

# Trauma-Informed Ministry: Empowering Christian Leaders to Serve with Humility & Wisdom

Plenary Session 2: Saturday, February 24, 2024

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# Trauma-Informed Ministry: Introducing the Constructs

Cynthia B. Eriksson, MAT, PhD



## Brief Self Assessment - Based upon SAMSHA (2014)

Area of development	Level of confidence 1 – not confident 2 – somewhat confident 3 – very confident		
I realize the types of traumas that have impacted my community.	1	2	3
I am able to recognize the signs and symptoms of traumatic distress in others.	1	2	3
I am able to respond to those who have experienced trauma in helpful ways.	1	2	3
I am able to resist the re-traumatization of others (and myself).	1	2	3





*What is Trauma?*

Trauma is...  
a threat to existence

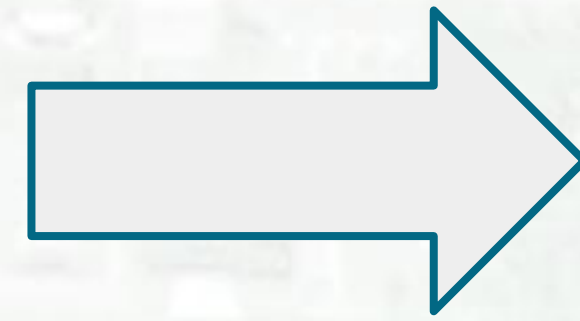


## Clinical Definition of “Trauma” - Diagnostic and Statistical Manual (DSM) 5th Ed. TR (APA, 2022)

- The person was exposed to: death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence, as follows: (one required)
  - Direct exposure.
  - Witnessing, in person.
  - Indirectly, by learning that a close relative or close friend was exposed to trauma.
  - Repeated or extreme indirect exposure to aversive details of the event(s), usually in the course of professional duties



Trauma Experiences



Negative Trauma Responses

Emotional	Physical	Relational	Spiritual
<ul style="list-style-type: none"><li>● fear</li><li>● numbness</li><li>● anger</li><li>● irritability</li><li>● hopelessness</li><li>● terror</li><li>● sadness</li><li>● flashbacks of trauma</li><li>● guilt</li><li>● shame</li><li>● dissociation</li><li>● denial</li></ul>	<ul style="list-style-type: none"><li>● GI problems</li><li>● sleep difficulties</li><li>● headaches</li><li>● nightmares</li><li>● substance use/abuse</li><li>● withdrawal from activities</li><li>● hypervigilance and reactivity to reminders of the trauma</li><li>● difficulty concentrating</li><li>● easily startled</li></ul>	<ul style="list-style-type: none"><li>● difficulty trusting</li><li>● feeling “dirty” or “broken” in relationships</li><li>● conflictual relationships</li><li>● withdrawal from relationships</li><li>● reactivity/hostility</li><li>● physical aggression</li><li>● self-protection</li><li>● hiding pain</li></ul>	<ul style="list-style-type: none"><li>● questioning faith/God</li><li>● feeling betrayed by faith or faith leaders</li><li>● feeling spiritually attacked</li><li>● feeling that God is punishing me</li><li>● feeling that God has abandoned me</li><li>● shame</li><li>● isolating from faith community</li></ul>





*What is Trauma-Informed ?*



Changing the question from:

**“What’s wrong with you?”**

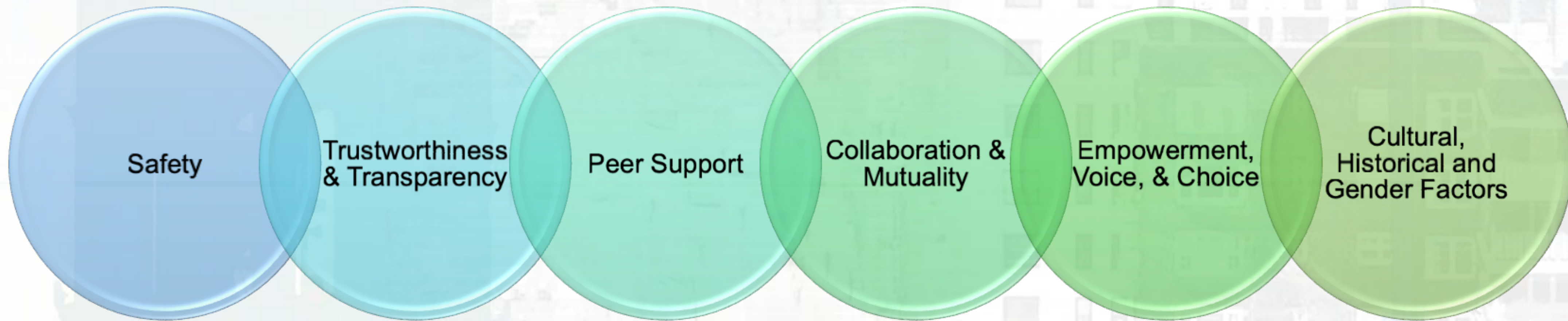
to

**“What happened to you?”**

(Menschner & Maul, 2016, p. 2)



# SAMSHA 6 Principles of Trauma-Informed Care



Substance Abuse and Mental Health Services Administration (2014).



**Safety:** The environment is safe, and relationships contribute to a sense of psychological safety.

**Trustworthiness & Transparency:** The work and decisions of the organization are done with transparency and seek to build trust with all stakeholders.

