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THE RELATIONSHIP BETWEEN PASTORAL CARE AND TRAUMA-RELATED MENTAL HEALTH: OUTCOMES IN TAKUM TARABA STATE NIGERIA.

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Abstract:
The study investigates the role of pastoral care in addressing trauma-related mental health outcomes in Takum, Taraba State. It explores the challenges pastoral caregivers face, including ethnic conflicts, limited resources, and cultural constraints, as well as opportunities for effective interventions. Using a qualitative research design, data were collected through interviews and focus group discussions with pastors, community leaders, and trauma-affected individuals. The findings reveal that ethnic conflicts, particularly the Kuteb, Jukun, and Chamba crisis, and Kuteb–Fulani crisis, significantly contribute to psychological distress among residents, while limited training and scarce mental health resources hinder effective pastoral response. Cultural beliefs and social stigma further influence the accessibility and impact of pastoral care. Despite these challenges, the study identifies opportunities such as community-based initiatives, collaboration with healthcare providers, and targeted training for pastoral caregivers as crucial strategies to improve trauma-informed care. The study underscores the importance of integrating spiritual guidance with psychological support to create safe, empowering, and culturally sensitive interventions. The findings contribute to a deeper understanding of faith-based approaches in mitigating trauma, offering practical recommendations for pastors, policymakers, and mental health professionals to enhance community resilience and psychological well-being in conflict-affected and resource-limited settings.

Keywords: Pastoral care, Trauma-informed care, Mental health, Ethnic conflict, Community-based initiatives

Introduction

Trauma-related mental health challenges constitute a critical yet under-addressed public health concern in Nigeria, particularly within conflict-affected and resource-limited rural communities. Taraba State, and Takum Local Government Area in particular, has experienced recurrent ethnic violence, farmer–herder clashes, political instability, and socio-economic deprivation, all of which have produced widespread psychological distress,

displacement, and social fragmentation. These cumulative stressors have contributed to elevated levels of trauma-related conditions such as anxiety, depression, and post-traumatic stress disorder (PTSD), while access to formal mental health services remains limited or nonexistent for much of the population. In this context, pastoral care occupies a central position in community life and wellbeing. Churches and pastors often function as the first and sometimes only point of support for individuals struggling with trauma-related distress. Beyond their spiritual mandate, pastoral caregivers in Takum are routinely called upon to provide emotional support, counselling, mediation, and hope in the aftermath of violence, loss, and displacement. Pastoral care in Nigeria traditionally encompasses healing, sustaining, guiding, reconciling, and nurturing persons, whose troubles arise from everyday life experiences, making it a vital resource for trauma-affected populations. However, while pastoral care is widely practiced and deeply trusted, its relationship with trauma-related mental health outcomes has received limited systematic scholarly attention, particularly within rural Nigerian contexts. Trauma-informed care (TIC) provides a robust analytical framework for examining pastoral responses to trauma in such settings. Grounded in principles of safety, trustworthiness, empowerment, collaboration, and cultural sensitivity, trauma-informed approaches resonate with core theological commitments while addressing the neuropsychological and social impacts of trauma. This study investigates the relationship between pastoral care and trauma-related mental health outcomes in Takum, Taraba State. Using a qualitative research design, it examines the nature of trauma experienced by community members, the pastoral practices employed in response, and the structural, cultural, and institutional factors shaping care delivery.

Definition of Term

Pastoral Care: Pastoral care refers to the support, guidance, and counselling provided by religious leaders, such as pastors or lay-counsellors, to individuals facing emotional, spiritual, or psychological challenges. In the Nigerian context, it often includes spiritual guidance, emotional support, and facilitation of access to other resources to promote holistic well-being (Okoro, 2020).

Trauma: Trauma is a psychological response to a distressing or life-threatening event that overwhelms an individual‘s ability to cope, often resulting in emotional, cognitive, and physical effects. Common manifestations include anxiety, depression, and post-traumatic stress disorder (PTSD) (Bashir et al., 2021).

Mental Health Outcomes: Mental health outcomes refer to measurable indicators of psychological well-being or distress, such as levels of depression, anxiety, PTSD symptoms, or overall emotional functioning, following exposure to traumatic events (Akinade, 2019).

Trauma-Related Mental Health: This refers specifically to mental health issues or disorders that arise as a direct result of experiencing trauma, including PTSD, acute stress disorder, depression, and anxiety (Bashir et al., 2021).

