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An Examination of Religious Institution Involvement in Trauma Recovery

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Abstract

This qualitative study examines the ways in which faith leaders within the Christian Reformed Church (CRC) work with parishioners who have experienced an interpersonal trauma and are seeking religious support. For the purposes of this study, interpersonal trauma will include physical, emotional, or sexual abuse experienced as a child or adult, childhood neglect, and/or witnessing violence as an adult or a child. The researcher interviewed 14 Pastors at CRCs in Kent and Ottawa Counties in the state of Michigan to learn more about their experiences in working with survivors of interpersonal trauma. Common findings indicate that pastors assist survivors of interpersonal trauma by listening and being present with them through their journey, praying with them, and applying scripture to address their theological questions and concerns. The study participants spoke of helping survivors build connections, involving outside sources or providing outside referrals in order to ensure safety and help individuals to work through their experience of trauma in a mental health capacity. The implications of this study propose ways in which individuals in both the social work and pastoral professions may work together to better support survivors of interpersonal trauma. Social workers should seek to build relationships with local churches in order to provide education around trauma-informed approaches. Pastors should be open to these relationships with social workers and learning how to support parishioners and building connections with counselors who can provide evidence-based mental health interventions for trauma survivors within their churches.

Keywords: Christian Reformed Church (CRC), Christianity, religious coping, interpersonal trauma, trauma-informed pastoral care, CRC response to trauma, religious support for trauma survivors.

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Chapter 1: Introduction

Problem Statement

The American Psychiatric Association (2013) defines a traumatic stressor as "Any event (or events) that may cause or threaten death, serious injury, or sexual violence to an individual, a close family member, or a close friend," (p. 830). Unfortunately, trauma is not uncommon, with one study reporting that 89% of participants had experienced at least one potentially traumatic event (PTE) (Kilpatrick et al., 2013). The Substance Abuse and Mental Health Services Administration (SAMHSA) (2019) identifies trauma as a "widespread, harmful, and costly public health [concern]" (para. 1), impacting the survivor, their family, and their community. Trauma can impact anyone's mental and physical health regardless of a variety of personal attributes including age, race gender, socioeconomic status, etc. In fact, several trauma-related mental health disorders have been identified in the DSM-5 (American Psychiatric Association, 2013), and SAMHSA (2014) identifies that even individuals who do not fit a DSM-5 trauma-related diagnosis may still experience distressing symptoms relating to their experience. The study by Kilpatrick et al. (2013) that found that a majority of study participants had experienced some form of PTE also found that more than half of these individuals had experienced interpersonal violence. Overstreet et al. (2017) found that of those who had experienced a PTE, 35.8% experienced distress related to the event, and that 55.8% who had experienced an interpersonal PTE experienced distress related to the event.

Trauma is a broad term and may include a variety of PTEs that can fall into the definition including community violence, disasters, intimate partner violence, medical trauma and traumatic grief (The National Child Traumatic Stress Network, n.d.) to name a few. Therefore, this study will narrow the scope to a specific set of traumatic events. Since interpersonal trauma

is the most commonly experienced form of trauma (Kilpatrick et al., 2013) and because survivors of interpersonal trauma are less likely to use some of the positive forms of religious coping (Harris et al., 2010), the current study will focus on experiences of interpersonal trauma. This study will define interpersonal trauma as physical, emotional, or sexual abuse experienced as a child or adult, childhood neglect, and/or witnessing violence as an adult or a child.

As will become clear from a review of the literature, there exist significant links between traumatic experiences, the impact on the survivor's religious views, and mental wellbeing. Trauma can alter one's perceptions of God (Cataldo, 2013), as well as their religious beliefs (Falsetti, Resick, & Davis, 2003). Additionally, the Pew Research Center (2015) reports that while the United States has seen an increase in the number of individuals identifying as religiously unaffiliated in recent years (22.8% in 2014 compared to 16.1% in 2007), 76.5% of the population did still hold a religious affiliation as of 2014. With the importance of religion in United States culture, and the religious struggles that individuals face when confronted with trauma, it is imperative for the mental health profession to understand the supports available to religious individuals who have experienced trauma. Furthermore, according to Pargament (1997), during times of stress, clergy are often the first source of professional support sought out by individuals. There is significant research suggesting that religion can be an important factor in trauma recovery (Chan and Rhodes, 2013; Falsetti et al., 2003; Harris et al., 2011; Harris et al., 2010).

Given this information about trauma, and Pargament's findings, it is important to understand whether clergy are effectively able to address and assist parishioners who have experienced a PTE. There are a variety of resources describing how the Catholic Church addresses trauma. Interpersonal violence however is not restricted to the Catholic religion.

Additionally, as of 2014, more individuals within the U.S. (46%) identified as Protestant than they did any other religious sect (Pew Research Center, 2015).

Existing literature can help us to understand the impact of trauma on an individual, research informed ways of treating trauma, and how religious coping can be helpful or harmful to the coping process. What is lacking in the literature are the ways in which churches and clergy members, acting as representatives and leaders of one's religion, address the spiritual needs and concerns of members of their congregation who have experienced trauma. For the mental health profession, this study aims to increase the knowledge about how religious views can be helpful or harmful to an individual's mental well-being as well as where and how they can access support for this important factor in the trauma recovery process for religious individuals.

It is important to note throughout this study, that the researcher is not personally affiliated, nor have they ever been, with the Christian Reformed Church. The researcher does have some existing knowledge of Christianity and was brought up in the Christian faith, though is no longer a practicing Christian. While the researcher worked to stay neutral through this research, they felt it was important to disclose their personal affiliation with the religion that will be examined through this study.

Chapter 2: Literature Review

Trauma and Treatments

The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) identifies several disorders that may be experienced among individuals who have experienced any form of trauma. Those commonly experienced among adults are Post-Traumatic Stress Disorder (PTSD), Acute Stress Disorder (ASD), and Adjustment Disorder (American Psychiatric Association, 2013). The DSM-5 reports that less than 20% of the U.S. population is diagnosed with acute stress disorder (although this is higher among interpersonal PTEs with 20-50% diagnosis rates), 8.7% of the U.S. population is diagnosed with PTSD, and Adjustment Disorder being the leading diagnosis in 5-20% of outpatient clinics, and approximately 50% of inpatient facilities (American Psychiatric Association, 2013).

Yet, SAMHSA (2014) recognizes that individuals may experience distressing responses to traumatic events without meeting the diagnostic criteria for a disorder. Common responses to a traumatic event for individuals with or without a trauma-related mental health diagnosis include anger, fear, shame, hyperarousal, dissociation, sleep disturbances, substance abuse, self-harm, avoidance, flashbacks, eating disorders, compulsive behaviors, somatic responses, and chronic health issues. Trauma survivors may experience triggers, or reminders of the event, they may avoid things that remind them of their traumatic event, and the may experience trouble in building relationships (SAMHSA, 2014). These responses may be experienced by individuals who have experienced any type of traumatic experience.

As was identified previously, Kilpatrick et al. (2013) found that 89% of respondents from a sample of adults living within the United States had experienced some form of trauma as it is defined by the DSM-5. This study found that of those who had experienced a PTE, over half

(53.1%) experienced a form of interpersonal violence, which they defined as including physical assault, rape, other forms of sexual assault, and childhood physical abuse. That is not to say that every individual who experiences a PTE has been diagnosed with a mental health disorder. In fact, Overstreet, Berenz, Kendler, Dick, and Amstadter (2017) refer to PTEs in their study of incoming college freshmen at Virginia Commonwealth University (VCU). The researchers found that prior to attending college, nearly 82% of respondents had experienced at least one PTE and 39% of all respondents had experienced an interpersonal trauma. Yet, they found that only 35.8% of individuals who had experienced a PTE also experienced trauma related distress. They did find this number to be higher among individuals who had been exposed to an interpersonal PTE, with 55.8% of respondents having experienced this type of PTE also reporting trauma related distress. The DSM-5 also recognizes that trauma exposure does not necessarily lead to a PTSD diagnosis due to varying criteria including culture, type of PTE, age of exposure, symptomology, etc.

For individuals who are experiencing distress and mental health diagnoses relating to their exposure to a PTE, the American Psychological Association (2017) strongly recommends four types of trauma-informed treatment, particularly for individuals suffering from PTSD. These treatment options focus on changing cognitions relating to the traumatic event. The treatment approaches that are strongly recommended by the American Psychological Association (2017) are cognitive behavioral therapy (CBT), cognitive processing therapy (CPT), cognitive therapy, and prolonged exposure. The American Psychological Association (2017) also has several options that are conditionally recommended. These conditional recommendations provide additional evidence-based practices that either have a less favorable risk-benefit balance or may not be as widely proven across populations. These conditional recommendations include

brief eclectic psychotherapy, eye movement desensitization and reprocessing therapy (EMDR), narrative exposure therapy (NET), and various types of medications. Additionally, a study by Harris et al. (2011), found that among a sample of veterans, PTSD symptoms decreased among those that went through the building spiritual strength (BSS) group therapeutic model. While therapeutic models exist to address spirituality in trauma recovery, more information is required to understand how religion plays a role in the mental well-being of trauma survivors.

Trauma and the Perception of Religion and God

According to a Pew Research Center (2015) study, over 75% of the United States population identifies their religion as Christian or otherwise. As Homan and Cavanaugh (2013) explain, "Religious people often perceive that they have a personal relationship with God, and this relationship may offer the ultimate source of unconditional acceptance," (p. 1531). Furthermore, Krause and Hayward (2012) found, religion and a perceived relationship with God lead individuals to have a greater sense of a meaning of life. Dilmaghani (2018) had similar findings, stating, "religion and spirituality are suggested to provide meaning, optimism, and comfort, all of which are predictors of a better mental health," (p. 122). Similarly, Jay (2013) identified, "'spiritual' issues of meaning, purpose, belonging, hope, peace of mind and so on are deemed to be of potential relevance to the well-being of all people," (p. 42). In his book which defines and explains helpful and harmful religious coping, Pargament (1997) identified a list of potential factors that people look for from their religion. Participants rated these factors on a scale ranging from "somewhat important purpose of religion" and "very important purpose of religion". These factors ranked from most important to least important include, "spiritual, growth, comfort, meaning, problem solving, hope, self-esteem, intimacy, restraint, and release" (p. 48).

For individuals who have experienced a PTE, their perception of God can become quite complex. Cataldo (2013) states, "God can be experienced simultaneously as the cause of the trauma, the savior from it, the passive bystander, or the just punisher" (pg. 797). Cataldo (2013) describes three separate individuals who had profoundly different interpretations of God in the face of their trauma. One saw God as a punisher, while another wondered where God was during her traumatic experience. The third person described was abused by a priest. That individual initially rejected his religion, but later returned, viewing God as an important aspect of his life, yet also wondering why God allowed his "representative" (p. 801) to abuse him. This shows how and individual's faith and their perceived relationship with God can be damaged by a PTE. As Cataldo (2013) describes, "the whole system of trust in a safe world and a good God can disintegrate in the face of traumatic experience" (p 797). For children who face trauma, this may look differently because "there has never really been a safe world, and there has never really been a good God" (p 797).

Similarly, individuals may ascribe meaning to their traumatic experience by applying the just world hypothesis. The just world hypothesis, in essence, describes that people get what they deserve. If something bad happens to someone, then they must deserve it. This hypothesis serves an important existential purpose because as human beings, we need to believe that the world is a logical place in order to set goals and function appropriately in daily life (Lerner & Miller, 1978). When an individual experiences trauma, they may attribute this to the just world hypothesis, believing they did something wrong to deserve the event, and are therefore experiencing a punishment.

Religious Coping

It is important to note that religious coping mechanisms can be either helpful, harmful, or neutral. Pargament (1997) describes coping as "a search for significance in times of stress" (p. 90). As examined earlier, several studies have pointed to meaning as an important aspect of religion (Dilmaghani, 2018; Krause & Hayward, 2012; Pargament, 1997).

According to Pargament (1997), individuals who find religion to be helpful in coping with any type of traumatic event tend to have the perception that they will gain support and guidance from God and from others within their religious institution. Those who attributed their traumatic event to the will of God also tended to experience more positive religious coping outcomes.

Religion, in some cases, can be a positive factor in physical and mental wellbeing. Lutjen, Silton, and Flannelly (2012) found significant results suggesting that religious individuals tended to be more forgiving and less hostile. This was found to be related to better physical health as reported by the participants of their study. As the researchers explained, "religiosity indirectly affects health through the mediating variables of increased forgiveness and reduced hostility," (p. 474).

Helpful forms of religious coping were likely to consist of positive religious coping statements such as, "Worked together with God as partners to get through this hard time," and "Tried to find the lesson from God in this crisis," (Pargament, 1997, p. 299). Harmful forms of religious coping were likely to consist of negative religious coping statements such as, "Disagreed with the way my church wanted me to understand and handle this situation" and "Expressed anger at God for letting such a terrible thing happen" (Pargament, 1997, p. 299).

