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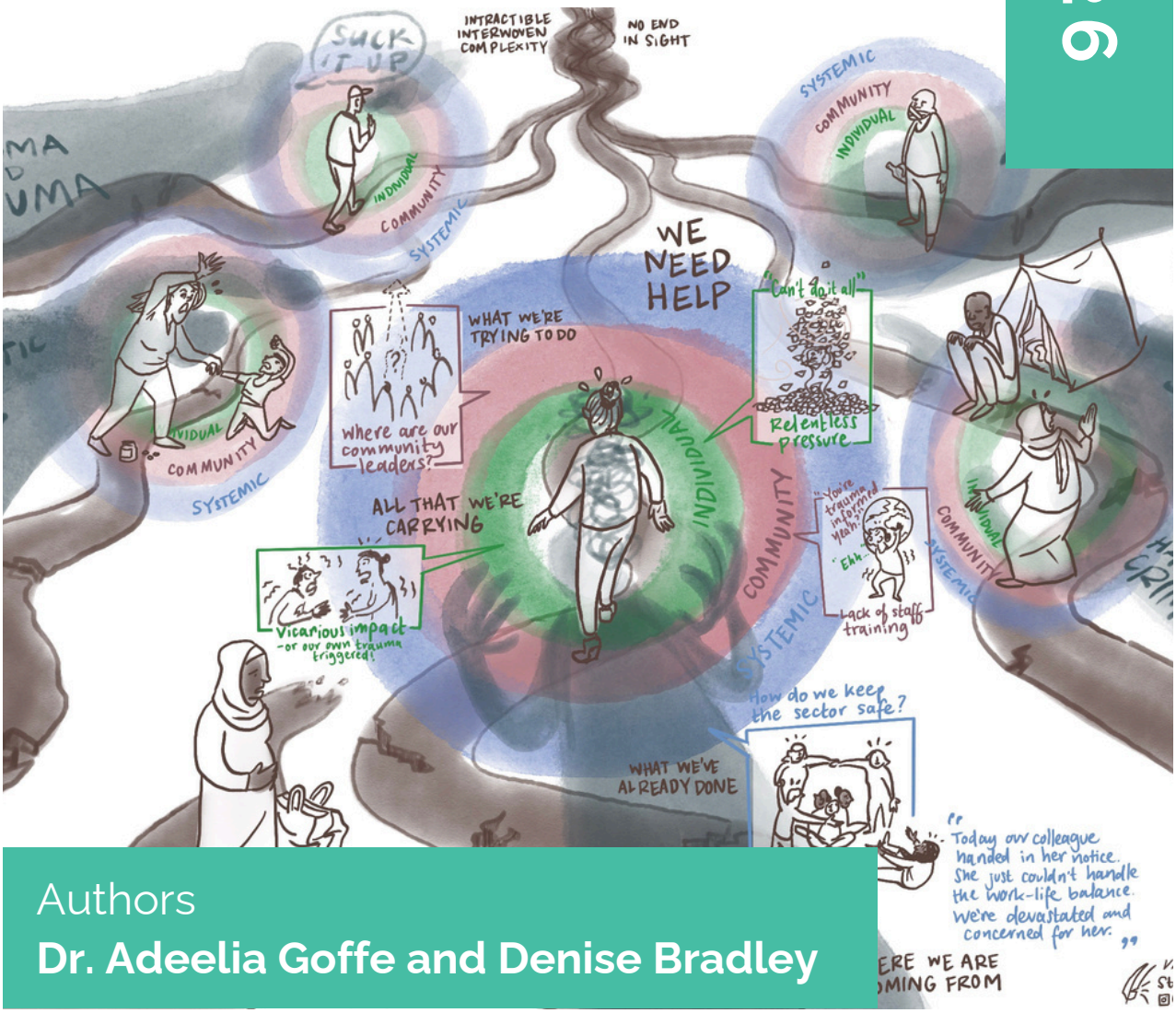
IN THE MIDST OF TRAUMA

A Collective Journey



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In the Midst of Trauma - A Collective Journey

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Table of Contents

Executive Summary 1
1. Introduction to the Project Partners 4
2. Introduction to Trauma Informed Reconciliation 7
3. A Trauma-Informed Reconciliation Methodology in Action 12
4. Surveying Practitioners Experiences 17
5. Representing Traumatic Ecosystems 23
6. Exploring Trauma Informed Principles in Practice 33
7. Journal Entries 47
8. Recommendations 48
9. References 51
Appendix 1 – Organisations and Facilitators 52
Appendix 2 – Emergent Guidance Document 55
Appendix 3 – Practitioner's Journal Entry 63
Appendix 4 – Practitioner's Journal Entry 66

Executive Summary

This report presents the findings of an initiative led by Corrymeela and supported by Think-tank for Action on Social Change (TASC), designed to support service providers across the Island of Ireland who have experienced secondary trauma. Bringing together practitioners from diverse backgrounds, the project explored the complex interplay between trauma, conflict, peacebuilding, and social justice. By drawing on lived experience, learning from practice, and testing emerging thinking, the initiative sought to open new ground for approaches that nurture hope, strengthen relationships, and contribute to a more just and peaceful society.

The project was grounded in principles of trauma-informed reconciliation. Crucially, these principles were not merely theoretical frameworks to be studied or applied to clients; they were embodied in the inquiry itself. The methodology shaped how the project was undertaken, ensuring that the process of exploration was itself healing, respectful, and sustainable. This alignment between method and message allowed for a depth of insight that traditional research methods might have missed, offering a model for how organisations, funders and policymakers can support the workforce while simultaneously advancing health, sustainable and productive workplaces.

Methodology: Learning Through Doing

The initiative unfolded over four encounters spanning the first six months of 2026. The methodology developed through a continuing process of listening, reflection, response, and deeper inquiry. These encounters were not simply mechanisms for delivering learning; they became the means through which the project collectively explored practitioner experience.

Data were gathered through a combination of surveys, group discussions, and collaborative group work. This multi-method approach allowed for both individual voice and collective sense-making, ensuring that practitioner experiences were captured with depth and nuance. The iterative nature of the process meant that each encounter built upon the insights of the previous one, allowing for a gradual deepening of understanding and trust.

A Journey of Deepening Understanding

The project journey moved through three interconnected layers of understanding, evolving from the personal to the structural:

- Individual and Relational Experience

- Transgenerational, Community, and Structural Understanding
- Collective Practice and Systemic Change

Key Findings

The project revealed several critical insights:

- **Secondary trauma is systemic, not just individual:** While practitioners often bear the emotional burden alone, the roots of secondary trauma lie in structural inequalities, conflict dynamics, and organisational cultures that prioritise output over wellbeing.
- **Trauma-informed principles must be embodied:** Organisations cannot claim to be trauma-informed while maintaining structures that cause trauma. Principles of safety, trust, choice, collaboration, and empowerment must be integrated into organisational culture, leadership practices, and policy development.
- **Collective inquiry is transformative:** Shared experiences and peer support are powerful antidotes to isolation and burnout. Creating spaces for practitioners to learn from one another fosters resilience and innovation.
- **Structural support is essential:** Individual coping strategies are insufficient. Organisations must provide protected time for reflection and peer support, embedded support systems, and clear boundaries to prevent burnout.
- **Safety and belonging are prerequisites for inquiry:** Practitioners cannot engage in deep reflection or share vulnerable experiences unless they feel safe. This requires intentional efforts to create spaces of trust, both within peer groups and within organisations.

Recommendations

Based on the findings, the project offers the following recommendations for organisations, funders, policymakers, and the sector more broadly:

To address the systemic nature of secondary trauma, the project recommends a coordinated approach across all sectors. For all stakeholders, it is essential to prioritise the holistic wellbeing of practitioners, particularly those affected by complex trauma. This requires reframing concepts of resilience to be more inclusive and trauma-informed, ensuring that the burden of recovery does not fall solely on the individual. Stakeholders should also work to build a cross-sectoral, cross-border cohort of Ambassadors to drive action and share best practices, while embracing restorative practices that address harm, foster accountability, and prioritise healing.

Policy makers must deliver consistent, person-centred services that prioritise safety, health, and housing to ensure holistic wellbeing. This involves strengthening cross-sector collaboration with schools, justice systems, and social services, appointing Provider Coordinators to facilitate seamless connections. Crucially, there is a need to shift the narrative by recognising systemic societal structures as the root cause of distress and driving necessary transformation. Trauma should be adopted as a collective approach, treated as a shared experience requiring collaborative, community-led solutions rather than solely individualised interventions.

Organisations are urged to expand holistic support by funding long-term, participatory mental health programmes and embedding on-site professional support for both staff and clients. It is vital to foster a culture of safety and belonging by creating spaces for reflection and storytelling and implementing flexible work policies that prioritise collective wellbeing. Organisations must also adopt trauma-informed practices, including them in comprehensive training on secondary trauma for all staff and volunteers. Services should be person-centred, culturally sensitive, and centre service user voices in their development. Furthermore, integrating nature exposure and extended breaks into workplace culture is essential to prevent burnout.

Funders must prioritise wellbeing in their funding models by requiring staff wellbeing plans in grant applications and co-creating programmes with organisations. To enable long-term impact, funders should provide extended funding periods and fair financial recognition, allowing for sustainable growth. Finally, there is a critical need to invest in marginalised communities by increasing funding for those experiencing oppression, focusing on education, safe spaces, and community-based resources to support healing and empowerment.

1. Introduction to the Project Partners

1.1 Project Partnership

Corrymeela - https://www.corrymeela.org/

For more than sixty years, Corrymeela has brought people together across division, nurturing relationships that sustain hope and make change possible. Through conflict and its continuing legacies, we have enabled difficult conversations, deepened understanding and forged connections that reach across communities and generations.

This work continues to move and evolve. Across Northern Ireland, the island of Ireland and beyond, we work alongside communities, practitioners, educators, young people, and faith and belief communities; listening, learning and responding to the realities around us. At the heart of Corrymeela is a belief in the transformative potential of relationship and a commitment to social justice. Reconciliation, for us, is not something achieved once and for all, but a living practice that continues to challenge, shape and inspire our work.

This project, *In the Midst of Trauma – A Collective Journey,* carries that practice forward. Bringing practitioners together, it explores the relationship between trauma, conflict, peacebuilding and social justice: drawing on lived experience, learning from practice, testing emerging thinking and opening new ground for approaches that nurture hope, strengthen relationships and contribute to a more just and peaceful society.

TASC—Think-tank for Action and Social Change—is an independent progressive think tank based in the Republic of Ireland that focuses on economic inequality, social justice, and democratic accountability. Its health inequalities stream advocates for co-produced, peer-led approaches to tackle disparities in healthcare access and outcomes, particularly for marginalised and vulnerabilised groups. The stream highlights how socio-economic factors like income, education, and occupation drive health inequalities, and it promotes policies to create fairer health systems. It also examines the role of civil society organisations in reducing these disparities and improving public health.

1.2 Participating Practitioners, Organisations and Communities

This approach focuses on the perspectives and experiences of practitioners. Practitioners within the project were drawn primarily from the community and voluntary sector, working across peacebuilding, reconciliation, community development and related areas of support. Their practice sits within a complex ecosystem that includes statutory services, funders, policymakers, commissioning bodies and other community-based organisations. While practitioners often work closest to communities and carry significant relational responsibility within that work, decisions about priorities, resources, funding and service provision may sit elsewhere within the system. Locating practitioners within this wider landscape is therefore important to understanding how organisational and systemic conditions can shape both their practice and their exposure to trauma and adversity.

Here we provide a brief description of the types of practitioners who participated in this project, along with the service providers and communities which are being served.

1.2.1 Individual Practitioners

Fifteen individuals participated in a survey at the beginning of the project, which allows for a description of the needs of these practitioners and the experiences that each brings to the forum. Their roles spanned leadership and management, mental health, community and social services, and volunteering. Most worked in Northern Ireland (67%), followed by the Republic of Ireland (27%), and a small number across both regions (7%). On average, they had 8.5 years of experience in their current roles. Approximately 50% of practitioners described their identity as being a part of a marginalised/vulnerable group.

1.2.2 Organisations

In addition, a variety of practitioners, representing seventeen organisations in which they volunteer or work for, actively participated in this project. These organisations span grassroot community supports, advocacy, and social inclusion across Ireland and Northern Ireland. Participant organisations are listed in Appendix 1.

The communities served by these organisations highlight the diverse groups affected by trauma and marginalisation. 38 groups were identified. Such groups include people experiencing poverty, mental health difficulties, disabled people, immigrants and family carers, as well as age- and gender-specific communities like rural women and older men. Additional categories covered substance use and recovery, ex-offenders, and geographically defined communities, such as inner-city deprived areas and those facing political violence or gang exploitation. Cultural and language-specific groups, including the Irish language community and Sudanese and Palestinian communities in Northern Ireland, were also represented.

1.2.3 Supported Communities

The populations supported face a wide range of traumatic experiences, with conflict, political violence, and forced displacement being the most common. Many have endured loss of family and friends, homelessness, and poverty, often compounded by systemic racism and discrimination. Domestic and sexual violence, including abuse against people with learning disabilities, are significant issues. Mental health difficulties are exacerbated by failures in care systems, while community violence and identity-based exclusion add further layers of trauma. These complex, intersecting experiences call for compassionate, holistic approaches that address both individual and systemic harm.

Risk factors for trauma vary widely, influenced by individual life experiences, geographic location, and social circumstances. People living near border areas or in rural isolation often face greater trauma, while children, elderly, and women are particularly vulnerable due to age and gendered discrimination. Poverty, lack of social or family support, and systemic barriers, such as homelessness or asylum status, compound these risks. Additionally, racial, ethnic, religious, and cultural identities, along with language barriers and health conditions, further increase vulnerability. Intergenerational trauma and complex histories without adequate intervention deepen the impact, highlighting the need for tailored, compassionate support that addresses these diverse factors.

