

Trauma-Informed Advocacy with Coercive Control Survivors



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.



We will explore:

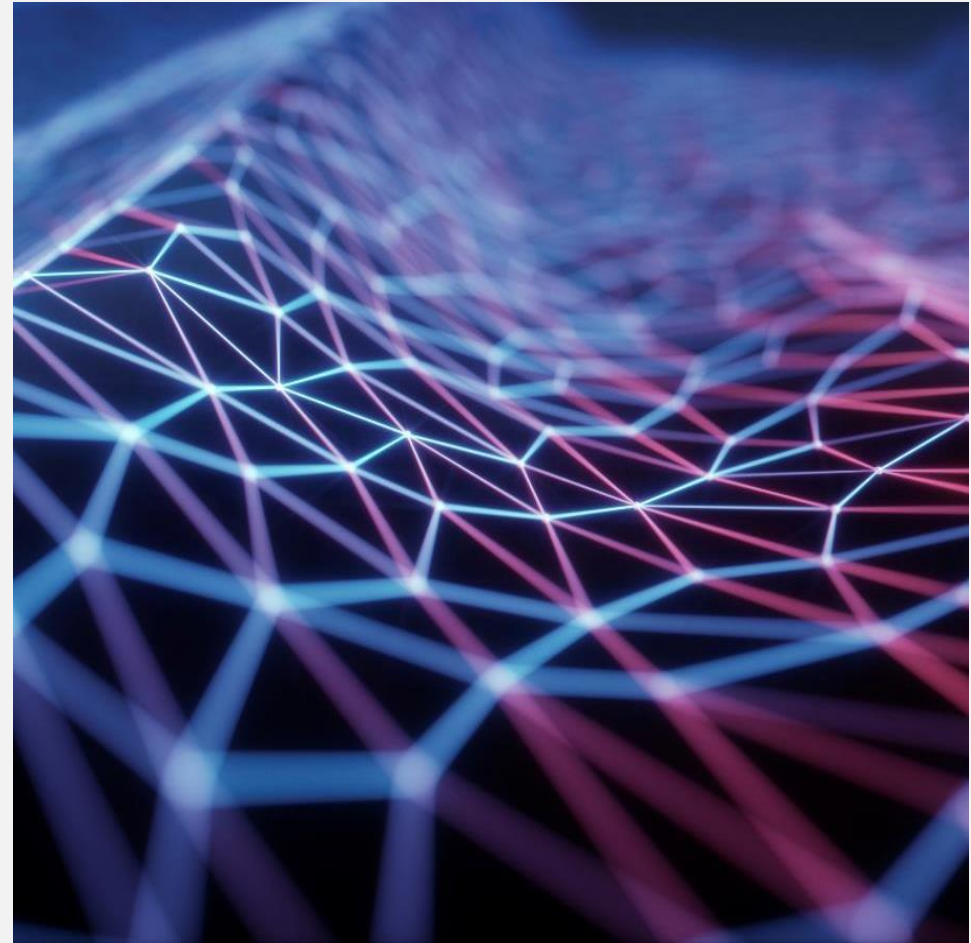
Toxic Stress

Trauma Response

Impact on Survivors

Advocacy Considerations

Intervention & Referral



Course Objectives

Upon completion, advocates will be better equipped to:

- ✓ Define what trauma is and its causes from a research and biblical perspective
- ✓ Describe various manifestations of trauma
- ✓ Understand how toxic stress and trauma impact 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 Scriptures is a model for us as we care for others.



BUT I CALL TO GOD, AND
THE LORD SAVES ME.
- *PSALM 55:16*



THE LORD IS NEAR TO THE
BROKENHEARTED; HE
SAVES THE CONTRITE IN
SPIRIT.
- *PSALM 34:18*



Types of Stress: Impact on Brain Architecture



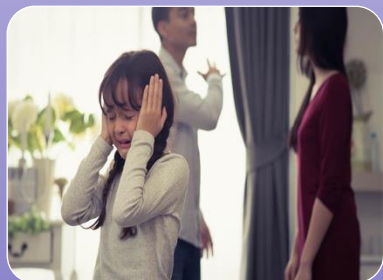
Positive Stress

- Normal, 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

- More severe, longer-lasting reactions that activate the body's alert systems; *could* disrupt brain architecture
- When buffered by supportive relationships, the brain and other organs recover from otherwise potentially damaging effects



Toxic Stress

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



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 feels
- ✓ how long upset lasts
- ✓ how long it takes to calm down

Stress:

- distressing but more quickly recoverable
- nervous system returns to baseline
- person remains able to think, connect, and problem-solve

Trauma:

- overwhelms regulation capacity
- nervous system remains stuck in survival states
- may trigger fight, flight, freeze, shutdown, dissociation, or hypervigilance
- reminders can reactivate the same survival response long after danger ends
- may require additional support to recover



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

What is Trauma?

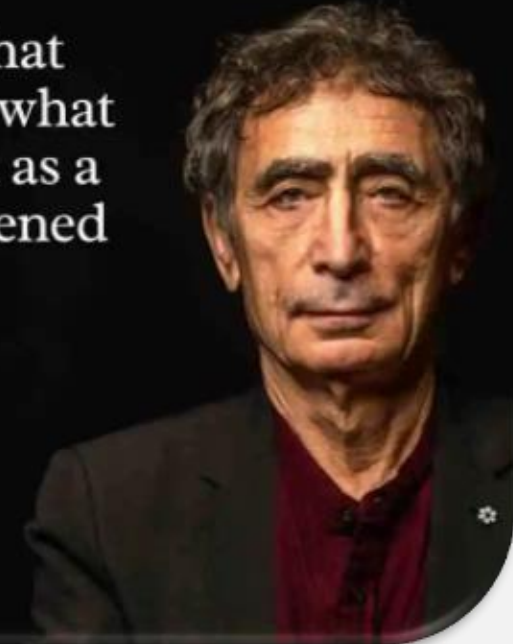


What is Trauma?

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.”

— Gabor Maté



- **Acknowledgment of profound wounds and longing for healing-** *Is there no balm in Gilead?* (Jeremiah 8:22)
 - **Hope that healing truly can come from God-** *Heal me, Lord, and I will be healed.* (Jeremiah 17:14)

Trauma: Experience to Resolution

Experience

- Acute versus ongoing
- Developmental-Adverse childhood experiences (ACE)
- Intergenerational transmission
- Natural or man-made disasters

Manifestations

- Neurodevelopmental impacts
- Physical health—short- and long-term
- Mental/emotional well-being
- Relational health
- Community/societal impacts
- Struggles with faith

Resolution

- Recognition by medical professionals
- Mental/emotional modalities
- Positive relational experiences
- Community/societal prevention & response
- Churches educated to respond well to CC
- Trained family court

Early Developmental 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:

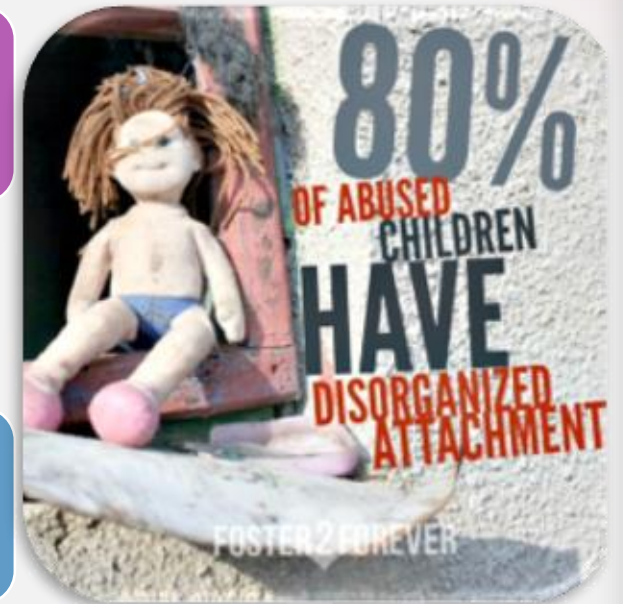
- forced separation from primary caregiver very early in life
- chronic mis-attunement of caregiver to child's attachment signals ("mal-attachment")
- reasons such as physical or mental illness, depression, or grief

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

Wired for connection:

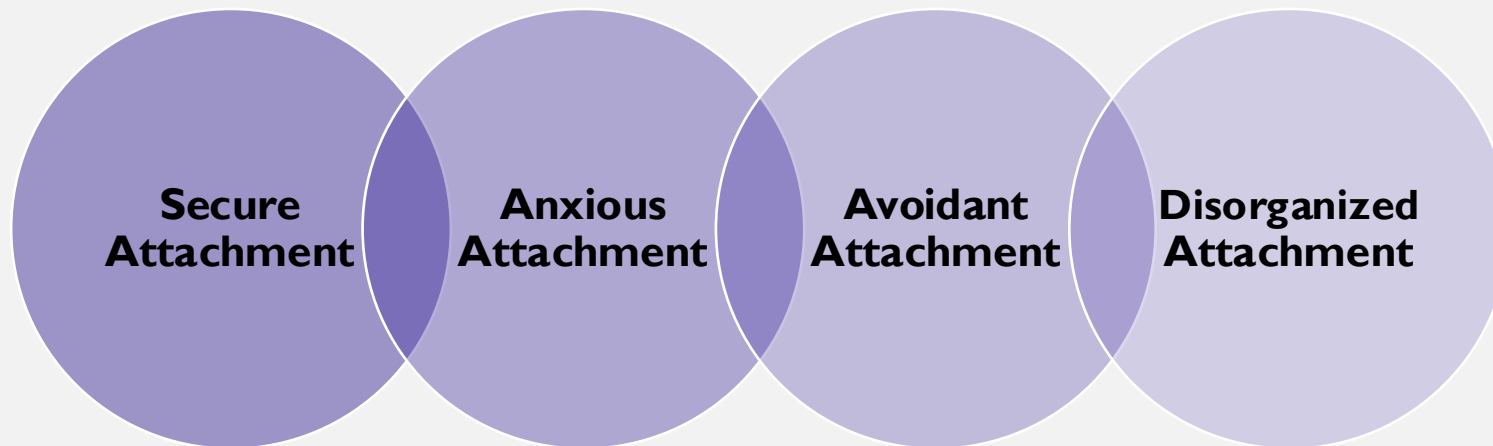
The Lord God said, 'It is not good for the man to be alone. I will make a helper suitable for him. (Genesis 2:18)

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):



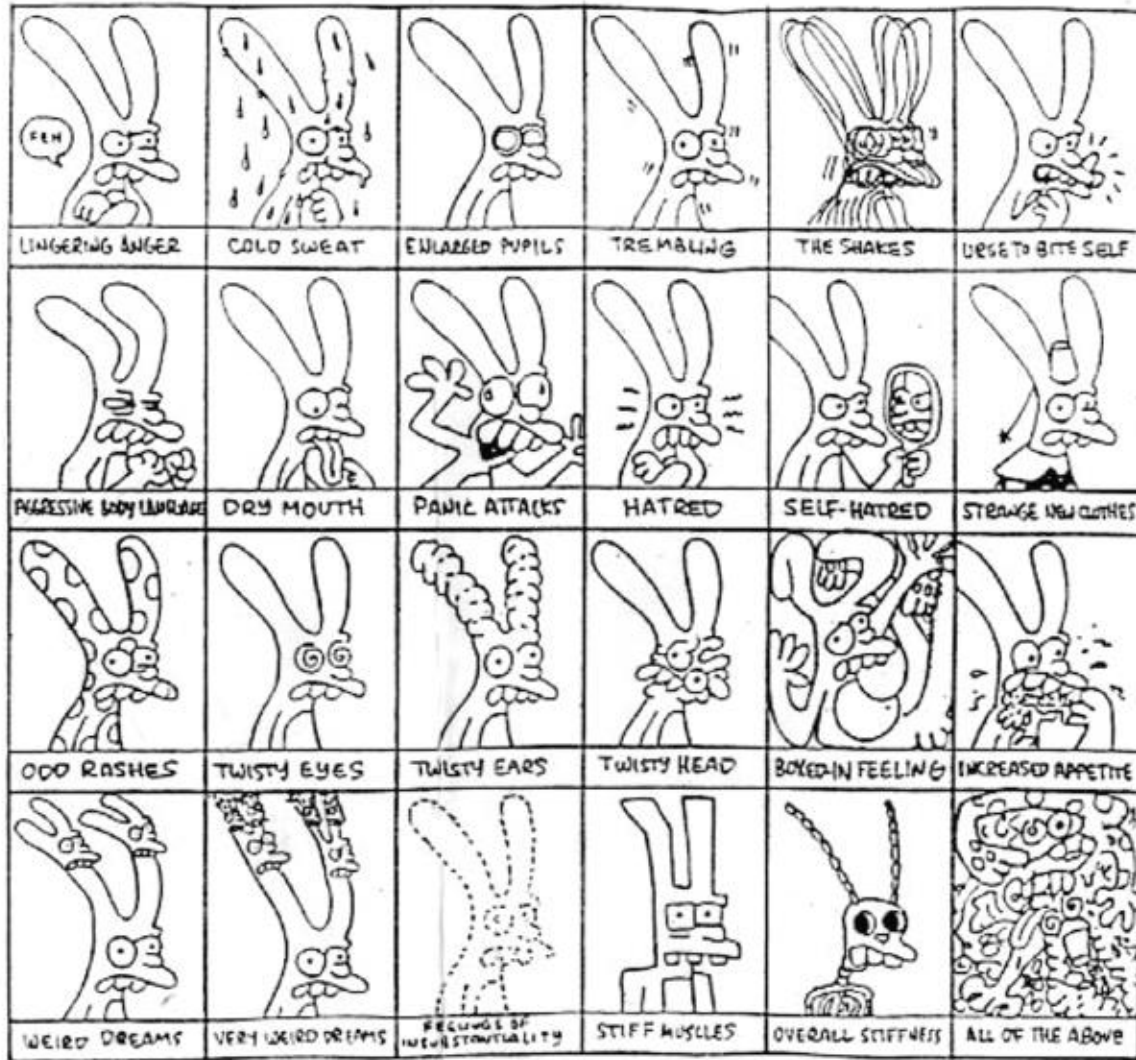
Wired for connection:

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.



THE 24 WARNING SIGNS OF STRESS



Grounding Break

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)

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.

Trauma-Informed: The Trauma Toolkit, Second Edition

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

- Betrayed by his jealous brothers, thrown into a pit, and sold into slavery by his own family (Gen. 37)
- Falsely accused by Potiphar's wife, imprisoned, and forgotten in prison despite his faithfulness (Gen. 39-41)

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)
- Amnon went on to treat Tamar as a used and unwanted outcast, a reputation she likely carried for the rest of her life.

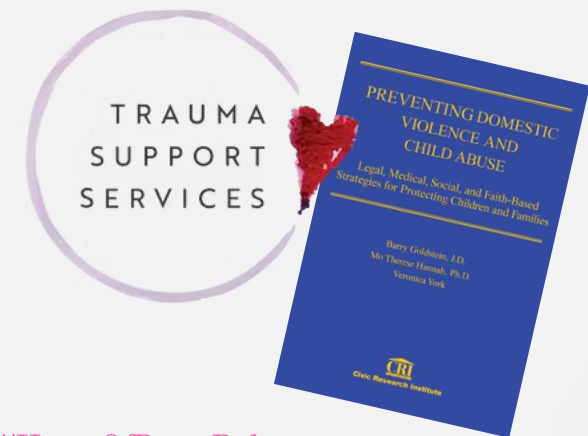
Impacts of Trauma on Faith

Judith Herman's book *Trauma and Recovery* (1992), 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.

Survivors may end up with a distorted view/connection with God due to the abuser twisting Scripture. **Rebecca Davis’** book series *Untwisting Scriptures* (2016-2024) may be a helpful resource.

Dr. Debra Wingfield and Dan Boeck’s Chapter in **Goldstein, Hannah, & York’s** *Preventing Domestic Violence and Child Abuse* (2026) covers equipping leaders, best practices for churches and religious groups seeking to help victims of abuse, and healing for survivors.

Tabi Westbrook, LMFT-S, LCMHC-QS, LPC-S offers a free course with Trauma Support Services: [Impacts on Faith for Survivors of Domestic Abuse & Coercive Control](#)



Trauma and the Nervous System



Process of Trauma

Traumatic Event

- Overwhelms the physical and psychological systems
- Intense fear, helplessness, or horror

Sensitized Nervous System

Brain Changes

Current Stress

- Reminders of trauma, life events, lifestyle

Defensive States as Survival Strategies

Our Defenses are Adaptive Survival Strategies

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

Table of Defensive States: © Dr. Arielle Schwartz

*Adapted by Dr. Debra Wingfield



Trauma and the Nervous System

- God created our bodies with protective 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**- helps the body rest, regulate, and return to calm.
- Chronic trauma or stress can keep the SNS activated long-term.
- Ongoing nervous system activation can contribute to physical illness and health problems.
- Safety and stability help the PNS engage, allowing healing and regulation.
- Chronic health issues may be a signal to explore possible trauma or ongoing stress.

Sometimes, the body remembers what our brain does not. That doesn't mean we don't have faith. It just means we need healing in our nervous system

Sharon Wegman
MA, LPC

@THETRAUMAINFORMEDMINISTRY

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.