A study by Falsetti et al. (2003) concluded that 56% of their participants found religion to be helpful in coping with a traumatic event. The other 44% said that religion was either not a helpful coping mechanism or that they did not use religion as a coping mechanism at all. One study suggests that the type of trauma experienced may also play a role in the helpfulness or harmfulness of religious coping mechanisms for an individual. Harris et al. (2010) found that those who had experienced interpersonal trauma were less likely to use prayer to cope with trauma than were survivors of other types of trauma. The researchers also found prayer to be a positive religious coping strategy and led to posttraumatic growth (PTG). Likewise, Chan and Rhodes (2013) found positive religious coping strategies to lead to PTG. Moreover, they concluded that positive religious coping is a more significant protective factor than social supports and positive outlook, measured by higher levels of PTG.

However, as Pargament (1997) describes, spiritual coping may also be negative. Chan and Rhodes (2013) found negative religious coping to lead to more psychological distress, but not necessarily to posttraumatic stress (PTS). In a study of individuals who had experienced a traumatic event, the number of times that an individual attended synagogue did not have a significant impact on PTS. This same study found that negative religious coping was related to higher PTS, which was measured by the experience of PTSD symptoms (Zukerman, Korn, & Fostick, 2017).

Pargament (1997) also describes how religious coping can have a longer-term impact on trauma survivors. Those who used positive religious coping strategies were more likely to grow spiritually and psychologically from the traumatic event than those who used negative religious coping.

Trauma and Religious Beliefs

Connor, Davidson, and Lee (2003) defined spirituality as a "belief in a power apart from one's own existence and implies a connection with a universal force transcending everyday sense-bound reality," (p. 487). In their study, they found that spirituality, and anger were each significantly associated with greater PTSD symptomology. Individuals who had less distress from their traumatic experiences were less accepting of spiritual beliefs and were also more resilient.

Considering that trauma can impact a survivor's perceived relationship with God, it is not surprising that survivors can also experience a change in their religious beliefs. In a study of adults with depressive disorders, childhood trauma was a predictive of low levels of spirituality, especially among individuals who had experienced emotional neglect as children (Song, Min, Huh, & Chae, 2016). Furthermore, Falsetti et al. (2003) found that of those who had experienced one traumatic event, 69.7% reported no change in their religious beliefs. Of those that did experience a change in their religious beliefs, 16.7% experienced a decrease in beliefs and 13.6% experienced an increase. The number of individuals who had a change in their religious beliefs was more common among those diagnosed with PTSD (48% of participants experiencing a single trauma), as well as those who experienced more than one traumatic event. For individuals who had experienced multiple traumatic events, only 42% reported no change in their religious beliefs. The researchers believe that their findings suggest that experiencing more than one traumatic event seems "less random" (p. 397) and leads to existential questions by the survivor.

Similar results were found in a study of college students by Wortmann, Park, Edmondson (2011). Their study found that that an increased exposure to trauma was correlated with a more significant struggle with spirituality, which was correlated with greater PTSD symptoms. They

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suggest, "spiritual struggle may be an important factor to consider in the cognitive and emotional responses of trauma victims, as a potential mechanism in the development and maintenance of PTSD symptoms" (p. 447).

Despite the religious change reported by trauma survivors, Cataldo (2013) suggests that all trauma survivors believe in an all-powerful entity of some sort and to some extent. Cataldo (2013) proposes that this is because the trauma caused the survivor to feel a sense of powerlessness. Cataldo (2013) also posits that the all-powerful entity can act as a place for survivors to project the blame for the traumatic event.

Interpersonal Trauma and the Church

As the literature suggests, religion can be an important part of the trauma recovery process. Trauma survivors may have questions and challenges regarding how their religion relates to their trauma, and thus may seek support from their religious community. Yet, Li, Freedman, Fernande y Garcia, and Miller (2016) found that parishioners may fear consulting clergy members regarding their trauma because of a perceived pressure to uphold a high moral standard. They may experience a deeper sense of shame when discussing these matters with clergy than they would with others. Looking at the church's response may give a sense of whether individuals are able to address their religious questions and concerns appropriately in order to experience positive religious coping.

The literature has proven to be scarce in the area of how religious institutions and religious leaders address trauma. While the researcher was able to find some information on how the Catholic Church is addressing abuse among members, the ways in which other denominations and religions have addressed issues of trauma has been difficult to find.

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Therefore, an examination of how the Catholic Church addresses trauma is necessary and relevant.

The Catholic Church has faced significant public scrutiny for its role in child abuse allegations against church leaders. Plante and McChesney (2011) report that the *New York Times* alone published front page stories covering abuse or the cover-up of abuse by Catholic Church leadership for 41 days in a row. It is no surprise then that the Pew Research Center (2019) found that 92% of US adults have heard at least "a little" about reports of sexual abuse against leaders within the Catholic Church. They also found that 48% of participants felt that sexual abuse is more common within the Catholic Church than it is within other religions. These views also appear to be impacting how individuals interact within the church. The Pew Research Center (2019) found that 27% of Catholics attend church services less often since the reports of sexual abuse have come to light.

Whether or not it is directly related to the allegations of child sexual abuse and the subsequent media pressure, the Catholic Church has made some changes. The Michigan Catholic Conference (2018a) published a press release stating, "Michigan Catholic Conference, the official public policy voice of the Catholic Church in this state, tonight is calling on the Michigan State Senate to pass components of a legislative package that seek to address child sexual abuse in society," (para. 1). The Michigan Catholic Conference (2018b) also published a list of steps that they are taking to protect children. These include clergy members meeting with victims, conducting background checks for church staff and volunteers, and employing Victim Assistance Coordinators and Safe Environment Coordinators at all diocese. The Michigan Catholic Conference (2015) also announced their support of the Vulnerable Adult Abuse Bill (House Bill 4550), which expanded the types of abusive actions against vulnerable adults that

would be considered a crime. The Catholic Church is responding on a national level as well.

The United States Conference of Catholic Bishops (2018) has enacted the *Charter for the*

Protection of Children and Young People, which addresses outreach to and pastoral care for

survivors of sexual abuse, church response to allegations of abuse, as well as actions taken to

prevent abuse in the future.

Research on what other denominations and religions are doing to address trauma

symptoms among members is significantly lacking. Detroit, Michigan-based program, We Need

to Talk raises awareness and provides information for teens and their families regarding mental

health. This program provides programming and events in synagogues, Jewish Day Schools, and

even in homes to address the mental health of teens within the Jewish community (Henoch,

2018). One study addressing mental health within the Islamic faith in Dearborn, Michigan

assessed "mosque-based emotional support" (Nguyen et al., 2013, p. 539), finding that 25% of

respondents received emotional support from other congregation members (Nguyen et al., 2013).

Religion and the church can play an important role in the way trauma survivors see the

world and their traumatic experience. What is lacking in the literature is the ways in which

churches and leaders within them work with parishioners who have experienced trauma. Due to

the importance that faith can play in the lives of trauma survivors, it is important to understand

the messages and extent of support that faith leaders and the church provide to survivors of

trauma. This study will begin to look at this gap in the research and begin to identify ways in

which the church and mental health professionals can better support individuals who have

experienced trauma.

Chapter 3: Methodology and Research Design

Purpose Statement and Research Question

From the literature, it can be surmised that many individuals have experienced some form of PTE, which may lead to distress or a diagnosable mental health disorder. The purpose of this qualitative study was to learn how churches address survivors of interpersonal trauma that are seeking support from their faith community. There is relatively little research on how Protestant institutions are addressing these needs and promoting positive religious coping within their parishes and congregations. This study aimed to determine how Protestant churches, specifically the Christian Reformed Church (CRC) in Kent and Ottawa Counties in Michigan, have responded to parishioners who have religious needs surrounding an experience of interpersonal trauma.

For this study, the researcher interviewed clergy members regarding their church's approach to parishioners who have experienced interpersonal trauma and are seeking religious support. For the purposes of this study, interpersonal trauma includes physical, emotional, or sexual abuse experienced as a child or adult, childhood neglect, and/or witnessing violence as an adult or a child. This study addressed three research questions:

A. What are clergy members and their respective churches doing to address the needs of survivors of interpersonal trauma who are looking for religious support?

B. How do churches evaluate the effectiveness of their support programs?

C. What programs and resources are available within the church to survivors of interpersonal trauma and how are they promoted among members of the congregation?

Research Design

The researcher conducted a qualitative study using cross-sectional and case study methods. This study falls within the category of a cross-sectional because it looks at how churches address parishioners who have experienced interposal trauma at one specific point in time. The attitudes and responses to interpersonal trauma were not examined at different points in time and, as was discussed by several participants of this study, public views and attitudes toward mental health, specifically within the church, have changed over the years. This study is also considered to be a case study because it looks at how churches within the CRC denomination address interpersonal trauma among their parishioners. Data from numerous churches were compared to identify themes and differences between different churches within the same denomination in a small geographical area.

Personal, structured interviews were conducted with clergy using the predetermined interview questions as a guide (see Appendix A). In some instances, clarifying follow up questions such as "tell me more about that" were asked to learn more about a topic introduced by the participant. As previously stated, the goal of this study was to learn how parishioners' spiritual needs following an interpersonal trauma are addressed within the church. To this end, a set of interview questions were developed based upon the literature and research questions (see Appendix A).

Several studies (Cheung et al. 2015; Ellison, Shepherd, Krause, & Chaves, 2009) found that larger churches limit social connections among members. Cheung et al. (2015) clarify that in their study, large churches consisted of over 2,000 attendants at weekly services. While these larger churches have greater resources to provide additional programs and services to fit the specific needs of their parishioners, Ellison et al. (2009) found that these additional social and

"special purpose" groups do not make up for the limited social connections experienced within a large church.

In their study, Cheung et al. (2015) broke down church size by weekly attendees. The church size attendance categories used in this study were 200 or fewer, 201-500, 501-1,000 and over 1,000 attendees at weekly services. This is the same breakdown that was used in the current study. After a review of information found on the Christian Reformed Church in North America (CRCNA) website (2020a), it was found that most of the churches within Kent and Ottawa counties fall either within the 200 or fewer category (45.1%) or the 201-500 category (37.3%). As Cheung et al. (2015) concluded in their study, larger congregations limit bonding among members, yet smaller churches promote more "positive religious attitudes and behaviors" (p. 81). In order to balance between these factors, and limited programming that may come from the inherent limited resources of smaller churches, the researcher in this study focused on churches that reported between 201-500 average weekly attendance on the CRCNA website.

Research Question A:

What are clergy members and their respective churches doing to address the needs of survivors of interpersonal trauma who are looking for religious support?

In order to determine how clergy and churches respond to and care for parishioners that are seeking religious support, the interviewer asked questions regarding the ways in which clergy respond in these situations and what interventions they provide (see questions 3 and 4 in Appendix A). The researcher also inquired as to what types of training, if any, clergy members attend relating to trauma (see question 5 in Appendix A). As was highlighted within the literature review, Pargament (1997) explores that during times of stress, individuals are more likely to seek out support and help from clergy than from any other profession. This alludes to

the importance of the response within the church to disclosures of trauma, and their understanding of a trauma-informed approach.

As was examined in the literature review, trauma can increase or decrease religious beliefs (Falsetti et al., 2003), and can elicit a struggle with one's spirituality (Wortmann et al., 2011). Thus, the researcher of this study asked clergy members how they respond differently to parishioners based on their experience with God and their religion within the context of the trauma (see question 7 in Appendix A).

Research Question B

How do churches evaluate the effectiveness of their support programs?

In order to evaluate the effectiveness of a program, it is important to understand the goals that the program is trying to accomplish. To get an idea of this, the researcher asked clergy what they perceive parishioners are looking for in seeking religious support about interpersonal trauma, as well as whether they feel that parishioners' expectations are realistic (see questions 2 and 6 in Appendix A). The researcher then addressed the question directly of how the effectiveness of the programs and interventions or responses are evaluated by the church (see question 8 in Appendix A).

Research Question C:

What programs and resources are available within the church to survivors of interpersonal trauma and how are they promoted among members of the congregation?

In order to utilize programs offered by the church, people must know that they exist. Thus, the researcher not only asked what programs are offered for individuals who have

experienced interpersonal trauma (see question 4 in Appendix A), but also how parishioners are made aware of these programs (see question 1 in Appendix A).

The researcher also asked clergy whether there is any other relevant information that they would like to provide that the researcher did not think to ask (see question 9 in Appendix A).