Counselling: In this study, counselling refers to structured interactions between pastoral caregivers and individuals that aim to provide emotional support, guidance, and coping

strategies in response to psychological distress or trauma (Chartered Institute of Counselling Nigeria, 2021).

Understanding trauma- informed Pastoral care

Trauma-informed care (TIC) arises from the recognition that many individuals seeking counselling, health, or spiritual care have experienced traumatic events, requiring practitioners to acknowledge the prevalence, impact, and pathways of trauma (Ishola, Jaiyeola, & Esere, 2023). TIC's core principles safety, trustworthiness, choice, collaboration, and empowerment have been widely applied across mental health and social services. Scholars argue that these principles are highly relevant for pastoral care, as pastors are often first responders to traumatic events in their congregations (McClintock, 2022).

Pastoral care in theology emphasizes presence, listening, spiritual comfort, and guiding persons in crisis. Lynch (n.d.) notes that pastoral care is relational and ethical, shaped by theology, culture, and institutional context. Trauma challenges pastoral care to move beyond generic comfort toward integrating awareness of how traumatic events disrupt relational, spiritual, and embodied life. Lee (2025) proposes a ―trauma-informed pastoral theology‖ that resists victim-blaming and prioritizes safety, trust, choice, and empowerment in pastoral ministry.

Trauma-informed pastoral care requires caregivers to (1) *realize* the widespread impact of trauma, (2) *recognize* signs and symptoms, (3) *respond* with trauma-aware interventions, and (4) *resist* re-traumatization (McClintock, 2022). In churches, this translates into creating predictable and safe environments, being attentive to triggers, enabling voice and choice for survivors, and coordinating care with mental health professionals (Walsh, 2014). Evidence from disaster-affected congregations shows that trauma-aware pastoral approaches can enhance emotional and spiritual recovery (Walsh, 2014).

However, pastoral care contexts also present risks. Leimgruber (2022) highlights that pastors are vulnerable to secondary or vicarious trauma and that abusive or insensitive pastoral practices can exacerbate distress. Stephens (2020) argues that TIC must be integrated with theological reflection to avoid superficial interventions that neglect spiritual dimensions of trauma. Pastors require both training and supervision to navigate these challenges effectively.

Empirical research, although limited, shows promising outcomes. For example, in children's ministry contexts, trauma-informed values such as safety, connection, and empowerment were applied, and churches provided healing environments for trauma-affected children (Akinade, 2019). Similarly, in Indonesian disaster-affected congregations, trauma-aware pastoral interventions facilitated recovery (Walsh, 2014). These findings suggest that TIC principles are adaptable across cultural contexts, with necessary contextual modifications.

In Africa, particularly Nigeria, empirical research is limited. However, trauma-informed counselling programs in Nigerian schools improved adolescent mental well-being (Fadipe, Ajibola, & Olakojo, 2022). Nigerian pastoral care literature indicates that pastors are critical in managing emotional trauma, though specific trauma-informed training is rare (Kolade &

Atowoju, 2023). This highlights the potential for adapting trauma-informed pastoral care in Nigerian rural contexts such as Takum in Taraba State.

For practice, pastoral education programs should incorporate trauma-informed content, including trauma theory, neurobiological impacts, referral pathways, self-care, cultural competence, and theological reflection (Cole, 2025). Partnerships between churches, mental health professionals, social services, and community organizations enhance capacity, reduce burnout, and improve outcomes for trauma-affected congregants (McClintock, 2022).

Finally, gaps remain in the literature, including a lack of context-specific studies in rural African settings, limited longitudinal outcome data, and insufficient attention to culturally-specific faith frameworks (Kolade & Atowoju, 2023). The trauma-informed pastoral care framework is a useful lens for studies in Takum, Taraba State, because it emphasizes not only what pastors do, but how they enact care and the systems that support them. Future research should explore pastors' understanding of trauma, their training, care practices, and associations with mental health outcomes in local congregations.

Trauma-related mental health issues are prevalent in Taraba State. For instance, a study of Cameroonian refugees in Takum Local Government Area identified significant barriers to mental health help-seeking, including stigma and attitudinal challenges (Bashir et al., 2021). Additionally, a Catholic priest highlighted that many Nigerians experience psycho-trauma that remains undiagnosed and untreated, with over 80% exposed to some form of traumatic stress (ACIAfrica, 2022). This indicates a high burden of trauma-related disorders, such as depression, anxiety, and PTSD, emphasizing the need for effective pastoral and psychosocial interventions.

