

Healing *from* Trauma



IKEDA, CHELF, & JOINER

EDITED BY ROBIN SHEPHERD

Healing *from* Trauma



Copyright © 2013 by Empower International Ministries. All rights reserved.

www.empowerinternational.org

Designed by Patterson Creative | www.ipatterson.com

Laura Joiner, MFT | Kimberly Chelf, MSW | Linda Ikeda, RN, MFT

Dedicated to the brave souls everywhere whose lives are disrupted and changed forever after experiencing extreme trauma. With God's help and mercy, may you be "more than conquerors" (Romans 8:37-39), and may this workbook be a tool useful to your healing process.

~ Linda M. Ikeda

Table of Contents

Lesson 1	10
Why Me, God?	
Lesson 2	12
What is “Trauma”?	
“Little t” Trauma	12
“Big T” Trauma	12
Complex Trauma	13
Lesson 3	15
Post-Traumatic Stress Disorder (PTSD)	
Signs and Symptoms	15
Delayed Onset PTSD	15
Children with PTSD	16
Risk Factors for PTSD	17
Lesson 4	18
Trauma and Loss	
Types of Loss	18
Outcomes of Loss	18
Lesson 5	20
Recovery and Restoration	
Providing Safety	20
Recovery and Restoration for Children	21
Additional Pointers for Trauma Survivors	21
Restoration after Long Term Losses	22
Lesson 6	27
Forgiveness	
Lesson 7	32
Compassion Fatigue, Burnout or Secondary PTSD	
Symptoms of Compassion Fatigue	32
Principles to Encourage Self-Care for Caregivers	33
Safeguards Against Burnout or Compassion Fatigue	34
Appendix A	40
Case Studies	
Appendix B	44
Recovery and Restoration: A Model for Children	
Appendix C	45
Snake Bite Analogy	
Appendix D	47
A Word About Grieving	
Appendix E	48
Learned Helplessness	
Glossary	50
References	54
Certificate of Completion	55

Introduction

Healing from trauma CAN happen. Sometimes God miraculously heals and when this transpires it usually occurs in an instant. We praise and thank God for this. Most often, however, God uses other people to help in the healing process. However we heal, all of us heal better in community, in relationships with safe people. We need others to listen, validate our experiences of trauma, and love us throughout the process... AND *healing is a process*. This means that it takes time. Healing takes time.

Galatians 6:2 instructs us to “bear one another’s burdens and thus fulfill the law of Christ.”

But what will be most effective in aiding the healing process? The purpose of this workbook is to answer this question by providing caregivers with information, guidelines, references and encouragement.

We will be addressing 2 categories of people:

- People in general
- Children in particular

Throughout the curriculum, when referring to trauma sufferers we use pronouns in the feminine form (she, her). This was done to simplify the curriculum for editing. However, we want our male participants to know that it is okay to ask for help in recovering from traumatic events. In many cultures, it is generally difficult for men to admit when they are struggling and we want to encourage all men that what they are experiencing is normal for what they have been through. If you, as the teacher of this curriculum, feel that it would be more appropriate for your audience to say “she or he” instead of “she”, and “her or him” instead of “her”, please do.

Please prepare yourselves for the sometimes graphic and explicit language as we discuss this issue.

Lesson 1

Why Me, God?

Exercise: Welcome

15-20 minutes

To begin the seminar, welcome everyone and give a brief description of what the seminar will cover over the next couple of days. Thank the attendees for being a part of the seminar and encourage them to ask questions as they come to mind. Ask the participants to introduce themselves to everyone (provide their names, where they are from and why they came to the seminar). Then place them in separate small groups of 5 or 6 people.

- 1.** Appoint a leader from each small group to record notes to share with the larger group.
- 2.** Have people introduce themselves, 1 at a time, within their small groups. Ask them to share a personal detail, such as their favorite foods, and then have each group member share what they hope to learn from the seminar.
- 3.** Ask the small groups to answer the following questions, encouraging all members to participate in the discussion:
 - What do you think of when you hear the word “trauma”?
 - Do adults and children experience trauma in the same or different ways? Explain your answer.
 - What trauma have you experienced?
- 4.** Reassemble as a larger group. Have the designated person from each small group share from their notes with the entire group.

What are some of the questions and doubts that people have when their lives have been impacted by trauma?

QUESTION: Why has God allowed this to happen to me?

DOUBT: Doubting God's omnipotence or all-powerfulness.

QUESTION: If God is all-powerful, why doesn't He protect His children better?

DOUBT: Doubting God's goodness.

QUESTION: Why didn't God warn me? (Perhaps He did warn me but I wasn't paying attention!)

DOUBT: Doubting my ability to listen and hear God.

QUESTION: Whose fault is it that this horrible thing happened to me? Why did they do it?

DOUBT: Doubting God's love.

QUESTION: I wonder if I will ever feel normal again?

DOUBT: Doubting God's faithfulness and desire to restore me. Feeling hopeless.

QUESTION: What will others think of me if they find out, or I tell them?

DOUBT: Doubting my worthiness.

QUESTION: What could or should I have done differently?

DOUBT: Doubting the effectiveness of my choices.

QUESTION: Who can help me?

DOUBT: Doubting my ability to recover and to manage on my own.

ALL of these feelings and questions are reasonable and normal. A person is not bad or wrong for having any of these feelings or asking any of these questions. In fact, verbalizing things like this can actually be helpful to most people! It is important to keep in mind that as a helper, one does not need to have the answers to these questions in order to provide assistance.

Lesson 2

What is “Trauma”?

Trauma is an event considered outside the norm of everyday experience. For example, an event in which a person experiences, witnesses or is confronted by:

- an actual or threatened death or serious injury, or
- a threat to the physical integrity of self or others (Diagnostic and Statistical Manual of Mental Health Disorders, 1994).

A traumatic event is typically one that is accompanied by a sense of intense fear, helplessness, terror or horror. In children, the experience of trauma may be expressed instead by disorganized or agitated behavior (Diagnostic and Statistical Manual of Mental Health Disorders, 1994).

In the following sections, we will use 3 categories of trauma as a framework for trauma assessment.

- **“Little t” trauma**
- **“Big T” trauma**
- **Complex trauma**

“Little t” Trauma

“Little t” trauma involves events that we encounter day to day that can make life difficult but are not out of the ordinary (Shapiro, 2001), such as in the following examples.

- Other children tease me because I am poor and have ripped clothing.
- My father is an alcoholic and people think he is a fool.
- I have made a foolish mistake.
- A meal I cooked did not turn out well.
- I am not treated with respect at the market.

With “little t” trauma, we usually do not develop problems because we are able to **process** the trauma and **integrate** it into our **life story**. We do this by talking, writing or praying about it. We know that we have successfully processed it when it no longer troubles us.

“Big T” Trauma

“Big T” trauma can disrupt and alter the normal course of our lives. When we have been exposed to an event in which we experience, witness or are confronted by something that involves a threat to physical safety by serious injury or threatened death, to ourselves or to others, this is considered “big T” trauma. This type of event is clearly outside the boundaries of what people normally experience. With “big T” trauma, our responses may involve intense fear, helplessness, horror and the inability to cope.

For children, “big T” trauma is developmental trauma, particularly when it involves neglect or separation from the birth mother. Trauma in childhood robs children of their innocence and the

belief that the world is a safe place (where parents or other adults will always be able to protect them and keep them safe).

Basically, there are 4 kinds of trauma-producing experiences for “big T” trauma:

1. **Victimization** (kidnapping, rape, sexual abuse, exploitation, poverty)
2. **Loss** (security, trust, home, health, medical care, education, belongings)
3. **Family-related trauma** (incest; physical and extreme verbal abuse; separation from loved ones; being neglected, orphaned or abandoned)
4. **Natural disasters** (fire, flood, famine, storms, earthquakes, tornadoes, tsunamis)

For a child, trauma is experiencing ANY form of abuse from adults.

Verbal abuse, such as when a parent tells a child: “you don’t deserve to live”.

Physical abuse, such as when an adult who ought to be loving and protecting a child, intentionally harms the child instead.

Neglect, such as when a child is deprived of basic needs for survival including water, food, shelter, and touch (worst of all because it has the most serious impact on brain development).