Methods

Christian Reformed is one of the most practiced religions in West Michigan and Kent and Ottawa counties have the most CRCs in the state, with a combined total of 147 churches (Association of Religion Data Archives, 2010a, 2010b). Kent County has more CRCs than any other denomination with 80 churches (14% of the churches in the county) and Christian Reformed has the third highest membership of all denominations in the county with 43,152 members (13% of adherents in the county) (Association of Religion Data Archives, 2010b). The Michigan county with the second highest CRC membership is Ottawa County. With more churches than any other denomination, there are 67 CRCs (13% of the churches in the county) and more individuals identifying as Christian Reformed members than any other denomination with 33,697 members (24% of adherents in the county) (Association of Religion Data Archives, 2010a).

In addition to the Association of Religion Data Archives, CRCNA reports indicate that West Michigan and the surrounding areas are home to the greatest number of CRC members in the country. Every CRC within North America falls within one of 12 geographic regions as designated by CRCNA. Churches in Kent and Ottawa Counties in Michigan fall into either region ten or region 11 (CRCNA, 2020b). Each of these two regions, though quite geographically small (CRCNA, n.d.), contain more individual CRC members than any other region in North America (CRCNA, 2020c). According to the CRCNA allocation of churches,

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region 10 is home to 23,426 CRC members, while region 11 is home to 24,089 CRC members (CRCNA, 2020c).

Participants.

CRCs in Kent and Ottawa Counties in Michigan were identified through the CRCNA website, www.crcna.org (2020a). This website shows a variety of information for all churches within the denomination in North America, including but not limited to contact information, clergy employed at the church, average weekly attendance, and membership. To begin, a search was done for all CRCs in each city individual that fell within Kent and Ottawa Counties in Michigan. The churches that reported between 201 and 500 weekly attendants and were English-speaking were recorded by the researcher along with contact information and names of clergy at the church. The initial list of qualifying churches included a total of 52 CRCs. One church was later added as a snowball sample. Of the qualifying churches, 14 (26%) agreed to participate and were interviewed, ten (19%) declined to participate, and the remaining 29 (55%) did not respond to the researcher's request for participation (see Appendix B). It is important here to note that the responses obtained and thus conclusions drawn in this study are based on the sample that was willing to participate and engage in the study.

The demographic questionnaire was completed by participating pastors and allowed them to self-identify demographic information about themselves and the churches that they represented. Through analysis of this questionnaire, the researcher was able to identify a variety of details about participating churches. There was an even distribution of churches between Kent and Ottawa Counties in Michigan, with seven (50%) churches represented in each county. No churches with 200 or fewer weekly attendants were interviewed. There were seven churches (50%) that reported between 201 and 300 weekly attendants, three churches (21%) that reported

between 301 and 400 weekly attendants, one church (7%) that reported between 401 and 500 weekly attendants, and three churches (21%) that reported above 500 weekly attendants. All three of the participants that reported weekly attendance above 500 on the demographic questionnaire represented churches that reported between 201 and 500 weekly attendants on the CRCNA website and thus initially qualified for the study. These pastors were asked additional questions during their interviews to clarify the size of the church. One church, when asked for additional information, reported that when taking into consideration an average number of weekly attendants throughout the entire year, they were likely to report 500 attendants at weekly services. Another pastor reported about 550 weekly attendants, and the third reported about 700 weekly attendants.

Of the pastors interviewed, 12 of them (86%) identified as males and two of them (14%) identified as females. All participants identified their race or ethnicity as white (100%). Between the 14 participants, they held a number of titles including six identifying their title as Pastor or Minister (43%), three as Senior Pastor or Lead Pastor (21%), three as Pastor or Director of Congregational Life or Congregational Care and Support (21%), and two as Co-Pastor (14%).

Procedures.

The researcher submitted a proposal for the current study to the Institutional Review Board (IRB) through Grand Valley State University for approval prior to beginning the research. The proposal was reviewed and approved by the IRB and provided protocol number 20-125-H. Once approval was obtained, the researcher began reaching out to churches that met the criteria according to the CRCNA website.

The churches that qualified for the study based on location and approximate attendance were contacted by the researcher via email to request participation (see Appendix C). The

appropriate staff to contact for each individual church was determined on a case-by-case basis, with the preferred contact being the lead pastor at the church. When two lead clergy were listed, the researcher reached out to both contacts. In cases where direct contact information for the lead pastor (or pastors) was unavailable on both the CRCNA website and the church's website, the researcher reached out to the general email address found on the CRCNA website.

The researcher requested that participating clergy have experience working with parishioners who were seeking religious support for an interpersonal trauma as defined for this study. Follow up phone calls were placed to all churches that did not respond to the initial email (see Appendix B). In most cases, the main phone number listed on the church's website was used to contact churches by phone. When a direct church number or extension was provided on the church's website for the lead pastor, this number was used instead. In several instances, the researcher was directed from church personnel or an automated answering service to reach out to a pastor's personal cellular phone directly, and the researcher did so in those circumstances. Voicemails were left directly for the lead pastor when available. In some instances, this was not an option, and in those cases, the researcher left either a personal message with another employee of the church or a voicemail in the general voicemail box. Of the 53 churches, 14 agreed to participate (see Appendix B).

When a church agreed to participate, a date for the interview was set and the research questions (see Appendix A), informed consent document (see Appendix D), and demographic questionnaire (see Appendix E) were emailed to the participant. The demographic questionnaire was completed by participants prior to beginning each interview. This was either emailed to the researcher prior to the meeting or was completed at the interview before the researcher began conducting the interview.

In addition to receiving an email copy of the informed consent document, each participant that the research met with in person was provided a printed copy of the informed consent document. Some participants were interviewed over the phone due to the shelter-in-place order that was issued in the state of Michigan during the COVID-19 pandemic. These individuals were reminded to review the informed consent document that was sent to them via email. All participants were given a verbal overview of the informed consent document during the interview and were given the opportunity to ask any questions that they had regarding the content of the document. Participants verbally agreed to the informed consent document.

Data collection and analysis.

Information for this study was obtained from personal interviews and demographic questionnaires that were completed by participants. Qualifying church information including church names, pastor names, contact information, and pseudonym to be used for the study were kept in an excel document that was saved on the researcher's personal, password-protected computer. This information was kept for the researcher's purposes to coordinate meetings and organize data. This document was kept separate from all other research documents and was deleted upon completion of the data analysis.

Interviews with clergy members lasted between 20 and 60 minutes and took place in person as often as possible with 11 of the 14 meetings taking place at the church represented by the pastor. Three interviews were conducted during the shelter-in-place order and could not be conducted in person. In these three cases, the researcher attempted to conduct the interview via Skype. Due to technology limitations of the participants, one interview took place over the phone, and two took place via FaceTime as Skype was unavailable or was not working properly

for the participants. All three of these meetings were audio recorded in the same manner as the in-person interviews.

All interviews were audio recorded and saved on the researcher's personal, password-protected computer. A backup recording was taken on a recording device belonging to Dr. Cray Mulder, which is housed in the Grand Valley State University School of Social Work office. The interviewer took notes during all interviews, recording important points and non-verbal communication. These notes are not identifiable and are saved in the researcher's personal, password-protected Dropbox account. All completed demographic questionnaires were scanned to the researcher's personal computer and filed in the researcher's personal, password-protected Dropbox account. The demographic questionnaire does not request any identifying information, however, some participants included identifying information while completing the form. In those cases, the identifying information was redacted before the document was scanned. All original hard copies of the demographic questionnaires were shredded once they were de-identified, scanned, and saved digitally.

Participating clergy members were asked about how they and their church address the religious care needs of parishioners who have experienced interpersonal trauma (see Appendix A). The researcher began each interview by providing education to the participating clergy member regarding the definition of a traumatic stressor, the types of events that can be considered traumatic, and how interpersonal trauma is defined as the focus of this study (see Appendix A).

Upon completion of each interview, the researcher transcribed the recording, redacting any identifiable information provided verbally through the course of the interview. Filler words, such as "umm", "you know", and "like" were also removed when transcribing the interviews.

Once the transcription of an individual interview was complete, all audio recordings of that interview were deleted immediately from all devices. The transcribed, unidentified interviews are saved on the researcher's personal, password-protected Dropbox account.

Once all the transcripts were completed, the researcher began the process of coding themes. The researcher began the coding process by recalling themes that stood out to them from conducting the interviews. These themes were coded by hand on the printed transcripts. Additional themes relating to the research questions were also identified throughout the coding process. These were documented as the researcher read through the transcripts and were later coded. The researcher coded two to three similar themes at one time, re-reading through each transcript with each new set of identified themes (See Appendix F). In analyzing the coded data, the researcher first focused on each research question.

Confidentiality was of the utmost importance throughout this study. Participating church representatives were reminded in the informed consent document to keep the confidentiality of the trauma survivors by withholding names and identifying information during the interview. Any information provided during the interview that identified the church, the interviewee, or any church employees or parishioners was redacted during the transcription of the interview. The interviewer followed and will continue to follow the National Association of Social Workers (NASW) (2017) Code of Ethics as it pertains to confidentiality and other ethical standards.

Chapter 4: Findings

As previously stated, themes were first identified by addressing the research questions. Additional themes were identified that, although they did not directly answer the research questions are worth addressing. These will be analyzed throughout the findings as well.

Research Question A:

What are clergy members and their respective churches doing to address the needs of survivors of interpersonal trauma who are looking for religious support?

The role of a pastor.

One theme that emerged throughout the research was whether the pastor can or should also act as a counselor. Half of the participants (n=7) specifically stated in some way that they are trained to be a pastor and that their role is not to be a counselor. In this discussion, pastors that did not identify as counselors also reported that they are upfront with parishioners about this, either outlining what they can do to help them, or quickly making referrals to counselors that can meet the parishioner's mental health needs. Two pastors (n=2) that identified in this way reflected back to their seminary training, which taught them, as one pastor stated, "you're not a counselor, don't be a counselor. That's said over and over through seminary." (Pastor F, personal communication, 2020). Another participant expressed concern over being a pastor and a counselor. He stated, "I'm not trained to deal with that, and we don't have the kind of relationship that allows for that. We have a dual relationship. We're friends, and I'm your pastor, and you need somebody who's just your counselor," (Pastor A, personal communication, 2020).

On the other hand, there were three pastors (n=3) who stated that they can and do address counseling needs with their parishioners. These pastors held additional trainings or degrees in

counseling. In fact, one pastor is one of several certified counselors on staff at their church, where they have a licensed in-house counseling center. While these pastors can and do provide counseling for their parishioners, they also all mentioned the need to make referrals to outside sources for mental health needs that are outside their areas of expertise.

Normalizing experiences.

Many pastors (n=8) spoke about the importance of normalizing the experiences of interpersonal trauma survivors. Examples given by participants included stories from the Bible of people who were questioning their faith or had similar experiences. Pastor A read an excerpt from 1 Timothy 1:12-17 in which he interjected some of their own thoughts. They started by explaining to me that this passage or specific excerpt from the Bible is a letter written by Timothy in which he reflects on some of the horrible things that he has done. Pastor A states:

> "Though I was once a blasphemer, a persecutor, and a violent man, now if you pause
> there and go, those are words with baggage. I'll say, do you have words that you tell
> yourself with baggage, and they go yeah. The names you call yourself all the time,
> earned or otherwise, this guy earned them" (Pastor A, personal communication, 2020).

This passage as described by Pastor A was applied in such a way that the pastor could normalize a parishioner's feelings of guilt and unkind things that they say to themselves. Pastor A finishes this explanation, "it's a story of how good God is for forgiving that guy, and I don't actually feel guilty because I'm not that guy anymore." They go on, "I find that verse to be really powerful for people who are struggling with the guilt associated with having participated in the trauma, because frequently they have," (Pastor A, personal communication, 2020). Pastor L has used Bible passages to normalize doubts in God that parishioners may express.

"I take them to the Psalms, or I take them to the book of Job, and I demonstrate to them, you know there are others who have walked before you who have had severe doubts. And doubting doesn't mean that you are a bad person or that your faith is suspect. In fact, doubting is part of a normal faith life," (Pastor L, personal communication, 2020).

Some pastors (n=5) spoke of normalizing trauma symptoms or letting parishioners know that others in the church have experienced similar traumatic events. These pastors explained that, with the proper permissions, they will even go so far as to connect parishioners with others in the congregation who have similar trauma narratives. Pastor H (personal communication, 2020) states, "I've been increasingly connecting people that I know about in the congregation who have a similar narrative." They explain, "it doesn't turn into a support group, but it turns into a support relationship."

One pastor gave an example of a simple act of normalization that they utilize often. They said, "I'll just go, man, it sounds like you're really angry right now, I would be too," (Pastor A, personal communication, 2020).

This simple act of normalization, as Pastor H (personal communication, 2020) commented, can provide a sense of relief and comfort. This can be especially true within the church community. According to two pastors (n=2), individuals may feel as though no one else in the congregation has experienced what they have because, as Pastor A (personal communication, 2020) states, "usually in a church setting, they're afraid of being the odd man out…you're supposed to pretend to know everything around here". Additionally, the church community can be judgmental, according to Pastor L (personal communication, 2020). And so, in their opinion, creating a space in which parishioners can feel as though they are not being judged is an important aspect.

