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Trauma-Informed Care-Based Christian Education Model For Child Victims Of Domestic Violence In Christian Families

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ABSTRACT

Domestic violence in Christian families remains a deeply troubling yet often hidden phenomenon, with children bearing profound psychological, spiritual, and developmental consequences. Despite increasing awareness of trauma's impacts, Christian education (Pendidikan Agama Kristen/PAK) in Indonesian contexts has rarely integrated trauma-informed approaches, potentially re-traumatizing vulnerable children through insensitive pedagogical practices. This research develops and evaluates a trauma-informed care-based Christian education model specifically designed for child victims of domestic violence in Christian families. Using design-based research methodology, this study involved collaborative development with trauma specialists, pastoral counselors, and PAK educators, followed by implementation with twenty-eight children aged eight to twelve from three church-based support programs in North Sumatera. The developed model integrates six core trauma-informed principles: safety, trustworthiness and transparency, peer support, collaboration and mutuality, empowerment and choice, and cultural humility. These principles were operationalized through specific pedagogical strategies including establishing physical and emotional safety, using predictable routines, offering meaningful choices, validating children's experiences, addressing theological questions emerging from trauma, and reframing harmful biblical interpretations that perpetuate abuse. Data collected through classroom observations, interviews with children and caregivers, trauma symptom assessments, and analysis of children's theological expressions revealed significant outcomes. Children demonstrated decreased trauma symptoms, increased sense of safety in educational settings, more positive God-images, enhanced capacity for emotional regulation, and deeper theological understanding that integrated their lived experiences. The model also facilitated disclosure of abuse, connection with support resources, and shifts in harmful theological beliefs. However, implementation faced challenges including educator resistance to addressing trauma explicitly, institutional fears about liability, tension between therapeutic and educational objectives, and the need for extensive training. This research contributes a theoretically grounded, empirically tested framework for trauma-sensitive Christian education, offering practical guidance for churches, schools, and ministries serving traumatized children while advancing theological reflection on how faith communities can embody healing presence for the most vulnerable.

Keywords: trauma-informed care; Christian education; domestic violence; child abuse; theological pedagogy; PAK; pastoral care



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INTRODUCTION

The intersection of domestic violence and Christian families presents one of the most vexing challenges facing contemporary churches, theological educators, and pastoral care providers. While public discourse increasingly acknowledges domestic violence as a pervasive social problem affecting all demographic sectors, Christian communities have been slower to recognize and address violence

within their own families, often maintaining what researchers term a "culture of silence" that protects perpetrators, blames victims, and leaves children bearing invisible wounds that shape their development, relationships, and faith for decades. National data from Indonesia's Ministry of Women's Empowerment and Child Protection indicates that reported cases of domestic violence increased forty-seven percent between 2019 and 2022, with children present in seventy-three percent of incidents involving intimate partner violence. These statistics, while alarming, likely represent only a fraction of actual violence, as shame, fear, and religious pressures often prevent Christian families from reporting abuse (Landwehr, n.d.; Yule et al., 2019).

Children exposed to domestic violence, whether as direct victims or witnesses, experience profound trauma that affects every dimension of their being. Van der Kolk's seminal research in 2014 on the neurobiology of trauma demonstrates that chronic exposure to violence fundamentally alters brain development, particularly in regions governing emotional regulation, threat detection, and relational bonding. Children from violent homes often exhibit hypervigilance, difficulty trusting adults, emotional dysregulation, impaired executive functioning, and complex trauma symptoms including dissociation, intrusive memories, and somatic complaints. Beyond these psychological and neurological impacts, children in violent Christian families face distinctive spiritual wounds including distorted God-images, confusion about concepts like forgiveness and submission, shame regarding their family's failure to embody Christian ideals, and theological questions about why God permits their suffering (Walker et al., 2010).

Christian education, or Pendidikan Agama Kristen (PAK) in Indonesian contexts, represents a critical site where traumatized children's healing could be supported or, conversely, where additional harm might occur. PAK in Indonesian Protestant churches and Christian schools typically focuses on biblical knowledge transmission, character formation according to Christian virtues, and cultivation of personal piety through prayer and devotional practices. While these objectives are not inherently problematic, traditional PAK pedagogies often remain unconscious of trauma's impacts, potentially creating environments that trigger traumatized children's threat responses, reinforce harmful theological beliefs, or fail to provide the safety and attunement traumatized children desperately need (Thomas, 2015).

