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Original Article

A Case Study Paper on the Prevalence and Impact of Childhood Trauma with Violence

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ABSTRACT

Maria Johnson is a 40-year-old, Biracial African American and Caucasian social worker who was referred by her primary care provider (PCP) with a complaint of heightened anxiety as well as persistent nightmares. As her ability to function at work and maintain friendships has decreased. Ms. Johnson lived with her husband of 20 years up until 8 months ago, at which time he abruptly ended their relationship to immediately entered a new relationship a couple of months later. They have a 20-year-old daughter together who is currently living independently as a college student, who Ms. Johnson believes has been greatly affected by their separation. She states that the feeling of her daughter losing a two-parent household has caused her an alarming amount of stress, fear, and anxiety. She has been feeling unusually fatigued, accompanied by difficulty focusing. She has repeatedly sought out reassurance from her mother and sister, but found that she could not be consoled by them as she worried about being "too much of a burden." A few months prior to this session, Ms. Johnson began to avoid leaving the house. She had a fear that she would get kidnapped. Initially, she refused to go to the grocery store because the area she recently moved to had three recent kidnappings of a child and 2 women. She then began to get her groceries delivered, but refused to have contact with the delivery person. That soon progressed to her only working from home and not going in the field to see clients, which led to a demotion. Ms. Johnson added, "This is getting out of control, I honestly feel like something bad is going to happen to me". She then added, "The only time my mind is at ease is when I am at home or with my daughter." Ms. Johnson has a history of childhood trauma, including domestic violence and parental substance abuse. As a teenager, she experienced domestic violence and parental substance abuse, which added to her trauma history. Over the years, she has managed to suppress those early childhood memories for years, but began experiencing symptoms after she moved into her new home post-separation, triggering memories of her past experiences. Ms. Johnson goes on to express how she always struggled with her biracial identity, as she was often caught between two different cultures. This led to her not feeling accepted by either culture. Her experiences of cultural expectations and racism have contributed to her feelings of isolation and trauma. At her initial session, Ms. Johnson said she

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was “extremely anxious and got easily startled”, which started after her husband left. She reported feeling worthless, guilty, hopeless, and having constant thoughts about death. She lost 15 pounds and was fatigued from poor sleep patterns.

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INTRODUCTION

Research reveals that there is a high rate of violent exposure among children. According to Heather Dye's (2018) research, over 60% of American children have experienced abuse, violence, or criminal activity. Childhood violent trauma has diverse effects on people's emotional, physical, and social well-being. There is a significant relationship between childhood exposure to violence and the development of mental health disorders such as post-traumatic stress disorder (PTSD), depression, anxiety, and substance use disorders (Dye, 2018). These mental health issues can continue into adulthood, causing ongoing challenges for survivors. Kilpatrick et al. (2017) highlight an increased likelihood of suicidal thoughts and attempts among individuals who have experienced childhood trauma. Children and adolescents who have experienced trauma are more likely to develop a range of emotional and behavioural problems (Alisic et al., 2014).

The impact of childhood trauma on one's physical health is long-term. According to Dye (2018), those who have experienced childhood trauma are more likely to acquire long-term health issues like diabetes, cardiovascular disease, and gastrointestinal illnesses. Unresolved trauma can lead to stress and anxiety, which can worsen health difficulties. In addition, people with early trauma are more likely to suffer from chronic pain problems like fibromyalgia.

Social and Relational Impact

Childhood trauma interferes with an individual's capacity to establish and sustain positive social interactions. According to Dye's (2018) research, survivors frequently struggle with intimacy, trust, and communication, which negatively impact their relationships and make them feel alone. This might worsen mental health conditions and prolong feelings of loneliness.

Educational Impact

Dye (2018) also mentioned how childhood trauma can affect a person's ability to succeed in school and a job setting. Trauma survivors frequently struggle academically because of issues with focus, memory, and emotional control. These difficulties may result in poorer academic achievement and fewer educational possibilities, which may have a negative impact on one's ability to pursue a job and maintain financial security.

