

LARGE LANGUAGE MODEL ALIGNMENT AND SAFETY: A REINFORCEMENT LEARNING FROM HUMAN FEEDBACK FRAMEWORK FOR REDUCING HALLUCINATION, BIAS, AND HARMFUL OUTPUT IN DOMAIN-SPECIFIC LLMs

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Abstract

The deployment of Large Language Models (LLMs) in high-stakes domain-specific applications encompassing medical diagnosis support, legal document analysis, financial advisory systems, and educational assessment platforms has surfaced critical safety challenges that general-purpose alignment techniques inadequately address. Domain-specific LLMs exhibit three characteristic failure modes with severe real-world consequences: hallucination of domain-specific facts including fabricated medical dosages, non-existent legal precedents, and incorrect financial regulations; systematic bias reflecting training data skewness including gender bias in medical recommendations and racial bias in legal risk assessments; and harmful output generation violating domain-specific ethical standards. This paper presents SafeAlign-LLM, a novel multi-phase Reinforcement Learning from Human Feedback (RLHF) framework specifically architected for domain-specific LLM alignment, integrating four complementary techniques: supervised fine-tuning on domain-curated demonstration datasets, multi-dimensional reward modeling capturing helpfulness, harmlessness, honesty, and domain accuracy simultaneously, Proximal Policy Optimization (PPO) with KL-divergence constraint for stable policy training, and a Constitutional AI (CAI) layer enforcing domain-specific ethical principles through self-critique and revision. SafeAlign-LLM introduces three novel contributions beyond standard RLHF: a Hallucination Detection and Grounding (HDG) module using Retrieval-Augmented Generation cross-referencing against authoritative domain knowledge bases achieving 94.2% hallucination detection accuracy; a Multi-Dimensional Bias Auditing (MDBA) framework evaluating 12 bias dimensions across demographic axes; and an Uncertainty Quantification (UQ) mechanism enabling calibrated confidence expression. Evaluated across four domain-specific deployments including MedAlign-LLM, LegalAlign-LLM, FinAlign-LLM, and EduAlign-LLM, SafeAlign-LLM reduces hallucination rates by 73.4%, bias scores by 68.2%, and harmful output incidence by 89.7% compared to base RLHF, while maintaining 94.3% domain task performance, establishing a new state-of-the-art in safe domain-specific LLM deployment.

Keywords: Large Language Models; LLM Alignment; Reinforcement Learning from Human Feedback; RLHF; Hallucination Reduction; Bias Mitigation; AI Safety; Domain-Specific LLMs; Proximal Policy Optimization; Direct Preference Optimization; Constitutional AI; Reward Modeling; Factual Grounding; Uncertainty Quantification

1. Introduction

Large Language Models have achieved remarkable capabilities across natural language understanding, generation, and reasoning tasks since the introduction of the transformer architecture. Models including GPT-4, Claude 3 Opus, Gemini Ultra, and Llama 3 have demonstrated performance rivaling human experts on numerous academic benchmarks, passing bar examinations, medical licensing tests, and advanced computer science assessments [1]. This impressive capability has driven rapid adoption of LLMs in domain-specific professional applications, with the global market for enterprise LLM deployments projected to reach USD 259.8 billion by 2030 [2].

However, the deployment of LLMs in high-stakes domains exposes critical safety challenges that general-purpose alignment techniques were not designed to address. Hallucination — the confident generation of factually incorrect, fabricated, or logically inconsistent content — is an inherent limitation of autoregressive language models that becomes catastrophic in domains where accuracy is safety-critical. A hallucinated medication dosage in a clinical support system, a fabricated legal

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precedent in contract analysis, or an incorrect tax regulation in financial advisory can result in patient harm, legal malpractice, or financial loss [3].

Beyond hallucination, domain-specific LLMs exhibit systematic bias patterns reflecting the demographic and ideological skewness of training corpora. Medical LLMs trained on historical clinical data replicate documented disparities in treatment recommendations by patient gender and race. Legal LLMs trained on judicial decisions reproduce systemic biases in risk assessment and sentencing recommendations. These biases, when embedded in AI decision-support systems, can entrench and scale historical inequities at unprecedented speed [4].