**Peer Support:** Peer relationships and mutual support of other trauma survivors are key in the system of healing.

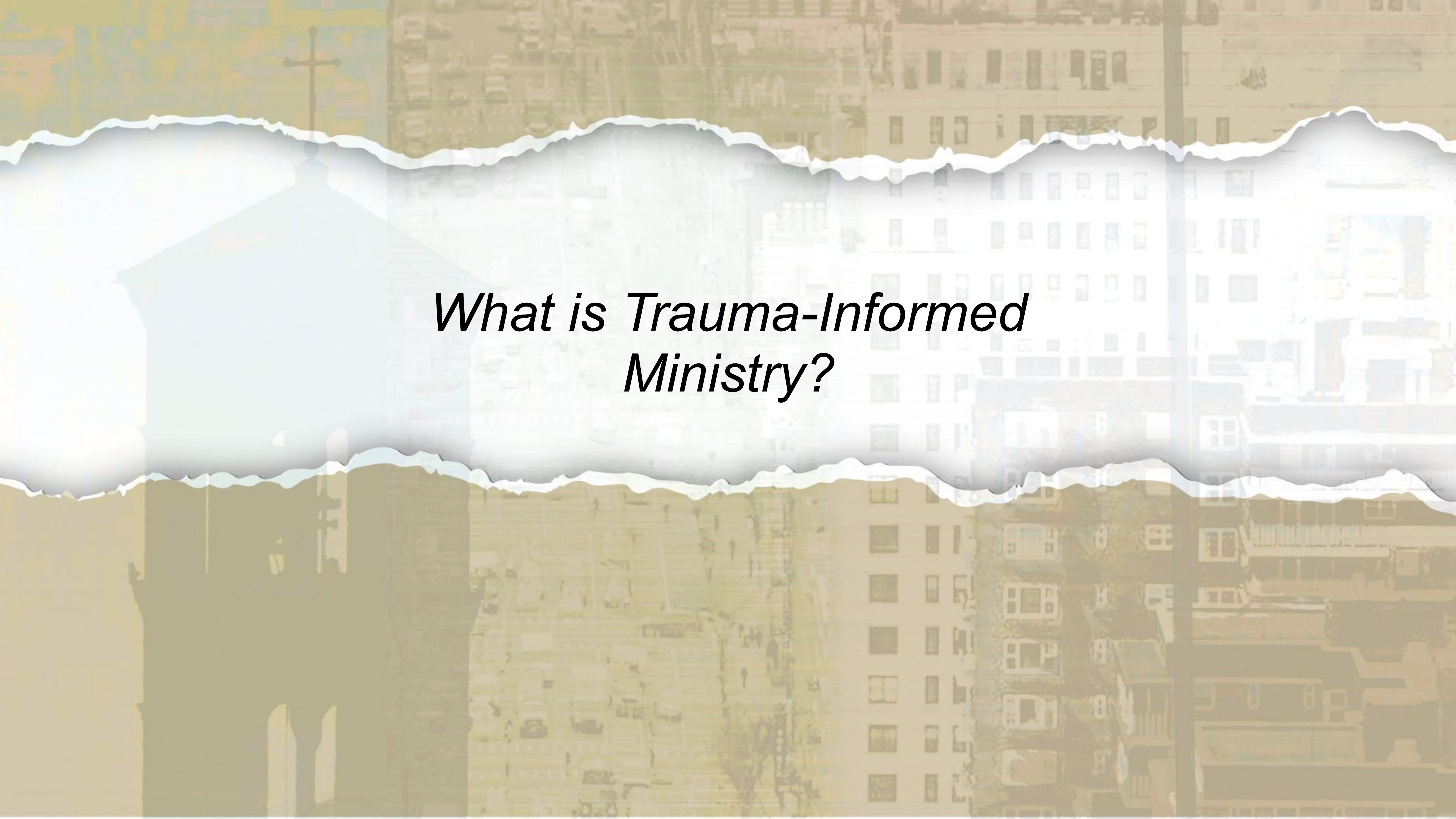


**Collaboration & Mutuality:** Partnerships and reducing hierarchical systems contribute to the value of everyone's participation.

**Empowerment, Voice & Choice:** Clients are seen in their strengths and encouraged to share in the decisions and goals set. Past marginalization is understood and voice is fostered.

**Cultural, Historical & Gender Factors:** The recognition of and responsiveness to historical trauma and biases. The development of models of care embedded in cultural strengths





*What is Trauma-Informed Ministry?*

Ministry that...

Values transparency, preparation, awareness, and collaboration and where adults and children in the ministry “feel safe, regulated, connected and valued.” (Crosby et al, 2021)

Allows spirituality to contribute to the empowerment of those who have experienced trauma (Hipolito et al. 2014)



