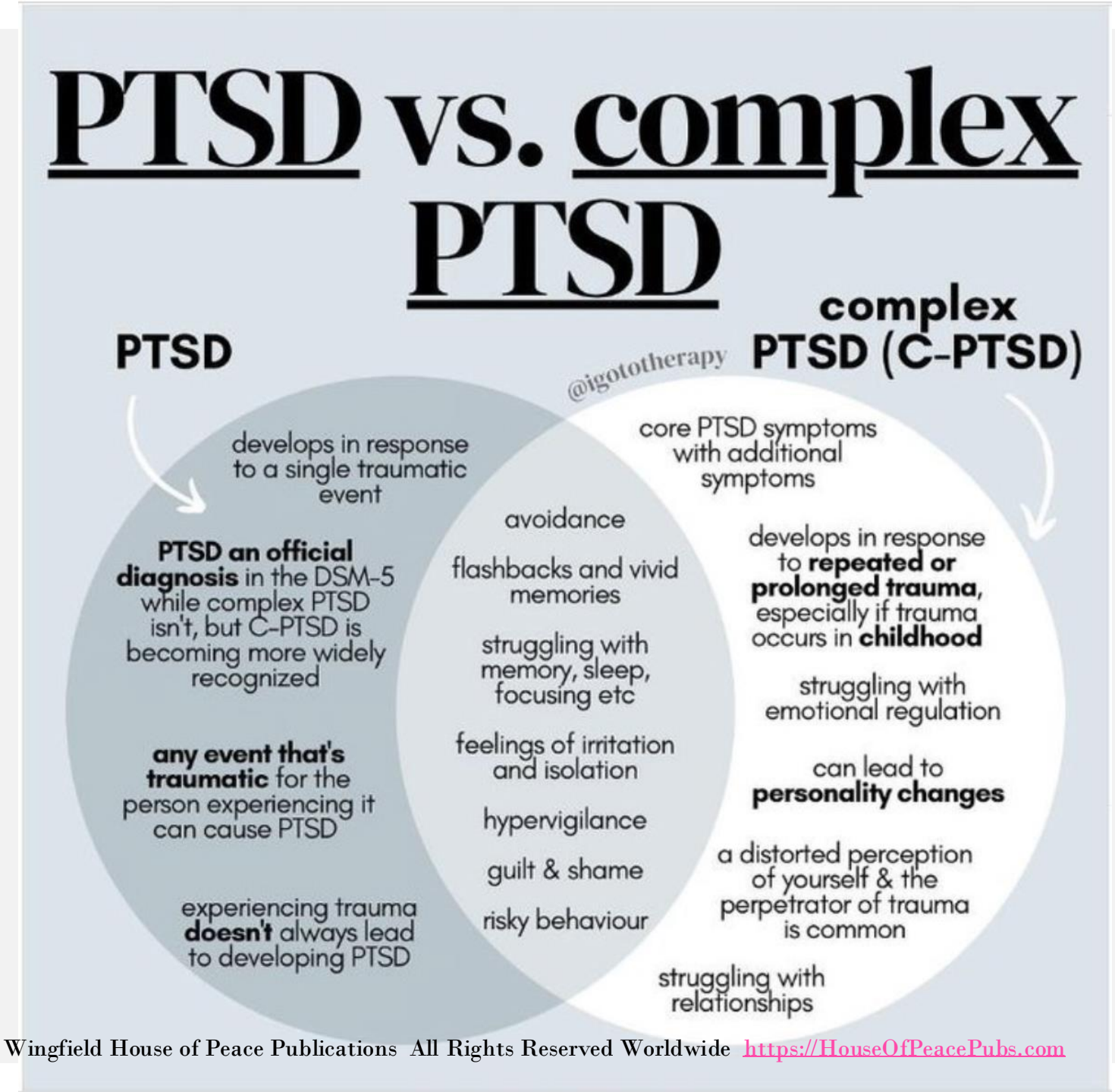
Judith Herman Defines Complex PTSD (C-PTSD)

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

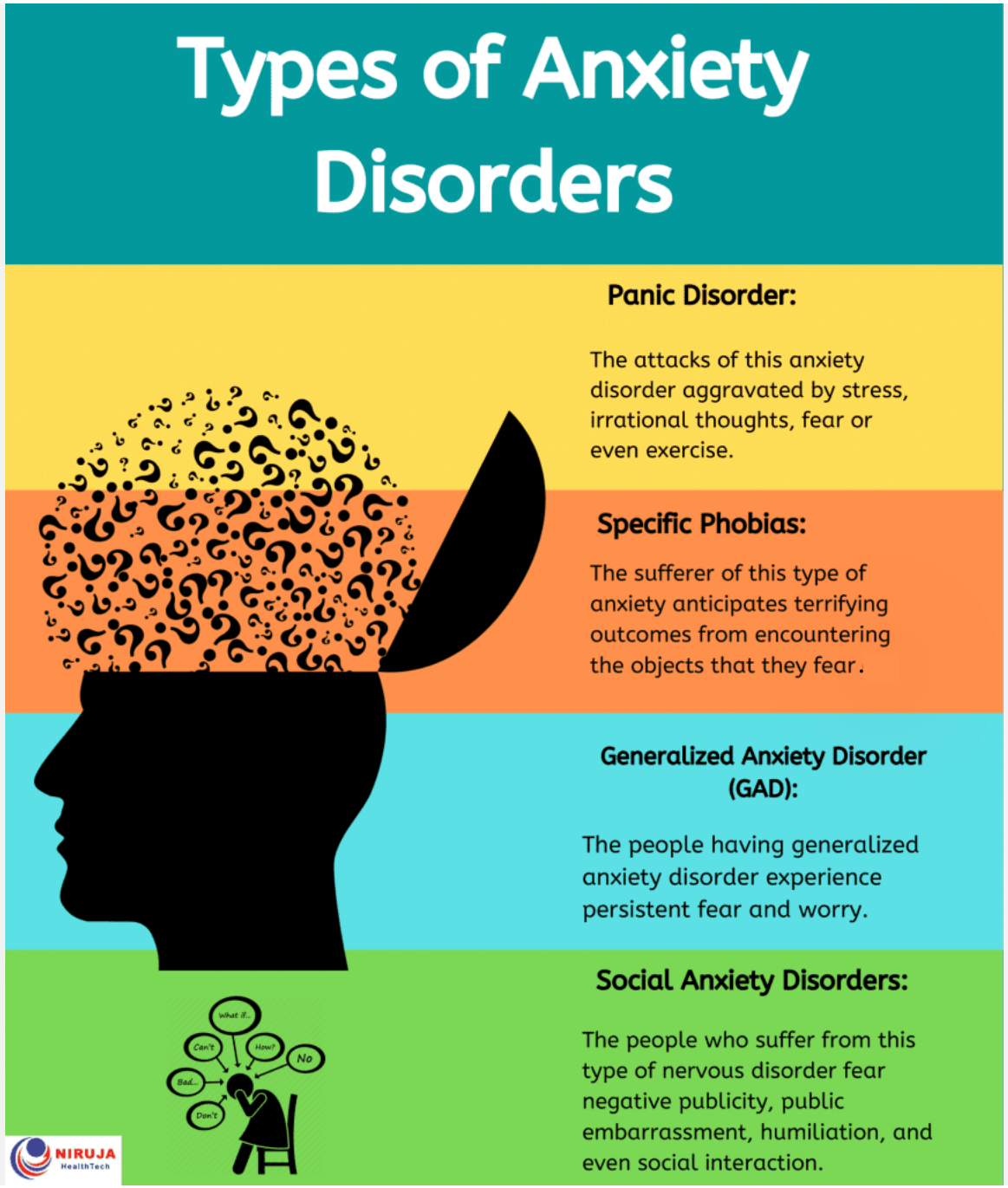
Note: While **Complex PTSD** is not formally included in the **DSM**, it was **officially recognized in the ICD-11** (International Classification of Diseases, 11th Edition) by the **World Health Organization in 2018**.



