CORRECTIONAL CHAPLAIN PERSPECTIVES

Secondary trauma and the corrections chaplain

Why whole-person self-care is not optional

By Sheridan Correa

Chaplains hold a unique role in correctional facilities, entering human suffering through a ministry of presence. They listen to stories of violence, grief, abuse, addiction, abandonment and regret. These stories affect both mind and body, often causing tension, stress and a narrowing window of tolerance. Chaplains offer spiritual guidance where fear and survival dominate, frequently absorbing others' pain without realizing how much they carry home.

The cost of caring often accumulates gradually for chaplains, eventually making it difficult to rest, feel, pray, or remain compassionate without feeling overwhelmed.

This is not a weakness, but an occupational reality.

Correctional chaplains are at significant risk for secondary traumatic stress and vicarious trauma, and studies indicate that the correctional environment amplifies that risk.[1] Therefore, the same trauma-informed care principles intended to foster healing and recovery in correctional settings should also be applied to the lives of correctional chaplains.[2]

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A recent report explored how trauma-informed principles can transform chaplain care.[3] It highlights secondary trauma in correctional chaplaincy and explains why whole-person self-care is essential for sustainability.

What Secondary Trauma IS (and IS NOT)

Secondary Traumatic Stress (STS) refers to trauma-related stress reactions that can occur after indirect exposure to trauma, such as listening to accounts of traumatic experiences, witnessing grief responses, or providing ongoing care to those who have been harmed. STS might arise when hearing about trauma from multiple individuals, leading to symptoms like avoiding reminders of the trauma and feeling tense or hypervigilant. STS can resemble post-traumatic stress responses (including intrusive thoughts, emotional numbing, irritability and sleep disruption), even though the person was not the direct victim of the traumatic event.[4] For example, a chaplain might replay an incarcerated person's heartbreaking

story of violence or loss at 2 a.m., unable to shake the vivid narrative and the despair it evokes, thus demonstrating STS in action.

Vicarious Trauma (VT) is a related, cumulative shift in a caregiver's worldview — beliefs about safety, trust, control, meaning and hope — due to repeated exposure to others' trauma.[4]

Secondary trauma is NOT:

- A lack of faith or spiritual maturity.
- A personal flaw, "thin skin," or weakness.
- Simple fatigue that resolves after a weekend off.
- The same thing as burnout (although they overlap).

Burnout is linked to sustained occupational stress, excessive demands and organizational pressure. It involves exhaustion, cynicism and reduced effectiveness.[5] Secondary trauma, however, is specifically tied to exposure to trauma and suffering.[6]

Accurately naming this as secondary trauma is crucial. When chaplains misinterpret symptoms as spiritual failure, they may avoid help and internalize shame, leading to further harm.

The risk in corrections: The environment itself is high-stress

Corrections is a workplace shaped by chronic stressors: violence, manipulative dynamics, grief, suicide, medical crises, staffing shortages and constant hypervigilance. These affect all staff.

Nearly 50% of public safety personnel, including correctional workers, screen positive for symptoms of at least one mental disorder.[6] Emotional and psychological strain is widespread in corrections.

"Corrections fatigue" describes the cumulative effects of operational stress, organizational strain and trauma exposure, leading to long-term impacts on health, mood, thinking and relationships.[1]

For correctional chaplains, stress is often layered: they manage grief, crises, complex family realities and spiritual struggle—all while navigating security restrictions and institutional mood.

Chaplain-specific evidence: Secondary trauma is linked to burnout

A nationwide study found that secondary traumatic stress, compassion satisfaction, mindful self-care and organizational factors explained 83.2% of differences in chaplain burnout.[7]

Secondary trauma isn't just emotional "wear and tear" — it can be measured and is linked to professional impairment.[7] Chaplains are at high risk for STS and burnout unless protective processes are developed and implemented.

Chaplains are often encouraged to "be strong," but strength without renewal becomes brittle. Like athletes who never rest, chaplains need care for their mental, emotional and spiritual well-being. Self-care is not indulgence, but stewardship of the mind, body and spirit through which ministry flows.

From awareness to action: Practical whole-person self-care using CARE

Awareness of risk is only the beginning. In a trauma-exposed environment, chaplain self-care must be intentional, structured and protected.

Drawing from trauma-informed care principles, the CARE framework offers a practical self-care model: chaplains can continue to provide care only when they are also cared for.

CARE:

C — Check in and acknowledge the impact

A — Apply rhythms of rest and restoration

R — Resource support systems and relationships

E — Establish boundaries and healthy expectations

This framework supports wellness in mind, body, and spirit—because trauma exposure affects the whole person.[2]

C — Check in and acknowledge the impact

A trauma-aware chaplain practices honest self-awareness. Many unconsciously minimize their own stress, but secondary trauma is measured by exposure and internal impact, not by comparison to others.