Photo by Yan Krukau





## Headington Program at Fuller SoPMFT Survey of US-based clergy/ ministry workers

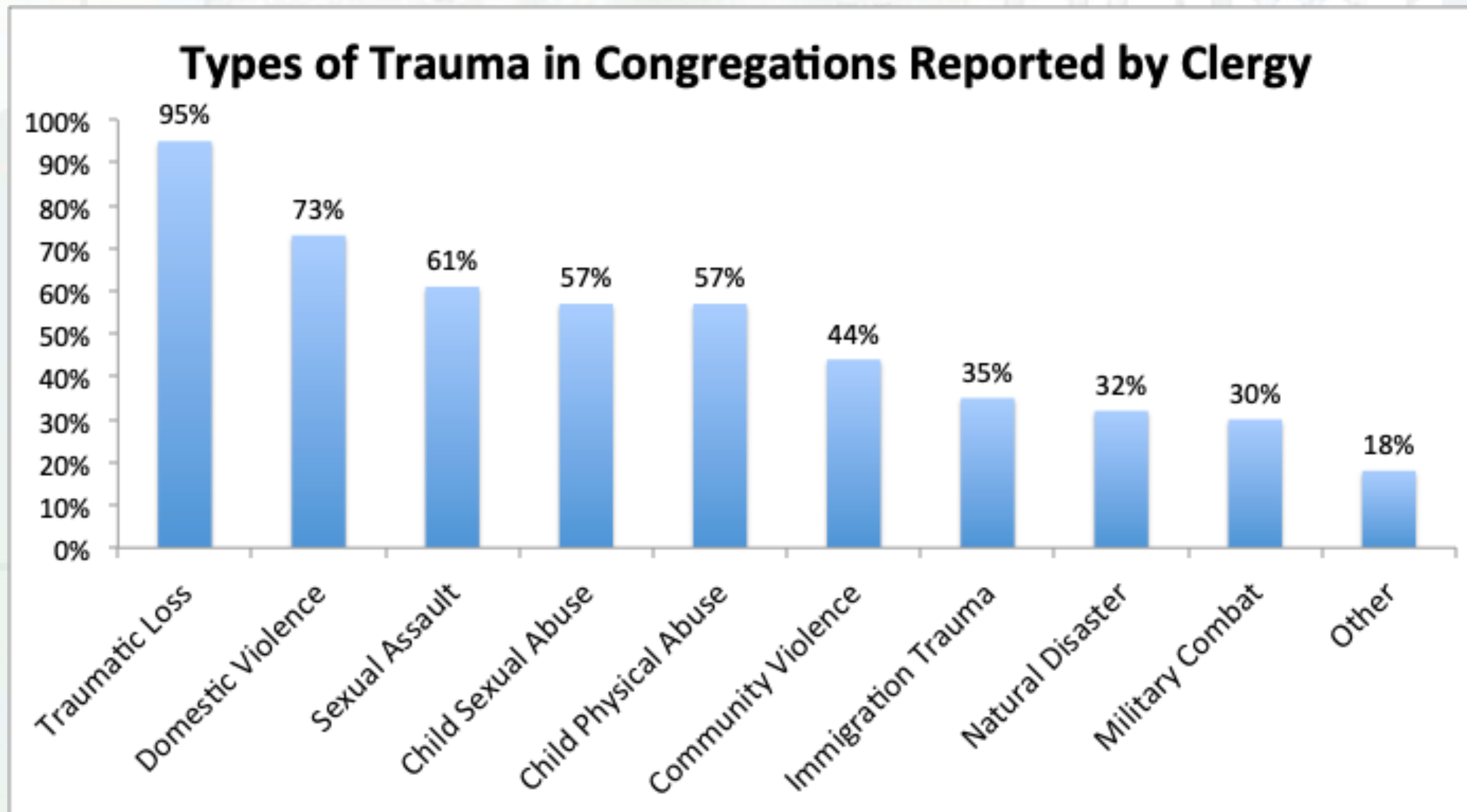
211 participants, predominantly white (75%) and male (63%), in full or part-time ministry

### QUESTIONS:

“What types of trauma do you see in your congregation/community?” (Eriksson et al., 2017)

“How do you intervene with community/ congregation members dealing with traumatic experiences?” (Krotz et al., 2019)





(Eriksson et al., 2017)





## How Did This Sample of Leaders/Clergy Intervened with Trauma in their Congregations? (Krotz et al., 2019)

Most frequent themes in narrative descriptions - the Pastoral/Ministry Role:

- Trauma-Specific Interventions (38.71%)
- Referrals (38.71%)
- Pastoral Role (35.18%)

Principles of trauma-informed care in narrative descriptions:

- Trauma Knowledge (12.32%)
- Safety (6.43%)
- Collaboration (4.46%)
- Non-Referral Empowerment (3.93%)
- Cultural Issues (0.89%)



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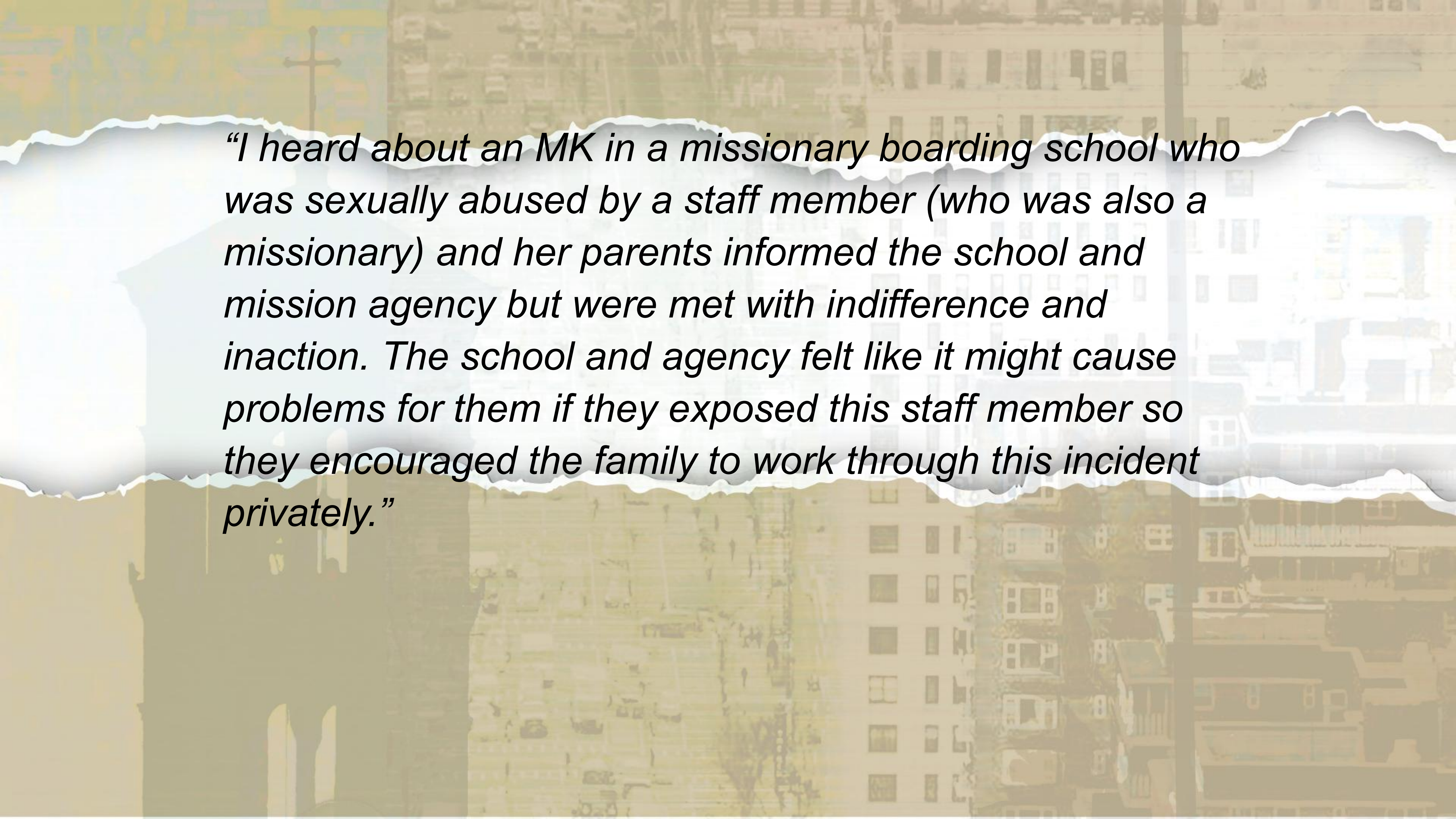
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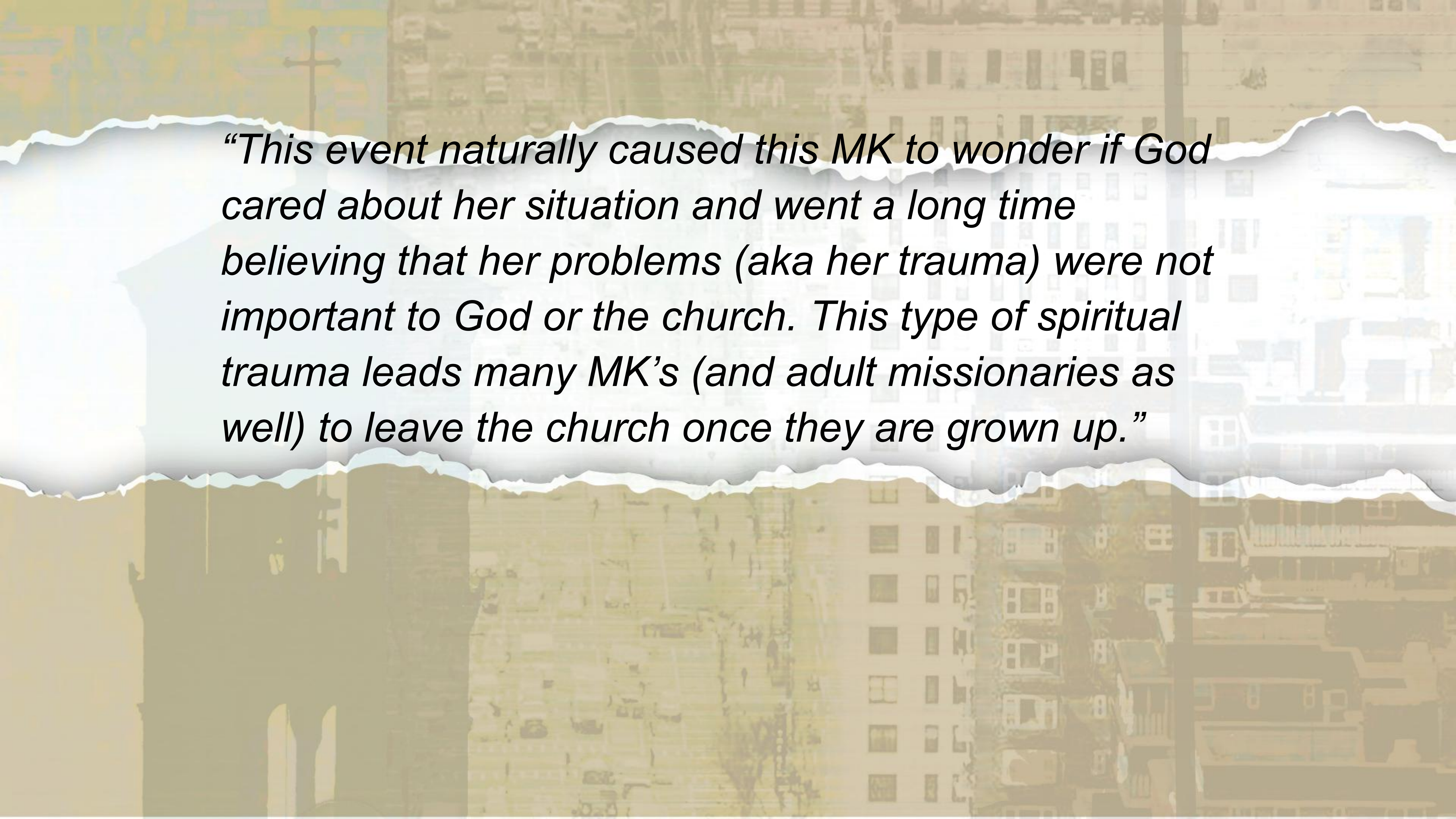
# Trauma-Informed Ministry: Trauma-Informed Care for Clergy and Christian Leaders

