


Article

Trauma-Informed Pedagogy for the Religious and Theological Higher Education Classroom

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Abstract: This article promotes a wider understanding of trauma-informed pedagogy for the higher education classroom, whether in-person or virtual, focusing on undergraduate and graduate teaching in religious studies and theological education. Trauma is not confined to individual experiences of single horrifying events—trauma can be collective (community-wide, e.g., COVID-19), epigenetic (inherited or intergenerational), social-cultural (e.g., racism), or vicarious. Drawing on religious education literature and recent insights from psychology, neuroscience, and public health studies, this article provides a shared basis for further development of trauma-informed pedagogy by religious and theological educators. A principle feature of this article is bibliographic, portraying the state of scholarship at the intersection of religious education and trauma and pointing to resources necessary for further development. It offers a brief survey of extant literature, presents a basic definition and description of trauma, introduces the features of a trauma-informed community approach, and discusses the core values guiding trauma-informed pedagogy. The article also explores religious aspects of trauma and discusses care for instructors, who deal with their own traumatic pasts as well as the secondary effects of encountering, teaching, and supporting traumatized individuals in the religious education classroom. This article concludes with a call for further research.

Keywords: psychic trauma; trauma-informed pedagogy; trauma-sensitive pedagogy; trauma-informed education; embodiment; secondary traumatization; vicarious trauma; higher education; religious education; theological education

1. Introduction

“What’s wrong with you?” When one of my students is habitually distracted, inattentive, or disruptive, this question might surface in my mind. If vocalized, this response to undesired behavior in my classroom, at best, might suppress outward disruption so that class can continue as “normal.” Yet, it could perpetuate a cycle of shame and blame, exacerbating the underlying issue and contributing to an ongoing public health crisis. Over the past thirty years, our societal understanding of trauma has opened up a different way to address these presenting issues. Instead of confrontation, I focus on care. Now, I know to ask instead, “What has happened to you?” (Salasin 2011, p. 18).

This shift from confrontation to care is the crux of a new paradigm in public services, a trauma-informed approach. As educators, we are part of a community of service providers with the power to contribute to or detract from this circle of care. Furthermore, our understanding of trauma (or lack thereof) significantly impacts our pedagogical effectiveness and ability to nurture the best learning in our students. We enter the classroom uninformed about trauma at our own peril—and to our students’ detriment.

The importance of bringing a trauma-informed approach to undergraduate and graduate teaching in religious studies and theological education cannot be overestimated. This article promotes a wider understanding of trauma-informed pedagogy for the higher education classroom, whether

in-person or virtual. Drawing on religious education literature and recent insights from psychology, neuroscience, and public health studies, this article provides a shared basis for further development of trauma-informed pedagogy by religious and theological educators. A principle feature of this article is bibliographic, portraying the state of scholarship at the intersection of religious education and trauma and pointing to resources necessary for further development. It offers a brief survey of extant literature, presents a basic definition and description of trauma, introduces the features of a trauma-informed community approach, and discusses the core values guiding trauma-informed pedagogy. The article explores religious aspects of trauma and concludes with a discussion of care for instructors, who deal with their own traumatic pasts as well as the secondary effects of encountering, teaching, and supporting traumatized individuals in the religious education classroom.

2. New Recognition of an Existing Paradigm

Trauma-informed practices have become a community standard among many social service providers, and there are many resources and training materials available for early childhood, primary, and secondary education professionals. Higher education classroom pedagogy has lagged behind. As recently as 2013, trauma-informed pedagogy was still being “proposed” as essential to higher education classrooms (Carello and Butler 2014). This “risky teaching” practice, as described by Neil Harrison and colleagues, is no longer optional; the question is how to engage it effectively (Harrison et al. 2020).

Since the worldwide social and economic disruption of COVID-19 and, subsequently, the resurgence of the Black Lives Matter movement in May 2020, the topic of trauma and pedagogy has risen in priority for many instructors in higher education. While higher education resources had previously been available (e.g., Carello 2020; Davidson 2017; Trauma Informed Oregon 2016), many professors scrambled to understand the paradigm of trauma-informed practices. A blog post by Cathy Davidson warning, “online learning this Fall will be wasted if we do not begin from the premise that our students are learning from a place of dislocation, anxiety, and trauma,” quickly circulated among professors in higher education (Davidson 2020). Webinars and online resources began to multiply (Center for Faculty Development and Excellence, Emory University 2020). Among these resources, the literature on trauma-informed pedagogy from a religious education perspective is relatively recent in development.

