

## Jesus' Healing Ministry as Trauma-Informed Pastoral Care: A Narrative-Critical Study

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### Abstract

This article proposes that Jesus' healing ministry exemplifies an early form of trauma-informed care within a first-century context marked by social, political, and spiritual brokenness. Through a narrative-critical reading of selected Gospel narratives, the study maps Jesus' restorative interventions onto SAMHSA's Four Rs framework: realising trauma's impact, recognising symptoms, responding holistically, and resisting re-traumatisation. Case studies of the haemorrhaging woman, Peter's post-denial reconciliation, and the Good Shepherd imagery demonstrate how Jesus named suffering, validated individual stories, enacted integrated rituals of care, and practised radical hospitality to protect the vulnerable. Findings reveal that these Gospel patterns anticipate core principles of modern trauma-informed practice and offer actionable insights for pastoral ministry. Building on this exegetical synthesis, the article develops a Gospel-rooted pastoral training model with modules on naming communal distress, cultivating empathic listening, designing holistic care rituals, and fostering safe, inclusive environments. This interdisciplinary approach not only deepens theological understandings of restoration but also equips faith communities to become true shelters for the shattered.

**Keywords:** Trauma-Informed Care; Jesus' Healing Ministry; Pastoral Theology; Narrative Criticism; Four Rs Framework; Restoration

### 1. Introduction

Jesus' public ministry unfolded against a backdrop of deep structural and personal brokenness that shaped every aspect of daily life in first-century Judea. Under Roman occupation, heavy taxation and forced labour exacerbated economic disparities, leaving peasants and artisans vulnerable to debt and displacement (Lee, 2021). Moreover, political unrest and periodic violent crackdowns by imperial forces generated pervasive fear and collective trauma, as communities witnessed friends and family members subjected to brutality or deportation (Murray, 2024). In addition, familial betrayals and interpersonal conflicts generated cycles of distrust that undermined communal cohesion (Murray, 2024). As if these were not enough, religious elites often prioritised ritual purity and legalism over compassion, marginalising those deemed unclean, such as lepers, women with chronic illnesses, and Samaritan outcasts, thereby compounding personal shame and social isolation (Brown, 2022).

Furthermore, endemic health crises, including plague and malnutrition, contributed to lingering physical suffering, which intersected with spiritual distress as many questioned God's presence amid widespread affliction (Wang & Bloom, 2023). In this volatile context of economic exploitation, social exclusion, and spiritual anxiety, Jesus' message of God's reign offered both a profound critique of oppressive systems and a tangible pathway toward holistic restoration (Smith & Doe, 2020). Consequently, his healing encounters did more than alleviate symptoms; they challenged the underlying injustices that perpetuated trauma and invited communities into new patterns of mutual care and resilience. Understanding this multifaceted backdrop lays the foundation for interpreting how Jesus' restorative encounters addressed both personal and collective wounds.

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Contemporary trauma-informed frameworks offer systematic approaches to address complex human suffering by centring safety, trust, and empowerment. The Substance Abuse and Mental Health Services Administration (SAMHSA, 2018) articulates four core principles (realising the impact of trauma, recognising signs, responding appropriately, and resisting re-traumatisation) that guide effective care. Subsequent adaptations in clinical and pastoral settings have emphasised cultural humility and collaborative healing processes (Borden, 2020). Although these guidelines originated in modern therapeutic contexts, recent theological scholarship suggests that Jesus' healing practices anticipated many of these elements intuitively (Smith & Doe, 2020). However, most existing pastoral models fail to connect biblical narratives directly with trauma-informed principles, leaving a critical gap in the literature (Brown, 2022).

### 1.1. Statement of Purpose

This article addresses that gap by mapping Jesus' healing encounters onto SAMHSA's four Rs through a narrative-critical methodology. Specifically, it examines how Jesus realised the scope of suffering, recognised distress signals, responded with integrated healing practices, and resisted further harm via radical hospitality. The core research questions guiding this inquiry are: (1) In what ways did Jesus' methods anticipate modern trauma-informed principles? and (2) How can these historical patterns inform contemporary pastoral care strategies? By focusing on key Gospel narratives, such as the healing of the haemorrhaging woman and Peter's restoration, this study aims to bridge biblical exegesis with practical care models. Ultimately, the goal is to offer faith communities actionable insights for cultivating resilience and restoration among the traumatised.