2. Introduction to Trauma Informed Reconciliation

2.1 Why a trauma-informed approach to reconciliation?

2.1.1 Background

The island of Ireland shares a complex and contested history, shaped by conflict, division and the ongoing challenges of peacebuilding and reconciliation. Although the "Troubles" were predominantly experienced in Northern Ireland (NI), their impact extended across the Island, leaving a legacy that continues to shape individuals, families, relationships and communities. While the worst years of violence have receded further into the past, the traumatic impact of the conflict remains highly present, with continuing and transgenerational consequences (1, 2).

This legacy does not exist in isolation. Across the island, historical experiences of conflict and trauma intersect with contemporary experiences of adversity, including poverty, social inequality, mental ill-health, interpersonal violence, migration and racism. Ireland is also becoming home to people immigrating, some seeking refuge and asylum, many of whom have experienced conflict and displacement in other parts of the world. Recent episodes of racist violence in NI, including attacks targeting migrant communities, have caused significant harm and heightened fear, further exposing the complexities of building inclusive and peaceful societies (3, 4).

These overlapping experiences contribute to the complex social and relational environments in which individuals and communities live, and practitioners undertake the work of peacebuilding and reconciliation. While the historical, political and social contexts of Northern Ireland and the Republic of Ireland differ, practitioners across both jurisdictions are navigating the intersections of trauma, adversity and inequality within their everyday work. Recognising these shared and distinct experiences was central to the project's all-island approach, bringing practitioners together to explore how trauma is understood and encountered within the wider context of reconciliation.

In NI, trauma and adversity have been described as "highly prevalent and impactful" and as a "burden that cuts across all systems – health, justice, education, and communities" (5). Trauma has largely been understood and addressed through individualised clinical and health models. However, a growing body of international

research stresses the need to situate trauma within its social, relational and collective contexts.

At the same time, NI Government policy, led by the Safeguarding Board NI, is encouraging wider civic society to understand trauma theory and apply trauma-informed approaches in practice (6). While this represents a positive development, translating policy into meaningful practice requires investment in training, resources and organisational support, particularly within the community and voluntary sector. These organisations frequently work alongside individuals and communities who have experienced trauma and adversity, yet may not have the knowledge, training or resources needed to recognise and respond to its complexities. Without adequate support and an understanding of the wider social, relational and systemic contexts in which trauma occurs, there is a risk that trauma-informed practice becomes diluted and reduced to a superficial application of its principles. This may therefore place additional expectations on practitioners and organisations already working under considerable pressure.

Across these varied contexts, individual and collective experiences of trauma are deeply interconnected and shaped by social, relational and contextual processes, including behaviours, attitudes, language, interpretation and meaning (7). According to the Substance Abuse and Mental Health Services Administration (SAMHSA, 2023), trauma can be experienced and sustained across interconnected individual, relational, community, organisational and systemic levels. These levels do not operate independently; they shape one another and contribute to the collective impact of trauma (8).

Therefore, understanding trauma collectively and contextually is critical to developing trauma responsive approaches to reconciliation in NI.

2.1.2 Bringing trauma into the reconciliation context

Reconciliation does not take place outside peoples' lived experience. It is embedded in history, relationships, communities and the embodied experiences and memories that people carry with them. In a society emerging from prolonged conflict, the work of building relationships and creating a more peaceful and inclusive future is therefore undertaken within a landscape shaped by both past and ongoing experiences of trauma.

In NI, reconciliation is concerned with repairing relationships, rebuilding trust and creating conditions in which people and communities can live well together. For this reason, trauma cannot remain at the margins of reconciliation practice.

Whilst reconciliation can create opportunities for healing, it risks exposing people and communities to further pain, suffering and re-traumatisation. Recognising this is not to pathologize communities, nor is it to suggest that reconciliation work should become a process of treating trauma. Rather, it raises a fundamental question:

What might reconciliation look like if we understood trauma as part of the context in which reconciliation seeks to understand, respond to and transform?

This question provided the point of entry into 'In the Midst of Trauma – A Collective Journey.' Examining context began with those who work alongside and support communities experiencing marginalisation and disadvantage, including populations with heightened exposure to trauma and adversity. Using the SAMHSA trauma-informed framework (SAMHSA, 2023), the project sought to examine the lived experiences of practitioners working 'in the midst of trauma' and consider the implications for their wellbeing, practice and the communities they serve.

2.1.3 The practitioner – an overlooked dimension of trauma

Those who engage in cross-border, cross-sectoral everyday peace and reconciliation work are not neutral observers of the trauma landscape. For decades, community and voluntary sector practitioners have worked at the heart of communities to support the repair of relationships shaped by protracted violent conflict. They live and work alongside the communities they serve, experiencing the continuing consequences of conflict, violence, inequality and marginalisation. In doing so, they hold vital wisdom and have experience and expertise that is often overlooked within the wider ecosystem in which they practice.

At the same time, they may carry the emotional, psychological and relational demands of the work, navigating their own lived experiences of adversity and trauma. This can have both short- and long-term impacts on individual and collective wellbeing, practice and relationships. To date, this dimension has remained largely unaddressed.

SAMHSA guidance highlights the risk of secondary trauma, vicarious trauma and burnout. In this context, health and wellbeing is not an optional organisational benefit; it is a core component of sustainable practice. This places responsibility on organisations and systems to create the conditions and resources in which people can sustain the work and develop trauma-responsive approaches to practice (SAMHSA, 2023, pp. 10–15).

2.2 A Collective Journey

From October 2025 to October 2026, the project has been an ambitious journey, centring dialogue, international research and shared learning, exploring core tenets of trauma theory and trauma -informed practice. Participant experience was placed at the heart of the inquiry, recognising that sustainable reconciliation practice must also consider the conditions in which practitioners themselves are working.

Through engagement with trauma-informed principles[1] and by placing rights at the heart of practice, the project sought to move beyond reducing trauma-informed practice to a set of prescriptive principles or technical practices. Instead, trauma was understood within the wider contexts in which people live and work, recognising the intersectional experiences of practitioners and communities, and the histories, rights, identities, relationships and structures that shape those experiences.

The project also created space to engage with lived experiences, contested histories, disagreement and discomfort rather than seeking to avoid or silence them. Reconciliation requires the capacity to encounter and understand adversity, chronic stress, traumatic grief and loss, social injustice, systemic and structural harm and difference.

2.2.1 What might trauma-informed reconciliation look like in practice?

The project explored trauma-informed reconciliation as an approach that:

- **Recognises context:** Trauma-informed reconciliation does not exist independently of the social determinants and conditions in which people live. Experiences of trauma can both arise from and contribute to adversity and suffering, and can be compounded by social and structural inequalities.
- **Recognises interconnectedness:** Trauma-informed reconciliation is not only about responding differently to people who have experienced trauma. It is about understanding how context, relationships, rights and power intersect to shape the ways in which communities and practitioners experience and participate in reconciliation.
- **Centres agency and rights:** Trauma-informed reconciliation should not reduce practitioners or communities to their experiences of trauma. Rather, it should recognise their agency, knowledge and capacity to shape the conditions in which reconciliation takes place, while remaining attentive to the multi-level power dynamics that shape relationships and influence participation.

[1] For a description of the six trauma informed principles, see Appendix 2.

- **Creates conditions for safe and meaningful participation:** Trauma-informed reconciliation is not a model for treating traumatised people within reconciliation. It is an approach to creating the relational, organisational and societal conditions in which practitioners and communities can collectively participate in reconciliation with safety, agency, dignity and meaningful choice.

Ultimately, In the Midst of Trauma – A Collective Journey explored a fundamental question:

What happens when those facilitating the work of reconciliation are themselves situated within the contexts of the trauma they are seeking to understand, respond to and transform?

3. A Trauma-Informed Reconciliation Methodology in Action

At the heart of In the Midst of Trauma – A Collective Journey was an intention to explore an area that has received limited attention within peace and reconciliation work in post-conflict Northern Ireland: the impact on community and voluntary practitioners of working alongside individuals and communities living with the legacy and ongoing experience of trauma and adversity. The project intentionally brought together cross-sectoral and cross-border representation, recognising that practitioners' experiences across sectors are interconnected and that the impact of the legacy and contemporary trauma do not stop at the border with the Republic of Ireland.

The project sought to explore this through a trauma-informed principles methodology in action (see Appendix 2). Through engagement with trauma-informed principles and by placing rights at the heart of practice, it sought to move beyond reducing trauma-informed practice to a set of prescriptive principles or technical practices. Instead, trauma was considered within the wider contexts in which people live and work, recognising the intersectional experiences of practitioners and communities, and the histories, rights, identities, relationships and structures that shape those experiences.

3.1 A Journey of Collective, Compassionate Inquiry

The encounters developed as a collective, compassionate inquiry into what practitioners were carrying, where those experiences were located, how they were shaped by individual, relational, community, transgenerational and structural contexts, and what might need to change to better support those undertaking peace and reconciliation work.

This shaped what the project explored, and how the inquiry was undertaken. Rather than following a fixed programme towards predetermined outcomes, the encounters were intentionally relational and responsive, allowing emerging narratives and learning to inform the direction of subsequent encounters. Practitioners were therefore not simply participants within the inquiry; their experiences, reflections and emerging learning actively shaped what was explored as the collective journey developed.

Before each encounter, participants were sent an agenda with relevant reading materials. The methodology held a clear purpose without prescribing what practitioners should reveal, experience or conclude.

Creating a safe enough environment for presence, learning, reflection and dialogue was central to this process. "Safe enough" recognised that absolute safety cannot necessarily be guaranteed when engaging with experiences of trauma and adversity, and that individuals bring different histories, experiences and needs into a shared space. Safety was therefore understood as a fluid and relational process, requiring ongoing attention to individual needs, personal regulation and the dynamics emerging within the group. Time and space were intentionally given to developing trust, connection and collective belonging, while honouring and acknowledging the pain and wounding people brought into the space. Online group reflective practice and individual peer support sessions were offered to provide intermittent supports. This recognised that practitioners are themselves embedded within the histories, relationships, communities and systems that shape the environments in which they work.

3.2 Creating Enough Safety to Build Relationships and Collective Belonging

The first encounter, a two-day overnight residential held in January 2026, established the relational foundations for the inquiry. Practitioners engaged with learning around trauma, rights and agency alongside opportunities for dialogue, reflection, creative and experiential practice. This enabled theoretical understanding to be brought into conversation with lived and professional experience.

The encounter also located trauma within systemic and structural contexts. Recognising that trauma and human rights are inextricably linked, created space to examine how systems, structures and practices can contribute to harm, while acknowledging that practitioners and organisations are themselves located within these systems. The inquiry could therefore move beyond an individualised understanding of trauma towards considering the wider conditions within which trauma is experienced, and peace and reconciliation work takes place.

The Practitioners' Experience Survey was designed to capture the perspectives of practitioners working with disadvantaged and marginalised communities in Northern Ireland and the Republic of Ireland. It gathered detailed information on participants' backgrounds, their motivations, and the regions they serve, focusing on trauma-related issues affecting their communities. The survey explored how frequently trauma occurs, the nature and variability of traumatic experiences, and the extent to

which these are understood and addressed by service providers at systemic and structural levels. It also examined practitioners' preparedness to recognise and respond to trauma, availability of training and resources, and organisational funding adequacy. Additionally, the survey addressed secondary trauma experienced by practitioners themselves, looking at organisational acknowledgement, support mechanisms, and personal coping strategies. Finally, it investigated the integration of a human rights-based approach within trauma-informed care, assessing practitioners' views on its importance and application in their work.

Care was intentionally embedded within the design of the encounters. Experienced body-work therapists were available, offering participants the choice to access individual care and support alongside the collective programme. This reflected an understanding that engaging with trauma requires equal attention to both the nature of the exploration and the conditions of care and support within which it takes place.

Practitioners were also encouraged to maintain reflective journals throughout the collective journey. This journal exercise was designed to provide a personal space to creatively document emerging thoughts, experiences, questions and learning as the inquiry unfolded.

3.3 Responding to What Emerged: Collective Care and Embodied Experience

The second encounter, held in March 2026, demonstrated the responsive nature of the methodology. Themes that emerged from the first residential informed a deeper exploration of secondary and vicarious trauma, cumulative stress and collective care.

Theoretical and practical resources shared in advance provided a foundation for inclusive dialogue to incorporate an exploration of the distinctions between secondary trauma, vicarious trauma and burnout, including how these experiences can manifest in everyday practice, their potential impact on practitioners and approaches to recognising and responding to them within the workplace. Particular attention was given to the importance of individual, peer and organisational support in sustaining practitioner wellbeing and addressing the cumulative impact of working alongside trauma and adversity.

This learning was followed by experiential and embodied practice, supported by an external group work facilitator who was intentionally invited to introduce reflective and experiential collective approaches to trauma healing. Recognising that

intellectual understanding alone may be insufficient to identify and respond to the impact of trauma, these approaches created opportunities for practitioners to explore their own experiences, emotional responses and embodied awareness. The process recognised the value of different ways of knowing, reflecting and making meaning, while strengthening awareness of the importance of personal regulation, collective connection and witnessing in validating and sustaining practitioner wellbeing and informing everyday practice.

3.4 Making Meaning: Widening and Mapping the Context

The third encounter, delivered through two online sessions in May 2026, brought further context and learning to what had surfaced through the preceding encounters. Exploration of transgenerational trauma widened the inquiry, creating space to consider how histories, trauma and loss can continue to shape individuals, relationships and communities across generations.

The second session used collective dialogue and mapping to explore practitioners' experiences within a wider ecosystem of trauma and adversity. This recognised the multiple, intersecting and often interwoven complexities practitioners navigate in their daily practice as they respond to the diverse experiences people and communities bring. Rather than locating trauma solely within individuals, the inquiry considered how personal, relational, historical, transgenerational, community and structural experiences can coexist and interact.

Importantly, the session also acknowledged the impact of navigating this complexity on practitioners themselves. Becoming trauma-informed cannot simply place additional expectations on practitioners to recognise and respond to trauma without attending to the conditions in which they undertake this work. It requires recognition of practitioner experience and impact, alongside the relational, organisational and systemic conditions needed to support those working or volunteering alongside trauma and adversity.

