

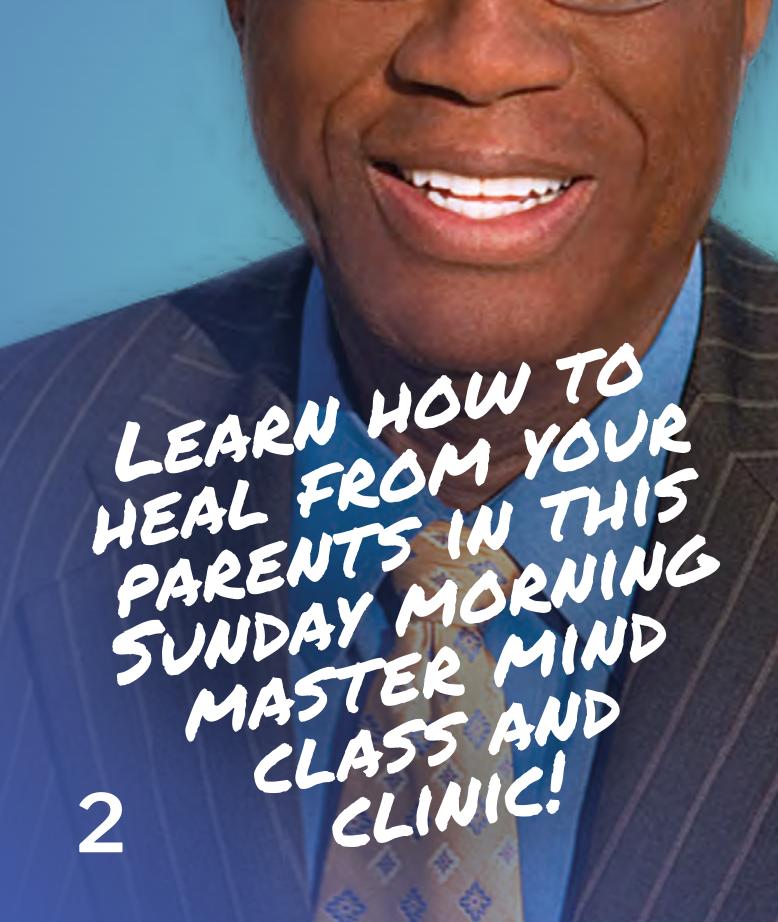






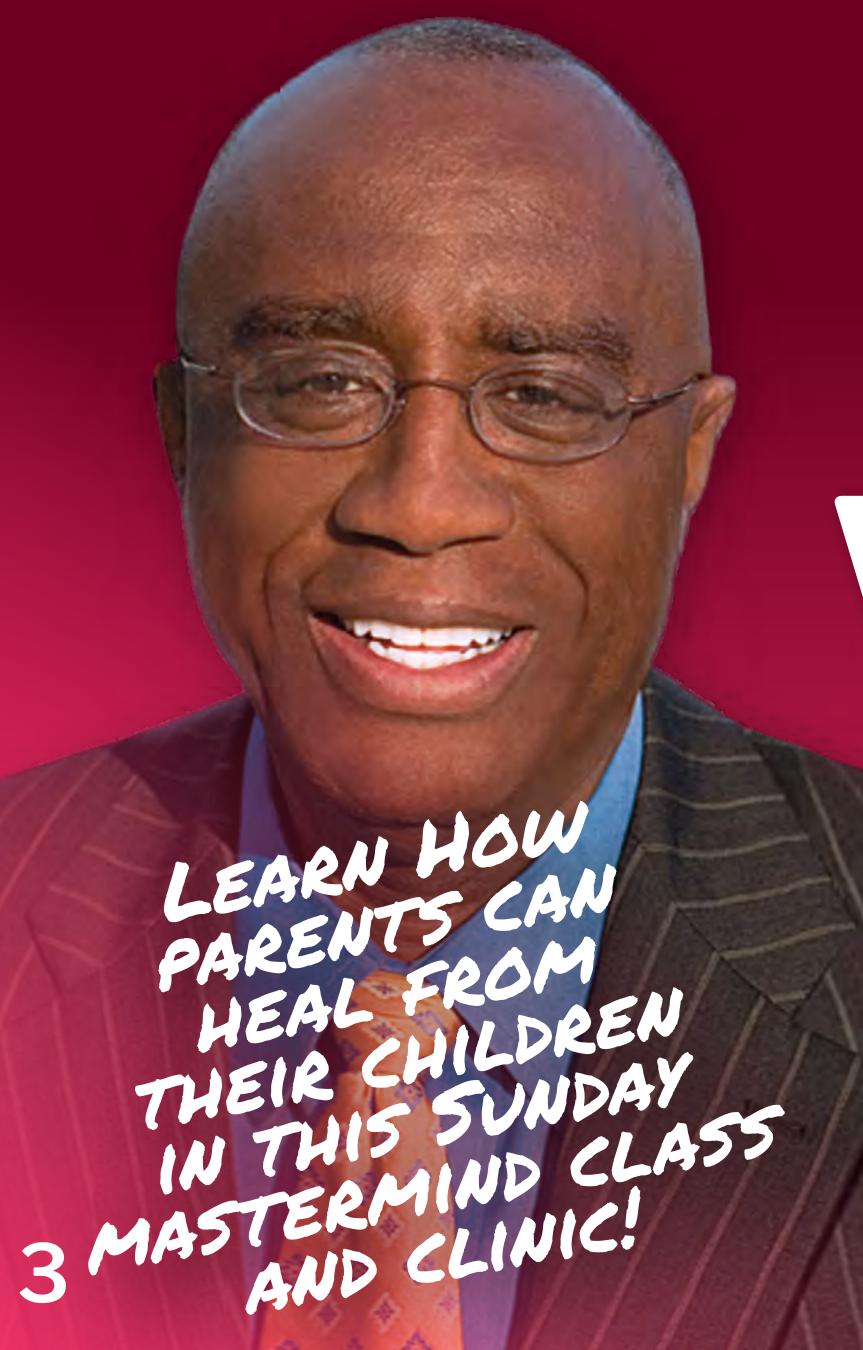
RAISED BY TRAUMATIZED PARENTS?