David C. Wang, ThM, PhD





*“I heard about an MK in a missionary boarding school who was sexually abused by a staff member (who was also a missionary) and her parents informed the school and mission agency but were met with indifference and inaction. The school and agency felt like it might cause problems for them if they exposed this staff member so they encouraged the family to work through this incident privately.”*



*“This event naturally caused this MK to wonder if God cared about her situation and went a long time believing that her problems (aka her trauma) were not important to God or the church. This type of spiritual trauma leads many MK’s (and adult missionaries as well) to leave the church once they are grown up.”*

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**[Q]: Why are many churches/Christian organizations reluctant to address these sorts of serious problems and instead, try to cover up, ignore, and/or minimize these situations?**

“Trauma is what does not go away. It persists in symptoms that live on in the body, in the intrusive fragments of memories that return. It persists in symptoms that live on in communities.”

- Shelly Rambo (2010), *Spirit and Trauma*





**A traumatic event is characterized by the following:**

The person has experienced, witnessed, or been confronted with an event or events that involve actual or threatened death or serious injury, or a threat to the physical integrity of oneself or others.

*The person's response involved intense fear, helplessness, or horror.*



**Now if a trauma can be defined as witnessing somebody else go through a trauma (e.g., violence, abuse, neglect, etc...)**

**...and one's day-to-day work responsibilities as a helping professional brings you into direct (and indirect) contact with a population with a high prevalence of trauma**

**...is it possible for helping professionals (including clergy and Christian leaders) to develop PTSD symptoms of their own?**

**YES.**

**Secondary Traumatic Stress (STS): people who are exposed to others' traumatic stories and develop their own traumatic symptoms and reactions.**

**(ACS-NYU Children's Trauma Institute, 2011)**

## Secondary Traumatic Stress

- **Developing symptoms similar to someone with PTSD after knowing/witnessing a traumatizing event experienced by another person.**
- **Intrusive thoughts, hyper-arousal, avoidance**
- **May be triggered by a one-time event**
- **High co-morbidity with other mental health conditions.**
- **Some of the stress resulting from wanting to help**
- **“Cost of caring,” a form of compassion fatigue**

**(Figley, 1995; Figley & Kleber, 1995)**

## Prevalence of Secondary Trauma

- **8-10% - Humanitarian aid workers**
- **15.2% - Social Workers**
- **16.3%-20% - Clinicians treating patients diagnosed with cancer**
- **34%-37% - Child Protective Service Workers**
- **46%-52% - Clinicians treating sexual offenders and sexual abuse survivors**

## Personal Risk Factors

- History of personal trauma (e.g., Child Abuse/Neglect)
- Personally identify with the victim
- Negative personal circumstances (e.g., grief due to recent loss)
- Low levels of social support, lack of meaningful relationships
- Low sense of control over life
- Personal coping strategies that do not help (e.g., addictions, numbness, isolation)

**(Saakvitne & Pearlman, 1996, Regehr et al., 2004)**

## **Secondary Trauma & Spirituality**

- **Potential disruption of deeply held spiritual/religious beliefs.**
- **“Hallmark of vicarious traumatization is disrupted spirituality”**
- **Loss of purpose and meaning of work.**
- **Importance of spiritually-based self-care practices such as rest-taking, prayer, other spiritual practices.**

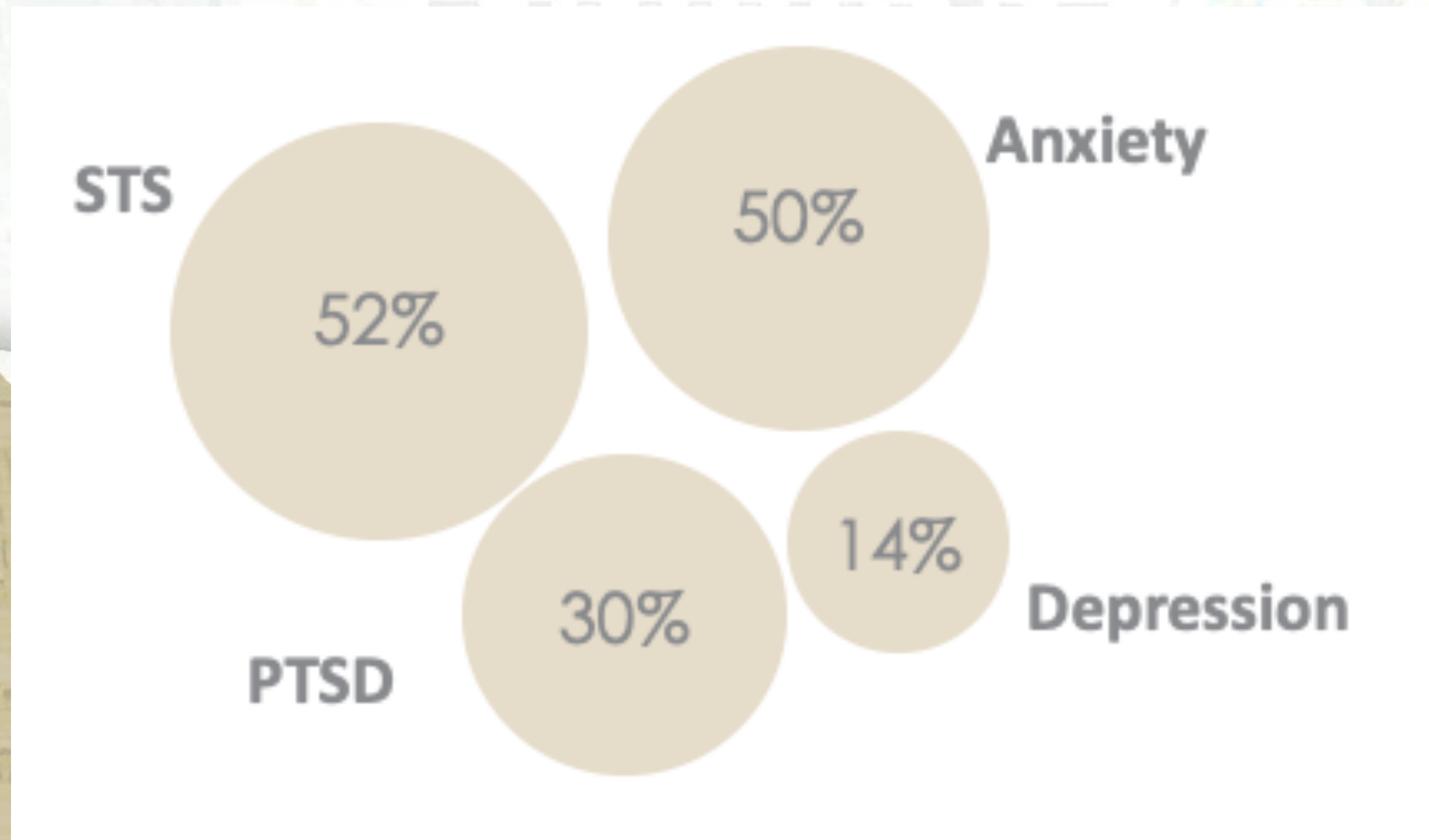
**(Wang, Strosky, & Fletes 2014; Dombo & Grey, 2013)**