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
Suicidal ideation or actions	Aggression, violence, rages	

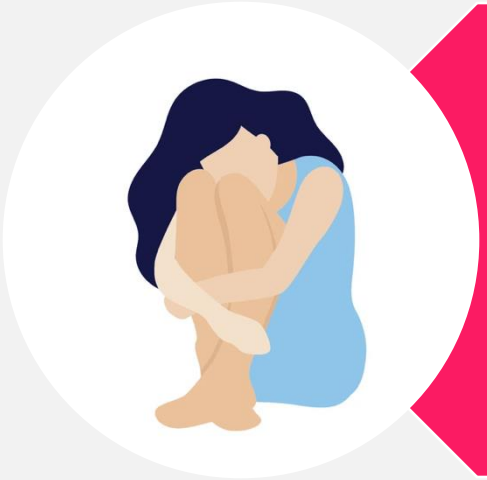
My God, my God, why have you abandoned me? Why are you so far from my deliverance and from my words of groaning? My God, I cry by day, but you do not answer, by night, yet I have no rest. (Psalm 22:1-2)



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)

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?

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

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

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, & Christman, 2015).

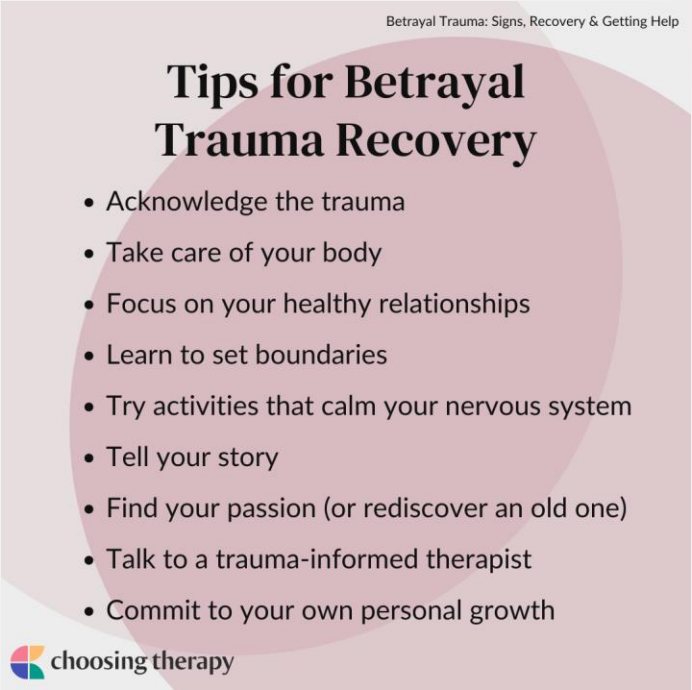
Support for Betrayal Trauma

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

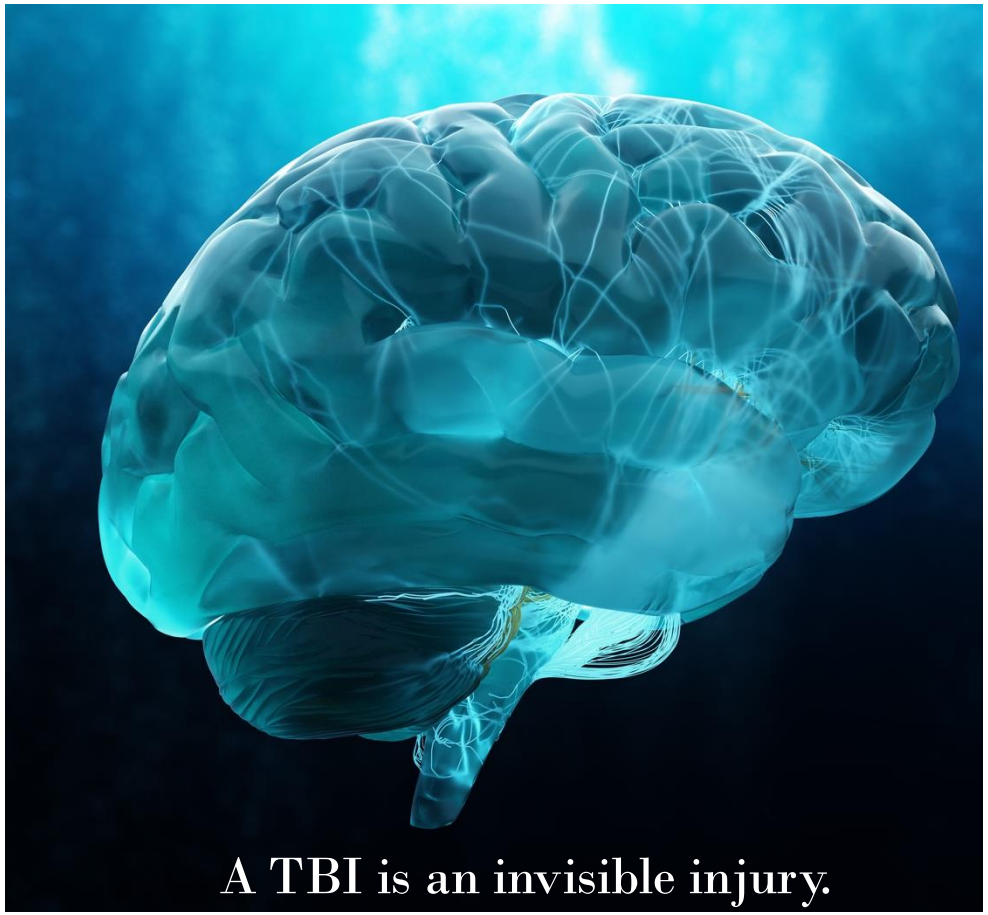


Brain Injury Common in Domestic Abuse

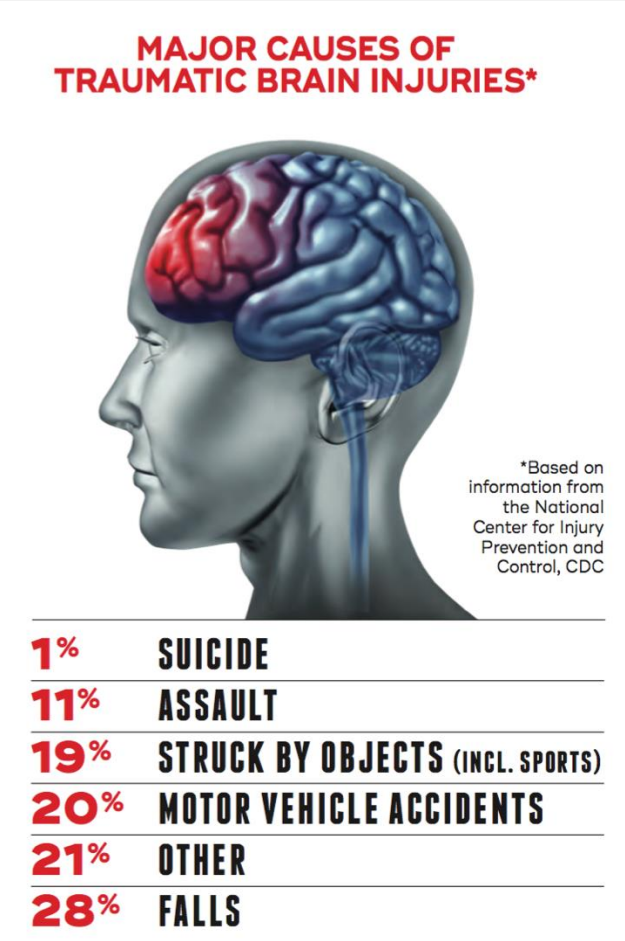
- Victims experience violence directed at the head, neck, and face- through blows to the head or strangulation.

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



Causes of TBI

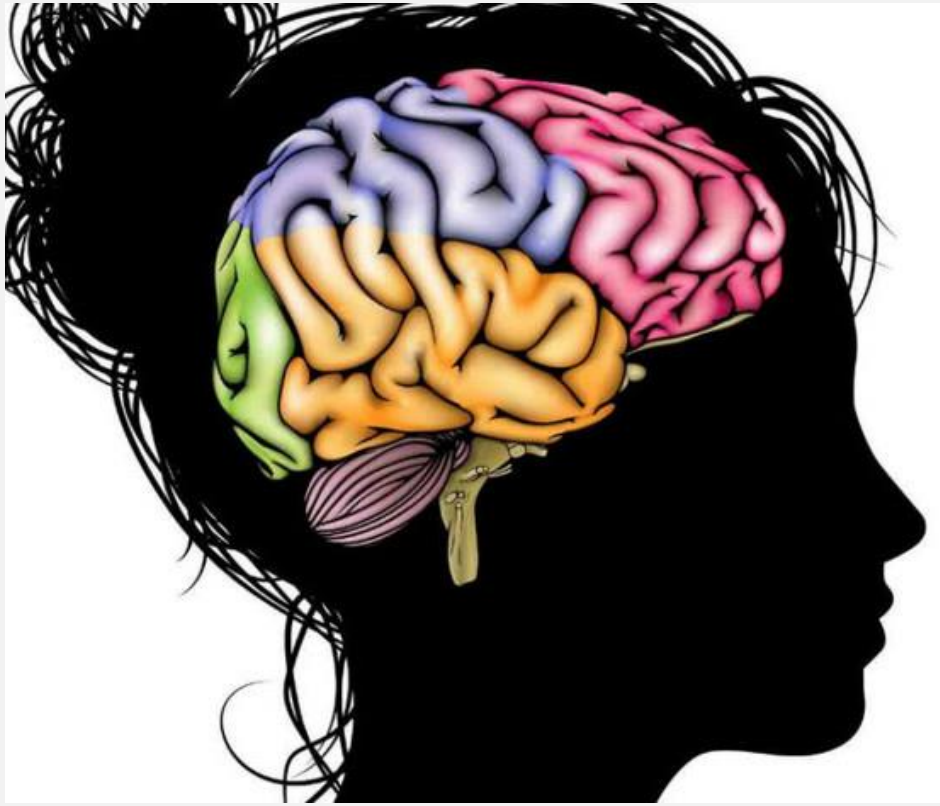


- Domestic Abuse including strangulation
- Child Abuse
- Assaults
- Abusive Head Trauma (Shaken Baby Syndrome)
- Gunshot Wounds

