

# RENEW & REFLECT

quick tips from SLIconnect

## Trauma: Extraordinary Challenges & Opportunities

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“Likewise the Spirit helps us in our weakness; for we do not know how to pray as we ought, but that very Spirit intercedes with sighs too deep for words.” – Romans 8:26

### Overview

Often individuals who behave in confusing and challenging ways are actually struggling with the lasting effects of trauma. The difficult behavior of a person dealing with trauma can create tension and distress in a community or ministry environment. This leaves the rest of us searching for ways to manage the resulting conflict as well as minister to the individual in his or her distress.

### Reflection Questions

- Do you notice symptoms of trauma in the members of your community or in your ministry? How can you support these individuals?
- How might the lasting effects of trauma impact a person's connection to God?

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## How is trauma defined?

Traumatic experiences can be defined by three principles:

1. A normal response to an abnormal event that results in a disruption of equilibrium.
2. The subjective experience of a threat to life, bodily integrity or sanity
3. Extreme stress that overwhelms a person's ability to cope.

The impact of trauma can be experienced by individuals as physiological, cognitive and emotional changes. Physiological concerns include episodes of heightened illness or unregulated anxiety reactions. Cognitive disturbances include memory changes, distorted core beliefs, emotional triggers and attention difficulties. Emotional changes are often expressed as numbing of emotions or extreme mood swings.<sup>1</sup> Other concerns that are often associated with childhood trauma include eating disorders, mental health disorders, sexually transmitted infections, substance abuse problems and the early onset of criminal behavior.<sup>2</sup>

Judith Herman, a renowned expert on trauma, describes the experience as follows:

*Traumatic events are extraordinary, not because they occur rarely, but rather because they overwhelm the ordinary human adaptations to life. Unlike commonplace misfortunes, traumatic events generally involve threats to life or bodily integrity, or a close personal encounter with violence or death. They confront human beings with the extremities of helplessness and terror, and evoke the responses of catastrophe. The common denominator of trauma is a feeling of intense fear, helplessness, loss of control and threat of annihilation.*<sup>3</sup>

## What are some examples of trauma?<sup>4</sup>

- Physical abuse/assault
- Sexual abuse/assault
- Emotional/psychological abuse
- Domestic violence
- War/genocide
- Natural or man-made disasters
- Witnessing abuse/violence

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## Trauma survivors may:<sup>4</sup>

- Distort what they hear and see
- Hear only three out of every seven words spoken to them
- Behave impulsively and initiate self-harming behaviors
- Not be able to evaluate consequences
- Use old behaviors that helped them to manage emotions in the past

## Ways to support trauma victims:

- Avoid judging or blaming the victim
- Be a good listener
- Offer support in a gentle manner
- Provide connection to trained professionals who can provide quality care

## Additional Resources

To learn practical strategies for coping with trauma, see the following:

1. Ray, Emily (2012). Identifying and Treating Childhood Trauma in Women Religious. *Lukenotes*, Saint Luke Institute, retrieved from [http://sli.org/files/3513/5767/2071/Lukenotes\\_2012-04-Women-Trauma.pdf](http://sli.org/files/3513/5767/2071/Lukenotes_2012-04-Women-Trauma.pdf).
2. The Disaster Distress Helpline 1-800-985-5990 or SMS (Text 'TalkWithUs' to 66746) is a free, confidential and multilingual, crisis support service dedicated to providing psychological counseling to the victims of distress as a result of natural or man-made disaster, incidents of mass violence or any other disaster.
3. Resources on Stress, Trauma and Suicide Risk. Available from the National Institute of Mental Health at <http://www.nimh.nih.gov/health/topics/suicide-prevention/resources-on-stress-trauma-and-suicide-risk.shtml>.

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## Sources Cited

<sup>1</sup>Harris, M., & Fallout, R.D. (2001). *Using trauma theory to design service systems*. San Francisco: Jossey-Bass.

<sup>2</sup>Messina, N., & Grella, C. (2006). Childhood trauma and women's health outcomes in a California prison population. *Psychological Reports*, 91, 849-854.

<sup>3</sup>Herman, J. (1992). *Trauma and recovery*. New York: Basic Books.

<sup>4</sup>Roxburgh A., Degenhardt, L., & Copeland, J. (2006). Posttraumatic stress disorder among female street-based sex workers in the greater Sydney area, Australia. *BMC Psychiatry*, 6(24).

<sup>5</sup>Coccozza, J.J., Jackson, E.W., Hennigan, K., Morrissey, J.P., Glover Reed, B., Fallot, R., & Banks, S. (2005). Outcomes for women with co-occurring disorders and trauma; Program-level effects. *Journal of Substance Abuse Treatment*, 28, 109-119.

<sup>6</sup>LaBel, J., & Goldstein, R. (2005). Special section on seclusion and restraint: The economic cost of using restraint and the value added by restraint reduction or elimination. *Psychiatric Services*, 56, 1109-1114.

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