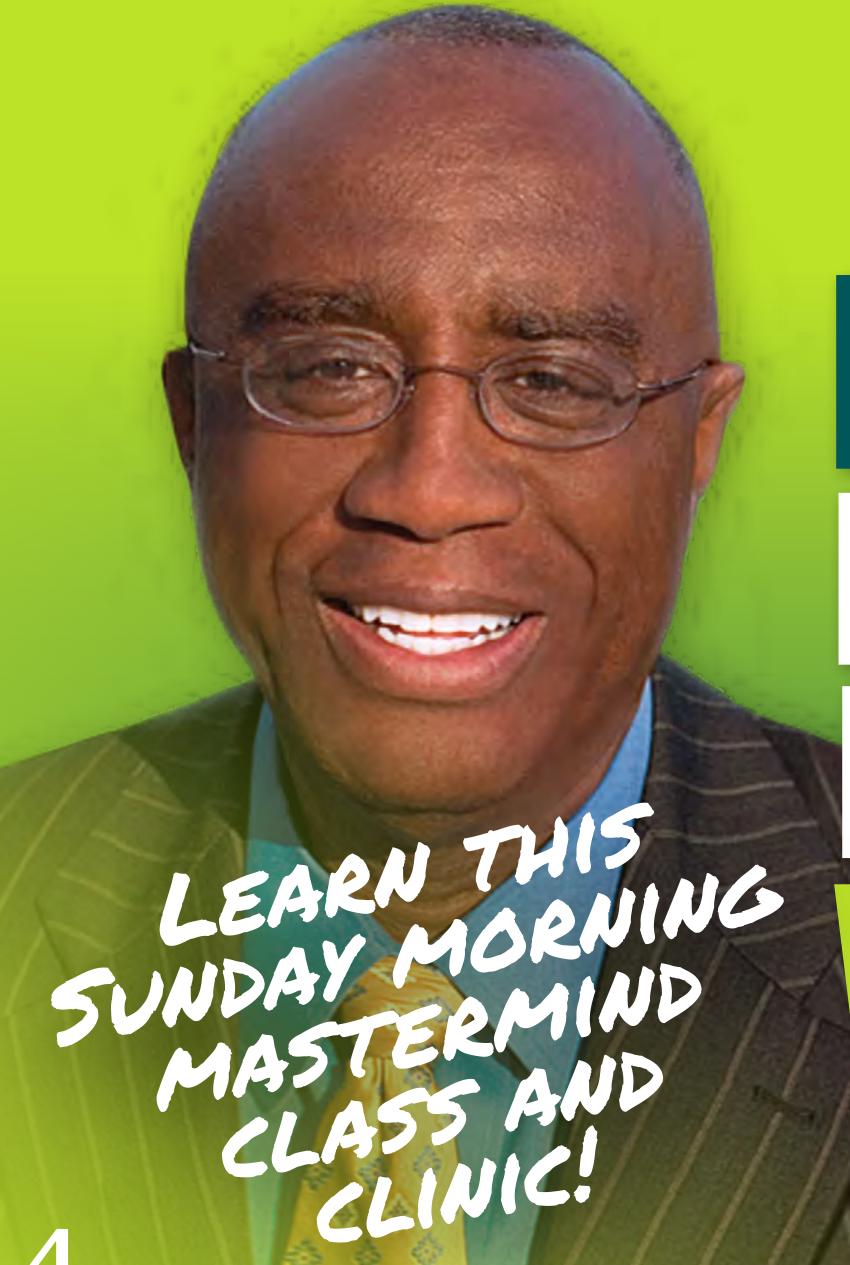






LEARN HUWIU HEAL FROM A MEAN FAIHER. OTHER OR GUARDI HOTRAUMATIZED Y









ASAPARENT, LEARN HOW TO HEAL FROM AN ANGRY MEAN CHILD WHO MOUNDED YOU

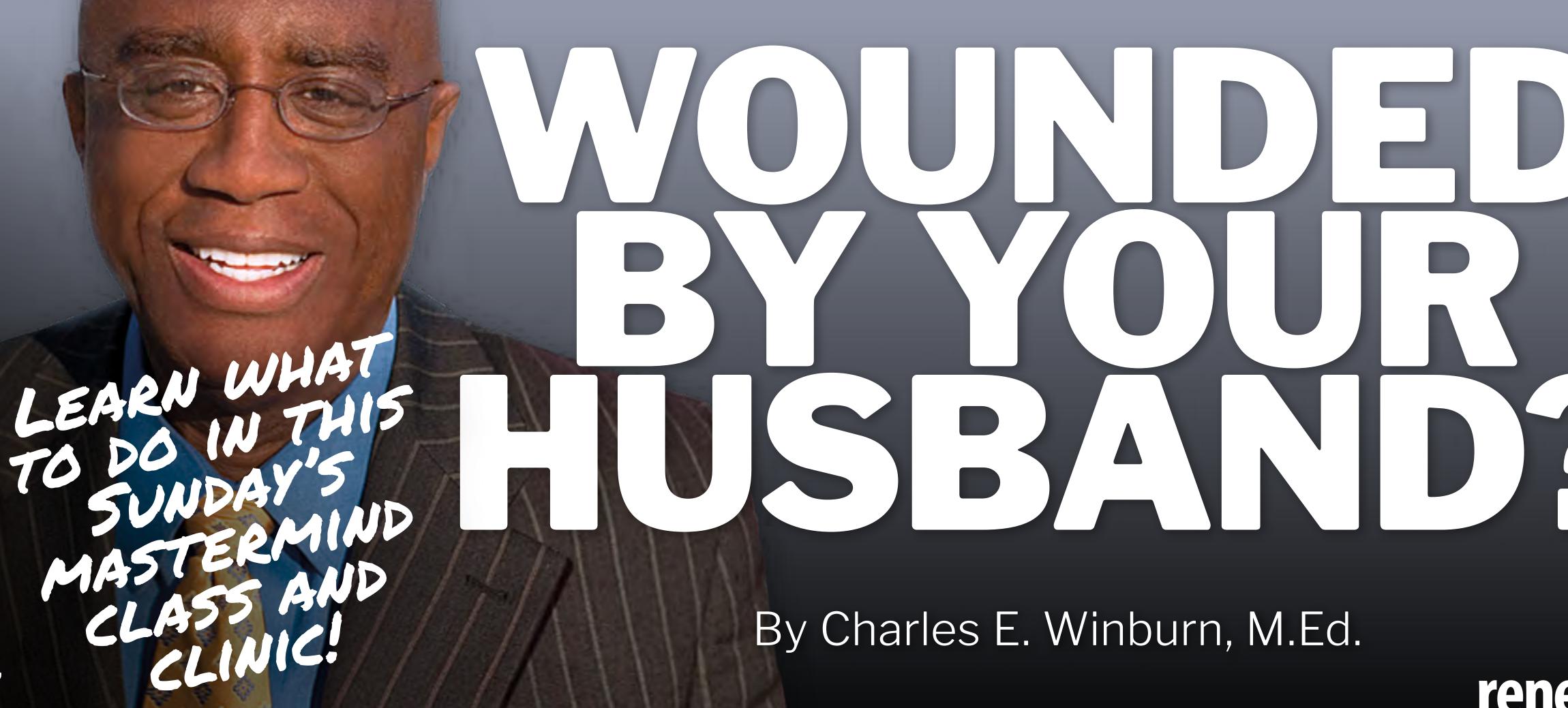




















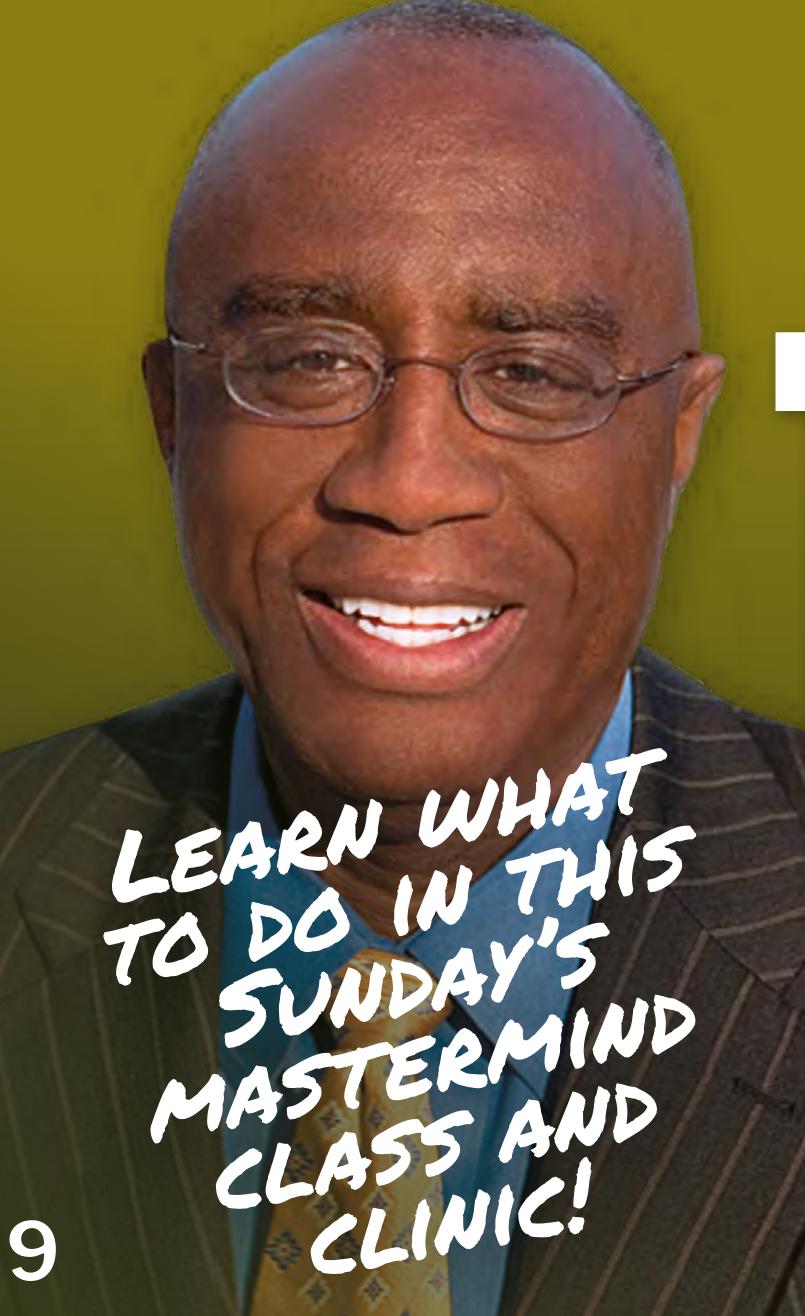
MASTERMIND

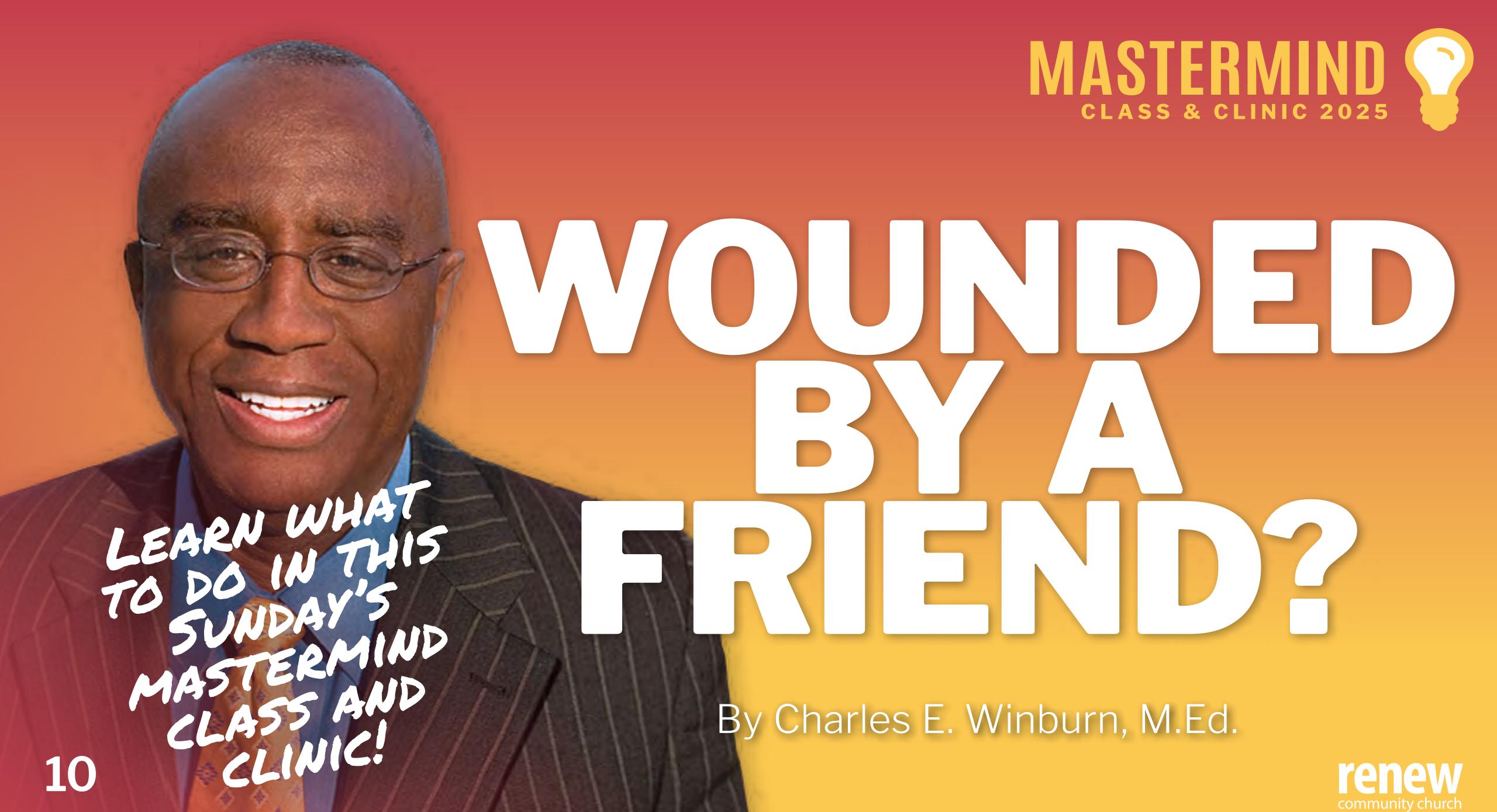
CLASS A.V.
CLAUC.











Disclaimer: This teaching is for religious and educational purposes only and is not designed to diagnose or give medical or psychological advice whatsoever. Please seek the advice of your medical doctor, psychologist, or counselor.



Resources

We do not have any ownership stakes or financial investment in these businesses. They are wonderful services that could potentially benefit you.



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AIM for Wellbeing: Integrative and Functional Medicine



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John H. Thomas, Ed.D. Clinical psychologist 513-961-5682

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Ohio Domestic Violence Network (ODVN) Helpline 1-800-934-9840 www.odvn.org