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

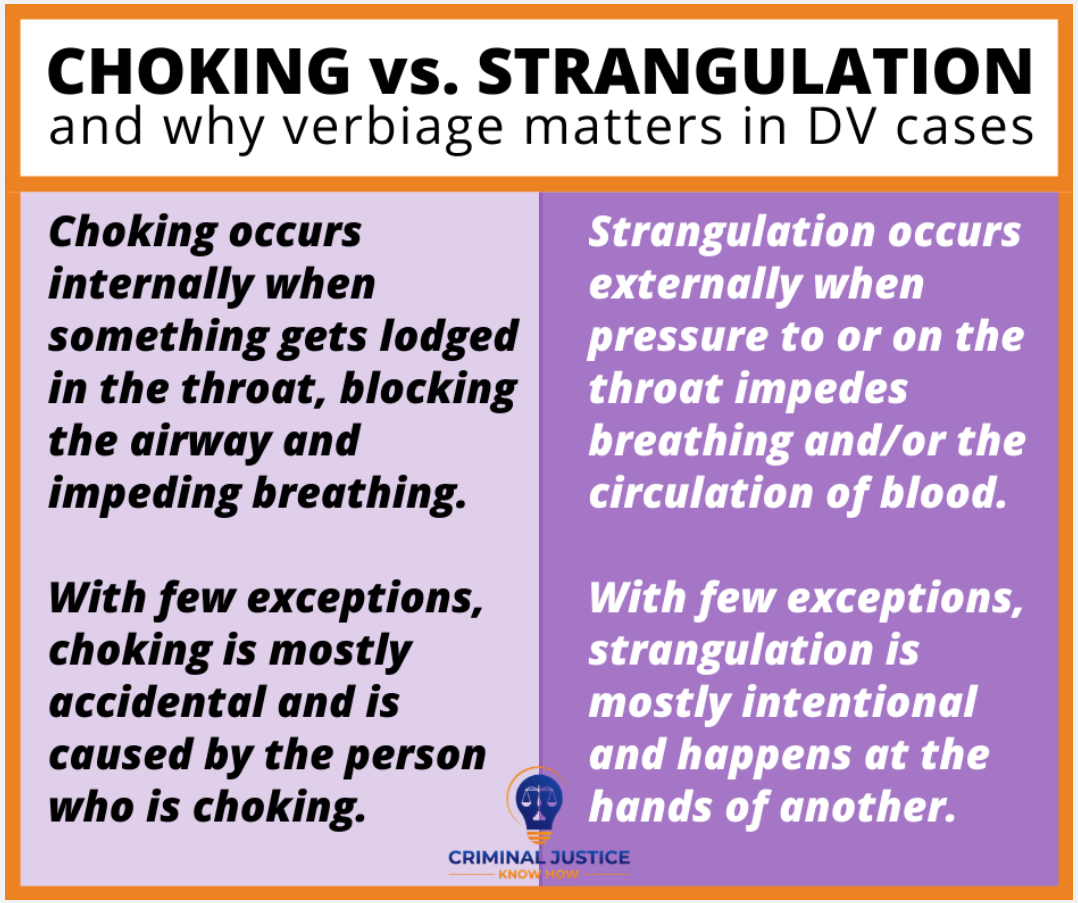
Anoxia- absence of oxygen supply to tissue

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

(Joana Braamcamp, 2021)

Important Distinction

- Avoid the word **"choking"**.

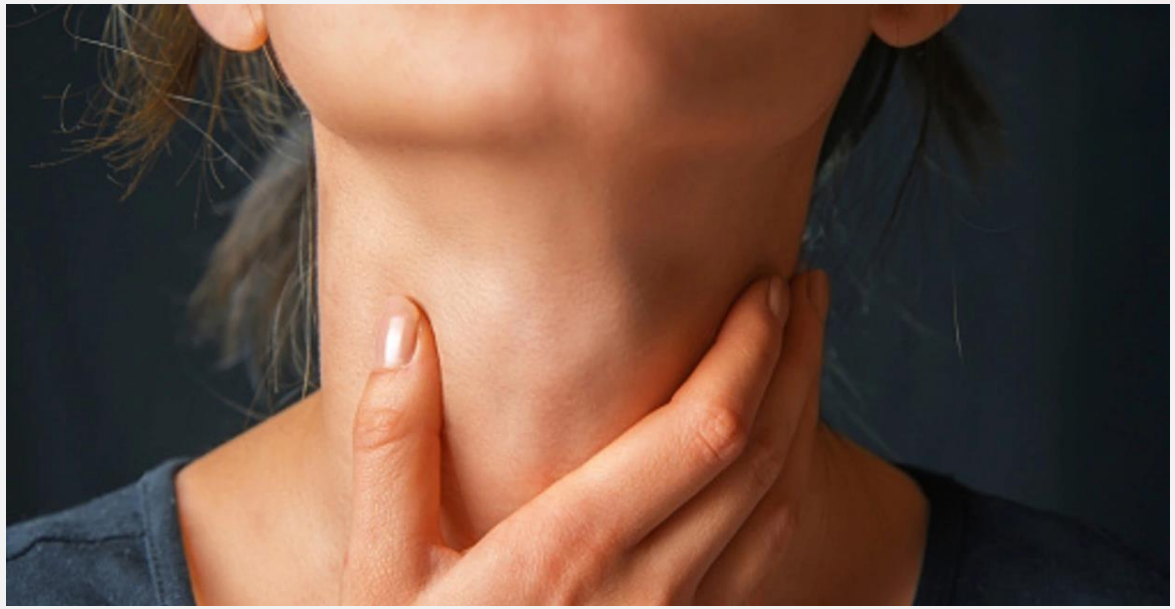


Lethality Risk

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



Grounding Break

Phases of Mechanical Asphyxia

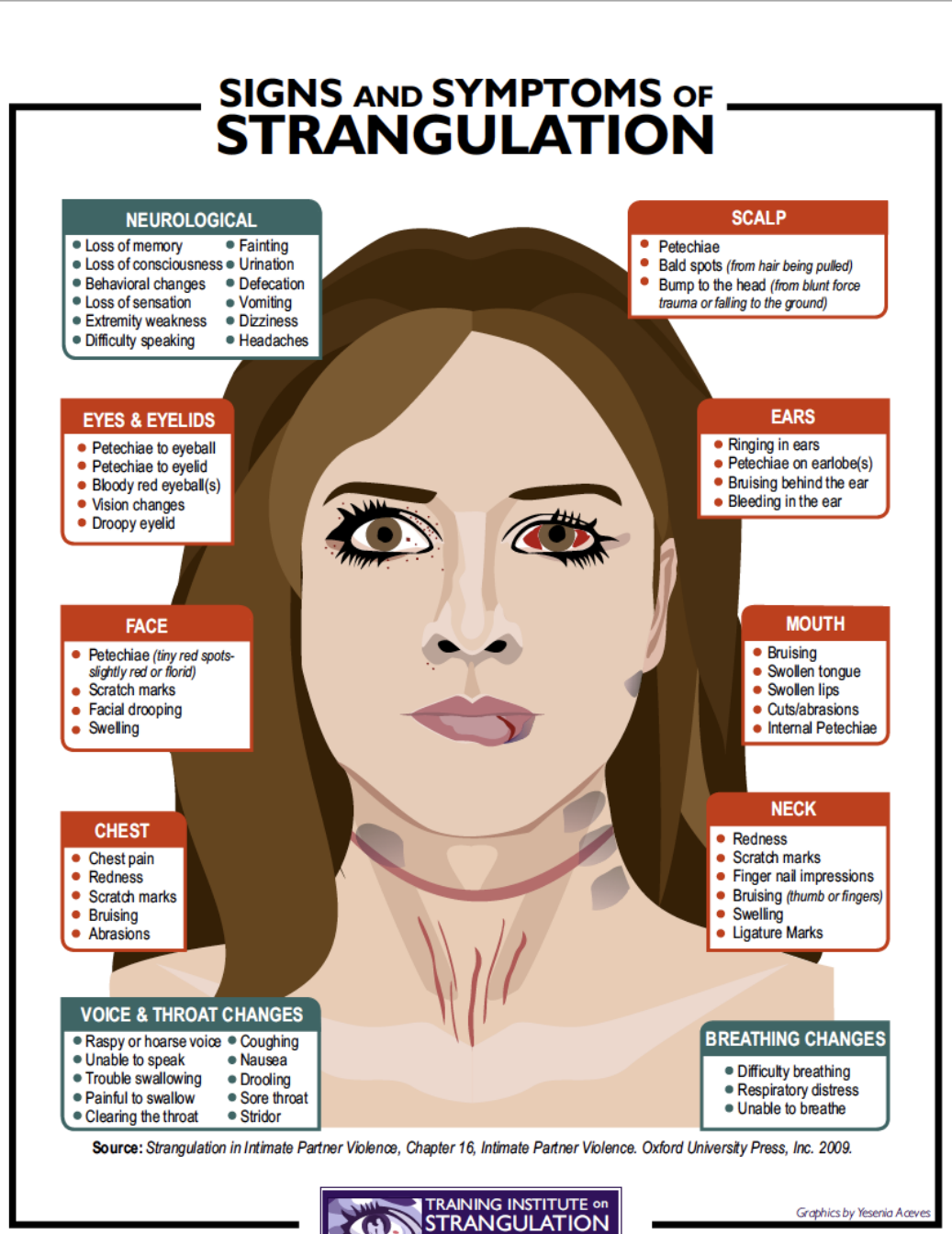
Anaesthetic phase- tinnitus, photoposia, pain, headaches, and loss of consciousness