Listening to and being present with parishioners.

Almost every pastor (n=13) talked about the importance of being someone who will listen; a quiet presence in the lives of the survivor. Many participants acknowledged that many times, parishioners come to them just looking for someone to listen to them. One pastor explained that they always want to, "allow them to be given a voice, because often what happens in interpersonal trauma is their voice is robbed from them," (Pastor K, personal communication, 2020). Some pastors also described, "walking them through their journey of healing," (Pastor K, personal communication, 2020), and "just sitting in their mud puddle and asking what it is like to be you" (Pastor A, personal communication, 2020).

Applying scripture.

Every pastor (n=14) that I spoke with discussed scripture. The term scripture as it is utilized throughout the findings and analysis of this study refers to text from the Bible. We even explored some specific examples of Bible passages that participants have applied to various situations. Additionally, six (n=6) pastors spoke of the crucifixion and Jesus' suffering. Some explained the resurrection of Christ as a means of providing hope and meaning to survivors in a time of pain and grief. Pastor I (personal communication, 2020) discusses Jesus' suffering:

"None of us would choose the suffering that we went through, but he voluntarily went through this and he did that so that we could be free of suffering, and have life beyond it and to get us full life that's eternal, not just the temporary life…So, giving us hope, future, purpose, meaning."

Some pastors brought up passages that they might bring out to provide parishioners with examples of God's plan for their life. One pastor discussed an example of Jacob "wrestling with God through the night" (Pastor H, personal communication, 2020) to address concerns of

parishioners who are struggling with their faith. Another pastor read through 1 Timothy 1:12-17, which was examined previously, as an example of how they might work with an individual who was placing blame on themselves for their role in an interpersonal trauma.

Yet, some pastors specified that they are cautious when applying scripture. Several participants expressed concern of applying scripture like a "Band-Aid" (Pastor F, personal communication, 2020). It appears that this is avoided by pastors sharing scripture that they feel called to share based on an individual's personal experiences.

One pastor explained that scripture, if applied improperly, may cause additional damage, "you always have to be very delicate because trauma can be so detrimental to a person's spiritual walk. And you don't want to minimize that by just, by speaking scripture and not applying it appropriately," (Pastor K, personal communication, 2020).   One example of this was given by a pastor as they were discussing psychological damage done to a parishioner by a pastor at a different church. They stated, "you can take a text and you can make it seem to apply in a whole lot of different ways if you're pretty good at it," (Pastor E, personal communication, 2020). They go on to explain, "a lot of the work is just undoing. The tool that they use is the exact tool that I'm going to use to try and help comfort and bring healing," (Pastor E, personal communication, 2020).

Messages in sermons.

Some of the scripture that is shared with parishioners within the context of their interpersonal trauma may also make its way into weekly sermons, as was reflected by several of the participants of this study. Two pastors (n=2) spoke about preaching on themes that may specifically speak to parishioners who have experienced interpersonal trauma. They gave examples of preaching scripture relating to anxiety, depression, healing, and conviction, topics

that they specifically named that may speak to parishioners with this type of trauma in their lives.

Pastor N explained, "I say, praise God. God's word is speaking to them, comforting them," and

"you say, wow, there's God. And that's how they make progress, because it's actually changing,

it's transforming their life through renewing of their minds," (Pastor N, personal communication,

2020).

One pastor spoke of sermons prompting parishioners to come to him, saying, "how did

the pastor know," and "that's me, that's my life and I just need help," (Pastor N, personal

communication, 2020). In fact, another pastor specifically calls his congregants during these

sermons to come to him if they would like to talk, also taking this time express that while the

pastor is not a psychologist, "if you're going through this kind of trauma, this kind of abuse, we

are here for you and we want to talk," (Pastor A, personal communication, 2020).

Misunderstandings of the gospel.

Another aspect of preaching or applying scripture comes in the form of pastors looking

for parishioners who may be misunderstanding the meaning of the gospel in their situation.

Pastor A provided several ways in which he may look for misunderstanding of the gospel among

parishioners who have experienced interpersonal trauma. This pastor explained that "sometimes

[parishioners will] project their abuser onto God" (Pastor A, personal communication, 2020).

Additionally, survivors may feel that God cannot love them because of something they have

done or something that has happened. Pastor N described parishioners who may justify their

actions by applying the gospel inappropriately and the clergy's responsibility to "make sure we

are saying what God's word says so we don't give them a license to do something they know is

not right," (Pastor N, personal communication, 2020). Both Pastors I and F (personal

communication, 2020) recognized that sometimes parishioners will find comfort in passages or

stories from the Bible taken out of context, or as Pastor F (personal communication, 2020) said, "sometimes they're finding strength in things that are a little trite."

There was also discussion in many cases about whether to correct survivors' misunderstandings of the gospel, and in which circumstances it would be appropriate to do so. Pastor A (personal communication, 2020) described helping parishioners to better understand God's word, and in some instances, allowing the individual to "play it out and figure it out for themselves." Both Pastors I and F (personal communication, 2020) recognize that during the midst of a trauma is not an appropriate time to correct their views and understanding of the Bible if they are using it in a way that they are finding support or strength.   Pastor E (personal communication, 2020) tied this understanding of God in a way that applies some sort of meaning in their time of despair by describing his role as involving "meaning making in terms of tying it to their faith and their understanding of God."

Providing meaning and hope.

Pastor E was not the only participant to recognize the importance of providing meaning and hope to parishioners who have experienced an interpersonal trauma. Pastor C (personal communication, 2020) stated, "Clergy ought to always give hope." The importance of providing hope was recognized as well by Pastors N, I, and E in their interviews. Pastor I (personal communication, 2020) expanded on the idea of providing hope to include providing some meaning to their experience as well. As they explain, bringing

> "meaning to suffering is something that's important because I think, worse than the suffering itself, is the meaninglessness that can come with it. And so, to even just reassure people that there's a bigger plan in place here, that God hasn't forgotten about you."

Yet, there appears to be some contradiction when it comes to providing meaning for traumatic events. Pastors E and I specifically discussed providing meaning, yet Pastor E (personal communication, 2020) also stated that he is careful not to "attribute meaning to [trauma] that I don't actually know the meaning of." As was addressed earlier, several pastors admitted that they do not know why God allows people to experience trauma. As Pastor B (personal communication, 2020) says, "I don't presume to know why anything happens."

Perhaps the idea that God has a plan, as described by Pastor I (personal communication, 2020), is enough to provide meaning to the event, even if it is unclear what that meaning is at this time. Pastor K (personal communication, 2020) explains, "God doesn't promise us all the answers on this side of glory." They go on to ask, "Can we rest in the fact that you're God, I'm not. You're in control, I'm not?... We can because God's character of being good, and loving, and sovereign."

Prayer.

Another theme among a majority of participants (n=9) was the importance of prayer. Interviews highlighted the importance of prayer for survivors of interpersonal trauma within the CRC. All participants that addressed prayer during their interview stated that they pray with parishioners who come to them for religious support, and two (n=2) specifically mentioned keeping parishioners in their ongoing prayers. Pastor J (personal communication, 2020) highlighted the importance of prayer in explaining, "Prayer is something that is pretty cliché in our society, but it's actually very powerful too." Pastor D (personal communication, 2020) agreed with their sentiment, "I hate the saying, all we can do is pray, because that should be the first thing that we do and that really discredits, discounts prayer."

Other ways of addressing prayer among parishioners included prayer requests organized among the elders, other congregants, and prayer groups. Organized prayer programming was mentioned by three (n=3) of the participants. Pastor N (personal communication, 2020) prayed to God for empathy in working with survivors. Pastor A (personal communication, 2020) spent time at the end of their interview offering a prayer for this research to be helpful and to touch lives. "See?", they said in a lighthearted manner, "No one gets out of my office without praying."

Pastor D (personal communication, 2020) takes quite a unique approach to prayer in their pastorate, compared to those of other participants. This pastor is trained in and follows the healing prayer model, offering healing prayer appointments to parishioners. Pastor D described these prayer appointments, starting by explaining that every appointment is different and that every person experiences it in their own way. Sometimes the session will bring forth the need for forgiveness or a better understanding of Jesus. Pastor D explained that the appointment is led by the holy spirit, who will send pictures to the participant. The pastor and leader of the appointment will explore these pictures with the participant by asking non-leading questions, such as, "What are you hearing? What are you thinking? What are you seeing?" Healing prayer appointments include talking, prayer, and reading scripture as led by the holy spirit.

Views on questioning or finding strength in God.

A pastor's views regarding parishioners who are questioning their faith in the face of trauma, versus those who are finding strength in it, can provide some insight into the support that survivors receive from their clergy. Several themes were found from each perspective. One thing to bear in mind as Pastor B (personal communication, 2020) pointed out, is that oftentimes parishioners fall somewhere on a spectrum between questioning their faith and relying on it.

Questioning faith.

Nearly half of the participants addressed their views that it is okay for people to question or doubt their faith in times of distress. As Pastor H (personal communication, 2020) explained, "faith is about struggle and it's about growing." In fact, Pastor H stated that he preferred individuals who are struggling with their faith, "I enjoy getting down and dirty with wrestling with the hard stuff with folks." Several pastors (n=4) normalized the doubt and questioning of God through examples from the Bible, and their own personal experiences. Some of these examples were provided during the examination of participants normalizing experiences for their parishioners. Pastor A (personal communication, 2020) explained, "my story of being a Christian starts out with [how] I almost threw all of this away too." He encourages parishioners by explaining, "you don't have to be afraid of it." Three pastors (n=3) that embrace questions of God even recognized that questioning or doubting faith can result in the parishioner experiencing a stronger faith on the other side of healing. "The maturation of their faith is going through doubt," (Pastor L, personal communication, 2020).

On the other hand, not all participants were so quick to accept parishioners questioning their faith. Pastor J (personal communication, 2020), while recognizing that questioning faith is not necessarily negative, also pointed out that it could mean that "they have an incredibly superficial faith to begin with and this is only shining the light on it." In their view, this could very well indicate that in times of stress, these survivors will simply abandon their faith. Pastor N (personal communication, 2020) also did not outright condemn those who are questioning God, stating that it is "understandable". However, he stated:

"if we question it in the sense where we bring God into our courtroom and we're the judge and we say, God you did wrong, then we've crossed a line. Because God is all-knowing and he's all-powerful and he's our creator."

Pastor N ends their thought by saying, "God never does things wrong".

Strengthening of faith.

It was relatively common among participants to encourage parishioners who were finding strength in their faith amid a traumatic experience. In fact, seven (n=7) specifically mentioned encouraging or celebrating parishioners who were able to naturally find this strength in their faith. Yet a number of participants that recognized that this might not always be a healthy way of dealing with their trauma. Five pastors (n=5) expressed some concerns that they have when parishioners cling to their faith perhaps a bit too much. Two pastors (n=2) explained that they look out for parishioners who are clinging to their faith to avoid dealing with the trauma. Two pastors (n=2) were apprehensive of the people who "have it figured out," (Pastor H, personal communication, 2020). In parishioners who are finding strength in their faith during times of stress and strife, three pastors (n=3) described that these are times when they are weary of those who are expressing misunderstandings of the Bible or God's word. We examined some themes relating to misunderstandings of the gospel previously, which is similar to Pastor I's (personal communication, 2020) analysis that some people

"cling to a promise of hope that they feel comes to them from scripture that everything's going to work out the way they want it to. And that's not what the Bible's trying to say, right? But because they're in the midst of a traumatic moment, you can't say that."

Pastor E (personal communication, 2020) also provided an example of a misunderstanding of faith when parishioners say, "I'll just believe stronger and I'll get through

this," which, he explains, is not a healthy way of coping. Both Pastors A and E also look out for general misunderstandings of God in this time. "I still want them to see and understand where God is in this, that it wasn't just a blind spot," (Pastor E, personal communication, 2020).

Training and education.

Education and training are additional areas that may impact the support trauma survivors receive when approaching clergy. During the course of the interviews, the researcher asked participants about the types of training that clergy at their church go through in order to address the spiritual needs of parishioners who have experienced interpersonal trauma.

More than half (n=8) of the churches had clergy that identified some sort of Social Work or Psychology background. This ranged from training in Family Systems Theory, to an undergraduate minor in Psychology, to a Master in Marriage and Family Therapy and Counseling, to a PhD in Psychology, Education, and Leadership. Aside from this, the degree that is generally required for ordained pastors is a Master of Divinity (Pastor K, personal communication, 2020), which is obtained through seminary. Some participants (n=9) spoke about seminary and the types of training that it provided regarding trauma. There were varied opinions on the extent and effectiveness of pastoral care classes in seminary addressing trauma. While one pastor (n=1) felt as though their training in seminary left them well prepared to address parishioners struggling with trauma, others (n=5) felt as though training regarding trauma in seminary was quite basic. As Pastor J (personal communication, 2020) expressed, "it's not much of the Master of Divinity curriculum at all." It is difficult to assess at this point whether this difference is opinion is due to variances in how the topic is approached by different seminary schools or different professors, or whether it has more to do with the individual opinion of the extent of the training by the pastor themselves. One thing that three participants (n=3)

highlighted in their interviews was that seminary taught them to understand the scope of their training and not to try to be a therapist or counselor, a theme that we explored in more detail earlier.