Specific aspects of conventional PAK practice can be particularly harmful for trauma-affected children. Teachings about submission to parental authority, presented without nuance or qualification, may be weaponized by abusive parents to demand children's compliance with violence. Emphasis on forgiveness, when divorced from justice and accountability, can pressure children to "forgive and forget" ongoing abuse, leaving them spiritually and physically vulnerable. Depictions of God as stern father-judge may reinforce traumatized children's existing terror rather than communicating divine compassion. Expectations for emotional self-control and public worship participation may overwhelm children whose trauma has impaired their regulatory capacities. Lack of space for doubt, anger, or difficult questions may communicate that traumatized children's authentic experiences are unwelcome, driving wedges between their lived reality and professed faith (Hastuti, 2023; Imeldawati et al., 2021).

Trauma-informed care (TIC) has emerged over the past two decades as a comprehensive framework for organizational and individual practices that recognize trauma's pervasive impacts and actively work to avoid re-traumatization while promoting recovery. Developed initially in mental health and social service contexts, TIC rests on understanding how trauma affects individuals, relationships, and communities, and on restructuring practices, policies, and environments to maximize safety, empowerment, and healing. The Substance Abuse and Mental Health Services Administration (SAMHSA) articulated in 2014 six fundamental principles of trauma-informed approaches: safety, ensuring physical and emotional security; trustworthiness and transparency, operating with clarity and consistency; peer support, leveraging shared experience for healing; collaboration and mutuality, flattening power hierarchies; empowerment, voice, and choice, maximizing individuals' autonomy;

and cultural, historical, and gender issues, recognizing how identity intersects with trauma (Frederik, 2020; Josua & Kiamani, 2024).

While TIC has been increasingly adopted in schools, healthcare, criminal justice, and child welfare systems, its integration into religious education remains severely limited. The few existing studies exploring trauma-informed approaches in Christian contexts have focused primarily on pastoral counseling or worship practices, with minimal attention to pedagogical application in formal Christian education settings. This gap is particularly pronounced in Indonesian contexts where research on PAK has traditionally emphasized curriculum content, teaching methods for cognitive objectives, and alignment with theological traditions, rarely engaging contemporary insights from trauma studies, neuroscience, or therapeutic pedagogy.

The urgency of developing trauma-informed PAK is underscored by the reality that churches and Christian schools are often the primary, sometimes only, institutional contexts where traumatized children from Christian families receive sustained attention from caring adults. Unlike secular schools where children might resist religious counseling or where educators lack theological literacy to address spiritual dimensions of trauma, Christian education settings offer unique opportunities to integrate healing practices with theological reflection, to reconstruct harmful God-images, and to embody faith communities as contexts of sanctuary rather than sites of additional wounding.

However, developing trauma-informed PAK requires more than simply importing TIC principles for mental health contexts into religious education. It demands sophisticated theological work to ensure trauma-informed practices cohere with Christian anthropology, soteriology, and ecclesiology. It requires pedagogical creativity to operationalize abstract principles like "safety" and "empowerment" in concrete instructional strategies appropriate for children at various developmental stages. It necessitates cultural sensitivity to Indonesian contexts where communal values, hierarchical social structures, and particular gender norms shape both the dynamics of domestic violence and the possibilities for intervention. And it demands empirical validation to demonstrate that trauma-informed approaches actually benefit traumatized children in religious education contexts rather than merely importing fashionable secular frameworks (D et al., 2024; Krisdyanti et al., 2024).

This research addresses these challenges by developing and evaluating a comprehensive trauma-informed care-based PAK model specifically designed for child victims of domestic violence in Christian families. The study integrates insights from trauma studies, therapeutic pedagogy, biblical theology, and Indonesian cultural contexts to create a model that is simultaneously trauma-responsive, theologically coherent, pedagogically sound, and culturally appropriate. Through design-based research involving iterative cycles of development, implementation, evaluation, and refinement, this study not only produces a practical intervention but also generates theoretical understanding of how trauma-informed principles can inform Christian education more broadly.

The research questions guiding this investigation are: How can trauma-informed care principles be adapted into pedagogical practices appropriate for PAK with traumatized children? What are the impacts of trauma-informed PAK on children's trauma symptoms, spiritual development, theological understanding, and sense of safety in religious education contexts? What theological resources and challenges emerge when integrating trauma-informed approaches with Christian education? What organizational, cultural, and practical barriers affect implementation of trauma-informed PAK in Indonesian church contexts? And how do children, caregivers, and educators experience trauma-informed PAK compared to traditional approaches?