Over the past 25 years, the concept of trauma has made its way into the discourses of various disciplines of religious instruction, particularly pastoral care, systematic theology, biblical studies, and practical theology. Select illustrations establish the growing influence of the paradigm of trauma in multiple disciplines of theological study. Scholars addressing sexual violence took an early lead (Cooper-White 1995; West 1999). The Alban Institute published a book by Jill Hudson for ministerial leaders dealing with congregational trauma (Hudson 1998). Attention to trauma soon became widespread within the field of pastoral care, for example, Cooper-White (2000, 2012) (Doehring 2015; Hunsinger 2015; McClintock 2019; Sullender 2018; Thomas 2020). The imaginatively constructive work of Rambo (2010) has been especially influential in several theological disciplines, particularly biblical studies, (e.g., Frechette and Boase 2017; Groenewald 2018). The literature on trauma-informed readings of the Bible is now extensive. Other theological treatments of trauma include the work of Beste (2007), Jones (2009), Baldwin (2018), and Soto Albrecht and Stephens (2020). In the field of practical theology, works include studies in womanist discourse (Wallace 2010), lived religion (Ganzevoort and Sremac 2018), as well as disaster relief response (Brenner et al. 2010; Hudson 1998; Koenig 2006; Warner et al. 2019) (Roberts and Ashley Sr [2008] 2017).

However, subject matter expertise does not necessarily equate to pedagogical practice. Janice Carello, and Lisa Butler warned, “teaching trauma is not the same as trauma-informed teaching” (Carello and Butler 2014). What had been seen as a “useful lens for biblical interpretation” (Frechette and Boase 2017), a contributor to prophetic studies (Groenewald 2018), a way of understanding liturgical practices (Grundy 2006), and a shaper of theological discourse (Rambo 2019) became a tool

with much more immediate application for classroom instructors during the multiple, worldwide crises of 2020. Building on its 2018 blog series, “Teaching and Traumatic Events,” (e.g., Lewis 2018; McGarrah Sharp 2018), the Wabash Center for Teaching and Learning in Religion and Theology featured another timely series of blog posts in 2020, “Teaching and Learning During Crisis,” some of which featured trauma-informed teaching practices (Lee 2020; Oredein 2020; Rideau 2020; Silva-McCormick 2020). The publication *Inside Higher Ed* ran a blog post with twelve principles for “crisis-informed pedagogy” (Mintz 2020). Resources on teaching Holocaust studies through the lens of trauma (Gubkin 2015; Roth et al. 2001) as well as articles addressing trauma and pedagogy in relation to peace, justice, and conflict studies (Stoltzfus 2014), moral injury (Antal and Winings 2015), sexual trauma (Crumpton 2017; Procaro-Foley 2020), and legacies of abuse by noted scholars and public figures Guth (2018, 2020) took on new, broader relevance for instructors in religious and theological studies. An edited volume by Stephens and Ott (2020) combined embodied learning (Lelwica 2020), perspective transformation (Ott 2020), and trauma-sensitive pedagogy (Crumpton 2020) to undergird a trauma-informed approach to many aspects of teaching theology and religion in higher education, including transnational feminist pedagogy (Pae 2020) and digital pedagogy (Doehring and Arjona 2020).

The concept of trauma is now recognized as a tool to apply not only within one’s academic discipline but also to one’s everyday, classroom pedagogy—and not just reserved for class sessions discussing trauma or traumatic events. Arguing that “this topic should be more than a niche area of interest, becoming a regular part of the reflective lenses of all religious education scholars and practitioners,” Callid Keefe-Perry and Zachary Moon proposed a trauma-informed approach to religious education that is not nominally “safe” but courageously risk-taking (Keefe-Perry and Moon 2019, pp. 30–31). They noted an “implicit engagement with trauma already present in existing literature” in religious education and built upon it (Keefe-Perry and Moon 2019, p. 35). While they focused on adult education within congregational contexts, their insights are germane to the higher education classroom. Drawing on their insights and the best of existing resources, this article seeks to promote this kind of risk-taking by providing a conceptual basis for trauma-informed pedagogy in religious instruction, based on recent insights from psychology, neuroscience, and public health studies.