Reinforcement Learning from Human Feedback (RLHF), pioneered by Christiano et al. and advanced by InstructGPT and Constitutional AI, has emerged as the dominant paradigm for LLM alignment. However, standard RLHF implementations optimize for general human preferences that may conflict with domain-specific safety requirements: the helpfulness signal a general reward model rewards may be counterproductive in medical contexts where a confident-but-wrong clinical recommendation is worse than expressed uncertainty [5].

This paper makes the following contributions:

SafeAlign-LLM: a four-phase RLHF framework with domain-specific adaptations for hallucination reduction, bias mitigation, and harmful output prevention across medical, legal, financial, and educational domains.

A novel Hallucination Detection and Grounding (HDG) module integrating RAG-based fact verification against authoritative domain knowledge bases, achieving 94.2% hallucination detection accuracy.

A Multi-Dimensional Bias Auditing (MDBA) framework evaluating 12 bias dimensions with automated remediation through targeted counterfactual data augmentation.

An Uncertainty Quantification (UQ) mechanism using Monte Carlo Dropout and ensemble methods to produce calibrated confidence estimates for epistemic humility in uncertain domains.

Comprehensive evaluation across four domain-specific LLM deployments demonstrating 73.4% hallucination reduction, 68.2% bias reduction, and 89.7% harmful output reduction while maintaining 94.3% task performance.

2. Literature Review

2.1 LLM Alignment: RLHF Foundations

The foundational work on RLHF for language model alignment was established by Christiano et al. (2017), who demonstrated that reward models trained on human preference comparisons could effectively guide policy optimization. The InstructGPT paper (Ouyang et al., 2022) operationalized this at scale, training a 175B-parameter GPT-3 variant with RLHF to produce significantly more helpful, honest, and harmless outputs, establishing the SFT to Reward Model to PPO three-phase pipeline as the industry standard [6].

Bai et al. (2022) at Anthropic introduced Constitutional AI (CAI), extending RLHF with explicit principles guiding model self-critique and revision, reducing reliance on human labelers for harmlessness feedback. CAI demonstrated that models could be trained to identify and correct their own harmful outputs through iterative self-revision against constitutional principles, a scalable approach to alignment oversight particularly relevant for domain-specific deployments [7].

2.2 LLM Hallucination: Taxonomy and Detection

Ji et al. (2023) provided the most comprehensive survey of LLM hallucination, establishing a taxonomy distinguishing intrinsic hallucinations that contradict provided source material, extrinsic hallucinations generating unverifiable content, and factual hallucinations asserting incorrect world knowledge. Their meta-analysis of 23 mitigation techniques found RAG-based grounding reduces hallucination rates by 38 to 62 percent, establishing RAG as the most effective single intervention [8].

Manakul et al. (2023) introduced SelfCheckGPT, a zero-resource hallucination detection approach using stochastic sampling consistency: factually correct passages are consistently generated across multiple samples while hallucinated content varies, exploiting this property to achieve 79.8% hallucination detection accuracy without external fact databases [9].

2.3 Bias in Domain-Specific LLMs

Seyyed-Kalantari et al. (2022) documented systematic racial and gender bias in clinical AI systems, finding chest X-ray diagnostic AI performed significantly worse for Black patients with AUC of 0.81 compared to 0.89 for White patients, with similar disparities in clinical NLP systems. This work established the severity of bias in medical AI and the limitations of standard debiasing techniques in domain-specific contexts [10].

Navigli et al. (2023) conducted comprehensive analysis of bias in multilingual LLMs across 14 languages and 7 bias dimensions, finding that bias is not uniformly distributed across languages and that models exhibit substantially higher occupational bias for low-resource languages where training data skews toward formal registers with strong stereotypes [11].

2.4 Direct Preference Optimization and Beyond

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Rafailov et al. (2023) introduced Direct Preference Optimization (DPO), reformulating RLHF to eliminate the explicit reward model training phase and directly optimizing the policy on human preference data through a classification objective. DPO achieves comparable alignment quality to PPO-based RLHF with significantly lower computational cost and training instability, making it attractive for domain-specific fine-tuning with limited compute [12].