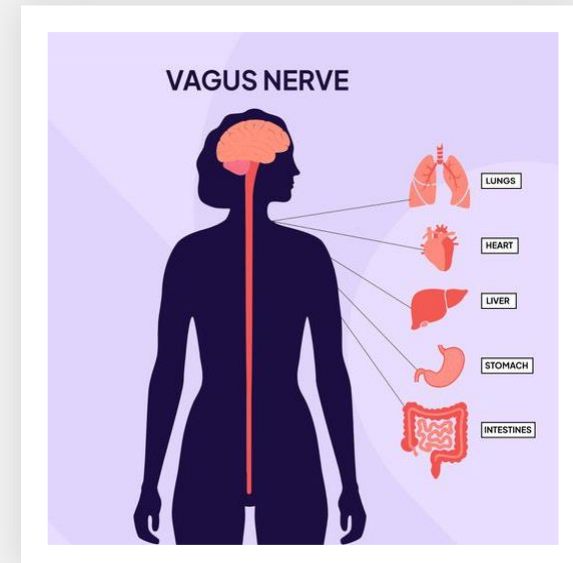
Porges focused on how the **vagus nerve**, a key part of the parasympathetic branch of the ANS:

- 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)



POLYVAGAL THEORY

MADE SIMPLE



Discussion Questions: Polyvagal

At what point in the survivor's journey would this video be helpful, considering the Stages of Change?



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

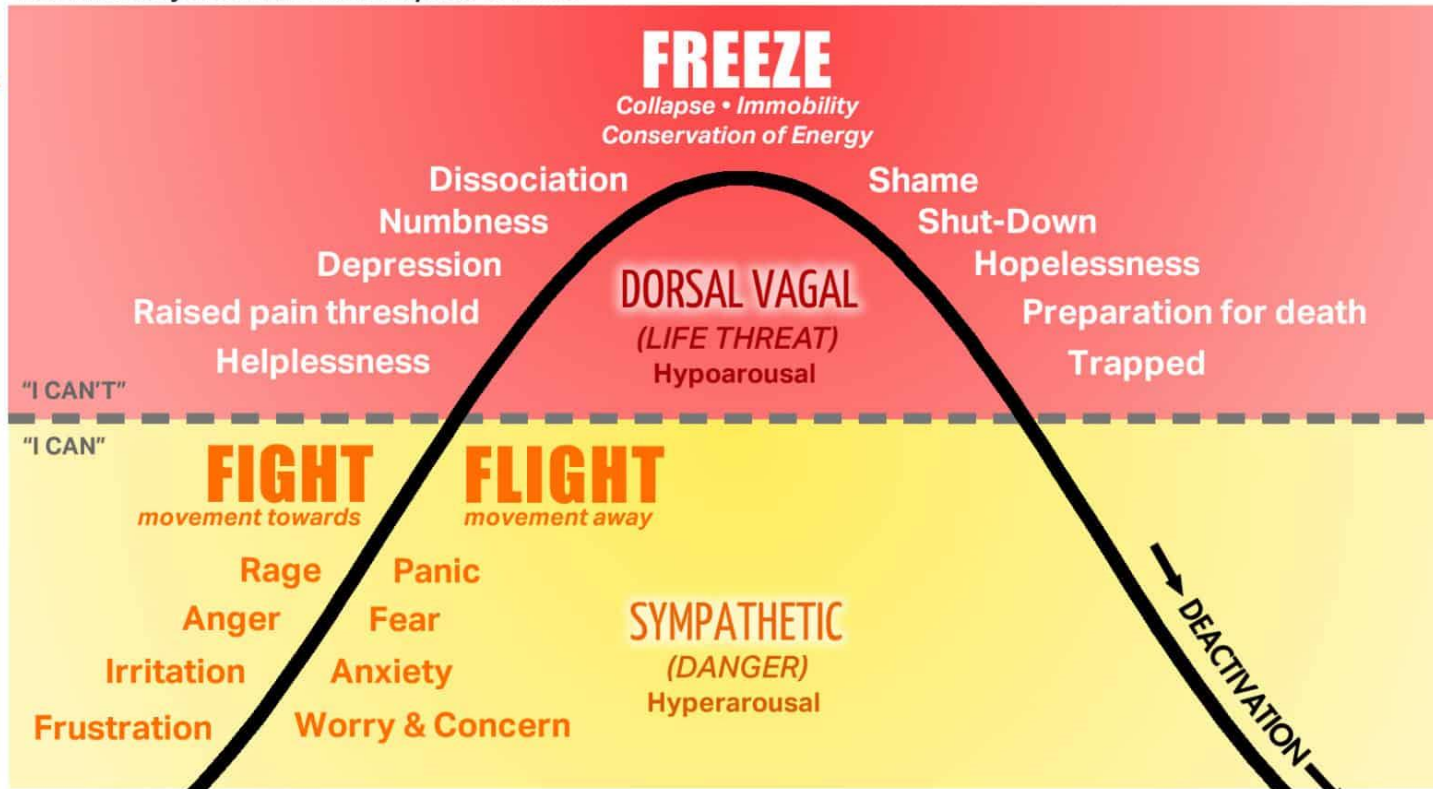


How would you help her identify the manipulations of the coercive controller to intimidate, threaten, or coerce her to dysregulate to where he made her think she was "going crazy" or was "mentally unstable"?



POLYVAGAL CHART

The nervous system with a neuroception of threat:



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
- Decreases**
- Fuel Storage
 - Insulin Activity
 - Digestion
 - Salivation
 - Relational Ability
 - Immune Response

The nervous system with a neuroception of safety:



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



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.

"Do not fear," is followed by, "for I am with you."
(Isaiah 41:10)



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.

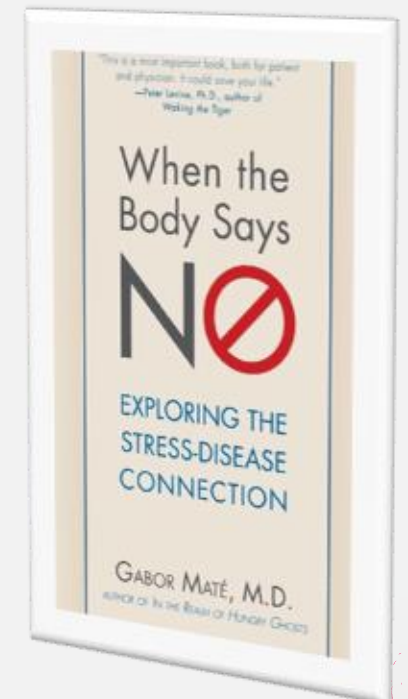
Maté encourages us to examine how we have lived our lives in ways that haven't been supportive of ourselves, often a result of trauma and learning to survive.

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 Mate, 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.”

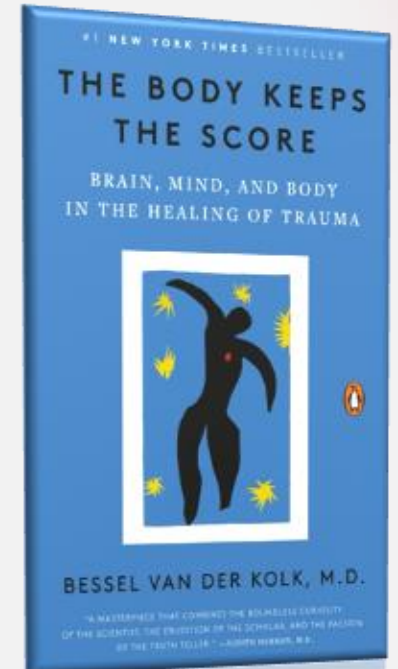
* Affects threat detection (amygdala), thinking (prefrontal cortex), and memory (hippocampus).

* 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



*Make a joyful noise to
the LORD, all the earth!
(Psalm 100:1)*

Post-Traumatic Stress Disorder

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

PTSD
Posttraumatic Stress Disorder

Posttraumatic Stress Disorder (PTSD) is a Mental Disorder that can Develop After a Person is Exposed to a Traumatic Event

PREFRONTAL CORTEX

- ✓ Normal: Complex Thinking, Decision Making and Appropriate Behavior
- ✗ PTSD: Dysfunctional Thought Processes and Decision Making. Inappropriate responses to Situations

AMYGDALA

- ✓ Normal: Sets off Fight or Flight in Response to Danger
- ✗ PTSD: Sets off Fight or Flight in Response to Memories or Thoughts about Danger

HYPOTHALAMUS (HPA) AXIS

- ✓ Normal: Releases Hormones like Cortisol to help Manage and Direct Efforts to Stressor
- ✗ PTSD: Overactive, which leads to Imbalances in Hormone Levels and Increases Stress and Anxiety

HIPPOCAMPUS

- ✓ Normal: Transfers and Stores Information into Memories
- ✗ PTSD: Stores Memories Incorrectly and Affects Memory Retrieval

Potential Causes of PTSD

- War
- Sexual Abuse
- Physical Abuse
- Emotional Abuse
- Robbery or Burglary
- Witnessing or Experiencing Mass Disasters
- Separation
- Death of a Loved One
- Medical Procedure
- Witnessing or Experiencing A Serious Accident

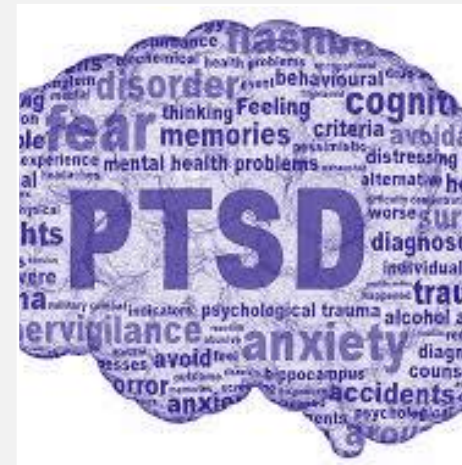
Post-Traumatic Stress Disorder



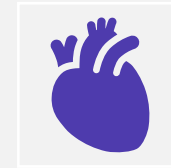
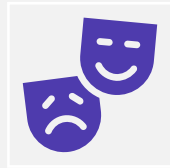
Symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning. Duration of the disturbance is > 1 month and is not the physiological result of substances, medication, or another medical condition.