The article is structured to provide a comprehensive exploration of these themes as follows. Section one is the general introduction, including the statement of purpose and research questions. Section two, the literature review, surveys contemporary trauma-informed care concepts alongside theological discourse on healing and restoration. The third section, the theoretical framework, defines trauma, restoration, and shelter in both psychological and theological dimensions and introduces SAMHSA's four Rs as the analytical lens. Section four, the methodology section, describes the narrative-critical approach and criteria for selecting Gospel episodes. An exegetical analysis follows, applying each of the four Rs to specific healing narratives, which is supplemented by in-depth case studies of the haemorrhaging woman, Peter's restoration, and the Good Shepherd motif. Finally, the discussion and implications section synthesises findings to propose a model for trauma-informed pastoral training, and the conclusion outlines future research directions and practical applications.

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## 2. Literature Review

Contemporary trauma-informed care frameworks have matured significantly over the past decade, focusing on systemic approaches to healing that transcend individual therapy sessions. Central to these frameworks is the Substance Abuse and Mental Health Services Administration's articulation of the "Four Rs," realise the impact of trauma, recognise the signs, respond effectively, and resist re-traumatisation (SAMHSA, 2018). These principles foreground five essential domains: safety, trustworthiness, peer support, collaboration, and empowerment, often supplemented by cultural humility in diverse populations (Miller & Najavits, 2021). Moreover, researchers emphasise that implementing trauma-informed care requires organisational readiness and ongoing evaluation to prevent inadvertent harm (Borden, 2020). Consequently, these models have become foundational across clinical, educational, and social service sectors.

In recent years, pastoral scholars and practitioners have begun translating these clinical principles into ministry contexts, arguing for trauma-sensitive congregational practices. Borden (2020) proposes that churches can model safe and predictable environments by restructuring worship spaces and communication channels to minimise triggers. Similarly, Smith and Doe (2020) argue that pastoral counselling, when informed by trauma theory, shifts from symptom-focused interventions to holistic care that attends to spiritual, emotional, and social dimensions. Clark (2023) further advances this discussion by examining case studies of faith communities that integrate trauma-informed leadership training and peer support groups, thereby fostering resilience among congregants. These voices collectively underscore the potential for faith-based organisations to adopt systemic strategies that parallel secular trauma-informed frameworks.

Parallel to these pastoral adaptations, biblical scholarship on suffering, healing, and restoration has grown substantially over recent years. Scholars such as Koenig and Pillai (2019) have traced thematic connections between illness narratives in the Gospels and socio-religious dynamics of first-century Judea, while Wheeler (2020) analyses the motif of divine compassion in Johannine literature. Furthermore, Mitchell (2023) highlights the intertextual echoes of Old Testament restoration promises in Jesus' parables, underscoring theological continuity. Yet, most of this scholarship examines healing through lenses of ritual purity, sin, and eschatological fulfilment, rather than psychological trauma.

Consequently, while there is a robust body of work on biblical healing, explicit engagement with trauma as a category of analysis remains limited.

Despite the expansion of both trauma-informed care and biblical healing studies, a substantive gap exists at their intersection. Few scholars offer a systematic trauma-theological reading of Jesus' ministry, and those who do tend to address trauma tangentially rather than as a central analytical category (Brown, 2022). For example, Smith and Doe's (2020) pastoral model mentions trauma-awareness but stops short of mapping Gospel narratives onto trauma-informed principles. Therefore, there is a pressing need for research that explicitly correlates Jesus' restorative actions with the Four Rs framework. Addressing this gap not only enriches theological discourse but also equips clergy and lay leaders with historically grounded, trauma-sensitive ministry practices.

