

A Guide to Recovery & Hope

Healing Trauma & Eating Disorders

Empowering individuals to heal from trauma and eating disorders with compassion, evidence-based support, and hope for a healthier future.



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Healing Trauma & Eating Disorders

finding safety amid life's storms.

what is trauma?



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WHAT IS TRAUMA?

Trauma is a deeply distressing experience that overwhelms one's ability to cope. It can be a single event like an accident, or chronic events such as childhood abuse.

Nearly 61% of men and 51% of women in the U.S. report experiencing at least one traumatic event in their lifetimes. Trauma isn't just in our minds; it impacts our bodies too. You might notice racing heartbeats, sweating, or feelings of panic when reminded of what happened.

Sometimes, our brains protect us by "blocking out" parts of these memories. But trauma can still echo in everyday life, affecting sleep, mood, and trust in others.

You may feel numb or disconnected as a way to cope, which is common and understandable. California's numbers reflect these national trends: as many as three out of four people may experience a traumatic event, especially given community factors like wildfires or violence.

Trauma is not a personal failure or weakness – it's an injury. And like any injury, healing is possible with compassion, support, and the right care.



Healing Trauma & Eating Disorders

when food and feelings collide.

understanding eating disorders



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UNDERSTANDING EATING DISORDERS

Eating disorders are complex mental health conditions characterized by obsessive thoughts about food, body image, and control. They include anorexia nervosa, bulimia nervosa, binge eating disorder, and others. Unlike popular myths, Eating Disorders are not just “extreme diets” – they are serious illnesses that can take over one’s life. Approximately 9% of the U.S. population (about 30 million Americans) will experience an eating disorder in their lifetime.

Eating disorders don’t discriminate: they affect all genders, ages, races, and body sizes. In fact, less than 6% of people with Eating Disorders are medically underweight, meaning most people with an eating disorder look “normal” to others. California reflects this, with an estimated 3.48 million Californians (9% of the state’s residents) expected to face an eating disorder in their lifetime. Eating Disorders have among the highest mortality rates of psychiatric illnesses (one person dies every 52 minutes from an eating disorder in the U.S.), so these struggles are not trivial. Yet, behind these stark numbers are real people and their stories. Often, eating disorders develop as a way to cope with pain, stress, or emotions that feel unmanageable.

Understanding Eating Disorders as coping mechanisms rather than vain pursuits is key to compassionate care. And recovery is absolutely possible – many have reclaimed their lives from Eating Disorders through therapy, nutrition support, and community.



Healing Trauma & Eating Disorders

*wounds that shape our
relationship with food.*

trauma as a risk factor for eating disorders



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TRAUMA AS A RISK FACTOR FOR EATING DISORDERS

Research shows a powerful link between trauma and eating disorders. In the U.S., large studies found that individuals with eating disorders report significantly higher rates of trauma than those without Eating Disorders. For example, the National Women's Study found that 54% of women with an eating disorder had experienced trauma. Some studies even found trauma rates up to 100% in those with certain Eating Disorders. Childhood trauma is particularly impactful: young adults who went through multiple forms of childhood trauma were almost twice as likely to develop disordered eating as those without such history.

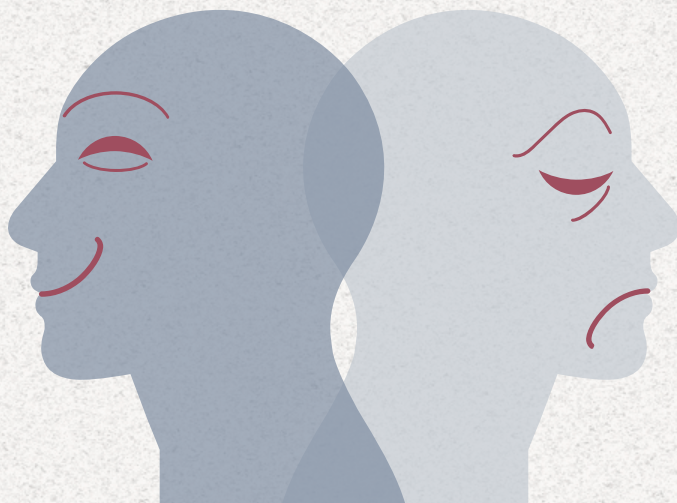
Trauma doesn't "cause" an eating disorder outright, but it sets vulnerable ground. When someone is hurt deeply – by sexual abuse, physical violence, neglect, or even the unexpected loss of a loved one – they carry profound emotional pain and confusion. This pain can manifest later as attempts to regain control or self-soothe through food behaviors. In California, where nearly two-thirds (64%) of adults have at least one adverse childhood experience (ACE), understanding trauma's role is crucial for prevention. Trauma also increases the risk of other mental health issues like PTSD, depression, anxiety, or substance use, which can intertwine with eating disorders. Recognizing trauma as a risk factor isn't about blame or inevitability – it's about empathy. It's saying, "No wonder you're hurting and trying to cope. Your past experiences matter, and they deserve healing." By acknowledging this link, we can better support individuals in treatment, addressing both their external behaviors and the internal wounds that fuel them.



