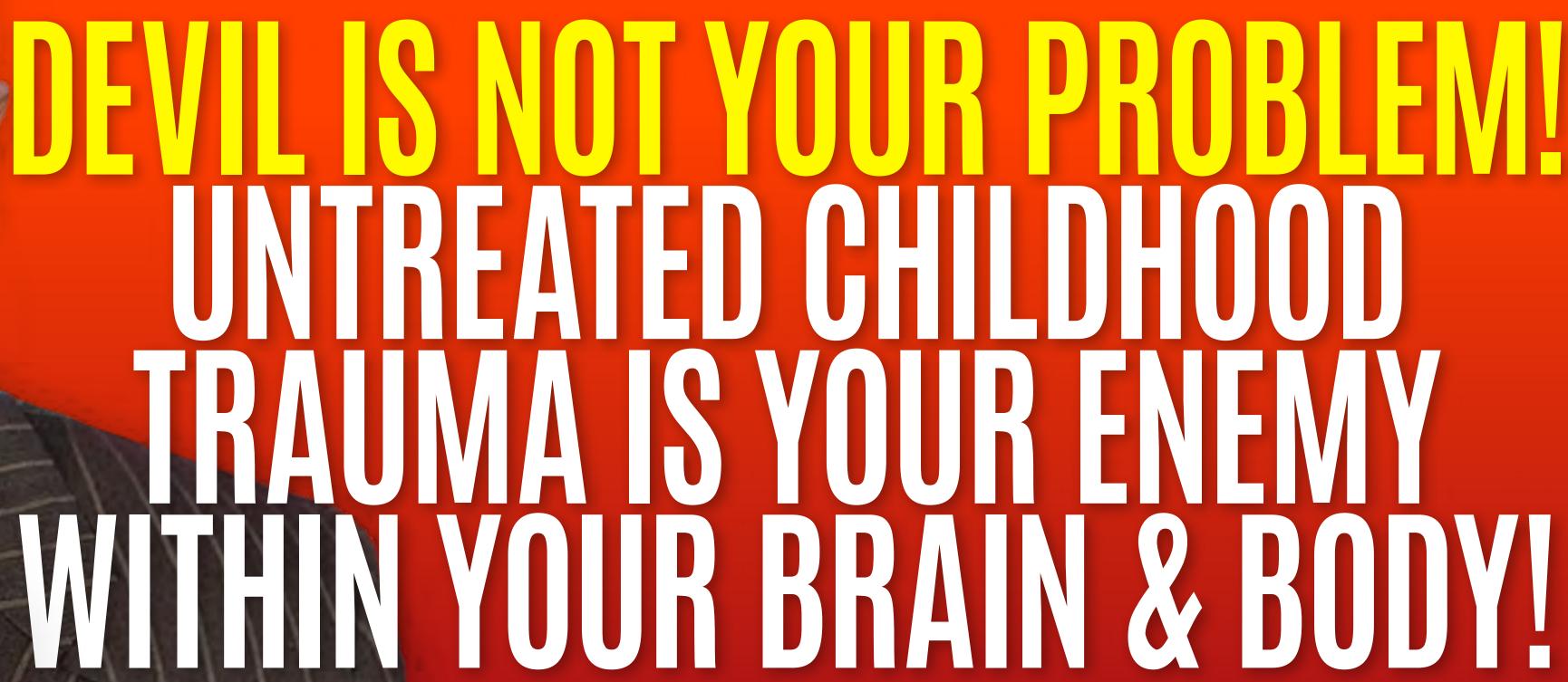




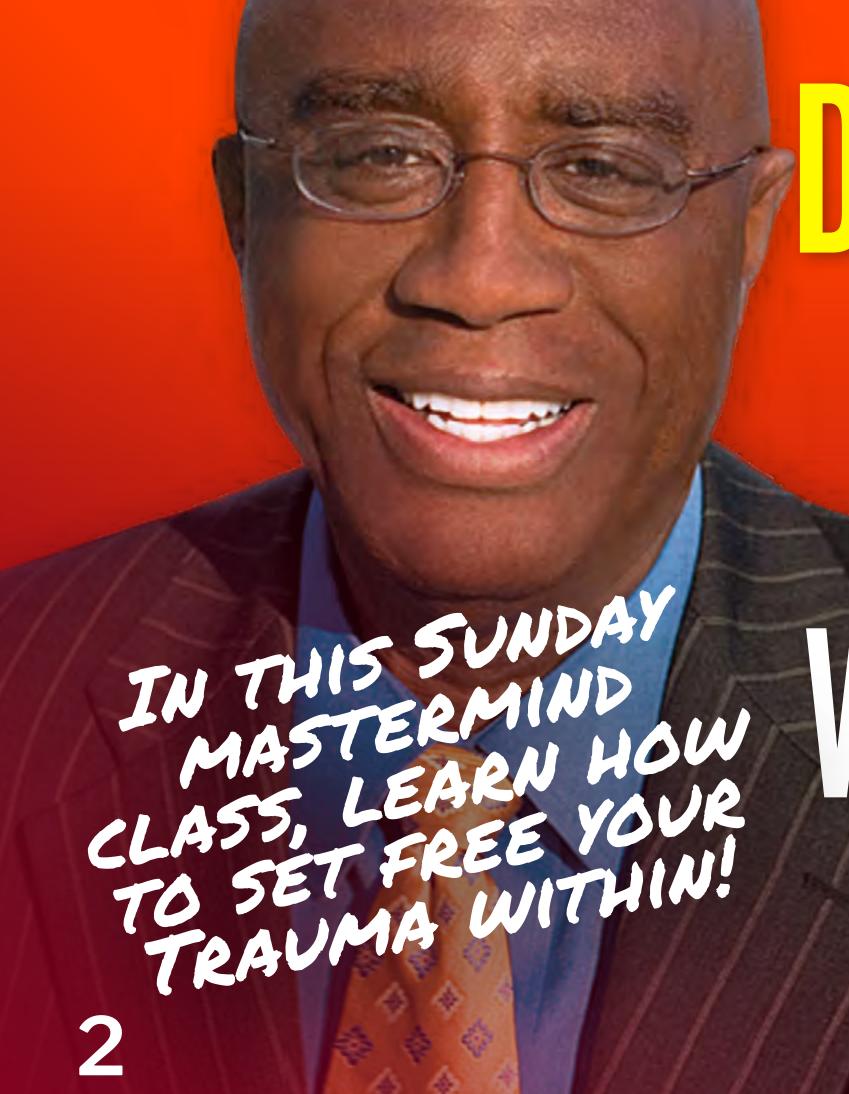
HEALTHE TRAUMA INSIDE YOU!







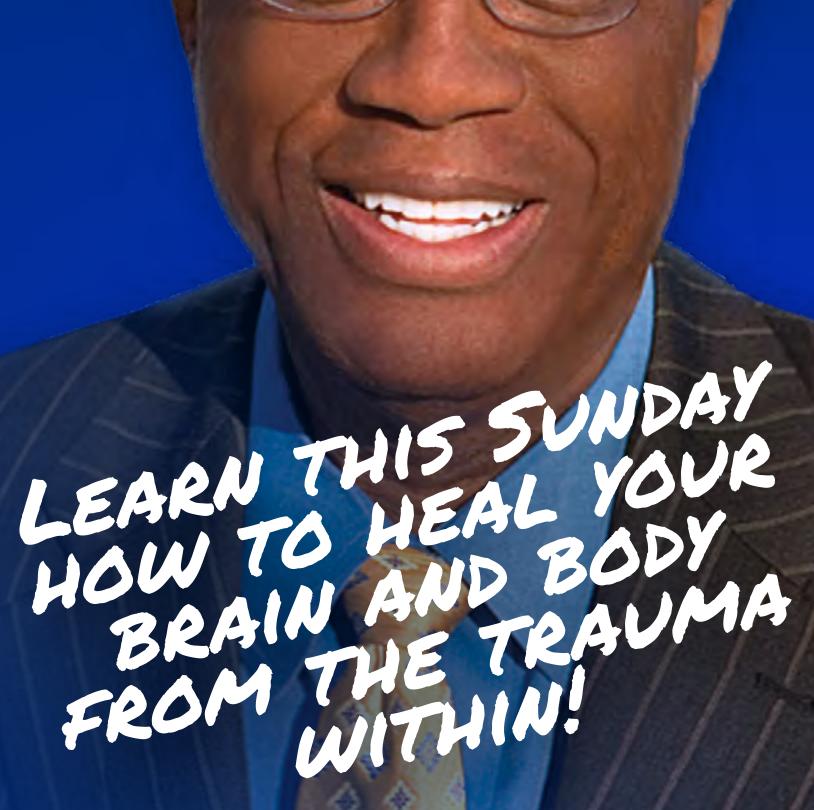






YOUR BRAIN & BODY ARE UNHEALTHY BECAUSE OF THE TRAUMA WITHIN!