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 of Mechanical Asphyxia

Neck injurie with mark of a thumb

Circular abrasive injuries of self-defense

Single or multiple abrasive horizontal neck injuries

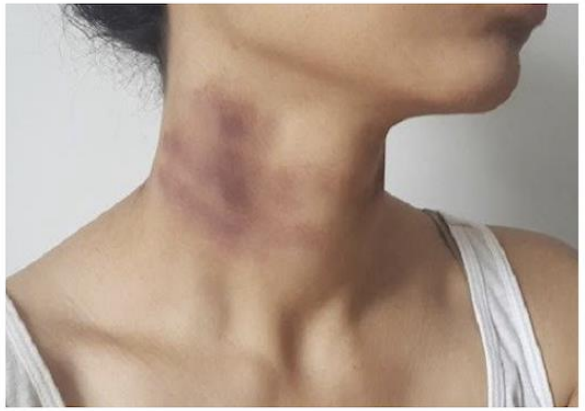


Image 3: Injuries of asphyxia

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, Byrne, Saville, & Coetzer, 2021; 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**ONNECT: Before addressing potential injuries, focus on building genuine relationships and connections. Establish trust.
- **A**CKNOWLEDGE: 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**ESPOND: Adjust how you provide advocacy to take the survivor's unique needs into consideration.
- **E**VALUATE: Effective advocacy is evaluating how current efforts are working and how to help survivors with healing.

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?

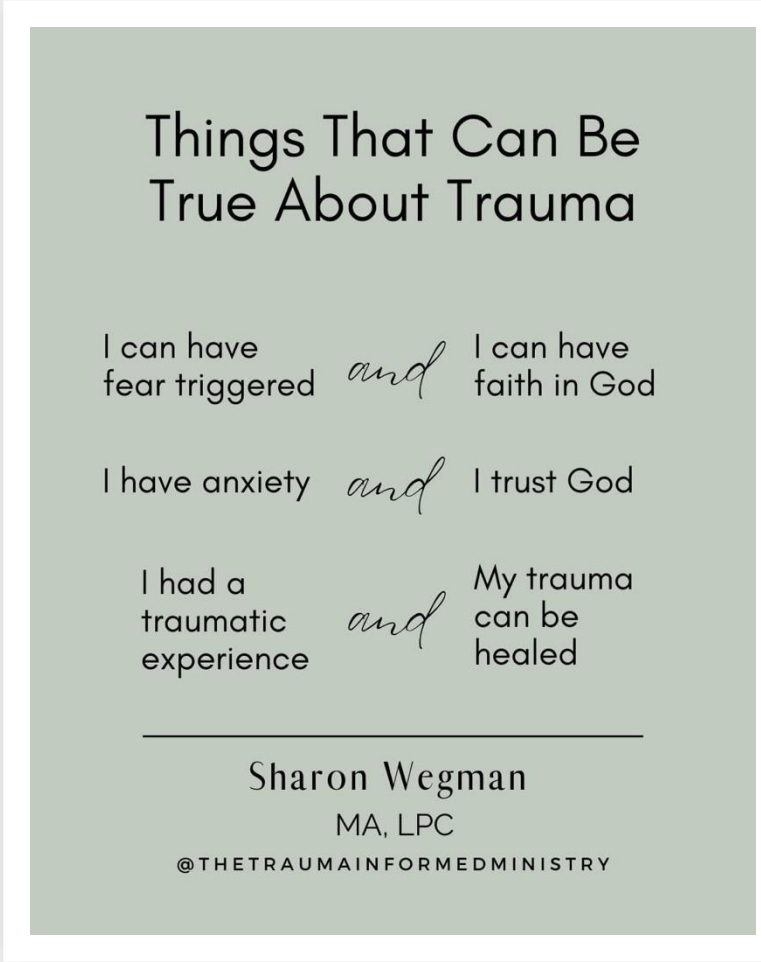
Have you ever been prevented from breathing, such as having a hand covering your nose and mouth, partner putting their weight on your body, felt suffocated, or other means to stop you from breathing?