Effective Treatments for Childhood Trauma with Violence

Peer-reviewed research has demonstrated the effectiveness of Eye Movement Desensitization and Reprocessing (EMDR) as a treatment for trauma related to violence. Although EMDR was

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first created to treat PTSD, it has proven to be a highly effective treatment for many other trauma-related disorders. To effectively treat the symptoms of complex trauma, the therapist combines EMDR with Cognitive Behavioural Therapy. This strategy's thorough approach to addressing the complex nature of trauma has demonstrated its effectiveness as a vital intervention in trauma therapy (Shapiro, 2014).

Additional research demonstrates the efficacy and adaptability of EMDR across a range of treatment paradigms, hence supporting its inclusion into other therapeutic approaches. It has also been used to improve treatment outcomes when paired with family systems therapy, psychoanalysis, and cognitive-behavioural therapy. The effectiveness of EMDR in treating trauma connected to violence emphasises how crucial it is to include cutting-edge, evidence-based therapies in the treatment of trauma. A peer-reviewed qualitative research study has shown the effectiveness of trauma-sensitive yoga for victims of violence. In order to assist survivors in reestablishing a sense of control over their bodies, this method places a strong emphasis on providing a secure and encouraging atmosphere. The experiences of survivors who took part in trauma-sensitive yoga sessions were examined in a recent study by van der Kolk et al. (2023).

According to the qualitative study, participants' mental health had significantly improved, and their symptoms of PTSD, anxiety, and sadness had decreased. According to one participant (van der Kolk et al., 2023), "The yoga practice helped me feel safe in my body again, something I hadn't felt in a long time." The study emphasised how crucial it is to include trauma-sensitive yoga in mental health treatment programs for victims of abuse. People can process trauma and build resilience in a non-invasive manner with the help of mindful movements and breathing exercises. Furthermore, a feeling of acceptance and belonging, which is essential for healing, was fostered by the yoga sessions' supportive and community-based environment.

It combines mindfulness and physical movement to support people in managing symptoms associated with trauma and reestablishing a connection with their bodies. According to Lee et al. (2023), trauma-sensitive yoga has demonstrated encouraging outcomes in enhancing the mental and physical health of trauma survivors.

Theory Application of Case Example

Approach

Using Trauma-Focused Cognitive Behavioural Therapy (TF-CBT) with this client is very appropriate. TF-CBT focuses on producing change through cognitive techniques that guide the client to reconsider the negative beliefs and perceptions they developed after experiencing trauma more logically (Briere & Scott, 2013). Some of the main concepts within TF-CBT include psychoeducation, coping skills, gradual exposure, and cognitive processing (*Trauma-Focused Cognitive Behavior Therapy*, 2022, June 21). Counsellors will use psychoeducation with clients to educate them on physical and emotional reactions that occur when people experience trauma (*Trauma-Focused Cognitive Behavior Therapy*, 2022, June 21). This can help clients by giving them context on what was going on with their brain and body at the time of the trauma, as well as since then, to help them better understand how they formed their reactions (Briere & Scott, 2013). Counsellors will also introduce coping skills to clients to help them regulate as they process their trauma (*Trauma-Focused Cognitive Behavior Therapy*, 2022, June 21). Having clients recount their trauma can bring up unprocessed emotions and distress, so it is important for the counsellor to work with the client to find some coping skills that work for them that they can use both in and out of session when they feel overwhelmed. One of the key components of TF-CBT is cognitive processing. As the counsellor works with the client to better understand their experience, the counsellor will prompt the client to reconsider their beliefs and perceptions around their experience to include a wider, more logical perspective. It is important that the counsellor

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acknowledges that the client's negative perceptions were a logical conclusion from their interpretation of their experience rather than being seen as irrational (Briere & Scott, 2013).

