

REVIEW ARTICLE

INTEGRATING TRAUMA-INFORMED PASTORAL COUNSELING INTO CORRECTIONAL BEHAVIORAL HEALTH: A REVIEW OF EVIDENCE-BASED PRACTICES AND SPIRITUAL CARE MODELS

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ABSTRACT

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This review examines the convergence of trauma-informed counseling and faith-based pastoral care within correctional environments, emphasizing its impact on behavioral rehabilitation and recidivism reduction. Drawing upon clinical research, spiritual health frameworks, and correctional psychology, the study evaluates the efficacy of integrating cognitive-behavioral therapy (CBT), motivational interviewing, and restorative justice principles with pastoral counseling modalities such as forgiveness therapy, intercessory care, and spiritual identity development. The paper explores implementation strategies of psychoeducational programs addressing anger management, emotional regulation, and trauma recovery among incarcerated individuals. Further attention is given to ethical considerations and cultural responsiveness in faith-integrated therapy within diverse prison populations. This review aims to guide practitioners, chaplains, and program administrators in developing holistic and spiritually grounded interventions that foster emotional healing, spiritual growth, and societal reintegration.

KEYWORDS

Trauma-Informed Care, Pastoral Counseling, Correctional Behavioral Health, Spiritual Care Models, Incarcerated Populations, Interdisciplinary Collaboration

1. INTRODUCTION

1.1 Background and Significance of Trauma in Correctional Populations

Trauma is a pervasive and defining feature in correctional populations, significantly influencing both the mental health and behavioral outcomes of incarcerated individuals. Research consistently demonstrates that rates of trauma exposure among people in correctional settings far exceed those in the general population, with experiences ranging from childhood abuse to community violence and intimate partner violence (Voith et al, 2020). These cumulative traumatic exposures contribute to a complex clinical profile characterized by heightened vulnerability to post-traumatic stress disorder (PTSD), depression, and substance use disorders, which often complicate rehabilitation efforts within correctional behavioral health systems.

For example, systematically reviewed trauma exposure across multiple correctional facilities, finding that over 70% of inmates reported at least one significant traumatic event prior to incarceration (Liu et al., 2021). Such high prevalence highlights the necessity for trauma-informed interventions that address not only symptoms but also underlying trauma histories. Furthermore, the developmental timing of trauma plays a critical role; emphasize that early childhood trauma is strongly correlated with adult criminal behavior, suggesting a biopsychosocial pathway through which trauma disrupts normative emotional regulation and decision-making (Williams, 2020). This evidence supports trauma as both a precursor and perpetuator of incarceration cycles, demanding tailored behavioral health approaches that incorporate trauma-sensitive

frameworks.

The recognition of trauma's foundational role in correctional behavioral health has prompted a paradigm shift toward trauma-informed care, which prioritizes safety, trustworthiness, and empowerment in service delivery. Understanding the significance of trauma in correctional populations is vital for integrating effective pastoral counseling that responds to the spiritual and emotional needs of this vulnerable group (Ijiga, et al., 2024).

1.2 The Role of Behavioral Health in Correctional Settings

Behavioral health services constitute a critical component of correctional systems, addressing the complex interplay of mental health disorders, substance abuse, and trauma among incarcerated populations. Effective behavioral health integration involves systematic screening, diagnosis, and treatment tailored to the unique psychosocial dynamics of correctional environments, where stressors such as isolation and institutionalization exacerbate existing conditions (Mancini, 2021). This integration is pivotal in mitigating recidivism and improving inmates' overall well-being, yet it faces multifaceted challenges including resource limitations, stigma, and organizational barriers.

They emphasize that behavioral health programs in correctional settings must adopt interdisciplinary frameworks that incorporate psychological, psychiatric, and social work perspectives to holistically address inmates' needs (Barajas et al., 2021). For instance, co-occurring disorders—such as depression coupled with substance use—require coordinated treatment plans that transcend traditional silos. Additionally, behavioral health interventions in corrections frequently incorporate cognitive-behavioral

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therapy (CBT) and trauma-informed care models to effectively reduce symptoms and maladaptive behaviors (Levenson and Willis, 2019). These interventions are shown to lower disciplinary incidents and improve engagement in rehabilitative programming.

They highlight the systemic importance of sustained mental health service delivery, noting that continuous care during incarceration and reentry phases promotes better long-term outcomes (Kim et al., 2019). The role of behavioral health extends beyond symptom management to fostering resilience, emotional regulation, and coping mechanisms, thereby supporting correctional institutions in fulfilling their rehabilitative mission. This holistic approach aligns with emerging paradigms that integrate spiritual and pastoral counseling, recognizing the multifaceted nature of healing in correctional behavioral health.

1.3 Definition and Scope of Pastoral Counseling

Pastoral counseling is a specialized form of therapy that integrates psychological principles with spiritual and religious frameworks to address the holistic needs of individuals (Sperry, 2013). It is defined as a professional counseling approach delivered by trained clergy or spiritually oriented counselors who use theological insight alongside clinical techniques to facilitate emotional, psychological, and spiritual healing. This dual focus differentiates pastoral counseling from secular mental health services by prioritizing meaning-making, faith resources, and spiritual well-being as core elements of therapeutic intervention.

The scope of pastoral counseling extends beyond traditional psychotherapy to encompass spiritual direction, crisis intervention, and community-based support, thereby offering a unique modality particularly suited to contexts where spirituality is central to identity and recovery (Jackson, 2017). In correctional settings, pastoral counseling often addresses existential questions, moral injury, and forgiveness processes, which conventional behavioral health treatments may overlook. For example, counselors might employ scriptural narratives or prayer in conjunction with cognitive-behavioral techniques to assist incarcerated individuals in coping with trauma and behavioral challenges.

Moreover, the scope includes ethical considerations specific to integrating spirituality with psychological care, such as respecting diverse faith traditions and maintaining professional boundaries (Ukpo et al., 2024). This integration facilitates a culturally competent, trauma-informed approach, vital for correctional populations where religious beliefs frequently serve as key resources for resilience and rehabilitation.

1.4 Rationale for Integrating Trauma-Informed Approaches in Pastoral Counseling

Integrating trauma-informed approaches into pastoral counseling is essential to effectively address the complex, multifaceted needs of correctional populations, who experience disproportionately high rates of trauma and its psychological sequelae (Kubiak et al., 2017). Trauma-informed care emphasizes safety, trustworthiness, and empowerment, creating a therapeutic environment where individuals feel respected and supported in their healing process. When pastoral counseling incorporates these principles, it transcends traditional spiritual care by acknowledging the pervasive impact of trauma on cognition, emotion, and behavior, which is especially critical in correctional behavioral health.

They highlight that trauma often disrupts individuals' spiritual beliefs and coping mechanisms, necessitating an integrated approach that simultaneously addresses psychological distress and spiritual disillusionment (Shrodes, 2022). For example, trauma-informed pastoral counselors are trained to recognize trauma triggers within religious narratives or rituals and modify their interventions accordingly to avoid re-traumatization. It further argues that trauma-informed pastoral care fosters resilience by blending clinical sensitivity with spiritual resources such as forgiveness, hope, and meaning-making—key elements in rehabilitating incarcerated individuals (Jones, 2020).