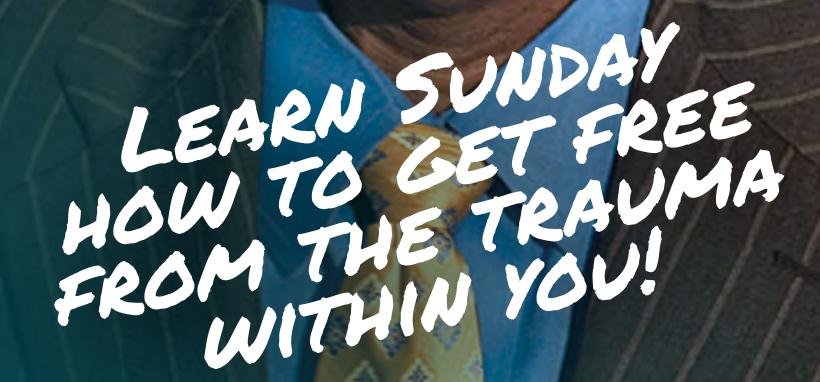




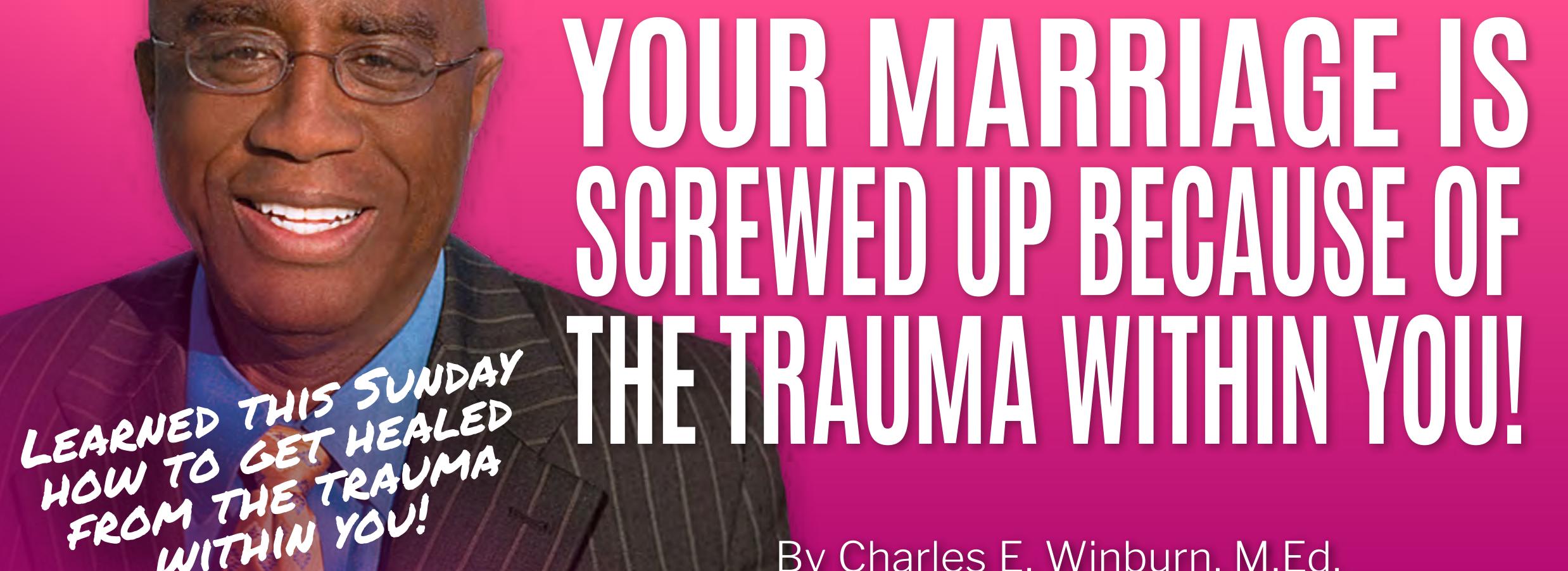


YOUR RELATIONSHIPS ARE SCREWED UP BECAUSE OF THE TRAUMA WITHIN YOU!