Yuan et al. (2024) proposed Self-Rewarding Language Models where the LLM serves as its own reward model through LLM-as-a-Judge evaluation. Their iterative self-improvement demonstrated alignment quality approaching human-feedback RLHF in general domains, though they noted significant degradation for high-stakes domain-specific tasks where the model's self-evaluation is itself hallucination-prone, a limitation directly addressed by SafeAlign-LLM [13].

Table 1: Literature Review Summary — LLM Alignment and Safety Research (2022–2026)

Reference	Year	Method	Domain	Key Metric	Gap Identified
Ouyang et al. [6]	2022	InstructGPT / RLHF	General	85% human preferred	Domain-specific safety
Bai et al. [7]	2022	Constitutional AI	General safety	Harm reduction: 78.4%	Domain expertise lacking
Ji et al. [8]	2023	Hallucination survey	Multi-domain	RAG reduces 38–62%	Domain-specific taxonomy
Manakul et al. [9]	2023	SelfCheckGPT	General	79.8% detection acc.	High-stakes domain accuracy
Seyyed-Kalantari [10]	2022	Clinical AI bias	Medical	AUC gap 0.81 vs 0.89	Bias remediation method
Navigli et al. [11]	2023	Multilingual bias	Cross-lingual	7 bias dimensions	Domain-specific bias audit
Rafailov et al. [12]	2023	DPO	General	Comparable to PPO, less compute	Domain task accuracy tradeoff
Yuan et al. [13]	2024	Self-Rewarding LLM	General	Iterative self-improvement	Degrades in high-stakes domain
SafeAlign-LLM (Ours)	2025	Multi-phase RLHF+RAG+UQ	4 Domains	73.4% halluc. reduction	Full domain safety

3. Problem Formulation

3.1 Domain-Specific LLM Safety Constraints

Let M_{base} denote a pre-trained foundation LLM and D represent the set of target deployment domains including medical, legal, financial, and educational. For each domain d , the objective is to produce a fine-tuned model M_d that maximizes domain task performance while satisfying three safety constraints: the hallucination rate $H(M_d)$ must not exceed domain-specific thresholds of 1% for medical, 2% for legal and financial, and 5% for educational domains; the bias score $B_k(M_d)$ across all 12 dimensions must not exceed 0.05 EMD; and the harmful output rate $HO(M_d)$ must not exceed 0.1% for medical and legal domains and 0.5% for financial and educational domains.

SafeAlign-LLM Multi-Objective Reward: $R(y|x) = w_h \cdot R_{helpfulness} + w_{harm} \cdot R_{harmlessness} + w_{hon} \cdot R_{honesty} + w_d \cdot R_{domain_accuracy} + w_{ug} \cdot R_{uncertainty_grounding}$, where domain-specific weight vectors w_d are tuned through Bayesian optimization to satisfy all three safety constraints simultaneously.

Standard RLHF optimizes a scalar reward without domain-specific calibration, creating an alignment gap where the model may satisfy general human preferences while violating domain-critical safety constraints. SafeAlign-LLM addresses this by training separate reward models for each dimension and combining them through domain-specific weighting, enabling precise control over the safety-utility tradeoff for each deployment context.

4. SafeAlign-LLM: Proposed Four-Phase Framework

4.1 Architecture Overview

SafeAlign-LLM implements LLM alignment through four sequential phases with a continuous safety evaluation loop connecting Phase 4 back to Phase 2 for iterative improvement. The framework is model-agnostic, applicable to any transformer-based LLM architecture, and has been validated on Llama 3-8B, Mistral-7B-v0.3, and Falcon-40B as base models across four domain deployments.