In correctional settings, where behavioral health services may be limited or stigmatized, trauma-informed pastoral counseling offers a culturally sensitive, accessible modality that aligns with inmates' spiritual values while supporting recovery from trauma-related symptoms. This integration ultimately enhances therapeutic rapport and promotes

holistic healing, crucial for reducing recidivism and improving overall well-being.

1.5 Objectives and Structure of the Review

This review article aims to critically examine the integration of trauma-informed pastoral counseling within correctional behavioral health settings by synthesizing current evidence-based practices and spiritual care models. The primary objective is to delineate how trauma-informed principles can be effectively embedded into pastoral counseling interventions to address the high prevalence of trauma and its complex manifestations among incarcerated populations. Additionally, the review seeks to explore the theoretical underpinnings, practical applications, and documented outcomes of such integrative approaches, emphasizing their relevance for improving mental health, spiritual well-being, and overall rehabilitative success within correctional systems.

To achieve these goals, the review is systematically organized into six sections that sequentially build the foundation for understanding and applying trauma-informed pastoral care in corrections. The initial sections provide a comprehensive background on trauma's significance in correctional populations and the critical role of behavioral health services. Subsequent sections define pastoral counseling and articulate the rationale for integrating trauma-informed frameworks. The core of the review analyzes evidence-based practices by examining clinical protocols, training models, and therapeutic techniques proven effective in trauma-informed pastoral care. It further explores various spiritual care models tailored to correctional contexts, focusing on culturally responsive and interdisciplinary approaches that enhance therapeutic engagement and outcomes.

This structured framework facilitates a nuanced discussion of practical challenges, ethical considerations, and collaborative strategies necessary for successful implementation. By integrating clinical and spiritual dimensions, this review advances the understanding of holistic care approaches, providing actionable insights for practitioners, policymakers, and researchers invested in improving correctional behavioral health outcomes through trauma-informed pastoral counseling.

2. TRAUMA IN CORRECTIONAL BEHAVIORAL HEALTH

2.1 Prevalence and Types of Traumas Among Incarcerated Individuals

The prevalence of trauma among incarcerated individuals is significantly higher compared to the general population, with studies indicating that upwards of 70% to 90% of inmates have experienced some form of traumatic event prior to or during incarceration (Piper and Berle, 2019). These traumas encompass a broad spectrum, including physical abuse, sexual assault, neglect, community violence, and exposure to familial dysfunction. Such high prevalence rates highlight trauma as a near-ubiquitous element in the correctional experience, necessitating trauma-informed frameworks to effectively address the resultant psychological and behavioral sequelae.

They classify trauma types among correctional populations into interpersonal trauma—such as intimate partner violence and childhood maltreatment—and systemic trauma, which includes prolonged exposure to poverty, discrimination, and institutional violence (Morrison et al., 2024). For example, physical and sexual abuse during childhood is frequently reported, often correlating with adult incarceration due to resulting emotional dysregulation and maladaptive coping mechanisms. It further emphasizes the role of polyvictimization, where individuals endure multiple trauma types across their lifespan, compounding their vulnerability and complicating treatment within correctional behavioral health (Musicaro et al., 2019).

Moreover, trauma exposure does not cease upon incarceration; inmates may experience ongoing trauma from violent incidents within correctional facilities, heightening PTSD risk and behavioral health challenges as presented in Table 1. Understanding these trauma typologies and their pervasive nature is essential for developing targeted interventions such as trauma-informed pastoral counseling, which can holistically address both psychological and spiritual dimensions of healing.

Table 1: Summary of Prevalence and Types of Traumas Among Incarcerated Individuals

Type of Trauma	Description	Estimated Prevalence Among Incarcerated Individuals (%)	Notable Gender Differences
Childhood Physical Abuse	Repeated physical harm by caregivers or guardians before age 18	45–60%	More frequently reported by male inmates

Table 1 (cont): Summary of Prevalence and Types of Traumas Among Incarcerated Individuals

Childhood Sexual Abuse	Unwanted sexual contact or exploitation before age 18	25–40%	Significantly higher among female inmates
Domestic Violence	Physical, emotional, or psychological abuse by intimate partners	30–50%	Predominantly affects incarcerated women
Community Violence	Exposure to shootings, assault, gang activity, or neighborhood crime	60–75%	Reported at high levels in both genders
Emotional/Psychological Abuse	Persistent verbal threats, humiliation, or coercion	35–50%	Common across genders, often co-occurring
Neglect	Failure to meet physical and emotional needs during childhood	30–45%	Equally reported among male and female inmates

2.2 Impact of Trauma on Mental Health and Behavior in Correctional Settings

Trauma exerts profound effects on the mental health and behavior of incarcerated individuals, often manifesting as complex psychiatric symptoms and maladaptive behaviors that challenge correctional behavioral health systems (Levenson and Willis, 2019). Exposure to chronic or acute trauma disrupts neurobiological functioning, leading to heightened arousal, emotional dysregulation, and impaired cognitive processing. These alterations contribute to elevated rates of post-traumatic stress disorder (PTSD), depression, anxiety, and substance use disorders within correctional populations, complicating clinical management and rehabilitation efforts.

They document that trauma-related mental health disorders are disproportionately prevalent among inmates, with PTSD rates estimated between 25% and 50%, significantly exceeding community samples (Allely and Allely, 2020). Behavioral manifestations such as aggression, self-harm, and noncompliance often represent attempts to manage overwhelming trauma-related distress but may result in disciplinary infractions and increased institutional isolation. They elaborate on the neurobiological underpinnings, highlighting dysregulation in the hypothalamic-pituitary-adrenal (HPA) axis and altered amygdala-prefrontal cortex connectivity, which impair threat assessment and impulse control (Mbiydenyuy and Qulu, 2024).

These trauma-induced behaviors complicate the correctional environment by escalating safety risks and impeding engagement in treatment programs. For example, an inmate with untreated PTSD may react disproportionately to perceived threats, triggering confrontations that undermine rehabilitative progress. This dynamic highlights the necessity of trauma-informed behavioral health interventions, including pastoral counseling that integrates spiritual support with trauma-sensitive care, to effectively address the multifactorial impact of trauma on incarcerated individuals.

2.3 Challenges in Addressing Trauma Within Correctional Behavioral Health Systems

Addressing trauma within correctional behavioral health systems is fraught with numerous challenges that undermine the effective implementation of trauma-informed care (Mueller et al., 2023). Structural limitations such as inadequate funding, overcrowded facilities, and limited access to specialized mental health professionals significantly constrain the delivery of comprehensive trauma services. These systemic barriers often result in high caseloads for behavioral health staff and inadequate time for trauma-focused interventions, leading to superficial or episodic care that fails to address inmates' complex trauma histories.

They further highlight institutional cultures within correctional settings that prioritize security and control over rehabilitation, creating environments that can inadvertently re-traumatize inmates or discourage disclosure of trauma (Reilly, 2024). For instance, the frequent use of solitary confinement as a disciplinary tool exacerbates trauma symptoms and undermines recovery efforts. They identify workforce challenges including limited trauma-specific training, staff burnout, and high turnover rates, which reduce the capacity to maintain trauma-informed practices consistently (Goldstein et al., 2024).