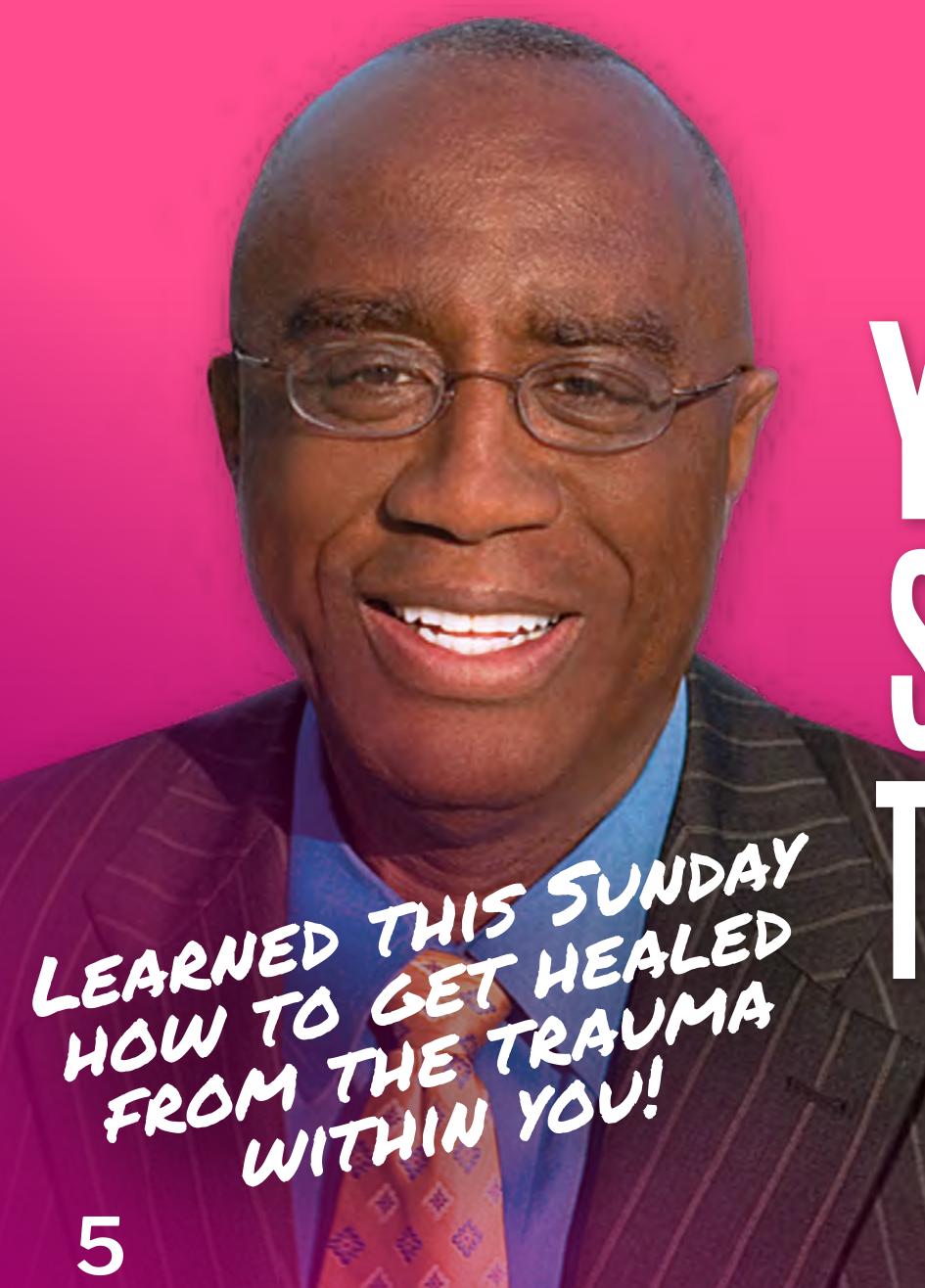














ISYOUR TRAUMA SABOTAGING YOUR LIFE?