Graphic facilitation provided an additional form of collective sense-making, bringing visibility to experiences, pressures and complexities that can often remain overlooked, unspoken or difficult to articulate. It created space for practitioners to express what they were encountering in their work, while also making visible the emotional and relational impact of this work on practitioners themselves, alongside the organisational and systemic pressures they must navigate. By making connections visible across individual experience, community context, professional practice and wider systems, the process helped illuminate the layered and interconnected nature of trauma and its impact. What emerged was not a series of

isolated experiences, what was revealed was a visual representation of the wider ecosystem in which practitioners are working and responding — making visible both the complexity they navigate and the importance of recognising and supporting those who work within it.

3.5 Bringing the Learning Back Into Practice

The fourth encounter, a two-day overnight residential held in June 2026, brought the evolving learning back into practitioners' lived experience and practice. Trauma-informed principles were explored through the realities of working within communities affected by trauma and adversity, while the inquiry widened further to consider the organisational, funding and policy environments within which that work takes place.

This encounter supported the forum to move from collective inquiry towards recommendations for organisations, funders and policymakers. In doing so, the methodology recognised that responsibility for trauma-informed practice and practitioner support extends beyond individuals to encompass the organisational, structural and systemic conditions within which practitioners work.

3.6 A Collective Journey Shaped by Listening and Learning

Across the four encounters, the methodology developed through a continuing process of listening, reflection, response and deeper inquiry. The encounters were therefore not simply a mechanism for delivering learning; they became the means through which the project collectively explored practitioner experience.

The journey moved from creating enough safety and belonging for inquiry towards recognising and contextualising what practitioners carry; from individual and relational experience towards transgenerational, community and structural understanding; and ultimately towards considering what this means for collective practice and wider systemic change.

Ultimately, trauma-informed principles were not simply something the project sought to understand or apply; they became integral to how the inquiry itself was shaped and undertaken. The methodology sought to embody the principles it was exploring.

4. Surveying Practitioners Experiences

4.1 Understanding of and Responses to Community Trauma

4.1.1 Poor systematic understanding of community trauma by service providers

Survey responses revealed a mixed picture of how traumatic experiences are understood and addressed within the community. Thirty-three percent of participants responded that traumatic experiences were not understood, 60% responded that traumatic experiences were sometimes understood and addressed, while only 7% responded that traumatic experiences were understood and addressed, highlighting poor systematic understanding overall.

While there was a general awareness of trauma among service providers and some access to trauma-informed training, gaps remained in consistently applying this knowledge in practice. Many interventions exist, such as community projects and support programmes, but these are often seen as tokenistic or short-term, limiting their long-term effectiveness. Frontline workers demonstrate strong empathy and lived experience, yet they frequently face burnout due to insufficient organisational support and funding. Additionally, systemic challenges persist, with many organisations and systems not fully embracing trauma-informed approaches. This highlights the need for deeper training, stronger support for frontline staff and volunteers, more effective and sustained interventions, and systemic changes to create truly trauma-informed environments that centre individual experiences beyond labels.

4.1.2 Rare Structural Responses to Challenges by Service Providers

Survey respondents indicated that structural responses occur sometimes (53%) or not at all (47%). They highlight several critical factors affecting trauma response and support. A major barrier is the lack of disclosure, as many individuals have never shared their traumatic experiences, which prevents external help from reaching them. Access to specialized trauma services is limited, with high thresholds for psychological support, prompting calls for in-house development of trauma programmes. Respondents stated that while some service providers have introduced policies and practices to address trauma, broader systemic resistance (within institutions like the United Kingdom Home Office and social housing) hinders meaningful change. Community groups are fostering collaboration through joint

thinking, yet historical and political challenges remain: including insufficient truth-telling and accountability, alongside a tendency to avoid confronting past trauma in a way that facilitates genuine healing.

4.1.3 Systemic Responses are Unlikely to Meet Trauma Needs

Survey responses revealed significant challenges in statutory and systemic trauma responses, with community needs being met sometimes (27%), rarely (14%) and very rarely (60%). Practitioners highlighted that many responses fostered feelings of depersonalization and being underserved, especially in rural and refugee communities.

Barriers such as language, cultural differences, long waiting lists, and frequent relocations were identified as being disruptive continuity of care. Trauma is often misunderstood or overlooked, particularly among people with disabilities, while government policies and funding priorities fall short of addressing the scale of need. Although policies exist, inconsistent implementation and short-term, symptom-focused support limit effectiveness. Additionally, cultural issues like the marginalisation of the Irish language highlight broader social exclusion that intersects with trauma experiences. Overall, these insights underscore the urgent need for systemic change, better resource allocation, and culturally sensitive, sustained trauma-informed care.

4.2 Organisational Practices, Culture and Impact

4.2.1 Trauma Training and Preparedness

Survey results indicated that 13% of respondents felt slightly equipped" to recognize trauma within the community, 60% of respondents felt somewhat equipped and 27% very equipped. None felt not equipped or fully equipped to recognise trauma within the community.

A similar distribution pattern was observed in terms of being equipped to respond to trauma in the community, with 7% feeling very equipped, 73% feeling somewhat equipped and 20% feeling slightly equipped.

Nearly half (47%) of organisations where respondents worked or volunteered did not provide trauma recognition training/supports/resources. 33% provided these externally and 22% provided these internally. Organisations provide training, supports, or resources on responding to trauma externally for 33% of respondents, internally for 13%, and not at all for 53%.

4.2.2 Useful Strategies for Effective Trauma Support

Effective trauma support relies on a combination of empathy, active listening, and acceptance to create safe, welcoming spaces where individuals feel seen and respected. Training and education for staff and volunteers are vital to build trauma-informed practices. Empowering people to control their own stories and fostering community connections through peer support enhance healing. Person-centred, culturally sensitive approaches tailored to individual needs, alongside participatory service development, strengthen engagement. Building trustful relationships and providing clear information within a supportive environment further contribute to meaningful recovery and resilience.

4.2.3 Barriers or Challenges to Addressing Trauma in Community Work

Addressing trauma in community work is challenged by limited financial resources, staffing shortages, and lack of sustainable funding, which strain the capacity to provide consistent support. Gaps in trauma knowledge, training, and tokenistic approaches further hinder effective care. Systemic issues such as the medicalisation of trauma, failures in statutory services, and lack of state accountability exacerbate these challenges. Social stigma, rural isolation, and cultural misunderstandings create additional barriers, while personal vulnerabilities and vicarious trauma among workers add to the complexity. Time constraints and inconsistent implementation of trauma-informed care also limit progress, especially in high-need border and rural areas.

When asked about whether sufficient funds were available, 87% of respondents felt their organisation does not have sufficient funds to meet the levels of trauma exhibited by the community, while 13% felt it did.

The most needed supports to address trauma include comprehensive trauma-informed training for all staff, specialized training for volunteers, and culturally sensitive approaches to better serve diverse communities. Community-based resources such as safe spaces, support groups, and trauma-informed facility designs are essential to foster healing and connection. Long-term, holistic mental health programmes and healing therapies for both clients and staff are critical for sustainable recovery. Collaborative efforts with schools, justice systems, and social services, alongside person-centred care tailored to specific needs, enhance effectiveness. Regular training with follow-up, community education to reduce stigma, and on-site professional mental health support, further strengthen trauma-responsive services.

4.3 Secondary Trauma

4.3.1 Supporting Secondary Trauma

Secondary trauma is acknowledged at an organisational level in 73% of responses, while in 27% of responses it was not acknowledged. Figures were slightly lower when practitioners were asked if organisations were addressing secondary trauma: 60% responded "Yes" and 40% responded "No".

Organisations were described to address secondary trauma through a combination of counselling, employee assistance programmes, and clinical supervision, providing vital mental health support for staff. Flexibility in workload, leave policies, and fostering a workplace culture that prioritizes wellbeing help mitigate stress and burnout. Training on secondary trauma and creating safe spaces for reflection and open conversation are also important strategies. Some adopt holistic, trauma-informed approaches that emphasize positive experiences to support healing. Despite these efforts, ongoing attention to reflection time and supportive policies remains crucial for effectively managing secondary trauma.

4.3.2 Peer Support

Most respondents felt somewhat equipped (60%) to recognize secondary trauma among colleagues, with smaller groups feeling very equipped (20%) or slightly equipped (13%), while 7% felt not equipped. However, when asked about supports and resources, 60% reported that their organisation does not provide training or resources on recognizing secondary trauma, with only 27% indicating internal support and 13% external resources. When asked about responding to secondary trauma, 53% felt somewhat equipped, 20% felt very equipped, 20% felt slightly equipped, and 7% felt not equipped, highlighting a clear gap in both recognition and response capabilities within the organisation.

While many practitioners feel moderately equipped to recognize and respond to secondary trauma, there is a significant gap in organisational support, with the majority lacking training or resources. This suggests a need for improved workplace initiatives to address secondary trauma and better equip staff.

Practitioners describe support for secondary trauma which includes immediate individual assistance and a range of training programmes focused on trauma-informed approaches. Seminars on vicarious trauma and ongoing discussions within teams about staff wellbeing, self-care, and burnout further help staff manage the emotional demands of their work. These combined efforts foster greater understanding and resilience among staff and volunteers.

4.3.3 Organisational Culture

A majority (47%) of respondents indicate that their organisation's culture around secondary trauma influences their personal perspective or experience, compared to 33% who said it does not and 20% who noted it sometimes does.

Awareness of secondary trauma varies, with personal life experiences shaping how staff perceive and respond to it. When asked for comments, practitioners note a lack of open, supportive organisational culture, where trauma is often met with a "suck it up and get on" attitude or reduced to a tick-box exercise. While secondary trauma is acknowledged, proactive and embedded support practices are still needed. Staff face challenges such as heavy workloads and low engagement with available support programmes, underscoring the importance of ongoing training, self-care, and recognition to protect their wellbeing.

4.3.4 Helpful Restorative Practices

The restorative practices described span a rich variety of approaches centred around mindfulness, physical activity, social support, and self-care. Daily meditation, walking, and singing are common, alongside creative activities like baking and knitting that offer relaxation. Nature exposure and extended breaks provide important mental resets, while open dialogue and trauma-responsive methods foster healing in professional settings. Social connections through talking with colleagues, mentoring, and family support play a vital role. Additionally, practices such as breathwork, muscle relaxation, and ongoing training highlight the integration of body, mind, and professional development in sustaining well-being over time. Together, these practices illustrate a holistic, embedded approach to resilience and restoration.

4.3.4 Human Rights

Practitioner responses highlight a strong consensus that human rights are fundamental to trauma-informed approaches. Many emphasise that trauma often stems from violations or neglect of basic human rights, making these rights inseparable from effective trauma care. Respecting human rights fosters trust, dignity, and quality support, while ignoring them risks re-traumatisation and ineffective interventions. Several comments also point to gaps in organisational practices that focus on human rights but lack trauma-informed elements. Overall, integrating human rights is seen as essential to addressing the root causes of trauma and promoting healing in vulnerable populations.

4.3.5 Additional Comments

Additional survey responses highlight the importance of supporting both individuals and practitioners in trauma work, emphasizing the need for continuous workforce support to prevent burnout. Language plays a crucial role, with caution urged against narratives that pathologize trauma or impose meanings, instead encouraging people to find their own understanding. Systemic change is seen as essential, calling for policy action, resources, and innovative collaboration. Cultural sensitivity and personalised healing approaches are vital, recognising the unique backgrounds and strengths individuals bring to their recovery. Overall, a holistic, flexible, and participatory approach is key to effective trauma-informed care.

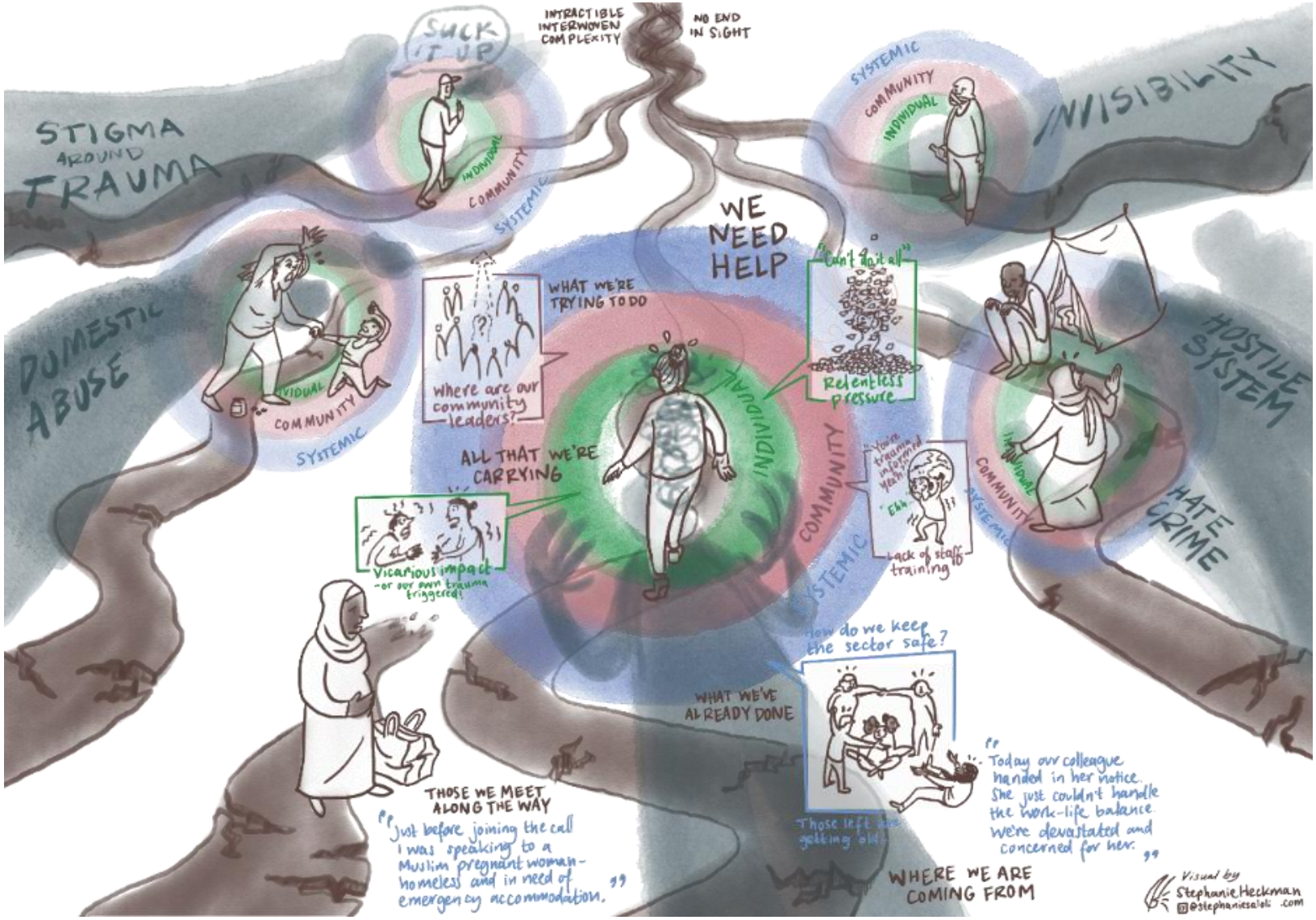
5. Representing Traumatic Ecosystems

5.1 Ecosystem Mapping

Through a group discussion during the third encounter practitioners described their experiences as service providers to a visual artist who generated visual images in the form of ecosystem maps. Figure 1 shows a map from the perspective of the practitioner who is providing the service. As in the survey, practitioners expressed having mixed feelings about their role in the system, described themselves as feeling overwhelmed and invisible as they struggle to provide supports for people facing a variety of challenges.