The process of counselling begins with the counsellor prompting the client to describe their traumatic experience in detail (Briere & Scott, 2013). The client is urged to explore their narrative of their trauma as accurately as they remember experiencing it at the time because this can help allow the client to cognitively and emotionally begin to start processing what they felt at the time (Briere & Scott, 2013). The counsellor will then ask some open-ended questions to the client to have them begin to reconsider whether what they perceived is logical based on the context they have now (Briere & Scott, 2013). Victims of interpersonal trauma often internalise rationalisations made by the perpetrator, which can lead to self-blame and guilt that is misplaced, so reconsidering the beliefs they created while distressed that they may not have reconsidered (Briere & Scott, 2013). The counsellor works with the client to create a more detailed, cohesive narrative so that the client can place the event in its original complex context to understand how their response to the event was affected by their survival instincts (Briere & Scott, 2013). By cognitively and emotionally processing what they felt at the time and working to create a more logical, detailed narrative of what happened, the client works to create a more affirming and empowering view of themselves (Briere & Scott, 2013).

TF-CBT is a good fit for this client because the client has not cognitively or emotionally processed her trauma. The client mentions that she has repressed many of her traumatic experiences and that they are now causing her distress as she's being reminded of them. By using TF-CBT, the client will be given a safe space to explore and understand her traumatic experiences while learning coping skills for how to manage her distress that is associated with them.

Case formulation

Based on Trauma-Focused Cognitive Behavioural Therapy (TF-CBT), I formulated the following hypotheses about the functions of Maria Johnson's PTSD symptoms.

Hypothesis 1: Maria's (age 40) heightened anxiety and persistent nightmares could be driven by maladaptive beliefs and cognitive distortions related to her childhood traumas and separation from her husband. For instance, she might believe that she is unsafe outside her home, which contributes to her avoidance behaviour.

Hypothesis 2: Maria avoids leaving her home due to fear of kidnapping, which temporarily reduces her anxiety but reinforces her avoidance behaviour. The avoidance prevents her from disconfirming her catastrophic beliefs about the danger outside her home, maintaining her anxiety.

Factors of Childhood Trauma

Domestic violence and parental substance abuse during her childhood have laid the groundwork for her PTSD symptoms. These early experiences have shaped her cognitive and emotional responses to stress and trauma.

Recent Relationship Loss

The abrupt end of her 20-year marriage and her husband's quick transition to a new relationship have significantly impacted Maria's emotional stability. Her concern for her daughter's well-being adds to her stress and anxiety.

Current Environmental Stressors

Recent kidnappings in her new neighbourhood have heightened her sense of danger and triggered avoidance behaviours. The stress of adapting to a new living environment post-separation has also contributed to her anxiety and avoidance.

Lack of Social Support

Although Maria seeks reassurance from her mother and sister, she feels unable to be consoled and worries about being a burden, which limits her social support. Her isolation is further exacerbated

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by her avoidance of social interactions and work-related activities.

Problem

In the case study of Maria Johnson, the primary problem to focus on is her experience with post-traumatic stress disorder (PTSD), which is rooted in her history of childhood trauma with violence that has been compounded by recent events. There are key aspects of this problem that should be noted, re-experiencing symptoms, avoidance behaviour, Hyperarousal symptoms, emotional and psychological impact, as well as cultural identity issues. Maria Johnson is dealing with intrusive memories and flashbacks of past traumatic events. These symptoms are causing significant distress and interfering with her daily life. She avoids places and situations that remind her of her trauma, limiting her ability to engage in normal activities and maintain relationships. Ms. Johnson experiences hypervigilance and a heightened startle response, leading to chronic anxiety and difficulty relaxing. She feels emotionally numb and detached from others, which affects her ability to form and maintain close relationships. Her biracial identity and experiences with racism contribute to feelings of isolation and exacerbate her trauma-related symptoms.