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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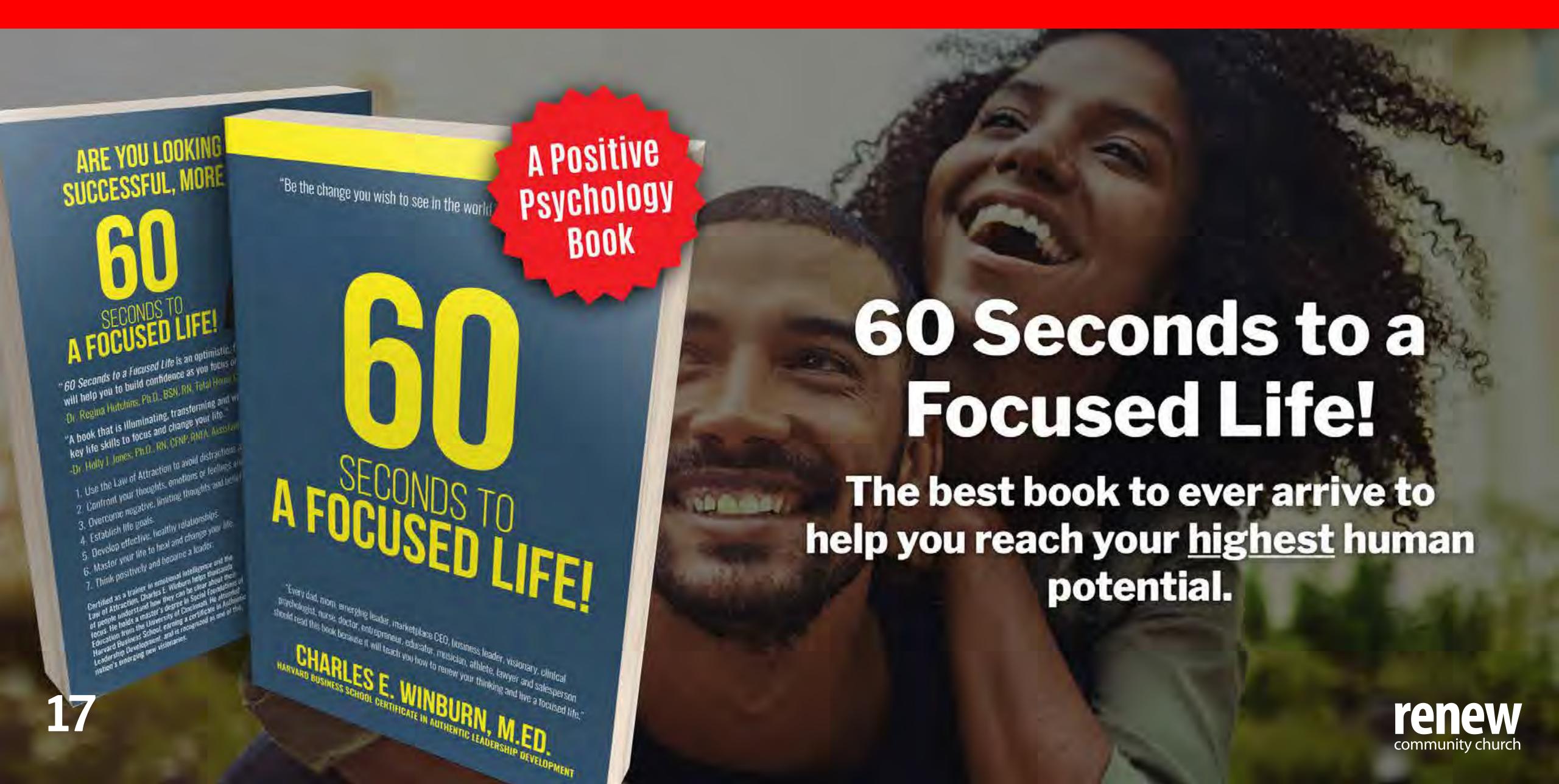
Ohio Domestic Violence Network (ODVN) Helpline

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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



The top 25 traumatic events or traumatic experiences

Al Research



1. Physical abuse: Deliberate physical harm inflicted on a child (e.g., hitting, shaking, burning).

Inside trauma: Can cause injuries, fear, attachment disruption, and long-term problems with self-regulation, aggression, and mental health.



2. Emotional/psychological abuse: Persistent verbal aggression, humiliation, belittling, constant criticism, threats, or manipulation that undermines a child's sense of self-worth. Inside trauma: Impacts selfesteem, coping, anxiety, depression, attachment, and social functioning.



3. Sexual abuse: Any sexual activity or exposure involving a child, including inappropriate touching, exploitation, or coercion.

Inside trauma: High risk for PTSD, shame, dissociation, sexualized behavior, and long-term relational and mental health issues.



4. Neglect (emotional): Failure to provide emotional support, warmth, responsiveness, or attention necessary for healthy development.

Inside trauma: Impairs attachment, social skills, emotion regulation, and academic performance.