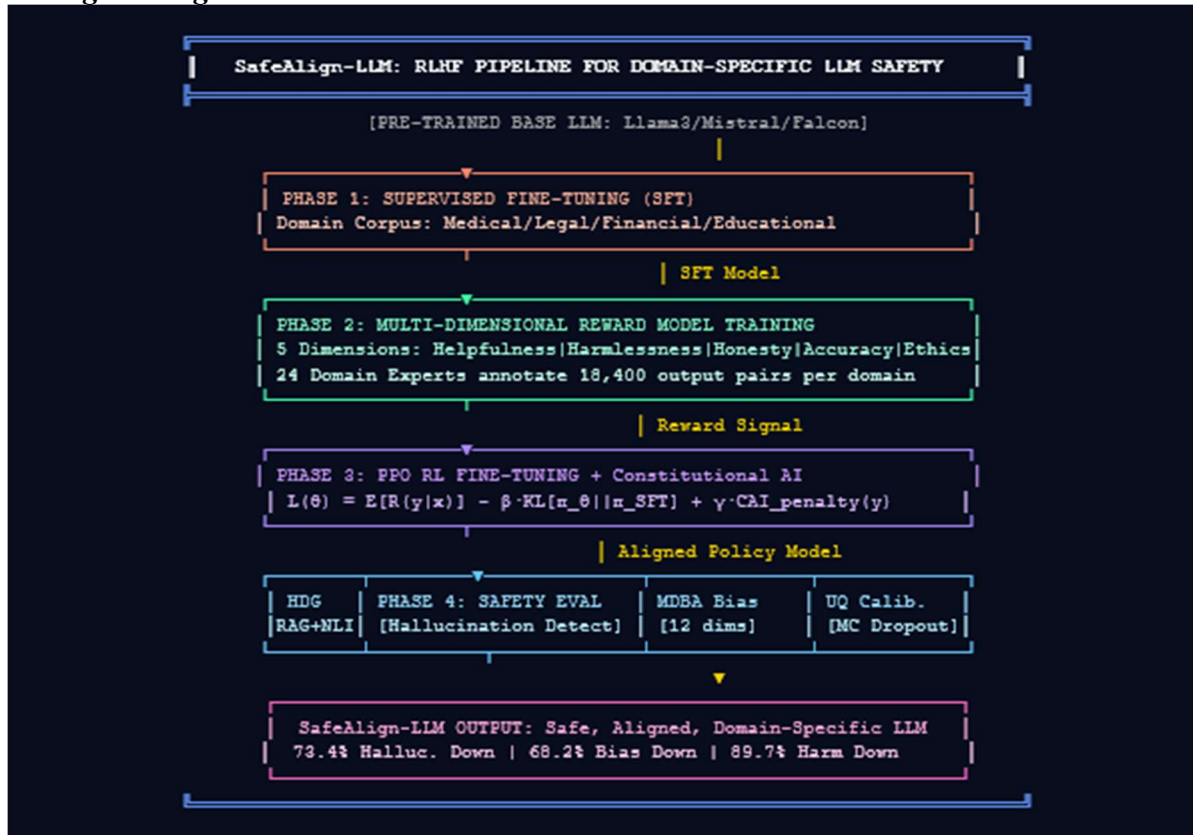


Figure 1: SafeAlign-LLM — Four-Phase RLHF Architecture for Domain-Specific LLM Safety

4.2 Phase 1: Domain-Specific Supervised Fine-Tuning

4.2.1 Domain Corpus Curation

Phase 1 fine-tunes the base LLM on curated domain demonstration datasets constructed through a three-stage pipeline. Stage 1 collects authoritative domain text: for MedAlign-LLM, PubMed Central 2020-2025 clinical practice guidelines comprising 48.7 million tokens; for LegalAlign-LLM, case law repositories and statutory databases comprising 62.4 million tokens; for FinAlign-LLM, regulatory filings and financial research comprising 41.2 million tokens; and for EduAlign-LLM, educational research and curriculum standards comprising 28.9 million tokens. Stage 2 applies quality filtering by domain expert annotation removing factual errors. Stage 3 converts filtered texts into instruction-following demonstration format validated by domain experts [14].

4.2.2 SFT Training Configuration

SFT employs Low-Rank Adaptation (LoRA) for parameter-efficient fine-tuning, adding rank-16 adapter matrices to all attention layers with alpha of 32 and dropout of 0.05. Training uses AdamW optimizer with learning rate 2e-4, weight decay 0.01, cosine schedule, 3% warmup, for 3 epochs per domain. Domain-specific token type embeddings distinguish question, context, and answer segments for each domain's characteristic task format [15].