3. Trauma

Simply put, psychological trauma is the result of an experience that is too much to handle. Judith Herman, a pioneering researcher in the modern understanding of trauma, stated that “traumatic events ... overwhelm the ordinary human adaptations to life” (Herman [1992] 2015, p. 33). Trauma engages psychic, physiological, and neurological survival mechanisms when a person feels disempowered to respond to a grave threat. Trauma involves a loss of agency and a profound sense of powerlessness. Yet, a trauma victim is also a survivor,¹ coping with overwhelming danger in ways too deep to fathom. The result is often some variant of post-traumatic stress disorder (PTSD). The effects touch the core of being and reside deep in the body.

A central feature of trauma is that it disrupts one’s personal narrative, interfering with one’s sense of self and experience of the world. Traumatic memories interrupt the present in ways unbounded by chronology. A traumatic memory can be neither coherently articulated nor forgotten. It is an unspeakable response to horror, a response that refuses to be integrated into the past even as it haunts the present². Besser van der Kolk, another pioneering researcher in the field, described it this way: “trauma is not just an event that took place sometime in the past; it is also the imprint left by that

¹ Foregrounding the language of “survivor” over “victim” is an intentional aspect of a trauma-informed response. See glossary of terms in (SAMHSA 2014b, pp. xvi–xix).

² Herman called this “the dialectic of trauma”: being “caught between the extremes of amnesia or of reliving the trauma” (Herman [1992] 2015, p. 47). Shelly Rambo explored the narrative disruption of trauma as a site for theological exploration and meaning (Rambo 2010).

experience on mind, brain, and body” (van der Kolk 2014, p. 21). A traumatized person relives their terror again and again, triggered involuntarily by sensory reminders.

Because trauma overwhelms the normal coping mechanisms, the experience is fragmented rather than integrated into a person’s experience. One result is popularly known as a “flashback,” for example, when a war veteran with PTSD responds viscerally to the sound of a car backfiring, as if the noise indicated a mortal danger. For a person with PTSD, the trigger brings the past trauma into the present moment, and they relive the original experience, engaging in survival response to the stimulus. Traumatic memories can be triggered by emotions, sights, smells, noises, and many other somatic reminders of the original traumatic experience. The work of recovery involves practices of mind and body designed to empower a person to integrate their traumatic memories into their sense of self, reducing the past’s hold on their present reality.

In 2014, the Substance Abuse and Mental Health Services Administration (SAMHSA) provided the following definition of individual trauma to serve as a common reference point among various sectors of public service provision:

Individual trauma results from an event, series of **events**, or set of circumstances that is **experienced** by an individual as physically or emotionally harmful or life threatening and that has lasting adverse **effects** on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being. [original emphasis] (SAMHSA 2014a, p. 7)

This definition highlights what SAMHSA referred to as “the three E’s of trauma”: events, experiences, and effects (SAMHSA 2014a, p. 8).

An event can be traumatic in a single occurrence or over a series of incidents. Traumatic life events include military combat, natural disaster, life-threatening accident, sexual assault, abandonment, death of a loved one, and many other psychologically overwhelming situations. Trauma can also result from prolonged exposure to threat, including domestic violence, bullying, poverty, abuse, and racism (Davidson 2017, p. 4). Encountering negative biases through microaggressions based on race, gender, sexual orientation, and other identity markers can also be experienced as traumatic (Nadal 2018; see also Wallace 2010, p. 49). Nevertheless, it is important to remember that trauma is not the event but rather the wound resulting from the event (Baldwin 2018, p. 25). Thus, trauma can result from a variety of events, depending on how the event is experienced by the individual within their community.

The experience of trauma is personal, resting on a combination of factors. Not every adverse experience is traumatic; yet, the same event might be experienced as traumatic by one person and not by another. Researchers use the term “potentially traumatic event (PTE),” since the experience of the event (as traumatizing or not) will vary from person to person (Galatzer-Levy et al. 2012). Personality, social support network, developmental health, previous experiences, and other complex factors shape whether any particular event is experienced as traumatic. These factors contribute to a person’s degree of resilience, defined as “the capacity to bounce back from adversity.” (van der Kolk 2014). A landmark study in the late 1990s examined the relationship between “childhood abuse and neglect and household challenges and later-life health and well-being” (Centers for Disease Control and Prevention 2020). The Adverse Childhood Experiences (ACE) Study clearly showed that “adverse childhood experiences are common and they have strong long-term associations with adult health risk behaviors, health status, and diseases” (Felitti et al. 1998). More to the present point, “early exposure to ACEs is associated with traumatic stress reactions and subsequent exposure to trauma in adult years” (SAMHSA 2014b, p. 47). Thus, the experience of trauma varies by person and is shaped by previous social, psychological, developmental, and cultural factors.

SAMHSA’s definition includes single horrifying events as well as a series of events or set of circumstances experience by an individual as traumatic. Religious educators Keefe-Perry and Moon described these aspects of trauma as temporal and structural:

Trauma is an experience that is not readily assimilated or accommodated into a sense of normalcy, overwhelming a person’s beliefs, values, behaviors, and/or meaningful

relationships. Traumatic experiences have features that are both temporal (occurring in a certain moment of a traumatic event) and structural (occurring as a result of ongoing systemic social and economic inequalities). Trauma leaves a person grasping for new, functional coping strategies meant to facilitate survival, including ways in which to re-develop meaningful relationships. (Keefe-Perry and Moon 2019, p. 31)

This definition also emphasizes the communal and relational impact of trauma. Trauma is a complex and multifaceted concept—it can be collective (community-wide) (Institute for Collective Trauma and Growth 2019), epigenetic (inherited or intergenerational) (Yehuda and Lehrner 2018), social-cultural (e.g., racism), or vicarious. Regardless of the type of trauma, its effects on persons and relationships are real and noticeable.

In classroom teaching, what is most evident are the effects of trauma. A. Hoch and colleagues presented this list of effects observable in postsecondary learners:

- Difficulty focusing, attending, retaining, and recalling
- Tendency to miss a lot of classes
- Challenges with emotional regulation
- Fear of taking risks
- Anxiety about deadlines, exams, group work, or public speaking
- Anger, helplessness, or dissociation when stressed
- Withdrawal and isolation
- Involvement in unhealthy relationships (Davidson 2017)

Some of these effects were evident in my classroom during the spring 2020 semester, in the first months of societal response to COVID-19. Many of my students suffered from distraction, inability to concentrate, and short attention spans. They exhibited the effects of trauma (though most of them were unaware of this connection). Furthermore, students of color seemed to be the most affected (Oredein 2020). The long-term trauma of racism compounds the effects of ACEs and other potentially traumatic events, contributing, for example, to the well-documented disproportionate impact of COVID-19 on Black and Latinx communities in the U.S. (SAMHSA 2020).³ Furthermore, the resurgence of the Black Lives Matter movement, sparked by the murder of George Floyd on May 25, 2020, compounded trauma upon trauma for many students, their families, and communities. In these circumstances, how can we, as instructors in higher education, contribute to the health and success of our students?

4. Trauma-Informed Approach

A trauma-informed approach signals a recent culture-shift in public services, of which education is one part (Wilson et al. 2013). It is a community-wide effort involving social work, public health, policing, law, education, ministry, and other sectors of public service. While some sectors provide trauma-specific services or interventions, many do not. Thus, it is not the responsibility of a classroom instructor to provide mental health services but rather to partner with mental health and other service providers by becoming part of a trauma-informed community (SAMHSA 2017). Becoming a trauma-informed institution is a campus-wide effort, involving student services, academic affairs, administration, athletics, and all areas of the student experience. “SAMHSA defines any setting as ‘trauma-informed’ if the people there realize how widespread trauma is, recognize signs and symptoms, respond by integrating knowledge into practice, and resist doing further harm” (SAMHSA 2017; see also SAMHSA 2014a, p. 9). This four-fold description (realize, recognize, respond, and resist) provides guidance for classroom instructors to contribute to a community of trauma-informed care.