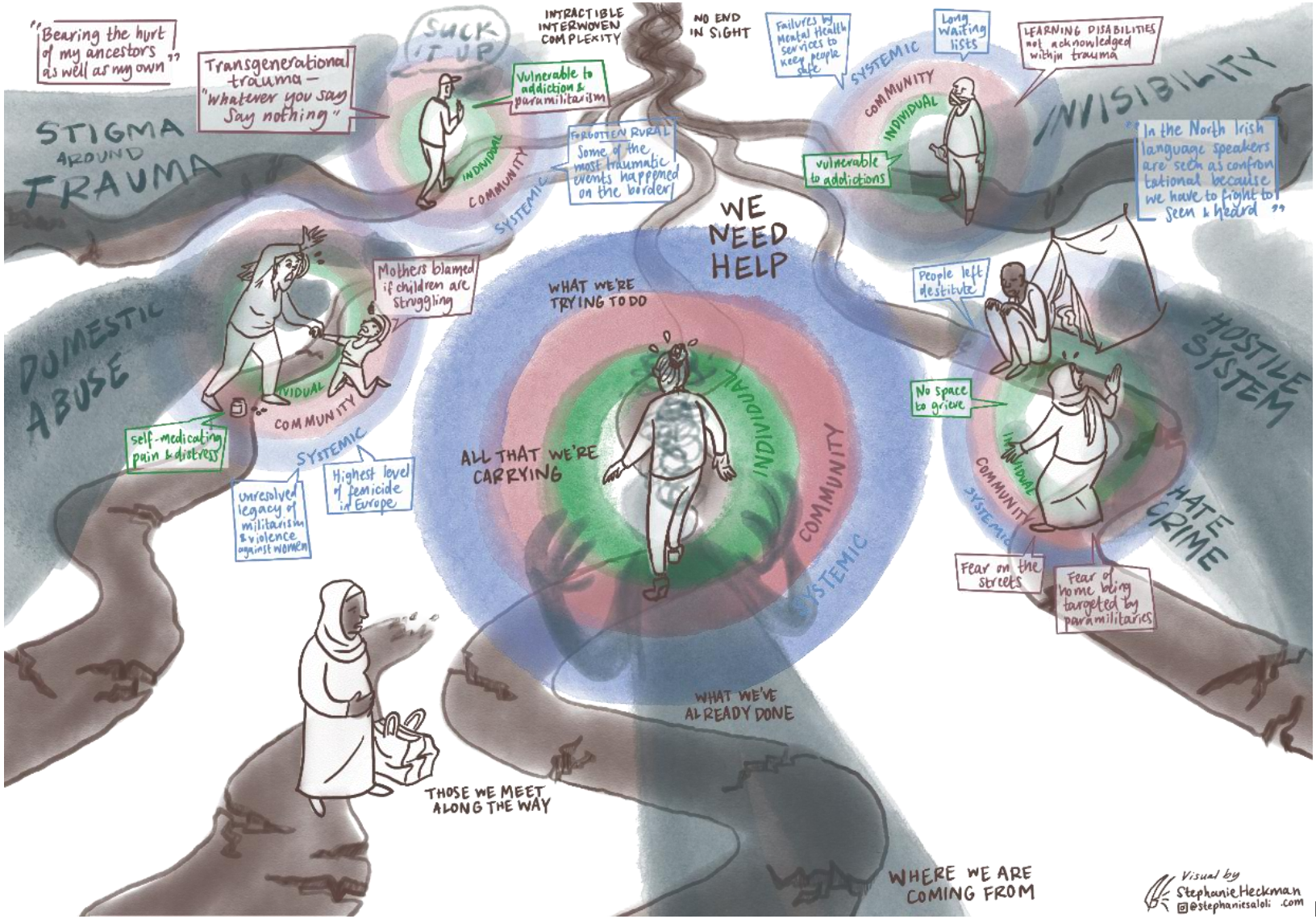
Figure 2 shows a map from the perspective of the service user, highlighting the complexity of challenges faced by individuals and vulnerable communities.

Figure 1. Service Provider Ecosystem Map



Note: Sketch drawn by Stephanie Heckman.

Figure 2. Service User Ecosystem Map



Note: Sketch drawn by Stephanie Heckman.

5.2 Issues to Consider Relating to Trauma

During the third encounter another group discussion with practitioners identified vulnerabilities at the individual and community levels. The practitioners highlighted key individual characteristics, community impacts and functional challenges. The major findings from the practitioners' own statements are summarised in the following subsections, serving to add words to the visual maps presented in Figure 1 and Figure 2.

5.2.1 Individual Characteristics

Practitioners described a number of individual characteristics that that they have observed affecting the people that they engage with. It is also important to note here that previous group discussions highlighted the intersectional nature of trauma.

Gender

Women in this context we described as facing significant challenges, including heightened exposure to violence such as sexual violence, domestic abuse, and sexual exploitation, often exacerbated by paramilitarism, organised crime, and state collusion. In Northern Ireland there is a lack of legal protections and cross-departmental collaboration to address these issues, leaving services overwhelmed, particularly amid funding cuts, while femicide rates remain the highest in Western Europe. Women also experience discrimination and oppression rooted in misogyny within Northern Ireland's culture and institutions, with few opportunities to influence policy on violence and paramilitarism. Additionally, mothers are frequently blamed for their children's struggles, further marginalising them. Men, meanwhile, face homelessness, limited spaces to grieve, destitution and challenges associated with receiving social supports. Male asylum seekers often forced to sleep in tents or "sofa surf" due to inadequate support. Both genders grapple with addiction and substance misuse as a response to pain and distress.

Age

Practitioners described age discrimination as persisting, with older people often expected to suppress trauma under the expectation of resilience, while children—even those too young to fully grasp their experiences—are similarly dismissed or labelled as inherently resilient. Both groups face significant barriers to mental and physical healthcare, including long NHS waiting lists and reduced access to community-based care and screening. Poverty exacerbates these challenges, particularly for older people and children, as funding cuts dismantle community

support systems and vital youth projects, pushing disadvantaged young people further into marginalisation. This intergenerational cycle is compounded by transgenerational trauma, where young people turn to self-medication, addiction, and substance misuse to cope with distress, leaving them vulnerable to criminality and paramilitarism.

(Dis)Ability

It was highlighted that people with learning disabilities face systemic discrimination and abuse, including a threefold higher risk of domestic violence, while their trauma often goes unrecognised or addressed due to invisibility and lack of support. They encounter barriers to political participation, with no avenues for their voices to be heard, and families struggle without adequate resources or recognition of their own trauma. Human rights violations persist, as mental health services fail to protect them, and NHS delays alongside limited community care worsen physical and emotional distress. Many turn to self-medication, increasing vulnerability to addiction, while systemic failures, such as the medicalisation of trauma and state inaction, compound these issues. Exhausted families and fragmented communities bear the brunt of top-down approaches that ignore the structural roots of these problems.

Ethnicity

Practitioners saw ethnicity-related challenges as being stark, with asylum seekers trapped in a hostile system that leaves them destitute, isolated, and exposed to racist violence—particularly in segregated Northern Irish communities where minorities face daily threats, including paramilitary targeting. Practitioners provided examples of work colleagues from minority backgrounds facing systemic barriers who endured exhaustion, fear, and racism while supporting their children through similar experiences. Such high stress environments often led to staff burnout, and in some cases staff resignations. Systemic racism, poverty, and language barriers compound these struggles, with unrecognised qualifications, scarce employment opportunities, and inaccessible services due to cultural insensitivity or hostility. Displacement, homelessness, and the loss of family and community ties deepen trauma, while the denial of rights further marginalises groups like Irish speakers, who are stigmatised or exploited for political gain. Chronic stress, lack of culturally appropriate mental health support, and the theft of indigenous trauma-healing practices by Western "therapies" highlight systemic failures, leaving many without recourse to justice or healing.

Sexuality and Gender Identity

People within the LGBTQ+ community were also mentioned as they face identity-based exclusion, religious oppression, and the threat of homophobic violence, often leading to isolation and the loss of family support. This stigma fosters guilt, shame, and heightened vulnerability to mental health difficulties.

Rural Border Areas

In addition, rural communities, especially in border areas like Fermanagh, were seem as vulnerable to suffering from severe isolation and a lack of access to trauma support services, leaving residents feeling forgotten despite enduring some of the most traumatic events. Silence and stigma around trauma are pervasive, with many holding their experiences unspoken, believing their pain will die with them. This culture of secrecy prevents individuals from seeking help. Women's trauma specifically is often diminished or ignored, rendering their voices invisible. Practitioners felt that addressing these issues requires intentional, community-specific interventions to break the cycle of unaddressed suffering.

5.2.2 Impact on Community

A number of community impacts were also discussed by practitioners.

Staff Pressure and Shortages

Practitioners saw staff in community services as operating under relentless pressure due to chronic underfunding, severe staffing shortages, and unsustainable workloads. Job roles are precarious, with expectations that far exceed available resources, leaving practitioners stretched thin. The focus on outcomes and targets reduces individuals to numbers rather than people, while the relentless pace of casework leaves little room for meaningful, trauma-informed support. The disparity between funders' expectations and the reality of service provision creates a system where staff are forced to "do more with less," often at the expense of their own well-being and the quality of care they can provide.

Staff Burnout and Vicarious Trauma

The emotional toll on practitioners is immense, with burnout and vicarious trauma exacerbated by heavy caseloads, lack of organisational support, and the weight of holding others' traumatic stories. Many staff carry their own unprocessed trauma while supporting others, leading to feelings of hopelessness, stress, and emotional exhaustion. The absence of trauma training, grief support, or culturally sensitive care further compounds the issue, leaving practitioners ill-equipped to manage secondary trauma. In rural areas, isolation intensifies these challenges, as staff feel unsupported and unable to step back when needed. The pressure to "suck it up"

and the stigma around sharing their own struggles only deepen the cycle of burnout.

Lack of Organisational Support

Practitioners stated that organisational cultures often dismiss the needs of staff, treating trauma support as a "tick-box exercise" rather than a genuine priority. Practitioners reported feeling undervalued by statutory agencies and government, with little job security or opportunity for personal development. The lack of open, supportive environments forces staff to navigate their own trauma in silence, fearing judgment if they set boundaries or step away. Even basic needs, such as accommodating parenting responsibilities, caring duties, or health concerns like menopause, are frequently overlooked. Without proper support, staff are left to manage their own recovery while holding space for others, creating a system where resilience is weaponised against them rather than nurtured.

Unrealistic Expectations and Systemic Disconnect

Funders and regulators were seen as imposing unrealistic expectations, prioritising statistics and paperwork over meaningful outcomes. Practitioners highlighted that this top-down approach forces them to focus on compliance rather than the nuanced, long-term needs of those they support. The relentless chase for limited funding, often from "small pots" that divert time and energy from frontline work, further strains resources. Staff are left feeling like they are "fixing a broken system" without the space or permission to question why it is broken or how it could be transformed. The disconnect between funders' values and the realities of trauma-informed practice creates a cycle of frustration, where practitioners are left unsupported in their efforts to deliver truly impactful care.

Difficulty Recruiting and Retaining Staff

High turnover and recruitment challenges were also pinpointed by practitioners as plaguing community services, as the emotional and physical demands of the work drive practitioners away. They said that the lack of job security, combined with the relentless pace and lack of support, makes it difficult to attract and retain skilled staff. In rural areas, isolation and limited resources exacerbate the problem, leaving some workers as the sole provider in their community, unable to cope with the demands alone. The constant need to "train ourselves outside of work and pay for it ourselves" highlights the systemic failure to invest in staff development, pushing skilled professionals to leave the sector in search of more sustainable and supportive environments.

Cultural and Trauma Awareness Gaps

Despite the critical need for trauma-informed care, practitioners focused on the reality that many staff receive little to no training in trauma, grief, or cultural awareness. Practitioners are often pressured to be "trauma-informed" without the tools or knowledge to do so effectively. This gap is particularly stark in multicultural teams, where diverse understandings of trauma and healing can lead to miscommunication or ineffective support. The lack of trauma training forces staff to rely on self-education, often at their own expense, while the system continues to demand expertise it does not provide. This not only undermines the quality of care but also leaves practitioners and service users alike without the support they desperately need.