# Secondary Trauma among Christian Leaders (Roggenbaum et al., 2023)

- **99 Participants from a network of predominantly African-American churches in urban and rural Texas**
- **Roles:** Head pastor, associate pastor, worship pastor, elders, deacon/deaconesses, children/youth ministry leaders, small group leaders, counseling/prayer team members, administrators, greeting, technological assistance, finance, maintenance.

# Secondary Trauma among Christian Leaders (Roggenbaum et al., 2023)

- **Over 80% reported at least one adverse childhood experience**
- **Most common:**
  - Divorce or separation of parents
  - Household member was a problematic drinker/used drugs
  - Household member was depressed, mentally ill or attempted suicide





# **Secondary Trauma among Christian Leaders** **(Holleman, Upenieks, & Eagle, 2023)**

- **535 Seminary students attending a Mainline Seminary in Eastern US**
- **Compared with a demographically matched national sample, seminaries reported higher prevalence of childhood experiences of:**
  - **Emotional Abuse**
  - **Living with someone with Mental Illness**
  - **Sexual Abuse**

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# Trauma-Informed Care for Latino Pastors and Faith Leaders in Colombia\* and the US\*\*

**Lisseth Rojas-Flores, PhD**

\*Colombia research with Josephine Hwang Koo, PhD

\*\*US research with Jennifer Medina Vaughn, PhD and Josephine Hwang Koo, PhD





# TRAUMA-INFORMED FAITH

"Kora Weeps" by Denise Klitsie.



# Trauma-Informed Care For Latino Faith Leaders in Colombia





**COLOMBIA**  
**Internal**  
**Displacement**  
**7, 246,000**





- Mixed methods, participatory action research
- Part of the project Fe y Desplazamiento: “Integral Missiology and the Human Flourishing of Internally Displaced Persons in Colombia”

### PHASE 1

- Five communities from various regions in Colombia
    - Focus groups with IDPs
    - In-depth interviews with faith leaders
- Goal:** Examine the felt needs of IDPs and the perceived role of faith-based organizations in addressing said needs

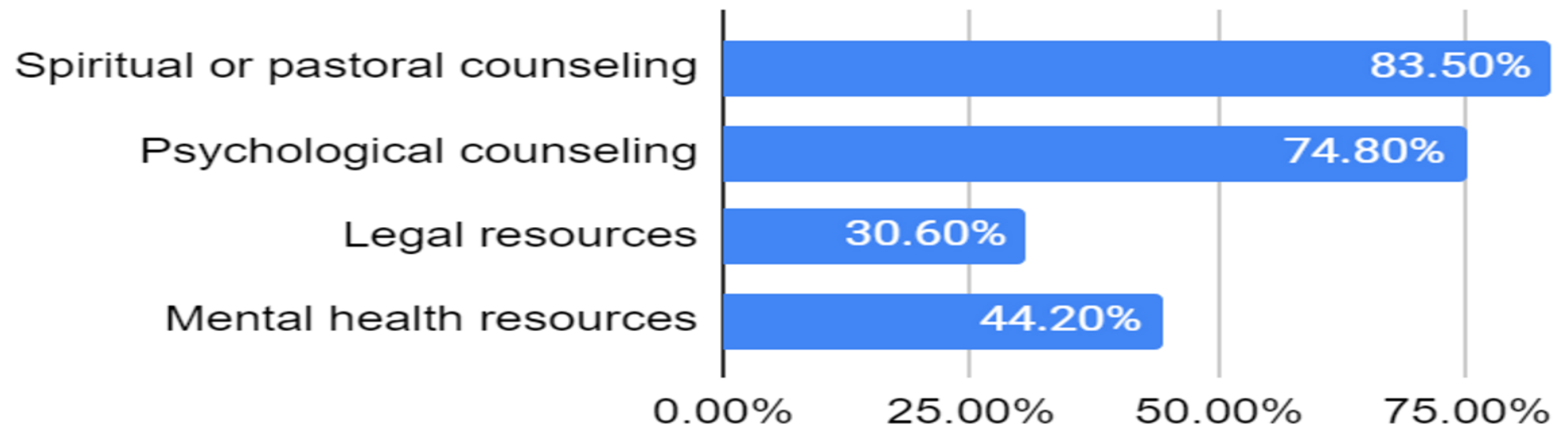
### PHASE 2

- Survey with faith leaders at a workshop on trauma and displacement ( $N=201$ )
- Goal:** Examine needs of faith leaders in supporting IDPs
- Faith leaders’ understanding of IDPs and faith-based organization’s needs to provide support
  - Faith leaders’ mental health needs (Currier et al., 2016)