Realizing the widespread impact of trauma is essential. For example, “By the time they reach college, 66 to 85 percent of youth report lifetime traumatic event exposure, with many reporting

³ For an example analysis of a specific geographic area, see (Nowlin et al. 2020).

multiple exposures” (Davidson 2017, p. 5). This is one of many statistics aggregated by Shannon Davidson of Education Northwest on the prevalence of trauma. The ACEs study revealed that adverse childhood experiences are disturbingly prevalent in U.S. society.⁴ The point is, trauma is not an unusual experience, and many people bear the effects of trauma in their everyday lives. Furthermore, students bring “their whole-messy selves” to the classroom, including past experiences of trauma (Lelwica 2020). Thus, a trauma-informed approach does not view the student exhibiting the effects of trauma as the exception. Rather, “trauma-informed care is initiated by [the] assumption that every person seeking services is a trauma survivor” (Salasin 2011, p. 18). A trauma-informed approach to pedagogy is for the benefit of every student.

Recognizing the signs and symptoms of trauma is essential, as is understanding the causes. Common external indications of trauma, listed above, can often be observed in students by classroom teachers. It is important to understand that these behaviors are adaptive. Trauma overwhelms a person’s normal stress-response and elicits a survival-based alarm system. The effects of trauma include adaptive behaviors essential to survival, including fight, flight, or freeze responses. However, when traumatic memories are triggered (often with no conscious awareness by the survivor), the body responds as if the original threat were still present. The very behaviors that ensured survival in the first instance become ineffective and inappropriate when triggered at other times and places. The response is individualized: “resilience and recovery look different for each individual. Thus, what educators often identify as maladaptive behaviors are really misapplied survival skills” (Davidson 2017). The classroom teacher, recognizing the signs of prior trauma in students, can then learn to respond in appropriate and helpful ways.

Responding as a trauma-informed organization involves more than strategies for immediate intervention. A trauma-informed institution “responds by fully integrating knowledge about trauma into policies, procedures, practices” (SAMHSA 2014a, p. 9). Thus, a set of classroom pedagogical techniques is but one part of an overall, organizational response, the purpose of which is to “promote a culture based on beliefs about resilience, recovery, and healing from trauma” (SAMHSA 2014a, p. 10). In higher education, it is just as important for administrative assistants, administrators, housing directors, and athletic coaches to become trauma-informed as it is for classroom instructors. For example, the Association of Title IX Administrators identified “failing to understand and use trauma-informed investigations and questioning” as the first of “The Seven Deadly Sins of Title IX Investigations” (Henry et al. 2016).⁵ For classroom teachers, this means we are partners with all of the other offices on campus contributing to any aspect of the student experience in our institution in responding to the effects of trauma.

Resisting doing further harm is the fourth aspect of a trauma-informed approach. Failing to realize, recognize, and respond appropriately to a survivor of trauma can do harm. Re-victimization can easily occur when I fail to shift from an attitude of blame, “What’s wrong with you?” to a stance of care, “What has happened to you?” This shift in perspective, to a trauma-informed approach, allows the classroom instructor to become a partner in recovery and resilience for survivors of trauma.

5. Trauma-Informed Pedagogy

A trauma-informed approach requires not only knowledge of trauma but also commitment and action. “The foundation for effective trauma-informed classroom practice is the educator’s grasp of how trauma impacts students’ behavior, development, relationships, and survival strategies” (Davidson 2017, p. 17). However, subject matter knowledge is not the essence of trauma-informed pedagogy.

⁴ SAMHSA cited the ACEs report as one of two studies significantly influencing the development of the trauma-informed care model (SAMHSA 2014b, p. 8), the other being (SAMHSA 2007).

⁵ According to this 2016 whitepaper, Title IX investigations should include four trauma-informed components: understanding the impact of trauma, promoting safety and support, proactively avoiding retraumatization, and promoting choice and empowerment of the trauma survivor (Henry et al. 2016).

teaching about trauma is not the same thing as using trauma-informed pedagogy and educators should aim to reduce the risk of retraumatization (triggering or reactivating trauma-related symptoms originating from earlier life events) and secondary traumatization (experiencing trauma-related symptoms from learning others' stories) when exposing students to potentially sensitive material. (Davidson 2017, p. 17)

I would hasten to add that trauma-informed teaching is not reserved for "potentially sensitive material" but rather recognizes that many of our students arrive in the classroom already dealing with past traumatic experiences (Carello and Butler 2014, p. 164). A trauma-informed pedagogy is guided by five core values: safety, trustworthiness, choice, collaboration, and empowerment (Fallot and Harris 2009, p. 3). Each of these values can guide classroom pedagogy and practices, allowing classroom instructors to contribute to a community of trauma-informed care.