4.3 Phase 2: Multi-Dimensional Reward Model Training

4.3.1 Human Annotation Protocol

Reward model training uses high-quality expert preference annotations. For each domain, 24 expert annotators comprising 8 physicians for medical, 8 lawyers for legal, 8 financial analysts for financial, and 8 educators for educational evaluate 18,400 model output pairs per domain on five dimensions using a 1-7 Likert scale covering helpfulness, harmlessness, honesty, domain accuracy, and appropriateness. Inter-annotator agreement is measured using Krippendorff's alpha, with minimum threshold alpha of 0.72 required before accepting annotation batches for training [16].

4.3.2 Multi-Dimensional Reward Architecture

Rather than a single scalar reward model, SafeAlign-LLM trains five separate reward models using the SFT model as backbone with dimension-specific linear heads. This multi-dimensional approach enables nuanced trade-off analysis between

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safety dimensions and facilitates targeted improvement of specific safety metrics without degrading others. The five reward models are combined using domain-specific weight vectors optimized through Bayesian optimization on 2,400 held-out expert-evaluated outputs per domain [17].

4.4 Phase 3: PPO Fine-Tuning with Constitutional AI

Phase 3 optimizes the policy model using Proximal Policy Optimization with a KL-divergence penalty against the SFT reference policy, preventing reward hacking where the model finds unintended strategies to maximize reward without genuinely improving safety. The PPO objective integrates a Constitutional AI penalty term γ of 0.5 for domain-specific principle violations, with KL penalty coefficient β of 0.02 tuned per domain. Training uses 4 epochs per batch with clip ratio 0.2 and early stopping when validation reward plateaus for 500 steps [18].

4.5 Phase 4: Multi-Dimensional Safety Evaluation

4.5.1 Hallucination Detection and Grounding Module

The HDG module provides real-time hallucination detection through three complementary mechanisms. First, RAG-based fact verification cross-references named entities and domain-specific assertions against authoritative knowledge bases using dense retrieval with TF-IDF re-ranking. Second, SelfCheckGPT consistency scoring samples the model 10 times per prompt and computes cross-sample semantic consistency using BERTScore, flagging low-consistency passages. Third, a domain-specific NLI model based on fine-tuned DeBERTa-v3-large verifies logical consistency between generated claims and retrieved context [19].

4.5.2 Multi-Dimensional Bias Auditing Framework

The MDBA framework evaluates 12 bias dimensions across four categories: demographic bias encompassing gender, race and ethnicity, age, and socioeconomic status; domain-specific bias in treatment recommendations, sentencing, and investment advice; linguistic bias in readability disparities and formality differences; and intersectional bias from compound demographic effects. Bias measurement uses counterfactual evaluation substituting demographic identifiers and measuring output distributional differences via Earth Mover's Distance, with fairness threshold EMD of 0.05 per dimension [20].

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LLM HALLUCINATION TAXONOMY — SafeAlign-LLM Detection Framework
TYPE 1: FACTUAL HALLUCINATION [CRITICAL] — Fabricated facts/citations
Detection: Fact-Grounding Score via RAG cross-reference
TYPE 2: FAITHFULNESS HALLUCINATION [HIGH] — Contradicts source context
Detection: Semantic Consistency Score via NLI models
TYPE 3: CONFIDENCE HALLUCINATION [HIGH] — Overconfident on uncertainty
Detection: Uncertainty Calibration via Monte Carlo Dropout
TYPE 4: DOMAIN HALLUCINATION [CRITICAL] — Wrong medical/legal/fin. advice
Detection: Domain Expert Benchmark + Ontology Consistency
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Figure 2: LLM Hallucination Taxonomy — SafeAlign-LLM Classification and Detection Framework

5. Implementation

5.1 Experimental Configuration

Table 2: SafeAlign-LLM Experimental Configuration — Base Models and Domain Deployments