Other training mentioned included two participants (n=2) who had been trained as Stephen Ministers. Stephen Ministry is a program that can be implemented in churches to match individuals who are struggling with trained laypeople, known as Stephen Ministers. These trained individuals will walk alongside and care for their fellow congregants who are struggling (Stephen Ministry, n.d.). One pastor (n=1) as described earlier, had been trained in healing prayer and holds healing prayer appointments for parishioners who have been through interpersonal trauma, among others who are going through a hard time.

Four pastors (n=4) also identified training to include independent reading and studying of interpersonal trauma. Four pastors (n=4) also spoke about seminars they attended to learn more about dealing with the topic. Both of these learning opportunities, it was explained to the researcher, were up to the discretion of the pastor and what they felt necessary or called to do. Three of the pastors (n=3) who spoke about seminars admitted that various organizations will offer trainings, seminars, and webinars on the topic of trauma, but that they had only taken advantage of one or two of those opportunities in their time as a pastor. Pastor N (personal communication, 2020) recognized the need for additional continuing education on the topic of trauma for pastors.

Another area of training that was mentioned by some (n=6) participants was training that promoted the physical safety of congregants. Two (n=2) of the participating churches are certified with Safe Haven Ministries. Safe Haven Ministries is a faith-based organization that offers prevention programs and intervention services for cases of domestic violence. The Safe

Haven Ministries church certification program trains interested churches on issues surrounding domestic violence and faith. It also assists them to develop a policy for handling cases of domestic violence within their congregation (Safe Haven Ministries, 2019). While two churches (n=2) are certified Safe Haven Churches, one participant (n=1) in this study recognized the need for such a training was planning to implement this in their church during the time of their interview. Another type of training regarding safety of parishioners is child abuse prevention training discussed by five participants (n=5) in this study. Participants that discussed such a policy explained that child protection training is required by all staff and volunteers within their church that work with children in the congregation. The child protection training at these churches, it was explained, is provided at regular intervals.

Ensuring safety and involving authorities.

In addition to the Safe Haven Ministries training, four churches (n=4) recognized the importance of asking or assessing whether parishioners are safe. In cases of domestic violence, five churches (n=5) informed the researcher that they will make referrals to or have a relationship with Safe Haven Ministries or other organizations that provide support and emergency shelter for survivors of domestic violence. One participant (n=1) also stated that their church puts fliers in the bathrooms to provide information on domestic violence resources. Some churches (n=4) also explained how they might help parishioners in domestic violence situations to find a safe place to stay. These options included the church covering the cost of a couple of nights in a hotel, the pastor helping the individual to come up with a plan to stay with friends, and financial help from other congregants to get the survivor into their own apartment. One pastor (n=1) even discussed that they had a parishioner stay with them in order to get them to safe shelter.

In some cases, participants (n=5) discussed times where they recognized that additional authorities needed to be involved. They discussed instances in which they felt obligated to call the police or escort a parishioner to the emergency room for mental health concerns. One participating church (n=1) even employs a "Crisis Management Security Team" (Pastor L, personal communication, 2020) consisting of police officers and other church members. This team was born out of the church's need to protect a high-profile congregant; however, the team is available to address other situations as well. Four pastors (n=4) also discussed their role as a mandated reporter in the state of Michigan. Mandated reporters are individuals in certain professions that are required by law to report suspected cases of child abuse or neglect (Michigan Department of Health and Human Services, 2020a). Mandated reporters in the state of Michigan include school employees, mental health professionals, doctors, and clergy among others (Michigan Department of Health and Human Services, 2020b)

In addition to being mandated reporters, five participants (n=5) also described child protection policies that they have in place. These policies included training for staff and volunteers who work with children, teaching children about body safety, prohibiting staff or volunteers from ever being alone with a child, and background checks for staff and volunteers. Oftentimes, these child protection policies are part of the church's greater Safe Church Policy.

In order to better understand the Safe Church Policy, it is essential to explain the organization of the CRCNA. CRCs throughout North America are split up into groups by geographic location. A group of churches within a region is known as a classis (Christian Reformed Church, 2020b). The Safe Church Ministry within the CRCNA (2020d) is a program that educates churches and pastors in "abuse awareness, prevention, and response," (para. 1). Each classis within the CRC is encouraged to implement a Safe Church Team, which provides

that education to churches within their classis, includes an Advisory Panel Process for allegations of abuse against church leaders, and assists churches in providing support for abuse survivors (CRCNA, 2020e). The Advisory Panel Process is a way for CRCs to address allegations of abuse against church leaders (Christian Reformed Church Safe Church Ministry, 2012). While the CRC does advise clergy to involve local authorities as necessary in cases of abuse (Christian Reformed Church Safe Church Ministry, n.d.), the Advisory Panel Process is designed to supplement other policies and respond appropriately to allegations of abuse against church leaders within the church itself (Christian Reformed Church Safe Church Ministry, 2012). During interviews, nine of the 14 pastors (n=9) discussed the Safe Church Policy, the Safe Church Team, and/or their Child Protection Policy.

Another area of concern identified by two of the participants (n=2) was ensuring a safe environment within the pastor's office during one-on-one meetings. Whether the office blinds or door were open or closed were considered, and one pastor (n=1) explained their church's policy that they will only meet with parishioners of the office in their office if additional employees are in the building. Participants explained these policies as being set up to make parishioners feel safe, but also to protect the pastors themselves. Similarly, six participants (n=6) discussed the importance of the church being a safe place for parishioners both physically and emotionally.

Relationships

Aside from the spiritual insight and physical safety addressed by pastors and churches, many participants also recognized the importance of relationships and human connection. Pastor J (personal communication, 2020) explains:

"I think the best tool that the church has to deal with trauma is presence; and so, getting

people that you trust to be alongside you, because at some point, the rug is going to be

pulled out from under you."

The research exhibited various ways in which pastors and churches encourage

relationships within their congregations. Five pastors (n=5) shared that they often make strategic

and purposeful connections between parishioners who come to them for support for an

interpersonal trauma and other congregants who have gone through similar experiences. These

connections are made only with proper permissions from both parties. This was examined when

discussing pastors normalizing experiences of their parishioners. Pastor M (personal

communication, 2020) expands on this:

"many of the people that we see that are affected by trauma…they need

friendships….They're ostracized, many of them and feel very much alone…So, we try to

connect them with those in our congregation who are more than willing to just befriend

them, to walk with them, connect with them, support them, pray with them."

Other pastors described encouraging connections through involving parents or family

members in the healing process when the parishioner has given permission. Four participants

(n=4) described how their churches utilize the Elder and Deacon roles as creating connections

within the congregation. The individuals in these positions are responsible for knowing what is

going on in the lives of parishioners, who is struggling, and ensuring they get the help that they

need. Two participants (n=2) spoke of having structured districts within the church with deacons

or elders assigned to the families in those districts. Bible study was another theme among some

of the churches, with one pastor (n=1) even describing a Bible study that the church had held

specifically for survivors. Pastor H (personal communication, 2020) said about a Bible study in

which they were discussing potential instances of sexual abuse in the Bible, "I marvel at what we can talk about in unscripted ways."

Additionally, three churches (n=3) listed involvement that they have in external organizations that aim to build connections within their congregations and the community. One church (n=1) was actively involved in Stephen Ministry, and two (n=2) mentioned their involvement in the Kids Hope program. Kids Hope USA is a mentorship program that matches volunteers from a church to students at local schools. One volunteer will meet with one student for one hour, fostering individual connections (Kids Hope USA, 2017).

While only three participants (n=3) specifically discussed the relationship between the pastor and the parishioner who has come for support, this is the main theme detected throughout every interview. Whether pastors are listening, walking with parishioners through their healing journey, checking in on those that they know are struggling, applying scripture to individual situations, praying with parishioners, or any of the variety of supports that were named in answer to this research question, pastors are part of building connection and providing relationship with survivors of faith within their parish.

Research Question B:

How do churches evaluate the effectiveness of their support programs?

The answer to this research question is much less complex than the previous.

Unrealistic expectations of parishioners.

One aspect that may lend to challenges in measuring success of supports provided by the church to survivors of trauma is the expectations that parishioners have when seeking support. As it was described by participants, there are times when these expectations do not align with what is practical or possible for pastors to achieve. A theme in this area that came up among

interviews with some of the participants (n=5) was the parishioners' desire for pastors to provide a simple and quick solution to their problems. As one pastor put it, "a lot of times, people are looking for me to quote this magical Bible verse, which all of a sudden makes everything make sense in a moment, and that's not realistic," (Pastor E, personal communication, 2020).   Another pastor stated that some parishioners have expectations of spiritual solutions that make all of the other needs go away; the unrealistic," (Pastor A, personal communication, 2020). One pastor also explained to me how he addressed these unrealistic expectations with his parishioners. They said,

> "it's a matter of letting them know that it's okay. That this is going to be a journey and to let them know that, yeah, it's going to be a journey, it's going to be perhaps a longer journey than you would have expected ,but by the grace of God and the help of the holy spirit, you're not going to walk this journey alone."
>
> They explained, "we're going to walk it together," (Pastor K, personal communication, 2020).

Another thing that some pastors (n=6) expressed as being outside of the realm of possible solutions for parishioners was providing answers. Previously, we discussed only some of the many theological questions that parishioners ask of their pastors. While some of these may have answers, several pastors expressed that there are questions that even they, as faith leaders, do not have the answers to. Several specifically mentioned that they cannot provide answers as to why bad things have happened to these survivors of interpersonal trauma. One pastor led me through how they address this with her parishioners, "we may not know, or be able to understand what God is doing in the midst of things , or why he allows certain things to happen," but "if anything, he's with us more than ever in our grief," (Pastor F, personal communication, 2020).

Evaluating support effectiveness.

Nearly every church (n=12) agreed that they were bad at evaluating the effectiveness of support to survivors of interpersonal trauma, that they don't measure it or that they don't measure it formally, that it is hard to measure, or some combination of these factors. When asked about measures of success within supports provided, several pastors responded instinctively with answers such as, "We don't" (Pastor F, Pastor H, personal communication, 2020), "Churches never do a good job evaluating" (Pastor C, personal communication, 2020), or "We really are bad at that" (Pastor D, personal communication, 2020). In fact, Pastor H (personal communication, 2020) left his answer simply at, "We don't evaluate." Every other pastor interviewed (n=13) provided some form of description of a subjective, informal measure that they use to gauge their effectiveness. Mostly this subjective measure was observed or reported improvement in the individual's situation. This was a measure reported by over half (n=8) of the participants. Other measures included holding a discussion among pastors and/or with elders and members of the Safe Church Team (n=5), trial and error (n=2), experiencing a person growing in their faith (n=2), and an ability for them to talk about what happened with the pastor or others (n=3). As Pastor K (personal communication, 2020) explained why churches find effectiveness so hard to measure, "There [are] so many factors that go into that. A person's willingness, your relationship to that person, your particular training to their specific needs. So, it's very hard to gauge that effectiveness."

Several churches did talk about the Pine Rest Church Assistance Program, which will be further explained later. This program does provide quantitative data by providing churches with the number of members within their church that utilize the service within a quarter. One church did specify that they review that data regularly within their church.

Research Question C:

What programs and resources are available within the church to survivors of interpersonal trauma and how are they promoted among members of the congregation?

Some of the services available within the participating churches have already been reviewed such as Safe Church. However, there are additional services that warrant additional examination.

Counseling referrals.

As was examined early on in this analysis, many participants discussed the services that they could provide versus those they could not. Therefore, it comes as no surprise that every pastor that was interviewed for this study (n=14) spoke to some extent about making external counseling referrals for parishioners who have experienced interpersonal trauma. In discussing the counseling needs of a trauma survivor, Pastor E (personal communication, 2020) stated, "I can't imagine a situation in which I don't think that some sort of counseling or psychiatrist type help would also be helpful." Even the three churches (n=3) that reported qualifications to do in-house counseling discussed the need to make external referrals for parishioners whose needs seemed outside of the church's area of expertise.

There were a variety of organizations that churches mentioned referring clients to. Seven churches (n=7) specified that they referred parishioners to counselors that they had either interviewed, researched, or with whom they had built relationships over the years. Two pastors (n=2) discussed finding counselors through reaching out to their networks, and two pastors (n=2) preferred to refer parishioners to their own personal counselors. One program that was mentioned by participants often was the Pine Rest Christian Mental Health Services Church Assistance Program (CAP). This is a program in which churches contract with Pine Rest so that

their members can receive counseling at no cost to the member (Pine Rest, 2020). Of the churches interviewed, six (n=6) reported that they had contracts through CAP.