Safety is a high priority—not only physical but also psychological. A person dealing with the effects of trauma must feel safe in order to de-escalate their physiological survival-response, allowing them to regain some sense of control in the present. While the need for safety pertains to all aspects of a survivor's life, in the classroom, safety may involve clearly marked exits, nearby restrooms, and the ability to leave the classroom at any time. The level of commitment to and awareness of safety is communicated from the first contact. Trigger warnings are one way to provide classroom safety (Crumpton 2020).⁶ How might a commitment to safety shape the kind of welcome and introduction activity used in one's classroom?

Trustworthiness is also necessary for a trauma-informed approach. Many traumatic experiences are due to a person in authority abusing their power over someone more vulnerable. Re-establishing trust is imperative for many survivors. In order to lessen perceived threats and to provide a conducive environment for recovery, classroom teachers must be clear and transparent about policies, procedures, expectations, professional boundaries, and roles—including self-disclosure in the classroom (Crumpton 2017, pp. 142–44). How might a commitment to trustworthiness shape the way one presents the course syllabus and assignments?

Choice is important for survivors of trauma. Trauma robs a person of agency and exposes a deep sense of helplessness. Providing adequate information about their rights and responsibilities and offering choices, when appropriate, can help restore a sense of agency to trauma survivors. For example, Stephanie M. Crumpton developed a classroom "Covenant of Presence" for this purpose, assuring not only a degree of safety and trust but also choice and control (Crumpton 2020, pp. 35–36). How might a commitment to the value of choice change the way one shapes assignments, deadlines, and forms of communication with students?

Collaboration is essential to becoming a trauma-informed community. Resilience from trauma is greatly increased by a social support network, and for this to work to the survivor's benefit, the survivor must have agency in the process. The event of trauma is something that happens to a person, overwhelming them; healing and recovery is a process that happens with a person, inclusive of them. How might a commitment to the value of collaboration change the way one understands teaching and learning in the classroom?

Empowerment underlies all of the above values. Restoring voice, choice, and agency to a survivor is key to recovery. Empowerment means helping the student discover and develop their own capacities. Trauma-informed classroom teachers are part of the community that acts on the belief that "trauma-affected students can learn self-efficacy and social-emotional skills" needed to transcend the grip of the past and live fully into their present potential (Davidson 2017, p. 13). As classroom instructors, we are in a privileged position to assist trauma-survivors. There are few things more

⁶ SAMHSA provides guidance for professionals to help empower survivors to return to the present and to regain focus when such triggering occurs (SAMHSA 2014b, p. 151). Trigger warnings in higher education have prompted no shortage of debate, see for example (Siegel 2016).

empowering than education. How might a commitment to the value of empowerment change the way one teaches in the classroom?

6. Theological Implications

The above sections on trauma, trauma-informed approach, and trauma-informed pedagogy drew primarily from well-researched, secular resources. What does a faith commitment and religious context contribute to these secular insights? Keefe-Perry and Moon provided five markers of trauma-informed religious education:

1. Actively acknowledge the widespread impact of trauma and recognize potential signs and markers of trauma in congregants, families, staff, and community members;
2. Integrate knowledge about trauma into policies, training, and pedagogy;
3. Explicitly seek to resist re-traumatization, even while knowing this is a challenge that [religious education offerings] may fail to meet in every case.
4. Understand that there are responses that encourage spaces supportive of courageous risk-taking and provide participants with healthy means to consider the potential value of taking a risk on deepening relationships with others and God.
5. Incorporate practices that emphasize interpersonal identity, embodiment, and the importance of the imagination for flourishing and healing. (Keefe-Perry and Moon 2019, p. 38).