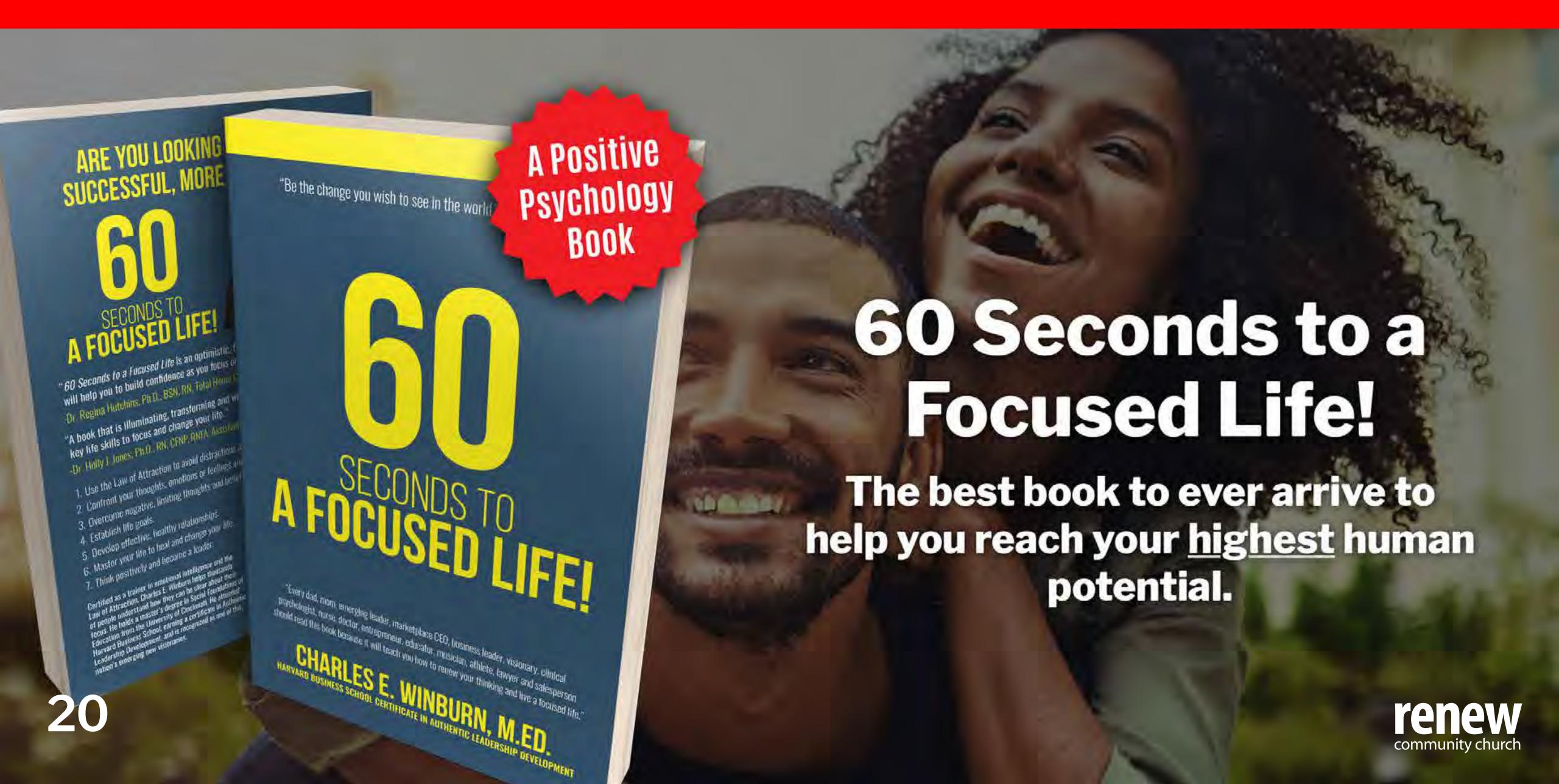


National Domestic Violence Hotline

1-800-799-SAFE (7233)
1-800-787-3224 (TTY)
www.thehotline.org



Visit today: 60SecondsToAFocusedLife.com



And be not conformed to this world: but be ye transformed by the renewing of your mind, that ye may prove what is that good, and acceptable, and perfect, will of God.

Romans 12:2



But he was wounded for our transgressions, he was bruised for our iniquities: the chastisement of our peace was upon him; and with his stripes we are healed.

Isaiah 53:5



What does it mean to be raised by wounded parents?

Al Research



1. Hyper-vigilant and constantly on edge with their children



2. Emotional withdrawal or numbness

What it looks like: Difficulty expressing feelings, flat affect, seeming disengaged during conversations or routines.



Why it happens: Shielding from pain of past abandonment or hurt; numbing as a coping mechanism to avoid vulnerability.

Impact: Children may feel unseen or unloved; bonding becomes hard, perpetuating a cycle of longing for connection.



3. Quick to blame others, including children What it looks like: Reactions that assign fault outside the home; defensiveness; punitive responses to mistakes.



Why it happens: Internal shame and unresolved guilt from past experiences get projected outward.

Impact: Child learns to fear mistakes rather than learn from them; cycles of guilt, shame, and punishment can continue.



4. Inconsistent parenting style What it looks like: Alternating between over-the-top approval and harsh discipline; unpredictable routines; love withdrawal.



Why it happens: Internal unpredictability from own trauma responses (fight/flight/ freeze) influencing parenting. Impact: Children experience confusion, insecurity, and anxiety about approval and safety.



5. Avoidance of difficult conversations

What it looks like: Skirting around topics like emotions, past abuse, or tension; changing the subject; refusing to apologize.



Why it happens: Fear of retraumatizing themselves or triggering conflict.

Impact: Emotional distance, lack of repair after conflicts; children learn not to bring up important issues.



6. Over-responsibility for others' feelings

What it looks like: Taking on others' burdens, trying to "fix" family members, neglecting own needs to keep the peace.



Why it happens: A learned belief that being needed is a way to secure care or avoid abandonment.

Impact: Enabling patterns, burnout, and model of caretaking without reciprocal reciprocity.



7. Difficulties with boundaries What it looks like: Intrusive or enmeshed behavior; difficulty saying no; tolerating disrespect or harm to themselves or others.



Why it happens: Childhood boundary violations or chaotic environments teach a fuzzy sense of personal limits. Impact: Children may replicate boundary issues; relational boundaries can become porous.