Family and Personal Pressures

Lastly, practitioners communicated that staff are often caught between the demands of their work and their personal lives, struggling to maintain a healthy work-life balance. Caring responsibilities, parenting, and health concerns, such as menopause, are frequently deprioritised in favour of the relentless demands of casework. The emotional toll of holding others' trauma, combined with the pressure to "stay regulated" while managing their own stress, leaves little capacity to support their own families. Practitioners report feeling unable to fully engage with their loved ones, as the weight of their work and the lack of organisational support leaves them emotionally drained. Without space to address their own needs, staff are left in a cycle of depletion, where their personal well-being is sacrificed for the sake of a system that does not value them.

5.2.3 Functional Challenges

Practitioners highlighted a number of functional challenges that they faced. These are described below.

Structural Problems Disguised as Mental Health Issues

Practitioners highlighted that trauma and systemic failures, such as poverty, discrimination, or state violence, are often reframed as individual mental health problems, placing the burden of responsibility on those already harmed. They felt that terms like "disorder," "resilience," and "self-care" shift focus away from unjust systems, labelling trauma as a personal failing rather than a response to oppression or abuse. This individualisation obscures the role of institutions in perpetuating harm, leaving people stigmatised and unsupported while the root causes remain unaddressed.

Inadequate Mental Health Support Where It Is Most Needed

Even when trauma support is available, practitioners felt that it is frequently insufficient, inaccessible, or poorly designed. They went on to state that high thresholds for psychological services, short-term interventions, and a lack of specialised trauma care mean that those in greatest need are left without meaningful help. Instead of holistic, trauma-informed approaches, systems prioritise quick fixes, for example medication for symptoms, which rarely lead to true healing. This leaves individuals trapped in cycles of distress, with no recourse to justice or reparative care.

Systemic Failings Perpetuating Harm

Practitioners described mental health and trauma support systems as being plagued by systemic failings, including fragmentation, underfunding, and a lack of coordination. Practitioners are often constrained by bureaucratic restrictions, leaving them unable to provide solutions or challenge broken structures. The system itself is not trauma-informed, instead prioritising paperwork and compliance over the needs of those it serves. This perpetuates cycles of harm, as individuals fall through gaps, and practitioners are left overwhelmed, unable to address the deeper issues driving trauma and distress.

5.3 Summary

The ecosystem maps (Section 5.1) and the issues raised by practitioners (Section 5.2) provide visual and verbal descriptions of their experiences working in the community. Though practitioners come from varied backgrounds and organisations (Section 1.2) they share common experiences of secondary trauma because of the individuals and communities with whom they engage. Though many described their work as rewarding, the precarious nature of their work and the potential for charged interactions with clients or service users, with inadequate systemic support results in multiple avenues by which the practitioner themselves is traumatised and retraumatised.

Practitioners identified trauma as an intersectional issue driven by systemic failures and distinct vulnerabilities, including heightened risks of gender-based violence for women, marginalisation of older people and children, and discrimination against people with disabilities, ethnic minorities, and LGBTQ+ individuals, all exacerbated by rural isolation. These individual struggles are compounded by a severely strained support sector, where chronic underfunding, staffing shortages, and high turnover leave practitioners facing burnout and vicarious trauma without adequate organisational backing. Furthermore, functional challenges persist as structural issues like poverty are individualised as mental health "disorders," while available

support remains fragmented, under-resourced, and overly bureaucratic, prioritising compliance over holistic healing and perpetuating cycles of harm.

6. Exploring Trauma Informed Principles in Practice

6.1 Safety

Discussions with practitioners explored embedding safe work culture and exploring key trauma informed principles in practice. Participants described safety as both an individual and collective responsibility.

The group identified safety—or "safe enough"—as extending beyond physical protection to include emotional, psychological, relational, and organisational factors that enable people to feel secure, heard and valued. Discussions highlighted the importance of supportive relationships, clear boundaries, realistic expectations, and environments where people feel accepted and valued.

Key Elements

- Ensuring practitioners basic needs and rights are met.
- Work-places should be non-judgemental, welcoming and supportive spaces for staff.
- Created through collective culture rather than imposed individual responsibility and action alone.
- Clear roles, boundaries, and expectations (in the workplace).
- Staff workload, capacity and wellbeing need to be prioritised.
- Personal safety practices and self-regulation is needed for maintaining wellbeing within organisational culture.

6.2 Linking Safety, Trustworthiness and Transparency

This consultation sought to understand practitioners' views on the conditions needed to build safety, trustworthiness and transparency in services, organisations, and communities. The conversations reveal both personal and systemic factors that help people feel secure, appreciated, respected, and empowered to participate meaningfully.

6.2.1 Safety is Relational, Not Just Procedural

Practitioners emphasised that safety extends beyond mere physical protection, framing it as a holistic experience shaped by emotional, psychological, relational, and organisational dynamics. For them, feeling safe means being "safe enough"—

heard, valued, and respected within environments that nurture and build trust. Discussions highlighted key components of such environments, including meeting basic human needs, fostering non-judgemental and inclusive spaces, and demonstrating genuine care and compassion. Clear roles, boundaries, and expectations were also seen as essential, alongside support for stress regulation and wellbeing. Whether networks were peer-led, community-based, or professional, building strong networks further reinforced this sense of safety. Safety is a shared responsibility, demanding both individual mindfulness and a steadfast organisational commitment to creating and sustaining it.

6.2.2 Organisational Culture Has a Significant Impact on Safety

Organisational culture was highlighted as playing a crucial role in shaping safety, with several key factors either strengthening or weakening it. Many highlighted the risk of burnout, hypervigilance, and emotional exhaustion when workplace pressures outstrip the support available, underscoring how systemic demands can erode wellbeing and compromise safety.

6.2.3 Trust Is Built Through Consistent Action

Trustworthiness was consistently tied to actions rather than intentions, with participants stressing the need for organisations and leaders to demonstrate reliability through tangible behaviours. Key to building trust were commitments to following through on promises, being transparent about limitations, communicating openly, taking accountability for mistakes, and aligning words with actions. The overarching message was that trust flourishes when expectations are grounded in reality, avoiding unrealistic pledges that risk undermining credibility.

6.2.4 Transparency Requires Honesty About Constraints

Participants acknowledged that organisations inevitably face constraints, but they stressed that trust is strengthened when these limitations are communicated openly and honestly. Expectations included frank discussions about available resources and capacity, clear articulation of organisational boundaries, and active listening paired with genuine engagement. Transparency in decision-making and setting realistic expectations from the outset were also highlighted as critical. Even when outcomes fall short of ideals, participants emphasised that such transparency could deepen trust and foster stronger relationships with stakeholders.

6.2.5 Relationships Are Central to Both Safety and Trust

Across both themes, participants consistently highlighted relationships as the cornerstone of positive experiences, linking trust and safety to feeling heard,

understood, and accepted without judgement. They emphasised the importance of building meaningful connections over time, understanding the reasons behind behaviours and experiences, and engaging in collaborative and respectful ways. A key focus was on fostering environments where individuals feel safe to be authentic, free from criticism or exclusion, while also recognising the need for organisations to actively care for their staff and volunteers.

6.2.6 Challenges to Trust and Safety

Participants identified several barriers that can undermine trust and safety, including a general mistrust of institutions, past experiences of unmet promises, and limited time for reflection and relationship-building. High workloads, competing priorities, information overload, and distractions further complicate matters. Meanwhile, concerns about power, authority, and accountability, as well as fears of making mistakes or appearing vulnerable, create additional hurdles. These challenges underscore the need for organisational cultures that actively demonstrate trust, openness, and psychological safety.

6.3 Strengthening Safety, Trustworthiness, and Transparency: A Dual Approach

The consultation highlights that fostering safety, trustworthiness, and transparency requires a dual focus on culture and systems, implemented from both top-down and bottom-up perspectives. Addressing these priorities demands coordinated action across multiple areas to create environments where individuals feel secure, valued, and empowered to engage meaningfully.

6.3.1 Culture Change: Top-Down and Bottom-Up

Practitioners highlighted that building a culture of trust and psychological safety requires intentional effort at all levels. They said that organisations should prioritise fostering inclusive environments where openness, honesty, and accountability are modelled by leadership and embraced by all staff. Encouraging non-judgemental and compassionate practice, as well as promoting collective responsibility for wellbeing, was mentioned as helping to embed these values into everyday interactions. This dual approach ensures that cultural shifts are both driven from leadership and nurtured from within teams and communities.

6.3.2 Workforce and Wellbeing

Sustainable change also depends on addressing workforce challenges. Practitioners mentioned that organisations must review workload pressures and capacity to prevent burnout and emotional exhaustion. They felt that creating dedicated spaces

for reflection and learning, alongside supporting staff wellbeing, self-regulation, and work-life balance, is essential. In addition, they saw that strengthening peer support networks and professional connections further reinforces a culture of care and collaboration.

6.3.3 Communication and Engagement

Transparent communication is a cornerstone of trust. Practitioners want organisations to increase clarity around decision-making processes and openly acknowledge organisational constraints. Managing expectations realistically and ensuring commitments are achievable helps prevent disillusionment. In addition, practitioners said that strengthening active listening and adopting co-production approaches ensure that voices from all levels are heard and valued.

6.3.4 Leadership and Governance

Effective leadership is critical to reinforcing trust. Our data show that leaders must align their actions with stated values, demonstrating consistency and accountability at every level. Practitioners wanted to see investing in relationship-building, both within teams and across sectors, to fosters collaboration and mutual understanding. They said that developing systems that ensure reliable follow-through on commitments builds credibility and reinforces trust over time.

6.3.5 Summary

In summary, the feedback underscores a clear link between safety, trustworthiness, transparency, and collaboration. Participants emphasised that people thrive when they feel valued, respected, supported, and informed. Achieving sustainable improvement will require more than policies and procedures; it demands organisational cultures that prioritise relationships, wellbeing, accountability, and authentic engagement. By addressing both cultural and systemic barriers, organisations can create environments where trust and safety flourish.

6.4 Practitioner Impact

6.4.1 Cost of the Work on Staff and Volunteers

Practitioners explained that the toll on staff and volunteers is profound and multifaceted, encompassing emotional, physical, and financial strains. Stress, anxiety, overwhelm, and exhaustion are common, often leading to burnout and long-term career impacts, including interrupted political development and interrupted legacy planning. Practitioners highlighted that they frequently operate in crisis mode, trapped in reactive rather than responsive approaches. Low pay, short contracts, and time-limited funding result in financial instability, which compounds

their struggles. Isolation, heavy workloads, and an inability to disengage from work further exacerbate their challenges, with some expressing feelings of guilt, low energy, or fear for the future of the sector. They mentioned that they have felt unable to start families or maintain personal lives, as they had little time to process their experiences or seek support.

6.4.2 Where People Carry Secondary and Vicarious Trauma

The issue was raised that secondary and vicarious trauma manifests physically, emotionally, and relationally, embedding itself in practitioners' bodies, minds, families, and homes. Stress manifests in cluttered environments, tense interactions, and a pervasive fear for the sector's future. The cumulative effects mentioned by practitioners often leads to negativity, cynicism, or a shutdown of empathy, contributing to compassion fatigue and moral injury. Practitioners may struggle to separate their professional and personal lives, avoiding asking for help or engaging fully in their own relationships. Ultimately, this trauma reshapes their worldview, eroding their sense of safety and leaving them feeling unprotected in the face of systemic injustice.

6.4.3 What Helps Practitioners Stay Well Enough to Hold Space for Others

To sustain their wellbeing, practitioners said that they need time and space to decompress, reflect, and recharge. Initiatives like structured programmes, peer support networks, and creative outlets offer vital respite. Being heard without judgement, whether through breathing exercises, shared conversations, or safe spaces to offload, was described as being transformative. Meaningful support, including pay parity and recognition for their work, is essential to validate their efforts. They wanted clear boundaries between work and home, along with consistent peer support, in order to maintain their own safety and prevent the spillover of negative experiences into their personal lives. Ultimately, these measures enable them to continue holding space for others while safeguarding their own wellbeing.

6.5 Structural and Systemic Harms

6.5.1 Structural Failures Disguised as Individual Struggles

Practitioners described structural problems as increasingly being reframed as individual mental health difficulties, obscuring the root causes of distress. They said that funding constraints limit the services available, often imposing forms of social control that disregard cultural, religious, and intersectional needs, reducing people

to tick-boxes rather than addressing their interconnected challenges. In addition, they mentioned that systems like care and asylum are sometimes more harmful than helpful, with the asylum process designed to be hostile and dehumanising. Underfunding in mental health and education means services were described as unable to meet demand, while systemic neglect—particularly in working-class and marginalised communities—leaves social determinants unaddressed. Meanwhile, many people are denied basic security and humane treatment, leaving them feeling gaslit by a system that fails to acknowledge their lived realities, especially for neurodivergent individuals.

6.5.2 Missing Human Rights

The data clearly indicate that practitioners were concerned that rights are being systematically denied or overlooked across multiple areas, often leaving some of the most vulnerable without support. Older people are frequently let down by services that fail to meet their needs, while young people and children in schools, or who have experienced the care system, are often failed by systems that do not recognise or address the trauma they experience. The trauma experienced by disabled people, for example adults with learning disabilities, also fails to be recognised and adequately addressed.

Practitioners highlighted the disparity between how they are treated and how the people they serve are treated. Practitioners emphasised that the values shown to those that they serve are not always extended to staff, or volunteers, whose own trauma and wellbeing are frequently ignored. They raise the concern that the credibility of lived experience and trauma-informed approaches is undermined, particularly for groups like migrants, people with addictions, and those in Northern Ireland and the Republic of Ireland who are denied the right to housing or healthcare. Language rights, the right to dignity, and the right to safety are often treated as secondary, while behaviours rooted in trauma and adversity are criminalised rather than addressed. Poverty and systemic inequality are met with reluctance or unwillingness to take meaningful action, leaving people without the support they desperately need.