Symptoms fall into 4 categories:

- 1) Intrusion
- 2) Avoidance
- 3) Negative alterations in cognition and mood
- 4) Alterations in arousal and reactivity



1. Intrusion/Re-experiencing (1 required)



Unwanted
upsetting
memories of the
event

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

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

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 (1 required)



AVOIDING ACTIVITIES, PLACES,
THOUGHTS, OR FEELINGS THAT
REMINDE 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. Negative Alterations in Cognition and Mood

(2 required)

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
- Feelings of detachment or estrangement from others
- Persistent inability to experience positive emotions

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

(2 required)

Irritability or outbursts of anger

Risky or destructive behavior

Hypervigilance (on constant “red alert”)

Feeling jumpy and easily startled
Difficulty concentrating

Difficulty falling or staying asleep

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**.

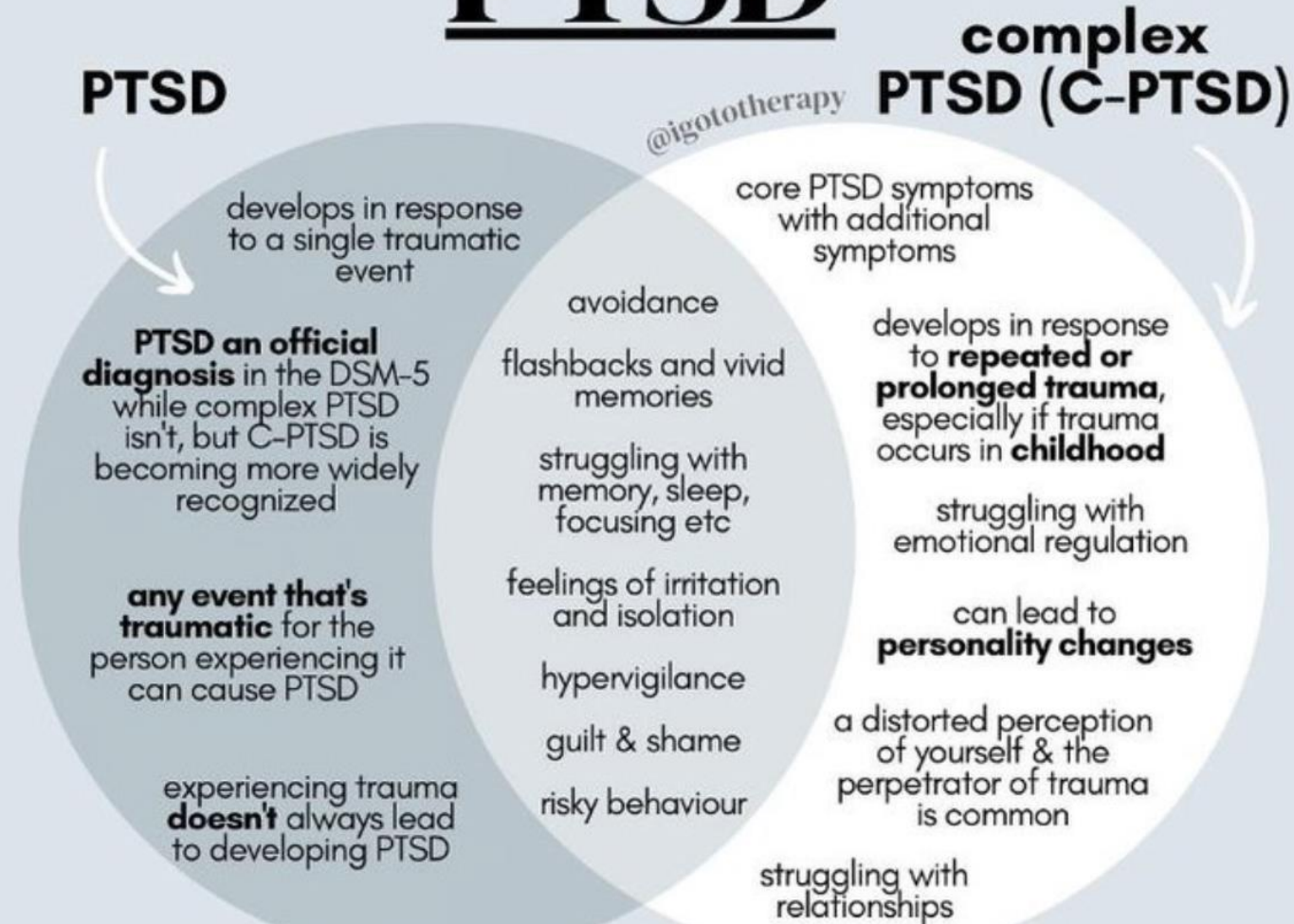
According to her formulation, symptoms include:

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



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**.



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)



Types of Anxiety Disorders

Panic Disorder:

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

Specific Phobias:

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

Generalized Anxiety Disorder (GAD):

The people having generalized anxiety disorder experience persistent fear and worry.

Social Anxiety Disorders:

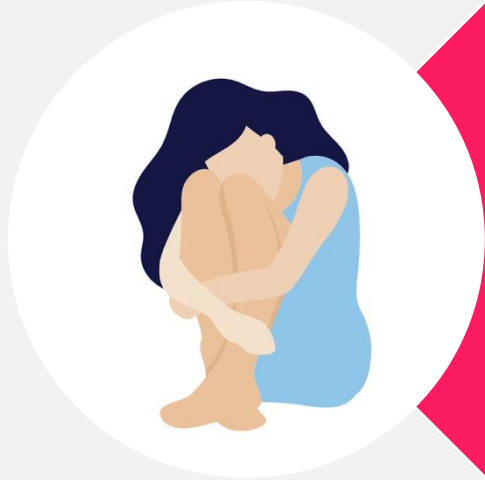
The people who suffer from this type of nervous disorder fear negative publicity, public embarrassment, humiliation, and even social interaction.



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?

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?

- **National Suicide Prevention Lifeline** (USA): 1-800-273-TALK (8255)
- **Crisis Text Line** (USA): Text HOME to 741741
- **International Suicide Hotlines: Comprehensive List**
- **Online Chat Support:** **IMALIVE**
- **Local Mental Health Services:** Find local services at **211.org**
- **Therapy and Counseling Services:** Many therapists offer virtual sessions for professional help



Suicidal Ideation: LIVES Strategy

- First-line support involves 5 simple tasks. It responds to both **emotional and practical needs** at the same time.
- If a survivor mentions thoughts of self-harm or comments like the world would be better off without me, remember the acronym **LIVES**.
- The **LIVES Strategy** (World Health Organization;WHO) is included in CTPM's Advocate Handbook.



L ISTEN	Listen to the woman closely, with empathy, and without judging.
I NQUIRE ABOUT NEEDS AND CONCERNS	Assess and respond to her various needs and concerns—emotional, physical, social and practical (e.g. childcare)
V ALIDATE	Show her that you understand and believe her. Assure her that she is not to blame.
E NHANCE SAFETY	Discuss a plan to protect herself from further harm if violence occurs again.
S UPPORT	Support her by helping her connect to information, services and social support.



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
 - ✓ Judicial System & Family Court
 - ✓ CPS
- **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).



What is Institutional Betrayal?