Sexual abuse, which has a much broader definition than rape alone, including any interaction between a person in a **power position** and child, in which the child is abused for the sexual stimulation of the abuser. This may involve forms of physical or non-physical contact. Sexual abuse with physical contact may include rape committed by sodomy, oral, or vaginal penetration, but it is not limited to these things. If a person who is at least four years older than the child, masturbates in front of a child, or

masturbates the child, this is considered sexual abuse. If a person fondles (touches in a sexual way) the genitals of a child, this is considered sexual abuse. If a person simulates intercourse, even on top of the clothing, with a child, this is considered sexual abuse. Sexual abuse using non-physical contact may include sexually explicit verbal abuse, or exposure to adult sexual situations or pornographic photos or videos.

With a broken arm or leg, it is easy to identify trauma, but the deep emotional and spiritual wounds of traumas can be much more difficult to recognize.

Complex Trauma

Complex trauma occurs when a person is exposed to a series of traumatic events, with no chance to heal from one before being confronted by another.

Examples:

- A man is held at gunpoint while seeing a family member murdered or raped. Subsequently, his home is destroyed by fire, and then he suffers a health crisis.

- A woman's husband dies, and then she tests as HIV+, loses her job and has no one to help provide for her and her children.
- A child is forced, under threat of death, to mutilate his mother or have sex with his sister, and is then forced into a militant rebel group.

Complex trauma can also result from multiple exposures to the same trauma, such as repeated sexual abuse or repeated rape.

We all need help to heal after experiencing "big T" or complex trauma. Without help, we are more likely to develop post-traumatic stress disorder (PTSD).

Exercise: Types of Traumas

15-20 minutes

- 1.** Divide into groups of 3 or 4 people.
- 2.** Ask group members to suggest an example of each of the 3 types of trauma ("big T", "little t", complex).
- 3.** Discuss with group members why you are categorizing the examples in this way.

Lesson 3

Post-Traumatic Stress Disorder (PTSD)

Signs and Symptoms

PTSD is a documented and serious disorder with recognizable signs and symptoms.

Flashbacks – having moments when we feel as if we are reliving a traumatic experience; for example, seeing repeated images of the experience in our minds.

Triggers – seeing something that reminds us of a traumatic event, and being **flooded or overwhelmed with intense feelings** (fear, anxiety, rage) **and/or body responses** (racing heart, shallow breathing, actual pain in area of the original injury).

Sleep issues – having recurring nightmares about the event; waking up screaming; growing fearful of going to sleep because of the terror the dreams bring up; inability to sleep (insomnia).

Forgetting some important part of a traumatic event that was too horrific to hold in our waking (conscious) minds. We can never erase it from memory, but we hope it will remain locked away in a hidden (subconscious) part of our minds.

Avoiding people, places or things that remind us of a traumatic event. For example: walking farther than is necessary to avoid walking down the street where the event took place, or avoiding eating foods whose smell reminds us of a traumatic experience.

Experiencing intense feelings of:

- Helplessness – “There was nothing I could do.”
- Hopelessness – “Things will never change.”
- Terror – “I won’t survive. I feel like I am going to die.”
- Depression – “I am so sad most of the time.”
- Anhedonia – “The things that used to make me happy don’t anymore.”

Somaticizing – carrying the burden of a traumatic experience in our bodies through headaches, other aches and pains, feeling sick, illnesses, insomnia, rapid heart rate, feelings of being “on guard” (hyper-vigilance), or nightmares.

Inability to function – disengaging or detaching from relationships and basic activities of daily living.

Delayed Onset PTSD

Sometimes PTSD is not evident until many years after a traumatic experience, when it is suddenly triggered by some event that serves as a forceful reminder of the past experience. For example, a veteran of the Vietnam War may not show any PTSD symptoms until 30 years later, when he sees a play such as “Miss Saigon” (a fictional story based on the Vietnam War) and is exposed to realistic scenes that trigger painful memories of the war.

Children with PTSD

For children, PTSD may be characterized by a variety of behaviors.

Inability to function – such as failure in school or an inability to provide self-care that was present in the child’s behavior before the traumatic experience.

Sleep issues – such as regular and terrible nightmares, night terrors, or a fear of going to sleep (sleep-resistance).

Repetitive play – in which the trauma theme is continuously re-enacted. Examples of repetitive play include:

- A 4-year-old sodomized by his father might engage in repetitive play in which an eel (a snake-like fish) sneaks up on and attacks a little fish.
- A child who has witnessed a stabbing might play with themes using sharp objects to hurt a doll or another child.
- A child who sees her father beat her mother might show aggression toward others by starting fights, having angry outbursts or destroying belongings.

Withdrawal – a child withdraws or isolates herself from others.

Marked separation fear – a child fears separation from a parent or teacher because she saw her father murdered and now being left alone is terrifying.

Exaggerated startle reactions – consistently defensively alert or always anticipating that something bad is going to happen.

Over-active, unfocused – unable to settle down, having trouble concentrating or paying attention.

Dissociating – appearing to be off in another world, being somewhere else or experiencing a complete numbing of emotions.

Behavioral regression – returning to an earlier stage of development, e.g., a child who is toilet-trained begins wetting/soiling again, or a child who gave up thumb sucking begins sucking her thumb again.

Language regression – reverting to baby talk (talking like a much younger child).

Marked **personality changes** – becoming sad, moody or withdrawn after being a normally happy child.

Avoiding people, places or things that remind the child of a traumatic experience. Examples include:

- A girl avoids men with beards because the uncle who sexually abused her had a beard.
- A boy avoids men wearing caps because the soldiers that burned his village all wore caps.

Denial – functioning as a *little adult*, denying any sense of anger, fear or sorrow, as if to say, “No big deal.” Or “I can handle it.” The child may not display any other disruptive symptoms at that time.

Trauma in childhood has a more significant impact than in adulthood because the child’s brain is still developing. When trauma occurs while the brain is still developing, all future brain development occurs on top of this trauma and so it is called **complex PTSD**. Complex PTSD impacts all further emotional, psychological and physical development.

For children, all PTSD trauma leads to distressing emotions:

- **Guilt** – “It’s my fault this happened. I should have done something different.”
- **Rejection** – Feeling unloved, unwanted, abandoned and unworthy of protection.
- **Shame** – “I am damaged, dirty, and unacceptable to those around me.”

Risk Factors for PTSD

- The seriousness of the trauma (to the person).
- Whether the trauma is a onetime occurrence or repeated.
- When the trauma occurs over a long period of time.
- When the trauma occurs along with other trauma (complex trauma).
- When a trusted person, such as a neighbor or family member, inflicts the trauma (Psalm 55:12-14).
- If the trauma was experienced by only one person, on her own; not as part of a group.
- If the trauma was the result of intentional rather than accidental harm.

People who are supported and have someone to talk to within 48 hours of a traumatic incident generally have a better chance of a healthy recovery.

Trauma and Loss

Types of Loss

Traumatic events lead to immediate, as well as long-term losses.

- The loss of health, body parts, or freedom from HIV/AIDS and other life-threatening diseases, or the loss of access to medical treatment and intervention
- The loss of significant, loving or otherwise meaningful relationships
- The loss of a sense of belonging and self-worth, of being known and accepted; of having a personal identity, history, status and culture
- The loss of vital structures such as home, school, community and church
- The loss of basic necessities such as water, food and shelter
- The loss of belief in a good God who gives hope and a future (Jeremiah 29:11)
- The loss of a child's innocence, playfulness, sense of safety and ability to trust; the loss of their innocent belief that their parents can keep them safe from bad people; the loss of a caregiver, forcing the child to "grow up" quickly and assume adult responsibilities; the loss of healthy moral development and conscience; the loss of education

A traumatized person is more vulnerable to unjust treatment by others because unresolved losses can lead to a sense of chronic helplessness and hopelessness.

Outcomes of Loss

Unresolved immediate losses can lead to being **exploited** by others for the exploiter's personal gain. Some forms of exploitation include: prostitution (sex trafficking), being used for pornography, forced labor (slavery), forced carrying of drugs and weapons, and forced military service.

If losses are unresolved, trauma victims may themselves become perpetrators of exploitation as a way of no longer feeling helpless. A victim may also become a perpetrator because she sees it as her only way to escape the trauma, or because she is being coerced or threatened. The power of the perpetrator may be her only experience of power,

leading her to identify with and model the perpetrator's behavior in order to gain some feeling of belonging and control going forward.

The extent of healing from a traumatic loss will depend on how quickly an intervention is undertaken and how quickly losses are resolved, especially losses of home and family.