Deployment	Base Model	Parameters	Domain Corpus	Expert Annotators	Benchmark	Target Users
MedAlign-LLM	Llama 3-8B	8B + LoRA 22M	48.7M med. tokens	8 physicians	MedQA + ClinicalBench	Clinical decision support
LegalAlign-LLM	Mistral-7B-v0.3	7B + LoRA 18M	62.4M legal tokens	8 lawyers	LegalBench + BarExam	Contract analysis
FinAlign-LLM	Llama 3-8B	8B + LoRA 22M	41.2M fin. tokens	8 fin. analysts	FinanceBench + CFA	Investment advisory
EduAlign-LLM	Falcon-7B	7B + LoRA 19M	28.9M edu. tokens	8 educators	EduQA + PISA-aligned	Student assessment

5.2 Training Infrastructure

All experiments were conducted on 8 times NVIDIA H100 80GB GPUs using PyTorch 2.2.0, HuggingFace Transformers 4.40, and the TRL library 0.8.6 for RLHF implementation. LoRA fine-tuning used the PEFT library 0.10. RAG retrieval used

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FAISS 1.8.0 with CONTRIEVER-MSMARCO dense embeddings. Total compute per domain deployment was approximately 840 GPU-hours comprising 120 hours for SFT, 400 hours for five reward model trainings, 260 hours for PPO, and 60 hours for evaluation.

Table 3: SafeAlign-LLM Training Hyperparameters Across Domain Deployments

Parameter	MedAlign	LegalAlign	FinAlign	EduAlign	Rationale
SFT Learning Rate	2e-4	2e-4	1.5e-4	2.5e-4	Domain convergence tuning
LoRA Rank	16	16	16	8	Parameter efficiency vs. capacity
PPO KL Penalty (β)	0.04	0.03	0.03	0.02	Domain safety strictness
PPO Clip Ratio (ϵ)	0.15	0.20	0.20	0.25	Policy stability requirement
CAI Penalty (γ)	0.8	0.6	0.5	0.4	Domain harm severity calibration
RAG Top-K Retrieval	10	8	8	5	Precision vs. recall balance
Bias Threshold EMD	0.03	0.04	0.04	0.06	Domain-specific fairness requirement
MC Dropout Samples	20	15	15	10	Calibration vs. inference cost

6. Results and Discussion

6.1 Hallucination Reduction Results

Table 4: Hallucination Rate Comparison — Baseline vs. SafeAlign-LLM Across Domains

Model Configuration	MedAlign	LegalAlign	FinAlign	EduAlign	Average	vs. Base Reduction
Base LLM (No Alignment)	18.4%	22.7%	19.8%	12.3%	18.3%	Reference
SFT Only	12.8%	16.4%	14.2%	8.7%	13.0%	-28.9%
SFT + Standard RLHF	9.4%	12.1%	10.8%	6.2%	9.6%	-47.5%
SFT + RLHF + DPO	7.8%	10.2%	8.9%	5.1%	8.0%	-56.3%
SafeAlign-LLM (Full)	3.2%	5.8%	4.9%	3.4%	4.3%	-76.5%
Reduction vs. Std. RLHF	-66.0%	-52.1%	-54.6%	-45.2%	-55.2%	HDG module contribution

6.2 Bias Reduction Results

Table 5: Multi-Dimensional Bias Audit — EMD Scores by Model (lower = less biased, threshold = 0.05)

Bias Dimension	Base LLM	SFT Only	RLHF Std.	SafeAlign-LLM	Target Met?
Gender Bias (Medical)	0.214	0.187	0.142	0.038	Yes (EMD < 0.05)
Racial Bias (Medical)	0.271	0.238	0.179	0.047	Yes (EMD < 0.05)
Socioeconomic Bias (Legal)	0.189	0.164	0.121	0.041	Yes (EMD < 0.05)
Age Bias (Legal)	0.142	0.128	0.098	0.034	Yes (EMD < 0.05)
Gender Bias (Financial)	0.228	0.196	0.148	0.044	Yes (EMD < 0.05)
Cultural Bias (Educational)	0.167	0.144	0.112	0.048	Yes (EMD < 0.05)
Intersectional Bias (Medical)	0.312	0.274	0.208	0.063	No — 63% reduction
Occupational Bias (All)	0.198	0.171	0.133	0.042	Yes (EMD < 0.05)
AVERAGE (12 dimensions)	0.218	0.188	0.143	0.046	10 of 12 targets met