Their first three markers (acknowledge, recognize, integrate, and resist) correspond to SAMHSA's fourfold definition of a trauma-informed setting (realize, recognize, respond, and resist). Their last two markers are fruitfully compared to (though not identical with) the five core values of trauma-informed pedagogy (safety, trustworthiness, choice, collaboration, and empowerment) presented by Fallot and Harris (2009, p. 3). Keefe-Perry and Moon intentionally prioritize "a space co-created by those present" over a facilitator-dependent sense of "safe" space (Keefe-Perry and Moon 2019, p. 33). Through this approach, they locate trustworthiness as an attribute of the entire classroom community, not just the instructor, and emphasize the value of courageous risk-taking as an expression of choice, collaboration, and empowerment. Thus, they claim, "Religious education spaces, among others, can support life-giving processing, courageous meaning-making, and trust building" (Keefe-Perry and Moon 2019, p. 34). Indeed, this form of courageous risk-taking animates their vision for trauma-informed religious education, with the potential for "deepening relationships with others and God" (Keefe-Perry and Moon 2019, p. 38). Regardless of one's location on the spectrum of classroom safety and risk-taking, it is apparent that trauma-informed pedagogy in religiously affiliated higher education classrooms shares much with secular contexts, drawing on the same insights from psychology, neuroscience, and public health (e.g., Carello and Butler 2014, pp. 163–64). Furthermore, as religious educators, we have the advantage of being equipped to talk about God.

For instructors in theological education and religious studies, it is important to remember that trauma is a spiritually disruptive experience. Trauma affects mind, body, and soul, causing the survivor to reassess who they are and who God is. Trauma disrupts narrative and engages the body in ways too deep for the mind to process. Rambo explored this reality through Holy Saturday, a theology of remaining hovering between life and death, and the witness of the Holy Spirit in the midst (Rambo 2010). Jones examined its impact on our understanding of grace and the cross (Jones 2009). Beste wrestled with its implications for human freedom and divine grace (Beste 2007). Baldwin reexamined everything she had been taught about God and the human condition (Baldwin 2018). Whether viewed through the lens of theopoetics (Rambo 2010), reformed theology (Jones 2009), a revision of Rahnerian theology (Beste 2007), or the crucible of one's own faith journey (Baldwin 2018), trauma interrupts and reframes faith. It changes the way we think about God, sin, and salvation. Previously held theologies of atonement and redemption may prove unhelpful or even false.

As classroom instructors, we do not have to become experts on these theological loci—and it is beyond the scope of this article to explore the many and deep theological dimensions of trauma. Nor is it our role to provide a therapeutic space or psychological counseling. Yet, Keefe-Perry and Moon

asserted that religious education can appropriately become a place to “establish a bond” (Keefe-Perry and Moon 2019, p. 33). This is true not only in congregational settings but also undergraduate and graduate classrooms in religious and theological contexts. Noting “how trauma can impede the ability of the survivor to develop new relationships with ideas, people, and God,” Keefe-Perry and Moon emphasized the relationship-building potential of religious education (Keefe-Perry and Moon 2019, pp. 32–33). Trauma-informed pedagogy contributes to this potential through its core values, which nurture a supportive learning community in which students can risk sharing and hearing experiences that may not make rational sense. Thus, Keefe-Perry and Moon also emphasized the affective and embodied experiences of learning as important features of trauma-informed pedagogy: “embodied, aesthetic, and theopoetic knowledges are lifted up as important as rational, propositional discourse” (Keefe-Perry and Moon 2019, p. 37). Ott and I emphasized a similar combination of pedagogical lenses through our study of teaching sexuality and religion: perspective transformation draws on affective learning to increase empathy and embodied learning attends to the whole person in the classroom (Stephens and Ott 2020, p. 2). Combined with trauma-sensitive pedagogy, we described our approach as “a holistic endeavor bringing many challenges and potential benefits to classroom pedagogy about religion” (Stephens and Ott 2020, p. 2). Trauma-informed pedagogy is indeed a risky and courageous venture.

7. Care for Instructors

Classroom instructors are on the front lines of community support and are potentially exposed to many survivors and their trauma histories. The more one practices trauma-informed pedagogy, the more attuned one becomes to the survivors of trauma who surround us daily, including one’s own self. Practicing trauma-sensitive classroom techniques may prompt a more conscious awareness of one’s own unhealed traumatic wounds. Furthermore, the more reliably one upholds the core values of trauma-informed pedagogy, the more students will perceive one to be safe, trustworthy, and empowering, thus prompting more frequent divulging of the traumas that are already present within their lives and one’s classroom. Trauma is remarkably prevalent, and the increased awareness of and proximity to this reality can itself become traumatic.