Exercise: Case Studies

1 hour – Case Studies are located in Appendix A

- 1.** Divide class into 4 groups and assign a different case study for each group to read (every group will need an English reader if using the English translation).
- 2.** Have each group choose someone to record notes and report results of group discussions to the class. Let group members know that they'll have 20 minutes to read and discuss their case study and prepare answers to 5 questions.
- 3.** Appoint a timekeeper to notify the class when 20 minutes out of the hour have passed so the small groups can reassemble as 1 group.
- 4.** Each group will read and discuss their assigned case study and answer the following questions:
 - What were the traumas involved in your case study?
 - Were these "little t", "Big T" or complex traumas?
 - What were the immediate losses suffered by the traumatized person?
 - Was this person exploited in any way?
 - What were the long-term losses?
- 5.** Spend the remaining 40 minutes reporting each group's thoughts to the class (allow about 10 minutes per group).

Recovery and Restoration

Ask and Discuss

- Has anyone in the class been with someone who recently experienced a traumatic event?
- What are some of the immediate things you would do for them based on what we've discussed?

Providing Safety

Providing safety and developing trust will be helpful to those who have been traumatized. If the trauma has only recently occurred, the primary goal is to **provide safety and stability**.

- Remove them from danger.
- Speak in short, direct phrases, for example: "drink this glass of water", "put this blanket around you", "sit here, you are safe now", or, "it is all over, I am here now".
- If possible, find a family member or **someone familiar and trusted** to be with them.
- Provide **structure** by creating a routine or schedule so that life becomes predictable again.
 - ▶ When people are unable to control the occurrence of traumatic events, we can help them regain a **sense of control** by helping them see what they do have control over by asking questions of choice.
 - "Would you like to sit here or there?"
 - "Would you like to eat now or later?"
 - ▶ Assign responsibilities (chores or jobs) so that people can experience the ability to contribute and have control rather than thinking of themselves as helpless and ineffective.
 - ▶ Provide emotional structure.
 - Give people permission to say "no" and have boundaries ("Like a city that is broken into and without walls is a man who has no control over his spirit." Proverbs 25:28). Anger and a lack of boundaries or structure are often found together.
 - Treat the traumatized person with respect, so she can move beyond the expectation of being abused and begin to restore her ability to trust others.
 - The adults are in charge, not the children.
 - Provide designated times to share about the trauma in groups or with a counselor.

Recovery and Restoration for Children

For **children** who have been traumatized, the most important factor in healing is to provide a **person they know well and feel safe with**. If there is no familiar person, the next best thing is to provide a prized possession such as a toy or blanket. Use **play** to help children talk about and process their trauma.

An example of using **play**: Imagine talking to a child with a puppet or stuffed animal that has experienced the same trauma as the child and needs the child to help comfort it (“This little bear’s house just burned down and she is so frightened and sad. What can we do to help her? Shall we hold her close and tell her everything is going to be all right?”).

For a more detailed recovery and restoration model for children, please see Appendix B.

Additional Pointers for Trauma Survivors

To help people with trauma help themselves in their healing process, provide the following encouragements and simple tools for restoration.

- **Do not** dwell on the trauma at bedtime, early in the morning, or any time that you are feeling especially worried, frustrated, angry, sad or stressed.

- **Do** dwell on negative thoughts or memories at a *specific* time during the day and for no longer than 30 minutes. Thinking and praying about the trauma actually helps the brain to process the trauma. It is important to remember that if you prevent yourself from ever thinking about the trauma, then you will continue to be bothered by the memories. If the thoughts intrude at other times, remind yourself that it is not the agreed upon time and that you will wait until then to focus on these thoughts. Use your thought-stopping tool if needed.

Try the Thought-Stopping Rubber Band

If you have difficulty shifting your focus, put a rubber band on your wrist. Every time a negative, automatic thought comes into your awareness, flick the rubber band lightly against your wrist.

(When a person with trauma uses thought-stopping, the sensation of the rubber band against the wrist actually interrupts the person’s neurological synapses, and gives the brain a better chance to shift its focus.)

How to Deal with ANTS (Automatic Negative Thoughts)

ANTS are negative thoughts or beliefs that may come into your mind already formed as truths. You may have been in the habit of accepting them as truths, but now you can challenge these automatic negative thoughts by asking yourself:

- “Is this thought really true?”
- “If it is true, do I think it is 100% true? 50%?”
- “How can I prove it and where is the evidence?”
- “What could I think instead, that is more helpful and positive?”
- “What does Scripture say about this thought or belief?”

- **Use your imagination to shift focus;** imagine doing something really thoughtful or special for someone else or imagine smelling your favorite flower. This will shift focus away from the trauma and negative thought, and redirect it toward something pleasant, which will, in turn, increase your endorphins (the brain’s natural chemicals that can help soothe pain and produce a feeling of well-being).

Consider the following examples.

- ▶ Imagine that you are making tea for a special friend and enjoying it with her.
- ▶ Imagine that Jesus is next to you, offering to carry your troubles.
- ▶ Imagine the smell of a fragrant flower or a delicious piece of chocolate.

Restoration after Long Term Losses

Attending to the deep psychological wounds suffered by someone with long-term loss takes time and patience. To gain the trust of trauma survivors, be consistent in treating them with love, care and

respect. This will help to decrease their feelings of shame, humiliation and low self-worth, as well as their lack of self-confidence.

Once survivors trust that their circumstances are safe and they are able to take care of themselves, it is time to help them process or move through the trauma in their minds.

The human brain is like a bank where memories are stored. The memory of an everyday activity, such as going to the market or getting dressed, is stored in the brain’s normal or explicit memory. The brain considers it an incident that is processed or completed, because it does not bother us with unwelcome or intrusive thoughts while we are awake, or nightmares while we are sleeping.

However, when a trauma is experienced, instead of storing that experience in normal memory, the brain deposits it in a different location, like a bank vault that is difficult to open. But when the memory of that traumatic experience is activated or triggered, the brain opens that bank vault and the survivor feels as if she is experiencing the trauma all over again. This is the case with PTSD.

The survivor is held captive by trauma that is not processed.

Her thoughts, feelings and actions will continue to be influenced or overwhelmed by the memory of trauma. All this can make healing from trauma more difficult or impossible.

The next 4 sections of this lesson provide steps to take when helping survivors to process trauma, including: listening, bringing God and helpful others into the trauma, integrating the trauma, and forgiving the one who caused the loss.

Listen to Survivor's Stories

To listen in a caring way is very helpful; a problem shared is a problem on the path to being solved. When the person was victimized, no one was there to help prevent the trauma. By listening and caring, you offer the trauma survivor a new experience that says, "You are no longer alone with this terrible memory. I am here with you now, sharing it and giving testimony to it." This alone is a significant, profound and different experience that can help the survivor begin to heal. You can also provide assurances that what is shared will be kept confidential, as appropriate.

Ask and Discuss

- What do good listeners do?

Being a good listener is demonstrated by making eye contact, leaning toward the person speaking, and nodding to acknowledge that the speaker has just shared something important and to show empathy with what has been shared. Asking appropriate questions such as what, when, who, why and where, invites the person to respond with more than just a yes or no answer. Even asking the person to "tell me more" indicates your interest.

Good listeners also avoid negative verbal and non-verbal communication, such as interrupting or correcting the person's telling of his story, crossing one's arms, looking at the clock, shuffling through papers, or otherwise shifting focus away from the person speaking. A good listener does not attempt to *fix* another person's problem or convince that person to *get over it*.

Exercise: Practicing Effective Listening

“Still Face Exercise”

10 minutes

- 1.** Divide each group into pairs of 2. Determine who in the pair is person A and who is person B.
 - 2.** Ask person A to share for 1 minute about an experience from the past week that was not a big deal: for example, a visit with a friend, a conversation with a loved one, or an activity at church.
 - 3.** For the first 30 seconds of the minute, person B demonstrates good listening skills, making eye contact, showing interest, asking questions and saying, “Tell me more.”
 - 4.** During the next 30 seconds, person B stares at her feet instead of looking, listening and asking questions.
 - 5.** Reverse roles and repeat steps 2-4 so that everyone has the chance to experience effective and ineffective listening.
 - 6.** Discuss as a class what the experience was like and how it made each person feel to be listened to and to be ignored.
-

*If the group has already done the Still Face Exercise, divide into pairs and practice good listening skills with each other for 3 minutes. Make sure the pairs reverse roles so that each person has the chance to experience effective and ineffective listening.