By addressing these questions, this research makes several contributions. Theoretically, it extends trauma-informed care frameworks into religious education, demonstrating how secular therapeutic insights can be integrated with theological commitments. Practically, it provides detailed, empirically validated guidance for churches, schools, and ministries seeking to serve traumatized children more effectively. Theologically, it advances reflection on how Christian communities can embody healing

presence for vulnerable members while maintaining theological integrity. And methodologically, it demonstrates the value of design-based research for developing and refining pedagogical innovations in religious education contexts (Harris & Fallot, 2001; Irwin, 2021; Thurber & White, 2025).

RESEARCH METHODS

This research employed design-based research (DBR) methodology, which the Design-Based Research Collective defined in 2003 as a systematic but flexible methodology aimed at improving educational practices through iterative analysis, design, development, and implementation based on collaboration among researchers and practitioners in real-world settings. DBR was selected because it aligns with this study's dual objectives of developing a practical intervention (trauma-informed PAK model) and generating theoretical understanding (principles for trauma-sensitive Christian education), while allowing the flexibility to refine approaches based on implementation experience.

The research was conducted through partnership with three church-based children's support programs in North Sumatera, Indonesia, that serve families affected by domestic violence. These programs, affiliated with different denominations (one Reformed, one Pentecostal, one non-denominational evangelical), provide various forms of support including safe spaces for children during crisis, pastoral counseling for families, advocacy with authorities, and supplemental Christian education. The programs were selected based on their existing relationships with families affected by domestic violence, willingness to participate in research, and openness to pedagogical innovation.

Participants included twenty-eight children aged eight to twelve who had experienced domestic violence either as direct victims of child abuse or as witnesses to intimate partner violence in their families. All children were actively involved in their churches and had some prior exposure to Christian education, though their experiences varied from formal Sunday School to informal Bible stories. Children were recruited through the support programs with careful attention to trauma-informed consent processes. Rather than having parents provide consent, which could place children at risk if abusive parents withheld permission to protect family secrets, ethical approval was obtained for the support program staff, who serve in loco parentis roles for participating children, to provide consent while children provided assent. This approach balanced research ethics with protection of vulnerable children.

Supporting participants included twelve PAK educators from the three programs who would implement the trauma-informed model, six pastoral counselors and social workers who provided trauma expertise, and fifteen caregivers (non-abusive parents, extended family members, or foster parents) who could report on children's functioning outside the educational context. This multi-stakeholder approach recognized that trauma-informed PAK requires not just curriculum but systemic change in how faith communities understand and respond to traumatized children.

The research proceeded through four iterative phases aligned with DBR methodology. Phase one involved intensive needs assessment and model development. Researchers conducted interviews with children, caregivers, PAK educators, and trauma specialists to understand current challenges in Christian education for traumatized children, existing practices that were helpful or harmful, and stakeholder needs and expectations. Literature review examined trauma-informed care principles, therapeutic pedagogies, biblical theologies relevant to suffering and healing, and existing PAK approaches. Based on this foundation, the research team collaboratively developed the initial trauma-informed PAK model through a series of design workshops bringing together theological educators, trauma therapists, and experienced PAK teachers.

The developed model centered on six core principles adapted from SAMHSA's trauma-informed framework but theologically grounded and pedagogically operationalized for PAK contexts. First, safety was established as the foundational principle, recognizing that traumatized children's survival-oriented nervous systems constantly scan for threat and that learning cannot occur when children feel unsafe. Safety was operationalized through physical environment design (consistent locations,

comfortable seating, clear exits, minimal sensory overload), emotional safety practices (predictable routines, clear expectations, gentle transitions, minimal demands for public vulnerability), relational safety (consistent educators, appropriate boundaries, demonstrated care), and theological safety (God-images emphasizing divine compassion rather than punishment, space for difficult questions and doubts).

Second, trustworthiness and transparency addressed traumatized children's difficulty trusting adults following betrayal by caregivers. This was operationalized through consistent follow-through on commitments, clear communication about what would happen in class, honoring confidentiality boundaries while being clear about mandatory reporting, acknowledging mistakes when they occurred, and demonstrating that children's input genuinely shaped educational experiences. Third, peer support leveraged children's capacity to support one another's healing through shared experience. This was operationalized through small group activities allowing children to connect with peers who understand domestic violence, carefully facilitated sharing that avoided voyeuristic focus on trauma details, and collaborative projects building community.

Fourth, collaboration and mutuality recognized that traditional authoritarian educational models can replicate abusive power dynamics. This was operationalized by offering children meaningful choices about activities, topics, and participation levels; co-creating classroom agreements rather than imposing rules; seeking children's input on what was helpful; and positioning educators as guides rather than authorities. Fifth, empowerment, voice, and choice built on collaboration by actively cultivating children's agency, recognizing that domestic violence destroys children's sense of control. This was operationalized through project-based learning allowing children to explore topics meaningful to them, multiple modalities for expression (verbal, artistic, musical, kinesthetic), and affirmation of children's competence and capacity.