6.5.3 Systemic Exacerbation of Harm

Practitioners also illuminated the additional concern of funding systems and institutional policies often exacerbate harm rather than alleviating it. They said that the competitive nature of funding applications fosters hostility and prevents collaboration, creating a hierarchy of priorities that prioritises organisational survival over collective impact. They felt that the energy, time, and resources spent on securing funding could be better used to deliver services, yet short-term funding

cycles and chronic underfunding force organisations into a cycle of instability. Some drew attention to the fact that the political divisions in the NI further stall progress, while an overemphasis on key performance indicators and a deep mistrust of the sector undermine genuine efforts to create change. The lack of holistic and inclusive transition services for young people, whether those with learning disabilities, mental health challenges, or those leaving care, leaves them unsupported during critical life stages. However, instead of addressing structural issues, people are blamed for their problems, reinforcing cycles of harm and preventing systemic solutions.

6.5.4 Medicalisation, Individualisation and Silencing

Practitioners raised their concerns that trauma and distress are increasingly medicalised, reducing complex human experiences to diagnoses and medication. They explained that this approach often ignores the value of alternative, holistic interventions, while medication can cause significant harm due to side effects. Diagnoses rooted in trauma are frequently unrecognised, leaving individuals pathologized rather than supported in their healing journey. They said that the root causes of harm, such as poverty, unemployment, racism, classism, and social injustice, are overlooked or ignored, leaving people without the structural support they need. Practitioners described that mental health difficulties, trauma, and the impacts of systemic injustice are often silenced or treated as individual failures rather than collective issues that demand systemic change. Furthermore, workloads and social injustices are deprioritised, further entrenching the cycle of harm and preventing meaningful progress.

6.6 Practice and Community Responses

6.6.1 What Is Already Working

In spite of those challenges, practitioners felt that there are already strong foundations in place that demonstrate what effective support looks like. They said that empowering individuals by giving them choice and a voice in their treatment fosters a sense of agency and dignity. They felt that compassionate, holistic approaches, rooted in active listening and person-centred care, are making a real difference, as are collaborations between organisations and sectors that value equality and shared purpose. The community and voluntary sector, despite its challenges, shows remarkable capacity, dedication, and creativity in delivering support even with limited resources. Many of the practitioners described that they work in responsive, rather than reactive ways, creating welcoming and open environments for both individuals and organisations. They stressed that collective care and collaboration within communities highlight the resilience and strength that

already exist, proving that meaningful change is possible when people come together with shared intent.

6.6.2 What Needs to Be Strengthened

To build on what is already working, practitioners flagged several areas require urgent attention. Baseline awareness of trauma and its systemic roots must be embedded across all sectors, while the capacity of the community and voluntary sector needs investment and protection. The sector requires greater external credibility, recognition for the expertise and emotional labour of its workforce, and validation for the critical role it plays. Practitioners need better structural support, including protected time for work and family, embedded support systems rather than reactive ones, and clear boundaries to prevent burnout. Strengthening collaborative working through shared resources and knowledge, alongside succession planning, will ensure long-term sustainability. Most importantly, services that are already effective must be protected and expanded, with long-term funding replacing the current cycle of cuts and instability.

6.6.3 What can be Learned from Communities

Practitioners stressed that communities hold profound wisdom about what works, yet their insights are often overlooked by systems that favour rigid structures over lived experience. They recognise that healing thrives through relationships, trust, and working together—rather than through rigid, short-term plans that keep changing every few years. Their view is that systems must recognise that no one is too complex to support; people are experts in their own lives and should be treated as such. Trusting individuals to know their needs and honouring their expertise is fundamental. Good relationships, flexibility, and person-centred approaches are not optional but essential. Communities also know the importance of compassionate systems that distribute power and resources fairly, and they recognise the healing potential of nature and nurturing environments. Systems must stop imposing solutions and instead listen, adapt, and commit to long-term partnerships with those they aim to serve.

6.7 History, Culture, Gender and Rights

6.7.1 One Truth That Needs to Be Named

Practitioners want it to be recognised that our systems are exhausting people by consuming their capacity, resilience, empathy, and even their sense of community. They force practitioners into a cycle of constantly putting out fires, leaving little space to recover or heal. They see that there is a fundamental lack of humanity in

how the system responds to trauma; instead of recognising that trauma is something that happens to people, systems still frame it as a personal failing. The legacy of the '"Troubles" is not just historical; it is ongoing colonial violence and systemic harm that persists today. Institutional abuse is not confined to one side of the border; its effects are still felt in different forms across both jurisdictions. Practitioners noted that societies remain shaped by patriarchy, capitalism, and colonialism, with structures that prioritise these systems above all else.

6.7.2 One Practice Implication

Practitioners emphasised that we must prioritise staff wellbeing as fiercely as we prioritise the wellbeing of the communities that are being served. They see that flipping the structure to centre the needs of practitioners will ripple out to strengthen collective care by addressing high staff turnover, improving employment conditions, and fostering environments where people are supported. They describe our current systems are hierarchical, expert-led, and obsessed with outcomes, leaving little room for meaningful human connection or anti-oppressive practice. Instead, practitioners would like to see that we move away from fixing people and towards holistic, community-based approaches rooted in listening, witnessing, and genuine support. They see this as recognising that healing happens through relationships, not rigid structures.

6.7.3 One Recommendation for Organisations

Practitioners underscored that organisations should invest in organisation-wide retreats to listen to and support staff at every level. They pointed out that more organisations should engage with initiatives that prioritise collective care, trauma awareness, and locally rooted responses. Flexibility, meaningful social interaction, and living out shared values, for staff, volunteers and the people they support, are essential. Practitioners observed that staying small and contextually grounded ensures responses are efficient, effective, and truly healing.

6.7.4 One Recommendation for Funders

Practitioners stressed that funders must commit to longer-term funding and explicitly prioritise staff support in funding applications. They would like to see funders acknowledging the immense stress that they carry and create space to address it, rather than perpetuating cycles of burnout.

6.7.5 One Recommendation for Policy Makers or Wider Systems

Practitioners identified the need for policy makers to acknowledge and validate the vital role of the community and voluntary sector. They said that by recognising its

contributions,not just in words but in action,is long overdue. Practitioners clarified that systems must move beyond performative support and commit to meaningful change that centres humanity, justice, and long-term healing.

6.8 Reflective Spaces

6.8.1 Reflective Spaces Needed

Practitioners would like to see reflective spaces must be clearly named, welcoming, and designed to encourage participation. They see that dedicated areas within workplaces, whether for teams, cross-sector groups, or one-to-one sessions with managers, are essential for meaningful reflection. In addition, spaces for community representatives, local councils, and national bodies should also be created to foster shared learning across disciplines. These areas must prioritise active listening, mutual support, and trust-building, while ensuring privacy and security. Single-identity spaces and more cross-border opportunities are particularly important, as these are currently underprovided. The focus should always be on creating environments where people feel safe to reflect, connect, and grow.

6.8.2 Vision of Facilitated Peer Support

Practitioners suggested that facilitated peer support should build on the successful elements of this project, offering structured yet flexible spaces for reflection. These could include themed or focused sessions, organised events, and creative activities like arts and crafts to encourage expression beyond traditional communication. The approach must remain judgement-free, centred on active listening, lived experience sharing, trust-building, and mutual support. Different formats (e.g. email threads or WhatsApp groups with a commitment to respond) can help maintain engagement. Resources and time should be set aside and facilitated, with outcomes clearly noted. Collective circles, free from hierarchy, would ensure everyone's voice is valued and heard.

6.8.3 Accessible Reflective Practice for People in Frontline Roles

To make reflective practice truly accessible, practitioners said that it must be embedded into funding applications, grants, and job descriptions for all three groups involved. Proactive check-ins should be standard, ensuring regular opportunities for reflection. Training workshops can help normalise and integrate reflective practice into daily work, making it a natural part of frontline roles rather than an afterthought.

6.9 Organisational Responsibilities

6.9.1 Practitioner Sustainability

Practitioners pointed out that organisations must prioritise mental health and trauma-informed practices in the workplace, embedding them as core values rather than optional add-ons. Collective care and peer support supervision should be compulsory and integrated into safety standards, ensuring that external supports—such as group supervision—are both accessible and safe. Prioritising collective learning fosters a sense of belonging, reduces judgement, and strengthens shared responsibility. Dedicated time for practitioners to offload and reflect, separate from caseloads or project demands, is essential. Organisations must also address toxic workplace cultures, such as the harmful expectation of cramming four days' work into three, and instead adapt workloads to realistic and sustainable levels. Research into service demand trends, cross-sectoral learning, and targeted capacity-building can further support practitioners. Practical, effective support systems which are free from intrusive after-hours communications must be put in place to ensure real change.

6.9.2 Workload Realism

Practitioners would like to see workload realism become common place. This means that there is a recognition of the actual demands of trauma-based work and ensuring teams understand the scope of each other's roles. Practitioners also describe it as involving allocating time for planning, review, and support, not just task completion. Practitioners also saw prioritising staff wellbeing as being key; where prioritising staff wellbeing means hiring more personnel to share the load and adopting flexible timeframes tailored to individual needs. Transparency about workloads and resources is key. No one should be expected to work in silence while struggling alone.

6.9.3 Psychologically Safer Culture

A psychologically safe culture was also highlighted as being important to practitioners. This places staff wellbeing at its core, making it the foundation before workload or performance. It includes regular, structured support (e.g. group support sessions every three months with peers in similar roles) and fosters an environment free from judgement. Honesty about resources, sustained nourishment of staff, and greater cultural awareness are essential. Lastly, practitioners want organisations to create spaces where practitioners feel safe to speak openly about their challenges without fear of stigma or repercussions.

6.9.4 Desired Responses to Staff Who Are Struggling

Practitioners recommended that organisations must adopt a person-centred approach, avoiding assumptions about what a struggling staff member needs. Practitioners see that organisations should provide opportunities for additional support, such as reduced workloads without guilt, and work collaboratively to develop strategies for managing work. Holistic, wrap-around support must be prioritised, with organisations reacting thoughtfully rather than reactively. Critically, practitioners should feel empowered to speak up about their struggles,because if practitioners feel they must suffer in silence, the organisation will never truly know how to help.

6.10 Collective Advocacy

6.10.1 Practitioner Experience as Evidence for Change

Practitioners highlighted that they bring firsthand, long-term expertise, they know what works and what doesn't because they live it every day. Their observed that their insights, combined with feedback from people with lived experience, create a powerful foundation for change. Evidence of the practitioner experience can also come from staff retention rates, which reflect the pressures of time, capacity, support, sickness, and burnout. Practitioners noted that documenting good practice examples and campaigning for better access to resources highlights where systems are failing. In addition, community-led evidence, including lived experience of safety and values, should be central, with peer support workers recognised as skilled professionals, not just volunteers. Patterns must be documented, mistakes accounted for, and lessons learned to prevent their repetition. As a collective, practitioners felt that this approach ensures that change is rooted in reality, not assumptions.

6.10.2 Themes for Funders and Policy Systems

Practitioners pointed out that funders and policymakers must be challenged to move beyond time-bound, rigid structures and prioritise person-centred approaches over excessive key performance indicators. Practitioners said that systems need to take accountability for the harm they've caused, including colonial actions that drive people to seek asylum and government policies that fuel racism. They raised the issue that the relentless cutting of funding has left every sector overwhelmed, overworked, and under-resourced, creating division where collaboration is needed. Practitioners require that mental health and wellbeing for practitioners must be embedded in safe practice guidelines and funding criteria, with honesty about oppression and discrimination in the community and voluntary

sector. Here, the focus should be on culture, capacity, and what's truly needed, not just ticking boxes for funders.

6.10.3 The Sector's Collective Voice

Practitioners have said that the sector must demand change together, speaking with one voice about the shared struggles in supporting communities in need. They point out that the struggle is real, and the demand at the front line is growing more complex. Practitioners raised concerns that community organisations are struggling to stay afloat, and that it is time to admit the scale of the problem. The practitioners had a clear message: invest in what is actually needed, not just what fits into funders' rigid frameworks. Only by standing together can the sector force the systemic change it desperately needs.

6.11 Boundaries and Humane Practice

6.11.1 Boundaries to Sustain the Work

Boundaries are essential to protect both practitioners and the people they support. Practitioners said that time boundaries are critical; work should have a clear beginning and end to ensure safety and prevent burnout. They know that work-life balance must be respected; it's okay to find joy and beauty outside of work, because trauma is not the only reality. They admit that practitioners must learn to say no, recognise their limits, and prioritise safety, for themselves and the survivors they work with. Practitioners mentioned that matching needs with available resources, honouring clients' expertise, and avoiding the assumption that people are helpless are key. In addition, clarity in roles, expectations, and sticking to them prevents overstepping into areas outside one's responsibility. Practitioners stressed the importance of taking holidays and annual leave, creating space to decline extra demands, and rejecting the expectation of being always on call. Boundaries must be protected, without losing humanity, ensuring practitioners remain self-aware and resilient.

6.11.2 Gaps in Supports to Practitioners

Practitioners feel that the community and voluntary sector absorbs this distress daily, often because systemic oppression and denied justice leave marginalised communities with nowhere else to turn. They see that trauma-informed practice is inconsistently applied, and time-limited services push the burden onto the community sector, which is already stretched thin. Many roles in this sector exist due to funding constraints and policy-level misunderstandings about the complexity and intersectional impacts on people's lives. Practitioners explained that

they are expected to compensate for systemic failures, absorbing unlimited distress under the guise of a "worthy cause."

6.11.3 Fostering a Health Culture

Practitioners stated that resisting these cultures starts with challenging unrealistic expectations, such as working outside contracted hours, and calling out demands that fuel over-functioning. They highlighted that collective validation is powerful; practitioners must feel empowered to say no, state their needs, and ask for support without guilt. Rest is not a luxury but a necessity—it fuels productivity and resilience. Immediate check-ins, breathing space, and identifying personal strategies for self-care help combat the romanticised notion that being busy and overworked is a badge of honour. They see that valuing themselves and what they bring to work is crucial to breaking these harmful cycles.

7. Journal Entries

While introduced at this first encounter practitioners were encouraged to use their journals as much as possible throughout the collective journey. During various group discussions journals were used to take notes as well as for guiding practitioner's contributions to the group discussions. Opportunities to share these reflections within the group were invited throughout the process, with practitioners retaining choice over what they felt comfortable disclosing. This supported both individual reflection and collective sense-making, recognising that understanding and meaning develop over time through personal experience, shared dialogue and connection with others.