Pastoral care in Nigeria broadly encompasses acts by church leaders including pastors and lay-counsellors aimed at ―healing, sustaining, guiding, reconciling and nurturing persons whose troubles and concerns arise in daily life‖ (Okoro, 2020). Within the Nigerian Christian context, pastoral care is a central support mechanism, often acting as the first point of contact for individuals facing trauma. In rural areas such as Takum, pastors often serve as primary caregivers for emotional and spiritual needs in the absence of formal mental health infrastructure.

The relationship between pastoral care and trauma-related mental health outcomes operates through several pathways. Pastoral care provides emotional and relational support through active listening, presence, and community belonging, as well as spiritual framing that helps individuals interpret traumatic events through faith narratives (Akinade, 2019). Pastors can also facilitate access to professional mental health services. However, studies in Ogun State showed that pastors often lack mental health literacy, limiting their capacity to address psychological disturbances effectively (Ogunyemi, 2018). Thus, the positive impact of pastoral care on trauma outcomes may depend heavily on pastoral training and awareness.

Structural and cultural barriers influence the effectiveness of pastoral care in Takum. Refugee studies in the area revealed that stigma and negative attitudes impede mental health help-seeking (Bashir et al., 2021). Nationally, faith-based trauma healing programs, such as those by the Bible Society of Nigeria, integrate scripture with psychological insight, but their reach

and depth remain limited, especially in rural and conflict-affected regions like Taraba (Bible Society of Nigeria, 2021). Resource constraints, heavy demand, and contextual complexities may weaken the impact of pastoral care on trauma recovery.

Empirical evidence suggests that when pastoral care is combined with psychological insight and training, trauma-related outcomes improve. In Lagos State, a study of Pentecostal congregations found that pastoral care contributed to holistic healing among the bereaved, reducing withdrawal and symptoms associated with PTSD (Adejumo & Alabi, 2022). However, studies on pastoral mediation in cases of intimate partner violence showed mixed results, indicating that pastoral care alone is insufficient for sustained psychological recovery (Okonkwo, 2023). For Takum and Taraba State, strengthening pastoral care is a promising strategy for improving trauma-related mental health outcomes, provided it is supported strategically. Recommendations include training pastors and lay-counsellors in trauma-informed care (Chartered Institute of Counselling Nigeria, 2021), building referral networks with mental health professionals and NGOs (Centre for Initiative & Development, 2022), addressing stigma through church-led community engagement, and providing long-term pastoral support. When integrated with professional services, pastoral care can significantly contribute to the recovery and resilience of trauma-affected populations in the region.

Key principles of Trauma-Pastoral care

Trauma-informed care (TIC) originates from behavioral health and human services, particularly through the Substance Abuse and Mental Health Services Administration (SAMHSA). The foundational ―Four R's‖—*Realize* the impact of trauma, *Recognize* the signs and symptoms, *Respond* by integrating trauma knowledge into practice, and *Resist* re-traumatization provide guidance for trauma-sensitive work. From these, six key principles are commonly identified: Safety; Trustworthiness & Transparency; Peer Support; Collaboration & Mutuality; Empowerment, Voice & Choice; and Historical, Cultural & Gender Issues (McClintock, 2022; Currents Journal, 2023). These principles guide pastoral ministry in ways that prevent further harm and foster healing.

Safety both physical and psychological is widely acknowledged as foundational in trauma-informed pastoral care. Pastoral counseling literature emphasizes that the relationship with the counselee is paramount and must provide a safe, holding environment (Christian Study Library, 2022). Trauma destabilizes a person's sense of safety, making predictable interactions, confidentiality, and clear boundaries essential (Calvin Institute, 2023). Pastoral caregivers must attend to relational, environmental, and systemic cues to avoid triggering traumatic responses.

Trustworthiness and transparency are critical for building a trauma-informed pastoral relationship. Establishing trust requires clear communication, consistent practice, and predictable roles (Currents Journal, 2023). In pastoral care, this includes being open about the process, limits of confidentiality, potential referrals, and maintaining boundaries. A lack of transparency may retraumatize individuals whose prior experiences involved betrayal or unpredictability.

Peer support, collaboration, and mutuality form interconnected principles. Peer support emphasizes the healing value of shared experience, while collaboration and mutuality involve sharing power and involving survivors in decision-making (Hope's Companion, 2023). Pastoral settings can implement these through lay-support groups, volunteers with lived experience, and coordination with mental health and social services. Group prayer, communal rituals, and shared storytelling have also been found to support trauma recovery (Walsh, 2014).