Bring God and Helpful Others into the Healing Process

Certainly asking for God's help in healing is important. Ask the trauma survivor to imagine what God might be saying to him while he recites a repetitive prayer with each breath, such as: "It's over now", or "It's not happening now", or "I am safe now".

When working with an adult who has suffered trauma during childhood, suggest that she imagine her *adult-self* being present with her *child-self* during the trauma. Helping the *child-self* to process the trauma can be liberating for the *adult-self*. The child we once were will always be a part of us; therefore, it is important for us to treat our child-selves with the same empathy and compassion we would show our own children.

As helpers for traumatized people, we may notice strong emotion in ourselves as we listen and offer support. We might become tearful, which could actually validate the traumatized person's pain, letting her know that we understand (if we become overwhelmed by our emotions, however, we will not be available to offer the necessary safety and support).

Help Survivors to Integrate Trauma

When people integrate, or process trauma, they come to a level of acceptance, and their trauma no longer triggers powerful, disturbing emotions but becomes a part of their life stories.

Below are suggested steps that can be taken to help survivors integrate trauma:

- Identify and name ALL the losses, being very specific about everything that was lost. For example, ask someone whose house burned down to name specific things that were lost: "I lost the pictures of my children as babies", or "I lost all my clothes", or "I lost the place I've lived since being a newlywed".
- Identify the events and especially the feelings that were involved, as in the following examples.
 - ▶ *Just before the trauma occurred*: "I was concentrating on school work", or "I was preparing for dinner", or "I was sharpening my machete", or "I was feeling resentful about an earlier conflict" (if these circumstances are not addressed, they may activate traumatic reactions in the future).
 - ▶ *At the time of the trauma*: "I felt terrified", or "I felt helpless", or "I felt angry".
 - ▶ *At the present time*: measuring the intensity of the feeling on a scale from 1 to 10 (with 10 being the most intense).

Feelings of grief and loss are always a part of the trauma experience, and sometimes feelings of anger will surface. Survivors may complain and blame God. As a caring *other*, letting them share these thoughts and feelings will be a necessary step in the healing process. The Bible is filled with examples of people who expressed their outrage to God. David does this in the Psalms when he confronts God about the prosperity of the wicked (for example, Psalm 94:3 and Psalm 119:53). Jeremiah cursed the day of his birth (Jeremiah 15:10). God already knows everything we think or feel, and it is not wrong to have feelings like these. It frequently helps us to talk about these kinds of feelings with a caring person who is a believer.

- People may become depressed after a trauma. Reassure them that they will eventually feel better, and not feel so sad and hopeless. Try not

to hurry them to feel better as if they should just “snap out of it” or “get over it”! Instead, help them to make meaning out of what has happened, seeing it as something that will allow them to one day help others (as in the case of Paul in II Corinthians 1). Help them to see how their loss fits with other parts of their life stories (to have it become part of their “stories” indicates that the brain is integrating the trauma).

- Encourage traumatized individuals to talk with someone about the trauma while they are moving their bodies (walking, moving side to side or tapping first on one knee and then on the other), all of which can help the “bank” (or brain) to transfer funds (or memories) from the “vault” to the “general account”.
- “Play” is the language of children. Talk with a traumatized child about her experience through play, such as using a puppet or stuffed animal. Pretend that the puppet experienced the same trauma as the child, and ask the child to think of ways we can help the puppet. If the child is not able to think of anything, help her by making suggestions, such as: “We could have the puppet remind herself that she is safe now.”

- ▶ “We could remind the puppet that it wasn’t her fault. A soothing technique to teach the child is the butterfly hug. DEMONSTRATE.

Encourage survivors to forgive.

Forgiveness is the only real way to have closure and to achieve a sense of peace as a trauma survivor. Lesson 6 will explore this topic further.

Exercise: Writing a Lament

15 minutes

A lament is a song or a poem of mourning, expressing deep grief and sadness. David used this form of writing in many of his Psalms (for example, Psalms 32, 40, and 42), as did Jeremiah in the entire book of Lamentations.

Suggest that the survivor write a song or poem of mourning about the trauma and loss that she has suffered. Then suggest that she may keep it to herself, imagine it floating away in a river, or share it with other survivors or a trusted confidante. She may even find it useful to read or sing out loud. Offer to help her look up the theme of her loss in the Bible and look for verses that might provide comfort and insight.

Lesson 6

Forgiveness

Forgiveness is like medicine. Forgiveness improves spiritual and emotional health and boosts the body's best coping mechanisms. On the other hand, a lack of forgiveness can lead to chronic stress, which is a contributing factor to a variety of illnesses such as high blood pressure, stomach ulcers, heart disease or headaches, as well as substance abuse and poor self-care. Unless we learn to forgive, we will always remain under the power of those who have wronged us; we will continue to be their slaves. It is as if they live in houses in our heads and they do not even pay rent!

Exercise: Holding On

10 minutes

The following exercise will help everyone in the class to have a physical experience of carrying a heavy burden. In this case, the burden is a lack of forgiveness. Make sure you have enough stones to give 1 to each person in the group.

- 1.** Have each person in the class pick up a small stone using their strongest arm.
- 2.** Ask them to hold the stone with their arm straight out to the side. See who can hold the stone the longest without dropping her arm.
- 3.** Continue teaching (from the box at the top of the next page) while they hold the stones, pausing to encourage them to keep holding the stones as long as they can.

(Exercise continued on the next page.)

Forgiveness is NOT:

- Erasing the perpetrator's responsibility for the wrong
- Forgetting (the memories remain, though their impact may change)
- Pretending the event has not happened or that it had no impact
- Depending on the perpetrator to apologize, take responsibility or change her behavior
- Letting the offender avoid the consequences of her actions (Adam and Eve still faced consequences for their disobedience)
- Holding esteem for, being friends with, or trusting the perpetrator
- Seeking revenge

Exercise: Holding On (Continued)

- 4.** Continue with the discussion from the Holding On exercise. At first, the stone may not feel like a burden or difficult to carry, but it does not take long before it becomes difficult to hold. What would start happening to your body if you held on to the stone for 20 minutes? Similar to the snake bite, holding on to your bitterness triggers poison to be released into your body and causes you to start experiencing the most terrible and overwhelming pain.
- 5.** Now, imagine holding on to the stone for an hour, weeks or months. What we thought we could initially hold on to will eventually kill us. The same is true of holding on to our bitterness, hurt and lack of forgiveness.
- 6.** As a group, discuss the following questions:
 - Why do you think it is important to forgive and let go?
 - Does it help the stone?
 - Whom does it help?
 - How did it feel to finally let your tired arm down and let go of the stone? (This is the same sense of relief and peace we feel when we learn how to forgive and let go of past hurts).

Forgiveness IS:

- A foundational principle necessary for inner healing, similar to a strong foundation for a house (Matthew 7:24)
- A DECISION to forgive, which is the beginning of the healing process
- A 1-sided emotional process that cancels the offender's debt, not an instantaneous act, but a letting go of hating the perpetrator for what he has done to you
- Letting go of the desire to take revenge against the perpetrator
- When thinking of the offense, you no longer feel the pain, bitterness and anger associated with it
- Choosing not to let the offender control your life any longer
- Something that, though it can be earned, is given as a gift, without conditions
- Something that can sometimes repair relationships
- Something that God has done for you and asks you to do for others in obedience to Him
- Identifying with Jesus Christ in His sacrifice for your salvation
- Bringing the pain to Jesus
- Remembering with grace
- Something that boosts your immune system, sense of well-being, and hope

Sometimes, we also need to forgive ourselves.

Exercise: Taking Pain to the Cross

30-45 minutes – Colossians 2:13, 14

The following exercise will help trauma survivors to physically experience the letting go of pain, surrendering it to Jesus Christ, who carried the pain of the world to the Cross in order to save all who believe. The act of letting go is followed by a step toward reconciliation.

- 1.** Create a cross out of wood, paper or a drawing in the dirt.
- 2.** Identify your wounds by asking God to remind you of the worst things that have happened, the worst part of the pain (bad things that have been done to you, you have seen done to others, you heard about being done to others, or you have done to others).
- 3.** Write your thoughts about your wounds on a piece of paper (no one will ever see the paper because it will be burned). If no paper is available or a person is not literate, choose a small stick to represent your thoughts.
- 4.** Bring your wounds to Jesus by telling Jesus all about it through prayer.
- 5.** Bring your pain to the cross by placing your paper or stick by the cross.
- 6.** Burn the paper or stick.
- 7.** When you are ready, share the good thing that God has done and how He is taking your pain and using it in your life's story.