Excerpts from two practitioners' journals are included in Appendix 3 and Appendix 4. These reflect not only the practitioners' individual experiences, but tie closely to many of the themes mentioned in the previous sections.

8. Recommendations

To address the systemic nature of secondary trauma, the project recommends a coordinated approach across all sectors in order to create a culture which will improve the wellbeing and mental health of staff and volunteers. The following recommendations are divided by target audience. However, it is important to recognise the multifaceted and interconnected nature of challenges faced by staff and volunteers and the need for all stakeholders to do their part.

All Stakeholders Should

- **Prioritise Practitioner Wellbeing**: Address the urgent need to support practitioners' mental, emotional, social, and relational wellbeing, including those affected by complex trauma. Re-examine language and definitions around wellbeing and resilience to ensure they are inclusive and trauma-informed.
- **Build Collective Ambassadors**: Create an achievable, cross-sectoral and cross-border cohort of ambassadors to drive action, share best practices, and foster community-led solutions.
- **Embrace Restorative Practice**: Champion transformative change by embedding restorative practices that address harm, foster accountability, and prioritise healing and reconciliation.

Organisations

- **Centre Service User Voices in Development**: Ensure service development is led by service users, with their voices represented in structural decision-making processes.
- **Expand Long-Term, Holistic, and Participatory Mental Health Programmes**:
    - Develop long-term, holistic, and participatory mental health programmes and healing therapies for clients, staff and volunteers to ensure sustainable recovery and resilience.
    - Provide advanced training for staff and volunteers on strategies for handling complex trauma, ensuring they are equipped to deliver effective and compassionate support to the community, as well as to each other.
    - Embed onsite professional mental health support within services to strengthen trauma-responsive care and address immediate needs proactively.

- **Reduce Stigma Through Education and Awareness**: Offer workshops and awareness materials to challenge mental health stigma, promote recovery, and foster a culture of understanding and inclusion.
- **Adopt Person-Centred and Culturally Sensitive Approaches**: Ensure services are person-centred, culturally sensitive, and tailored to individual needs, with participatory methods embedded in service development to reflect diverse experiences.
- **Cultivate Trauma-Informed, Community-Driven Spaces for Healing and Belonging:**
    - Integrate trauma-responsive practices into professional settings to foster healing and open dialogue
    - Build belonging through connection by actively countering isolation and creating opportunities for collective care
    - Amplify storytelling and qualitative research to validate lived experiences and drive meaningful, community-led change
    - Incorporate nature exposure and extended breaks as essential tools for mental resets, reducing stress, and preventing burnout.
    - Strengthen social connections through peer mentoring, colleague support, and family involvement to enhance resilience and reduce isolation.
- **Prioritise Flexibility and Collective Wellbeing**: Implement flexible workloads, leave policies, and workplace cultures that embed collective wellbeing to mitigate stress and burnout.

Funders

- **Expand Funding for Long-Term, Holistic, and Participatory Mental Health Programmes:** Fund sustainable, holistic mental health programmes and healing therapies for both clients, staff and volunteers, while requiring organisations to integrate staff and volunteer wellbeing plans into grant applications to foster a sustainable, healthy workforce.
- **Promote Collaborative Development**: Adopt a partnership-driven approach with organisations to co-create and implement staff and volunteer wellbeing programmes, ensuring alignment with their needs and contexts.
- **Enable Long-Term Impact**: Provide extended funding periods to allow organisations the flexibility to grow, adapt, and achieve meaningful outcomes, while also acknowledging their vital contributions through fair financial recognition.

- **Invest in Quality Education and Empowerment in Marginalised Communities**: Ensure access to quality education so individuals can understand their rights, access opportunities, and participate meaningfully in society. Empower people to shape their own narratives and foster healing through peer support networks and community connections.
- **Develop Community-Based Resources**: Establish and fund safe spaces, support groups, and trauma-informed facility designs to nurture healing and strengthen community bonds. Support and expand existing initiatives like Friendship Clubs and Accommodation Projects that address these needs.

Policy

- **Commit to Accountability and Justice**:
    - Governments must take meaningful responsibility for historical and ongoing harm through restorative measures, including financial reparations, systemic change, and sustained implementation—beyond symbolic commitments.
    - Recognise that systemic societal structures are the root cause of distress and require transformation.
- **Adopt a Collective Approach to Trauma**:
    - Acknowledge trauma as a shared experience that demands collaborative, community-led solutions rather than only individualised interventions.
    - Systematically recognise and support the critical role of the community and voluntary sector in addressing societal challenges.
- **Design Trauma-Informed Systems**: Ensure that policies, services, and treatments are developed with trauma awareness to avoid retraumatisation and prevent exacerbation of harm.
- **Strengthen Cross-Sector Collaboration**: Foster collaborative efforts with schools, justice systems, and social services. Tailor person-centred care to meet specific needs and appoint Provider Coordinators to facilitate seamless connections across these sectors.
- **Deliver Consistent Person-Centred Services**: Provide person-centred services that prioritise safety, health, and housing to ensure holistic wellbeing.
- **Ground Policy in Evidence and Experience**: Integrate research, actionable strategies, and lived experience into policy development to ensure relevance and effectiveness.

9. References

[1] Duffy, M., McConnell, T., Blair, C., Hanratty, J., Hanna, D., McIlveen, R., O'Donnell, K., O'Hanlon, J., Leavey, G., Fitzmaurice, B., Campbell, A., McElroy, S. and Quinn, P. (2022) Conflict, trauma and mental health: how psychological services in Northern Ireland address the needs of victims and survivors: introductions and recommendations (Report 1). Belfast: Commission for Victims and Survivors.

[2] McAlister, S., Corr, M.-L., Dwyer, C., Drummond, O. and Fargas-Malet, M. (2021) 'It didn't end in 1998': Examining the Impacts of Conflict Legacy Across Generations. Belfast: Centre for Children's Rights, Queen's University Belfast.

[3] Northern Ireland Statistics and Research Agency (NISRA) (2026) Increased levels of race hate incidents recorded by police. 14 May. Available at: NISRA (Accessed: 10 August 2026).

[4] Dodd, E. (2026) 'Migrant families in NI say they are living in fear following riots', RTÉ News, 14 June. Available at: RTÉ News (Accessed: 10 August 2026).

[5] Walsh, C., Bunting, L., Davidson, G., Doherty, N., McCartan, C., Mulholland, C. and Shevlin, M. (2025) The Prevalence and Impact of Adverse Childhood Experiences in Northern Ireland. Belfast: The Executive Programme on Paramilitarism & Organised Crime. Available at: Queen's University Belfast Pure (Accessed: 10 August 2026).

[6] Mooney, S., Fargas, M., MacDonald, M., Bunting, L., O'Neill, D., Walsh, C., Hayes, D. and Montgomery, L. (2024) 'We are on a journey': implementing trauma informed approaches in Northern Ireland - Executive summary report. Belfast: Queen's University Belfast. Available at: QUB Research Portal (Accessed: 10 August 2026).

[7] Hamber, B. (2015) 'Dealing with Painful Memories and Violent Pasts: Towards a Framework for Contextual Understanding', Berghof Handbook Dialogue Series, (11), pp. 1-24. Available at: Berghof Foundation (Accessed: 10 August 2026).

[8] Substance Abuse and Mental Health Services Administration (SAMHSA) (2023) Practical Guide for Implementing a Trauma-Informed Approach. SAMHSA Publication No. PEP23-06-05-005. Rockville, MD: National Mental Health and Substance Use Policy Laboratory.

Appendix 1 – Organisations and Facilitators

Participant Organisations

ANAKA Women's Collective – Our collective is about women with the shared experience of being from a minority ethnic background creating community, providing safe, mutually supportive spaces where women can organise, share and learn skills and celebrate all that they have to offer.

An Droichead – https://www.androichead.com/ An Droichead is an Irish language organisation that preserves and promotes the development of Irish language and culture through education, arts, family & community services, and outreach work.

Chrysalis – https://www.chrysalisproject.ie/ Leading Community Drug Project serving the North Inner City Dublin, offering a range of therapeutic interventions to individuals in the Inner City who are experiencing difficulties in relation to addiction and related issues such as dual diagnosis, physical health, homelessness, and domestic violence.

East Belfast Mission - Hosford House – https://ebm.org.uk/hosford-community-homes/ Hosford Community Homes is a community led housing project which gives homeless people in East Belfast the building blocks they need to get on their feet and back into permanent accommodation.

Empower IE – https://www.empower.ie Works with individuals, children & families, groups and communities who experience or who are at risk of experiencing social, cultural, health and economic disadvantage.

Extern – https://www.extern.org/ - Deliver services that tackle the biggest problems and challenges people face, and to support them to be safe, flourish, feel valued and hopeful. We will ensure that their voice is heard, always.

Irish Refugee Council – https://www.irishrefugeecouncil.ie/ We provide vital services and support to people seeking protection and those recognised as refugees in Ireland. We advocate for humane, dignified protection procedures and work with individuals who have fled persecution — including torture, threats to life, or violence due to sexual identity, religious beliefs, political stance, gender, or ethnicity.

L'Arche Belfast – https://www.larchebelfast.org.uk/ A network of communities where people with and without learning disabilities share life together. We work

every day to create a more inclusive, human society where everyone's gifts are recognised and celebrated.

Law Centre Northern Ireland – https://www.lawcentreni.org/ Protecting people and their rights is at the heart of everything we do. We offer free, independent and specialist legal advice, casework and representation in the areas of social security, employment and immigration.

Mental Health Foundation NI – https://www.mentalhealth.org.uk/northern-ireland Building on research and evidence, we work with communities in Northern Ireland to test and evaluate the possible solutions to poor mental health. Policy and advocacy in NI.

Participation and Practice of Rights (PPR) – https://www.nlb.ie/ Participation and the Practice of Rights (PPR) is a small human rights NGO with a big vision: to turn international human rights standards into grassroots tools for economic, social and environmental change.

National Youth Council Ireland – https://www.youth.ie/ NYCI is the representative body for voluntary youth organisations in Ireland. We use our collective expertise to act on issues that impact on young people.

NI Women's Rural Network – https://www.nirwn.org/ Northern Ireland Rural Women's Network (NIRWN) is a membership-based organisation which was established in September 2006 and works regionally across NI. Our vision is an equitable society where rural women are: visible, influential and valued.

Starling Collective – https://starlingcollective.org.uk/ Belfast based Charity that works with people that have come here seeking asylum or have been granted refugee status. We have a trauma informed and holistic approach, which is person focused and needs led.

Start360 – https://start360.org/ Start360 is a leading provider of support services to young people, adult offenders, and families across Northern Ireland. We have offices across Northern Ireland – in Belfast, Ballymena, Lurgan, Derry/Londonderry and in the three prisons – Maghaberry, Magilligan and Hydebank College. We currently employ 86 people, delivering 27 services. We provide a range of services and interventions in the areas of Health, Justice and Employability.

St Peters Immaculate Youth Centre – https://www.stpetersimmaculatayc.org/ St. Peters Immaculata Youth Centre has been Operational in the Lower Falls for over 70 year years. The Centre offers young people aged 9-25 years a variety of benefits including a safe, educational and developmental environment.

Trim Men's Shed – https://www.trimmensshed.ie/ Provide a welcoming, safe environment for men of all ages and from all backgrounds. We can provide a positive social contact environment for those who find themselves with time on their hands due to retirement or who are living alone.

External Facilitation

Damien McNally – Trauma Education Facilitator, Wave Trauma Centre

Michael Gibbs - Director of MG Consultants, conflict management, mediation and organisational development consultant,

Stéphanie Heckman - an independent visual facilitator, translating collective conversations around complex subject matter into visual summaries that distil the essence of both content and atmosphere.

Heidi Jackson, - Faculty Supervisor, Centre for Mind, Body, Medicine.
Session delivered – Collective awareness and care when working in the midst of trauma.

Appendix 2 – Emergent Guidance Document

Learning from the Collective Journey: Applying Core Principles for Trauma-Informed Reconciliation

Applying core principles for trauma informed reconciliation recognises that trauma does not exist solely within individuals. It is experienced and expressed within relationships, families, communities, organisations and wider social and political systems.

At its foundations, trauma-informed practice invited a shift from asking *"What is wrong with you?"* towards understanding *"What has happened to you? What is happening within you?"* The collective journey revealed the importance of extending this inquiry beyond the individual to consider what is happening within and between people, relationships and communities, and how these experiences are shaped by wider social, historical and structural conditions. Trauma-informed reconciliation invites us to recognise these interconnections and to reflect on how they influence our understanding of trauma, our relationships with one another and the ways in which we engage in the ongoing work of peacebuilding and reconciliation.

This is particularly significant within post-conflict and marginalised communities, where trauma intersects with power, rights, inequality, identity, history and systemic harm. Safety, regulation and wellbeing remain important; considered within this wider context, attention extends beyond individual distress towards understanding and responding to the conditions that contribute to and sustain harm, and how these may shape the possibilities for reconciliation.

Trauma-informed reconciliation supports the co-creation of spaces for compassionate inquiry and responses alongside truth-telling, collective witnessing and speaking truth to power. People and communities are not simply recipients of trauma-informed approaches; they are knowledge-holders whose lived experiences can make visible harms and systemic conditions that may otherwise remain unseen or unspoken.

This means creating conditions safe enough for truth, complexity, disagreement, recognition and relationship, while remaining open to what emerges through participation. Trauma-informed reconciliation is not another model or set of techniques applied to reconciliation; it brings a trauma-informed lens to the relationships, histories, power dynamics, organisations and systems within which reconciliation takes place.

Exploring the Principles Through Reconciliation

During the *In the Midst of Trauma- A Collective Journey*, practitioners explored what established trauma-informed principles might mean within reconciliation. Rather than translating them into prescribed actions, the conversations generated questions for reflection about the conditions in which reconciliation takes place, whose experiences are visible, how power is held and shared, and how practitioners themselves are supported (Table A1).