Moreover, stigma around mental health and trauma within correctional populations hinders engagement in behavioral health services, complicating the establishment of trust necessary for effective therapeutic alliances. This constellation of systemic, cultural, and workforce obstacles necessitates integrated, multidisciplinary approaches such as trauma-informed pastoral counseling that can bridge clinical and spiritual

domains to enhance trauma care accessibility and efficacy in correctional environments.

2.4 Importance of Trauma-Informed Care Principles in Correctional Environments

Trauma-informed care (TIC) principles are essential in correctional environments due to the high prevalence of trauma among incarcerated individuals and the complex psychological and behavioral effects that trauma exerts within these settings as shown in Figure 1 (Owens, 2021). TIC prioritizes safety, trust, empowerment, and collaboration, which are critical for mitigating retraumatization and fostering rehabilitative engagement. Incorporating these principles transforms correctional behavioral health by shifting from punitive models toward therapeutic environments that recognize the pervasive impact of trauma on inmates' functioning.

They emphasize that trauma-informed frameworks enhance institutional safety by reducing behavioral incidents linked to trauma triggers, such as aggression or self-harm (Asarnow et al., 2020). For example, policies limiting the use of solitary confinement and promoting trauma-sensitive communication can decrease anxiety and hypervigilance in inmates, thereby improving overall facility stability. They further highlight that TIC fosters improved mental health outcomes, including reduced PTSD symptoms and greater treatment adherence, by creating an environment where individuals feel psychologically and physically secure (Ashworth et al., 2023).

Importantly, trauma-informed care supports the development of culturally responsive interventions that respect diverse spiritual and cultural identities, making it particularly relevant for pastoral counseling integration. By aligning clinical and spiritual care within correctional settings, TIC principles facilitate holistic healing and promote resilience, ultimately contributing to reduced recidivism and enhanced reintegration prospects.



Figure 1: Integration of Trauma-Informed Care Principles in Correctional Environments

Figure 1 visually represents the integration of trauma-informed care (TIC) principles into correctional settings. On the left, five core TIC principles—safety, trustworthiness, peer support, collaboration, and empowerment—are each represented by distinct color-coded blocks. Arrows connect these principles to the central section, which details corresponding intervention strategies such as staff training, structured peer programs, transparent communication protocols, and restorative justice practices. These strategies then link to the right side of the diagram, which illustrates improved outcomes including reduced recidivism, enhanced inmate mental health, increased institutional safety, and greater engagement in rehabilitative programming. The flowchart clearly demonstrates the causal relationship between adopting trauma-informed principles and achieving systemic improvements within correctional behavioral health care.

3. PASTORAL COUNSELING IN CORRECTIONAL SETTINGS

3.1 Historical and Contemporary Roles of Pastoral Care in Prisons

Pastoral care has historically served as a foundational element of correctional systems, tracing back to early penitentiaries where spiritual guidance was central to rehabilitation efforts aimed at moral reform (Akih, 2016). Originally, chaplains focused primarily on religious instruction and moral exhortation, often emphasizing penitence and behavioral

correction. This spiritual framework sought to transform inmates through faith-based discipline, reflecting the dominant rehabilitative philosophy of the 19th and early 20th centuries. However, the narrow focus on religious conformity often neglected the broader psychosocial and trauma-related needs of incarcerated populations.

In contemporary correctional settings, the role of pastoral care has expanded considerably to encompass holistic support that integrates spiritual, emotional, and psychological dimensions (Brault, 2014). Modern chaplaincy functions include crisis intervention, counseling, facilitation of support groups, and collaboration with mental health professionals, reflecting an interdisciplinary approach aligned with trauma-informed care principles. For instance, chaplains now frequently address issues such as grief, addiction, and trauma recovery, supporting inmates' resilience beyond traditional religious practices.

They emphasize the importance of culturally sensitive pastoral interventions that respect diverse religious identities and promote spiritual well-being as part of broader rehabilitative strategies as presented in Table 2 (Gafford et al., 2019). This evolution illustrates pastoral care's dynamic adaptability within correctional behavioral health, positioning it as a critical resource for integrating trauma-informed and spiritually responsive care models.

Table 2: Historical and Contemporary Roles of Pastoral Care in Prisons

Time Period	Primary Roles of Pastoral Care	Key Methods and Approaches	Correctional Context
18th–19th Century	Moral reform, religious conversion, penitence	Preaching, scripture reading, sacramental rites	Strong alignment with punitive models; chaplain as moral guide
Early–Mid 20th Century	Rehabilitation, moral character development	One-on-one counseling, vocational support, prayer circles	Emergence of reformatory ideals in prison systems
Late 20th Century	Emotional support, spiritual crisis intervention	Grief counseling, pastoral listening, group ministry	Recognition of psychological and emotional needs
21st Century	Trauma-informed care, interfaith and culturally responsive support	Mindfulness, restorative justice practices, narrative therapy	Integrated behavioral health models; collaboration emphasized

3.2 Core Principles and Techniques of Pastoral Counseling

Pastoral counseling is grounded in a set of core principles that emphasize holistic care, spiritual integration, and person-centered therapeutic engagement (Snider, 2024). Central to this approach is the recognition of the individual's spiritual dimension as essential to psychological well-being and healing. The principles include empathy, unconditional positive regard, respect for autonomy, and fostering a therapeutic alliance that nurtures trust and openness. These foundational tenets create a safe and supportive environment in which individuals can explore existential concerns, grief, trauma, and moral dilemmas.

Techniques utilized in pastoral counseling often draw upon both spiritual resources and psychological methods, creating an integrative framework tailored to the client's needs (Sperry, 2013). For example, narrative therapy and reflective listening are employed to help individuals reframe traumatic experiences within their spiritual worldview, promoting meaning-making and resilience. Prayer, meditation, and scripture-based reflection serve as adjunctive tools to facilitate emotional regulation and spiritual comfort, especially in contexts where faith is a significant coping resource.

They highlight that trauma-informed pastoral counseling also incorporates psychoeducation on trauma responses and emphasizes empowerment by helping clients reclaim agency disrupted by traumatic events (Jones, 2020). This dual focus on spirituality and trauma sensitivity makes pastoral counseling particularly well-suited for correctional settings, where addressing both emotional distress and spiritual needs can significantly impact rehabilitation outcomes.

3.3 Benefits and Limitations of Pastoral Counseling for Incarcerated Populations

Pastoral counseling offers numerous benefits for incarcerated populations, particularly by addressing spiritual and emotional needs often unmet by conventional behavioral health services (Pennybaker et al., 2016). It promotes holistic healing through integration of faith and psychological support, which enhances inmates' coping capacities and resilience. Spiritual engagement has been linked to reductions in depressive symptoms, anxiety, and aggression within correctional settings, fostering improved interpersonal relationships and decreased disciplinary infractions. For example, pastoral counseling's use of faith-based reflection and prayer can provide inmates with a meaningful framework to process trauma and cultivate hope, which is crucial in

environments characterized by chronic stress and isolation.