8. Emotional dysregulation or intense mood swings What it looks like: Rapid shifts from irritability to tearfulness to withdrawal; seeming unpredictable.



Why it happens: Unprocessed trauma disrupts the nervous system's regulation; cortisol and adrenaline cycles can be hard to manage.

Impact: Children absorb the emotional climate; household may feel unstable and exhausting.



9. Trust issues and attachment pursuit

What it looks like: Difficulty trusting partners or support networks; either clinginess or extreme withdrawal; fear of abandonment.



Why it happens: Core wounds around safety, reliability, and parental availability shape attachment schemas.

Impact: Strained partnerships; inconsistent caregiving in the family system; modeling of insecure attachment.



10. Self-sabotage and guilt-driven perfectionism

What it looks like:
Procrastination, avoidance
of risk, or compulsive
overworking; harsh selfcriticism when mistakes occur.



Why it happens: A belief that perfection is necessary to earn love or avoid rejection. Impact: Children learn that worth is conditional; risktaking and growth are stifled, reinforcing a cycle of underperformance.



How is childhood trauma passed from parents to offspring?

Al Research



1. Adverse fetal trauma (as described by Charlie Winburn) is mental and physical damage of a child in the womb of the mother, between conception and birth, that is predisposed to some of the following factors such as negative beliefs, negative environment, negative relationships, and increased toxic stress. renew Maternal stress, anxiety, depression, exposure to violence, substance use, nutrition, and medical complications.

Biological pathways (e.g., maternal cortisol, placental function) may influence fetal development and stress regulation systems.



2. Early neglect in the first two years (0-2): Early neglect or lack of responsive caregiving during the first 24 months of life can disrupt secure attachment, emotion regulation, and foundational trust.



Early neglect in the first two years of life can impair secure attachment and foundational emotional regulation, increasing the risk of later challenges in relationships, selfregulation, and mental health if not mitigated by supportive intervention.



3. Negative parenting or caregiving from 0–7 years: Repeated or chronic negative parenting practices (criticism, withdrawal, hostility, inconsistent availability) during early childhood can shape selfworth, belief systems, and coping strategies.



Frequent exposure to negative or unreliant parenting between ages 0-7 can contribute to maladaptive schemas, impaired self-esteem, and relational expectations that influence adult functioning."



4. Adverse childhood experiences (ACEs) from 0–18: The ACE framework links a range of early adversity (abuse, neglect, household dysfunction) to elevated risks for mental, physical, spiritual, and social problems in adulthood.



Impact to note: Higher cumulative ACE scores are associated with greater risk for depression, anxiety, substance use, chronic illness, and relationship difficulties, though resilience and protective factors matter.



5. Subconscious negative beliefs, emotions, and memories (0-18): Negative core beliefs, emotional patterns, and unconscious memories formed in childhood can shape thoughts, feelings, and behaviors in adulthood.



Impact to note: During childhood and adolescence, entrenched beliefs and emotional patterns can establish a subconscious framework that influences adult behavior, choices, and stress responses, sometimes persisting even when conscious understanding changes.

renew

6. Unmet needs, unresolved hurts, and unhealed wounds (0-18): Unmet emotional, physical, or developmental needs, along with unresolved hurt, can persist into adulthood if not processed or repaired.



Impact to note: Unmet needs and unresolved hurts from childhood can continue to influence adult functioning, often surfacing as relationship patterns, emotional reactivity, or psychosocial challenges unless addressed.



10 evidence-informed approaches adults can use to address untreated and unresolved childhood trauma

Al Research



1. Psychotherapy with Trauma-Informed Approaches: Counseling approaches designed to acknowledge and treat trauma, with safety, trust, and empowerment at the core (e.g., EMDR, trauma-focused CBT, internal family systems, Somatic Experiencing).



2. Somatic and Body-Based Therapies: Approaches that focus on the body to release stored trauma energy and regulate the nervous system (e.g., Somatic Experiencing, sensorimotor psychotherapy, mindfulness-based body scans, breathwork).



3. Trauma-Informed Cognitive Behavioral Therapy (T-CBT): A version of CBT adapted for trauma, emphasizing safety, stabilization, and gradual exposure to distressing memories in a controlled way.



4. Eye Movement Desensitization and Reprocessing (EMDR): A structured therapy that uses bilateral stimulation (eye movements, taps, or sounds) to reprocess trauma. Often reduces distress associated with memories and can accelerate healing for many people.



Practical steps:

- Find a certified EMDR therapist.
- Build safety and stabilization before desensitization.
- Engage in reprocessing sessions with clear goals and pauses as needed.



5. Internal Family Systems (IFS): A psychotherapeutic approach that views the mind as having multiple parts (e.g., inner critics, wounded parts) and emphasizes unblending and compassionate self-leadership.