Sixth, cultural humility addressed how Indonesian cultural contexts, gender expectations, and particular theological traditions shaped both the dynamics of domestic violence and possibilities for healing. This was operationalized by integrating Indonesian cultural resources for healing, attending to how gender socialization affects boys' and girls' trauma responses differently, and critically examining theological teachings that might perpetuate abuse while lifting up biblical resources for liberation and healing.

Beyond these principles, the model included specific pedagogical strategies and curricular content. Pedagogical strategies included beginning each session with grounding activities helping children regulate their nervous systems, using story and metaphor rather than abstract theological concepts, incorporating creative arts as non-threatening means of expression, limiting verbal processing demands, offering physical movement opportunities, and closing with rituals of blessing and safety. Curricular content was organized around four thematic units: God's character and care, exploring biblical portraits of God as protector, refuge, and compassionate parent who sees children's suffering; Psalms of lament, validating expressions of pain, anger, and doubt while modeling honest prayer; Stories of deliverance, examining biblical narratives of liberation from oppression; and Belonging in God's family, reimagining church community as safe space. Each unit included age-appropriate theological concepts, biblical texts, experiential activities, and opportunities for personal application.

Phase two involved initial implementation over one semester with the twenty-eight participating children divided into four small groups of seven children each, with two groups at each of two program sites. Each group met weekly for ninety-minute sessions led by trained PAK educators with trauma specialists available for consultation. Implementation was carefully documented through detailed field notes, video recordings of sessions, and weekly debriefing meetings where educators reflected on what occurred and identified needed adjustments.

Phase three consisted of comprehensive evaluation using multiple data sources and methods. Quantitative data were collected through pre- and post-implementation administration of the Child PTSD Symptom Scale (CPSS) measuring trauma symptoms, the Spiritual Well-being Scale adapted

for children assessing religious and existential well-being, and the My God Image Scale evaluating children's conceptions of God's character. Qualitative data were gathered through semi-structured interviews with children exploring their experiences of the program, what was helpful or difficult, changes they noticed in themselves, and their developing theological understanding; interviews with caregivers reporting on observable changes in children's functioning, behavior, and spiritual engagement; focus groups with educators reflecting on implementation experiences, challenges encountered, and perceived impacts; and analysis of children's creative products including drawings, writings, and other expressions produced during sessions.

Phase four involved model refinement based on evaluation findings, followed by a second implementation cycle with an additional sixteen children to test the revised model. This iterative process of implementation, evaluation, and refinement is central to design-based research methodology, allowing progressive improvement based on real-world testing.

Data analysis employed mixed methods approaches appropriate to the different data types. Quantitative data from standardized instruments were analyzed using paired-sample t-tests to compare pre- and post-implementation scores, with effect sizes calculated to estimate magnitude of change. Qualitative data were analyzed using thematic analysis following Braun and Clarke's methodology, involving systematic coding, theme development, and integration of findings across data sources. Particular attention was paid to children's theological expressions, analyzing how their God-images, understandings of suffering, and conceptions of church community evolved through the program.

Ethical considerations were paramount given the vulnerable population. Beyond obtaining ethical approval from Sekolah Tinggi Teologi Sumatera Utara's ethics committee and implementing trauma-informed consent processes, the research incorporated multiple protections. All educators and researchers completed training in recognizing and reporting child abuse. Clear protocols were established for responding to disclosures of ongoing abuse, balancing research confidentiality with legal mandating reporting obligations. Trauma specialists were available to provide immediate support if children experienced distress during sessions or interviews. Data were stored securely with identifying information separated from responses. And continuous monitoring assessed whether participation caused harm, with readiness to withdraw children showing adverse effects.

The research acknowledges several limitations. First, the small sample size and non-random selection limit generalizability of findings. Second, the intensive resources required for implementation (small group sizes, trained educators, trauma specialist consultation) may not be replicable in typical church contexts with limited resources. Third, the semester-long timeframe captures only short-term impacts, not long-term effects on trauma recovery or faith development. Fourth, the absence of a control group receiving traditional PAK prevents definitive causal claims about the trauma-informed model's efficacy. Fifth, the researchers' theological commitments and trauma-informed orientations likely influenced data collection and interpretation despite efforts at reflexivity.

RESULTS AND DISCUSSION

Implementation of the trauma-informed PAK model produced significant impacts across multiple domains including children's trauma symptoms, spiritual well-being, God-images, theological understanding, and sense of safety in educational settings. Analysis of quantitative and qualitative data revealed four major themes: the centrality of safety in enabling learning, theological reconstruction of harmful beliefs, emergence of authentic spiritual expression, and the challenge of balancing therapeutic and educational objectives.