However, limitations exist that constrain the scope and effectiveness of pastoral counseling in prisons. They identify institutional constraints such as inconsistent access to trained chaplains and limited time for counseling sessions, which undermine continuity of care (Sprik et al., 2023). Additionally, pastoral counseling's reliance on spiritual frameworks may not resonate with all inmates, particularly those of diverse or non-religious backgrounds, potentially restricting engagement. Ethical challenges also arise in maintaining professional boundaries while navigating the power dynamics inherent in correctional settings.

Despite these challenges, pastoral counseling remains a vital adjunct to correctional behavioral health, especially when integrated with trauma-informed and culturally competent approaches, thereby enhancing its relevance and efficacy for incarcerated individuals.

3.4 The Intersection of Spirituality, Religion, and Mental Health in Corrections

The intersection of spirituality, religion, and mental health within correctional settings represents a critical domain for understanding holistic inmate care (Kapoor et al., 2013). Spirituality and religion often serve as vital coping mechanisms that support psychological resilience amidst the pervasive stressors and trauma endemic to incarceration. These constructs contribute to meaning-making, identity reconstruction, and hope, which are essential components in mitigating symptoms of depression, anxiety, and post-traumatic stress disorder (PTSD) frequently observed in correctional populations as shown in Figure 2.

They emphasize the biopsychosocial model's incorporation of spiritual dimensions as integral to comprehensive mental health care, advocating for the inclusion of chaplaincy and spiritual counseling alongside conventional therapies (Cooper and Wolfer, 2024). Empirical evidence suggests that inmates who actively engage in religious or spiritual practices tend to report improved mental health outcomes, including decreased substance use and lower incidences of self-harm (Patel and Martinez, 2022). For example, participation in faith-based groups or rituals can enhance social support networks within prisons, buffering the negative psychological impacts of isolation.

However, the interplay between religion and mental health is complex, necessitating culturally competent approaches that respect diverse beliefs and avoid proselytization. Integrating spirituality into mental health

interventions requires sensitivity to individual differences and trauma histories, underscoring the importance of interdisciplinary collaboration

between behavioral health professionals and pastoral counselors to optimize rehabilitative efforts.

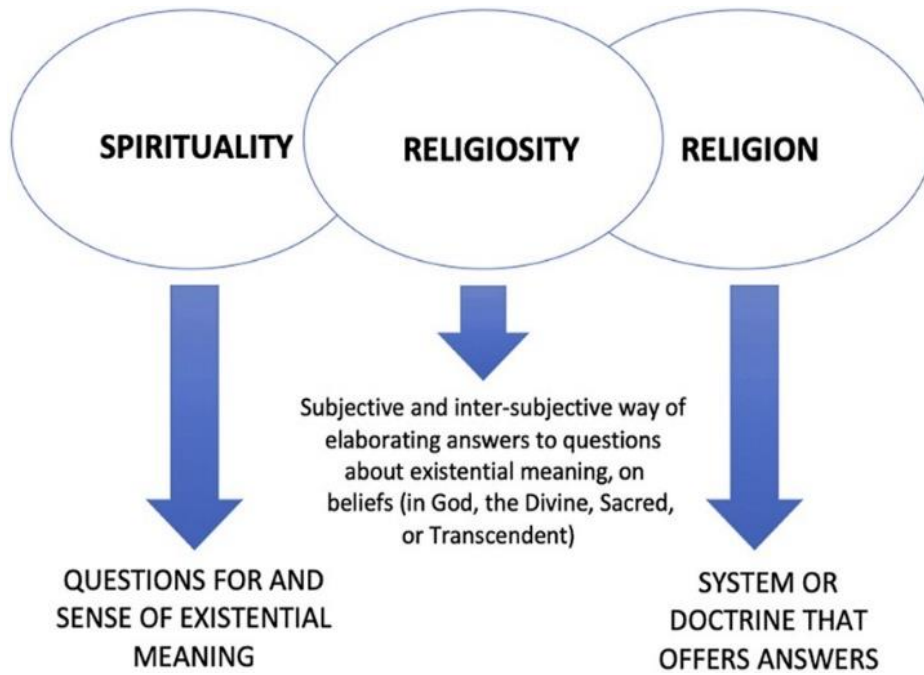


Figure 2: The role of metacognitive self-reflectivity in emotional awareness and subjective indices of recovery in schizophrenia (Mervis et al., 2022)

Figure 2 illustrates a conceptual model showing how metacognitive self-reflectivity influences emotional awareness and, in turn, contributes to two subjective indices of recovery in individuals with schizophrenia: quality of life and hope. The model proposes that higher levels of self-reflectivity; one’s ability to think about one’s own thoughts and experiences enhance emotional awareness, which then positively affects one’s sense of hope and perceived quality of life. Emotional awareness acts as a mediator, linking internal self-reflection to broader psychological well-being and recovery outcomes. The diagram highlights the interrelated pathways among these variables, suggesting that developing metacognitive abilities could be a key target for interventions aimed at improving recovery in schizophrenia.

4. TRAUMA-INFORMED PASTORAL COUNSELING: EVIDENCE-BASED PRACTICES

4.1 Key Trauma-Informed Care Frameworks Relevant to Pastoral Counseling

Trauma-informed care (TIC) frameworks are foundational for effectively integrating pastoral counseling into correctional behavioral health. These frameworks emphasize understanding trauma’s prevalence and impact, fostering safety, trustworthiness, choice, collaboration, and empowerment (Alessi and Kahn, 2023). Within correctional environments, TIC frameworks advocate for approaches that recognize

trauma symptoms and avoid re-traumatization, aligning with pastoral counseling’s emphasis on holistic healing.

They highlight the Substance Abuse and Mental Health Services Administration (SAMHSA) framework as pivotal, underscoring its six key principles—safety, trustworthiness, peer support, collaboration, empowerment, and cultural humility (Jones, 2024). These principles guide pastoral counselors to create secure environments that honor inmates’ spiritual and emotional vulnerabilities while respecting their autonomy. For instance, pastoral counselors may employ trauma-sensitive listening and spiritual narrative techniques that validate individual experiences and foster resilience.

They propose the Spiritual Trauma-Informed Care model, which integrates TIC with spiritual care by addressing trauma’s existential and meaning-making dimensions (Smith and Lapsansky, 2021). This model includes practices such as spiritually attuned mindfulness, ritual support, and faith-based cognitive restructuring, enabling pastoral counselors to address trauma holistically. It is particularly relevant in corrections, where inmates’ spiritual identities can be central to recovery pathways as presented in Table 3.

Together, these frameworks support the delivery of trauma-informed pastoral counseling that is sensitive to the complexities of trauma and spirituality in correctional settings, enhancing therapeutic outcomes.

Table 3: core trauma-informed frameworks with direct relevance to correctional pastoral counseling practices.