In providing referrals, two churches (n=2) indicated that they do not always refer to Christian counselors. In general, both pastors felt that referring clients to a good counselor was more important than referring them to a Christian one. Pastor H (personal communication, 2020) reflected on some insight received in seminary as to why a Christian counselor might not be necessary, "you just need a good counselor, because you are the Christian."

Financial resources.

Financial resources is another source of support that is provided by some churches. In addition to assisting with no-cost counseling either through CAP or free in-house counseling, additional financial assistance may be available to parishioners through the church. Two churches (n=2) described a fund maintained by the church to assist parishioners in need of financial support. Church D (personal communication, 2020) described assisting parishioners financially by covering a couple of nights in a hotel in various situations. They also explained that they work closely with North Kent Guidance Services, who may be able to connect them to resources in the community. Church G (personal communication, 2020) explained that they have a fund dedicated to cover mental health needs of parishioners and will cover up to 8 sessions with a counselor.

Communicating available supports.

While the research has showed some exceptional supports provided by churches, those programs cannot be effective unless parishioners know about them. Some churches specifically promote supports and services available through the use of literature racks or information tables (n=3), on the church's website or Facebook page (n=2), or in printed or email bulletins (n=5).

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Some participants indicated that available supports are talked about within the church either on a case by case basis (n=3), during other church programs (n=3), or by word of mouth through the elders or other congregants (n=3). Additionally, two pastors (n=2) noted that they will inform parishioners about available supports in Sunday sermons.

Culture within the church.

Another important consideration in informing parishioners about available supports is the message that is being sent, not just in how the programs are communicated, but in the message that the church is sending to their parishioners every day. Four pastors (n=7) highlighted the importance of the culture created within the church. Pastor H (personal communication, 2020) states, "we've set a tone around here that says, everybody should have a therapist. So, my mantra around here is, pay someone to love you…. There's a tone here where there's resources available and people are encouraged to use them." The seven pastors who spoke of culture agreed that creating a culture where parishioners feel cared for and safe and creating a position of openness is key. Pastor B (personal communication, 2020) explained the culture of safety within his church:

> "That's what I'm trying to do in the way that I share the Bible on Sunday and the way that I pray when we have a congregational prayer. It should be from a perspective of grace and compassion and acceptance, not from a groveling, self-loathing, legalistic kind of posture and position. So, that's the culture I'm trying to create in a thousand different ways, and I think the more that that culture is reinforced and grows, the more people are going to feel safe seeking support from their church."

Another cultural aspect is the implied role of a pastor within the church. As pastor N (personal communication, 2020) explains, people understand that talking to the pastor with

personal challenges is part of the calling of a pastor. "So, it's pretty much a given for people to come [to me]." Pastor H (personal communication, 2020) recognized the community's assumption that congregants would go to the pastor with personal challenges. Finally, Pastor G (personal communication, 2020) explained that while Western culture is relatively accepting of seeking help from a mental health professional, this is not the case in all parts of the world. There are some cultures, with which Pastor G works, that are not as accepting of psychologists and mental health professionals and see the pastor as their trusted confidant.

Theological Questions Asked by Parishioners

To begin, most of the participants (n=9) listed common theological questions that they are asked by parishioners who have experienced an interpersonal trauma as it was defined for this study. While not directly addressing a research question, these questions were introduced by enough participants that it appeared important to address.

There were a wide variety of questions listed during these discussions, however some were brought up across multiple conversations, such as; where is God in the midst of this terrible thing that happened? Why would God allow such a horrible thing to happen? As one pastor stated, "it's very difficult to make sense of a loving, omniscient, almighty God in the face of terrible things that happen" (Pastor I, personal communication, 2020). It appears as if Pastor I here is describing the theological and philosophical problem of evil, a problem to which many of the theological questions asked by parishioners may be attributed. In its simplest terms, the problem of evil posits that "God is almighty, God is perfectly good, and evil exists," (Sherry, 2017). Pastor I's statement is also reminiscent of our examination of Cataldo (2013) in the literature review, where the complexity of a survivor's perception of God following their PTE

was examined. Cataldo (2013) states, "God can be experienced simultaneously as the cause of the trauma, the savior from it, the passive bystander, or the just punisher" (pg. 797).

Why me?

How can a good God allow bad things to happen?

Why didn't God protect me?

Why would God allow this to happen?

Why did this happen?

Theological questions from trauma survivors

Is this a punishment from God?

What am I supposed to do with this?

Am I bad?

Where is God in the midst of my suffering?

What is the morally right thing to do?

Is God with me in the midst of my suffering?

Is God good?
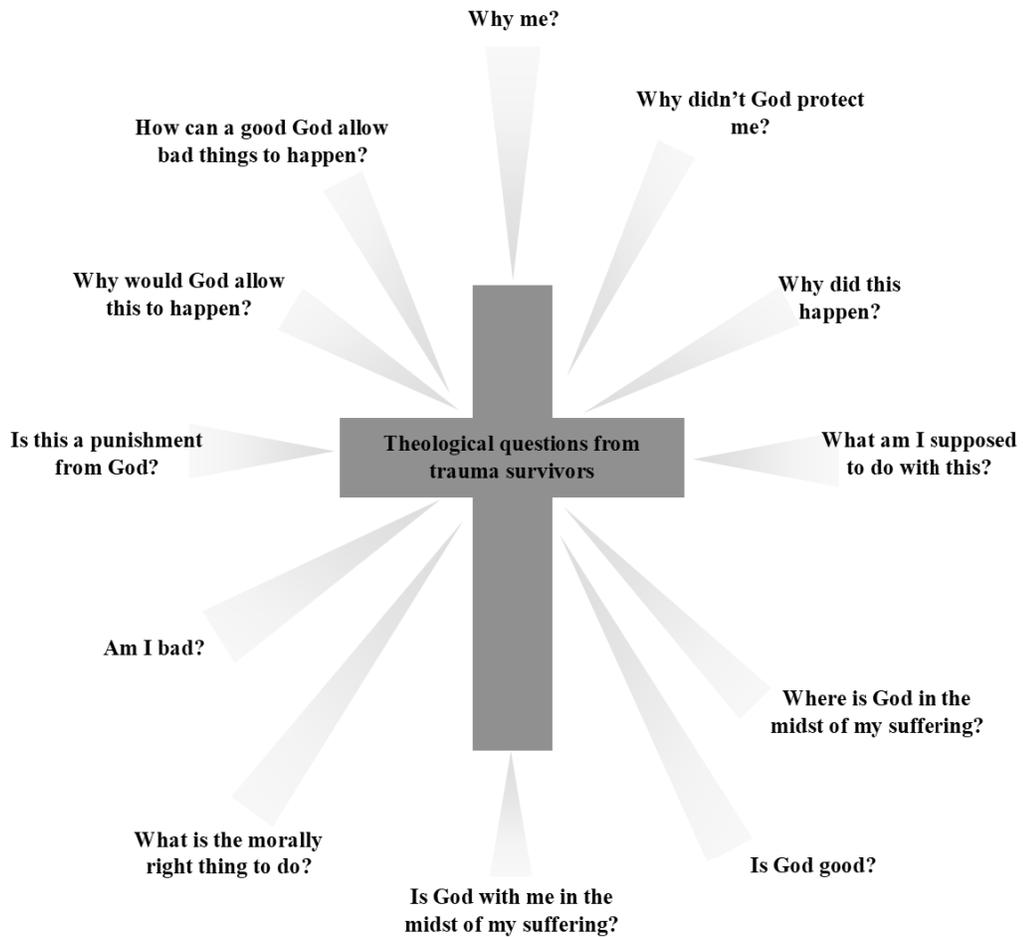
Exhibit A: Theological questions asked by survivors of interpersonal trauma.

The list of theological questions asked by parishioners that were introduced by participants is quite extensive. It is also likely that additional questions exist that were not brought up by the pastors that were interviewed.   Additional theological questions asked by parishioners as presented by participants are listed in Exhibit A.

Responses from Pastors Not Interviewed

There was one additional theme, that broadly relates to many of the topics that have been analyzed thus far. This is what the participants have experienced, noticed, or heard of other pastors.   While there are many factors unknown about the pastors discussed in this section, it is

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worth examining, at least to some extent. Five participants (n=5) discussed responses to interpersonal trauma that parishioners had expressed to our participants. Two participants (n=2) shared stories of previous pastors telling parishioners that were questioning God, that that they needed to have a stronger faith. Two more participants (n=2) spoke of other pastors who advised wives to stay with their abusive husbands because divorce is wrong within their religion. Other concerns brought up by participants were pastors urging parishioners to forgive and move on from abuse, giving meaning to trauma that the participant felt they could not possibly know the meaning to, and making inappropriate counselor referrals. Two participants (n=2) also discussed other pastors not responding to trauma properly because of their own personal issues. Pastor L (personal communication, 2020) recognized that parishioners questioning their faith makes some pastors uncomfortable and thus, they struggle to assist parishioners that are experiencing this. Pastor C (personal communication, 2020) spoke of pastors not responding to cases of trauma within their congregations, again because of their own insecurities.

   This analysis begs the question of what the participants of this study would do in cases of inappropriate or questionable responses to trauma survivors from their previous pastors. If we look back to Pastor E's views on how scripture can be applied inappropriately, we can expand on this statement to get a better idea of their response.

   "The hard reality is you can take a text and you can make it seem to apply in a whole lot
   of different ways…so, a lot of the work is just undoing. The tool that they used is the
   exact tool that I'm going to use to try and help comfort and bring healing and that's such a
   mind-bending, messing-upping kind of thing," (Pastor E, personal communication, 2020).

Chapter 5: Discussion and Conclusion

Discussion

Through the interviews conducted in this study, various topics were addressed relating to what churches are doing to support survivors of interpersonal trauma, how they measure the effectiveness of these supports, and additional resources that may be available to survivors within the church and the community. The role of the pastor as a counselor was a topic on which opinions were divided. While half of the participants (n=7) indicated that they are trained to be pastors and do not try to also be counselors, there were three pastors (n=3) that did explain that they can provide counseling services. However, as Pastor A (personal communication, 2020) considers, does this dual relationship as pastor and counselor lend itself to the wellness of parishioners?

Additionally, as we have seen throughout the analysis, pastors provide spiritual support and insight to parishioners struggling with interpersonal trauma. The challenge here, as suggested by Pastor E (personal communication, 2020), is that scripture can be applied and interpreted in many ways. This lends to several questions. Are pastors applying scripture in a way that is not harmful to survivors? Would additional training in trauma responses change the way in which the Bible is applied in these situations?

Sermons were another way in which participants mentioned sharing the word of the Lord, which several pastors recognized as speaking to parishioners who have been through a variety of personal struggles. However, as we have seen, some participants recognized the importance of looking for misunderstandings of the gospel. Are some of these misunderstandings simply coming from a different interpretation of the Bible? Another way in which scripture is applied is in meaning making, which was mentioned throughout the study. But is making meaning of

traumatic events harmful or helpful to survivors and do pastors, or anyone for that matter, truly understand the meaning behind such an event?

Pastors also interpret scripture in forming their views on parishioners who are questioning their faith in the face of a traumatic event. Here again, our participants had different opinions on whether it is acceptable for parishioners to question God, and whether leaning on faith could be unhealthy in some situations. The question posed earlier of whether additional training on trauma could change or inform these views applies to this aspect as well.

Another commonality among pastors was creating connections with parishioners who had experienced interpersonal trauma. In fact, five of the pastors discussed connecting struggling survivors with others in the congregation who had similar experiences. The research suggests that trauma survivors may experience trouble in building relationships (SAMHSA, 2014), thus pastors assisting in making these connections may be a helpful step for survivors. Yet, additional counseling is important in helping survivors maintain and continue to build relationships.