When an institution someone depends on (church, school, military, healthcare system, court system, etc.):

Fails to prevent harm	Minimizes or ignores abuse	Protects the institution over the victim	Punishes or discredits those who report harm	Lacks a supportive, trauma-informed response
-----------------------	----------------------------	--	--	--

(Goertzen & Yancey, 2025)

“Violations of trust and dependency perpetrated by an institution.”
-Smith & Freyd (2014)

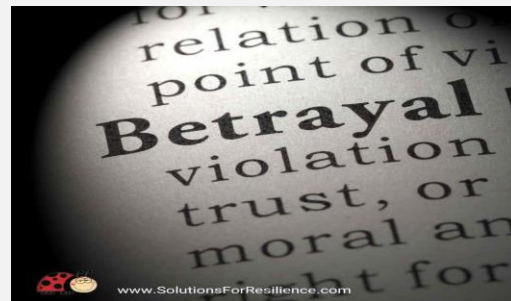
Institutional Betrayal: Experiences & Impacts

Being blamed,
doubted, or
silenced

Pressure to stay in
abusive situations

Leadership siding
with the abuser

Spiritual
manipulation or
misuse of
Scripture



Loss of
community,
belonging, and
trust

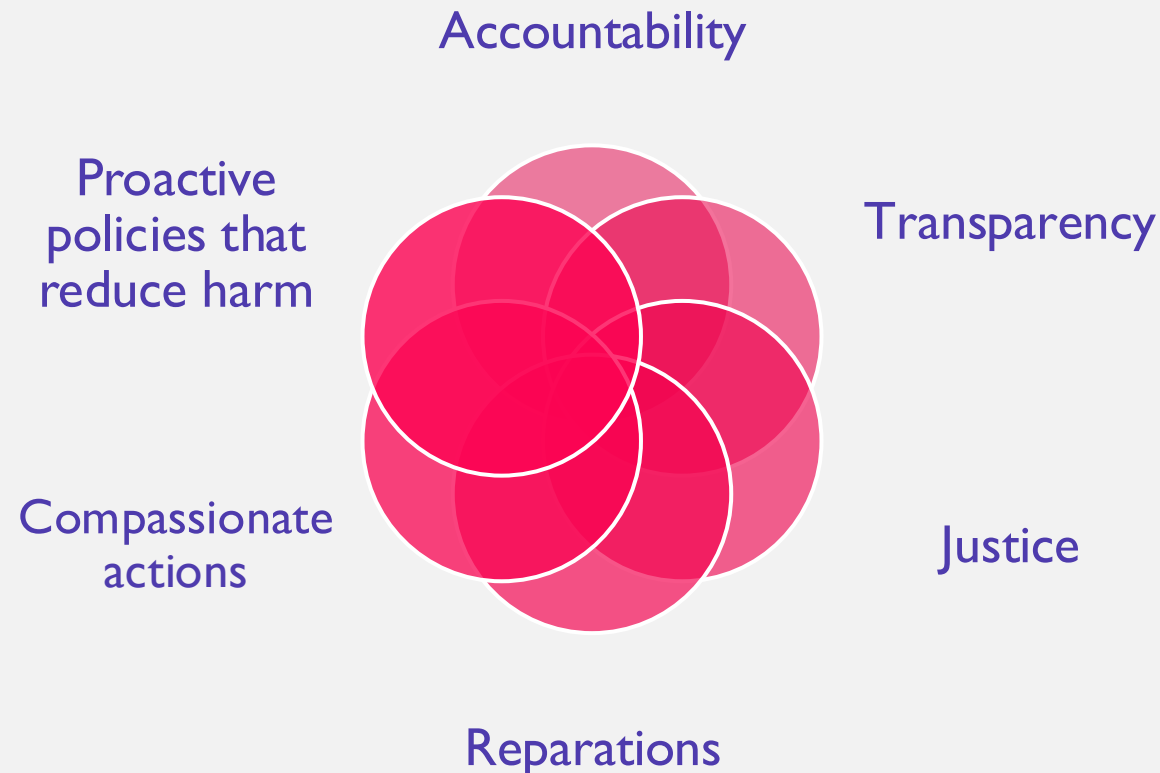
Institutional betrayal can deepen trauma and increase:

- ✓ Emotional distress, spiritual distress, or post-traumatic symptoms
- ✓ Grief, loss, and isolation
- ✓ Difficulty healing and trusting others

(Goertzen & Yancey, 2025)

Institutional Courage

- “...the supportive, proactive climate offered by institutions to those who have been harmed.”
(Goertzen & Yancey, 2025)



- Jennifer Freyd’s Center for Institutional Courage- <https://www.institutionalcourage.org>
 - Steps to Promote Institutional Courage (based on Freyd, 2018; updated March 2022, August 2025)

Advocacy support

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

Well-trained trauma therapist *who understands coercive control



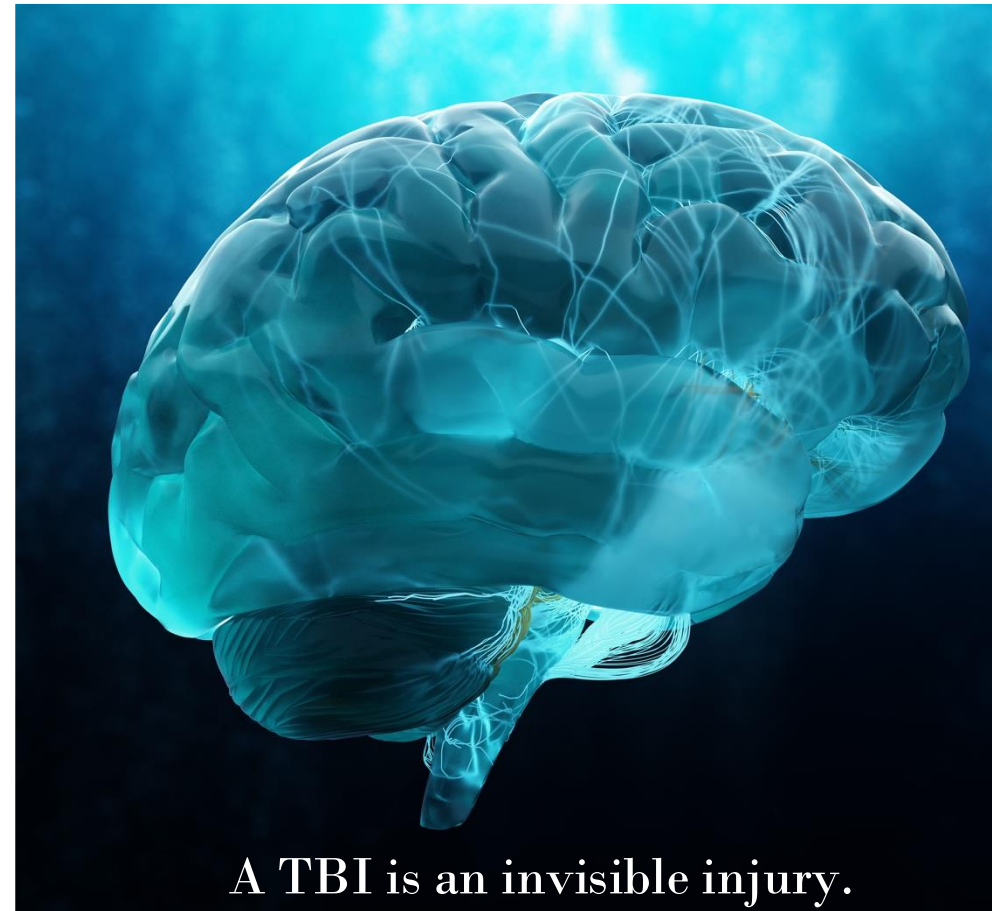
Brain Injury Common in Domestic Abuse

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



Brain Injury Definitions

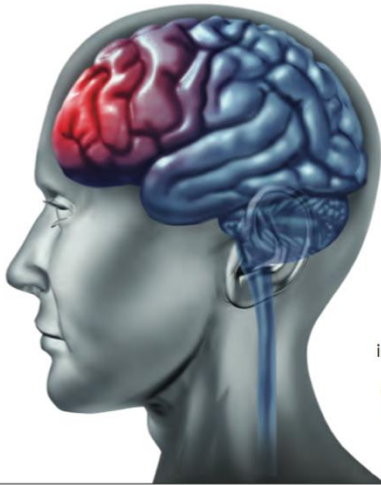
- **Acquired brain injury (ABI)**- occurs *after* birth; an injury to the brain that is not hereditary, congenital, degenerative, or induced by birth trauma.
 - Non-traumatic
 - **Traumatic brain injury (TBI)**- an alteration in brain function, or other evidence of brain pathology, caused by an external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



A TBI is an invisible injury.

Causes of TBI

MAJOR CAUSES OF TRAUMATIC BRAIN INJURIES*



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

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

Domestic 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

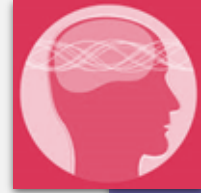


Symptoms of TBI



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”.

CHOKING vs. STRANGULATION

and why verbiage matters in DV cases

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

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

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

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



CRIMINAL JUSTICE
KNOW HOW

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

*But I have calmed and quieted
my soul, like a weaned child
with its mother; like a weaned
child is my soul within me.
(Psalm 131:2)*

Phases of Mechanical Asphyxia

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

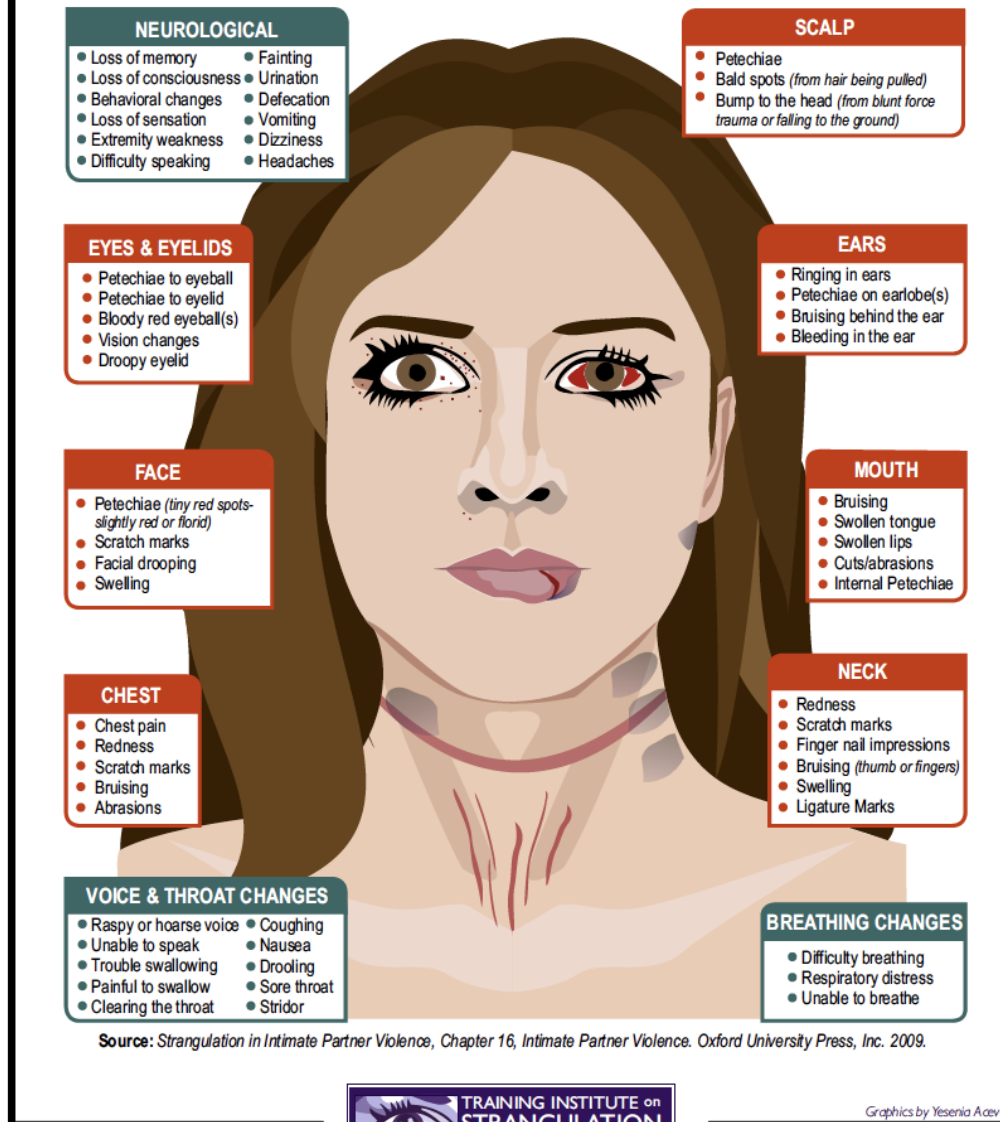
Convulsive phase- characteristics are similar to those of an epileptic crisis, accompanied by seizures

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

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

(Joana Braamcamp, 2021)

SIGNS AND SYMPTOMS OF STRANGULATION



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

Signs of Mechanical Asphyxia

Neck injury with mark of a thumb

Circular abrasive injuries of self-defense

Single or multiple abrasive horizontal neck injuries



Image 3: Injuries of asphyxia

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

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

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

(Joana Braamcamp, 2021)



Symptoms of Non-Fatal Asphyxia

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

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

(Bichard, 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.allianceforhope.org/strangulation-legislation>

Keyword search: Strangulation Statutes (State Name)

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)*

Things That Can Be True About Trauma

I can have fear triggered *and* I can have faith in God

I have anxiety *and* I trust God

I had a traumatic experience *and* My trauma can be healed

Sharon Wegman
MA, LPC

@THETRAUMAINFORMEDMINISTRY

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:

Made in the image of God

Blessed with every spiritual blessing

Chosen

Adopted

Wanted

Blameless before Him

Part of His plan

Forgiven

Loved lavishly by Him

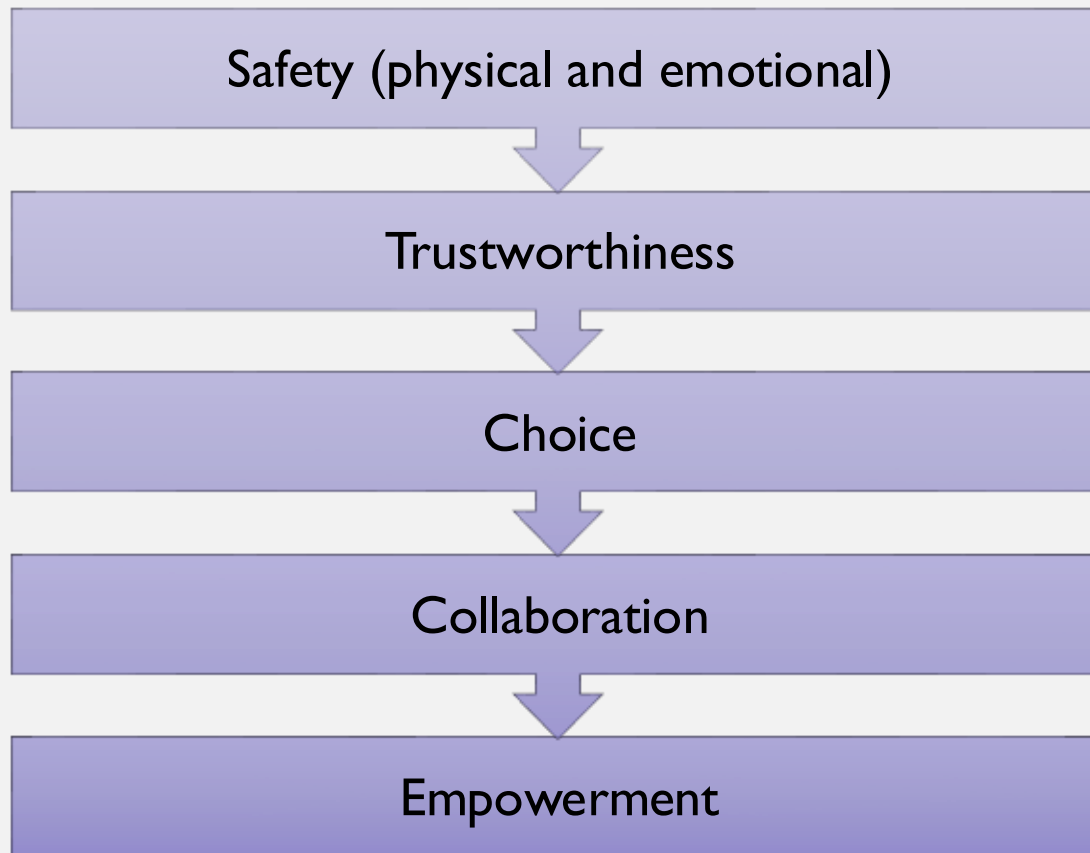
Heirs of an inheritance through Christ

You were also uniquely created with gifts!

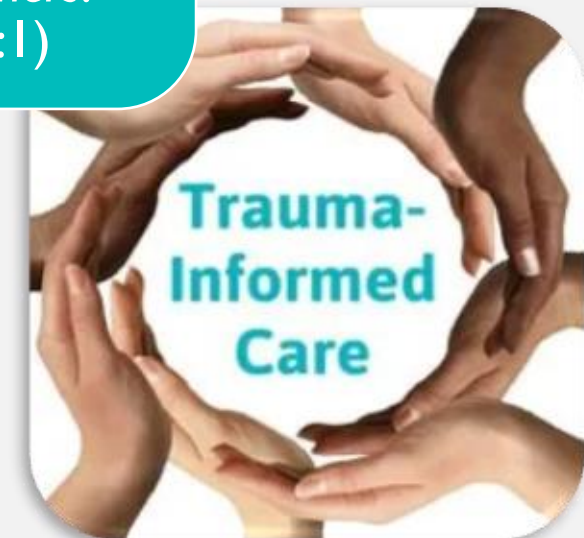
- We have different gifts, according to the grace given to each of us... (Romans 12:6–8)
- Each of you should use whatever gift you have received to serve others, as faithful stewards of God's grace in its various forms. (1 Peter 4:10)
- And He said to me, "My grace is sufficient for you, for My strength 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



*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



Mindfulness (notice without judgment)

Breathwork

Meditation (can meditate on Scriptures)

Journaling

Grounding techniques from class

*Yoga, Tai Chi, and Qi Gong

*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

So do not fear, for I am with you; do not be dismayed, for I am your God. I will strengthen you and help you; I will uphold you with my righteous right hand. (Isaiah 41:10)



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 judgment
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.



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)

"For the creation was subjected to futility, not willingly, but because of him who subjected it, in hope that the creation itself will be set free from its bondage to corruption and obtain the freedom of the glory of the children of God."

- Romans 8:20-21 ESV



GFBC



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.

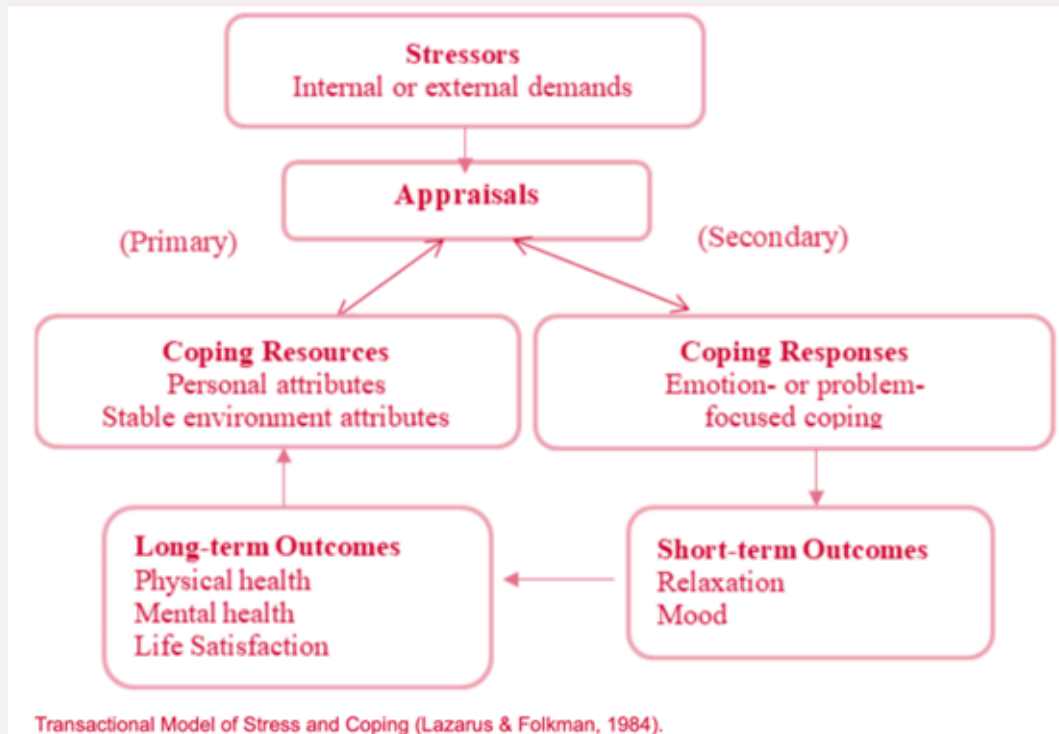
And I am sure of this, that he who began a good work in you will bring it to completion at the day of Jesus Christ. (Philippians 1:6)



Resilience and Coping

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

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



Resilience and the Bible

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)*

We are
hard pressed on every side, but not crushed;
perplexed, but not in despair;
persecuted, but not abandoned;
struck down but not destroyed.

www.Thoughts-about-God.com 2 CORINTHIANS 4:8



Resilience Factors

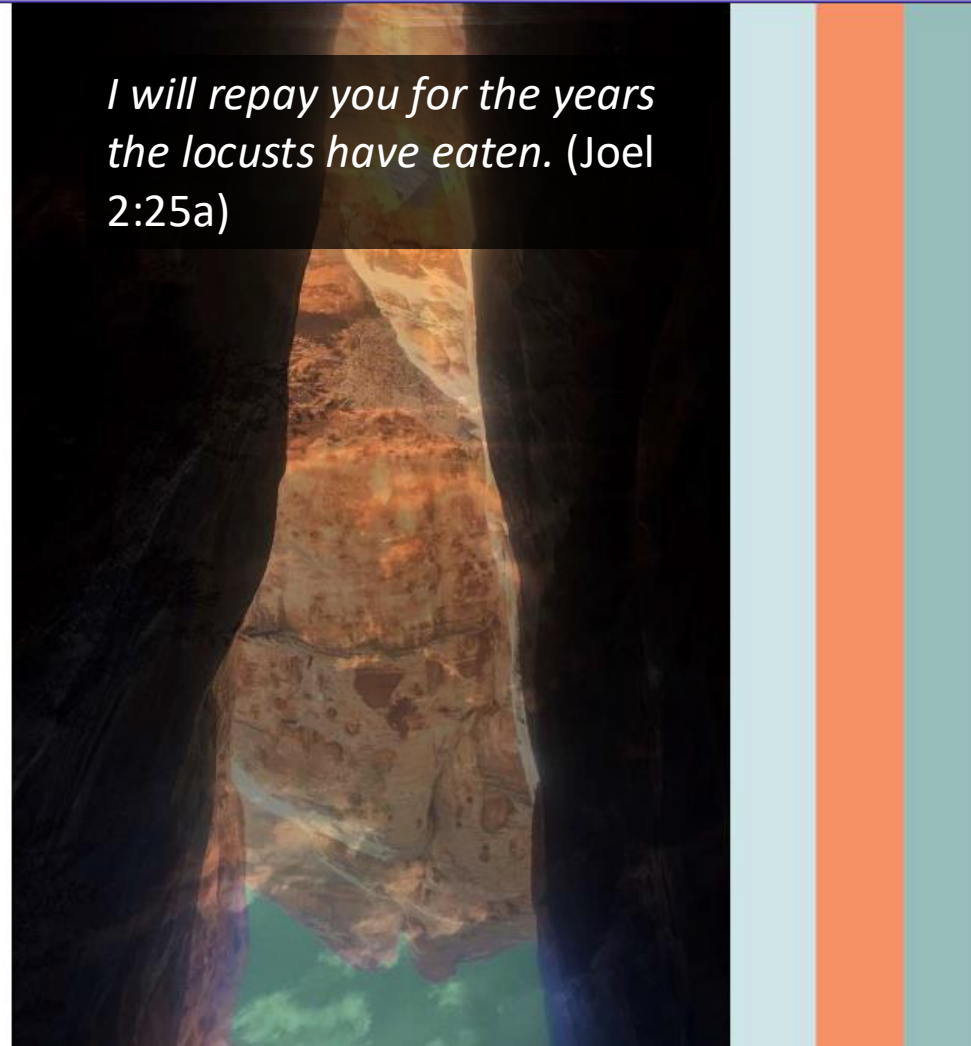
Factors of Resilience

Biblical Lens:

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



*I will repay you for the years
the locusts have eaten. (Joel
2:25a)*



Learning Resilience

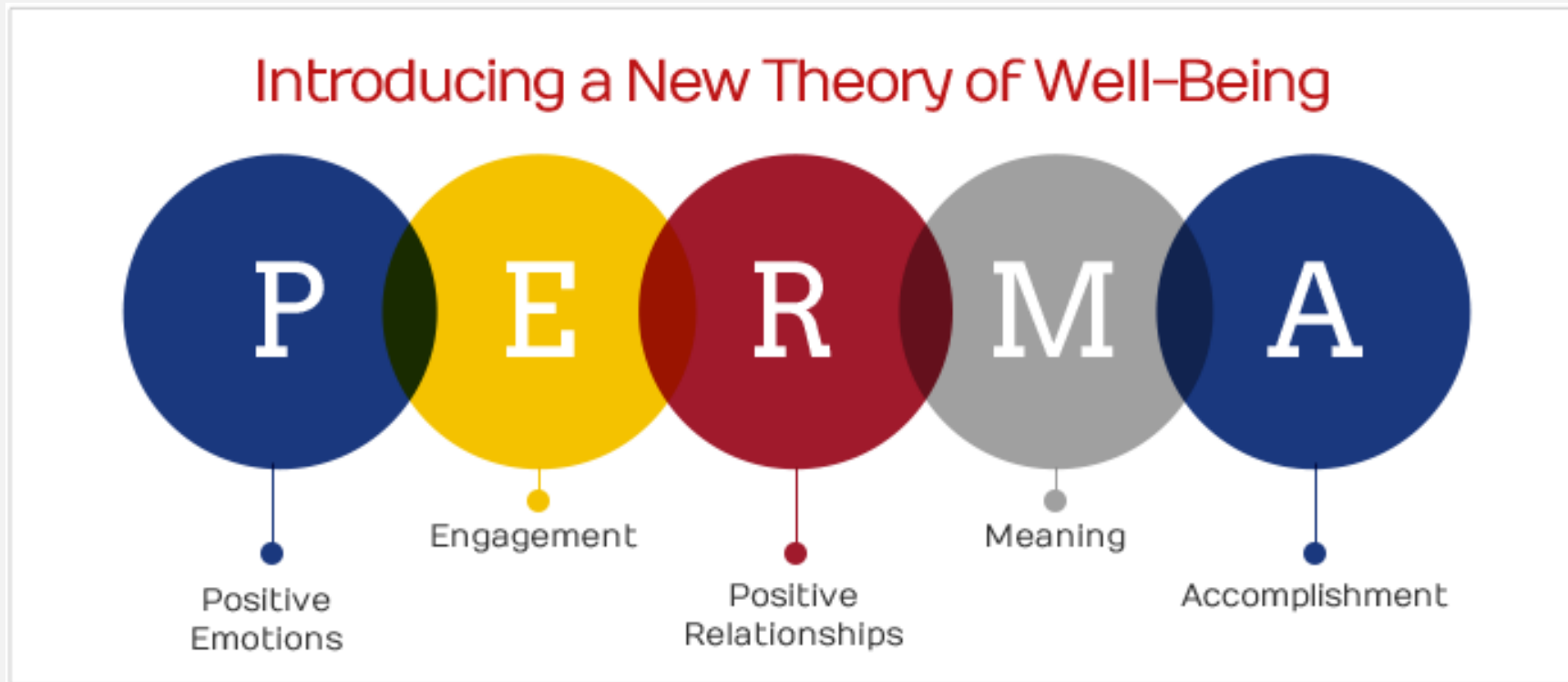
Resilience is not a trait that people either have or do not have. It involves behaviors, thoughts, and actions that can be learned and practiced.

*But we all, with open face beholding as in a glass the glory of the Lord, are changed into the same image from glory to glory, even as by the Spirit of the Lord.
(2 Corinthians 3:18)*



Positive Focus on Well-Being

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



*And we all, who with unveiled faces contemplate the Lord's glory, are being transformed into his image with ever-increasing glory, which comes from the Lord, who is the spirit.
(2 Cor. 3:18)*

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: 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)



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*, 33(23), 3610-3629. [www.doi.org/10.1177/0886260516636068](https://doi.org/10.1177/0886260516636068)
- Bichard, H., Byrne, C., Saville, C.W.N. & Coetzer, R. (2021). The neuropsychological outcomes of non-fatal strangulation in domestic and sexual violence: A systematic review. *Neuropsychological Rehabilitation*. 32(6), 1164-1192. [www.doi.org/10.1080/09602011.2020.1868537](https://doi.org/10.1080/09602011.2020.1868537)
- Bowlby, J. (1969). *Attachment and Loss: Vol. 1. Attachment*. New York: Basic Books.
- Bryngeldottir, H. S., Saint Arnault, D., & Halldorsdottir, S. (2022). The post-traumatic growth journey of women who have survived intimate partner violence: A synthesized theory emphasizing obstacles and facilitating factors. *International Journal of Environmental Research and Public Health*, 19(14), 8653. <https://doi.org/10.3390/ijerph19148653>
- Braamcamp de Mancellos, J. (2021). Pathology of Non-Fatal Asphyxia and the Risk of Fatal Outcome in the Context of Intimate Partner Violence. *J Forensic Sci Criminol*, 9(2), 201. <https://www.annexpublishers.com/articles/JFSC/9201-Pathology-of-Non-Fatal-Asphyxia-and-the-Risk.pdf>
- Brown, L.A., Freyd, J.J., & Christman, S.D. (2015). Trauma-related dissociation and the tendency to shame in interpersonal relationships. *Journal of Trauma & Dissociation*, 16(5), 514–528. <https://doi.org/10.1080/15299732.2015.1027812>
- Cloitre, M., Stolbach, B. C., Herman, J. L., Kolk, B. V. D., Pynoos, R., Wang, J., & Petkova, E. (2009). A developmental approach to complex PTSD: Childhood and adult cumulative trauma as predictors of symptom complexity. *Journal of Traumatic Stress*, 22(5), 399-408. <https://doi.org/10.1002/jts.20444>
- DePrince, A.P., & Freyd, J.J. (2002). The harm of trauma: Pathological fear, shattered assumptions, or betrayal? In K. Nader, N. Dubrow, & B.H. Stamm (Eds.), *Honoring differences: Cultural issues in the treatment of trauma and loss*, 295–315.
- Elderton, A., Berry, A., & Chan, C. (2017). A systematic review of posttraumatic growth in survivors of interpersonal violence in adulthood. *Trauma, Violence, & Abuse*, 18(2), 223–236. <https://doi.org/10.1177/1524838015611672>



References

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

Hebenstreit, C. L., Maguen, S., Koo, K. H., & DePrince, A. P. (2015). Latent profiles of PTSD symptoms in women exposed to intimate partner violence. *Journal of affective disorders*, 180, 122-128. <https://doi.org/10.1016/j.jad.2015.03.047>

Ford, J. D., & Courtois, C. A. (2014). Complex PTSD, affect dysregulation, and borderline personality disorder. *Borderline Personality Disorder and Emotion Dysregulation*, 1(1), 1-17. www.doi.org/10.1186/2051-6673-1-9

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

Freyd, J.J., DePrince, A.P., & Zurbriggen, E.L. (2001). Self-reported memory for abuse depends upon victim–perpetrator relationship. *Journal of Trauma & Dissociation*, 2(3), 5–15. https://doi.org/10.1300/J229v02n03_02

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

Gobin, 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/a0032452>

Goertzen, G. L., & Yancey, G. (2025). Church-Related Institutional Betrayal and Institutional Courage in Domestic Violence: As Viewed Through a Qualitative Lens. *Religions*, 16(5), 638. <https://doi.org/10.3390/rel16050638>

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

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

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/10.1002/jts.2490050305>



References

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

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

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

Lieberman, A., Zeanah, C., & McIntosh, J. (2011). Attachment perspectives on domestic violence and family law. *Family Court Review*, 49(3), 529-538. www.doi.org/10.1111/j.1744-1617.2011.01390.x

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

Martin, C.G., Cromer, L.D., DePrince, A.P., & Freyd, J.J. (2013). The role of cumulative trauma, betrayal, and appraisals in understanding trauma symptomatology. *Psychological Trauma*, 5(2), 110–118. <https://doi.org/10.1037/a0025686>

Machinga-Asaolu, R. O. (2025). Post-Traumatic Growth Promoting and Inhibiting Factors Among Intimate Partner Violence Survivors: A Systematic Review. *Trauma, Violence, & Abuse*, 26(4), 789-803.

Nemeth, J. M., Mengo, C., Kulow, E., Brown, A., & Ramirez, R. (2019). Provider perceptions and domestic violence (DV) survivor experiences of traumatic and anoxic-hypoxic brain injury: Implications for DV advocacy service provision. *Journal of Aggression, Maltreatment & Trauma*, 28(6), 744–763. <https://doi.org/10.1080/10926771.2019.1591562>

Newton, T. L., Szabo, Y. Z., Warnecke, A., & Cerrillos, A. M. (2026). Survivors' perspectives on positive life changes and growth after intimate partner abuse: Testing connections with coercive controlling violence. *Violence Against Women*, 32(9), 2966–2985. <https://doi.org/10.1177/10778012251356948>

Seligman, M.E.P. (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.

Smidt, A. M., Adams-Clark, A. A., & Freyd, J. J. (2023). Institutional courage buffers against institutional betrayal, protects employee health, and fosters organizational commitment following workplace sexual harassment. *PLOS ONE*, 18(1), e0278830. <https://doi.org/10.1371/journal.pone.0278830>



References

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

Stryd, T. (2024). Psalms 129, 130, and 131: A Framework for Trauma Care, 38(1), 5–28. <https://doi.org/https://store.ccef.org/my-account/jbc/381/psalms-129-130-and-131-a-framework-for-trauma-care/>

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

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

World Health Organization (2014). Health care for women subjected to intimate partner violence or sexual violence: a clinical handbook. World Health Organization. <https://iris.who.int/handle/10665/136101>

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

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

<https://developingchild.harvard.edu/key-concept/toxic-stress>

<https://www.institutionalcourage.org>

<https://www.biausa.org>

<https://www.strangulationtraininginstitute.com>

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

<https://quiz.attachmentproject.com/>

<https://www.btr.org>