Healing Trauma & Eating Disorders

*when food becomes both
friend and foe.*

eating disorders as coping mechanisms for trauma



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EATING DISORDERS AS COPING MECHANISMS FOR TRAUMA

Many trauma survivors describe their eating disorder as a “survival strategy.” It might sound counterintuitive, but restricting food, bingeing, or purging can temporarily numb pain or create a sense of control. After trauma, intense emotions like fear, anger, or shame can feel unbearable. Engaging in Eating Disorder behaviors might distract from flashbacks or painful memories. For example, a survivor of childhood abuse might focus obsessively on calories or weight because it’s easier than facing the hurt inside.

In some cases, eating disorders serve as a form of self-punishment – internalizing the blame, individuals harm themselves with food to cope with guilt or shame from the trauma. Studies support this: traumatic events often precede the onset of eating disorder symptoms, suggesting people may develop disordered eating as a way to manage trauma’s aftermath. For instance, someone who experienced sexual violence may attempt to make their body smaller or “invisible” through starvation (a misguided effort to feel safer).

On the other hand, binge eating might provide comfort – the term “comfort food” is literal here, as food can momentarily soothe anxiety or loneliness. However, these coping mechanisms come at a cost. While they may dull the pain short-term, over time they create new wounds: medical complications, isolation, and even more shame.

EATING DISORDERS AS COPING MECHANISMS FOR TRAUMA

Yet, it's important to realize these behaviors reflect resilience in a way – you did what you had to do to survive. Now, in healing, we can find healthier tools that offer safety and relief without harming your body.

Therapies like Trauma-Focused CBT or EMDR, alongside nutritional counseling, can replace harmful coping with healing strategies. With help, it's possible to learn new ways to self-soothe – like grounding exercises for flashbacks, or reaching out to support people when the urge to binge hits.

Eating disorders were your mind's way of saying, "I'm hurting." As we address the hurt, the need for the disorder lessens.



Healing Trauma & Eating Disorders

*a tangle of feelings: fear, anger, and
yearning for safety.*

shared emotional Struggles (trauma & eating disorder)



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SHARED EMOTIONAL STRUGGLES (TRAUMA & ED)

Those facing trauma and eating disorders often find their emotional landscapes remarkably similar. Both carry deep anxiety – trauma survivors might live in constant fear of danger, while those with Eating Disorders fear weight gain or loss of control. Hypervigilance is common: always on edge, scanning for threats or judging every bite of food. This can be exhausting, leading to periods of numbness or dissociation – feeling “checked out” or detached from reality, which is seen in PTSD and also in Eating Disorder behaviors (like feeling “on autopilot” during a binge).

Low self-esteem and self-criticism often plague individuals with both trauma and Eating Disorder histories. Surviving trauma might leave you feeling “damaged” or unworthy; similarly, not meeting an eating disorder’s impossible standards (like a certain weight or body shape) can fuel self-hate.

Depression and hopelessness can set in when one feels trapped by both painful memories and relentless food-related thoughts. It’s also common to struggle with trust – in others and in oneself.

Trauma can shatter your trust in the world, making relationships hard to navigate. Eating disorders can make you doubt your own body’s signals (am I really hungry or full?) and your worthiness of care.

SHARED EMOTIONAL STRUGGLES (TRAUMA & ED)

Interestingly, perfectionism is another shared thread: trying to be “perfect” to avoid criticism or harm. Trauma survivors might strive to be perfect to prevent further abuse or abandonment, and those with Eating Disorders often have perfectionistic tendencies about body and performance.

The emotional pain may also be compounded by co-occurring conditions: about 32% of people with binge eating disorder have co-occurring PTSD, and many with anorexia or bulimia experience severe anxiety or OCD-like symptoms. Recognizing these shared struggles is empowering. It means that if you’re working on managing anxiety or improving self-esteem in therapy, you’re likely helping both your trauma recovery and your eating disorder.

It also fosters compassion: you’re not “failing” or dealing with two completely separate problems – you’re facing one set of connected emotional challenges. Healing them can bring double the relief, freeing you from both the ghosts of the past and the cage of the disorder.



Healing Trauma & Eating Disorders

breaking free from "I am not enough."

the role of shame in the cycle



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THE ROLE OF SHAME IN THE CYCLE

Shame is a heavy, suffocating emotion, and it often sits at the heart of both trauma and eating disorders. Unlike guilt (which says “I did something bad”), shame says “I am bad” or “I’m fundamentally flawed.” After trauma, especially interpersonal trauma like abuse, many survivors (unfairly) blame themselves. They carry toxic beliefs like “I deserved it” or “I’m dirty/broken.”

This internalized shame can drive someone to punish themselves, and eating disorders can become a tool for that punishment. For instance, a person who feels “unworthy of love” due to childhood trauma might starve themselves, as if to validate that unworthiness. Similarly, in eating disorders, when a person breaks a “food rule” or sees a number on the scale, a wave of shame can hit: “I have no discipline, I’m a failure.”

This shame can ironically trigger more disordered eating, creating a vicious cycle. You feel shame, so you binge or restrict to cope, but then you feel shame about those behaviors or their consequences. Shame thrives in secrecy and silence.

It often convinces you to hide your struggle, fearing others will judge you as harshly as you judge yourself. Sadly, this isolation only strengthens the shame.

Research indicates that ongoing exposure to overwhelming experiences can root a deep sense of self-blame and inadequacy.