Framework Name	Core Principles	Relevance to Pastoral Counseling	Application in Corrections
SAMHSA Trauma-Informed Approach	Safety, trustworthiness, peer support, collaboration, empowerment, and cultural sensitivity	Aligns with pastoral goals of spiritual safety, relational trust, and empowerment through faith-based support	Used in chaplain-led recovery groups and faith-based trauma interventions within prison ministries
Sanctuary Model	Nonviolence, emotional intelligence, social learning, democracy, open communication, social responsibility, and growth	Encourages reflective spiritual practices and nonviolent communication integral to pastoral engagement	Promotes healing communities within correctional settings where chaplains serve as moral anchors
TRUST Framework	Transparency, Respect, Understanding, Safety, and Trauma awareness	Reinforces the spiritual counselor’s role in rebuilding trust, restoring dignity, and fostering respect for the self	Integrated in reentry preparation programs led by chaplains and behavioral health professionals
Risking Connection	Connection, collaboration, empowerment, and trauma awareness	Supports relational and attachment-based counseling styles typical in pastoral care, emphasizing the human-to-human bond	Used in trauma-focused pastoral mentoring and restorative justice circles within prisons

4.2 Integration of Trauma-Sensitive Communication and Intervention Strategies

The integration of trauma-sensitive communication and intervention strategies into pastoral counseling within correctional settings is central to mitigating traumatization and enhancing therapeutic efficacy. Trauma-sensitive communication acknowledges the prevalence of trauma histories in incarcerated populations and fosters emotionally safe, empowering dialogue. They argue that trauma-informed language in correctional care should be non-triggering, empathic, and attentive to nonverbal cues such as body language and tone—elements particularly vital in pastoral engagements where spiritual vulnerability is often expressed (Haynes, 2022).

They propose a “compassionate communication” model, emphasizing presence, attunement, and reflective listening as core practices in correctional chaplaincy (Henry et al., 2013). For example, instead of interrogating or prescribing, trauma-sensitive pastoral counselors use invitational dialogue, allowing inmates to share narratives at their own pace. This fosters a restorative environment where spiritual and emotional wounds can be jointly acknowledged without shame or coercion.

In practice, trauma-informed interventions in pastoral counseling may include guided spiritual meditation, rituals of forgiveness, or trauma narrative reconstruction integrated with theological themes. These techniques not only support emotional regulation but also promote identity reformation, especially critical in environments where dignity is often eroded. As correctional institutions increasingly recognize the need for rehabilitative rather than punitive approaches, embedding trauma-sensitive communication into spiritual care becomes an indispensable pillar of comprehensive behavioral health (Ajiboye et al., 2025).

4.3 Case Studies and Empirical Evidence Supporting Trauma-Informed Pastoral Counseling

A growing body of empirical literature substantiates the therapeutic potential of trauma-informed pastoral counseling in correctional settings (Byrne, 2020). conducted a quasi-experimental study examining faith-based trauma counseling programs in three medium-security prisons. Their findings demonstrated statistically significant reductions in depressive symptoms, hypervigilance, and self-reported aggression among participants who engaged in weekly pastoral sessions integrating trauma-informed principles, such as emotional safety, spiritual reframing, and individualized pacing.

They presented a series of case studies from a multifaith trauma-recovery initiative in a U.S. state prison, highlighting the transformative role of spiritual narrative reconstruction in trauma survivors (Hosseini, 2020). One inmate, for example, processed childhood sexual abuse through

guided theological reflection, ultimately reframing his suffering within a redemptive framework that contributed to reductions in self-harm behavior and improved interpersonal functioning. These findings support the idea that spiritual meaning-making can operate synergistically with cognitive-emotional healing mechanisms in trauma recovery.

Moreover, empirical evidence suggests that trauma-informed pastoral care fosters a protective psychosocial climate, particularly by enhancing trust and emotional regulation in high-stress environments (Shatto et al., 2023). The integration of liturgical rituals, sacred texts, and trauma psychoeducation allows for an embodied, culturally resonant approach to healing. These case-based insights emphasize the critical need for institutional support of spiritually integrated, trauma-informed interventions within correctional behavioral health systems.

4.4 Training and Competencies Required for Pastoral Counselors in Trauma-Informed Care

Pastoral counselors working within correctional settings require specialized competencies to effectively deliver trauma-informed care. The unique intersection of spirituality, psychology, and criminology demands rigorous preparation that encompasses theological sensitivity and clinical acumen. They argue that trauma-informed spiritual caregivers must be equipped with a working knowledge of trauma neurobiology, attachment theory, and behavioral manifestations of complex PTSD, particularly in justice-involved populations as shown in Figure 3 (Levenson et al., 2022). These competencies are essential in fostering a therapeutic alliance grounded in empathy, trust, and non-retraumatizing engagement.

They propose a competency-based training framework that includes five critical domains: trauma literacy, cultural humility, spiritual assessment, self-regulation skills, and interdisciplinary collaboration (Chung, 2023). For example, pastoral caregivers must be adept at recognizing dissociative symptoms during spiritual confessions and appropriately modulating liturgical language to avoid retraumatization. Additionally, training should emphasize the importance of boundaries and countertransference management, as correctional environments often expose counselors to vicarious trauma and compassion fatigue.

Importantly, trauma-informed pastoral counselors must also develop skills in integrating sacred texts and rituals in ways that validate rather than minimize survivors’ experiences. According to the study, chaplains trained in both trauma-sensitive liturgy and cognitive reframing report greater efficacy in promoting inmates’ emotional resilience (Grosch-Miller, 2021). This highlights the need for institutional support for ongoing professional development, reflective supervision, and accreditation pathways that validate trauma-informed spiritual care as an evidence-based correctional practice.

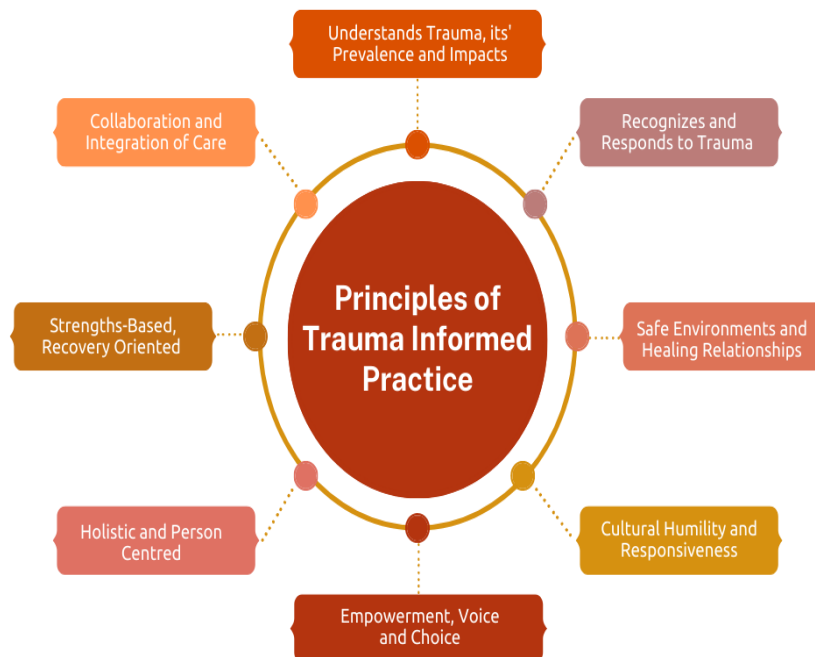


Figure 3: Principles of Trauma-Informed Practice (Red Centre Healing, 2023)

Figure 3 outlines eight key principles that guide trauma-informed care, particularly in the context of Indigenous healing and support. These principles include safety, trustworthiness, collaboration, empowerment, choice, respect for diversity, cultural competence, and understanding trauma. The diagram visually emphasizes that these principles are interconnected and foundational to creating environments where individuals feel supported and understood. By centering these values, practitioners can build respectful, culturally responsive relationships that acknowledge the lasting impacts of trauma and promote healing and resilience.