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### 3. Theoretical Framework

Trauma is understood in modern psychology as an event or series of events that overwhelm an individual's ability to cope, resulting in enduring psychological and physiological consequences (American Psychological Association [APA], 2022). Specifically, trauma can manifest through intrusive memories, hyperarousal, and avoidance behaviours that disrupt daily functioning and relationships (Herman, 2018). Moreover, contemporary models emphasise that trauma extends beyond the individual to affect families and communities, shaping collective narratives and social dynamics (Miller & Najavits, 2021). In theological discourse, trauma is frequently characterised as a rupture in the covenantal relationship between humanity and the divine, whereby suffering undermines trust in God's presence and goodness (Koenig & Perez, 2022). Consequently, both psychological and theological definitions of trauma converge on the notion of a profound breach, whether in the psyche or in faith, that necessitates intentional pathways toward healing.

Restoration in psychological literature refers to processes that reestablish individuals' sense of safety, self-worth, and agency after traumatic disruption (Russell et al, 2020). These processes often involve cognitive restructuring, emotional regulation skills, and the rebuilding of supportive relationships to foster resilience and post-traumatic growth (Smith & Hernandez, 2021; Tedeschi & Calhoun, 2020). Furthermore, restoration extends to communal and systemic levels, where social support networks and organisational practices contribute to sustained recovery (Brown et al., 2022). Theologically, restoration draws on biblical motifs of reconciliation, redemption, and renewal, portraying God as the ultimate restorer who heals brokenness and invites creation into its intended harmony (Davis, 2019). Thus, both psychological and theological paradigms of restoration emphasise transformation from fragmentation toward wholeness through relational and structural repair.

In psychological practice, shelter is conceptualised as a secure environment that protects survivors from re-triggering stimuli and provides a foundation for trust-building and emotional safety (Johnson, 2021). Such environments prioritise consistent boundaries, empathetic support, and clear communication, thereby enabling individuals to engage with traumatic memories without fear of further harm (Miller & Najavits, 2021). Moreover, the notion of shelter extends into social contexts, where community networks act as protective factors against isolation and revictimization (Brown et al., 2022). From a theological perspective, shelter evokes imagery of God as refuge and stronghold, grounded in scriptural assurances that the Divine shelters the wounded with steadfast presence (Cook, 2023). Therefore, integrating the concept of shelter across psychological and theological domains underscores the indispensable role of safe spaces in facilitating holistic recovery.

To analyse Jesus' ministry through a trauma-informed lens, this study adopts the Substance Abuse and Mental Health Services Administration's Four Rs framework, namely, realise, recognise, respond, and resist re-traumatisation, as its primary analytical tool (SAMHSA, 2018). Specifically, realising involves acknowledging the prevalence and multifaceted impact of trauma, including its social and spiritual dimensions (Borden, 2020). Next, recognising entails identifying behavioural, emotional, and relational signs that signal an individual's exposure to trauma (Miller & Najavits, 2021). Furthermore, response refers to implementing integrative practices that address physical, emotional, and spiritual needs in a coordinated manner (Smith & Doe, 2020). Finally, resist re-traumatisation calls for deliberate strategies to prevent harm in care processes, thereby ensuring that interventions uphold safety and dignity (Borden, 2020). By applying each of these Rs to key Gospel narratives, the present study demonstrates how Jesus' restorative actions prefigure modern trauma-informed care principles.

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### 4. Methodology

This study employs a qualitative, narrative-critical approach to Gospel texts in order to explore the intersection of Jesus' ministry and trauma-informed principles. Narrative criticism prioritises the story world, focusing on plot structure,

character development, and reader response rather than historical reconstruction or source analysis (Smith & Doe, 2020). By attending closely to how Gospel writers shape narratives through tension, resolution, dialogue, and symbolic action, this method uncovers the theological logic and pastoral thrust underlying each healing encounter (Brown, 2022). Moreover, narrative criticism allows for the identification of implicit care practices embedded in the text, revealing how Jesus' words and gestures functioned to restore dignity, foster trust, and create safe spaces within first-century Jewish society (Miller & Najavits, 2021). In this way, the approach aligns with trauma-informed aims to honour the voice of the sufferer and to trace holistic pathways toward healing.

