

“TRINI SOLUTIONS TO TRINI PROBLEMS IN TRINI VOICES, Responding to Trauma”

Presenters: Darrion Narine, Rev. Gerard J. McGlone, SJ, PhD, and Shirley Tappin

Contact Information:

Darrion Narine: ammr@catholictr.org

Rev. Gerard J. McGlone, SJ, PhD: gm95@georgetown.edu, g.mcglone@catholictr.org

Shirley Tappin: Shirley.tappin@gmail.com

Abstract

The Archdiocese of Port of Spain’s Office of Ministry in Trauma Services has undertaken a comprehensive and culturally embedded initiative to assess and respond to trauma within Trinidad and Tobago’s Catholic communities. Beginning in January 2023, we launched a major research program to investigate trauma prevalence and institutional responses. Employing Paul Tillich’s theology of “just listening” and James Keenan’s theology of vulnerability, the process yielded an emergent and organic model of community dialogue, action research, and co-designed training that transcends conventional top-down interventions.

Our findings revealed that nearly 40% of students reported thoughts or behaviors related to self-harm. In response, we developed synodal, culturally grounded trauma-informed pedagogy for teachers and caregivers. This was operationalized through a series of groundbreaking TRINI Toolkits for trauma-informed teaching, caregiving, and self-care, each embedded within the six SAMHSA trauma-informed care principles. Created collaboratively in workshops, these toolkits reflect a Caribbean-first approach that has not been done before.

Introduction

Trauma, as defined by SAMHSA, emerges from events perceived as harmful or life-threatening, resulting in lasting adverse effects on psychological, social, and spiritual well-being. In Trinidad and Tobago, young people, especially in marginalized communities, face layered stressors such as community violence, harsh disciplinary practices, and intergenerational trauma rooted in colonial history. These factors destabilize school environments and perpetuate trauma through unexamined pedagogies.

In response, the Archdiocese of Port of Spain established the Office of Ministry in Trauma Services to collect data on trauma prevalence, train educators and caregivers, and respond with culturally appropriate interventions. Grounded in Tillich’s concept of “just listening” and Keenan’s theology of vulnerability, our approach emphasizes empathetic presence and mutual openness as key to spiritual and psychological healing.

Given the Catholic Church’s dual role as both educator and historical agent of colonization, we emphasize a decolonial, synodal model. Trinidadian cultural expressions, including storytelling, Steelpan, SocaN,

Chutney and Carnival ritual, were embedded into listening circles and workshops. This marks a shift from hierarchical to collaborative trauma response, situating faith-rooted empathy at the core.

As Gerard McGlone, SJ, notes, “new light is being shed on this doctrinal historical lack of vision. The Vatican recently made clear that the Doctrine of Discovery is not official Church teaching.” However, Indigenous and colonized communities remain skeptical given the centuries of oppression fueled by Papal Bulls and missionary colonialism. Integrating Trini voices as central to our trauma-informed response represents a necessary reversal of this historical exclusion, a localized theology of the child and the marginalized that resists systemic objectification and erasure.

This reflection echoes McGlone’s concern: “The implications of not seeing or valuing a child’s existence and reality might be at the root of many longstanding problems and evils within ecclesial, faith communities, and in many societies.” Adopting a Trini voices model disrupts these discriminatory systems by affirming local dignity and agency.

Problem Statement and Research Questions

Our initial assessments indicated that trauma among T&T youth was far more severe than anticipated. This prompted the following research questions:

1. How does trauma manifest in our schools and communities?
2. What resources and supports do stakeholders require to address these traumas?
3. Which locally derived solutions hold promise for sustainable healing?

These guiding questions were used to facilitate deep individual reflection and collective synodal deliberation, grounding our findings in both lived experience and scholarly inquiry.

Purpose and Significance

This paper articulates a synodal model of trauma-informed teaching and care as a form of restorative justice. By centering homegrown, faith-anchored practices and contrasting them with inherited colonial frameworks, we aim to advance both academic discourse and practical applications in trauma studies. Our findings provide a template for decolonizing mental-health interventions and affirming the dignity of every Trinidadian and Tobagonian.