5. SPIRITUAL CARE MODELS AND THEIR APPLICATION IN CORRECTIONAL BEHAVIORAL HEALTH

5.1 Overview of Major Spiritual Care Models Applicable in Corrections

Several spiritual care models have been adapted to address the unique psychosocial and theological needs of incarcerated individuals, especially those affected by trauma. The Clinical Pastoral Education (CPE) model, widely employed in hospital and military chaplaincy, has been recontextualized for use in correctional settings. They note that the CPE

model emphasizes supervised reflective practice, spiritual assessment, and the development of empathic communication skills—core components in addressing trauma-related dysregulation among inmates (Collica-Cox et al., 2022).

Another prominent model is the Holistic Care Model, which integrates spiritual, emotional, and existential dimensions of healing. They highlight how this model enables correctional chaplains to navigate complex intersections of guilt, shame, and moral injury by aligning therapeutic

dialogue with inmates' faith traditions (Jakucs 2020). For example, ritual practices such as guided lamentation, confession, or meditative prayer are employed to create safe spiritual spaces for trauma processing and identity reconstruction as presented in Table 4.

Moreover, both models highlight the necessity of cultural humility and theological pluralism, particularly within increasingly diverse correctional populations. Pastoral caregivers must not only adapt their spiritual frameworks to various belief systems but also ensure trauma-informed fidelity by recognizing how religious language can either empower or retraumatize (Ijiga, et al., 2024). These models, when systematically implemented, contribute to rehabilitative goals and enhance behavioral health outcomes in incarcerated populations.

Table 4: Overview of Major Spiritual Care Models Applicable in Corrections

Spiritual Care Model	Core Philosophy	Application in Corrections	Outcomes/Impact
Clinical Pastoral Education (CPE)	Experiential learning and interfaith spiritual care through supervised practice	Trains chaplains to address trauma, grief, and ethical dilemmas; fosters empathy and reflective listening	Improved inmate emotional processing, reduced conflict, enhanced counselor sensitivity
Narrative Therapy-Based Chaplaincy	Healing through life story reconstruction and meaning-making	Encourages inmates to re-author trauma narratives with spiritual insight and hope	Increased resilience, identity reconstruction, and reduced depression symptoms
Faith-Based Rehabilitation Programs	Spiritual transformation through structured religious practices and moral teachings	Programs like Celebrate Recovery or Kairos Prison Ministry integrate worship, accountability, and peer support	Reduced recidivism, enhanced moral reasoning, improved behavioral compliance
Relational Spirituality Model	Emphasis on trust-based relationships as pathways for spiritual and emotional growth	Focus on relational healing with God, self, and others through guided pastoral conversations	Stronger interpersonal skills, trust-building, and emotional regulation in high-risk inmates

5.2 Culturally Responsive Spiritual Care and Diversity Considerations

Culturally responsive spiritual care within correctional environments demands a nuanced understanding of inmates' religious, ethnic, and sociocultural identities. Correctional pastoral care must not only address spiritual needs but also affirm cultural narratives that shape individuals' worldviews and trauma experiences. They assert that cultural humility—marked by ongoing self-reflection and the de-centering of dominant religious paradigms—is essential for building therapeutic alliances with marginalized populations in carceral spaces (Morgaine and Capous-Desyllas, 2014).

Spiritual care providers often encounter inmates from diverse faith traditions including Islam, Indigenous spiritualities, African diasporic religions, and Eastern philosophies. These traditions may interpret suffering, healing, and redemption through distinct theological lenses. They emphasize the need for chaplains to possess intercultural competency, enabling them to tailor interventions such as prayer, storytelling, or communal rituals in ways that resonate with cultural meanings and symbolic frameworks (Anderson, 2013).

For example, an Indigenous inmate might benefit from sweat lodge ceremonies that facilitate spiritual cleansing and trauma processing, whereas a Muslim inmate may draw strength from structured prayer and Qur'anic reflection. Failure to recognize these culturally specific pathways to healing can exacerbate alienation and psychological distress.

Effective spiritual care thus requires both theological dexterity and cultural attunement. Integrating diversity-sensitive approaches within trauma-informed pastoral counseling not only enhances care quality but also promotes equity and dignity among incarcerated persons from

historically marginalized groups.

5.3 Collaboration Between Behavioral Health Professionals and Pastoral Counselors

Collaboration between behavioral health professionals and pastoral counselors in correctional settings is vital for delivering holistic, trauma-informed care that addresses both psychological and spiritual dimensions of inmates' well-being. They highlight that when chaplains and mental health clinicians engage in integrated treatment planning, it enhances the therapeutic alliance and improves continuity of care (Cooper et al., 2023). Shared case consultations and interdisciplinary team meetings foster mutual respect and capitalize on each discipline's unique strengths.

For instance, pastoral counselors often hold critical insights into an inmate's spiritual coping mechanisms, which can inform a clinician's approach to cognitive-behavioral interventions or trauma processing. Conversely, psychologists can alert chaplains to signs of clinical distress that may be misinterpreted as spiritual crises. They describe a collaborative care model in which chaplains were trained in basic trauma symptom recognition, allowing for timely referrals to behavioral health units (Wortmann et al., 2023). This synergy not only reduces care fragmentation but also promotes culturally congruent healing modalities.

However, effective collaboration demands structured communication protocols, shared ethical guidelines, and cross-disciplinary training. Correctional institutions must invest in institutional frameworks that support such integration without compromising professional boundaries or confidentiality as shown in Figure 4. In an environment marked by high trauma exposure and systemic mistrust, coordinated spiritual-psychological care has the potential to mitigate recidivism and foster restorative transformation within incarcerated populations.