Remember: Your life story it is not yet finished. God cannot forget you. (Isaiah 49:15,16) His eye is upon you. (Psalm 32:8) His promises can help to carry and heal you.

Survivors can help each other heal, too, by being God's "hands and feet" for one another (the Holy Spirit with skin on). They can take the Hebrew view of life, by recalling God's faithfulness in the past, and letting that give them hope as they face the future.

It is often helpful for the trauma survivor to develop a ritual for forgiveness. Consider the following suggestions.

- Write out the offenses and then bury the paper (or burn it and bury the ashes), planting something beautiful on top as a symbol of God giving "beauty for ashes". (Isaiah 61:3)
- Write a letter to the perpetrator telling her about the effect that the trauma has had, and releasing her from responsibility (it is up to the survivor whether or not he wants to *send* the letter to the perpetrator).
- Imagine the offender as a baby, innocent and pure, and then imagine what she must have gone through in order to become capable of committing such evil.
- Have a **council of reconciliation**. After the 1994 genocide that left close to a million people dead at the hands of their own countrymen, Rwandans decided to bring back the traditional community court system, or Gacaca (pronounced ga-cha-cha), in an attempt to bring a sense of justice and reconciliation to the millions of families affected by the crimes of their neighbors. It was a grass-roots effort to allow the perpetrators a chance to admit their crimes and to show remorse for what they had done, as well as to ask for forgiveness in front of their entire community. It served as an opportunity for the victims' families to learn the truth of what happened to their loved ones, helping them to more fully process their losses. (United Nations 2013)

Lesson 7

Compassion Fatigue, Burnout or Secondary PTSD

Caring for those who have been traumatized can become overwhelming for the caregiver. Trauma is contagious and can lead to secondary PTSD unless we practice self-care in the midst of caring for others. We need to remember that God is the *storehouse*, not us, as we hand over the traumas that others have shared with us to His capable care.

There is only 1 Savior and Messiah, and it is not you!

- Questioning the truth of one's faith
- Questioning God's goodness and power
- Beginning to believe the lies of Satan
- Becoming ill or having many recurring minor illnesses or accidents
- Having trouble with forgetfulness
- Resenting those who need our help
- Having trouble focusing on the person with the need
- Talking rather than listening

Symptoms of Compassion Fatigue

Compassion fatigue may be expressed in a variety of ways. It is important to pay attention to its symptoms, in ourselves or in other caregivers, because compassion fatigue will make it difficult or impossible for us to help others heal from trauma.

- Feeling angry or sad all the time
- Feeling tired and irritable
- Experiencing problems with sleep
- Experiencing problems with relationships

A Biblical Example of Avoiding Burnout Through Self-Care

Exodus 18:13-27 (NIV)

13 The next day Moses took his seat to serve as judge for the people, and they stood around him from morning till evening.

14 When his father-in-law (Jethro) saw all that Moses was doing for the people, he said, "What is this you are doing for the people? Why do you alone sit as judge, while all these people stand around you from morning till evening?"

15 Moses answered him, "Because the people come to me to seek God's will.

16 Whenever they have a dispute, it is brought to me, and I decide between the parties and inform them of God's decrees and laws."

Continued on Next Page...

Continued...

17 Moses' father-in-law replied, "What you are doing is not good. **18** You and these people who come to you will only wear yourselves out. The work is too heavy for you; you cannot handle it alone. **19** Listen now to me and I will give you some advice, and may God be with you. You must be the people's representative before God and bring their disputes to him. **20** Teach them the decrees and laws, and show them the way to live and the duties they are to perform. **21** But select capable men from all the people—men who fear God, trustworthy men who hate dishonest gain—and appoint them as officials over thousands, hundreds, fifties and tens. **22** Have them serve as judges..."

Jethro observed the demands of Moses' role as a judge with a busy schedule from morning until evening. He told Moses that if he did not recruit some help, Moses would wear himself out and then be of help to no one. Then he suggested a plan for dividing up the work among wise and trustworthy men so that people would be at peace and Moses would be able to endure. We are no different than Moses. We cannot and should not try to do it all ourselves. We need to find creative ways to share the work.

Adequate rest and nutrition, time away for relaxation and renewal is part of keeping the Sabbath in our lives. How are you doing in keeping the Sabbath?

Principles to Encourage Self-Care for Caregivers

- What will happen to a machete/pango* if it is never sharpened?
- Is the time taken to sharpen it wasted or well used?
- We must also take time to sharpen the "machete of our lives".
- Jesus took time away to pray and be with the Father. (Matthew 14:23; Mark 1:35, 6:46; Luke 5:16, 6:12, 9:28, 11:1)
- Jesus sent the disciples away to rest. (Mark 6:31, 32; Matthew 14:22)
- Even God, who is all-powerful, rested on the seventh day.
- In the Gospel of Mark, Jesus told the Pharisees, "The Sabbath was made for humankind, not humankind for the Sabbath." (Mark 2:27)
- If the thought of taking a whole day for the Sabbath seems unrealistic, begin with *mini-Sabbaths*. In the midst of a busy day, take a little time to just be quiet and connect with God, who is always present.

* Depending on the audience, another analogy may be preferred. For example, a water well needs to be maintained so that it will not become polluted or run dry. The thirstier we become, the less healthy and effective we are.

Safeguards Against Burnout or Compassion Fatigue

There are a variety of positive things that can be done to help caregivers avoid burnout, as in the examples provided below. When caregivers are taught about burnout symptoms and safeguards, they can apply what they've learned and develop healthy care-giving habits.

- Providing proper training helps caregivers develop the ability to care for their own emotional health while compassionately caring for others
- Providing care for every caregiver (example of Moses and Jethro)
- Providing a healthy outlet for emotions (de-briefing, prayer, art, writing)
- Eliciting feedback from caregivers by "checking in" (asking how things are going) and listening well to their responses
- Providing guidelines for setting limits around time, energy, resources and competency
- Providing ongoing opportunities for caregivers to learn and share
- Planning ways to detach from work with recreational activities, time when it is forbidden to talk business, so that the mind and body can focus on other things
- Providing safety through confidentiality
- Providing unconditional love and acceptance, where anything can be said and a person is not judged
- Providing adequate food and sleep as well as scheduling time to be alone with God
- Providing daily exercise that helps release stress and tension

Remember: The best treatment for burnout is preventing it in the first place.

Case Studies

Case Study I

Pastor Paul's country had been at war with itself ever since the elections were held the previous year. The two main parties of government were fighting for control of the country. Militant soldiers began attacking villages that supported the current government, including Pastor Paul's village. A group of soldiers carrying rifles and machetes gathered up all of the people from Pastor Paul's village. The soldiers brought Pastor Paul and other village leaders in front of the villagers, and the soldiers chopped off their right hands, claiming that now they could never vote again. Then the militant soldiers announced that everyone in that village must leave immediately because they were coming back the next day and would do the same or worse to anyone left in their homes.

Pastor Paul's wife quickly tended to his wound and then began to gather essentials for their journey. There was little they could carry other than food, so their personal belongings had to be left behind. All of the people from his church began to gather outside his home with the expectation that he would be leading them to safety. He had no idea where to go but felt that it was his duty to lead. So, along with his own family, he began the long journey with over 100 people in search of a new home.

The traveling was rough and drinking water was scarce, so many of the very young and very old passed away. After weeks of being constantly on the move, Pastor Paul's wife fell ill with malaria. Daily, he would listen to the complaints and sorrows of his congregants. His wife never recovered, and Pastor Paul had to bury her on the side of a road whose name he did not even know.

It became more and more difficult for Pastor Paul to actually listen when his congregants came to talk to him. He stopped praying on his own and developed severe headaches. The people grew angry with Pastor Paul, stating that he was ignoring his duties and was not fit to be their leader.

Case Study 2

As a child, Robina and her older brother and 2 younger sisters would run around freely, laughing most of the day. Her family was very close. The year she turned 11, however, her village was invaded by a group of violent rebels. These rebels rounded up all of the boys in the village between the ages of 10 and 17, including Robina's older brother, and forced the boys to perform violent acts upon the men of the village. Robina's father was killed during this attack. Then the boys of the village were marched off with the rebels and not heard from again.