Indeed, as McGlone reflects, “Betrayal, abandonment, and pure objectification of the child and the other is at the heart of another and more recent historic calamity, the sexual abuse atrocity of these many years.” Our Trini trauma-informed model seeks to counter this legacy by restoring dignity through communal, culturally resonant pathways to healing.

Literature Review

Research shows that trauma among Caribbean youth is both pervasive and complex. Descartes et al. (2019), using the Childhood Trauma Questionnaire (CTQ) on children in Trinidadian care facilities, found that 95.1% reported at least one form of abuse or neglect, and 61.8% endured four or five types of maltreatment. Severity and co-occurrence were high, with gender differences indicating higher abuse rates among girls.

Despite these findings, regional responses often focus on single-type trauma, overlooking co-occurrence. Additional stressors, such as poverty, domestic violence, and stigma, further compound these issues. Faith-based initiatives have started to integrate trauma-informed methods with pastoral care. Central to this is Tillich's "just listening," combined with synodality, which aligns with the six principles of trauma-informed care: safety, trustworthiness and transparency, peer support, collaboration and empowerment, cultural and gender responsiveness, and resilience.

However, implementation of international best practices remains limited in the Caribbean. Our project addresses this by embedding narrative methods, ritual, and drama into synodal listening sessions, co-designing tools with local teachers and caregivers. This represents a truly Caribbean model for trauma-informed care.

Methods

Research Design and Community Engagement

From January 2023 to May 2025, we utilized a mixed-methods, community-engaged action research model. Initial synodal listening sessions were held with parish agencies, schools, orphanages, and community groups to gather trauma narratives and identify needs. These sessions, guided by Tillich and Keenan's theological principles, shaped subsequent training workshops.

Toolkit Methodologies

Each workshop culminated in the creation of a TRINI Toolkit designed around the six trauma-informed principles:

- **Safety:** Creating sacred, predictable workshop environments using ritual, song, and prayer.
- **Trust and Transparency:** Drama-therapeutic scenarios followed by open debriefs.
- **Peer Support:** Small-group storytelling exercises and shared journaling.
- **Collaboration and Empowerment:** Co-designing content and delivery with teachers, parents, and youth.
- **Cultural/Historical/Gender Responsiveness:** Incorporating Soca lyrics, folklore, and Carnival symbolism.
- **Strengths-Based Practice:** Emphasizing resilience through spiritual affirmations and culturally rooted self-care.

These toolkits were created collaboratively during each workshop and are tailored to different audiences: educators, caregivers, youth, and clergy.

Study Population and Sampling

Participants (n = 285) included:

- 48 children and adolescents (ages 8 to 16, predominantly male)
- 110 teachers and administrators from four Catholic schools
- 70 caregivers across various socio-economic backgrounds
- 57 clergy and lay ministers from multiple Catholic parishes

Purposive sampling ensured representation across urban, rural, and institutional settings.

Data Collection Procedures

Quantitative tools include pre/post-training knowledge surveys. Qualitative tools included interviews with clergy and coordinators, focus groups, listening circles, and participant observation. Instruments were pilot-tested, and ethical protocols, including informed consent and referral pathways, were strictly followed.

Results

Participant Characteristics

Participants were drawn from Bethlehem Boys R.C., Bethlehem Girls R.C., St. Anthony's College, and St. Francis Boys College, schools identified as having elevated behavioral and emotional concerns. Youth contributions focused on lived experience, caregivers and clergy provided context for home and church environments.

Quantitative Findings

Knowledge of trauma-informed principles rose from 48% pre-workshop to 95% post-workshop, with post-surveys administered six months after training, demonstrating long-term retention.

Qualitative Themes

Hidden Hurts Behind a Mask: Children reported masking distress due to stigma and fear of gossip.

Church as Safe Harbor, with Caveats: While clergy and sacraments offer comfort, many participants noted the lack of clinical follow-through. Training and supervision were suggested.

Yearning for Co-Responsibility: Lay leaders and parents stressed the importance of co-creating programming, aligning with synodal principles and fostering ownership.

Policy and Advocacy Findings

Three systemic barriers emerged:

1. No requirement for school-based mental-health professionals
2. Inconsistent trauma-program funding
3. Fragmented coordination between state and faith-based entities

Despite strong trust in the Church, a lack of structural support and funding hinders scalability. Stakeholders urged a formal declaration of a national emergency to trigger political will.