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? (ODVN)

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)



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 resiliency, positive psychology, asset-based thinking, and whole system methods

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)

A Coercive Control Trauma-Informed Approach:

Core Principles of Trauma-Informed Care

- Safety (physical and emotional)
- Trustworthiness
- Choice
- Collaboration
- Empowerment

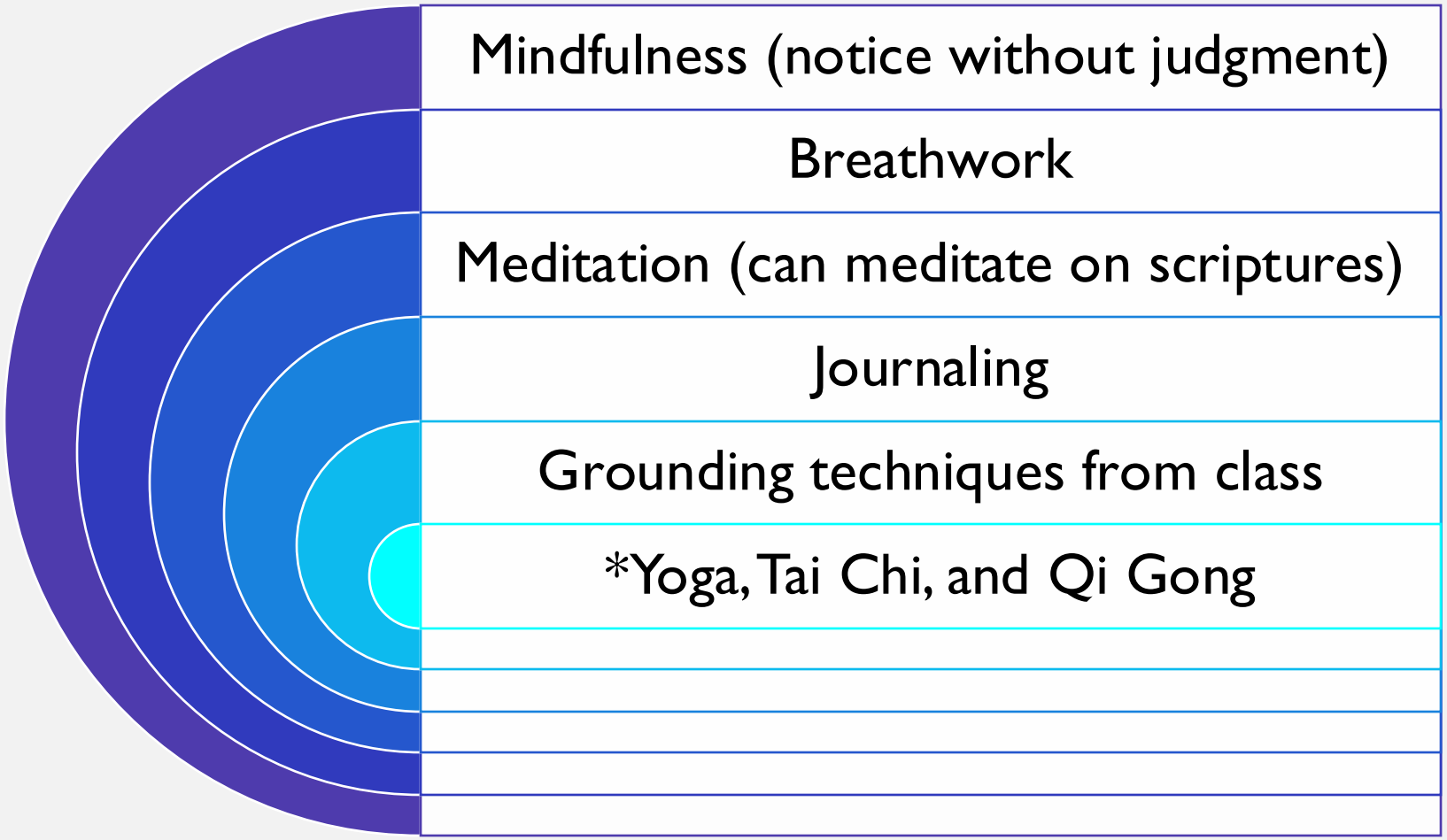
He has sent me to bind up the brokenhearted, to proclaim freedom for the captives and release from darkness for the prisoners. (Isaiah 61:1)

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

Somatic therapies help with bodily and emotional regulation, safety, and integration of trauma by addressing it **where it's often felt most—in the body.**

Somatic (body-based) Tools



*Disclaimer

I meditate on your precepts and consider your ways. I delight in your decrees; I will not neglect your word. Be good to your servant while I live, that I may obey your word. Open my eyes that I may see wonderful things in your law. (Psalms 119:15-18)

Grounding Break

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

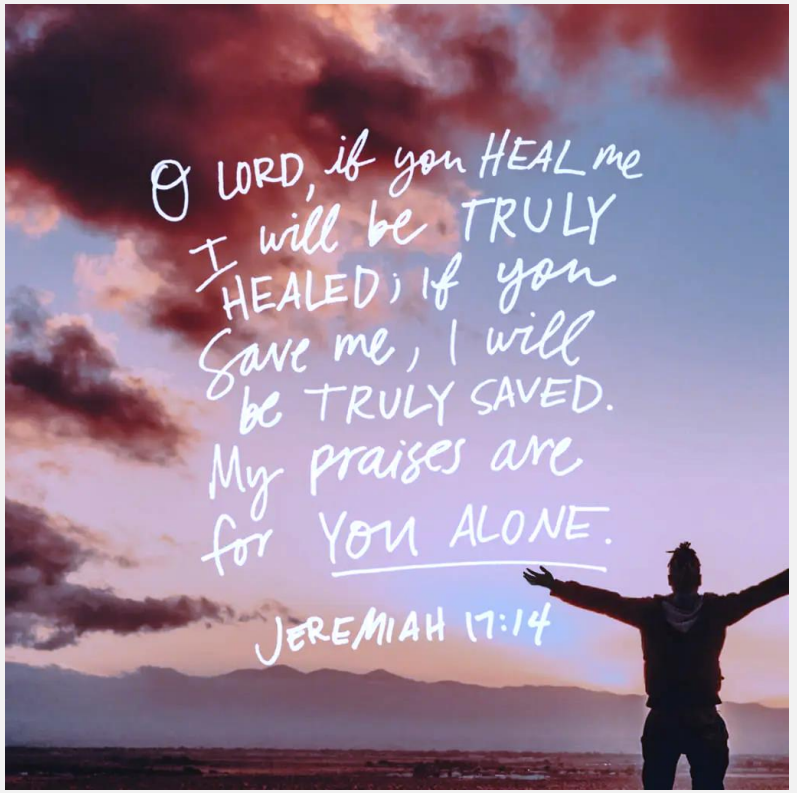
Reasons for Optimism- Recovery & Healing

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.