THE ROLE OF SHAME IN THE CYCLE

Many with complex PTSD and Eating Disorders have “shame scripts” – recurring internal narratives like “I’m not good enough,” “I’m unlovable,” or “I’m a burden”. These scripts not only fuel emotional pain, but also guide behaviors: you might isolate yourself (to avoid burdening others), attack yourself with cruel self-talk, or even lash out at loved ones (out of fear or preemptive rejection).

The important thing to know is that shame lies. The things you think are fundamentally wrong with you are not your identity; they are feelings and beliefs stemming from what happened to you or your eating disorder voice – not who you truly are. Healing the cycle of trauma and Eating Disorder involves shining light on shame. By talking about it in a safe space, you start to dismantle its power.

Therapists often use techniques from Compassion-Focused Therapy or narrative therapy to rewrite these shame scripts. And each time you challenge a shameful thought – “Maybe it wasn’t my fault” or “My worth isn’t in my weight” – you weaken that cycle.

Shame often makes you feel you don’t deserve help or happiness.

But trust us: you do. Recognizing shame’s role is the first step to breaking free from its chains.

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Healing Trauma & Eating Disorders

*treating yourself with the kindness
you'd give a friend.*

fostering self-compassion



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FOSTERING SELF-COMPASSION

If shame is the poison, self-compassion is the antidote. Self-compassion means responding to your own suffering with understanding, warmth, and care – rather than criticism. It's a learnable skill (even if it feels awkward at first). Dr. Kristin Neff, a leading self-compassion researcher, defines it through three components: self-kindness (being gentle with yourself instead of harshly judgmental), common humanity (remembering you're not alone in your imperfections and struggles – suffering is part of being human), and mindfulness (noticing your feelings without getting lost in them or denying them).

For someone healing from trauma and an eating disorder, self-compassion might look like this: when you feel triggered or you ate in a way you regret, you pause and acknowledge, "I'm in pain right now. This is hard. May I give myself the kindness I need." Instead of berating yourself for "not being over it" or for "eating that," you talk to yourself as you would to a dear friend: "You're doing your best. It's understandable you felt overwhelmed."

Research suggests that cultivating self-compassion can significantly benefit those with eating disorders, leading to improved self-esteem and reduced Eating Disorder symptoms. It can lower anxiety and depression, too, making you more resilient in the face of triggers.

FOSTERING SELF-COMPASSION

In practice, self-compassion can be nurtured through small daily habits: journaling about things you're proud of, practicing a short meditation where you send kindness to yourself, or even physical gestures like placing a hand on your heart when upset. Another tool is to challenge your inner critic by asking, "Whose voice is this?" Often, critical thoughts echo past bullies or abusers. Reclaim that narrative by injecting compassion. For instance, replace "I'm so disgusting for having this body" with "My body has carried me through hard times. I owe it care, not hate."

Therapies like Dialectical Behavior Therapy (DBT) and Acceptance and Commitment Therapy (ACT) also integrate self-compassion exercises. Recover Newport Beach, for example, emphasizes a trauma-informed, client-centered philosophy, meaning they see you as more than your diagnosis and encourage kindness towards yourself at every step.

Remember: being kind to yourself isn't "letting yourself off the hook" – it's acknowledging that healing is hard, you're trying, and you deserve patience.

With time, self-compassion becomes a powerful inner ally, buffering you against triggers and setbacks.

It transforms the recovery journey from a battle with yourself into a journey of taking care of yourself.



Healing Trauma & Eating Disorders

tools for the tough moments.

managing symptoms & triggers



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MANAGING SYMPTOMS & TRIGGERS

Healing from trauma and an eating disorder doesn't mean you'll never have bad days – but you can get better at weathering the storms when they come. Triggers are reminders of trauma (like a smell, place, or even a tone of voice) that spark intense distress, or cues that urge eating disorder behaviors (like seeing a certain number on the scale or feeling a strong emotion you'd normally binge through).

The key is building a toolbox of coping skills. Some strategies to manage trauma symptoms include: grounding techniques (e.g., 5-4-3-2-1 method: name 5 things you see, 4 you feel, 3 you hear, 2 you smell, 1 you taste – to anchor you in the present when flashbacks hit), deep breathing or progressive muscle relaxation to calm panic, and having a “safe person” or friend to call when you feel overwhelmed.

For Eating Disorder triggers, strategies might be: delaying action (tell yourself, “I'll wait 15 minutes before I purge, and see if the urge passes,” often it does), meal plans to ensure you're eating regularly (reducing vulnerability to binges), and identifying alternative outlets (journaling, drawing, taking a walk, or using a coping box filled with comforting items) when the urge to use Eating Disorder behaviors arises.

It's also crucial to manage the underlying emotions. If loneliness triggers a binge, how else can you address loneliness?

MANAGING SYMPTOMS & TRIGGERS

Maybe you could join a support group or text a friend. If anxiety triggers restriction (since eating might make you feel out of control), learning anxiety management (like those grounding exercises, or using apps that guide you through a panic wave) can indirectly help your eating patterns.