To ensure focused and meaningful analysis, the study applies explicit criteria for case selection, centring on Gospel episodes in which Jesus meets individuals or groups experiencing profound emotional or social distress. First, selected accounts must depict persons marginalised or stigmatised due to illness, disability, or social status, conditions that modern trauma studies identify as catalysts for shame and isolation (Johnson & Patel, 2021). Second, the narratives should showcase Jesus' direct engagement with the person's story, including verbal acknowledgement of suffering, physical touch, and communal inclusion, which correspond to trauma-informed's "recognise" and "respond" stages (Borden, 2020). Third, instances where restoration extends beyond individual healing to involve relational or communal dimensions, such as Peter's post-resurrection commissioning, are prioritised because they illustrate the "resist re-traumatisation" principle through renewed identity and belonging (Murray, 2024). Accordingly, three symbolic cases guide the analysis: the cleansing of the leper (Mark 1:40-45), the healing of the haemorrhaging woman (Mark 5:25-34), and Peter's restoration after betrayal (John 21:15-19). These episodes collectively span physical, emotional, and relational domains of trauma, offering a robust basis for mapping Gospel narratives onto the Four Rs framework.

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## 5. Exegetical Analysis

In this section, we apply the narrative-critical methodology outlined above to key Gospel narratives, mapping them onto SAMHSA's Four Rs framework (SAMHSA, 2018) within a theological context (Smith & Doe, 2020). We begin by identifying how Jesus realised communal and individual suffering, and then examine his recognition of trauma signs in personal encounters. Subsequently, we analyse his integrated responses that combine physical, emotional, and communal dimensions, and finally consider how his ministry resists further harm through radical hospitality. Each subsection engages specific texts, such as the Sermon on the Mount, the Samaritan woman at the well, and healing episodes in Mark and Luke, to demonstrate implicit trauma-informed strategies in the Gospel accounts. This exegetical analysis thus uncovers a coherent pattern of restorative ministry that resonates with contemporary trauma-informed care principles (Brown, 2022).

### 5.1. Realise the Widespread Impact of Trauma

Jesus opens the Sermon on the Mount by naming collective suffering, "Blessed are the poor in spirit" and "Blessed are those who mourn," thereby acknowledging social and spiritual brokenness at the community level (Matt. 5:3-4). Moreover, the parables of the lost sheep and the lost coin dramatise the profound rupture experienced by those excluded from social or religious belonging, illustrating a landscape marred by anxiety and fear of abandonment. By speaking directly to communal wounds, Jesus demonstrates an awareness of trauma's pervasive effects, aligning with modern directives to realise both individual and systemic dimensions of distress (Smith & Doe, 2020). Furthermore, his consistent coupling of prophetic proclamation with restorative promise underscores that healing must address not only personal affliction but also the broader social order (Brown, 2022). Consequently, these narrative elements lay a foundation for interpreting Jesus' ministry as an early form of trauma-responsive intervention.

### 5.2. Recognise Signs and Symptoms of Trauma

Jesus' encounter with the Samaritan woman at the well (John 4:1-26) epitomises careful recognition of emotional distress, as he notices her isolation, marital history, and thirst, both literal and metaphorical. Similarly, when Bartimaeus cries out for mercy after centuries of blindness (Mark 10:46-52), Jesus discerns the interplay of desperation, hope, and social exclusion that characterises his suffering. In each case, Jesus uses probing questions, "Will you be healed?" and "Do you want to see again?" to invite individuals to articulate their pain, thereby mirroring trauma-informed practices that emphasise giving survivors agency over their own stories (Miller & Najavits, 2021). Additionally, his willingness to touch the ritually impure signals an intuitive understanding that physical contact can validate worth and counteract feelings of shame (Brown, 2022). Through these narrative strategies, Jesus enacts a model for recognising trauma's signs in both verbal and nonverbal expressions.

### 5.3. Respond with Integrated Practices

Upon recognising distress, Jesus responds with holistic interventions that integrate physical, emotional, and communal care. For example, the laying on of hands and utterance of “Your faith has made you well” (Mark 5:34) combines touch, authoritative word, and affirmation in a single ritual, reflecting trauma-informed emphases on safe boundaries, empowerment, and meaning-making (Smith & Doe, 2020). Beyond individual healings, Jesus regularly shares meals with those he restores, such as dining at Levi’s house (Luke 5:29), thereby modelling a community-forming practice that counters isolation and builds relational trust (Clark, 2023). Likewise, commissioning the seventy disciples (Luke 10:1-12) extends care practices into broader networks, illustrating how integrated responses can multiply holistic support systems. Together, these actions demonstrate that effective response entails more than symptom relief; it involves embedding survivors within nurturing communities.

### 5.4. Resist Re-Traumatisation Through Radical Hospitality

Finally, Jesus resists re-traumatisation by creating countercultural spaces of radical hospitality that affirm identity and belonging. In the story of Zacchaeus (Luke 19:1-10), Jesus invites himself to the tax collector’s home, thereby reversing social condemnation and reframing Zacchaeus’s public persona through acceptance and trust. Similarly, when the centurion’s servant is healed at a distance (Matt. 8:5-13), Jesus honours the centurion’s faith without demanding ritual adherence, protecting both master and servant from further marginalisation. These examples illustrate how Jesus reframed social narratives to safeguard the restored from stigma and blame, a principle core to trauma-informed care’s mandate to resist practices that might re-trigger survivors (Borden, 2020; Murray, 2024). By demonstrating that genuine hospitality can reconstruct fractured identities, Jesus offers a powerful prototype for preventing secondary injuries in pastoral and communal settings.

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## 6. Case Studies

In the following case studies, key Gospel episodes are examined to illustrate how Jesus’ ministry functions as a trauma-informed intervention in individual and communal contexts. Each case highlights different dimensions of suffering and restoration: bodily trauma and social shame, relational betrayal and forgiveness, and the ongoing relational security provided through shepherd imagery. By analysing these episodes through the Four Rs framework, we demonstrate how Gospel narratives can inform contemporary pastoral practices aimed at creating safe and nurturing environments for those who have experienced trauma. Furthermore, these case studies provide a narrative-critical lens that uncovers implicit care strategies embedded within scriptural texts, thereby bridging biblical exegesis with modern therapeutic sensibilities (Smith & Doe, 2020). The resulting insights suggest that Jesus’ pastoral methods anticipate core trauma-informed principles while offering culturally resonant models for faith communities today.

### 6.1. The Haemorrhaging Woman: Bodily Suffering, Shame, and Faith-Driven Touch

The Gospel of Mark narrates the story of the haemorrhaging woman whose twelve-year illness rendered her ritually unclean and socially ostracised (Mark 5:25-34). Consequently, she existed on the margins of first-century Jewish society, enduring chronic physical pain and profound emotional distress that mirrored modern descriptions of trauma-induced shame and isolation (Miller & Najavits, 2021). When she touched the fringe of Jesus’ cloak, her act of faith both transcended social barriers and sought embodied healing, reflecting a trauma-informed integration of safety and empowerment in which the sufferer authorises her own restoration (Smith & Doe, 2020). By articulating her need, “If I but touch his garments, I will be made well,” she participated actively in the healing ritual, thereby reclaiming agency over her narrative and dignity (Brown, 2022). Moreover, Jesus’ public pronouncement, “Daughter, your faith has made you well,” not only affirmed her bodily restoration but also reinforced her worth within the community, resisting future stigmatisation (Clark, 2023).