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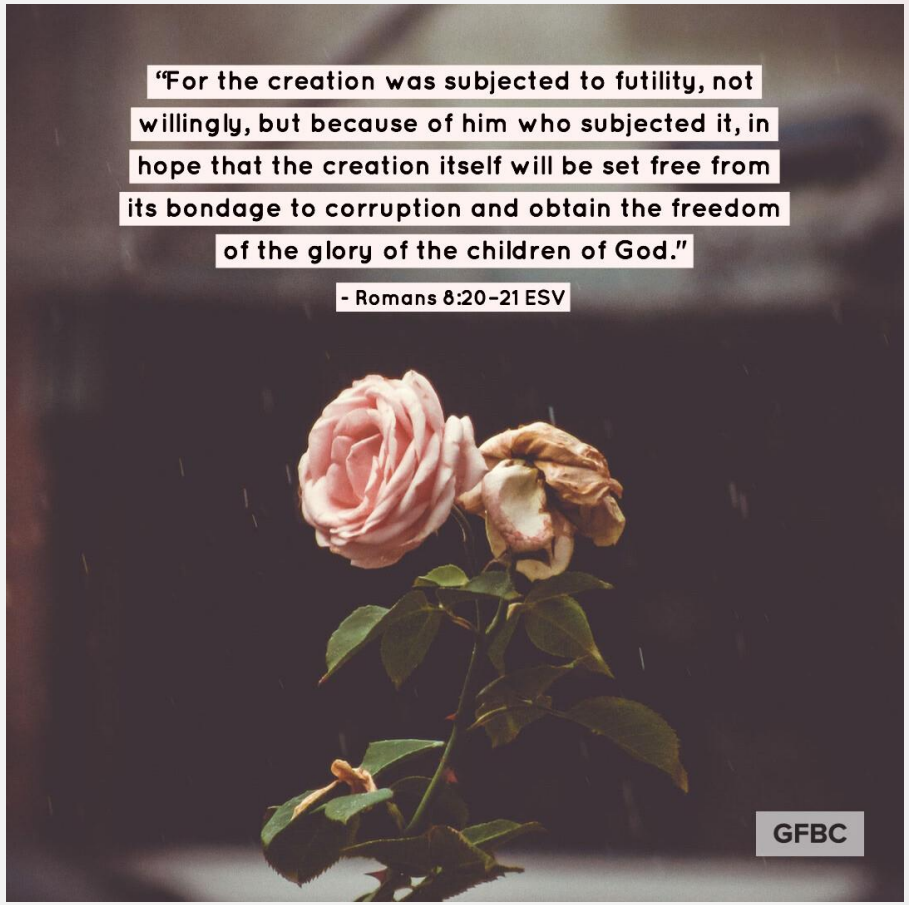
Reasons for Hope- Redemption

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)



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Resilience Defined

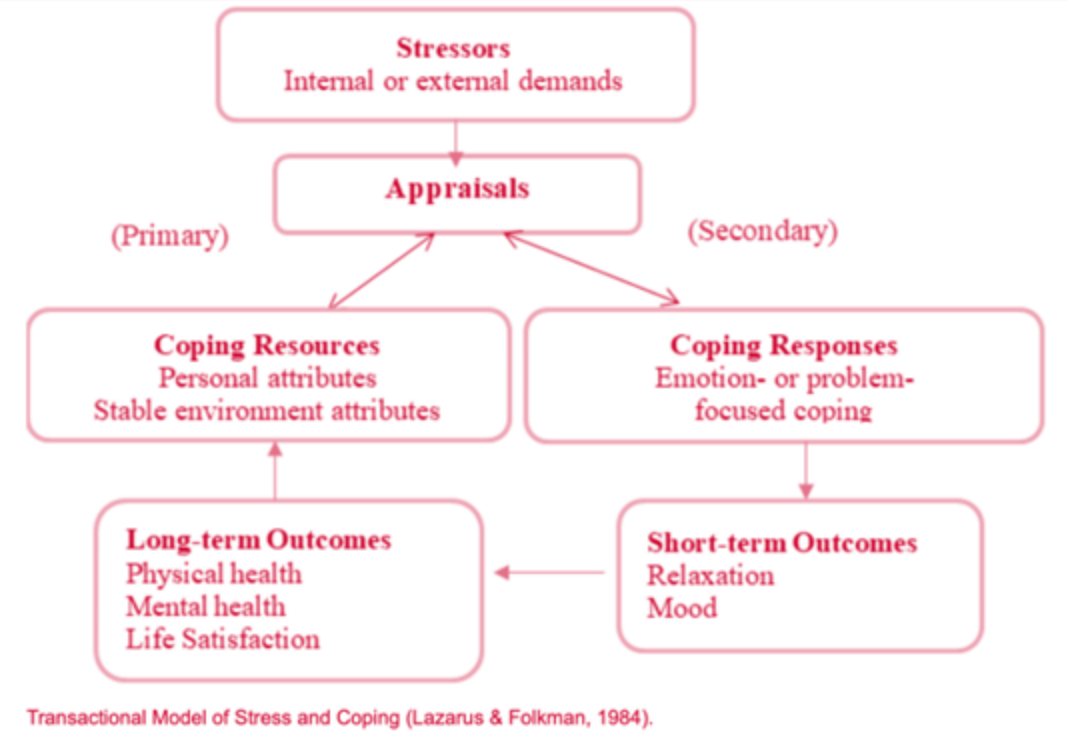
Psychological **resilience** refers to an individual's capacity to withstand stressors and not manifest psychological dysfunction, such as mental illness or persistent negative mood.

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.

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:



Transactional Model of Stress and Coping (Lazarus & Folkman, 1984).

Resilience and the Bible

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)