Discussion and Recommendations

Short-Term (0 to 6 Months)

- Declare a national emergency on child trauma
- Launch Trauma-Awareness Blitz in Catholic schools
- Run anti-stigma campaigns
- Establish school-based mental-health teams via NGO partnerships

Medium-Term (6 to 18 Months)

- Scale Healing Circles
- Institutionalize Parent Empowerment workshops
- Recognize Teacher Resilience Training as an imperative.
- Secure trauma line items in national budget
- Form a Church, Government, NGO Steering Committee
- Publish National Trauma Toolkit

Long-Term (18+ Months)

- Institutionalize Trauma Ministry Networks across dioceses
- Establish a Caribbean Trauma Institute for research and certification
- Convene Annual Synodal Trauma Assemblies to ensure co-responsibility and continuity

Conclusion

Over 27 months, this study uncovered high trauma prevalence, especially among youth, alongside systemic gaps and grassroots resilience. Through the integration of theological, cultural, and psychological principles, we developed a uniquely Caribbean trauma-informed model, grounded in synodality and empirical rigor.

As McGlone affirms, “Survivors, the voices of children, people of color, descendants, and abuse survivors, can and do teach us every day about courage, grace, resilience, and redemptive suffering.” The Trini trauma-informed model centers these voices and challenges discriminatory doctrines by re-rooting practice in local dignity and agency.

Call to Action

We call on all Governments in the Caribbean and Faith Communities to declare child trauma a national emergency and allocate sustainable funding. Faith communities must embrace clinical training and strengthen partnerships with secular actors. This is important since without coordinated, long-term strategies, trauma among youth will escalate, threatening regional well-being. If trauma realities go unaddressed and untreated, we can see the collapse of social institutions (for e.g. schools, the family, religious communities etc...) and regional instability.

Final Reflection

True transformation began when individuals felt genuinely heard. Through deep listening and shared responsibility, Trinidad and Tobago can foster a trauma-informed culture rooted in dignity, faith, and resilience.

This model challenges inherited colonial legacies and top-down doctrines by reclaiming a theology of accompaniment, grounded in the lived realities of Trinbagonian children, families, and educators. When the child is seen as central to our mission, not as an object of care but as a subject with voice, agency, and sacred worth, we unlock new paths to justice. The inclusion of Trini voices not only deconstructs harmful ideologies rooted in discrimination and objectification but offers an embodied theology of hope, drawn from music, memory, and movement.

This approach also serves as a model for the wider Caribbean. Countries across the region continue to grapple with the legacies of colonization, social stratification, and systemic trauma. A Caribbean-rooted approach provides a pathway for reclaiming cultural identity and restoring community resilience. Through the integration of spirituality, local culture, and collective responsibility, this model speaks to the heart of Caribbean peoples and histories. In these voices, rhythms, and stories lies not only the memory of pain but the promise of transformation.

Such a culturally rooted model becomes a template for the wider Church and region, advancing the call for conversion, restitution, and healing. In these ways, we answer Christ’s summons to become like the child: vulnerable, courageous, resilient, and whole.

References

Descartes, J., et al. (2019). The Childhood Trauma Questionnaire (CTQ) and abuse prevalence in Trinidadian care facilities. *Journal of Caribbean Child Welfare*, 12(2), 45-58.

McGlone, G. J., SJ. (2023). *Towards A Global Culture of Global Safeguarding: Listening to the Marginalized Voices from the Past and Present*. Georgetown University.

Substance Abuse and Mental Health Services Administration (SAMHSA). (2014). *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*.

Tillich, P. (1952). *The Courage to Be*. Yale University Press.

Keenan, J. (2009). *Moral Wisdom: Lessons and Texts from the Catholic Tradition*. Rowman & Littlefield.

Appendices (Optional)

A. Survey Instruments (ACE, teacher/parent questionnaires)

B. Interview and Focus Group Guides

C. Pilot Intervention Curricula (session outlines)

D. Ethical Approval/Consent Forms

E. Supplemental Data Tables or Figures (if needed)