5. Neglect (physical/household): Failure to provide basic needs such as adequate food, clothing, shelter, hygiene, or medical care.

Inside trauma: Impacts physical health, cognitive development, behavior, and school functioning.



6. Parent/caregiver substance misuse: Caregiver dependence on alcohol or drugs, which can impair caregiving, consistency, and safety.

Inside trauma: Increases risk for neglect, accidents, exposure to dangerous environments, and emotional insecurity.



7. Domestic or family violence exposure: Witnessing or being in a household where violence occurs between caregivers or family members.

Inside Trauma: PTSS, anxiety, behavior problems, and difficulty trusting others.



8. Parental separation or divorce: End of a parental relationship resulting in changes in caregivers, residence, or routines.

Inside trauma: Disruption and instability can affect attachment, academics, and emotional regulation, especially if conflict is high.



9. Caregiver mental illness:

A parent or primary caregiver dealing with untreated or severe mental health issues (depression, anxiety, psychosis, personality disorders).

Inside trauma: May affect responsiveness, consistency, and safety, contributing to insecurity and emotional dysregulation.



10. Incarceration of caregiver:
A parent or close caregiver being imprisoned.

Inside trauma: Economic hardship, stigma, and reduced caregiving continuity; associated with behavioral and academic challenges.



11. Exposure to community or school violence: Witnessing or experiencing violence in the neighborhood, school, or during crime (e.g., shootings, gang activity).

Inside trauma: Heightened hypervigilance, PTSD symptoms, and avoidance, plus academic and social challenges.



12. Chronic illness or disability in a parent or child: Ongoing serious health conditions within the family or child.

Inside trauma: Caregiving demands, stress, and potential social isolation; can affect normal development and routines.



13. Economic hardship/poverty: Persistent financial strain affecting housing stability, nutrition, and access to resources.

Inside trauma: Stress exposure, housing moves, food insecurity, and barriers to consistent schooling and healthcare.



14. Homelessness or housing instability: Frequent moves, unstable or temporary housing, or living in shelters.

Inside trauma: Disruption to routines, school transitions, safety concerns, and increased stress.



15. Loss of a parent or caregiver due to death: Death of a primary caregiver or close family member.

Inside trauma: Grief, disruption of attachment figures, and potential compounded trauma if death is violent or sudden.



16. Refugee or displacement experiences: Forced migration due to war, persecution, or disaster; exposure to trauma in the process.

Inside trauma: Complex grief, identity disruption, and acculturation stress impacting mental health and school.



17. Exposure to discrimination or stigma: Persistent experiences of bias or prejudice based on race, ethnicity, gender identity, sexuality, religion, or disability. Inside trauma: Chronic stress (minority stress), lower selfesteem, longer-term mental health risks, and avoidance or disengagement.



18. Substance exposure in the environment (secondhand smoke, toxins, lead): Living in environments with harmful substances or chronic toxin exposure.

Inside trauma: Physical health impacts, cognitive effects, and behavior concerns; can compound stress responses.



19. Medical trauma or painful medical experiences: Recurrent painful or invasive medical procedures, chronic illnesses requiring painful treatment, or feared medical settings.

Inside trauma: Avoidance, anxiety, and distress around healthcare; can contribute to fear or mistrust.



20. Severe illness or injury of a sibling or peer: A close family member or peer experiences serious illness or injury, affecting the child indirectly. Inside trauma: Worry, role changes in the family, and disruption to routines and school.



21. Exposure to religion-based or cultural abuse/trauma:
Experiences of coercive, controlling, or punitive practices tied to religious or cultural beliefs.

Inside trauma: Shame, confusion about identity, and internal conflict; may impact trust and autonomy.



22.Forced child labor or exploitation: Involvement in work or activities that exploit the child, deny education, or cause harm.

Inside trauma: Physical and emotional strain, safety concerns, and developmental disruption.



23.Bullying and peer victimization: Repeated, intentional harm from peers (physical, verbal, cyberbullying).

Inside trauma: Anxiety, depression, social withdrawal, and academic problems; can intensify other stressors.



24. Academic failure or chronic school stress: Repeated academic difficulties, high-pressure environments, or unsafe school settings.

Inside trauma: Learned helplessness, low self-efficacy, and increased risk for mental health concerns; may interact with other trauma exposures.



25. Medical or surgical trauma in infancy/childhood: Traumatic experiences related to medical procedures, hospitalizations, or admissions, especially if distressing or invasive.