Both trauma and Eating Disorder recovery benefit from routine and predictability. Simple habits like a regular sleep schedule, gentle exercise (like yoga or walking), and taking medications/supplements if prescribed can stabilize your system. That stability makes triggers less frequent and less intense. Science supports the power of coping: for example, studies show that those who use avoidant coping (like isolating or suppressing emotions) tend to have worse PTSD and Eating Disorder outcomes, whereas approach coping (like problem-solving or seeking support) is linked to better mental health.

So each time you reach out or face a problem head-on, you're not only getting through that moment – you're also rewiring your response patterns for the future. Remember, progress in managing triggers is often two steps forward, one step back. That's normal. Celebrate the little victories, like "I used a skill instead of hurting myself today."

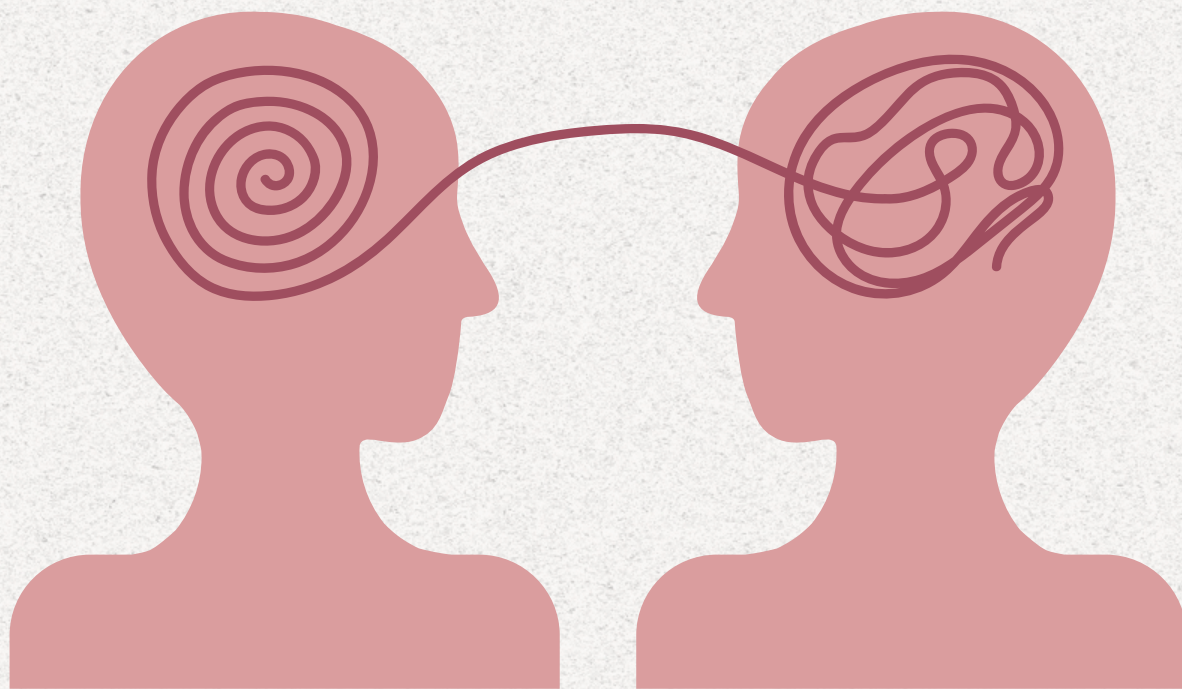
Over time, those add up, and the symptoms that once controlled your life start losing their grip.



Healing Trauma & Eating Disorders

healing happens together.

the power of support and connection



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THE POWER OF SUPPORT AND CONNECTION

You are not meant to do this alone. One of the most powerful antidotes to both trauma and eating disorders is safe, supportive relationships. Why? Because trauma often occurs in relationships (or lack of them), and Eating Disorder flourish in isolation. So, healing in the context of healthy connection can be profoundly restorative.

Think of how a kind word from a friend can ease your shame, or how sharing “I struggled today” in a support group can lighten the burden. Research consistently finds that strong social support improves outcomes in eating disorder recovery. For instance, individuals who have caring friends or family involved tend to stick with treatment longer and have lower relapse rates. Similarly, trauma survivors with community (whether friends, family, or support groups) often experience less severe PTSD symptoms. Support can take many forms: peer support groups (like a free community group for trauma survivors or an eating disorders anonymous meeting), group therapy (led by a therapist but with peers who get it), or simply nurturing your personal relationships that are positive and caring.

Even an online forum or recovery-focused social media community can remind you that you’re not alone and people genuinely understand your feelings. Family (or chosen family) can be a huge asset if they’re educated about your struggles. Sometimes family attends therapy sessions or multi-family groups to learn how to best support you without judgment.

THE POWER OF SUPPORT AND CONNECTION

In California, there are many resources, from local National Alliance on Mental Illness (NAMI) chapters, to organizations like NEDA (National Eating Disorders Association) which run support networks. Connection is also about breaking the silence and stigma. It's telling your story to someone safe – a therapist, a friend, a journal (journaling is a form of connecting with yourself!).

At Recover Newport Beach, we believe in community: our approach involves one-on-one therapy and group support, because hearing “me too” can be life-changing. One client shared how joining a women's trauma-informed yoga group gave her a sense of sisterhood that she hadn't felt in years. They celebrated each other's small wins, like eating a feared food or getting through an anniversary of trauma. Over time, these positive connections start replacing the negative voices in your head.