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Resilience Factors

Factors of Resilience

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

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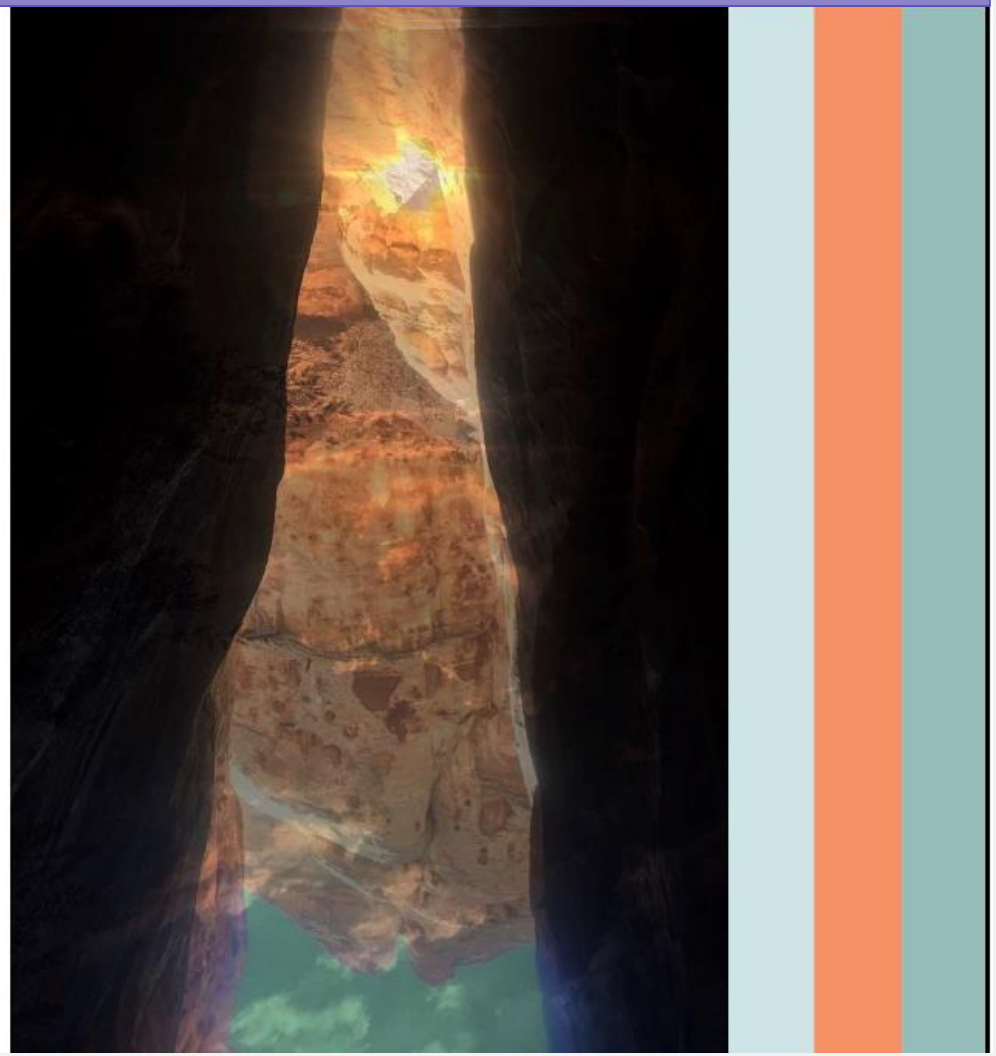
Biblical Lens:

- Hope mindset
- God-given ability to make choices
- Healing happens with people bearing witness and with God
- Hope in God means taking action to reclaim what was lost



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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.

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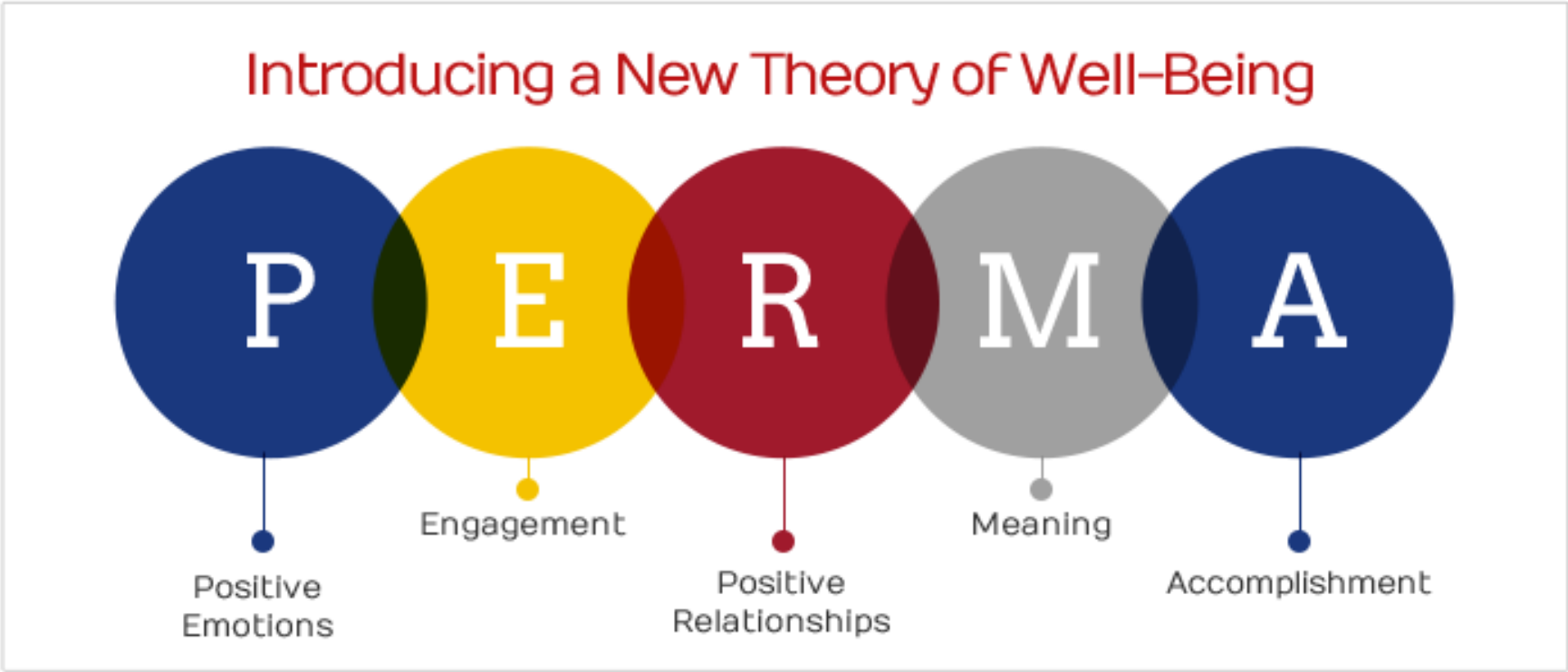
Positive Focus on Well-Being

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



Resources: Positive Focus

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

Breakout: Discussion

What is an advocate's response to trauma?

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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.

ADVOCATE'S RESPONSE TO SURVIVOR'S TRAUMA ISSUES

Trauma-informed perspective of

"what has happened to her?"

not

"what is wrong with her?"

Traumatization is not a death sentence.

Hope & healing are possible!

I have told you these things, so that in me you may have peace. In this world you will have trouble. But take heart! I have overcome the world. (John 16:33)

Let all who are helpless take heart…I prayed to the Lord, and he answered me. He freed me from all my fears. Those who look to him for help will be radiant with joy; no shadow of shame will darken their faces. In my desperation I prayed, and the Lord listened; he saved me from all my troubles. (Ps 34:2, 4-6)

Can anything ever separate us from Christ's love? Does it mean he no longer loves us if we have trouble or calamity, or are persecuted, or hungry, or destitute, or in danger, or threatened with death?... No, despite all these things, overwhelming victory is ours through Christ, who loved us. (Romans 8: 35, 37)

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