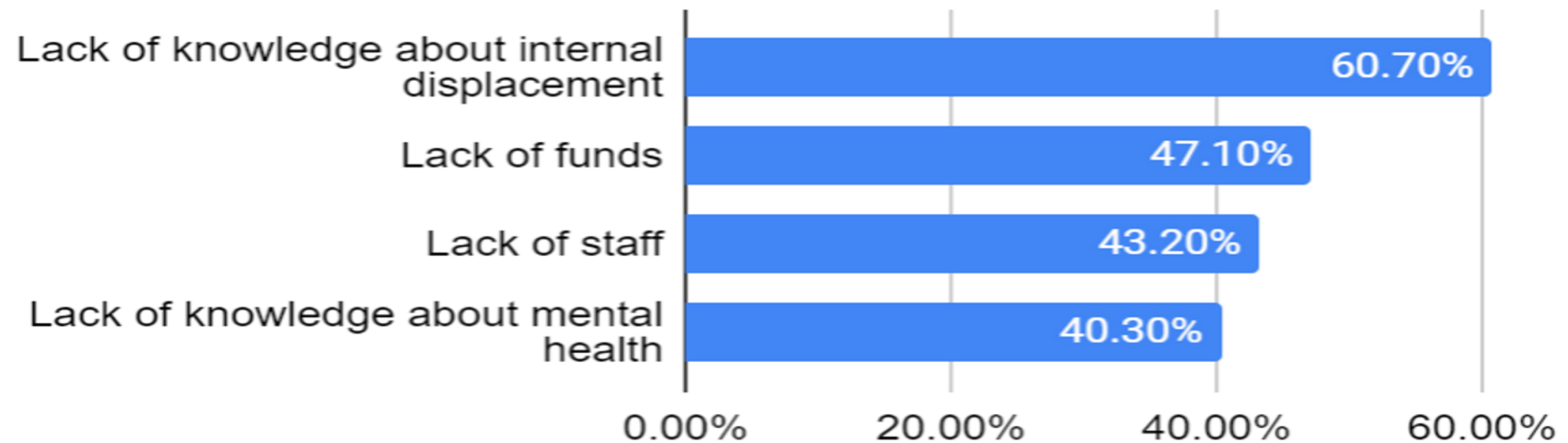




## Desired Services for IDPs



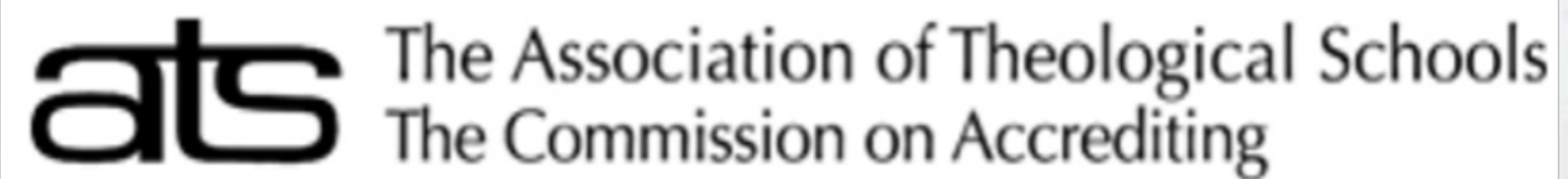
## Perceived Barriers to Creating Services



- Workbook for Faith Leaders on Trauma and Displacement
- Resource guide on trauma-informed work for MH professional in faith-based organizations
- Curriculum for IDP Groups: Facilitators' Manual



# Trauma-informed Care for Latino Faith Leaders Serving Immigrant Families in the US



## PARTICIPANTS

**Total: 33 participants** (Mean Age = 54.27)

Female: 24 Male: 9

### Faith leaders' countries of origin:

Argentina, Colombia, Dominican Republic, El Salvador, Guatemala, Mexico, Peru, Uruguay, USA, and Venezuela