Instead of “you're hopeless,” you recall your friend saying, “I'm proud of you for trying.” Remember that asking for help is not weakness – it's courage. People inherently want to help each other; think of how uplifted you might feel when you help a friend.

Letting others in gives them the gift of being there for you. Together, we truly are stronger.



Healing Trauma & Eating Disorders

whole-person care with heart and expertise

professional help: trauma-informed treatment



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PROFESSIONAL HELP: TRAUMA-INFORMED TREATMENT

Healing from the dual burden of trauma and an eating disorder often requires professional help – and that's okay. Trauma-informed treatment means any therapy or program you engage with recognizes the impact of trauma and prioritizes your sense of safety and choice. It's not about rehashing painful memories on day one; it's about building trust, ensuring you feel heard and in control of your healing process. At a trauma-informed center like Recover Newport Beach, therapists are trained to avoid triggers, to ask for your consent before touching on tough topics, and to integrate care for your body and mind together.

For eating disorders, integrated treatment is key. This might involve a multidisciplinary team: a therapist (for the psychological aspects), a dietitian (to help restore nutrition balance and challenge Eating Disorder fears around food), and maybe a physician to monitor medical stability. Trauma-focused therapies such as EMDR (Eye Movement Desensitization and Reprocessing) or Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) can process traumatic memories and reduce their power. Meanwhile, therapies like DBT (Dialectical Behavior Therapy) teach skills to handle intense emotions and urges, benefiting both PTSD and Eating Disorder symptoms. One promising approach is Seeking Safety, a therapy model designed specifically for people with trauma and addiction – often adapted for Eating Disorders– which focuses on coping in the present without delving into trauma detail until you're ready.

PROFESSIONAL HELP: TRAUMA-INFORMED TREATMENT

Medication can sometimes be an adjunct: certain antidepressants or anxiety meds might help take the edge off, making therapy more effective (though there's no "pill for Eating Disorders," meds address mood or anxiety issues that co-occur).

A trauma-informed approach also means no one-size-fits-all. You are the expert of you. If something in treatment doesn't feel helpful or even feels triggering, you get to voice that and be part of adjusting the plan. Perhaps most importantly, trauma-informed care fosters empowerment. Instead of "fixing" you, professionals collaborate with you. They'll encourage you to set the pace. Maybe at first, success is just showing up to the appointment or eating one more bite than yesterday – and they'll celebrate that.

Over time, as the trauma is addressed, many find their eating disorder is easier to tame too. Conversely, as nutrition improves and your brain gets fed, you can process trauma with more clarity and resilience. This is why addressing both is so crucial: if trauma is ignored in Eating Disorder treatment, it can stall progress; and if Eating Disorder behaviors aren't stabilized, it's hard to feel safe enough to tackle trauma.

With professional guidance, you're not alone in figuring this out. There are people who have devoted their lives to helping others heal from exactly what you're going through. The right help is out there – and you deserve to receive it.



Healing Trauma & Eating Disorders

from surviving to thriving.

cultivating hope and meaning



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CULTIVATING HOPE AND MEANING

When trapped in the vicious cycle of trauma and an eating disorder, hope can feel out of reach. But hope is a muscle – it can be strengthened and nurtured. Cultivating hope starts with seeing that recovery isn't just about stopping the bad; it's about creating a life that feels worth living. Think about what gives you meaning: perhaps it's connecting with family, creativity like art or music, spiritual faith, or helping others.

Trauma can make the world seem dark and Eating Disorders can shrink your life to just food and fear. To counter that, it helps to slowly invite light back in. Maybe you start volunteering at an animal shelter or pick up a hobby you dropped.

These acts remind you there is joy and purpose beyond your pain. Post-Traumatic Growth (PTG) is a concept where individuals find positive change through their healing journey. Surprisingly, research suggests that around half to two-thirds of trauma survivors report some form of positive growth afterward.

This doesn't mean trauma is good – rather, it means you have an incredible capacity to find strength and insight from what you've endured. You might develop deeper empathy, cherish life's little moments more, or discover inner strengths (like courage and resilience) you never knew you had.

CULTIVATING HOPE AND MEANING

One young woman, after recovering from a violent assault and anorexia, shared that she found new purpose in advocating for others – her pain fueled her passion to become a social worker. This gave her suffering meaning and made her feel that her survival mattered. Journaling can be a tool to cultivate hope: try writing about how you want your life to look 5 years from now in recovery, or list things you're grateful for (even if it's small like "sunset was pretty today").

Gratitude practices are shown to improve mood and hopefulness, which can buffer against relapse. Also, consider creating a "vision board" of your recovered life – images and words that inspire you to keep going on hard days. At Recover Newport Beach, we often remind clients, "Healing is possible. You deserve to find balance, joy, and meaning again." It's not just a slogan; it's a reality we've witnessed. People do get better. That includes people who were terribly ill or hopeless – some of them are now on our staff, using their story to help others. When ready, helping someone else (even just listening to a struggling friend) can amplify your sense of purpose. It reminds you that your journey has meaning.