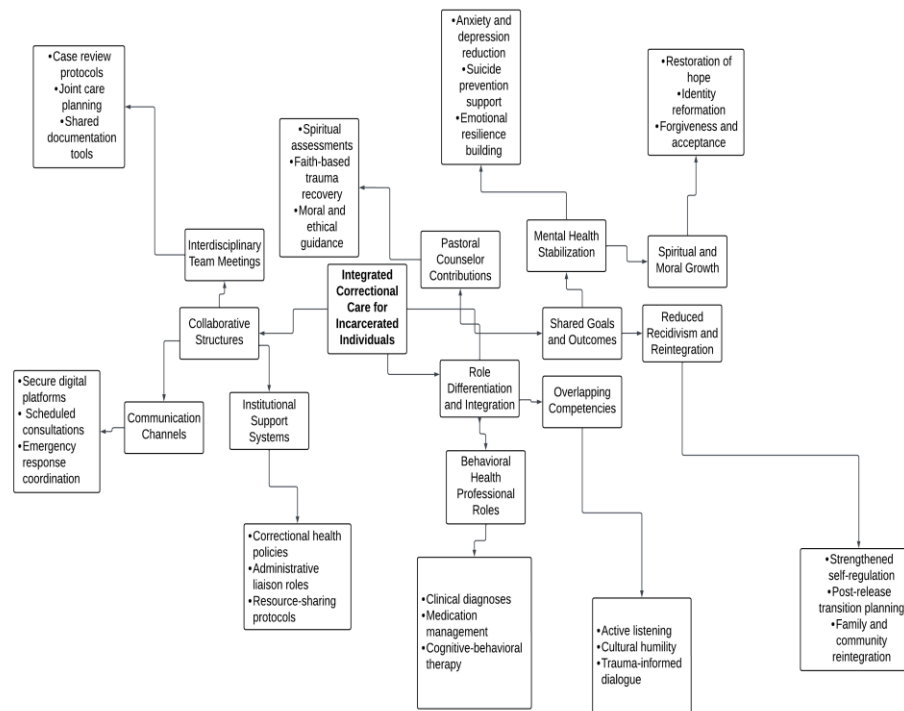


Figure 4: A Block Diagram Showing the Integrated Collaboration Model Between Behavioral Health Professionals and Pastoral Counselors in Correctional Settings

Figure 4 illustrates a three-branch model of collaboration between behavioral health professionals and pastoral counselors within correctional settings. The first branch, Collaborative Structures, highlights institutional mechanisms that facilitate joint care, such as interdisciplinary meetings, secure communication channels, and administrative support systems. The second branch, Role Differentiation and Integration, delineates distinct yet complementary functions—pastoral counselors contribute spiritual guidance and trauma-informed spiritual care, while behavioral health professionals focus on clinical interventions, with overlapping competencies like cultural humility and empathetic communication ensuring cohesion. The third branch, Shared Goals and Outcomes, highlights the unified objectives of this collaboration: enhancing mental health stabilization, fostering spiritual growth, and promoting successful reintegration into society post-release. This structure emphasizes how cross-disciplinary teamwork grounded in trauma-informed principles and mutual respect optimizes holistic rehabilitation outcomes in correctional environments.

5.4 Measuring Outcomes: Effectiveness of Spiritual Care Models in Trauma Recovery

The effectiveness of spiritual care models in facilitating trauma recovery within correctional environments requires rigorous, multidimensional outcome assessments. As highlighted, longitudinal methodologies have been instrumental in measuring shifts in post-traumatic symptoms,

spiritual well-being, and behavioral adjustment among incarcerated populations (Blackmore, 2020). Their study revealed that inmates who engaged consistently in chaplain-led spiritual care programs exhibited significantly reduced levels of PTSD symptoms and improved emotional regulation over a 12-month period, as compared to control groups without such support.

Spiritual care's impact is also observed through enhanced meaning-making processes and identity reconstruction, which are vital components of trauma recovery. They emphasize the role of standardized spiritual assessment tools such as the Functional Assessment of Chronic Illness Therapy—Spiritual Well-being (FACIT-Sp) scale and the Brief RCOPE in evaluating resilience and coping efficacy (Wachholt et al., 2016). These instruments allow pastoral counselors and researchers to quantify subjective improvements in hope, forgiveness, and relational trust—critical outcomes for individuals processing complex trauma histories.

Moreover, correctional settings that implemented integrated care models reported not only psychological benefits but also institutional advantages such as decreased disciplinary infractions and higher program adherence. Effectiveness thus must be measured both clinically and operationally as represented in Table 5. However, variability in spiritual literacy, cultural context, and theological orientation necessitates individualized metrics and culturally responsive evaluation frameworks to ensure validity and applicability across diverse prison populations (Ajiboye et al., 2025).

Table 5: Measuring Outcomes: Effectiveness of Spiritual Care Models in Trauma Recovery

Spiritual Care Model	Key Outcome Measures	Assessment Tools Used	Observed Impact on Trauma Recovery
Clinical Pastoral Education (CPE)	Emotional regulation, spiritual resilience	Spiritual Assessment Inventory (SAI), qualitative interviews	Improved coping skills, decreased depressive symptoms
Narrative Pastoral Therapy	Identity reconstruction, trauma narrative coherence	PTSD Checklist (PCL-5), client journals	Enhanced meaning-making and trauma integration
Faith-Based Cognitive Behavioral Therapy (FB-CBT)	Stress reduction, moral reasoning	Beck Depression Inventory (BDI), Trauma Symptom Checklist	Lower anxiety levels, improved decision-making
Chaplains' Crisis Intervention Model	Crisis de-escalation, trust-building	Critical Incident Stress Debriefing (CISD) records	Faster stabilization post-trauma, reduction in aggressive incidents

6. DISCUSSION AND FUTURE DIRECTIONS

6.1 Summary of Key Findings and Implications for Practice

This study has illuminated the profound and multifaceted impact of trauma on incarcerated individuals and highlighted the urgent need for

trauma-informed pastoral counseling within correctional behavioral health systems. The prevalence of trauma among incarcerated populations is markedly high, with many individuals entering the system carrying complex histories of physical, emotional, and sexual abuse. These traumatic experiences significantly shape cognitive, emotional, and behavioral responses, often resulting in heightened vulnerability to

mental health disorders, including PTSD, depression, and substance use disorders. The correctional environment itself frequently exacerbates these symptoms due to its inherently stressful, punitive, and depersonalizing nature.

Pastoral counseling, when grounded in trauma-informed care principles, offers a complementary therapeutic pathway that integrates spiritual, emotional, and psychological dimensions of healing. It provides a safe relational context where incarcerated individuals can explore meaning, restore dignity, and reconstruct identity through trust, empathy, and nonjudgmental presence. Key findings from empirical studies demonstrate that integrating trauma-sensitive communication, spiritual care models, and collaborative interprofessional approaches—particularly those that value cultural responsiveness—can significantly enhance rehabilitation outcomes and psychological resilience.

Moreover, this study identifies the need for specialized training for pastoral counselors in trauma-informed competencies, including assessment, cultural humility, and evidence-based intervention strategies. It further advocates for systemic collaboration between chaplaincy services and mental health professionals to ensure holistic, ethically sound care. Ultimately, the implications for practice are clear: effective correctional rehabilitation must embed spiritually integrated, trauma-informed care models that are empirically supported and contextually adaptive to the unique realities of incarcerated individuals.

6.2 Barriers and Facilitators to Implementing Trauma-Informed Pastoral Counseling in Corrections

The integration of trauma-informed pastoral counseling within correctional systems presents both significant barriers and crucial facilitators that shape its practical feasibility and efficacy. One of the primary barriers is the institutional culture of many correctional facilities, which often prioritizes control, discipline, and risk management over therapeutic engagement. This environment can hinder the relational and empathetic dimensions essential to trauma-informed pastoral care, particularly where security protocols restrict private or sustained interactions between counselors and inmates. Additionally, limited funding, understaffing, and insufficient recognition of the chaplain's clinical role within multidisciplinary teams further obstruct implementation. Many pastoral counselors also lack formal training in trauma-informed frameworks, creating gaps in competency that reduce the consistency and quality of care delivered.