ASSESSMENT AND DIAGNOSIS

Assessing Ms. Johnson's problem in the context of her biracial identity and past trauma involves a comprehensive and multidimensional approach. An assessment can be structured by first conducting an in-depth interview with Ms. Johnson to gather detailed information about her symptoms (including suicidal ideation), trauma history, and how these affect her daily life. The use of open-ended questions will allow her to express her experiences, emotions, and concerns freely. As well as exploring her cultural background and identity to understand their influence on her trauma and mental health. After conducting her clinical interview, standardised assessment tools should be utilised. Since she has experienced an abundance of trauma, the utilisation of PTSD-specific assessment tools, such as the PTSD Checklist (PCL), to evaluate the severity and impact of her symptoms should be used. Along with general mental health assessments such as the Generalized Anxiety Disorder-7(GAD-7), Depression Anxiety Stress Scales (DASS) to identify any co-occurring disorders, and the Patient Health Questionnaire-9 (PHQ-9), Contains a question specifically assessing the frequency of suicidal thoughts over the past two weeks as those should all cover the basics for a potential diagnosis.

The client was initially given the PHQ-9, where she scored a 10 and put a 0 for the question aimed towards suicidal ideation, which means in the past two weeks, she has not had thoughts about suicide. She should be regularly monitored as her symptoms can increase the chance of suicidal ideation. As mentioned in her case file, the client scored a 28 on the Beck Anxiety Inventory, signifying severe anxiety, which led her to get further treatment. To further aid in the diagnosis and treatment of Ms. Johnson, Cultural and identity assessments, physical health assessments, social support and environment, and collaborative feedback have been included in the rest of the assessment process to best treat Ms. Johnson. Ms. Johnson's symptoms point towards the diagnosis of PTSD as she scored an 85 on the PCL-C. Ms. Johnson has had heightened anxiety as well as persistent nightmares for over 6 months. Her symptoms have caused her to isolate and live in a state of constant fear, triggering memories from past traumatic events. Acute stress disorder was immediately ruled out as her symptoms have been present for over 6 months, indicating the severity being at the PTSD level.

Goals/Goals Evaluation

The long-term goal of treatment is to help Ms. Johnson have an understanding of her traumatic experiences, how they affect her behaviour and cognitions, as well as gain tools or coping mechanisms to handle highly stressful or traumatic experiences when they arise, while also working on building her support system and analysing her cultural identity.

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This will be measured by reduction of symptoms, therapeutic relationship and improvements within her overall functioning/health. The counsellor will know whether Ms. Johnson has improved by score reduction on the GAD-7, Depression Anxiety Stress Scale, and Patient Health Questionnaire. The counsellor will also monitor the therapeutic relationship/alliance by Ms. Johnson's ability to trust her and share. The more Ms. Johnson trusts her counsellor, the more she will be able to trust others and herself to rebuild the connections she lost because what was suppressed is now being released in session. As she values her support from family, friends, and the community is important in her treatment process that she rebuilds that foundation. The counsellor will also create a check-in with Ms. Johnson and monitor her assessment weekly, comparing shifts and changes to ensure overall health.

Therefore, if Ms. Johnson can perform better at work, stay present, understand that her anxiety is fear of what has not happened yet and understand that she has the power of her perception while being able to articulate her feelings of abandonment all while utilizing tools such as breathing, mending relationships professionally and non-professionally while forming new positive relationships or utilising the support she already has, while being proud of herself and standing confidently in her cultural identity will show the counselor that Ms. Johnson can fly on her own and that the long-term goal of treatment has been met.

This will be done by completing short-term goals within our weekly session. The first goal is to establish a safe environment that can lead to therapeutic alliances. It is very important that Ms. Johnson has a place to breathe freely and learn to trust herself and the world again after her world was shattered. The second short-term goal is to validate and explore Ms. Johnson's past and present experiences. This will help Ms. Johnson feel understood, safe, and create space for her to process her traumatic memories. The third goal for Ms. Johnson's treatment will be to teach her mindful techniques and inform her of resources that will allow her to perform mindful techniques. The fourth goal will be to explore self-talk, criticisms and shame (understand her perceptions). The last goal, or the fifth goal, will be to connect. Ms. Johnson will be asked to connect with others who make her feel supportive, whether it's a community group and/or reaching out to family and old friends. The healing process is not linear, nor are the goals; depending on Ms. Johnson's needs will indicate which goals go first or simultaneously. However, grace, trust, and validation will be given at all times.