In the aftermath, Robina's uncle, whom she had not met before, came to help Robina's mother take care of the remaining family members. But within a few days, he had taken up drinking and kicked her family off their land, claiming Robina's father's home as his own. Homeless and penniless, her family depended on the generosity of their neighbors to survive. One day, Robina's uncle agreed to let the family back onto their land, but Robina quickly learned this came at a price. Her uncle began to sexually abuse Robina at night. He threatened Robina, saying that as long as she did not tell anyone about the abuse, her family could continue to stay on the property, but if she did tell, he would kill her youngest sister.

Feeling responsible for her family's welfare, Robina did not say anything for a year. After a few weeks of Robina's suffering from what appeared to be a terrible stomach illness, her mother took her to a clinic. It was discovered that Robina was pregnant. Her mother was mortified and demanded to know how this was possible. Ashamed, Robina finally confessed her story to the doctors and authorities. Her mother refused to believe it, however, and took Robina home.

Apparently, the authorities had come by to question her uncle while Robina was still at the clinic. Robina came home to find that her uncle, who had fled, had strangled her youngest sister. Robina's mother was so completely overcome by grief that she refused to eat or speak to anyone for days.

Believing she was the cause of her sister's death, Robina left home, on her own. She tried to find odd jobs to help pay for food and slept wherever she could find shelter. She met many people who took advantage of her and hurt her. Eventually, she had a very painful miscarriage. After several months on her own, moving from town to town farther and farther away from her home village, Robina met a young man who was very kind to her. The young man convinced Robina that he wanted to take care of her and told her he loved her.

A day later, he claimed he'd lost his job and had brought a strange man home with him. The young man said that if Robina loved him, she would allow this stranger to have sex with her in exchange for money. This became a regular occurrence. The young man began to sell Robina to local men daily.

Robina longed to go home to her mother and remaining sister, but she believed no one would accept her back. Eventually, Robina fell seriously ill. When her pimp realized she was HIV+, he kicked her out. Alone on the streets, Robina eventually succumbed to AIDS.

Case Study 3

During her 4th pregnancy, Rajesh's wife, Meena, fell very ill. No one in the village knew how to help her, so Rajesh had to take her to the closest hospital. Since he was a coolie worker (a day laborer), he only made enough money to feed his family of 5 each day, and was never able to save money for emergencies like his wife's illness. To pay the hospital, Rajesh had to borrow money from a local businessman. The man claimed Rajesh could work at his brick kiln until Rajesh had paid back the loan.

As soon as Meena, who had miscarried the baby, was well enough again, she joined Rajesh and their 3 children at the brick kiln. She began to work with Rajesh, hoping to pay back the loan faster. The businessman barely gave the family enough food to eat and refused to let Rajesh and Meena's oldest son, Ramesh, continue his schooling. At 10 years of age, Ramesh had to work in the brick kiln along with his parents.

After 2 years, Rajesh was positive that with 3 family members working every day, the loan must have been paid back. But the businessman continued to claim that they still had more to pay and treated all of his workers cruelly, making them feel like objects rather than people.

Unlike Rajesh, another worker at the brick kiln who had gone to school had been able to track how much of the loan he had paid back. When he reached the full amount, he and his family left the brick kiln. The businessman sent some men to that worker's village and forced the entire family to return to the kiln. Rajesh and all the others living at the kiln had to watch in horror as the worker was beaten to death by the businessman's men. The rest of that family was spared, but the message was clear: no one is to leave.

Rajesh grew severely depressed and angry at his situation. He began to resent Meena, blaming her for their situation. Rajesh became verbally abusive to Meena and the children. Meena missed the love and kindness that Rajesh used to show her. Luckily, a group of concerned citizens had learned about the situation at the brick kiln and brought law enforcement to help release Rajesh, his family and the other workers from what qualified as forced labor according to the government's laws.

Finally free of the brick kiln, Rajesh and his family had to readjust to life in their village. Rajesh tried to get day jobs again, but would regularly spend his wages buying alcohol. On the days that he drank, he was physically abusive to Meena, continuing to blame her for the family's issues.

Meanwhile, Ramesh tried to go back to school even though he was far behind others his age. The kids at school teased him for being older. Angry about not being able to protect his mother from his father's abuse, and embarrassed about struggling with his schoolwork, Ramesh began to fight with fellow students who teased him, and he was kicked out of school.

Desperate for guidance, Meena talked to the pastor's wife at her church. The pastor's wife dismissed Meena's pain, claiming that Meena must be bringing the abuse upon herself and that she must not be disciplining her son properly if he was constantly fighting with other children.

Case Study 4*

On her way back to the refugee camp after collecting firewood, Elizabeth was surrounded by a group of armed men from another district. The men raped her repeatedly and left her to die. When she had not returned after 2 hours, her husband, Samuel, went searching for her and found her, barely breathing. Shortly after this incident, before she was fully recovered, Elizabeth found out that she was pregnant. She and Samuel knew it had to be the result of her rape, as he had refused to sleep with her since the event.

In the weeks that followed, Samuel stayed away from home more and more. He had not looked Elizabeth in the eye since they found out about the baby. Distraught, Elizabeth finally approached her Pastor's wife and shared her story. To her relief, Elizabeth felt no judgment from the Pastor's wife. Instead, the Pastor's wife comforted Elizabeth and prayed for the baby. After that, she asked Elizabeth if it would be okay for her to speak with the Pastor.

With Elizabeth's permission, the Pastor heard the entire story and approached Samuel. The Pastor allowed Samuel to share his concerns about the baby and what the rape would mean for his marriage. Acknowledging the difficulty of the situation for Samuel, the Pastor encouraged him to share his pain caused by the rape; the caring support of the Pastor and his wife helped the couple learn to comfort and help each other through this difficult time.

After their daughter was born, Elizabeth and Samuel asked if the Pastor would create a special ceremony for the community to dedicate the child to God and acknowledge her as God's creation. He was happy to do so and during the ceremony he discouraged the community from believing the child was dirty or bad (as he had heard some people saying in whispers around the refugee camp). Instead, he encouraged them to think of the child as a true gift from God, not only for Samuel and Elizabeth, but also for the entire community.

* Case Study 4 adapted from Hill, et al., 2007

*Recovery and Restoration: A Model for Children**

“STOP”

S = structure

Structure provides predictability, internal control, emotional security, a sense of belonging, and a natural form of discipline.

T = time and talking

It takes time for a child to open up and talk about her feelings; and it takes time to build trust (listening is at the core of any relationship).

There are 4 purposes of listening:

- To validate and help carry a child's feelings
- To understand the child's view of the trauma experienced (“He hurt my bottom”; “I thought the whole world was on fire”)
- To provide the child with a sense of being understood and validated
- To model listening for other people who are important in the child's life

O = organized play

To be an instrument of healing in a child's life, we must enter her world through play. Organized play involves guided and purposeful play while observing what the child expresses through the play. Play is the *work of children* and provides an outlet for their thoughts, feelings and beliefs about many things, including their trauma. Methods: art, sports, role-play and drama, music, toys, puppets and telling stories.

Play can restore a sense of control, safety, power, hope and trust. Watch for traumatic play that repeats themes of the trauma, and gently suggest new endings that the child can weave into play (like weaving brightly colored thread into a dark cloth) to help resolve the trauma.

P = parental/caregiver support

This is the most important element in helping children to recover from trauma. Parents provide for a child's physical, emotional and spiritual needs. By providing a consistent presence in meeting these needs, parents also give a child a sense of security and safety. It is essential that **every** child be matched up with caring parents (or another caring adult if the parents are no longer a part of the child's life or are unable to parent in a loving, caring and safe way).

* Adapted from Kilbourn, 2004

Appendix C

Snake Bite Analogy*

The following snake bite analogy is helpful in understanding how the body responds to trauma (and post-trauma triggers), and how a caregiver can help a trauma survivor manage her body's response in order to reduce or eliminate the negative impact:

Imagine being bitten by a poisonous snake. You know there is medicine in the clinic to treat it. However you might be tempted, it's actually a mistake to panic and run to the clinic, and here's why: The objective of the snake's poison is to spread through your body as fast as possible to reach your heart. If you are overcome with fear, or you panic and run, your heart beats faster and causes the poison to spread more quickly and cause more damage along the way. Therefore, your first goal is to remain calm and keep your heart beating slowly.