The first and most fundamental theme concerns the centrality of safety as the necessary foundation for any learning with traumatized children. Pre-implementation observations and interviews revealed that traditional PAK environments often triggered traumatized children's threat responses through various mechanisms. Unpredictable transitions between activities activated hypervigilance. Demands for public verbal responses overwhelmed children whose trauma impaired executive functioning.

Physical environments with high sensory stimulation (bright lights, loud music, crowded spaces) dysregulated already fragile nervous systems. Authoritarian teaching styles replicated abusive power dynamics. And theological content emphasizing God's judgment or demanding immediate behavior change intensified shame and fear.

Children described these traditional experiences in ways revealing their traumatic impacts. One child, Rita, explained: "In Sunday School before, I was always scared the teacher would call on me and I wouldn't know the answer. My stomach would hurt and I would want to run away. I couldn't pay attention because I was just watching to see if the teacher was getting mad." Another child, Samuel, shared: "When they sang loud songs about God being powerful and mighty, it reminded me of my dad yelling. I would cover my ears but then the teacher said I wasn't worshiping." These accounts illustrate how conventional practices, though not intentionally harmful, inadvertently re-traumatized vulnerable children.

The trauma-informed model's emphasis on establishing safety through predictable routines, gentle transitions, choice-offering, and calm environment produced observable changes in children's engagement. Educators reported that children who had previously appeared shut down, resistant, or disruptive became progressively more present and participatory as safety was established. One educator, Maria, reflected: "In the first few weeks, the children tested everything. They would push boundaries, refuse to participate, watch constantly to see how I would react. But as they experienced consistency, as they saw I wouldn't yell or shame them, as they felt safe, something shifted. They began to risk engaging, to offer ideas, to express themselves."

Observational data confirmed these reports. Video analysis of early sessions showed children exhibiting multiple signs of threat activation including fidgeting, blank stares, physical withdrawal, and hypervigilance toward the educator. By mid-semester, the same children demonstrated increased calm presence, eye contact, spontaneous participation, and physical relaxation. One particularly striking sequence showed a child, David, who spent the first three sessions sitting against the wall farthest from the educator, never speaking. By session eight, David voluntarily sat in the circle, asked a question about the Bible story, and participated in the art activity. When asked what changed, David explained: "I watched to see if this teacher was like the angry teachers before. When I saw she was safe, I could come closer."

The importance of safety extended beyond creating comfortable learning environments to enabling children to engage with challenging theological content. The model's curricular focus on Psalms of lament exemplifies this. Lament Psalms express raw emotions including anger at God, accusations that God has abandoned the sufferer, and doubts about God's goodness. For traumatized children, these texts could validate their own difficult feelings, but only if the educational environment felt safe enough to acknowledge such emotions (Inoue, 2019; Newbury, 2011).

In traditional PAK contexts, children reported that negative emotions toward God were discouraged or condemned. When a child expressed anger about unanswered prayers for their father to stop hitting, Sunday School teachers often responded with correction ("We don't talk to God that way"), theological explanation ("God has mysterious reasons"), or platitudes ("You need more faith"). These responses communicated that authentic emotional and spiritual experience was unacceptable, driving wedges between children's lived reality and professed faith.

In the trauma-informed model, the study of Psalm 13 ("How long, O Lord? Will you forget me forever?") occurred within a carefully constructed safe environment. Children were assured that expressing difficult feelings toward God was permitted, even valued. The educator modeled honest prayer including complaints and questions. Children were offered multiple means of expression beyond verbal, including drawing their prayers or writing letters to God. The result was powerful disclosure of children's authentic spiritual struggles. One child drew a picture of herself standing alone under storm clouds while God watched from a distant sunny sky, depicting her experience of divine abandonment. Another wrote: "Dear God, I am mad that you let my dad hurt my mom. I don't

understand why you didn't stop him. I want to trust you but it's hard." These expressions, which would be suppressed or corrected in traditional contexts, were received with compassion and theological engagement in the trauma-informed model.

Quantitative data confirmed the model's impact on children's sense of safety. On a five-item scale developed for this study measuring children's perceived safety in the PAK environment (including items like "I feel safe when I am in this class" and "I can be myself here"), mean scores increased from 2.4 pre-implementation to 4.3 post-implementation (on a five-point scale), a statistically significant change ($t=8.7$, $p<0.001$, $d=1.6$) representing a large effect size. This quantitative finding triangulated with qualitative reports from children, caregivers, and educators all attesting to increased comfort and safety.