Interventions

The interventions/strategies that will be utilised to achieve these goals are safe-place, trauma-focused cognitive behavioural therapy (TF-CBT), mindfulness and grounding techniques, and exposure therapy.

A safe place that many people use when designing their office space for clients. Whether that is a soft couch, comfy chair, fluffy pillows, toys, or aromatherapy. Creating a safe environment is very important to the progression of the client. As mentioned above, Ms. Johnson needs a place where she can breathe, which is not only referring to literally but also figuratively. Ms. Johnson needs a place where she can feel comfortable and relaxed and be herself. Especially since she is constantly worried/stressed in her environment. Asking Ms. Johnson what she would like in her environment and providing comfortable seating and a calm ambience will allow her mind to be at ease, but also help her feel in control and gain an understanding of what is needed for her to feel safe at home.

Trauma-focused CBT goal, as mentioned above, is to reduce PTSD symptoms while exploring unhelpful thoughts, cognitive distortions, guilt, shame and feelings surrounding the traumatic experience (s) (De Arellano, 2014). Although TF-CBT is commonly known to be utilised with children, adolescents, and abuse victims, this form of treatment will be beneficial for Ms. Johnson to help heal her inner child (De Arellano, 2014). Using trauma-focused CBT will help Ms. Johnson process her traumatic emotions and feelings. TF-CBT will also allow her to reshape

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her mind about her experiences surrounding her childhood, and the loss of her husband which will help her gain control within her life and begin to develop an understand that is not only what happened to us as humans that impacts us but how we decide to perceive the event and the decision that make after the event that contribute to our journey. Therefore, it allows her to explore her feelings of hopelessness, death, guilt, and worthlessness. TF-CBT will aid in the completion of short-term goals two and four, validating and exploring themes and understanding perceptions.

In conjunction with TF-CBT, EMDR will be used to ensure Ms. Johnson uses more positive memories instead of negative ones. As mentioned above, EMDR has been found to help treat an array of trauma. Using EMDR will help us measure symptom reduction, which is a part of our goals.

Mindfulness and Grounding Techniques

As mentioned above, Ms. Johnson is experiencing heightened anxiety, which means she is not present most of the time. She is either worried about potential dangers to her both physically and emotionally, or scared because her life is out of her control. Ground techniques are used to help individuals return to the present. Therefore, teaching and providing Ms. Johnson with grounding techniques will be beneficial for her to operate within the here and now, regulate her system, allow her to breathe, and focus. Mindfulness will also be an essential part of teaching grounding techniques. In order for Ms. Johnson to know when to use grounding techniques on her own, she will need to be aware of or mindful of behaviours and cognitions that trigger her anxiety and stress. Mindfulness allows individuals to be mindful of themselves. Some grounding techniques that will be utilised are Breathing, Yoga and Visualisation. Breathing exercises will help Ms. Johnson regulate her emotions and calm her down when going through a thought-spiral. Starting the session and ending the session with breathing exercises will be a good way to not only help Ms. Johnson become familiar with breathing exercises but also allow her to focus on the session when she arrives and bring her back to the present after unpacking the past. Yoga will also be great for Ms. Johnson to help her feel relaxed and in tune with her body.

While Yoga may be hard to complete within sessions, providing Ms. Johnson with resources that can allow her to participate in these activities, such as apps, discounted classes, or YouTube channels, would be good for Ms. Johnson. Visualisation or guided imagery is a technique used to help individuals achieve a relaxed state by utilising imagination with instruction. For example, think of a place that brings you peace, imagine yourself being there and smiling. Some counsellors may also use audio aids to help clients imagine. Teaching Ms. Johnson visualisation techniques can be beneficial to help with nightmares and sleep. Teaching and providing these techniques will meet goal three.