From the literature, it is understood that trauma-informed treatment includes changing cognitions relating to the traumatic event (American Psychological Association, 2017). In speaking with the participants of this study, some pastors gave examples in which they changed cognitions of parishioners as it relates to their view of God in the face of their trauma. This included normalizing experiences and providing scripture. Other areas of concern addressed by pastors applied, perhaps unknowingly, aspects of other counseling approaches such as existential theory and client-centered theory. Existential theory deals with, among other existential questions, the idea of making meaning in life (Sommers-Flanagan & Sommers-Flanagan, 2018). Providing meaning was addressed directly by three of the study participants, which is identified

as an important aspect of coping with life circumstances according to Sommers-Flanagan and

Sommers-Flanagan (2018). In most of the interviews conducted for this study, the researcher

also noticed aspects of person-centered theory employed by pastors. Person-centered theory

revolves around the idea of trusting clients, empathizing with them, and building a relationship

(Sommers-Flanagan & Sommers-Flanagan, 2018). These principles were demonstrated by

pastors in normalizing experiences of survivors, building relationships with and for parishioners,

and recognizing that parishioners doubts and questioning of their faith is acceptable and

understandable in the face of trauma. Another aspect of person-centered theory as identified by

Sommers-Flanagan and Sommers-Flanagan (2018), is holding back judgement. This was

specifically addressed by Pastor L when he recognized that making parishioners feel like they are

not being judged is important in addressing trauma. Pastor L also recognized however that the

church community as a whole can be quite judgmental. Another principle of this theory is the

idea of refraining from educating clients (Sommers-Flanagan, 2018). By nature, the role of a

pastor goes against this idea as their calling and profession is to speak and educate on the

scripture and God's word. While some pastors discussed times when they may withhold from

correcting parishioners' misunderstandings of the Bible, there were many times where pastors

discussed helping parishioners to understand the Bible or what God's views might be in their

circumstances, rather than letting the parishioner lead with their thoughts on the subject. For

example, Pastor I (personal communication, 2020) spoke of Jesus suffering to "get us a full life

that's eternal." Some pastors spoke about God having a plan, and teaching parishioners that

while they may not be able to understand the reasoning behind the traumatic event, that they

must have faith in God's plan.

While some aspects of evidence-based treatment for trauma survivors may be incorporated when speaking with pastors, additional counseling would be beneficial to assist parishioners who are struggling with a traumatic event or events. Counselors would be able to provide full evidence-based treatment for survivors, whereas pastors approach care from a religious, more of a teaching and guiding role. For the three pastors that do provide counseling for parishioners, it would be important to understand the methods used in those counseling sessions and whether this fits with the recommended treatment for trauma survivors.

The concepts explored within this study further speak to the idea of religious coping. As we examined in the literature review, Pargament (1997) explains that the ways in which the church interacts with trauma survivors, and the ways in which survivors view God can dictate the helpfulness of religion as a coping mechanism. The ways in which pastors apply scripture and how they address their parishioner's questions about God in the midst of their trauma may play a role in whether their religion is a positive or negative coping mechanism and thus, whether the relationship is a healthy one for the survivor.

Limitations

This study relied on clergy who were willing to participate, which likely skewed the data to some extent. Again, 74% of the qualifying churches for this study either declined to participate or did not respond to the researcher's request to participate. It is probable that many churches with different practices, views on interpersonal trauma, and available programs were unwilling to participate in this study. In fact, we were able to get some insight into the views of other churches and pastors through personal stories and stories shared by parishioners as reported in several interviews. Again, it is important to indicate that the responses and subsequent

conclusions drawn in this study are limited to the opinions and views of the 14 participants of this study.

Additionally, because the study relied on willing participants who responded to the researcher's request for participation, our sample size reached only 14 participants (26% of qualifying churches). It would have been preferable to interview between 25 (47%) and 30 (57%) clergy at qualifying churches. One pastor recognized that the researcher might have trouble reaching pastors who would be willing to participate in the study. They indicated that pastors and churches in general tend not to respond to requests or communications from outside of the church. The lack of response from churches my also have been exacerbated by the COVID-19 pandemic and subsequent shelter-in-place order as previously mentioned. Prior to the outbreak of COVID-19 in the state of Michigan, the researcher was in the process of placing follow-up phone calls with some of the churches. The shelter-in-place order, which mandated that non-essential businesses and employees remain in their residences, made it difficult to reach qualifying pastors and perhaps limited the willingness of some to participate.

Another limitation of this study is that it relies on self-reported results as described from the perspective of participants, who were clergy. While some participants appeared to be very straightforward and honest about their weaknesses and areas for improvement, it is likely that there were unreported areas where improvements could be made. Another undeniable possibility is that actual church practices and views varied from what was reported. Participants were made aware that the researcher is a student in the school of social work at Grand Valley State University and could have made assumptions about the researcher's views and tailored the information provided to appear favorable from the lens of this study. Furthermore, as clergy

were the participants of this study, the view of parishioners and their experiences were not considered during this study.

Another limitation of self-reported results is the possible difference between how the pastor views their response to interpersonal trauma, and how parishioners may view this response. As was analyzed above, several churches spoke of creating a culture within the church of safety and acceptance. This begs the question of whether parishioners see the culture within the church in the same way that clergy do. Other areas of analysis could also be viewed differently if analyzed from the view parishioners or visitors within the church.

It is also important to remember the church size of the participating churches. As was examined earlier, larger churches limit personal connections among members (Cheung et al., 2015; Ellison et al., 2009), while some of the smaller churches may lack resources to provide the supports that were discussed by some of the participants within this study.

Implications

Implications for policy.

An area in which additional research could be further conducted is whether additional training in trauma could inform pastors interpretations of scripture when working with survivors. It would be beneficial to investigate the types of trauma training are provided in seminary and are whether they are comprehensive. What type of books are pastors reading to inform their practice? Many professions encourage or require ongoing training. Should pastoral care be one of these? Are the messages that they are receiving about trauma provided by religious institutions and informed by interpretations of scripture? Would it be beneficial for pastors to receive training in trauma purely based from studies of trauma and survivor experiences and if it

was, would this lead to healthier religious coping in parishioners? These are all questions

relating to how pastors provide support to trauma survivors that could be further researched.

Additional research could also be conducted on church policy for addressing allegations

of abuse by church leaders. As mentioned earlier, the CRC has such a policy known as the

Advisory Panel Process. It would be important to better understand how this is implemented and

utilized within a variety of congregations. Research could be conducted to better understand the

process from the view of parishioners who have alleged abuse against a church leader. While

there are policies in the CRC indicating instances in which authorities should be contacted, the

guide for the Advisory Panel Process does not mention at which point in the process authorities

should be contacted, or if they should be contacted at all. Additionally, the Advisory Panel

Process mentions that consideration must be given to when, how, and how much information

about the allegations of abuse should be shared with the congregation, press, and the public, but

it does not indicate the sharing of information with authorities. It would be beneficial to

understand in which circumstances law enforcement was brought in, which party contacted law

enforcement, and the investigation information that was provided to authorities by the church

panel.

Additional resources provided by the church as examined in this study include referrals to

outside sources, which was addressed by all participants, and financial resources. The consensus

among participants is that churches in general do not have an objective measure for the supports

that they provide. This could be an area of research for future studies. Are there objective ways

that the effectiveness of supports provided by the church and their leaders could be measured?

Furthermore, are there ways in which the helpfulness of outside referrals could be measured so

that pastors can ensure that they are sending parishioners to a counselor or other resource that is a positive and healthy fit for the individual?

As it stands currently, much of the ongoing training on trauma for pastors relies on their own initiative to seek out additional learning opportunities. This may include attending webinars, conferences, or independent reading on responding to trauma within the context of pastoral care. Not only does the participation in and extent of this additional training depend on the pastor's initiative, but it also depends on their personal interest in and views on the importance of the subject as compared to other important subjects within their field. Regarding required training in seminary, there were also varied assessments on whether this training was sufficient in equipping pastors to properly support parishioners who are struggling with an interpersonal trauma. This may lead to an assessment of the pastor's response to parishioners' theological questions and concerns compared to their mental wellbeing in their trauma healing process.

Implications for practice.

Social work practice.

As we have seen from this study, experiencing an interpersonal trauma can bring about a variety of questions and concerns relating to faith and religion. As social workers, it is essential to fully understand how these beliefs and theological questions may impact the wellbeing of clients. Further research may be beneficial to address positive ways in which social workers can recognize and intervene in cases of negative coping mechanisms, particularly when the church and clergy are involved. The opinions and beliefs of clergy may be important to the individual and may also be leading to religion as a negative coping mechanism.

The problem statement for this study addresses the researcher's desires to increase knowledge around how religious views can be helpful or harmful to an individual's mental well-being and how support can be accessed by survivors. This study shows the importance of individuals within the mental health field working with local pastors and churches to bring awareness to trauma-informed approaches and the ways in which these may be implemented effectively in a pastoral role. A relationship between social workers and pastors would assist counselors in understanding how individual pastors address trauma within their congregations. Some pastors may not have a trauma-informed approach and creating a relationship with those pastors may provide an opportunity to provide education surrounding trauma responses, and allow better support for survivors across multiple disciplines and systems. Some pastors may not be open to a relationship, some may not be willing to consider a trauma-informed approach as it is described in the mental health field. In those cases, it is important for counselors to understand the dynamic between these pastors and trauma survivors and messages that clients coming from these churches or faith communities may have received.

This study also highlights the importance of asking questions regarding a client's religion and faith communities when completing initial intake assessments for new clients. It is important to understand which faith community clients belong to, whether they attend a place of worship and how often, whether they have spoken with their faith leader, and whether they feel supported by faith leaders and their faith community. It is beneficial for social workers to take note of clients and their religious affiliations within the community to begin to understand the sources of unhelpful religious support or coping and sources of healthy or helpful religious support or coping.

Reactions and responses to trauma within faith communities may vary based on geographical area, denomination, and as we have seen, even by religious institution. Creating relationships with local faith communities and asking questions of clients regarding their faith will lead to a better understanding among mental health professionals about how various faith institutions in their area address parishioners who have experienced trauma, which will assist in providing recommendations and treatment goals for individual clients.

Pastoral practice.

This research also highlights how pastors can be more trauma informed and can continue to support or to better support parishioners who have experienced trauma. Looking again to the recommendations for treating trauma from the American Psychological Association (2017), helping survivors to change their cognitions relating to the traumatic event is a keystone of trauma treatment. As stated earlier, pastors using scripture to normalize experiences for parishioners could be a trauma-informed approach to working with survivors. Being open to learning from mental health professionals in the community about trauma-informed approaches and responses and providing support to trauma survivors is a great way for pastors to continue to support parishioners who have experienced trauma and help them to experience their religion as a positive coping mechanism.

Clergy may further support parishioners who have experienced trauma by learning about clinicians in their area that are certified in or practice the methods that the American Psychological Association recommends for treating Trauma. Again, these are CBT, CPT, cognitive therapy, and prolonged exposure (American Psychological Association, 2017). Pastors that take the time to research local clinicians that utilize such approaches and reach out to them may further foster a relationship between the mental health and pastoral professions. This will

allow pastors to make informed recommendations to clinicians that practice evidence-based methods to treat trauma and provide for more wholistic support of parishioners who have experienced trauma.

This and other studies have highlighted the variation in religion as a positive or negative coping mechanism (Pargament, 1997; Lutjen, Silton & Flannelly, 2012; Falsetti et al., 2003; Harris et al., 2010; Chan & Rhodes, 2013; Zukerman, Korn, & Fostick, 2017). It is important for social workers to understand these findings as examined in this study and those discussed in the literature review and beyond in order to sufficiently address concerns regarding religion and faith in their interventions with survivors of interpersonal trauma.

Conclusion

Overall, it seems as though churches and their leaders have a genuine desire to help parishioners who are struggling with interpersonal trauma as well as protect them from danger or potential abuse. For the mental health field, it is important to understand how the faith community may address the spiritual needs of parishioners as it relates to interpersonal trauma as well as the importance that their faith and the response from their faith community may play in their healing journey. For the faith community this study may assist in informing the responses of clergy in working with parishioners who have experienced trauma as well as the roles of other important players. This study highlights the importance of creating a community of support, acceptance, and healing around survivors.

It is the hope of the researcher that having these conversations about support provided by the church to parishioners who have experienced trauma will facilitate and encourage a better understanding of positive and negative religious coping which can be used to inform the practice in both the mental health and pastoral professions.

Appendix A: Interview Questions

A traumatic stressor is defined by the American Psychiatric Association (2013) as "any event (or events) that may cause or threaten death, serious injury, or sexual violence to an individual, a close family member, or a close friend," (p. 830). There are many different types of events that can be possible traumatic experiences for an individual. For the purposes of this study, the researcher is focusing on interpersonal trauma, which will include physical, emotional, or sexual abuse experienced as a child or adult, childhood neglect, and/or witnessing violence as an adult or a child.

Please keep the definition of interpersonal trauma as it is defined for this study in mind as you answer the following questions.

1. What, if anything, is done within your church to inform parishioners of how they can seek religious support for interpersonal trauma?

2. When people come to you for religious support regarding interpersonal trauma, what are they typically looking for or asking about? What is the context of their visit?

3. How do you and your church respond to parishioners who disclose an interpersonal trauma to you? Walk me through your process.

4. What types of religious support might your church provide to trauma survivors that come to you (for example: scripture, outside referrals, internal groups or programs, etc.)?

5. What types of training, if any, do clergy members at this church go through in order to address spiritual needs of parishioners as it relates to interpersonal trauma?

6. What expectations do you feel that parishioners have of you when they come to you looking for religious support about interpersonal trauma? Are these expectations realistic? If not, how do you address the disparity?