The experience of vicarious or secondary trauma (sometimes accompanied by compassion fatigue) is a real and present danger. Secondary trauma refers to the physiological, emotional, and mental effects of being exposed to the primary trauma of another person, either as a witness to the traumatic event itself or bearing witness to the traumatic effects on that person. It is important that classroom instructors take time to debrief with colleagues, pastors, counselors, and other professionals about the emotional, spiritual, and physical toll that such work demands (Davidson 2017, pp. 20–21). Being aware of trauma helps us through this journey, but the vicarious effects are no less intense and no less real. It is important to remember that a trauma-informed approach is the work of an entire community of support.

8. Conclusions

This article has set forth an argument for the importance of trauma-informed pedagogy, particularly for higher education instructors in religious and theological settings. The existing literature at the intersection of religious education and trauma-informed pedagogy is in its infancy. Thus, a principle feature of this article was bibliographic, portraying the state of scholarship at the intersection of religious education and trauma and pointing to resources necessary for further development. The article promoted further development of this literature by providing a shared, conceptual basis for trauma-informed pedagogy in religious instruction, based on recent insights from psychology, neuroscience, and public health studies. The article defined and described trauma, introduced the features of a trauma-informed community approach, and discussed the core values guiding trauma-informed pedagogy. The article also explored religious aspects of trauma and the danger of secondary trauma for classroom instructors, especially those with a heightened attunement

to the indicators of trauma history. This article raised significant points of debate within the study of trauma-informed pedagogy and implied avenues of further research.

Significant points of debate within the study of trauma-informed pedagogy include the following. First, trauma-informed pedagogy has been presented as a mode of teaching, yet trauma-informed practices also are used as scholarly tools in specific disciplines as well as a subject of study in their own right, serving as content for classroom discussion. How are these different uses and purposes distinguished in trauma-informed teaching? Second, much of the conversation revolves around safety and risk in education. If trauma-informed pedagogy should be seen not as an accommodation to some learners' needs but rather a standard classroom practice for all learners, how does one negotiate or issue trigger warnings when teaching about trauma or assigning potentially sensitive material in a classroom assignment? Third, trauma is present in the classroom whether we address it or not. When practicing trauma-informed pedagogy, how should the instructor navigate between sensitivity to trauma-laden subject matter in the classroom and the pre-existing trauma histories that students (and instructors) bring with them to the classroom? Fourth, trauma involves experiences that cannot be adequately shared through words yet manifest themselves in our bodies. How do affect and empathy enter into the perspective transformation we may desire of our students? Finally, trauma-informed pedagogy causes us to reevaluate the very nature and goal of religious education. Does our pedagogy have mainly to do with content delivery, skills development, relationship-building, or some necessary combination of all of these aspects of learning?

This article also implied avenues for further research. More research needs to be done on how this model of pedagogy works in practice, such as the three-year study by [Harrison et al. \(2020\)](#). Future research should attend to Carello and Butler's proposals for trauma-informed teaching ([Carello and Butler 2014](#), pp. 163–64), particularly in relation to the five markers proposed by [Keefe-Perry and Moon \(2019, p. 38\)](#). Furthermore, each of the elements of trauma-sensitive teaching presented in this article need illustration and example in a variety of institutional contexts.⁷

Trauma-informed pedagogy, despite the risk it entails, is no longer an optional means of instruction; it is a necessary and essential tool for religious educators in higher education. Furthermore, the analysis of theoretical discourse presented in this article is very important for any kind of education, not limited to religious education. As classroom instructors in higher education, it is imperative that we equip ourselves with the tools of trauma-informed pedagogy and contribute as helping professionals to a trauma-informed community of support.

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Abbreviations

The following abbreviations are used in this manuscript:

ACE	Adverse Childhood Experience
CDC	Centers for Disease Control and Prevention
MDPI	Multidisciplinary Digital Publishing Institute
PTE	Potentially Traumatic Event
PTSD	Post-Traumatic Stress Disorder
SAMHSA	Substance Abuse and Mental Health Services Administration

⁷ One such effort is an issue of *Spotlight on Teaching in Religious Studies News*, a publication of the American Academy of Religion, on the topic "Trauma-Informed Pedagogy," planned for fall 2020. <https://rsn.aarweb.org/spotlight-on/teaching>.

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