### 6.2. Peter’s Restoration: Trauma of Betrayal Transformed Through Pastoral Forgiveness

In the aftermath of Jesus’ crucifixion, the Apostle Peter faced the devastating trauma of denying his closest friend three times, an event that likely engendered self-condemnation and relational alienation (John 21:15-19). Consequently, Peter’s sense of failure posed a barrier to both personal healing and communal leadership, as unresolved guilt can perpetuate cycles of shame and mistrust (Murray, 2024). In this context, Jesus’ post-resurrection dialogue with Peter serves as a trauma-informed intervention, beginning with repeated questions, “Do you love me?” that invited Peter to verbalise his identity and realign his self-perception (Smith & Doe, 2020). Furthermore, the threefold commissioning mirrored the three denials, thereby transforming Peter’s betrayal into a framework for restoration and empowerment, which exemplifies a modern practice of reparative narrative reconstruction (Brown, 2022). Finally, by entrusting Peter with the care of the flock, “Feed my sheep,” Jesus provided relational responsibilities that affirmed Peter’s renewed status and resisted the risk of re-traumatisation through communal marginalisation (Clark, 2023).

### 6.3. The Good Shepherd Imagery: Ongoing Protection and Guide for the Vulnerable

The Gospel of John portrays Jesus as the Good Shepherd who knows his sheep by name, embodies protective presence, and leads them to abundant life (John 10:1-18). Through this metaphor, Jesus addresses the pervasive vulnerability of his followers, many of whom faced social and spiritual displacement under oppressive political structures (Koenig & Perez, 2022). The imagery emphasises ongoing care and vigilance, as the shepherd remains with the sheep through dangerous terrain, reflecting the trauma-informed principle of sustaining safety over time rather than offering a one-time intervention (Johnson & Patel, 2021). Moreover, the shepherd's willingness to lay down his life for the sheep illustrates an ultimate resistance to re-traumatisation by guaranteeing sacrificial protection that pre-empts harm (Davis, 2019). Consequently, the Good Shepherd motif provides a theological model for pastoral leaders to function as continual sources of refuge and guidance, reinforcing relational trust and communal resilience (Brown et al., 2022).

## 7. Discussion and Implications

### 7.1. Aligning the Four Rs with Jesus' Methods and Theological Import

Firstly, Jesus' ministry exemplifies the principle of realising trauma by explicitly naming and addressing both individual and communal suffering. In the Sermon on the Mount, his beatitudes acknowledge spiritual poverty and mourning, thereby validating experiences of grief and marginalisation (Matt. 5:3-4). This act of naming brokenness aligns with psychological calls to recognise the pervasive impact of trauma on identity and community cohesion (Smith & Doe, 2020). Theologically, Jesus frames this realisation as an invitation into God's reconciling presence, suggesting that honest acknowledgement of pain is the first step toward divine restoration (Brown, 2022). Thus, his pattern of proclamation and compassion models how contemporary pastoral practitioners might create spaces for honest vulnerability and shared lament.

Secondly, Jesus' attentiveness to verbal and nonverbal cues in personal encounters mirrors the trauma-informed practice of recognising symptoms of distress. His dialogues with the Samaritan woman and blind Bartimaeus reveal a willingness to hear life stories and to see the full breadth of human need (John 4:1-26; Mark 10:46-52). From a psychological perspective, this approach corresponds with trauma assessments that prioritise survivor agency and narrative coherence (Miller & Najavits, 2021). Theologically, Jesus' recognition underscores God's intimate knowledge of each person, affirming inherent dignity amidst suffering (Koenig & Perez, 2022). Consequently, faith leaders can learn from Jesus' example by cultivating active listening skills and by validating the complex emotions that trauma survivors bring into pastoral settings.

Thirdly, Jesus' integrated responses, combining touch, authoritative word, and communal inclusion, embody the "respond" principle by addressing physical, emotional, and relational dimensions simultaneously. Whether through the laying on of hands or shared meals, his actions created rituals that conveyed safety, empowerment, and belonging (Mark 5:34; Luke 5:29). In trauma-informed care, such holistic interventions are crucial for rebuilding trust and for fostering post-traumatic growth (Smith & Hernandez, 2021). Theologically, these practices echo incarnational themes in which divine presence meets human vulnerability, signalling that healing is both a gift and a collaborative journey (Davis, 2019). Therefore, pastoral training should equip leaders to design integrated rituals and community practices that reinforce survivors' emerging strengths and support networks.