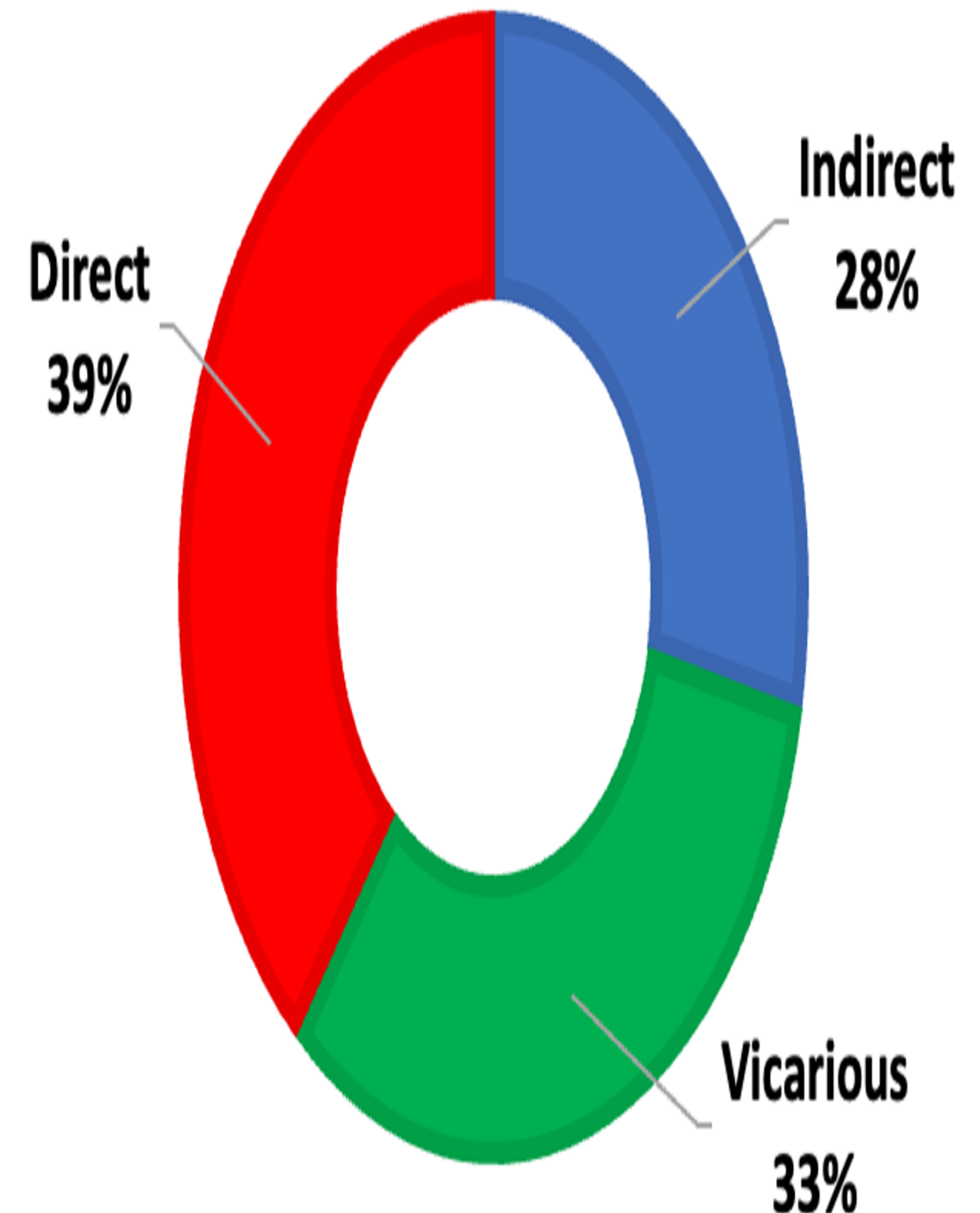
Years in Ministry: range of 5 - 31 years

### Education Level:

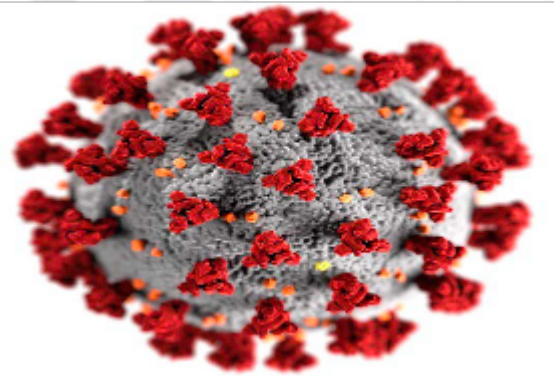
44 % High School & Vocational School

50.0% College

6.3% Graduate Studies



# CRISES DISPROPORTIONATELY IMPACTING THE LATINO COMMUNITY IN THE US





Has your congregation been impacted by immigration enforcement?

**37.5% YES - of these 83.3% included families with children**



Has your congregation been impacted by the COVID-19 Pandemic?

**87.5% YES - of these 92.2% included families with children**



## Number of Faith Leaders Endorsing Barriers to Services (N = 32)

Barrier	Pandemic-Related Services	ICE-Related Services
Lack of Personnel	14	18
Lack of Funding	17	19
Lack of Resources	12	17
Lack of denominational support	4	3
Lack of mental health knowledge	18	19
Lack of ICE/COVID-19 knowledge	10	18
Congregants don't seem interested	12	4
Congregants are afraid/hesitant	3	5
Not applicable	3	2





## INTEGRAL MISSIOLOGY

“The salvation that the Gospel proclaims is not limited to man’s reconciliation to God. It involves the remaking of man in all the dimensions of his [her] existence. It has to do with the recovery of the whole man according to God’s original purpose for His creation.”

*Rene Padilla, “Mission Between the Times,” 179*





# TRAUMA-INFORMED FAITH

Avoiding a triumphalist spirituality



## A LATINO PASTOR EXPERIENCES WITH THE PANDEMIC

**“I experienced the pandemic as a pastor in Los Angeles in X in South Central Los Angeles, where all the churches in 2020, all the churches closed. The food banks closed and we had a food bank. So, we were the only church with a food bank that was distributing food to a bunch of people who were sick with COVID. I had to bury several pastor friends of mine, various people. That was every week, when my phone would ring, my question was “Who? Who has died?” I was at the cemetery – every fifteen minutes I had to bury someone. The lines in the cemeteries were extremely full and they would only give us fifteen minutes to be able to bury someone and then move on to the next ones. That caused me significant trauma, so much so that the next year, two years afterward, I had to take a sabbatical and ultimately, move to X where I am now ...”**

~ Male pastor, Age 50



## CURRICULUM LESSONS

- Call to minister healing
- Trauma and recovery
- Horrors of trauma and faith crises
- Vicarious trauma
- Grief and traumatic loss
- Self-Care
- Ministry with families impacted by trauma
- Promoting integral health among Latino families in the US



# Ana Felicia Velásquez dignifying her abandoned home in the anniversary of her forced displacement



Fotografía: Jesús Abad Colorado CNMH.



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