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Healthy chaplain self-check-ins may include:

- identifying physical stress signals (tight chest, tension, headaches, fatigue).
- noticing emotional patterns (numbness, irritability, dread, overwhelm).
- tracking spiritual dryness (avoidance, cynicism, loss of compassion).
- monitoring trauma cues (intrusive thoughts, hypervigilance, sleep disruption).
- implementing a daily body-scan on a scale of 1-5 to assess physical and emotional responses to stress.

A simple daily mindfulness practice may include the following questions:

- What am I carrying that does not belong to me? Where am I feeling it in my body?
- What story or interaction is following me home?
- What emotion am I avoiding right now?
- What do I need — honestly?

Trauma-informed care begins with naming our experience without shame.

A — Apply rhythms of rest and restoration (mind, body and spirit)

Chaplains cannot "out-spiritualize" exhaustion or "out-run" emotional dysregulation. Sustained trauma exposure requires ongoing recovery techniques.

Rest and renewal must include:

- **Rest (Body):** consistent sleep routines, hydration, movement, nutrition.
- **Renewal (Mind):** counseling, journaling, supervision, decompression practices.
- **Re-centering (Spirit):** Scripture, prayer, worship, solitude, faith traditions .

The goal of recovery is mental-emotional recovery and repair, not luxury.

Practical examples include the following:

A. End-of-shift decompression practice (5 minutes):

- Write: "Today I release _____."
- Reflect: "I acknowledge what I cannot control and choose to let it go."

B. Recovery movement (10–20 minutes):

- Walk/jog/hike/run after shift, stretch, lift weights—any exercise that releases stress physically.

C. Weekly restoration anchor (1–3 hours):

- Pre-scheduled, uninterrupted time for counseling, faith community, solitude, or nature.

R — Resource support systems and relationships

Isolation worsens secondary trauma. Chaplains often provide support to others but lack similar support themselves, highlighting the need for community and support systems.

Photo courtesy Sheridan Correa, CCP

Supportive structures include:

- trauma-informed counseling (especially in high-exposure seasons).
- reflective supervision (processing space, not only administrative reporting).
- peer support or chaplain case consultation groups.
- healthy faith community outside the institution.
- trusted connections and safe spaces to be authentic, express challenges and receive encouragement.

Community interaction can't eliminate the challenges of chaplaincy, but it helps prevent silent struggles from turning into burnout or serious health concerns. Positive relationships are among the strongest protective factors against STS, burnout, and compassion fatigue.[8]

E — Establish boundaries and healthy expectations

Boundaries must be trauma-informed. Boundaries do not diminish compassion; they protect it. Without boundaries, chaplains can become overextended, mentally and emotionally flooded and increasingly ineffective.

Boundaries can include:

- realistic availability expectations.
- limiting after-hours emotional labor.
- not taking full responsibility for outcomes.
- pausing or ending interactions when becoming dysregulated.

Reframing expectations promotes chaplain well-being: their main role is to be present and compassionate, not to fix every situation. This distinction supports sustainability over emotional detachment.

Recommendations for Chaplaincy Departments and Correctional Leadership

If secondary trauma is an occupational hazard, wellness must be an institutional responsibility.

Agencies can strengthen chaplain resilience by implementing practices such as:

- Secondary trauma training specific to correctional chaplaincy.
- Structured debriefing protocols after suicides, riots, assaults and death notifications to the incarcerated.
- Reflective supervision (emotional processing space, not only administrative reporting).
- Peer support groups or monthly chaplain case consultation.
- Wellness standards (rest time, mental wellness support access, workload boundaries).
- Policies that normalize seeking help without stigma or fear.

The goal is not to make chaplains "tougher," but to protect their inner life so they remain anchored, compassionate and effective.

Conclusion: A call to trauma-informed chaplaincy care

Correctional chaplains witness the hidden wounds of others daily. They sit with individuals at their breaking point. They are duty-bound to deliver death notifications to the incarcerated regarding family members. They carry stories that cannot be shared. They stand in a unique position of trust in an environment that commonly struggles to trust anyone.

Trauma-informed chaplaincy concerns both how chaplains serve others and how they are supported — so they can persist in their calling without losing themselves.

Imagine chaplains, after a long shift, leaving the facility grounded, carrying a sense of confidence that they are well cared for with a resilience that echoes the hope they have shared with others, while maintaining the integrity of their being. In this envisioned future, each step reminds them of their calling, their ministry of presence, the importance of self-care, which builds resilience, and allows them to return refreshed and ready to serve again daily. CT

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Sheridan Correa is the Director of Healing and Restoration Initiatives at Victorious Living Ministries and a trauma-informed Biblical counselor.