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# A NEW OPPORTUNITY

## Transforming Trauma

David Sedlacek

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### ABSTRACT

*Researchers and church administrators have a long-term interest in the stresses experienced by clergy and how these stressors relate to the ability of the clergy to minister effectively. Many of these stressors occur in pastors' families of origin prior to ministry. Adverse Childhood Experiences (ACEs) are forms of trauma that have long-term negative effects on one's physical, mental/emotional, spiritual/relational, and behavioral health. This article describes research on the effects of ACEs and reports the preliminary results of the first three years of a longitudinal study of ACEs on Seventh-day Adventist (SDA) seminary students. It makes recommendations designed to positively affect the state of pastoral ministry in the SDA Church. Trauma-informed pastors discover how to overcome the negative effects of trauma on themselves, which enables them to create trauma-informed congregations.*

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### ACE STUDY

ADVERSE CHILDHOOD Experiences (ACEs) have been shown to have deleterious effects on the physical, emotional, and behavioral health of those exposed to them. Dr. Vincent Felitti, one of the primary architects of the original study of ACEs, had been the director of a successful weight-loss clinic run by Kaiser Permanente Hospital in San Diego, California. Patients lost weight successfully, but upon six-month follow-up interviews, had regained the weight. Dr. Felitti reported that childhood sexual abuse was one factor he uncovered in these interviews that contributed to the relapse of his patients. This changed his approach in that he began to see weight gain as a symptom rather than the problem. He and a team of researchers began to think of adverse childhood experiences that might also be traumatic. In conjunction with the Centers for Disease Control, they designed the Adverse Childhood Experiences (ACE) study which has dramatically changed clinical practice to include a trauma focus on both assessment and intervention.

The original ACE Study was conducted at Kaiser Permanente from 1995 to 1997 with two waves of data collection. Over 17,000 Health Maintenance Organization members from Southern California receiving physical exams completed confidential surveys regarding their childhood experiences and current health status and behaviors. The CDC-Kaiser Permanente Adverse Childhood Experiences (ACE) Study is one of the largest investigations of childhood abuse and neglect and household challenges and later-life health and well-being.

Felitti's original conclusions were as follows:

“More than half of respondents reported at least one, and one-fourth reported  $\geq 2$  categories of childhood exposures. We found a graded relationship between the number of categories of childhood exposure and each of the adult health risk behaviors and diseases that were studied ( $P < .001$ ). Persons who had experienced four or more categories of childhood exposure, compared to those who had experienced none, had 4- to 12-fold increased health risks for alcoholism,

drug abuse, depression, and suicide attempt; a 2- to 4-fold increase in smoking, poor self-rated health,  $\geq 50$  sexual intercourse partners, and sexually transmitted disease; and a 1.4- to 1.6-fold increase in physical inactivity and severe obesity. The number of categories of adverse childhood exposures showed a graded relationship to the presence of adult diseases including ischemic heart disease, cancer, chronic lung disease, skeletal fractures, and liver disease. The seven categories of adverse childhood experiences were strongly interrelated and persons with multiple categories of childhood exposure were likely to have multiple health risk factors later in life” (Felitti et al. 1998, 251-2).

Since then, the ACE Study has been replicated many times with similar results. Felitti and his team expanded the ACEs from seven to ten indicators of abuse and neglect, including verbal/emotional, physical, or sexual abuse, emotional or physical neglect, parental separation or divorce, addiction, mental illness, imprisonment, or domestic violence in the home. Other researchers have created various iterations of the ACE study, but this study has become the foundation for the creation of best practices in many areas related to trauma and the long-term health, mental/emotional, spiritual/relational, and behavioral negative effects of trauma on survivors.

### PASTORAL STRESS

In addition to ACEs, pastors are not immune from the negative effects of work stress. The work demands on clergy are extensive and extraordinarily varied, with clergy often reporting that their training is not sufficiently related to their daily professional role demands (Werner 2002). Surveys suggest that clergy are one of the most trusted professions in the United States and that congregants turn to the clergy for assistance with a wide variety of traumatic life experiences (Weaver et al. 2003). These expectations can place significant stress on clergy who are not trained in areas in which congregants expect their help. Clergy often have difficulty setting time boundaries; that is, congregants expect their clergy to always be available (Hill et al. 2003). Research suggests the importance of understanding the current and changing stressors among clergy and their relationship with their families (Morris and Blanton 1998; Minor 2007) in order to avoid professional burnout, improve clerical family functioning (Warner and Carter 1984), and enhance the

pastor’s ability to fulfill their mission. David Sedlacek as co-principal investigator along with Duane McBride and Rene Drumm conducted a study of Seventh-day Adventist (SDA) pastoral families in 2014. These families provided data for both quantitative and qualitative research that confirmed SDA pastoral families experience significant stress (Sedlacek, et al 2014).

The Schaeffer Institute also reported that 80 percent of seminary and Bible school graduates will leave the ministry within five years. It is not clear how many die by suicide, but clearly pastors are not immune to it (LeClaire 2019). There is no lack of statistics about pastors experiencing negative outcomes such as depression, burnout, poor health, low pay, limited spirituality, weakened relationships, and a lack of longevity. According to the Schaeffer Institute, 70 percent of pastors constantly fight depression, and 71 percent are burned out. Meanwhile, 72 percent of pastors say they only study the Bible when they are preparing for sermons; 80 percent believe pastoral ministry has negatively affected their families; and 70 percent say they do not have a close friend (Krejcir 2016). If we hypothesize that the statistics for SDA pastors-in-training and those in the field are no different than for pastors in other Evangelical denominations, the urgency of further study cannot be overstated. We must explore how ACEs contribute to these statistics.

### RESULTS OF SEMINARY STUDENT ACE STUDY

In the fall semester of 2019, 49 incoming seminary students completed the SDA Seminary-expanded ACE questionnaire. The results revealed that 55% of students had one or more ACEs, and 41% had two or more ACEs using the original 10 ACEs (See Table 1). Using this data alone, the original ACE study would predict negative effects on the physical, emotional, and behavioral well-being of seminary students. These preliminary data put our seminary students at equal if not greater severity when compared with the general population.

Using the expanded ACE questionnaire (compare Tables 1 & 2), these numbers increased to 67% of students with one or more ACEs and 53% with two or more ACEs. Even though these numbers register higher than other ACE results, we suspect that they may be under-reported due to cultural variables. For example, of the 49 students in this pilot study, 10 were Asian students, none of whom reported any ACEs. While it is possible that they had no

childhood trauma, it is more likely that with their cultural ethic of respect, they did not perceive that what happened to them was traumatic (a denial effect) or that they simply chose not to report actual childhood trauma that did occur because it would bring shame on their families. This important finding will shape the type of educational interventions that will be developed for seminary students.

*Table 1 Original ACE Questionnaire*

1. Did a parent or other adult in the household often swear at you, insult you, put you down, or humiliate you or act in a way that made you afraid that you might be physically hurt?
2. Did a parent or other adult in the household often push, grab, slap, or throw something at you or ever hit you so hard that you had marks or were injured?
3. Did an adult or person at least 5 years older than you ever touch or fondle you or have you touch their body in a sexual way or try to or actually have oral, anal, or vaginal sex with you?
4. Did you often feel that no one in your family loved you or thought you were important or special or your family didn't look out for each other, feel close to each other, or support each other?
5. Did you often feel that you didn't have enough to eat, had to wear dirty clothes, and had no one to protect you or your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
6. Were your parents ever separated or divorced?
7. Was your mother or stepmother often pushed, grabbed, slapped, or had something thrown at her or sometimes or often kicked, bitten, hit with a fist, or hit with something hard or ever repeatedly hit over at least a few minutes or threatened with a gun or knife?
8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
9. Was a household member depressed or mentally ill or did a household member attempt suicide?
10. Did a household member go to prison?
Total Original ACE Score:

The ACE questionnaire was given again at the beginning of the fall 2020 and 2021 school years. Table 3 reports the findings of the ACE data and compares them to national data averages.

Because research reports that an ACE score of four or more ACEs predicts exponentially worse outcomes in those who have them, we thought that it would be important to explore this number among our seminarians. Table 4 reports the number of ACEs for the general population using the original ACE questionnaire.

<i>Table 2 Expanded ACE Questionnaire</i>	
1.	Did anyone in your family exercise dominance or control over other family members to the point where others felt that they had no voice?
2.	Were spiritual writings such as the Bible used by parents or other significant leaders to make you see things their way or to control your behavior or was a parent or primary caregiver committed to ministry to others to the point that your needs were neglected?
3.	Were you bullied at school over time physically, verbally or through cyber technology without effective intervention from parents or teachers?
4.	As a child, did you experience the death of a parent or sibling or did either of your parents abandon the family?
5.	Were you exposed over time to war or famine or been diagnosed with Post-traumatic stress disorder (PTSD)?
6.	Were you raised in a neighborhood where there was frequent gang activity, violence or other activity that resulted in your feeling unsafe?
7.	Did you feel pressured to perform in school or in other ways in order to earn your parents love or approval or to prove your own value/worth?
8.	Were you a student at a school where there was a school shooting, hostage situation or a similar terrorist threat or action?
9.	Did you experience traumatic or regular mistreatment or abuse due to your race, religion, gender, sexual orientation or culture?
10.	Were you raised in a country where there was government control of religion and other aspects of life or where dissent was met with force or imprisonment?
Total Original ACE Score:	

ACEs	Frequencies 2020-21 (n=96)	Frequencies 2021-22 (n=194)	National Data
Did a parent or other adult in the household often swear at you, insult you, put you down, or humiliate you? or Act in a way that made you afraid that you might be physically hurt?	No: 59.4% Yes: 40.6%	No: 71.1% Yes: 28.9%	33.46%
Did a parent or other adult in the household often push, grab, slap, or throw something at you? or Ever hit you so hard that you had marks or were injured?	No: 71.6% Yes: 28.4%	No: 79.8% Yes: 20.2%	17.5%
Did an adult or person at least 5 years older than you ever touch or fondle you or Have you touch their body in a sexual way? or try to or actually have oral, anal, or vaginal sex with you?	No: 73.7% Yes: 26.3%	No: 87.0% Yes: 13.0%	11.31%
Did you often feel that... No one in your family loved you or thought you were important or special? or Your family didn't look out for each other, feel close to each other, or support each other?	No: 75.8% Yes: 24.2%	No: 84.5% Yes: 15.5%	
Did you often feel that... You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? or Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?	No: 88.5% Yes: 11.5%	No: 92.3% Yes: 7.7%	
Were your parents ever separated or divorced?	No: 60.4% Yes: 39.6%	No: 69.2% Yes: 30.8%	28.24%
Was your mother or stepmother: Often pushed, grabbed, slapped, or had something thrown at her? Or Sometimes or often kicked, bitten, hit with a fist, or hit with something hard? Or Ever repeatedly hit over at least a few minutes or threatened with a gun?	No: 75.8% Yes: 24.2%	No: 89.2% Yes: 10.8%	17.76%
Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?	No: 78.9% Yes: 21.1%	No: 85.1% Yes: 14.9%	26.83%
Was a household member depressed or mentally ill or did a household member attempt suicide?	No: 70.5% Yes: 29.5%	No: 76.9% Yes: 23.1%	16.16%
Did a household member go to prison?	No: 89.6% Yes: 10.4%	No: 92.3% Yes: 7.7%	8.08%
Did anyone in your family exercise dominance or control over other family members to the point where others felt that they had no voice?	No: 71.6% Yes: 28.4%	No: 73.3% Yes: 26.7%	
Were spiritual writings such as the Bible used by parents or other significant leaders to make you see things their way or to control your behavior? or Was a parent or primary caregiver committed to ministry to others to the point that your needs were neglect.	No: 65.6% Yes: 34.4%	No: 76.9% Yes: 23.1%	
Were you bullied at school over time physically, verbally or through cyber technology without effective intervention from parents or teachers?	No: 65.3% Yes: 34.7%	No: 74.2% Yes: 25.8%	
As a child, did you experience the death of a parent or sibling? Or Did either or your parents abandon the family?	No: 83.2% Yes: 16.8%	No: 83.1% Yes: 6.9%	
Were you exposed over time to war or famine or been diagnosed with Post-traumatic stress disorder (PTSD)?	No: 96.9% Yes: 3.1%	No: 97.9% Yes: 2.1%	
Were you raised in a neighborhood where there was frequent gang activity, violence or other activity that resulted in your feeling unsafe?	No: 86.5% Yes: 3.5%	No: 83.6% Yes: 16.4%	
Did you feel pressured to perform in school or in other ways in order to earn your parents love or approval or to prove your own value/worth?	No: 64.2% Yes: 35.8%	No: 67.7% Yes: 32.3%	
In your ministry prior to coming to the seminary, were you demeaned, controlled or otherwise significantly hurt by conference leadership, another pastor or a congregation?	No: 66.7% Yes: 33.3%	No: 76.8% Yes: 23.2%	
Did you experience traumatic or regular mistreatment or abuse due to your race, religion, gender, sexual orientation or culture?	No: 79.2% Yes: 20.8%	No: 87.7% Yes: 12.3%	
Were you raised in a country where there was government control of religion and other aspects of life or where dissent was met with force or imprisonment?	No: 94.8% Yes: 5.2%	No: 93.3% Yes: 6.7%	

**Table 4** Number of ACEs for the General Population

Number of Adverse Childhood Experiences (ACE Score)	Women	Men	Total
0	34.5	38.0	36.1
1	24.5	27.9	26.0
2	15.5	16.4	15.9
3	10.3	8.6	9.5
4 or more	15.2	9.2	12.5
Mean ACE Scores	1.64	1.46	1.56

The percentage of pastors in training who scored four or more ACEs using the original 10 ACEs was 24%, almost twice the number as the total in the general population. This finding should give us pause for reflection and motivation to move forward with future research and interventions. The first follow-up study was done in the Spring of 2021. The number of seminary students who completed it was too low to be of statistical significance. We included variables such as depression, resilience, social support, and conflict, as well as attendance at events scheduled in the seminary such as a symposium on trauma, courses that included trauma content, and engaging in counseling over the past year. By collecting additional data in future years, the significance of these variables will be explored.

**POTENTIAL IMPLICATIONS**

These data challenge the SDA Seminary to think carefully about the educational experience offered. Much of our present educational content focuses on cognitive learning regarding theological topics of great importance. However, this research calls for intentionally including content that engages the inner being and the trauma that so many seminary students carry. More of our courses are doing this including Foundations of Biblical Counseling, Pastoral Counseling, Introduction to Chaplaincy, Advanced Trauma Intervention, and Marriage, Family, and Interpersonal Relations. To its credit, the seminary has developed a Seminary Care Team that is tasked to develop and present content on mental health such as anxiety and depression. The Care Team has also presented a Colloquium on Trauma followed up by shorter events. A Seminary Memorial service has been planned for the past two years to give students a time and space to grieve and celebrate the lives of loved ones. Students now have opportunities to engage in small groups including Journey to Wholeness—the SDA Church’s Christ-Centered 12-step program. The

Seminary chaplain and counselors make themselves available to students. First the Blade also offers counseling by social work interns who function under the supervision of a licensed seminary counselor. In some classes, seminarians are challenged to embracing their story and embark on a journey of healing that allows them to be authentic and even vulnerable with themselves and with their spiritual companion for the course. As they embrace their own journey of healing, they will be able to mentor others on their own journeys. The seminary is also contemplating requiring all students to take a minimum of one unit of Clinical Pastoral Education (CPE).

**CONCLUSIONS**

The author believes that further research on the impact of ACEs in the lives of pastors will positively affect the state of pastoral ministry in the Seventh-day Adventist Church by informing the leadership about best practices for individuals in ministry who may have experienced adverse childhood experiences. It is very possible that embracing the truth of their childhood stories and engaging in educational and counseling interventions will sensitize them and equip them to touch the lives of congregants in their ministry in ways that will become transformational. They will be able to minister from a place of vulnerability and a personal journey of healing—something much needed today. More importantly, their own experience with God and with their families will be richer, increasingly intimate, and stronger.

Local church congregations that are trauma-informed with leaders who are trauma-informed will be able to minister to the needs of the communities they serve in ways beyond the traditional evangelistic effort as the world is filled with brokenness as the result of sin. Not only will the people in these communities be potentially brought to Christ, but their real emotional needs will be met as well. In this process, they will come to know Christ as a Comforter and Healer. They will become discipled into a personal love-relationship with Jesus. However, this love relationship will be based on intelligent, scientific knowledge of brain science, trauma responses, and emotional reactivity.

Our goal is that the next generation of pastors will be more intimately and passionately in love with Jesus Christ, more self-aware, less controlled by their unresolved issues, and healthier in the way they relate to their families and congregations. There will be fewer pastors



who leave ministry because of burnout due to personal striving, fewer who leave ministry because their voices have not been heard, and a healthier church culture from top to bottom. Pastors will be taught how to integrate Bible knowledge with scientific findings to minister to the

total person. Administrators who recruit new pastors will have new tools for their interviews. Educators who train future pastors will be better equipped to disciple them in ways that reach not only their heads but also their hearts.

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