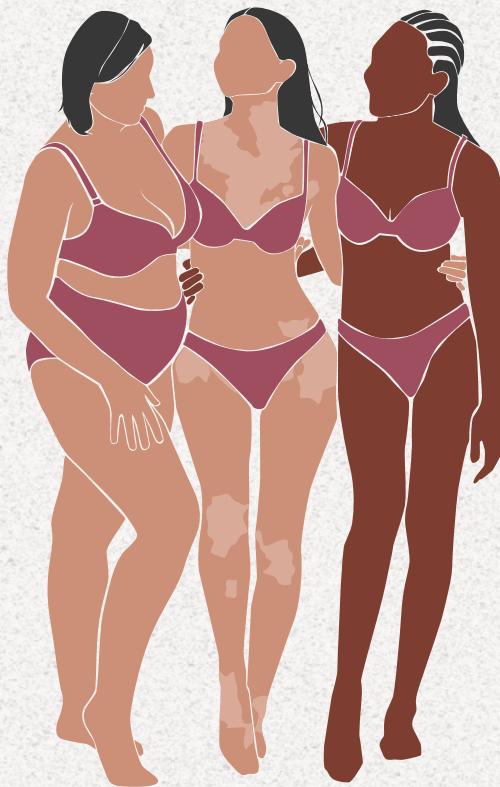
Every morning you wake up and choose recovery – even if you stumbled the day before – is a testament to hope. And hope, once lit, can grow brighter than the darkness of trauma or the obsessions of an Eating Disorder.



Healing Trauma & Eating Disorders

your life, your voice, your power.

empowerment and reclaiming control



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EMPOWERMENT AND RECLAIMING CONTROL

Both trauma and eating disorders can make you feel powerless. Trauma often involves a loss of control (something terrible happened to you, without your consent). Eating disorders initially seem to offer control – over food, body, emotions – but soon they become the ones in control, dictating your every move.

True recovery involves taking back the reins of your life. Empowerment is about realizing that you have choices and your voice matters. In therapy, this might mean setting boundaries: like deciding not to see a family member who was harmful, or learning to say “no” to things that stress you. It can also mean being an active part of your treatment plan (remember, you’re the driver, therapists are the GPS).

For some, empowerment comes from understanding your rights – you have the right to take up space, the right to feel emotions, the right to nourish your body without punishment. An example of empowerment is when a client decides to throw out her scale, declaring that a number will no longer dictate her day. Or when another writes a letter to the person who hurt them, not to send, but to finally express all the words that went unsaid – reclaiming their narrative.

It could be as simple as choosing what to eat for breakfast based on your preference, not your Eating Disorders rule. Each act of defiance against the voices of trauma and Eating Disorder is a victory of control.

EMPOWERMENT AND RECLAIMING CONTROL

This process is gradual. At first, making empowered choices can be scary. You might worry: “What if I make the wrong decision?” But part of reclaiming control is learning that mistakes are okay; they don’t mean you lose your power. You can try something, and if it doesn’t work out, you still get to make the next choice.

Education is another form of empowerment. Learning about how trauma affects the brain or how starvation affects your mood can make the struggle feel less like a personal failing and more like understandable reactions. Knowledge can replace self-blame with “Oh, that’s why I feel this way.” It gives you agency to respond differently. Also, involving yourself in advocacy or activism (even in small ways) can be incredibly empowering. Joining a local Eating Disorder awareness walk or a trauma survivors’ speak-out event can transform pain into power. Many find that connecting with others who have recovered provides inspiration: “If they took back their life, maybe I can too.” Physically, practices like yoga, martial arts, or dance can help you inhabit your body with confidence again.

As one trauma survivor put it, “Step by step, I went from feeling like a victim of my story to the author of my story.” Every choice you make towards healing – every meal you finish, every therapy session you attend, every boundary you set – is you, taking your power back. And with time, you start to feel it: This is my life, and I have the strength to live it on my terms.



Healing Trauma & Eating Disorders

journey journal: your weekly check-in.

weekly recovery reflection (activity page)



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WEEKLY RECOVERY REFLECTION (ACTIVITY PAGE)

Recovery isn't a straight line; it's a winding path with highs, lows, and learning curves. A weekly reflection can be a gentle ritual to track your journey, celebrate wins, and address challenges without judgment. Here's a structure you might use in a journal or on a worksheet each week:

1. Mood & Self-Care Check: On a scale of 1-10, how was my overall mood this week? What self-care did I practice (examples: "Took a 10-minute walk on Tuesday," "Had a movie night with a friend," or "Used deep breathing when anxious on Thursday")? Recognizing these helps reinforce positive coping.

2. ED Behaviors & Wins: How did I do with eating disorder behaviors? (No judgment – just observe: e.g., "Binged once, but didn't purge," or "Followed my meal plan 5/7 days.") What's one win I'm proud of regarding food or body image? It could be tiny, like "I ate breakfast one day which I usually skip," or "I wore a short-sleeve shirt even though I was anxious about my scars."

3. Trauma Triggers & Tools: Did any trauma memories or feelings surface? What were the triggers? Most importantly, what coping tools did I use, or could I try next time? (For example: "I had a nightmare; I used grounding by touching a cold object and reminding myself it's 2025, I'm safe now. It helped a bit.") Writing this down reinforces your toolbox.

