

Trauma Informed

PASTORAL CARE

Trauma deeply affects how individuals experience community, connection, and faith. It is essential that we foster a trauma-informed culture of care within the local church to effectively love and support those in our congregations.

In this session, we will discuss the real-world effects of trauma on church engagement. Attendees will gain practical insights into creating safe, compassionate spaces where healing can take place and every member feels seen, valued, and supported.

Adverse Childhood Events

Ten Types of childhood trauma are measured in the ACE study (1998):

Five are personal: physical abuse, verbal abuse, sexual abuse, physical neglect, and emotional neglect.

Five are related to other family members: a parent who's an alcoholic, a mother who's a victim of domestic violence, a family member in jail, a family member diagnosed with a mental illness, and the disappearance of a parent through divorce, death, or abandonment. Each type of trauma counts as one.

Adverse Childhood Events Scores

Number of ACEs	Women	Men	Total
0	34.5	38	36.1
1	24.5	27.9	26.0
2	15.5	16.4	15.9
3	10.3	8.6	9.5
4 or more	15.2	9.2	12.5

Trauma Informed Principles & Practices

Dr. Scott, Phoenix Trauma Center

SIX ELEMENTS for Trauma Informed Principles and Practices:

1. Safety
2. Trustworthiness, transparent
3. Peer support (group times)
4. Collaboration and mutuality – power dynamics
5. Empowerment, voice and choice
6. Respecting & acknowledging differences - trauma, brain, & relationships

Stress Responses

In response to stress hormones our brains perceive the threat of danger, our choices often contract, and may cause us to go back to reflexes and habits that are familiar or accessible to us.

FIGHT Response Symptoms:

Clenched fists

Feeling angry

Muscle tension

Grinding of teeth or a tight jaw

Physically fighting

Punching a pillow or wall

Wanting to hurt or kill someone

Yelling, arguing or verbally attacking

Road rage

Destroying, breaking or throwing something

FLIGHT Response Symptoms:

Getting fidgety

Leaving/retreating from confrontations

Feeling trapped

Dilated pupils

Jittery feelings

In extreme cases, elimination of bodily fluids (sweat, vomit, urine, etc)

Excessive exercise

‘Running away’ from things/responsibilities

.

FREEZE Response Symptoms:

Being lost for words or blanking out in an altercation

Feeling frozen to the spot

Feeling panicked and believing/not being able to move

Wanting to go into ‘your cave’/retreat

Not dealing with the threat directly, but escaping/disconnecting from your body in other ways (binging, picking at hair/nails, TV/Video games, social media)

FAWN

The Fawn response is also known as ‘appease’

It is newer and sometimes is debated due to this being a habitual pattern vs. an instinct.

It has been noted that it can be something that comes out in times of stress or trauma.

It works in response to the same stress hormone and follows a strategy of ‘if I can make them happy and show them that I won’t hurt them, maybe they won’t hurt me or will leave me alone’

FAWN Response Symptoms:

People-pleasing

Difficulty saying no

Feeling badly for having boundaries or limits

Self-deprecating behavior or putting oneself down

Being unable to put yourself or your needs first

Being overly complimentary, obedient or attentive to an excessive degree

Going along with what everyone wants because it is easiest

In Groups

Be alert to any of these symptoms of stress; - a person staring at the wall, picking their fingers, looking outside, talking too much, tuned out (be curious, some might be bad habits, others a stress response)

Create safety – this might mean sometimes deferring discussions that might be triggering to a break or “later”. Allowing those who don’t want to listen to make a choice (without judgement and with continued warmth)

Congregations can:

1. Be aware of the impact of trauma
2. Be a place of *felt* safety – safe people, safe places, safe situations
3. Don't equate the experience of trauma with lack of faith or obedience
4. Allow them to tell their story if they want to you or a therapist in private
5. Allow the gospel of grace to speak into trauma

Some aspects of a church life can assist those experiencing trauma, while others hinder that sense of safety. For example:

Does the physical layout of the building make for an easy exit for those who need to get away quickly?

Is it communicated that there are women (either ministry staff or lay leaders) who are available to speak to women in the church in need of support or assistance?

Recognising how critical bodily safety is for many, does the church respect personal boundaries, not presuming to hug or touch unless it is known that such behaviour is welcomed?

Are people pressured to serve in a way that engenders guilt for those who lack the capacity to do so?

Are those involved in teaching roles aware that guilt is a common consequence of trauma, and therefore tread carefully when speaking of matters to do with judgment to avoid re-traumatisation?

When talking about a delicate topic announce it a week in advance so that those with trauma can make appropriate arrangements

Some have used a special speaker so that the main minister can be more attentive to the congregation’s responses and not be tied to the sensitive topic

Brainstorming Together

This is not an exhaustive list, what else can we do: