

Healing the Wounds of Trauma

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AI generation disabled

Summary: In 2001, a small group met in Nairobi to put together materials to respond to traumatized people in war zones across Africa. This program and its materials have spread around the world. First, the history and development of the program are presented. Then, the article reports research findings on the program's effectiveness in relieving trauma symptoms, developing spirituality, and increasing coping skills. The article closes with insights into why this approach has been so successful.

By **Harriet Hill**

In 1980, I arrived in Côte d'Ivoire to help people know God's love. My husband and I were members of SIL / Wycliffe Bible Translators. We were committed to translating the Bible into local languages to remove the language barrier to understanding God's love. Before long, I discovered another significant barrier: trauma.

In 1994, I was teaching at Pan African Christian College (now PACU) in Nairobi. It was the year of the Rwandan genocide. In Nigeria, Christians were being attacked. Sudan was in a prolonged civil war. The Central African Republic and Congo Brazzaville were experiencing coups, one after another.

The students told their stories. They fled their villages as bombs dropped. Churches burnt to the ground with people inside. There were brutal rapes in public. Bodies lay in the streets. A son was kidnapped by university colleagues, tortured, and killed.

How do you read the Bible from a place of suffering? That was my question. Over a period of years, *Healing the Wounds of Trauma: How the Church Can Help* (HWT) became the answer.

The Trauma Healing Approach

High trauma, low literacy, and no access to mental health services – these were the characteristics of many of the people in Africa we served.

In 2001, a group of expatriate and national Bible translators, mental health professionals, and pastors met in Nairobi. Inspired by the work of Rhiannon Lloyd,^[i] we identified ten key topics to address this trauma. Together, we drafted materials.

Lesson Topics

The first core lesson deals with a theology of suffering. It answers the question, "If God loves us, why do we suffer?" The second explores the effects of trauma and includes a listening exercise. The third lays out the grieving process, including laments.

Then come optional lessons. These are to be done as time allows. They cover rape, HIV-AIDS, helping children, care for the caregiver, and living as a Christian amid conflict.[ij]

Once participants have had time to name their trauma and explore its effects, the sessions end with two more core lessons. The first involves taking our pain to the cross of Christ, "by whose stripes we are healed." Participants write their pain on papers, pray together in twos, and nail their pain to the cross. It is often a time of healing. For example, one pastor could not stop drawing house plans, despite his wife's urging to stop. He had suffered the loss of several houses during atrocities in Burundi and was carrying that pain. After bringing his pain to the cross, that compulsion disappeared.

The final core lesson is on forgiveness. This includes understanding what forgiveness is and is not, seeing that bitterness hurts only us, and releasing vengeance to God. People are much more able to forgive once their pain is healed.

Lesson Structure

Each lesson starts with a trauma story that participants discuss in small groups. As the story is not their own, it is a safe starting point. Before long, they begin sharing their own stories – often things they have never told anyone before but think about constantly.

Next, the lesson explores the topic from cultural, biblical, and mental health perspectives, ending with application to life. The goal is helping people *experience* healing of their trauma, not just learning facts about it.

The lessons are participatory. Facilitators introduce the topic briefly to set the stage, but the backbone of the lessons is the participation: discussing in small groups, or in pairs, or in the large group, or doing an activity. For example, walking through grief as a journey between three villages helps people realize where they are in the process and that the "false bridge" of avoiding the pain leads nowhere. The more participatory, the more senses involved, the better![iii]

The discussion questions were tested until they worked well with groups regardless of the cultural context, educational, or economic level. For example, "Which of our grieving traditions are helpful? Which are harmful?" Both rural farmers in South Sudan and professionals in New York City can draw implications appropriate to their context. The materials travel well.

Program Development

In 2002, we piloted the lessons with a group of pastors from war zones across Africa. They had the opportunity to explore healing of their own trauma, translate the materials into their own languages, and learn how to facilitate sessions in a participatory way. After two weeks, they went home with a burning desire to share the good news of healing with others.

We gathered again the following year to hear these pastors report their experiences, celebrate their successes, and problem-solve. We revised the materials with their grassroots input and published HWT in 2004. We have been revising it ever since. [iv]

News spread organically across informal networks in Africa and beyond. Requests came pouring in: "Please come help us! We don't know what to do! Our people are acting strangely since the attacks."

From those humble beginnings, HWT expanded. "What about children who have experienced trauma?" people asked. We developed Children's Trauma Healing. "What about people we can't reach because they are hiding in the forest from the Lord's Resistance Army?" We developed Audio Trauma Healing. "What about oral communicators?" This led to the creation of Story-based Trauma Healing. "What about teens?" And so, it continued. [v]

Adaptations have been developed for different contexts: incarcerated people, missionaries, racial trauma, refugees, military, and Muslims, with versions for Catholics and Protestants. Shorter booklets of HWT are also available. *Beyond Disaster*

helps people with the essentials immediately after a disaster. *TH Basics* offer bite-sized topics from the larger curriculum.

Audio programs are available in 35 languages for radio and devices, and video programs for adults, women, and children in the Middle East. A phone app, *Anchored in Hope*, allows facilitators with less training to lead groups.^[vi]

Accredited courses built around Healing the Wounds of Trauma are offered in the US and abroad. There is also a graduate degree in Arts and Trauma Healing at Dallas International University.

The Trauma Healing Institute at American Bible Society provides leadership for the program. As of 2025, it has reached over 10 million people, with over 500,000 taking part in healing groups. There are presently 59,000 certified facilitators, active in 155 countries with materials published in 217 languages.

In addition, several organizations that started using HWT have developed programs so distinct that they are now considered spin-off programs.

How the Program Works

The HWT program is designed to be used in churches, led by local leaders in the local language, and adapted to local culture. The materials express complex concepts in simple language that common people can understand.

To kick off trauma healing in a new geographical area, churches or organizations hold equipping sessions for leaders. The first goal is that they experience healing of their own trauma, because “you can’t give what you don’t have.” Central to the training is learning to listen rather than preaching or fixing.

The second goal is that the participants learn to facilitate groups in a participatory way. They lead a practice session, draw up a plan for their first two healing groups, and learn how to report on their activities. Then they go home to practice.

When they have facilitated at least two healing groups, they can do the advanced training. Those who demonstrate the necessary competencies are certified as facilitators by the Trauma Healing Institute, in collaboration with their own organizations.

Once trained facilitators are available in an area, the program starts with healing groups. These meet weekly or as multi-day intensives. Participants who want to facilitate groups can then attend equipping sessions. Groups can meet in-person or virtually.

Leaders are encouraged to collaborate with other churches (Catholic, Protestant, and Orthodox) and organizations, because no one group can respond to all the trauma needs in an area. Community of Practice[vii] brings facilitators together at local, regional, national, and international levels. In these gatherings, facilitators share experiences, get more training, strategize, and pray for one another. An online database serves to keep facilitators connected virtually.

Impact

From the start, there were amazing testimonies of individuals who experienced healing of their trauma. But we wanted to evaluate the impact of the program overall. In 2016–2017, the Trauma Healing Institute carried out an international research project.[viii]

We developed a story-based questionnaire tailored for cross-cultural settings. It described three trauma victims, Richard, Joe, and Simon, each at different stages of recovery. Respondents indicated which person they resembled most on a number of topics. This approach yielded reliable, valid data.[ix]

The questionnaire measured the program's impact on seven trauma symptoms: reliving the experience, bad dreams, intrusive thoughts, avoidance, disinterest in life, startle response, and inability to concentrate. It also asked about the ability to grieve and forgive, spiritual well-being (God, theology of suffering, prayer, Bible, and church), and resilience (ability to help themselves and others). We translated it

into 13 languages and collected data from 2709 participants in 26 countries at three times: prior to the trauma-healing intervention (Time 1), immediately after (Time 2), and 2–6 months later (Time 3).

The subtitle of the HWT book, "How the Church Can Help," proved to be accurate. The research showed that people with minimal training can make a significant difference in the lives of those suffering from trauma. And the healing did not stop after the intervention: it increased as people returned to daily life.

People benefitted from the program in proportion to the amount of trauma symptoms they reported on the questionnaire at Time 1. Those who reported severe symptoms benefitted the most, and those who reported moderate symptoms benefitted a moderate amount. I was surprised that those who reported no symptoms got slightly worse. Psychologists were not surprised, however, as they know clients' first challenge is to become aware of their symptoms.[x]

For simplicity's sake, this paper will focus on those who reported severe trauma.[xi] HWT significantly improved trauma symptoms, grieving, the ability to forgive, spiritual well-being, and resilience.

Those who reported severe trauma symptoms at Time 1 benefitted the most. There was a 56.2% reduction in their symptoms by Time 2, and a total symptom reduction of 75% at Time 3.

Trauma always involves loss, and the ability to grieve is a part of the healing process. Severely traumatized respondents reported a 34.5% improvement in their ability to grieve at Time 2, and a total improvement of 45.3% by Time 3.

Trauma frequently results in bitterness and broken relationships, which are especially concerning to group-based cultures. Those with severe symptoms reported a 39.4% improvement in their ability to forgive at Time 2, increasing to 49.5% by Time 3.

When a person experiences a traumatic event, their spiritual life often suffers. They may ask questions like “Where was God while I was being raped?” or “Why did *my* child die?” The severe symptoms group reported a 26.2% improvement in their spiritual well-being at Time 2, and a 35% improvement by Time 3.

The HWT intervention prepared participants to help themselves respond to trauma in the future and know how to help others who are suffering. Those with severe symptoms reported a 33.4% increase in their perceived ability to respond to trauma in the future, with a 41.9% improvement by Time 3.

On all of the above measures, respondents who reported severe symptoms at Time 1 matched the level of well-being of the other groups at Time 3.

Psychologist Phil Monroe comments, “I know of no other program that produces this kind of result while utilizing non-mental health professionals, and it costs a fraction of what most mental health treatments cost. Few other programs help hurting people quickly become facilitators for healing using simple language that conveys both the problem and the healing process. The intervention requires no graduate mental health education and yet produces change rarely seen in professional mental health interventions.” [xii]

This echoes Bryon Johnson’s research findings on the unprecedented effectiveness of the HWT intervention in US jails: “No other intervention accomplishes so much good for highly traumatized jail inmates in such a short period of time.” [xiii]

Why it Works

The enormous and growing need: People are desperate for help to recover from the horrors of trauma. Wars, displacement, natural disasters, and epidemics continue, in addition to chronic trauma sources like domestic abuse, sexual abuse, suicide, poverty, and addictions. The need is huge. At the same time, church leaders are often ill-prepared to respond to trauma. Going through HWT, I have heard many exclaim, “We were teaching all the wrong things!”

The research findings confirmed our perception that HWT is an effective church-based program in diverse communities around the world. Here are probable reasons why it works so well.

HWT functions like a midwife to remove obstacles so people feel safe to express themselves openly and honestly to God and others. God then brings the healing!

The foundation of the approach is participatory. Healing takes place in community. Telling our story to others and being listened to is an essential part of the process. In the sharing together, people experience healing brokered by peers. Sessions are frequently lively – often with surprising amounts of laughter! To know ourselves, and be known by others, are key to knowing God who heals the broken-hearted.

Two of the authors were Bible translators who had learned to express complex concepts in simple ways. They ensured the materials were easy to understand and translate. There was no complex grammar or abstract nouns. They also ensured the materials were tested extensively and revised until they communicated successfully.

From the start, mental health professionals and biblical scholars have guided the program. These two disciplines together provide a stronger foundation than either would on its own. In fact, biblical scholars are now reading the Bible through the lens of trauma, juxtaposing current trauma studies with the biblical record.[[xiv](#)]

The HWT approach gives agency to survivors. Participants learn to pass on what they have learned and help others. This gives them a valuable role in their community and overcomes their posture as victims.

Who Can Use It and How?