7. How do you respond differently to survivors of interpersonal trauma who are questioning their faith, versus those who find strength in their faith?

8. How does your church evaluate the effectiveness of the support and programs that you are providing to survivors of interpersonal trauma?

9. Is there anything else relating to how you address interpersonal trauma that you would like to tell me that I have not thought to ask?

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Appendix B: Church Response Log

Church Randomly Assigned Number	Initial Email Date	Phone Follow Up Date	Interviewed/ Declined/ No Response
Church 1	1/13/2020	2/13/2020	Declined
Church 2	1/13/2020	2/10/2020	No Response
Church 3	1/10/2020	2/4/2020	No Response
Church 4	1/10/2020	1/30/2020	No Response
Church 5	1/13/2020	2/11/2020	Declined
Church 6	1/17/2020	3/16/2020	No Response
Church 7	1/17/2020	N/A	Interviewed
Church 8	1/17/2020	2/14/2020	Interviewed
Church 9	1/13/2020	N/A	Declined
Church 10	1/10/2020 1/30/2020	3/27/2020	No Response
Church 11	1/10/2020	1/30/2020	No Response
Church 12	1/17/2020	3/16/2020	Interviewed
Church 13	1/17/2020	2/10/2020	Interviewed
Church 14	1/13/2020	2/10/2020	No Response
Church 15	1/17/2020	2/14/2020	Interviewed
Church 16	1/10/2020	2/3/2020	No Response
Church 17	1/17/2020	3/16/2020	Interviewed
Church 18	1/10/2020 2/3/2020	Unable to reach	No Response
Church 19	1/13/2020	N/A	Interviewed
Church 20	1/17/2020	3/16/2020	No Response
Church 21	1/17/2020	Unable to reach	No Response
Church 22	1/13/2020	2/4/2020	No Response
Church 23	1/13/2020	2/10/2020	Interviewed
Church 24	1/17/2020	3/27/2020	No Response
Church 25	1/17/2020	3/27/2020	No Response
Church 26	1/13/2020	2/13/2020	No Response
Church 27	1/17/2020	3/16/2020	No Response
Church 28	1/17/2020	3/16/2020	No Response
Church 29	1/17/2020	3/27/2020	Declined
Church 30	1/13/2020	2/13/2020	Interviewed
Church 31	1/13/2020	2/13/2020	No Response
Church 32	1/10/2020	2/3/2020	Interviewed
Church 33	1/17/2020	3/16/2020	No Response
Church 34	1/13/2020	2/14/2020	No Response
Church 35	1/17/2020	N/A	Interviewed

Church 36	1/13/2020	2/12/2020	Declined
Church 37	1/13/2020	2/12/2020	No Response
Church 38	1/13/2020	3/27/2020	No Response
Church 39	1/13/2020	N/A	Declined
Church 40	1/17/2020	N/A	Interviewed
Church 41	1/17/2020	2/14/2020	No Response
Church 42	1/17/2020	Unable to reach	No Response
Church 43	1/13/2020	2/4/2020	Declined
Church 44	1/13/2020	2/12/2020	Interviewed
Church 45	3/16/2020	3/27/2020	No Response
Church 46	1/17/2020	3/16/2020	No Response
Church 47	1/13/2020	N/A	Interviewed
Church 48	1/10/2020	1/30/2020	Declined
Church 49	1/10/2020 1/30/2020	3/27/2020	No Response
Church 50	1/10/2020	3/27/2020	Declined
Church 51	1/13/2020	2/14/2020	No Response
Church 52	1/13/2020	N/A	Declined
Church 53	1/17/2020	3/27/2020	No Response

Appendix C: Email to Churches Requesting Participation

Subject: Research Study – Religion and Trauma – Invitation to Participate

Dear _____,

My name is Caitlin Brown and I am a graduate student in the School of Social Work at Grand Valley State University. I am in the process of completing a research study for my master's thesis, which focuses on how churches address parishioners who have experienced an interpersonal traumatic event and are looking for religious support from their clergy. I am reaching out to you because I wonder whether any clergy within your church would be willing to participate in this study. Clergy may participate if they have had one or more parishioners approach them throughout their career for support regarding interpersonal trauma. This study will define interpersonal trauma as physical, emotional, or sexual abuse experienced as a child or adult, childhood neglect, and/or witnessing violence as an adult or a child. Churches that qualify for this study will be located in Kent or Ottawa counties in Michigan and have between 201 and 500 average attendants at weekly services. The interview will last between 30 and 45 minutes and will be audio recorded. All church and participant information will be kept confidential.

If you are willing to participate or would like more information, please contact me via email or call me at 248-914-0363. Thank you for your time and consideration. I look forward to hearing from you soon.

Best Regards,

Caitlin Brown, Grand Valley State University, Master of Social Work Student

Research Committee Chair: Dr. Cray Mulder, Grand Valley State University School of Social Work Graduate Program Director, muldecra@gvsu.edu

GRAND VALLEY
STATE UNIVERSITY
www.gvsu.edu

Research Participant Informed Consent Document

TITLE An Examination of Religious Institution Involvement in Trauma Recovery

RESEARCHERS
Caitlin Brown, Master of Social Work Student, Grand Valley State University
Faculty Advisor: Dr. Cray Mulder, School of Social Work, Grand Valley State University

PURPOSE This goal of this study is to learn how religious institutions are addressing the spiritual need of parishioners who have survived interpersonal trauma. For the purposes of this study, interpersonal trauma includes physical, emotional, or sexual abuse experienced as a child or adult, childhood neglect, and/or witnessing violence as an adult or a child.

PROCEDURES Participants will be asked to speak with the researcher during a 30-45-minute-long interview. In-person meetings will be preferred, but Skype meetings may be coordinated to better accommodate schedules if needed. All meetings will be audio recorded and saved on the researcher's personal, password-protected computer and on a separate recording device as a backup. Notes will also be taken during the interviews, which will include important information from the interview and non-verbal communication. Written notes will not be identifiable and will be saved within the researcher's password-protected Dropbox account. Interviews that take place via Skype may be video recorded via the Skype platform. Those recordings will then be transferred to the researcher's personal password-protected computer and deleted from the Skype platform. In the event of a Skype interview, participants will need to delete the recorded video on their profile (if applicable) to have it removed from their account.

For the interview, the researcher will travel to the city in which the church is located. Interviews may take place in a quiet area within the church, or another quiet, public location of the participant's choosing within the vicinity of the church.

RISKS The topics discussed within this study may be distressing in nature and may bring up feelings similar to those experienced when initially meeting with the trauma survivors. *Participants are reminded to maintain the confidentiality of trauma survivors by not sharing names or identifiable information of parishioners during the interview.*

Electronic data, as described above, will be collected and stored for this study. As with any use of electronic means to store data, there exists a minimal risk that data could be lost or stolen. Steps will be taken to protect the security of the data by password-protecting accounts on which the data is saved.

POTENTIAL BENEFITS TO YOU There is no direct benefit to participants. There is no compensation for participating in this study.

POTENTIAL BENEFITS TO SOCIETY This study will aim to identify how churches are addressing the spiritual needs of trauma survivors within their congregations. This will help to illuminate whether the needs of survivors are being met and if not, to start a discussion about how these needs can be better addressed within the religious and/or social work fields.

VOLUNTARY PARTICIPATION Your participation in this research study is completely voluntary. Participation is not required. You may quit at any time without any penalty to you.

PRIVACY AND CONFIDENTIALITY The information provided will be used only for the purposes of this study. The name of the church and participating individuals will be kept confidential by the researcher. No identifying information will be included in the final research report. Information provided to the researcher will be kept confidential to the fullest extent allowed by law. In very rare circumstances specially authorized university or government officials may be given access to the research records for purposes of protecting your rights and welfare or to make sure the research was done properly. Participants must be physically located within the United States at the time of the study in order to participate.

AGREEMENT TO PARTICIPATE By participating in this interview, you are agreeing to the following:

- The details of this research study have been explained to me, including what I am being asked to do and the anticipated risks and benefits;
- I have had an opportunity to have my questions answered;
- I am voluntarily agreeing to participate in the research as described on this form;
- I may ask more questions or quit participating at any time without penalty.
- I give my consent to participate in this research project.

CONTACT INFORMATION If you have any questions about the study you may contact:

NAME: Caitlin Brown

PHONE: 248-914-0363

E-MAIL: brown.caitlin58@gmail.com

RESEARH COMMITTEE CHAIR: Dr. Cray Mulder

PHONE: 616-331-6596

E-MAIL: muldecra@gvsu.edu

If you have any questions about your rights as a research participant, please contact the **Office of Research Compliance & Integrity** at Grand Valley State University, 1 Campus Drive, Allendale, MI. Phone: 616-331-3197. E-mail: rci@gvsu.edu.

This study has been reviewed by the Institutional Review Board at Grand Valley State University (Protocol #20-125-H).

Appendix E: Demographic Questionnaire

1. Church City and Zip Code: _____

2. Church Size in Average Weekly Attendance:

      200 and Below   201-300   301-400

      401-500   Above 500

3. Participant Title: _____

4. Participant Gender: Male   Female   Other: _____

5. Participant Race/Ethnicity (Select all that apply):

6.   White   Hispanic, Latino or Spanish Origin

7.   Black or African American   Asian

8.   American Indian or Alaskan Native   Middle Eastern or North African

9.   Native Hawaiian or other Pacific Islander   Other:_____

Appendix F: Coding Scheme

Code	Sub-Codes		Number of Pastors
Role of a pastor			
	Implied pastoral pole		
		Spiritual solutions	1
		Importance of going to the church for help	3
	People want the pastor to know what happened		1
	Want a quick/magical fix to problems		5
		I cannot solve all their problems	2
	I don't have the answers		6
	Pastor as a counselor		
		Am a counselor	3
		Not a counselor	7
External Resources			
	Counseling referrals		
		interview/relationships/research	7
		Network	2
		Own counselor	2
		Pine Rest Church Assistance Program	6
		Not always Christian	2
	Parishioner safety/involving authorities		
		Domestic violence bathroom flier	1
		Help finding a safe place to stay	4
		Instances of involving authorities	5
		Crisis management security team	1
		Asking about safety	4
		Domestic violence shelter referral or relationship	5
		Mandated reporters	4
		Child protection policy	5
		Safe church policy, safe church team, or child protection policy	9
		Safe environment for one-on-one meetings	2
		The church as a safe place	6
Promoting support resources			
	Direct promotions		
		information tables and literature racks	3
		Church website or Facebook	2
		Printed or email bulletin	5
		Provide information on case-by-case basis	3

		Provide information during other church programs	3
		Word of mouth	3
		Provide information during Sunday sermons	2
Support			
	Messages from the Bible		14
		Crucifixion and Jesus' suffering	6
	Prayer		9
		Continuing prayer for struggling parishioners	2
		Organized prayer programs	3
		Healing prayer appointments	1
	Listening and being present		13
	Preaching on themes that speak to survivors		2
	Give Meaning and hope		
		Giving meaning	3
		Giving hope	3
	Relationships		5
		Helping to build strategic relationships among members	5
		Elder and deacon roles of creating relationships	4
		Structured elder and deacon districts	2
		Bible study for survivors	1
		Bible study	3
		External organizations	3
		Stephen Ministry	1
		Kids Hope	2
		Relationship between pastor and parishioner	3
	Assistance fund		2
	Culture within the church		
		It is safe and okay to talk to the pastor	7
		It is okay to seek mental health support	2
	Normalize experiences and feelings		8
		Normalizing by connecting with others who have similar experiences	5
	Look for misunderstanding of the gospel		4
Pastoral training in trauma			
	Social work or Psychology background		8
	Specifically spoke of seminay training		9

		Sufficient for working with survivors	1
		Training in working with survivors too basic/insufficient	5
	Stephen Ministry		2
	Independent reading and study		4
	Seminars		4
		Have only taken advantage of one or two	3
	Trainin promoting physical safety		6
		Safe Haven Ministries Church Certification	2
		Plans to become a Safe Haven Ministries certified church	1
		Child abuse prevention training	5
Parishioners' views of God			
	Questions parishioners ask of God		
	Pastor view of parishioner questioning faith/God		
		It's okay	5
		May lead to a strengthening of faith	3
		Normalize	4
		It's not necessarily okay	2
	Parishioners leaning on faith		
		Concern	5
		Are they avoiding dealing with the trauma?	2
		Apprehensive of those that have it "figured out"	2
		Look for misunderstanding of the bible	3
		Support	7
Evaluation of support effectiveness			
	We are bad at it/we don't measure/we don't measure formally/it's hard to measure		12
	Simply - we don't evaluate		1
	Subjective examples		13
		Observed or reported improvement	8
		Discussion among pastors, elders, and Safe Church Team	5
		Trial and error	2
		Experiencing a person growing in their faith	2
		Ability of parishioner to talk about what happened	3

Other		
	What other pastors do	5
	Theological questions asked by parishioners	9

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