Exposure therapy will be beneficial for Ms. Johnson because exposure therapy will allow Ms. Johnson to face her fears gradually. Ms. Johnson experiences a great loss that damages her trust in the world. Giving her opportunities to trust her community and the people around her again is very important. As mentioned in Ms. Johnson's case, her neighbourhood is quite dangerous, so throwing her out in it will damage her trust. However, finding support groups surrounding her neighbourhood issues or just supportive groups for the neighbourhood can help Ms. Johnson get familiar with people within her neighbourhood, feel less alone and build a community. However, before Ms. Johnson can connect with her community, she will need to address her cultural identity and feelings of disconnect to build a stronger sense of self, which will also allow her to connect with others. Feelings of inferiority will not allow her to show up in her authentic self, and may contribute to fear of her anxiety because she doesn’t know where she fits in. Therefore, group therapy may be beneficial for Ms. Johnson. In addition, uncovering her self-talk will hopefully help Ms. Johnson understand that she is not a burden to her family and reach out to them. Hopefully, she can find comfort in her loved one and know that she is loved by someone other than

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her daughter. Overall, exposure therapy will be utilised to complete goal five and expose Ms. Johnson to support.

Diversity Issues

As previously addressed in the treatment plan, one of the goals of counselling this client is to foster relationships with others, which is being hindered by her lack of confidence in her biracial identity. The client mentioned that her struggles with her biracial identity exacerbated her struggles related to her feelings of isolation. While counselling this client, it is important to integrate her identity while addressing her trauma. As the counsellor, you may differ in your own racial identity from the client, and it is important to address this in session with the client to foster the therapeutic alliance. By opening a conversation with the client to address cultural similarities and differences between the client and the counsellor, and what they think and feel about it. This can help them feel more comfortable to directly address how their culture is impacting them in their present issues. For this client specifically, she has mentioned that she has struggled with feeling as if she doesn't belong to either of her racial identities. During the session, the counsellor can normalise this feeling as many biracial people feel like they may belong to multiple groups but struggle to feel like a true member of either (Norman, et. al, 2023). The counsellor can also acknowledge that biracial people often experience varying levels of rejection of their identity from people both within their same racial group and outside of it (Norman, et. al, 2023). The counsellor can then work with this client to help her integrate her biracial identity without making her "pick a side". Furthermore, as mentioned in the treatment plan, the client will be encouraged to build connections within her community. According to Seto et al. (2023), having a community of racially diverse peers is correlated with increased resilience for multiracial people. By building connections with people in her community, the client can build a network for social support.

SUMMARY AND FINDINGS

This case study explored the complex presentation of Maria Johnson, a 40-year-old biracial African American and Caucasian social worker, whose heightened anxiety, persistent nightmares, avoidance behaviours, and cultural identity struggles were rooted in a history of childhood trauma and compounded by recent life stressors. The abrupt end of her 20-year marriage, her relocation to a neighbourhood with recent safety concerns, and her limited perceived social support significantly contributed to her functional decline and development of PTSD symptoms. Through a comprehensive assessment, including standardised tools such as the Beck Anxiety Inventory, PCL-C, and PHQ-9, Maria's symptoms were identified as consistent with post-traumatic stress disorder and severe anxiety. These assessments highlighted re-experiencing symptoms, hypervigilance, avoidance, and intrusive negative beliefs about herself and her safety.

Findings from the paper indicate that trauma-focused and evidence-based interventions, particularly Trauma-Focused Cognitive Behavioural Therapy (TF-CBT) integrated with EMDR, mindfulness practices, grounding techniques, and gradual exposure therapy, are highly relevant for clients struggling with trauma. These interventions directly address her trauma narrative, cognitive distortions, and maladaptive coping while also fostering identity integration and rebuilding social connections.

Overall, the findings underscore the importance of:

- Providing a safe, culturally responsive therapeutic environment.
- Using structured, evidence-based trauma therapies to process longstanding trauma and recent stressors.
- Incorporating identity exploration and support networks to enhance resilience.
- Monitoring progress through ongoing assessment and collaborative goal setting.

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