The second major theme concerns theological reconstruction of beliefs that perpetuate abuse or impede healing. Interviews and initial theological assessments revealed that many children held beliefs directly resulting from or reinforced by harmful biblical interpretations including: children must obey parents unconditionally regardless of parents' behavior; forgiveness requires immediate reconciliation and cessation of consequences for abusers; suffering is punishment for sin or a test of faith that should be endured silently; anger at God or doubt indicates weak faith; and God is primarily judge who demands perfection and punishes failure.

These beliefs, while perhaps not explicitly taught, emerged from particular interpretations of biblical texts that, when presented without nuance or context, became weapons perpetuating abuse. Ephesians 6:1's command to "obey your parents in the Lord" was weaponized by abusive parents to demand compliance with violence. Matthew 18's teaching on forgiveness was distorted to pressure children to reconcile with abusive family members without requiring accountability or behavior change. Verses about suffering producing perseverance (Romans 5:3-4) were twisted to suggest that enduring abuse builds character. Prohibitions against questioning God (Job 38-41) were used to silence children's legitimate theological struggles.

The trauma-informed PAK model directly addressed these harmful beliefs through careful biblical theology emphasizing God's character as defender of the vulnerable, liberator of the oppressed, and loving parent who never condones violence. The curriculum included explicit teaching distinguishing between healthy and unhealthy authority, explaining that the biblical command to obey parents assumes parents are acting in children's best interest and that children not only may but should resist commands to participate in sin or accept abuse. Drawing on biblical examples of resistance to unjust authority (Hebrew midwives in Exodus 1, Daniel's friends in Daniel 3), the curriculum affirmed children's moral obligation to protect themselves and seek help.

Similarly, teaching on forgiveness was reframed to emphasize that forgiveness does not require trust, reconciliation, or removal of consequences. Using the Joseph narrative (Genesis 37-50) as a model, the curriculum explored how Joseph ultimately forgave his brothers but only after they demonstrated genuine repentance, and even then Joseph established boundaries protecting himself. Children discussed the difference between forgiveness as releasing bitterness that poisons their own hearts versus premature reconciliation that leaves them vulnerable to ongoing harm.

Theological reconstruction also addressed God-images. Pre-implementation assessment using the My God Image Scale showed that traumatized children's dominant God-images were punitive and distant, with mean scores on the "God as loving parent" subscale of 2.1 out of 5, while scores on "God as harsh judge" averaged 4.2. These God-images, reflecting projection of abusive parent characteristics onto divine parent, create spiritual trauma compounding psychological trauma.

The curriculum intentionally worked to reconstruct God-images through multiple strategies. Biblical stories were selected to emphasize God's protective, compassionate, and liberating character, including the exodus narrative, Jesus's blessing of children, and parables depicting God as searching shepherd and celebrating parent. Theological teaching explicitly addressed God's opposition to

violence and injustice, citing prophetic condemnations of oppression and Jesus's particular care for vulnerable children. Creative activities invited children to express new understandings of God's character through art, music, and imaginative prayer. And educator modeling consistently embodied divine compassion through gentle, attuned, empowering relational presence.

Post-implementation God-image assessments showed significant shifts, with "God as loving parent" scores increasing to 3.8 ($t=7.2$, $p<0.001$, $d=1.4$) and "God as harsh judge" scores decreasing to 2.9 ($t=5.8$, $p<0.001$, $d=1.1$). Qualitative data illustrated these shifts. Child Esther explained: "Before I thought God was like my dad, angry and scary. Now I am learning that God is gentle and protects kids. When I pray now, I don't feel as scared." Child Daniel drew a picture contrasting his old God-image (large angry face hovering over small cowering figure) with his new God-image (gentle figure kneeling beside child, arm around shoulder).

The third major theme addresses the emergence of authentic spiritual expression when children experienced safety and theological reconstruction. Pre-implementation interviews revealed that many children's spiritual lives were characterized by performance, fear, and disconnection. They prayed rehearsed prayers because they were supposed to, not because prayer felt meaningful. They attended church to avoid punishment or meet expectations, not because they experienced genuine connection with God or community. They suppressed doubts and questions, presenting false piety while internally struggling.

The trauma-informed model's emphasis on authenticity, choice, and validation of difficult emotions created permission for genuine spiritual expression. This was particularly evident in prayer practices. Traditional PAK typically teaches rote prayers or formulas (ACTS: Adoration, Confession, Thanksgiving, Supplication) that, while structurally sound, can feel hollow or inaccessible to traumatized children whose primary spiritual need is to voice pain, not follow format.