The Trauma Healing materials are intended to be spread far and wide to relieve suffering and help people know God's love, even in their darkest moments. The program was designed to help local leaders train their people in ways that make

sense in their context. Contextualization within broad boundaries is strongly encouraged.

Costs for training and materials are kept at affordable levels, so that trauma healing can be a sustainable part of a local church or organization.

Individuals and groups can contact the Trauma Healing Institute (traumahealinginstitute.org) to connect with facilitators, experience a healing group, find materials in their language(s), and become part of the trauma healing community of practice.

Conclusion

The HWT program has restored health and hope to millions of individuals who have suffered unspeakable atrocities. In turn, they have been able to help others. Consequently, they have shared the good news of God's incredible love with those who are suffering.

Jesus was moved with compassion when he saw the crowds who were harassed and helpless. He encouraged his disciples to pray that God would send workers into the harvest field (Matthew 9:35–38). May God send workers into this vast, suffering harvest field.

[i] Rhiannon Lloyd, *Healing the Wounds of Ethnic Conflict: The Role of the Church in Healing, Forgiveness, and Reconciliation* (Le Rucher Ministry, 1998).

[ii] Later versions of the book include optional lessons on domestic abuse, addictions, suicide, and preparing for trouble. Lessons on COVID and Ebola are also available.

[iii] Jane Vella, *Learning to Listen, Learning to Teach* (Jossey-Bass, 2002).

[iv] Margaret Hill, Harriet Hill, Richard Baggé, and Pat Miersma, *Healing the Wounds of Trauma: How the Church Can Help* (Paulines Press, 2004).

[v] For the current inventory of materials, go to <https://traumahealinginstitute.org/>. To purchase materials, go to <https://bibles.com/search?q=trauma+healing>.

[vi] <https://traumahealinginstitute.org/anchored-in-hope>.

[vii] Etienne Wenger, *Communities of Practice: Learning, Meaning, and Identity* (Cambridge University Press, 1998).

[viii] For additional research on HWT see: Byron Johnson, Sung Joon Jang, and Matt Bradshaw, "New Hope for Offender Rehabilitation: Assessing the Correctional Trauma Healing Program," Baylor Research, May 2023, <https://www.bayloris-r.org/wp-content/uploads/2023/05/ABS-Baylor-Research-Study.pdf>; Ann Kapteyn, "From Horror to Healing: The Impact of the Trauma Healing Institute's Oral Story-Based Trauma Healing Program on Participants in Central African Republic" (dissertation, Fuller Theological Seminary, 2020); Tammy Schultz, Jerry Vuncannonb, and Kari Bumpc, "A Pilot Study of a Scripture-Based Trauma Healing Model for Adults in Nicaragua," *Mental Health, Religion and Culture* 19, no. 6 (2016): 613–25.

[ix] Everett L. Worthington Jr, Stephen L. Walter, Tammy Schultz, et al, "Assessing Healing of Traumas in Christians: A Multi-study Psychometric Evaluation of the Trauma Healing Institute–Impact Survey," *Spirituality in Clinical Practice* 11, no. 3 (2024): 250–68; Everett L. Worthington Jr, Stephen L. Walter, Tammy Schultz, et al, "Treating Traumas Among Christians in Nigeria: A Randomized Controlled Field Study of the Healing the Wounds of Trauma Program," *Spirituality in Clinical Practice* 11, no. 3 (2024): 269–83.

[x] Phil Monroe, email communication, November 12, 2025.

[xi] A data-rich, more detailed article is forthcoming.

[xii] Email, November 4, 2025.

[xiii] American Bible Society, "American Bible Society and Baylor University Study Shows the Benefit of Bible-Based Trauma Healing Program," *Reading Eagle*, March 30, 2021. <https://www.readingeagle.com/2021/03/30/american-bible-society-and->

[baylor-university-study-shows-the-benefit-of-bible-based-trauma-healing-program/](#).

[xiv] See, for example, Kathleen O'Connor, *Jeremiah: Pain and Promise* (Fortress Press, 2011).

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