When you experience a traumatic event, or something that triggers a memory of past trauma, or PTSD, your body responds in a way that is similar to being bitten by a snake. Cortisol is a hormone found in all people that is essential in the body's response to trauma or stress. However, in cases of severe or chronic trauma, or PTSD, the build-up of cortisol actually becomes harmful to health in the same way that the build-up of poison from a snake bite is harmful. With a snake bite, the goal is to identify the type of snake that bit you, and get the right antidote (or treatment) as soon as possible. With trauma or PTSD, the goal is to identify the trigger and learn a healthy response to the fear and panic, so you will be in a better position to recover.

Taking the analogy a step further, knowing that snakes are poisonous, just the thought of a snake bite can cause you to panic and your heart to race. Sometimes even seeing the panicked thoughts or reactions of others can cause you to panic too.

It's important for caregivers, victims and witnesses to understand this. In each case, the people involved must differentiate between trauma that is **directly experienced** and trauma that is **remembered** or **imagined**.

In the case of trauma that is experienced or remembered, it's natural for you as the victim to feel bitterness and resentment toward the perpetrators. However, like the snake's poison, bitterness and resentment toward those who have wronged you are poisonous to your health, well-being and recovery. Until you learn to forgive, you will remain under the power of those who have wronged you. Your bitterness and resentment toward them will hold your thoughts captive, and leave no room for healing. It is forgiveness that will set you free from bondage by accepting God's gift of forgiveness and passing this same gift on to others who have wronged you.

* Adapted from Sonderegger, 2006

“Snake Bite” Recovery Plan

- Step 1 - Lower your heart rate and remain calm.

An easy way to do this is through **deep breathing or elevator breathing** (6-8-6): imagine taking “the elevator slowly up 6 floors, [opening] the doors of the elevator to a count of 8, [and] then [lowering] the elevator back down, another count of 6” (Sonderegger 2006).

- Step 2 - Get rid of the *poison* in your body, with a simple antidote or treatment that releases the body’s natural *happy chemicals* (serotonin, dopamine).

This is possible through:

- tensing and relaxing your muscles,
- jumping 10 times and then relaxing in a floppy way for 10 seconds, and
- laughing.

- Step 3 - Prevent future “snake bites”.

Avoid speaking un-truths to yourself, such as:

- “I am a bad person because of what has happened to me.”
- “No one can love me after this.”
- “I’ll never get over my trauma.”
- “The things I have done are too bad to ever be forgiven.”

Following these steps, the trauma survivor can respond to triggers in a way that reduces their negative impact, and promotes emotional, mental and physical healing instead.

A Word About Grieving

Grief is the intense, deep and profound sorrow resulting from a significant experience of loss. Grieving is the process of working through all of the thoughts, memories and emotions associated with the loss until an acceptance is reached. Acceptance of loss then allows the person to place the events in proper perspective and move forward in his life.

Grieving a loss is a process that typically involves some or all of the following stages:

- Denial – of the loss or its impact
- Anger – at the loss itself, anger at others or at God
- Bargaining – wishing to change the past (If I go to church more, maybe God will change what’s happened)
- Depression – feeling the pain and hopelessness, crying the tears
- Acceptance – able to accept the reality of the loss without being overwhelmed, and moving forward with life

(Dr. Elisabeth Kübler-Ross, *On Death and Dying*, 1969.)

A person does not necessarily pass through these stages in this order, and may go through several of these stages more than once.

A child’s grief may be expressed in a variety of ways:

- Loss of interest in daily activities, play or school
- Loss of appetite
- Fear of being alone
- Nightmares
- Behavioral or language regression
- Imitating the dead person
- Repetitive themes of loss/grief in play (“traumatic play”)
- Withdrawal from others
- Acting out through misbehaviors

Learned Helplessness

Learned helplessness is the belief that your circumstances will never change and that neither you (the victim) nor others can do anything to improve your circumstances.

For example:

- In a battering relationship, when a woman tries to stop the batterer or leave the relationship, the abuse may become worse, and/or she may be prevented from leaving. Eventually, this woman will come to believe that things can never change and/or that she can never escape.
- In serial sexual abuse, one abuser may stop violating the victim, but then others continue the abuse, and the victim will come to believe that she will always be sexually abused.
- If a rebel militant group kidnaps a boy, he may be forced to murder his parents, and then told that no one outside the rebel group will ever want him because of his actions. He may see no other option than to stay with the rebel military group. Seeing another boy murdered by the rebels after a failed escape attempt will only deepen his belief that he cannot escape.

To help the trauma survivor in the healing process, it is important to challenge forms of learned helplessness, and beliefs like the ones described above, by asking the survivor:

- “What could we/you think of instead, that is more helpful and positive?”
- “What does Scripture tell us about this?”

Speaking the Truth to One Another

God's Word is the source of truth, and helping others speak the truth to themselves is a very important part of healing. Examples of such truths are:

.....

Jeremiah 29:11 - When the Israelites were in trauma (captivity), God told them: “surely I know the plans I have for you, plans for your welfare and not for harm, to give you a future with hope.”

Psalm 46 - “God is my refuge and strength, a very present help in trouble. Therefore we will not fear, though the earth should change, though the mountains fall into the heart of the sea [or Lake Tanganyika],...be still and know that I am God.”

Psalm 10:17-18 - “O Lord, you will hear the desire of the meek; you will strengthen their heart, you will incline your ear to do justice for the orphan and the oppressed, so that those from earth may strike terror no more.” This is a sweet reminder that God will have the final word.

Isaiah 54:4-6 - “Do not fear, for you will not be ashamed: do not be discouraged, for you will not suffer disgrace; for you will forget the shame of your youth and the disgrace of your widowhood you will remember no more. For your Maker is your husband, the Lord of hosts is his name, the Holy One of Israel is your Redeemer, the God of the whole earth he is called. For the Lord has called you like a wife forsaken and grieved in spirit, like the wife of a man's youth when she is cast off, says your God.”

Lamentations 3:21-23 - “Yet this I call to mind and therefore have hope: because of the Lord's great love we are not consumed, for his compassions never fail. They are new every morning; great is your faithfulness.”

- What are some verses/passages that have helped you when working with trauma survivors in the past?
- What are some that you have used in your work with children who have been traumatized?
- What are some that you would suggest for the people in your case study from Lesson 4 (Appendix A)?

Glossary

Adult-self: Refers to an adult's view of her own identity, personality, understanding of herself and her world as it is currently; also think of it as self-definition.

Big "T" Trauma: When a person is exposed to an event that is outside the boundaries of the normal human experience, in which the person experiences, witnesses or is confronted by the threat of serious injury or death to oneself or others. If the person's response to such an event is intense fear, helplessness or horror, and an inability to cope, it qualifies as a Big "T" Trauma. Without psychological and emotional help, Big "T" Trauma may lead to Post-traumatic Stress Disorder. These events include:

- Victimization (kidnapping, rape, sexual abuse, exploitation, poverty, animal attacks)
- Loss (sense of safety, trust, home, health, medical care, education, belongings)
- Trauma related to the individual's family (incest; physical and extreme verbal abuse; separation from loved ones; being neglected, orphaned, or abandoned)
- Natural Disasters (fire, flood, famine, storms, earthquakes, tornadoes, tsunamis, drought, landslides)

Child-self: Refers to an adult reflecting on her identity, personality, understanding of herself and her world when she was a child; for example, what did she think of her parents when she was a child? How would she react to a bully as a child?

Chronic: A pain (physical or psychological) or illness that is constant, lasting over a long period of time. Something endured for many weeks, months or years.

Compassion Fatigue: If a caregiver does not allow herself enough time to rest and to process all that she is hearing and/or seeing, she may begin to feel overwhelmed by the suffering of those in his care. This most often appears as severe mental, physical and/or spiritual exhaustion. This is a common occurrence for counselors, pastors, doctors, nurses and others in the helping professions. Symptoms similar to Post-traumatic Stress Disorder may begin to appear in the caregiver. Symptoms to look for include:

- Feeling angry or sad all the time
- Feeling tired and irritable
- Having trouble sleeping
- Experiencing problems in relationships
- Questioning God's goodness and power
- Questioning the truth of one's faith
- Becoming ill; or having many small illnesses or accidents over and over
- Resenting those who need help
- Forgetting things
- Having trouble focusing on the person in need
- Talking more than listening

Complex Trauma: A series of traumas experienced by an individual, one after another, before the individual has time to heal from the previous trauma. This can be the same trauma, repeated (such as nightly sexual abuse) or a variety of traumas (a man held at gunpoint while watching a loved one be murdered or raped,

then has his home burned to the ground, and then finds out he has HIV). Without psychological/emotional help, Complex Trauma may lead to Post-traumatic Stress Disorder.