The trauma-informed model introduced lament as a legitimate prayer form, modeling honest communication with God including complaints, questions, and demands for justice. Children were invited to write, draw, or speak prayers expressing their authentic feelings and experiences. The result was powerful spiritual honesty. Children prayed prayers like: "God, I am so mad that you didn't stop my dad. I need you to protect my mom. Please make him go away." "I don't understand why this happened to me. Did I do something bad? Are you even real?" "Thank you that I am safe here. Please help me not to be so scared all the time."

These prayers, while perhaps theologically unsophisticated or emotionally raw, represented authentic spiritual engagement in ways that rote recitations never could. Educators reported being moved, sometimes to tears, by children's honest prayers. One educator reflected: "When Samuel prayed asking God why he had to be hurt, I wanted to give him answers, to fix his theology. But I realized that what Samuel needed wasn't answers but the experience of being heard, of knowing that God can handle his questions and anger. That's what authentic relationship with God looks like."

The model also facilitated spiritual expression through creative arts. Recognizing that verbal processing is often difficult for traumatized children and that creative expression accesses different neural pathways, the curriculum incorporated extensive artistic activities. Children created paintings expressing their feelings about God, composed songs about their experiences, wrote poetry reimagining biblical stories from their own perspectives, and constructed installations representing their spiritual journeys.

Analysis of these creative products revealed remarkable theological depth and personal integration. One child created a mixed-media piece depicting a broken heart held by large gentle hands, explaining: "This is me, all broken, but God is holding the pieces together." Another child wrote a poem reimagining the Prodigal Son story from the perspective of a child whose father represents the waiting father: "Every day I watch for his anger to turn to kindness, for his fists to become open arms,

for him to become the dad I need, but he never does, so maybe God will be the father who runs to meet me."

Quantitative assessment of spiritual well-being using an adapted version of the Spiritual Well-being Scale showed significant increases from pre-implementation mean of 2.7 to post-implementation mean of 3.9 ($t=6.4$, $p<0.001$, $d=1.2$), indicating that children experienced increased existential meaning, sense of God's care, and integration between faith and life. Caregivers reported observable changes including children initiating prayer spontaneously, asking theological questions demonstrating genuine engagement, expressing desire to attend church or Christian education, and using faith as resource for coping with difficulty.

The fourth major theme concerns the tension between therapeutic and educational objectives, a challenge that emerged particularly for educators and institutional stakeholders. The trauma-informed PAK model explicitly incorporated therapeutic elements including trauma psychoeducation, emotional regulation strategies, and processing of traumatic experiences. This raised questions about whether the program was properly Christian education or had become therapy, whether educators with theological but not clinical training were equipped to facilitate trauma processing, and whether churches should engage in explicitly therapeutic work or refer children to professional counseling.

These questions generated significant discussion among educators and church leaders. Some embraced the integration of therapeutic and educational objectives, arguing that holistic Christian education must address children's emotional and psychological needs, not just cognitive and spiritual dimensions. One educator argued: "We cannot separate children's minds, hearts, and spirits into compartments. If a child is dysregulated, anxious, or dissociated because of trauma, no amount of biblical knowledge transfer will occur. Addressing trauma is not a distraction from Christian education but a prerequisite for it."

Others expressed concern about scope creep, worrying that explicit attention to trauma and therapeutic techniques moved beyond what volunteers or church staff should attempt. One church leader worried: "These children need professional therapy. By offering trauma-focused programming, are we giving families the impression that church can substitute for clinical treatment? And if something goes wrong, could our church be liable?" These concerns, while perhaps reflecting institutional risk aversion, also raised legitimate questions about appropriate boundaries and the relationship between ministry and therapy.

The research team's position, developed through ongoing dialogue with trauma specialists, theological educators, and church leaders, distinguished between trauma-informed practice and trauma treatment. Trauma-informed practice, appropriate for any context serving traumatized populations, involves recognizing trauma's impacts, avoiding re-traumatization, and creating environments supporting healing. It does not require clinical training and does not constitute therapy. Trauma treatment, conversely, involves clinical interventions addressing trauma symptoms and processing traumatic memories, requiring specialized training and licensing.

The trauma-informed PAK model was positioned as trauma-informed education, not trauma treatment. It incorporated trauma awareness, safety practices, and emotional support while maintaining clearly educational objectives focused on biblical literacy, theological understanding, and spiritual formation. When children disclosed ongoing abuse or exhibited symptoms requiring clinical intervention, referrals were made to professional counselors. This distinction, when clearly communicated, alleviated most stakeholder concerns while preserving the model's trauma-responsiveness.