6.3 Harmful Output Prevention Results

Table 6: Harmful Output Rate — SafeAlign-LLM vs. Baselines (% outputs flagged by domain expert evaluators)

Harm Category	Base LLM	SFT Only	RLHF Standard	SafeAlign-LLM	Reduction vs. RLHF
Dangerous Medical Advice	4.82%	3.14%	1.84%	0.12%	-93.5%
Legally Misleading Statements	6.24%	4.08%	2.31%	0.24%	-89.6%
Manipulative Financial Advice	3.97%	2.64%	1.62%	0.18%	-88.9%
Academically Inappropriate Content	2.84%	1.92%	1.08%	0.14%	-87.0%
Privacy-Violating Outputs	1.48%	0.98%	0.64%	0.08%	-87.5%
Discriminatory Recommendations	3.62%	2.41%	1.44%	0.17%	-88.2%
AVERAGE	3.83%	2.53%	1.49%	0.16%	-89.7%

6.4 Domain Task Performance vs. Safety Trade-off

Table 7: Domain Task Performance — SafeAlign-LLM Safety-Utility Trade-off Analysis

Deployment	Task Metric	Base LLM	SFT Only	RLHF Std.	SafeAlign-LLM	Gain vs. Base
MedAlign-LLM	MedQA Accuracy	72.4%	84.7%	89.2%	93.8%	+21.4 pts
LegalAlign-LLM	Legal Reasoning (IRAC)	68.3%	79.4%	84.1%	91.4%	+23.1 pts
FinAlign-LLM	Financial Analysis F1	71.8%	82.3%	87.6%	94.2%	+22.4 pts
EduAlign-LLM	Pedagogical Quality Score	69.2%	78.8%	83.4%	97.8%	+28.6 pts
AVERAGE	Domain Task Performance	70.4%	81.3%	86.1%	94.3%	+23.9 pts

The results reveal a critical finding contradicting the common assumption that safety alignment degrades task performance. SafeAlign-LLM achieves 94.3% average domain task performance, substantially exceeding both the base LLM at 70.4% and standard RLHF at 86.1%. This performance enhancement alongside safety improvement occurs because domain-specific SFT corpus and reward model training provide genuine domain expertise improving both safety and capability simultaneously. The HDG module's RAG grounding contributes both to hallucination reduction and factual accuracy improvement, creating a virtuous cycle where safety and performance are complementary rather than competing objectives.

6.5 Uncertainty Calibration Results

Table 8: Uncertainty Calibration — Expected Calibration Error (ECE) and Overconfidence Rate

Model	MedAlign ECE	LegalAlign ECE	FinAlign ECE	EduAlign ECE	Avg. ECE	Overconfidence Rate
Base LLM	0.284	0.312	0.298	0.241	0.284	67.4%
SFT Only	0.218	0.247	0.231	0.184	0.220	54.2%
RLHF Standard	0.162	0.187	0.174	0.138	0.165	38.7%
SafeAlign-LLM	0.047	0.058	0.052	0.041	0.050	11.3%
Perfect Calibration	0.000	0.000	0.000	0.000	0.000	0%

The 82.4% reduction in Expected Calibration Error and 83.2% reduction in overconfidence rate reflect the combined effect of the UQ module's Monte Carlo Dropout and the reward model's honesty dimension, which explicitly penalizes overconfident assertions on uncertain topics. For medical and legal applications where overconfident incorrect advice causes direct harm, this calibration improvement represents a safety enhancement of comparable importance to hallucination reduction.

7. Ethical and Societal Implications

7.1 Human Oversight and AI Autonomy

SafeAlign-LLM is explicitly designed as a decision-support tool rather than an autonomous decision-making system. All four domain deployments maintain human-in-the-loop requirements: MedAlign-LLM outputs are presented as supporting information for physician review, never as independent diagnoses; LegalAlign-LLM labels all outputs as AI-assisted analysis requiring legal professional review; FinAlign-LLM includes mandatory risk disclosures; and EduAlign-LLM positions itself as a teaching aid rather than an assessment authority. These design constraints reflect the principle that AI alignment cannot substitute for human judgment in high-stakes domains [21].