Conversely, several facilitators enhance the potential for successful integration. Growing recognition of the intersection between spirituality and mental health has led to an increasing openness toward holistic, faith-sensitive approaches in rehabilitation programs. Trauma-informed care (TIC) policies adopted at state and institutional levels provide a structural foundation to support the inclusion of pastoral counselors in clinical pathways. Furthermore, empirical evidence demonstrating the effectiveness of integrated pastoral and psychological care models has bolstered institutional buy-in, particularly in facilities that have seen reductions in inmate aggression and improved emotional regulation as outcomes of such programs.

Key facilitators also include collaborative training programs, interprofessional supervision, and culturally responsive curricula that bridge theological insight with clinical best practices, positioning pastoral counselors as critical allies in trauma recovery within carceral contexts.

6.3 Recommendations for Policy, Training, and Interdisciplinary Collaboration

In light of the findings of this study, several targeted recommendations are essential to strengthen the integration of trauma-informed pastoral counseling in correctional settings. First, policy reforms must formally recognize pastoral counseling as a legitimate and essential component of behavioral healthcare in prisons. This includes embedding trauma-informed spiritual care within institutional guidelines and allocating designated funding to support chaplaincy-led programs. Correctional systems should also establish credentialing standards that require pastoral counselors to receive evidence-based training in trauma psychology, cultural competency, and correctional ethics.

Training initiatives must go beyond theological instruction to include clinical frameworks such as the Sanctuary Model or the Risk-Need-Responsivity (RNR) framework, which align with trauma-informed principles. Training programs should be co-facilitated by behavioral health professionals and experienced chaplains to promote mutual understanding and reinforce interdisciplinary learning. For instance, simulation-based training modules can enhance skill acquisition in trauma-sensitive communication, while continuing education programs can ensure knowledge of evolving best practices.

Interdisciplinary collaboration must be institutionalized through structured mechanisms such as integrated care teams, case conferencing, and shared documentation systems that include spiritual assessments. Chaplains should be active participants in treatment planning and post-release reentry initiatives, thereby ensuring that the spiritual and emotional dimensions of trauma recovery are not overlooked. Finally, data-sharing agreements and joint research initiatives between academic institutions and correctional systems can promote innovation, outcome tracking, and accountability in trauma-informed pastoral care delivery. These recommendations are pivotal for transforming prison care environments into systems of healing and rehabilitation.

6.4 Areas for Future Research and Development in Trauma-Informed Spiritual Care

Future research in trauma-informed spiritual care within correctional settings must prioritize rigorous, multidisciplinary inquiry to advance both theory and practice. One critical area involves longitudinal studies that examine the sustained impact of trauma-informed pastoral counseling on inmate mental health outcomes, recidivism rates, and post-release adjustment. Such studies should employ mixed-methods designs to capture both quantitative measures (e.g., symptom reduction, behavioral improvements) and qualitative insights into inmates' lived experiences and spiritual growth. This dual approach will provide a nuanced understanding of how spiritual care facilitates trauma recovery over time.

Another promising research avenue is the development and validation of trauma-informed spiritual assessment tools tailored for correctional populations. Current instruments often lack cultural and contextual sensitivity, limiting their applicability. Innovations in assessment could include integrating psychometric scales with narrative and faith-based components, enabling pastoral counselors to identify trauma manifestations that intersect with spirituality and religion uniquely.

Additionally, research must explore the mechanisms of interdisciplinary collaboration between behavioral health providers and pastoral counselors, identifying best practices and barriers at organizational and systemic levels. Implementation science frameworks can guide studies on how trauma-informed models are adopted and sustained in diverse correctional environments, considering factors such as staff training, resource availability, and institutional culture.

Finally, technological advancements offer new frontiers for trauma-informed spiritual care, such as virtual chaplaincy services and digital psycho-spiritual interventions, which warrant empirical evaluation. Addressing these research gaps will foster innovation, improve clinical efficacy, and ensure trauma-informed spiritual care evolves responsively to the complex needs of incarcerated individuals.

6.5 Conclusion: Integrating Holistic Care for Improved Behavioral Health Outcomes

Integrating trauma-informed pastoral counseling within correctional behavioral health systems embodies a holistic approach that addresses the complex interplay of psychological, spiritual, and social factors affecting incarcerated individuals. The evidence highlights that combining trauma-sensitive therapeutic modalities with spiritual care enhances emotional regulation, fosters resilience, and promotes meaning-making—key components for sustained recovery and rehabilitation. By recognizing the multifaceted nature of trauma, pastoral counseling enriches standard mental health interventions, offering personalized support that aligns with inmates' values and belief systems.

This integrated care model demands institutional commitment to interdisciplinary collaboration, where behavioral health professionals and pastoral counselors work synergistically, sharing insights and strategies to optimize trauma recovery. For example, co-developed care plans that incorporate spiritual assessments alongside clinical diagnostics have demonstrated improved engagement and treatment adherence among incarcerated populations. Furthermore, trauma-informed spiritual care addresses systemic barriers such as mistrust and stigma, creating safer environments conducive to vulnerability and healing.

Holistic care also necessitates ongoing training and competency development, ensuring pastoral counselors are equipped to recognize trauma manifestations and apply evidence-based interventions sensitively within correctional contexts. Institutions adopting this integrative framework benefit from reductions in behavioral incidents, improved mental health outcomes, and enhanced post-release adjustment, thereby contributing to public safety and societal reintegration.

Ultimately, trauma-informed pastoral counseling represents a critical

component of comprehensive correctional care, emphasizing the restoration of dignity and hope. Its incorporation advances the goal of not only managing behavioral health symptoms but facilitating transformative healing that supports long-term well-being for incarcerated individuals.

7. CONCLUSION

This study examined how COVID-19-induced lockdowns affected HIV management and outcomes in Sub-Saharan Africa. The review integrated cross-sectional, cohort, and qualitative data to increase understanding of the pandemic's effects. PLHIV had less healthcare access owing to movement restrictions and COVID-19 resource reallocation. Disruptions were linked to HIV progression and viral suppression, which are important public health issues, review also noted HIV management program changes to mitigate lockdowns. Telemedicine to preserve patient-provider interaction, decentralized drug distribution to reduce clinic visits, and multi-month prescription dispensation to assure treatment continuity were among the changes essential for pandemic PLHIV care. This study emphasizes the need to incorporate flexible HIV treatment delivery modalities like telemedicine and community-based drug distribution into conventional care. These strategies improve health crisis management and normal care access. This review emphasizes the need for strong health system preparedness for future pandemics and global health emergencies. PLHIV health and well-being depend on prompt, effective responses based on COVID-19 pandemic lessons. This study recommends investing in adaptive health services and integrating technological solutions to enable continued treatment for vulnerable people amid global health emergencies.

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