Empowerment, voice, and choice is another essential principle. Trauma often strips individuals of agency and silences their voice, so trauma-informed pastoral care restores choice and autonomy (Awake Community, 2023). Pastors can allow individuals to decide what, how, and when to share, offering options in counseling, prayer, or spiritual activities. This co-construction of care pathways emphasizes strengths and resilience rather than pathology.

Historical, cultural, and gender considerations are also crucial. Trauma symptoms are shaped by culture, systemic injustice, gendered experiences, and collective histories (Currents Journal, 2023). Pastoral care must recognize how theology may have contributed to harm (e.g., victim blaming or patriarchal interpretations) and promote a trauma-informed pastoral theology that resists abusive practices (Lee, 2025). Cultural humility is essential to ensure interventions are contextually appropriate. Implementing these principles requires training in trauma-informed frameworks, self-reflection, and referral networks. Pastors must know when to engage mental health professionals to avoid causing harm (McClintock, 2022). Practical strategies include patience, curiosity without intrusion, accompaniment at the survivor's pace, and embedding trauma-informed policies within congregational structures (Christian Study Library, 2022; Calvin Institute, 2023).

Despite growing awareness, gaps remain. Many pastoral caregivers lack formal trauma training and may unintentionally retraumatize through spiritual platitudes or inadequate boundaries (Leimgruber, 2022). Applying TIC principles in rural, culturally diverse, and resource-limited contexts, such as Nigeria, requires contextualization (Lee, 2025). These principles provide a framework for analyzing whether pastors in specific contexts enact safety, transparency, collaboration, empowerment, and cultural sensitivity, and how this relates to trauma-related mental health outcomes.

An Overview of the Causes of Trauma-Related Mental Health in Takum

Ethnic violence: this continues to wound the region, rooted in decades of tension among the Kuteb, Jukun, and Chamba groups. The breakaway church split of 1973, when Kuteb members left EKAN Lardin Takum to protest leadership and representation issues, deepened mistrust that has never faded, with the 1992-1993 and 1997-2000 crisis among the above mentioned groups (Hassan 2009). Farmer-herder clashes from 2017-2018 and 2022 to 2024 worsened the bloodshed, displacing thousands, killing many, and razing farms and homes (Alemdjrodo, 2025). Many congregants who till the land now bear the double weight of grief for lost relatives and the loss of fields and houses, confronting daily reminders of ruin. Added to this loss is the constant dread of retaliation, which forces families to stay on guard, quietly tearing apart the trust that once held neighbours together. Worship and community life are

routinely interrupted, and burdened by these scars, Takum pastors are left to patch wounds while still trying to promote lasting unity.

Land Disputes: Land quarrels, woven into the fabric of ethnic rivalry, worsen the trauma because they spark brutal fights over who controls what parcel. In Takum a plot of land stands for more than maize or cassava; it embodies chieftaincy titles and the memory of ancestors. Elites who profit from confusion fan the flames, pitting Kuteb against Jukun/Chamba and turning local border arguments into bloodshed and flight. Farms then sit idle, families lose access to their best soil, and harvests vanish, pushing households into pressing economic straits (Osumanu, 2022). Division hardens when each group casts the other as a frontier enemy, a mindset that seeps into markets, schools, and everyday talk. For some people in Takum, losing land feels like losing a piece of soul, snapping the link to roots that define who they are. Pastors therefore meet angry, hopeless people and offer practical help-job training, seeds-as well as spiritual healing that slowly mends the torn ties between tribes.

Persistent poverty and high illiteracy: these leave Takum people exposed, deepening the psychological scars they carry. Southern Taraba farm-centered economy now hobbles under fighting and climate woes, so many households cannot buy food, medicine, or school fees. Widespread ignorance among the countryside poor blocks better jobs and keeps villages circling the same cycles of want (Thukral, 2025). For smallholders who cannot fill their own pots while bullets fly, the strain rises to despair and a painful feeling of being forsaken. Women and young people are pushed even further to the edge, with few assets and almost no seats at the table. Such grinding hardship weakens inner strength and makes church members an easy target for anxiety and depression (Diabah & Ofori, 2024). Though the region lacks money and staff, it still tries to offer all-round care by linking families to local aid groups and providing the spiritual compass they need when the economy goes sideways.

Insecurity: A deep, widespread sense of insecurity now blankets Takum created by armed robbery, political thuggery, and banditry, and the atmosphere chills everyday life. Lawless gangs seize the regions weakness, raiding hamlets and interrupting basics such as planting crops or going to church. Election season stirs more violence, as local elites rally restless youth into street gangs, and the spiral of instability tightens (Daly, 2022). Worshippers therefore dwell under permanent menace: many choose not to travel or assemble, locking families indoors and fraying community ties. The psychological cost is heavy; constant dread and over-alertness fill each hour, leaving people spiritually lost and wondering if tomorrow will be safe. Within the Churches in Takum, danger stalls mission work; ministers hesitate to reach distant villages for fear of ambush. Yet the church still builds quiet, secure spaces for prayer and conversation, hoping that faith can transform anxiety into shared strength.

Cultural Disruption: The shift from old belief systems to Christianity, spurred by the Sudan United Missions early twentieth-century outreach, ignited cultural upheaval that adds to local trauma. Its new doctrines, though life-changing, often collided with indigenous customs and prompted identity crises among converts (Malvar, 2023). Leaving behind ancestral rites that once bound communities, many churchgoers felt cut off from their roots and experienced deep, lingering loss. Older parishioners particularly struggle to balance Christian tenets with traditional values, leaving them caught between worlds. Meanwhile younger members,

crafting a mixed identity, are ridiculed or side-lined by non-Christian peers, which worsen their isolation (Shoret, 2023). The pastor in Takum tries to ease this pain by weaving local proverbs into sermons and other culturally attuned practices. Yet its impact remains partial because few trained counselors understand and guide these complex cultural negotiations.

In Takum, ethnic clashes, land quarrels, persistent poverty, unchecked violence, and shifting cultural norms feed into one another, trapping members in a tangled crisis. Together these pressures carve deep psychological and spiritual scars while also testing the churches ability to deliver steady pastoral care and counselling (OConnor St. & Meakes, 2022). Grasping this interlinking causes allows leaders to adapt worship, outreach, and healing programs to the specific trauma, their congregation carries, slowly building hope and resilience in a bruised region. Rooted in biblical compassion and reconciliation, the church thus stands as a crucial agent of restoration in Southern Taraba turbulent landscape.

Opportunities and way forward for pastoral care in Takum

Community-Based Initiatives: One significant opportunity for pastoral care in Takum lies in leveraging community-based initiatives. The communal nature of many towns and villages in Taraba State facilitates grassroots interventions where pastoral caregivers can provide trauma support alongside local leaders and groups. By organizing prayer groups, support circles, and local counseling sessions, pastors can help individuals process trauma collectively, build resilience, and strengthen social cohesion (Bashir, Musa, & Emmanuel, jhhi 2021). Community-based programs can also incorporate culturally relevant practices, such as storytelling, communal prayers, and traditional conflict resolution methods, which enhance acceptance and participation. Such initiatives allow pastoral care to address trauma in a way that resonates with the social and spiritual norms of the Kuteb and other ethnic communities in Takum (Kolade & Atowoju, 2023).

Collaboration with Healthcare Providers: Collaborating with healthcare providers represents another critical opportunity for improving trauma-informed pastoral care. Pastors in Takum can work with mental health professionals, social workers, and local clinics to create referral pathways for individuals showing severe psychological distress or requiring clinical interventions (Fadipe, Ajibola, & Olakojo, 2022). Such partnerships ensure that spiritual support is complemented by evidence-based mental health care, preventing pastors from bearing the full burden of trauma response alone. Moreover, collaborative programs can include psychoeducation workshops, community health outreach, and joint training sessions, which increase awareness of mental health issues and reduce stigma, enabling pastoral caregivers to serve their congregations more effectively (CICN, 2021).

Training and Education of Pastoral Caregivers: Formal training and continuous education for pastoral caregivers is a significant opportunity for enhancing trauma-informed care in Takum. By providing pastors with knowledge about trauma, psychological first aid, counseling techniques, and culturally sensitive practices, they become better equipped to respond appropriately to individuals affected by conflict, displacement, or personal crises (McClintock, 2022). Training can also include self-care strategies to prevent burnout and secondary trauma, which is critical in high-conflict settings like Takum (Okonkwo, 2023). Moreover, theological education programs can integrate trauma-informed modules, enabling

pastors to merge spiritual guidance with practical interventions that address emotional and mental well-being (Lee, 2025).