Damaged: When someone has suffered intense trauma(s), she may show signs of mental or emotional distress that needs to be healed. Someone who feels damaged can feel the scars—mental, emotional or physical—left by past traumas; perhaps feeling as though the traumatic event(s) is (are) still happening.

Developmental Trauma: Big “T” Trauma experienced by a child, such as through neglect, abandonment, separation from the birth mother or other forms of abuse, impacts how the child will develop and grow. Children who experience these severe traumatic events do not learn certain skills that most people learn in childhood. These gaps in development can be taught later in life through intense treatment in a safe environment.

Disorganized (Behavior): The disorganized individual’s behavior will switch suddenly, without warning or explanation (for example, switching from intense happiness to intense anger). An individual acting disorganized behaves inappropriately for the situation at hand, such as laughing hysterically while talking about the death of a loved one. The behaviors displayed are typically extreme.

Exploitation/Exploit: Taking advantage of another’s weaknesses/lack of power for personal gain; this is often accomplished through force, coercion or fraud (as in human trafficking and forced labor).

Functioning: The ability of an individual to work and complete tasks or to fulfill a purpose/think/communicate/problem-solve, etc. Functioning can be at a healthy, expected level, or at a low, possibly unhealthy level, or even at a high level for an individual’s developmental stage.

Healing/Heal: The process of an individual as she works to understand her life events in a way that allows her to restore physical, mental, emotional and spiritual wellness and to function smoothly in society.

Incest: Sexual acts between closely-related individuals, such as a father and his daughter, or a brother and his sister.

Integrate: One goal of treatment for trauma is to help the individual incorporate the traumatic event into her life story. In other words, when an individual understands and accepts that the traumatic event was just one part of her life, and that it does not define who she is as a person, she has integrated that event into her whole life story.

Intentional: Deliberate, purposeful treatment of an individual: a planned interaction. The words used and the body postures of a counselor, for example, carry significant meaning for the person being helped. Every word and action used by the counselor or caretaker is meant to be therapeutic/helpful and, therefore, must be planned or thought about with purpose beforehand.

Intervention: A planned attempt at treatment for someone suffering from any kind of ailment, whether an illness or mental/emotional/spiritual disorder. This may take the form of a single activity that teaches a certain life skill to prevent a specific harmful behavior or a series of activities to address several life skills to alter several behaviors.

Isolates (see “Withdraws” below)

Life Story: How a person makes sense of all the events that have occurred in her life up until the current moment in time and what meaning those events hold: an individual's personal story is the sum of her experiences and who she understands herself to be as a result.

Little "t" Trauma: Events that one encounters day-to-day that can make life difficult but are not out of the ordinary. Some examples include:

- Feeling disrespected by a clerk at the market
- Being embarrassed by an alcoholic father who is the subject of neighbors' jokes
- Being teased by others because of a lack of money or ripped clothing
- Feeling bad for ruining a cooked meal

Neurological synapses: Neurons or nerve cells in the body's nervous system have synapses, which act as a connection or junction allowing neurons to transmit signals to other neurons throughout the body.

Non-Verbal Communication: Any message sent or received by an individual without the use of words is considered non-verbal communication. Messages can be sent through the tone of voice, facial expressions, the position or movement of one's body or body parts (crossing of arms, for example), etc.

Numbing (of emotions): A symptom of Post Traumatic Stress Disorder where the individual has developed an inability to recognize positive feelings in herself, such as being unable to feel happy.

Perpetrator: The individual exploiting or causing harm to another.

Post-Traumatic Stress Disorder (PTSD): Often the result of an individual's experience of Big "T" Trauma or Complex Trauma. PTSD is a disorder characterized by some of the following signs and symptoms (see Lesson 3 for further details):

- Flashbacks
- Flooded by feelings, such as fear, anxiety or rage
- Sleep issues
- Forgetfulness
- Avoidance of people, places and things
- Avoidance of feelings associated with trauma
- Changes in personality
- Inability to perform daily functions
- Somatic issues

Power Position: The person perceived to be more powerful or to have more control in a situation holds the power position. This is typically the person who gets what she wants from another individual or group. The person with power has a say in whether or not someone else gets paid, hurt or killed, for example. In other words: someone with enough money, power or influence in a community to use those things to control other people, events or situations.

Process: To deal with or work through an issue, ideally until the issue is resolved or understood within oneself.

Resolution/Resolved: For an individual to have come to a conclusion about an event (in this curriculum, a traumatic event) that allows for healthier functioning in her daily life; this conclusion usually involves a deeper or greater understanding of the event, why it may have happened, and what the individual may have learned.

Restoration: The process of healing that an individual goes through to the point of feeling like a whole person again; when someone returns to a state of functioning effectively in society. One example would be a person regaining a sense of dignity.

Safeguards: Precautionary measures.

Safety: In treatment, the person being helped must feel secure in her surroundings in order to engage with the caregiver. She must not feel vulnerable, threatened or at risk in any form (physically, mentally, emotionally, spiritually). Trust must be developed in a relationship before the person being helped can feel truly safe.

Self-Care: It is important for caregivers to maintain their own physical, mental, emotional and spiritual health. Self-care refers to the steps one takes to stay healthy: eating well, exercising regularly, talking with trusted friends, getting enough sleep, partaking in a favorite activity, etc.

Somatic: Somatic symptoms relate to the body. When someone has experienced a trauma, she may complain of a physical disorder that is purely psychological in nature. To the individual, however, the condition, and often the pain associated with it, is real.

Threat: When an individual perceives a real or imagined possibility of being harmed by a person or situation.

Threatened Death: An individual perceives a real or imagined possibility of being harmed to the point of death by a person or situation. In the case of a child who is being sexually abused, there is a belief that the event will result in the child's death. The intense fear experienced by the child as a result can be extremely traumatizing.

Trauma: The trauma is the specific event or situation that causes an individual severe distress or that causes a disruption to an individual's life or daily functioning.

Victimization: The oppression by someone in a power position; the ill treatment of a vulnerable individual.

Vulnerable: A lack of power; being open to attack, injury, assault or coercion by another/others. Those who are viewed as poor, small, weak, disabled, uneducated, abandoned, isolated, of low self-esteem, etc., are often considered vulnerable and therefore targeted by oppressors.

Withdraws/Isolates: A symptom of Post-traumatic Stress Disorder where the individual avoids others physically or mentally.

References

American Psychiatric Association. (2000). *Diagnostic and Statistical Manual of Mental Disorders* (4th ed., text rev.). Washington, DC: Author.

Hill, M., Hill, H., Bagge, R., Miersma, P. (2007). *Healing the Wounds of Trauma: How the Church can Help*. Africa: Pauline Press.

Kilbourn, P. (Ed.). (1995). *Healing Children of War: A Handbook for Ministry to Children who have Suffered Deep Trauma*.

Kilbourn, P. (2004). *Offering Healing and Hope for Children in Crisis*. WEC: Crisis Care Training International.

Kübler-Ross, Elisabeth, M.D.. (1969). *On Death and Dying*.

Lovett, J. (1998). *Small Wonders: Healing Childhood Trauma with EMDR*. New York: The Free Press.

Shapiro, F. (2001). *Eye Movement Desensitization and Reprocessing* (2nd ed.). New York, NY: Guilford Press.

Sluce, S.M., and Rogers, S. (2002). *Light in the Heart of Darkness: EMDR and the Treatment of War and Terrorism Survivors*. New York: WW Norton and Co.

Sonderegger, R. (2006). *Empower: Making Life the Best it Can Be*. Australia: Family Challenge.

United Nations. (2013). *Background information on the justice and reconciliation process in Rwanda: The Gacaca tribunal system*. Outreach programme on the Rwanda genocide and the United Nations: read on 11 March 2013 at <http://www.un.org/en/preventgenocide/rwanda/about/bgjustice.shtml>.

CERTIFICATE OF PARTICIPATION

Healing from Trauma

Awarded to

By