Beyond these four major themes, several additional findings merit attention. First, the model facilitated disclosure of previously hidden abuse. The combination of safety, trusted relationships, and content addressing violence gave children permission and language to name their experiences. During the semester, nine children (32% of participants) disclosed abuse that had not been previously

reported, leading to appropriate interventions. While disclosure created increased stress in the short term, caregivers and children ultimately identified it as beneficial, with one mother explaining: "I thank God that this program gave my daughter safety to tell the truth. Now we can get help."

Second, children demonstrated increased capacity for emotional regulation. Pre-implementation, children exhibited frequent dysregulation including meltdowns, aggression, withdrawal, and dissociation. The trauma-informed model's integration of regulation strategies (deep breathing, grounding techniques, movement breaks, sensory tools) equipped children with skills they generalized beyond the classroom. Caregivers reported that children used breathing techniques when stressed at home, asked for movement breaks during homework, and generally showed improved emotional control.

Third, quantitative assessment of trauma symptoms using the Child PTSD Symptom Scale showed modest but statistically significant reduction from pre-implementation mean of 32.4 to post-implementation mean of 27.8 ($t=3.2$, $p=0.003$, $d=0.6$), a small to medium effect size. While the PAK program was not intended as trauma treatment and cannot substitute for clinical intervention, these results suggest that trauma-informed educational environments may provide some symptom relief, likely through increased safety, emotional validation, and coping skill development.

Fourth, implementation faced practical challenges including educator training demands, institutional resistance, resource requirements, and need for ongoing consultation. Educators required twenty hours of initial training in trauma impacts, trauma-informed principles, and therapeutic pedagogies, plus ongoing weekly consultation. Some educators struggled to shift from authoritarian to collaborative facilitation styles, to tolerate children's expressions of doubt and anger, and to resist urges to provide quick answers to complex theological questions. Institutions worried about liability, theological orthodoxy, and whether trauma focus would alienate families not experiencing violence. And the small group sizes, extensive materials, and specialist consultation demanded resources many churches lack.

CONCLUSION

This research demonstrates that trauma-informed care principles can be successfully integrated into Christian education to create learning environments that support healing for child victims of domestic violence while maintaining theological integrity and educational rigor. The developed model, grounding TIC principles in biblical theology and operationalizing them through specific pedagogical strategies, produced significant impacts on children's sense of safety, trauma symptoms, God-images, theological understanding, and spiritual well-being. These findings confirm that addressing trauma is not tangential to Christian education but essential for enabling traumatized children to engage meaningfully with Scripture, develop healthy faith, and experience church as sanctuary rather than site of re-traumatization.

The research contributes to Christian education theory by demonstrating how insights from neuroscience, trauma studies, and therapeutic pedagogy can inform religious education without reducing faith formation to psychological adjustment. The model shows that attending to children's safety, validating their experiences, and addressing their theological questions emerging from trauma enriches rather than compromises Christian education, producing deeper biblical engagement, more authentic spiritual expression, and more nuanced theological understanding than traditional approaches.

For practitioners, this study offers concrete guidance including the six core trauma-informed principles adapted for PAK contexts, specific pedagogical strategies for establishing safety and facilitating healing, curricular frameworks addressing theological reconstruction, and practical tools for implementation. These resources equip churches, schools, and ministries to serve traumatized children more effectively, embodying the biblical mandate to defend the vulnerable and bind up the brokenhearted.

The research also identifies significant challenges requiring ongoing attention including the need for extensive educator training in trauma-informed approaches, institutional fears about liability and theological appropriateness, tension between therapeutic and educational objectives, and resource demands that exceed many churches' capacities. Addressing these challenges will require systemic transformation of how theological institutions prepare Christian educators, how denominational bodies support trauma-responsive ministry, and how church budgets prioritize resources for vulnerable populations.

Future research should examine long-term impacts of trauma-informed PAK on children's faith development, trauma recovery, and relationship functioning. Comparative studies evaluating trauma-informed approaches against traditional PAK would strengthen causal claims about effectiveness. Research exploring trauma-informed adaptations for different age groups, cultural contexts, and types of trauma would extend the model's applicability. And theological scholarship examining biblical resources for trauma healing and developing trauma-informed ecclesiologies would deepen theoretical foundations.

Ultimately, this study contends that churches cannot claim to proclaim good news to the poor, freedom for prisoners, and recovery of sight for the blind (Luke 4:18) while ignoring the traumatized children in their midst or, worse, perpetuating their trauma through insensitive educational practices. Trauma-informed Christian education represents one crucial way faith communities can embody healing presence, proclaim a gospel that truly liberates, and demonstrate that God's love is not abstract doctrine but concrete reality experienced through communities of safety, compassion, and justice.

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