Inside trauma: Post-traumatic stress symptoms, avoidance of medical care, and ongoing anxiety around healthcare settings.



20 interpretations of what Dr. Gabor Maté might be saying when he states that "trauma is not what happened to you, but what happened inside of you as a result of the traumatic experience"

Al Research



1. Trauma is an internal process, not just an event: Traumatic impact is about how the brain, nervous system, and emotions respond and adapt afterward, not solely the external incident.



2. The body stores trauma as physiological patterns: Chronic activation of the stress response can become "default" bodily states (tension, hyperarousal, dissociation) that persist beyond the event.



3. Meaning and interpretation shape trauma: Personal beliefs, cultural context, and prior experiences influence how an event is perceived and processed, affecting its lasting impact.



4. Trauma disrupts attachment and trust networks: When caregivers or safe figures are involved in or absent during danger, the inner sense of safety and connection can be permanently altered.



5. Trauma can be an ongoing process, not a one-time event: Repeated exposure to stressors or multiple smaller traumas can accumulate, creating a chronic pattern rather than a single acute



6. Dissociation as a protective strategy: The mind may detach or compartmentalize experiences to survive overwhelming moments, which later contributes to fragmentation in memory or emotion regulation.



7. The nervous system learns to stay "ready": A traumainformed body may remain in a perpetual state of vigilance, making calm states harder to access.



8. Emotional regulation becomes dysregulated: People may swing between numbness, anger, fear, or overwhelm due to altered neural pathways from trauma.



9. Coping styles become ingrained: Early trauma shapes habitual ways of coping (peoplepleasing, avoidance, compulsive activity) that persist and influence relationships and health.



10. Trauma affects sensory processing and perception: Sensory cues linked to the original threat can trigger disproportionate reactions to things that resemble the past danger, even if the current situation is safe.



11. Neurochemical imbalances contribute to lasting effects: Prolonged stress alters cortisol, adrenaline, and other systems, which can affect mood, motivation, and physical health long after the event.



12. Identity and self-worth are shaped by trauma: Repeated invalidation or harm can form a persistent sense of unworthiness or shame that persists independently of the event's specifics.



13. Trauma can alter decisionmaking and vulnerability: Past harm may skew risk assessment, trust in others, and willingness to engage socially, affecting life choices.



14. The environment can re-trigger previously stored trauma: Current contexts that resemble past danger can reactivate old physiological and emotional patterns, perpetuating reactivity.



15. Healing requires addressing internal experiences, not just external facts: Talking about the event alone may not resolve the internal wound; healing often involves processing sensations, emotions, beliefs, and autonomic responses.



16. The cumulative impact matters more than any single incident: The overall load of stressors, even if individually minor, can converge to produce a strong traumatic footprint.



17. Social and relational factors are central: Supportive relationships, validation, and safety are crucial for restructuring the internal trauma response.



18. Trauma can manifest as physical illness: Chronic stress and dysregulated autonomic function can contribute to gut issues, sleep problems, headaches, and other somatic symptoms.



19. Growth and resilience are possible within the trauma framework: Understanding trauma as an internal process opens pathways for therapies that rewire the nervous system and restore capacity for connection and joy.



20. Healing is an active, ongoing process: Reclaiming safety, regulating the nervous system, and rebuilding meaning often require intentional practices, time, and supportive care rather than a one-time event resolution.



The top 10 clinical therapies for treating unresolved childhood trauma in adults

Al Research



1. Trauma-Focused Cognitive Behavioral Therapy (TF-CBT): Brief CBT approach tailored for trauma to reduce PTSD symptoms and distortions.



2. Eye Movement Desensitization and Reprocessing (EMDR): Desensitization and reprocessing of traumatic memories through bilateral stimulation.



3. Internal Family Systems (IFS)
Therapy: Explores inner parts
and Self-leadership to reduce
reactivity and shame.



4. Attachment-Focused
Psychotherapy (including EFT):
Addresses attachment injuries
and enhances emotion regulation
and security in relationships.



5. Somatic Therapies (e.g., Somatic Experiencing, Sensorimotor Psychotherapy): Body-focused approaches to regulate physiology and reduce arousal.



6. Narrative Exposure Therapy (NET): Builds a coherent trauma narrative to decrease symptoms and improve meaning.



7. Prolonged Exposure Therapy (PE): Structured, gradual exposure to trauma memories and reminders to reduce avoidance.



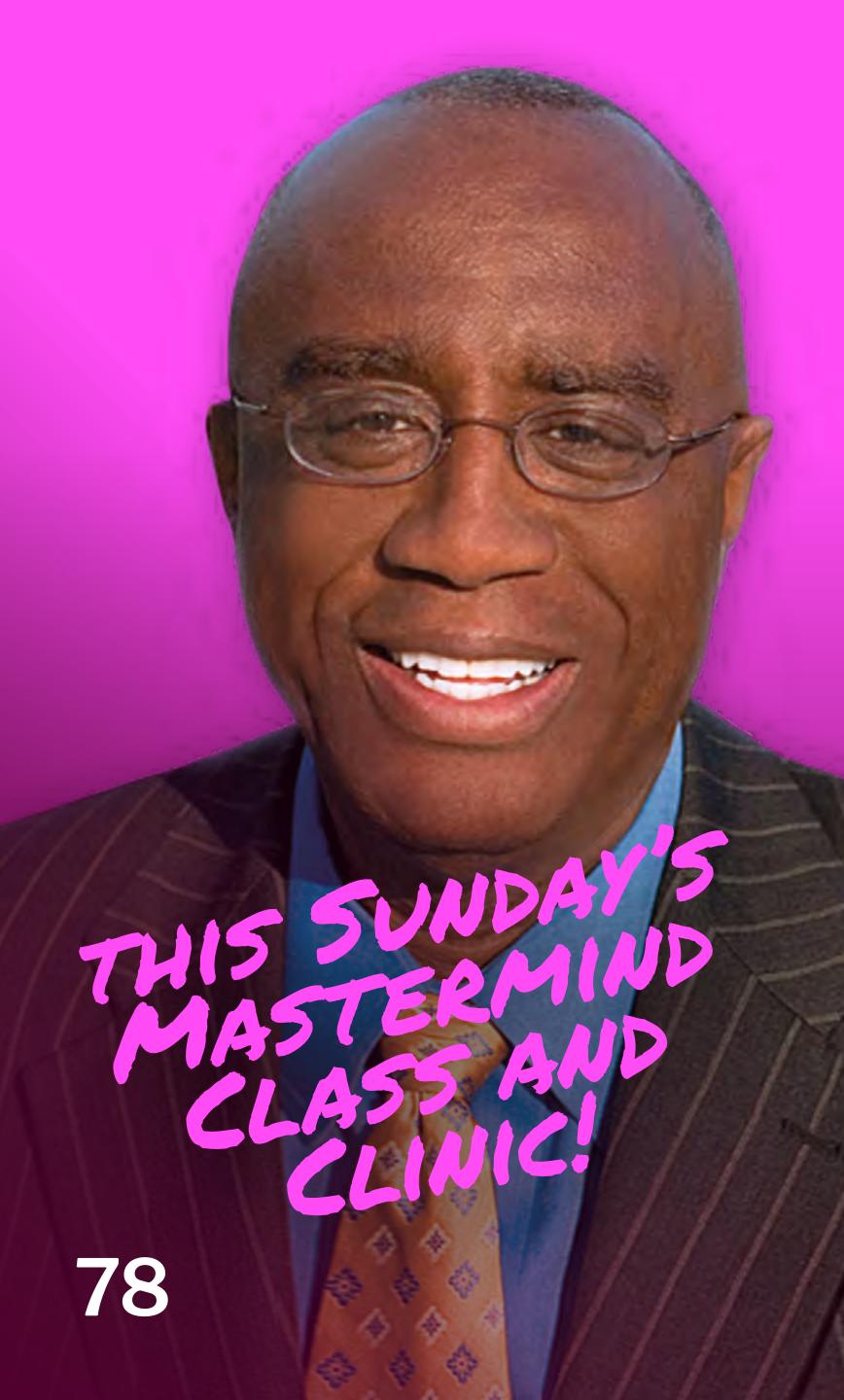
8. Mindfulness-Based
Interventions (MBIs) + TraumaInformed Mindfulness:
Cultivates present-moment
awareness to lower rumination
and arousal.



9. Dialectical Behavior Therapy (DBT) for Trauma: Focuses on emotion regulation, distress tolerance, and interpersonal effectiveness.



10. Integrated Pharmacotherapy
+ Psychotherapy:
Combines medications (e.g.,
antidepressants) with therapy
to address mood, sleep, and
anxiety





HEALYOUR BODY & BRAIN FROM THE TRAUMA WITHIN!

By Charles E. Winburn, M.Ed.