6. Mindfulness, Meditation, and Grounding Practices: Cultivating nonjudgmental present-moment awareness and techniques to stay grounded during distress.



7. Sleep and Sleep Hygiene: Systematic routines and environments that promote restorative sleep, which is essential for emotional regulation and healing. Trauma often disrupts sleep; improving sleep supports nervous system healing and cognitive function.



8. Structured Self-Compassion and Self-Care Routines: Deliberate practices that treat oneself with kindness, especially during difficulty. Counteracts shame and selfblame common after childhood trauma; enhances motivation to heal.



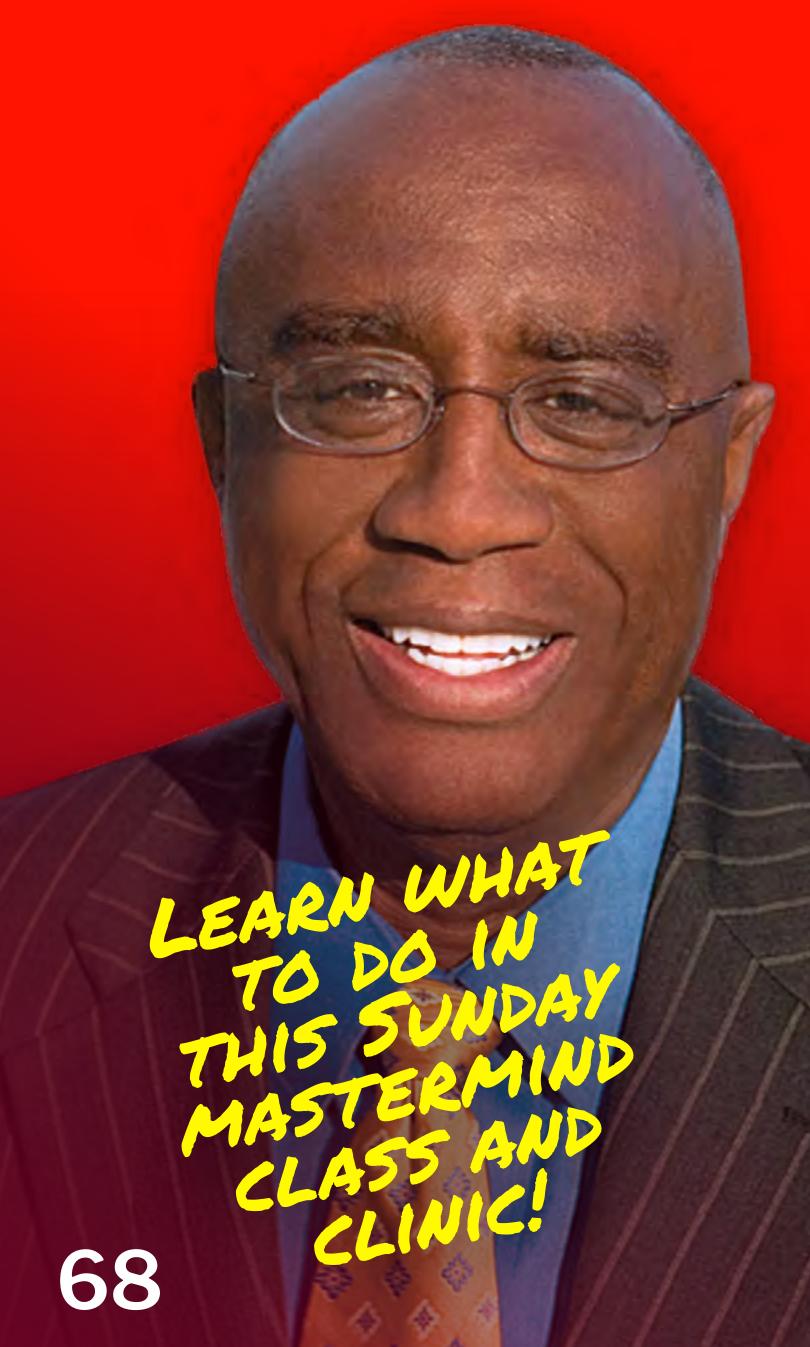
9. Social Connectivity and Support Networks: Building and sustaining healthy relationships, peer support, and community resources. Safe relationships provide validation, feedback, and shared coping strategies; isolation worsens symptoms.



10. Lifestyle Stability and Resource Access: Addressing basic needs and routines that support recovery (nutrition, exercise, routine, financial stability, housing) and accessing resources. Stability reduces chronic stress, enabling therapy and healing to be more effective.







HEALFROM FATHERS AND 10THERS WHO MOUNDED YOU!

By Charles E. Winburn, M.Ed.