WEEKLY RECOVERY REFLECTION (ACTIVITY PAGE)

4. Feelings & Thoughts: What emotions came up most for me this week? (anger, sadness, hope, shame, etc.) Can I connect them to any events or thoughts? A sentence starter might be, “I felt ____ when ____.” This builds emotional awareness, which is crucial for healing.

5. Support & Connection: Did I connect with others this week? (Therapy counts, as does texting a friend, attending group, or even positive online interactions.) How did it feel? If isolation crept in, what’s one thing I could do to reach out in the coming week? Maybe plan to call a relative or join that Wednesday support group on Zoom.

6. Gratitude & Hope: List 1-3 things you’re grateful for this week, no matter how small. Gratitude could be “my cat snuggled me when I was down,” or “the support group really gets me.” Then, write one thing you’re looking forward to, or hopeful about, for next week (like “trying the new art class,” or “simply getting through my doctor’s appointment”). Studies show that even a small practice of gratitude can uplift mood and hope over time.

7. Affirmation: End with a kind statement to yourself. It might feel cheesy at first, but it rewires your brain. Examples: “I am doing my best and that is enough,” or “I deserve healing and I will keep going.” If you struggle to find words, imagine what someone who loves you would say about you.

WEEKLY RECOVERY REFLECTION (ACTIVITY PAGE)

Make this reflection your own – draw on it, make bullet points or doodles. The goal is not to tick all the boxes perfectly, but to create a snapshot of your journey and help you notice patterns. Maybe you'll see that weeks when you slept better, you had fewer Eating Disorder urges. Or that writing down feelings made a nightmare lose some power.

This is data about you, by you, for you. Bring it to therapy if you want; it can guide your work. Or keep it private as a diary of growth. Over months, you might flip back and see early entries full of despair, and recent ones sprinkled with hope – tangible proof of progress.

Celebrate that! Recovery is built week by week, moment by moment.

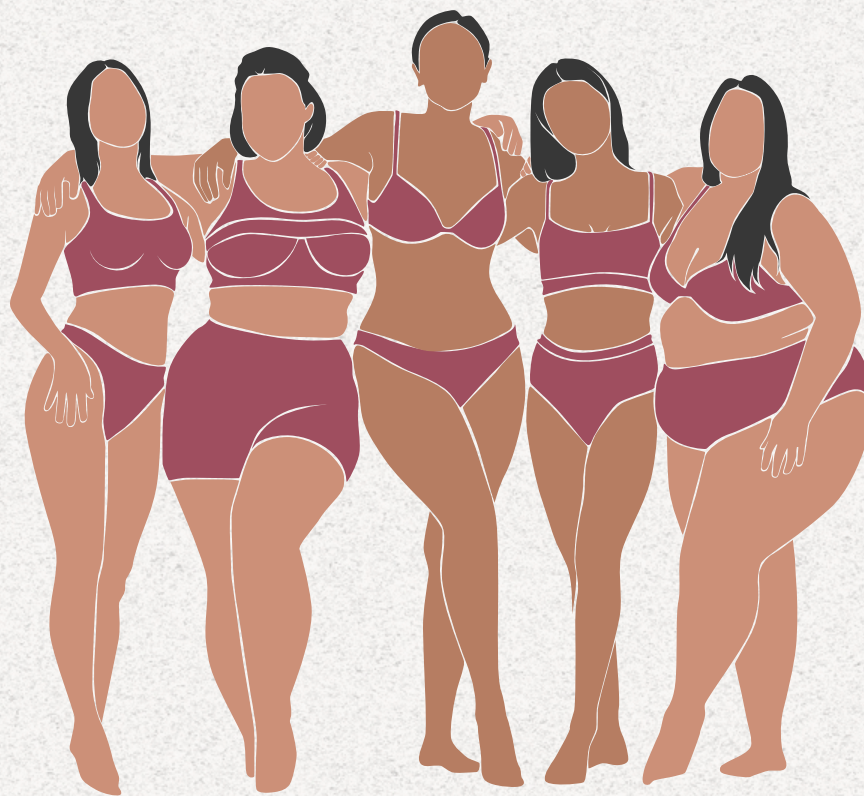
Your reflection practice is a testament to every step you've taken on this path.



Healing Trauma & Eating Disorders

a future fueled by support and courage.

**you are not alone:
getting help &
next steps**



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YOU ARE NOT ALONE: GETTING HELP & NEXT STEPS

Reading this guide is a brave step. It means you're acknowledging something important: you don't have to continue suffering in silence. There are many avenues for help, and you can choose what feels right for you. Here are some next steps and resources:

- **Reach Out for Professional Help:** If you haven't already, consider talking to a healthcare professional. This could be your primary doctor, a therapist, or a counselor at school/college. They can provide assessments and referrals. In California, resources like the California Peer-Run Warm Line (a non-emergency line for mental health support) or local mental health clinics can be starting points. Nationally, NEDA's Helpline (call, text, or chat) offers support and information on eating disorder treatment options. For trauma, SAMHSA's National Helpline (1-800-662-HELP) can guide you to local services including trauma therapists and support groups.
- **Explore Recover Newport Beach's Programs:** As a holistic outpatient center in Orange County, we offer specialized programs for women and girls dealing with exactly what we've discussed – the tangle of trauma and eating disorders. Whether you're looking for weekly therapy or a more intensive outpatient program, we tailor our approach to you. We blend evidence-based treatments with compassion and creativity (think therapy plus yoga, art, mindfulness).