Integration of Faith and Health Practices: Opportunities also exist in integrating faith-based pastoral care with local health and wellness practices. For instance, pastoral caregivers can promote mental health awareness during church gatherings or community events, providing guidance that harmonizes with cultural and spiritual beliefs. This integration helps reduce the stigma surrounding mental illness and positions pastoral care as a trusted bridge between healthcare services and community members (Bashir et al., 2021).

Capacity Building through Local Partnerships: Pastoral care in Takum can also benefit from building networks with NGOs, government agencies, and local development organizations. These partnerships can provide material resources, logistical support, and professional expertise that enable pastoral caregivers to implement structured trauma support programs (CFID, 2022). Collaborative programs allow pastors to extend their reach and address systemic factors contributing to trauma, such as poverty, displacement, and communal conflict.

Empowerment of Congregants and Lay Leaders: Another opportunity lies in empowering lay members of congregations to participate in trauma-informed care. Training lay counselors, youth leaders, and volunteer caregivers extends the support network within the community, creating sustainable mechanisms for addressing trauma at multiple levels. This approach fosters ownership, resilience, and community cohesion while reducing the sole burden on pastors (Kolade & Atowoju, 2023).

Development of Context-Specific Pastoral Programs: Finally, there is an opportunity to design pastoral care programs specifically tailored to the Takum context. Considering the local ethnic composition, conflict history, and cultural practices, pastors can develop interventions that are contextually relevant and culturally sensitive. Programs may include conflict resolution workshops, trauma awareness campaigns, and psychosocial support groups, all grounded in both Christian theological principles and local communal values (Lee, 2025). Such context-specific initiatives enhance the relevance, acceptance, and effectiveness of pastoral care in trauma mitigation.

Summary

The study highlights the significant role of pastoral care in addressing trauma-related mental health outcomes in Takum. Pastoral caregivers operate in a complex environment shaped by ethnic conflicts, particularly between the Kuteb, Jukun/Chamba, Fulani, and other communities, which have resulted in loss of lives, displacement, and psychological distress. Limited resources, including funding, trained personnel, and access to mental health services, constrain the capacity of pastors to deliver comprehensive trauma-informed care. Cultural factors, such as traditional beliefs, stigma surrounding mental illness, and gender norms, further complicate care provision.

Despite these challenges, several opportunities exist to strengthen pastoral care in Takum. Community-based initiatives allow pastors to leverage social cohesion, traditional support

structures, and local practices for trauma mitigation. Collaboration with healthcare providers and organizations can bridge gaps between spiritual and clinical interventions, ensuring holistic support. Furthermore, training and education for pastoral caregivers enhance their knowledge of trauma, counseling skills, cultural sensitivity, and self-care strategies. Context-specific programs tailored to local cultural and ethnic realities provide additional avenues for effective trauma-informed pastoral care.

Conclusion

Pastoral care in Takum, Taraba State, is both indispensable and challenged by contextual factors such as ethnic conflicts, limited resources, and cultural constraints. While pastors play a vital role in addressing trauma, their effectiveness depends on integrating trauma-informed principles, such as safety, trust, empowerment, collaboration, and cultural sensitivity, into their practice. Leveraging community structures, collaborating with healthcare providers, and engaging in continuous training can strengthen pastoral interventions and enhance mental health outcomes for trauma-affected individuals. The study emphasizes the need for contextually tailored interventions that respect cultural norms while promoting psychological well-being. Support from policymakers, church leadership, and mental health professionals is essential to provide pastors with resources, training, and networks.

Recommendations

The study affirms that these ministries are vital in Southern Taraba tangled landscape and backs that claim with evidence showing they foster personal change and strengthen social bonds, thus positioning the pastors as a guiding example for congregations in areas beset by conflict.

Such transformative promise calls for further investigation into how these programmes can adapt to the shifting needs of traumatized communities, securing the churches relevance and usefulness in an increasingly divided society, thus;

i. To strengthen pastoral care and counseling within Takum, a mix of research and practical upgrades is suggested.
ii. Long-term studies should track new programmes, recording changes in trauma symptoms and measuring growing unity among Kuteb, Jukun and Chamba worshippers.
iii. Serious attention should be given to women, whose counselling input often shapes results yet remains understudied.
iv. Remote counselling apps may also be tested sothat support continues even when violence closes meeting places. Programs that tackle poverty and low literacy would give members the confidence and time to engage. Together, these moves seek to root Takum more firmly as a healing and reconciling community.
v. Future research should explore long-term outcomes of trauma-informed pastoral care and assess the effectiveness of culturally adapted programs in mitigating trauma-related mental health challenges in rural communities.

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