Finally, Jesus' practice of radical hospitality serves as a paradigm for resisting re-traumatisation by reshaping social narratives that isolate and devalue individuals. His welcome of outcasts like Zacchaeus and his extension of grace to non-Jews demonstrate how inclusive gestures can dismantle stigmatising barriers (Luke 19:1-10; Matt. 8:5-13). Psychologically, this aligns with strategies to prevent secondary harm by ensuring that environments remain predictable and affirming (Borden, 2020). Theologically, radical hospitality manifests God's preferential concern for the marginalised, reinforcing the gospel's promise that all are invited into the fold (Brown et al., 2022). By adopting such countercultural hospitality, faith communities can uphold survivors' dignity and safeguard them against further relational ruptures.

### 7.2. Toward a Gospel-Rooted Model for Trauma-Informed Pastoral Training

Building on these alignments, a Gospel-rooted model for trauma-informed pastoral training centres four modular components that correspond to the Four Rs framework. The first module, "Realise," equips participants to analyse communal contexts and to articulate theological foundations for naming suffering. The second module, "Recognise," focuses on active listening techniques, narrative competence, and theological reflection on God's empathy. The third module, "Respond," integrates liturgical design, sacramental practices, and relational rituals that foster empowerment

and communal belonging. Finally, the fourth module, “Resist Re-traumatisation,” trains leaders in creating safe spaces, in practising radical hospitality, and in evaluating congregational policies to prevent inadvertent harm (Clark, 2023).

Implementation of this model involves a blend of didactic workshops, experiential simulations, and peer supervision. Participants engage with Gospel case studies to hone exegetical skills, practice trauma-informed communication through role-plays, and develop contextualised care plans for their ministry settings. Ongoing mentorship and reflective practice sessions ensure that learnings translate into sustainable congregational change, while periodic assessments measure outcomes related to perceived safety, community cohesion, and survivor well-being. By rooting these training components in Gospel narratives, clergy and lay leaders gain both theological vision and practical competencies for fostering resilient, healing communities.

In synthesising Jesus’ methods with modern trauma-informed principles, this study illuminates a robust pathway for transforming pastoral care. The proposed model not only honours the theological weight of Gospel restoration but also provides clear, actionable strategies for ministry contexts today. Future research might evaluate this training’s effectiveness in diverse cultural settings and explore additional case studies from Gospel and extra-biblical traditions. Ultimately, positioning Jesus as the archetypal trauma-informed minister invites faith communities to embody holistic restoration that resonates across psychological and spiritual dimensions.

## 8. Conclusion

The Gospel narratives portray Jesus as the archetypal trauma-informed minister, consistently offering true shelter for the shattered. By realising deep social and spiritual brokenness, he models the importance of naming communal and individual wounds before any healing can begin. Moreover, his attentive recognition of pain, whether through probing dialogue or empathetic touch, demonstrates a profound commitment to validating each person’s story and dignity. His integrated responses, from laying on hands to shared meals, exemplify holistic pathways to restoration that address bodily, emotional, and relational needs simultaneously. Finally, Jesus’ radical hospitality resists re-traumatisation by dismantling stigma and reconstructing identities within inclusive, nurturing communities. Together, these practices position him not only as a theological exemplar but also as a practical model for contemporary pastoral care seeking to enact trauma-informed principles.

Looking ahead, several avenues for future research and practice warrant exploration. First, cross-cultural comparisons could illuminate how Jesus’ trauma-informed patterns resonate in diverse religious and social contexts, thereby enriching global ministry models. Second, applied research within congregational settings can test how Gospel-rooted training modules impact measures of safety, trust, and resilience among survivors and care teams. Third, empirical studies employing both qualitative and quantitative methods would strengthen the evidence base, examining outcomes such as post-traumatic growth, community cohesion, and leadership efficacy. Finally, interdisciplinary collaboration between theologians, psychologists, and social workers can refine theoretical frameworks and develop context-sensitive interventions. By pursuing these directions, scholars and practitioners can build on Jesus’ restorative legacy, ensuring that faith communities truly become shelters for the shattered.

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