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Our trauma-informed, client-centered philosophy means you're in the driver's seat of your recovery, with our team alongside as navigators. If Newport Beach isn't accessible, we also do telehealth across California, so help could literally be a phone or video call away.

- **Support Groups & Community:** There's incredible power in hearing "me too." Consider joining a support group. Eating Disorders Anonymous (EDA) or ANAD groups (National Association of Anorexia Nervosa and Associated Disorders) are often free and peer-led. For trauma, groups like Trauma Survivors Networks or local meetups (sometimes through hospitals or community centers) can connect you with others who get it. Online communities (with caution to stick to positive, recovery-focused ones) can be good if in-person is too hard initially. The Southern California area has various meetups and recovery events – for instance, check out local NEDA Walks where survivors and families gather to raise awareness (often turning into mini-reunions of hope).
- **Crisis Plan:** If you ever feel on the verge of harming yourself or engaging in dangerous Eating Disorder behaviors, have a plan. This might include crisis lines like the 988 Suicide & Crisis Lifeline (just dial 988 in the U.S.), or texting "NEDA" to 741-741 to reach a crisis counselor for eating disorders. It's also wise to identify a few trusted people you can call day or night.

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- **You might even keep a crisis kit** – a box with things that help ground you (photos, letters from friends, a favorite scent, a list of reasons to hold on).
- **Educational Resources:** Knowledge can break down stigma. Websites like National Eating Disorders Association (NEDA) and National Center for PTSD offer articles, webinars, and recovery stories. Sometimes understanding the science (for example, how trauma affects the brain's amygdala, or how nutrition affects mood) gives you external proof that “it’s not your fault” and there are ways to get better. If you’re a loved one reading this guide to help someone else, those resources provide great tips on how to be supportive.
- **Holistic Healing:** Outside of formal therapy, consider adjuncts like journaling (as in the weekly reflection), reading self-help books (some classics: “The Body Keeps the Score” by Bessel van der Kolk for trauma, or “8 Keys to Recovery from an Eating Disorder” by Carolyn Costin), or practices like meditation apps (Headspace has specific packs for self-esteem and anxiety). Some find solace in faith or spiritual practices; others in creativity like painting their feelings or writing poetry. These are not instead of professional help, but in addition, they enrich your healing.

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Above all, remember you are not alone. It can feel terribly lonely, but countless others are out there on similar journeys, and entire communities and professions exist to help you. The first step might be the scariest – maybe that’s just telling one person, “I’m struggling.” But it can also be the most relieving. Think of it this way: if your friend was drowning, you’d want them to yell for help. You deserve to be saved too. And with help, you can not only stop drowning but learn to swim, even enjoy the water of life again. There is a community ready to welcome you, stand by you, and celebrate your steps forward. The road ahead might be long, but it’s filled with hope, meaning, and the promise of freedom.

You are worthy of recovery – every single day, every single step.

Let’s take the next one together.

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 www.recovernewportbeach.com

Recover Newport Beach

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SOURCES

Core Sources & Citations

- American Psychological Association (APA) – Trauma definition
- Source: APA Dictionary of Psychology
- National Eating Disorders Association (NEDA)
 - General prevalence of EDs: ~9% of U.S. population
 - ED mortality rate: 10,200 deaths/year; 1 death every 52 minutes
 - ED stereotypes: only 6% of those with EDs are medically underweight
 - Higher prevalence in LGBTQ+ and people of color
- Harvard STRIPED / Deloitte Access Economics (2020)
 - California-specific ED prevalence: 3.48M Californians
 - \$7.8 billion annual impact in California
- ACES Aware – California Surgeon General Initiative
 - ~64% of California adults experienced at least one Adverse Childhood Experience (ACE)
 - ~20% experienced four or more ACEs
 - Public health plan to cut childhood trauma in half
- National Women's Study & Related U.S. Surveys
 - 54–100% of ED patients report trauma history
 - Childhood sexual abuse linked to bulimia and BED
 - Trauma nearly doubles risk of disordered eating
- Bessel van der Kolk – "The Body Keeps the Score"
 - Clinical insights on trauma's effect on body and brain

SOURCES

- Kristin Neff, Ph.D. – Self-Compassion Research
 - Self-compassion improves resilience and recovery outcomes
- Wetzler et al., 2020 – Personal Recovery from Eating Disorders (CHIME/SAMHSA frameworks)
 - Key themes: Support, Hope, Identity, Meaning, Empowerment, Self-compassion
- Project HEAL, ASTHO (2024), Within Health
 - ED shame cycles, trauma-informed approaches, and intersection with dissociation
- Journal of Eating Disorders, 2022
- Psychiatric and medical comorbidities with EDs
- 32% of BED cases co-occur with PTSD
- SAMHSA (Substance Abuse and Mental Health Services Administration)
- National trauma-informed treatment recommendations
- 1-800-662-HELP helpline
- California Peer-Run Warm Line
- Non-crisis mental health support service
- ANAD, EDA, NAMI, NEDA Walks
- National peer support and advocacy groups for EDs and trauma
- Scientific Journals (PTSD, DBT, ACT, EMDR, TF-CBT)
- Therapeutic models shown to benefit ED and trauma concurrently

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