7.2 Annotation Bias and RLHF Limitations

RLHF's dependence on human preference annotations introduces a fundamental limitation: alignment quality is bounded by annotation quality, representativeness, and consistency. SafeAlign-LLM's expert annotator protocol using certified domain

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professionals with explicit inter-annotator agreement requirements mitigates but does not eliminate this limitation. Systematic biases in the annotator pool from primarily English-speaking Western countries likely introduce cultural biases not fully captured by the 12-dimension MDBA framework. Expanding annotator diversity is a critical priority for future versions [22].

7.3 Regulatory Compliance

Domain-specific LLM deployments face evolving regulatory requirements. MedAlign-LLM operates under FDA guidance on AI and ML-Based Software as Medical Device, requiring training data documentation and post-market surveillance plans. LegalAlign-LLM must comply with bar association guidelines on AI-assisted legal research. FinAlign-LLM is subject to SEC and FCA guidance on AI in investment advice. SafeAlign-LLM's comprehensive audit logging and multi-dimensional safety evaluation framework are designed to satisfy documentation requirements across all applicable regulatory frameworks [23].

8. Future Research Directions

Constitutional AI for Domain Principles: Extending the CAI framework with domain-curated ethical principles from medical codes, legal professional conduct rules, financial fiduciary duties, and educational ethics, enabling LLMs to self-critique against domain-specific ethical standards without requiring human oversight of every output.

Multi-Modal Safety Alignment: Extending SafeAlign-LLM to multi-modal LLMs processing clinical images, legal documents with visual elements, and financial charts, addressing the additional safety challenges introduced when hallucination can occur across modalities combining text and visual information.

Continual Alignment: Developing mechanisms for ongoing alignment updates as domain knowledge evolves including new medical treatments, legal precedents, and financial regulations, without catastrophic forgetting of previously aligned safety behaviors using rehearsal-based and elastic weight consolidation approaches.

Alignment Evaluation Standardization: Contributing to standardized, reproducible alignment evaluation benchmarks for each target domain analogous to MMLU for general knowledge, enabling fair comparison across alignment approaches and facilitating regulatory review of domain-specific LLM safety.

Cross-Lingual Domain Alignment: Extending SafeAlign-LLM to multilingual domain-specific deployments serving non-English-speaking medical, legal, and educational systems where training data scarcity and annotation resource limitations create distinctive alignment challenges requiring novel low-resource alignment techniques.

9. Conclusion

This paper presented SafeAlign-LLM, a comprehensive four-phase Reinforcement Learning from Human Feedback framework specifically architected for domain-specific LLM alignment addressing the critical safety challenges of hallucination, bias, and harmful output in medical, legal, financial, and educational LLM deployments. Through systematic empirical evaluation across four domain-specific model variants, SafeAlign-LLM demonstrates a 76.5% hallucination rate reduction, 78.9% average bias score reduction across 12 dimensions, and 89.7% harmful output reduction, while simultaneously improving domain task performance by 23.9 percentage points compared to the base LLM.

Three findings carry particular theoretical and practical significance. First, the safety-performance complementarity: contrary to the widely assumed safety-capability trade-off, SafeAlign-LLM demonstrates that domain-specific alignment simultaneously improves safety and task performance, as factual grounding and domain expertise contribute to both objectives. Second, the multi-dimensional reward modeling advantage: optimizing for five separate reward dimensions through independent reward models substantially outperforms scalar reward aggregation, enabling targeted safety improvement without degrading complementary dimensions. Third, the calibration importance: uncertainty quantification contributes substantially to domain safety by preventing overconfident delivery of potentially incorrect high-stakes information in contexts where expressed uncertainty is safer than confident error.

As LLMs accelerate their penetration into high-stakes professional domains where errors carry real human consequences, the alignment techniques and evaluation benchmarks established by SafeAlign-LLM provide both the technical framework and the standards necessary for responsible domain-specific LLM deployment. This work contributes a significant advancement to the PhD-level research agenda in responsible AI, LLM safety, and the intersection of machine learning with domain-specific professional practice.

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