



THE GAP

Your people already know to be careful. That is not the part that fails.

Awareness training teaches staff to notice. Physical training teaches them to fight. Nobody trains the ninety seconds in between — and that is where people freeze.

Heart rate spikes. Adrenaline dumps. Fine motor control goes first. A person who knew exactly what to do an hour ago now cannot make their hands work. This is not a courage problem and it is not a character problem. It is a documented physiological response, and it happens to trained people as reliably as untrained ones.

The body is not deciding whether to be brave. It is checking whether it has an option.

COVERED ALREADY Awareness and policy. Your staff can name the warning signs and quote the procedure.	NOBODY'S TERRITORY The ninety seconds Between noticing and acting. The body outruns the plan. This is the whole of what Momba trains.	COVERED ALREADY Physical response and security. Available if it gets that far, and usually it already has.
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Most programs sit on one side or the other. The handoff between them is where readiness actually breaks.

THE FRAMEWORK

Predict. Prevail. Persist.

Three phases, taught as ninety minutes — one session, or two of forty-five. Each phase assumes the body is going to react before the mind catches up, and trains for that instead of against it.

PREDICT

Before anything happens

Reading a room, a person, a shift in behavior — early enough that there are still options. Not vigilance, which is exhausting and unsustainable. Pattern recognition, which is a skill and holds under pressure.

Pre-incident indicators

Exits and positioning

Baseline and deviation

Sustainable attention

PREVAIL

The ninety seconds

The window where training either holds or does not. Voice, posture, boundary, distance, and the decision to move — rehearsed until the body has somewhere to go when it stops taking suggestions.

Physical options are part of this phase and a small part of the session. In the strongest clinical trial on record — [Senn et al., *New England Journal of Medicine*, 2015](#) — only two of twelve program hours were physical, and the program still cut completed rape among participants by nearly half over the following year. The decisive work happens before anyone's hands are involved.

Voice and command

Boundary setting

Distance and exit

Breaking the freeze

PERSIST

After

What happens in the hours and weeks afterward, for the person it happened to and for the people who watched. Reporting, recovery, and returning to the same building without carrying it permanently.

Trauma-informed debrief

The handoff back to the advocate or manager

Returning to work

What colleagues should and should not say

THE MODEL

Your staff runs it after I leave.

Staff turn over. The people still need the session. I cannot be in your building every week, and an outside trainer who appears once a year is a line item, not a capability.

So this is train-the-trainer. I teach the person who will keep it. They teach the room, and they keep teaching it after I am gone.

A residence

Mothers coming through. What the child sees.
The session closes back to the advocate who already holds the case.

Does not replace counseling or your own advocate training.

A workplace

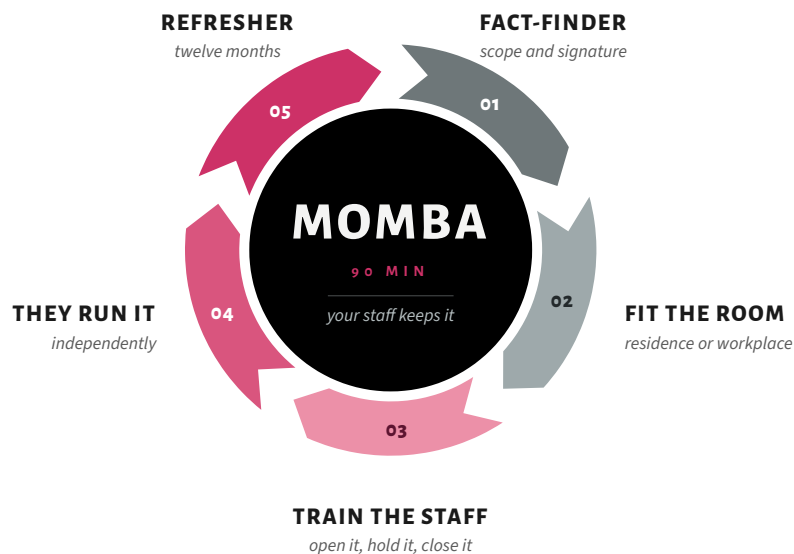
The people who already handle a late exit, an unexpected visitor, a situation that turns. The session closes back to the manager.

Does not replace policy, security, or legal.

HOW IT RUNS

Five steps, then it repeats.

Step four is the point of the whole engagement: your staff running the session without me in the building. Everything before it exists to get there, and the refresher is what keeps it true.



01 Fact-finder

Who the session is for. Who on your staff must be able to run it. Who signs.

02 Fit the room

Residence or workplace. Same core, different handoff.

03 Train the staff

Your people learn to open the session, hold it, and close it.

04 They run the session

Your staff runs it independently. The manual stays with you; the certification mark stays with Momba. I am not in the room, but I stay on retainer through the certification year — questions answered, one mid-year check-in, and first call on refresher dates.

05 Refresher

Twelve months. The certificate stays current only if this happens. If it does not, it lapses.

SCOPE

What this is not.

Said plainly, because the answer matters to anyone responsible for a building.

- Not a martial arts class. Physical technique is a fraction of one phase.
 - Not counseling, and not a substitute for your clinical or advocacy staff.
 - Not a security assessment, and not a replacement for policy or legal.
 - Not a state license. The certificate is a private Momba credential, valid twelve months, naming the person, the session, and the date.
 - Not a one-off. If the refresher does not happen, the certification lapses by design.
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WHO LEADS IT

Carmen Gulliksen

Professional boxer and personal safety educator with thirty years in martial arts, a graduate background in health research, and a working knowledge of what stress takes from a person and in what order. Twelve seminars delivered in four months across residences, studios, gyms and brokerages. DPOR-approved continuing education instructor in Virginia.

The work is built for women and taught to mixed rooms. Every session is trauma-informed, because the people who need it most have usually already been through something.

MBA

MSIS

PGDip Health Research

Professional boxer

DPOR-approved CE instructor

Published author

Virginia SWaM certified

Woman-owned & military-owned

NEXT STEP

Nothing below is assumed.

A fifteen-minute fact-finder answers these. Then you get a scope and a number, not a proposal deck.

Who the session is for	Who on staff must be able to run it
Who signs	What they already teach
What they do not want touched	When the first group sits

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