These questions invited continual reflection rather than suggesting that an organisation, programme or process can simply **become "trauma-informed".**

Table A1. Trauma-informed principles and their reflection within reconciliation practice

Trauma-informed principle	**Reflection within Reconciliation Practice**
1. Safety	Can people, including practitioners, engage in everyday reconciliation — including difficult histories, disagreement and difference — without feeling threatened, silenced or

	retraumatised? What supports conditions that embody **safe enough** for meaningful participation?
2. Trustworthiness and Transparency	How can trust be nurtured where relationships, communities and institutions have been affected by conflict, trauma, broken promises and systemic or structural harms? What makes relationships and systems worthy of trust?
3. History, Rights, Gender and Inclusion	Whose histories, rights and lived experiences are recognised and responded to? Whose remain invisible? How might history, identity, inequality, discrimination and structural harms shape safety, participation, exclusion or retraumatisation?
4. Voice, Agency and Choice	Whose voices shape reconciliation, organisational practice and systemic change? Whose remain unheard? Where is there meaningful opportunity and power to influence decisions that affect people's lives?
5. Collaboration	Are people and communities partners in reconciliation, or recipients of it? How are knowledge, responsibility and power shared across relationships, organisations, communities and systems?
6. Peer Support and Collective Care	How can collective spaces reduce chronic stress, adversity and isolation for practitioners and communities while strengthening connection, solidarity, reflection and mutual support?

The principles as an interconnected, evolving and embodied process:

The principles are presented in an order for clarity, while **they are not a hierarchy, fixed sequence or linear pathway**. We learned that trauma-informed reconciliation is relational, evolving and embodied; the principles continually interact with and reshape one another.

Embodied safety may support trust, and trust may enable greater participation. Equally, voice and agency may allow previously overlooked or silenced histories to become visible, reshaping understandings of safety, rights, inclusion and power. This is particularly significant within marginalised communities, where understanding cannot be assumed in advance; it may emerge through listening, relationship, lived experience and participation.

The principles are therefore **interconnected points of attention rather than sequential steps**. Practice may move repeatedly between them as relationships and understanding develop.

Positioning **History, Rights, Gender and Inclusion** as Principle 3 gives explicit visibility to context and structural harm, particularly within marginalised and disadvantaged communities. It does not imply that history is understood before voice is heard; rather, it keeps attention on whose histories, rights and experiences are visible, whose remain unheard, and how emerging knowledge can reshape practice.

Trauma-informed reconciliation is therefore not a fixed model or endpoint. It involves ongoing attentiveness to how reconciliation is **experienced, embodied and shaped** within relationships, communities, organisations, histories and systems.

What emerged during our collective journey

The principles offer a framework for creating conditions in which people, practitioners and organisations can participate safely and meaningfully in reconciliation

They are not intended as a checklist or an additional set of expectations placed upon practitioners. Rather, they offer an orientation that brings attention to embodied safety, relationships, power, rights, culture, connection and the conditions in which reconciliation can become possible.

Principle 1 – Establishing Safety: Co-creating safe enough conditions for regulation, participation and connection

Safety is foundational to trauma-informed reconciliation and extends beyond physical protection to emotional, psychological, relational, social, cultural, organisational and structural safety.

People are more able to participate meaningfully when they feel **safe enough** — when they feel seen, heard, respected and valued. Safety is embodied, relational, contextual and continually negotiated rather than something that can simply be declared.

Creating safety includes attention to basic human needs, welcoming and non-judgemental environments, clear roles and boundaries, realistic expectations, supportive relationships and opportunities for co-regulation and reflection.

This applies equally to practitioners, who are not outside the trauma they work alongside. Primary, secondary, vicarious, collective and transgenerational experiences can intersect with the emotional demands of practice. Where

workloads, systemic pressures and emotional demands exceed available support, burnout, hypervigilance and emotional exhaustion can emerge.

Trauma-informed organisational cultures recognise these realities and create space for supervision, reflection, peer connection, learning, wellbeing and collective care. Safety becomes a **shared organisational and relational responsibility rather than an expectation placed upon individuals to continually regulate themselves within environments that may themselves be unsafe.**

Principle 2 –Trustworthiness and Transparency: Restoring trust, belonging and connection

Experiences of trauma can involve betrayal, broken trust, discrimination, abuse or misuse of power, and relationships or institutions that have failed to provide protection.

Building and rebuilding trust takes time.

Trauma-informed reconciliation considers whether relationships, organisations and systems behave in ways that are **worthy of trust**, rather than placing the expectation of trust upon people themselves.

Trust can grow through consistency, honesty, compassion, clear communication and realistic expectations. Open communication about limitations and organisational constraints, achievable commitments and reliable follow-through can strengthen trust.

Welcoming and creative practices, culturally responsive communication, accessible environments and genuine engagement further support connection and belonging. Feeling heard, understood and accepted without judgement can provide an important counter-experience to previous harm, exclusion or betrayal.

Principle 3 –History, Rights, Gender and Inclusion: Understanding trauma within its historical, social and structural context

This principle holds particular significance within marginalised communities, where trauma and adversity may be inseparable from histories and ongoing experiences of inequality, exclusion, discrimination and structural harm.

Trauma does not occur in a social vacuum. Experiences of pain and distress can intersect with poverty, racism, sectarianism, gender inequality, disability, displacement, migration, conflict and institutional harm. Their effects can accumulate across lives, families and generations, shaping relationships with communities, organisations, institutions and systems.

Understanding context is therefore fundamental. Without attention to historical and structural conditions, understandable responses to adversity can become located within individuals while the circumstances contributing to distress can remain unseen.

Rights and trauma are inextricably connected. An exclusively individualised or biomedical understanding can obscure the collective and social determinants at the root of trauma experiences and unintentionally locate responsibility for distress and healing within individuals and communities.

Attention to history, rights, gender and inclusion creates space for cultural humility and compassionate inquiry, recognising that trauma, distress, coping, healing and belonging are shaped by intersecting identities, histories and circumstances.

Within reconciliation, this means attending to **whose histories are recognised, whose harms are acknowledged, whose knowledge is valued and whose experiences remain invisible or unheard. Inclusion becomes more than access; it involves dignity, recognition, equity, meaningful participation and belonging.**

Principle 4 – Voice, Agency and Choice: Restoring and Centring Agency

Trauma frequently involves experiences in which choice, control and agency have been diminished or removed. Meaningful opportunities for choice can support dignity, autonomy, regulation and self-determination.

Traumatic experiences can also be profoundly difficult to put into words. Trauma-informed reconciliation recognises that language alone may sometimes be insufficient. Creative, embodied, relational and experiential approaches can provide additional ways of expressing experience, making meaning and communicating what might otherwise remain unseen or unspoken.

Voice is not something practitioners or organisations give to people. **People already have voices and are the experts in their own lived experiences.** Trauma-informed reconciliation recognises this knowledge and creates conditions in which people can be heard, valued and able to influence what happens. This moves participation beyond consultation towards recognising lived experience as a legitimate source of knowledge that can shape practice, organisations and systems.

Sharing story and testimony can make harms and human-rights violations visible. Where this occurs through choice and within supportive conditions, **collective witnessing** can support validation, connection and shared understanding, while challenging silence and contested experiences of violence and harm.

Attention to power is central. Collaborative relationships, participation, collective advisory forums, participant-led approaches and co-production can create opportunities for shared decision-making and for lived experience to influence programmes, organisations and systems.

Principle 5 – Collaboration: Responding to Complexity Through Shared Relationships and Collective Responsibility

Trauma rarely sits neatly within the boundaries of one service, organisation or discipline. People and communities may simultaneously navigate practical, emotional, relational, cultural, economic and structural challenges.

Collaboration recognises this complexity and creates opportunities for knowledge, responsibility and decision-making to be shared rather than concentrated solely within organisations or institutional structures. Relationships across community, voluntary, statutory and other sectors can create more connected pathways of support and reduce the expectation that individuals or practitioners navigate complex systems alone.

Trauma-informed collaboration recognises that no single practitioner, organisation or system holds all of the knowledge or responses needed to work alongside complexity. Building relationships across organisations, communities and sectors can support more connected and holistic responses, while keeping the agency, rights, choices and lived experiences of people and communities central to how support and programmes are shaped.

Principle 6 – Peer Support and Collective Care: Reconnection, shared understanding and collective care

Peer support creates opportunities to reflect, process and make meaning through relationships with others who bring relevant experience, understanding and shared practice. Connection can reduce isolation and allow experiences that may be difficult to articulate individually to **become visible and witnessed collectively.**

For practitioners, peer relationships offer opportunities for reflection, mutual learning and recognising the impact of working alongside trauma. What emerges through these spaces can also illuminate organisational and systemic pressures that might otherwise be interpreted as individual difficulty or failure.

Collective care moves beyond an expectation of individual self-care, recognising that wellbeing is shaped by workload, resources, relationships, leadership, organisational culture and wider systems. Reflective practice, supervision, peer networks, learning and connection can support practitioners to remain grounded, present and relational.

Peer support is also a source of knowledge. Lived and practice experience can reveal patterns of harm and exclusion and inform organisational learning and wider cultural change.

What we learned through this project is that understanding the core trauma-informed principles, and how they connect with and shape one another, is fundamental to trauma-informed reconciliation. They are not a menu from which individual principles can be selected or applied in isolation; together they provide a foundation for understanding trauma within its relational, embodied, historical and structural context.

Through the experiences, reflections and collective knowledge of practitioners, our learning reinforced **the importance of looking beyond individual experiences of trauma to the histories, relationships, inequalities, environments and systems that shape both people's lives and practitioners' everyday practice.** It brought visibility to the impact of working alongside trauma and to the importance of collective witnessing, shared responsibility, agency and recognising lived and practice experience as knowledge. The learning invites organisations and systems to listen to what practitioners' experiences reveal, to reflect on where power and responsibility sit, and to allow that knowledge to shape practice, support and wider change.

Appendix 3 – Practitioner's Journal Entry

Pros written by Charmain Jones.

Reflections on Trauma, Human Rights and Communities

Recently I had the opportunity to spend time reflecting on trauma-informed practice, human rights, lived experience and community healing. As someone who has worked for many years in community relations, peacebuilding and community development, I left with a renewed sense that many of the issues we face in our communities are deeply interconnected. One of the strongest messages I took away was that trauma is not simply an individual experience. While trauma is often spoken about in terms of personal suffering, mental health or individual recovery, it is also shaped by the systems, environments and conditions in which people live. Poverty, inequality, exclusion, discrimination, violence and conflict all leave their mark. Trauma does not exist in isolation from society; it is often created, reinforced or compounded by wider social, political and economic factors.

This particularly resonated with me in the context of Northern Ireland. We continue to live with the legacy of conflict, intergenerational trauma, division and inequality. While much progress has been made, there remain communities where people experience multiple layers of disadvantage. In many cases, the causes of trauma are well understood, yet our responses can sometimes focus more on managing the symptoms than addressing the root causes. A phrase that stayed with me throughout the discussions was the shift from asking, "What is wrong with this person?" to asking, "What has happened to this person?" It is a simple change in language, but it represents a fundamental shift in thinking. It encourages curiosity rather than judgement, understanding rather than blame, and compassion rather than criticism.

Another theme that struck me was the connection between trauma-informed practice and human rights. The more I listened and reflected, the more I became convinced that dignity sits at the centre of both. Human rights are often discussed in legal or policy terms, but at their core they are about ensuring that people are treated with dignity, respect and fairness. Trauma-informed practice seeks to create the same conditions. For me, this reinforces the importance of a trauma-informed, rights-based approach to community development and peacebuilding. Such an approach recognises people's experiences, values their voices and seeks to create

environments where people feel safe, respected and able to participate fully. It moves beyond simply delivering services and instead asks how we create systems, organisations and communities that actively support healing, inclusion and belonging.

I was also struck by the importance of lived experience. Too often decisions are made about communities without the meaningful involvement of the people most affected by those decisions. Throughout the discussions there was a strong emphasis on the value of personal testimony, storytelling and peer support. People who have experienced trauma are not simply recipients of services; they are experts in their own lives. Their insights can help shape better policies, more effective programmes and more compassionate systems. This particularly resonated with my work alongside rural women. Rural women often carry multiple responsibilities and experience challenges that are not always visible. Isolation, caring responsibilities, poverty, health inequalities, domestic abuse, the legacy of conflict and limited access to services can all have a significant impact. Yet rural women are also some of the strongest, most resilient and most community-minded people I know. Their experiences, knowledge and leadership have enormous value and deserve greater recognition.

Another key reflection was the importance of connection. Again and again, conversations returned to storytelling, listening, creativity and relationships. Whether through art, music, poetry, discussion or shared experiences, people heal through connection. There was a clear recognition that healing is rarely achieved through fixing people. Instead, healing often comes from being heard, being understood and knowing that our experiences matter.

As someone who works in community development, I was reminded of the importance of creating spaces where people can speak openly, share their stories and build trust with others. These spaces are not simply programmes or activities; they can become places of healing, empowerment and transformation.

I also found myself reflecting on leadership. The principles of trauma-informed practice—safety, trust, transparency, collaboration, empowerment and cultural awareness—are also the principles of good leadership. Effective leadership is not about control or authority. It is about creating environments where people feel valued, supported and able to contribute. It is about listening well, sharing power and recognising the strengths that already exist within communities and individuals.

Perhaps the most personal reflection I took away was the importance of wellbeing. Community workers, activists, leaders and practitioners often spend so much time supporting others that they neglect themselves. There was an important reminder

that compassion fatigue, burnout and secondary trauma are real challenges. We cannot continue to pour from an empty cup. One question that has stayed with me is: “What is important to me?” The answer cannot always be work. While I

remain deeply committed to supporting communities and creating positive change, I was reminded that family, relationships, health, joy and rest matter too. Looking after ourselves is not selfish; it is necessary if we are to sustain ourselves and continue supporting others.

Ultimately, I left with a renewed belief in the power of people. Communities have extraordinary strengths. When lived experience, evidence, human rights and compassionate practice come together, meaningful change becomes possible. The challenge for all of us is to continue creating spaces where people feel safe, valued and heard, while also challenging the systems and structures that contribute to harm.

If there was one message I would carry forward from these reflections, it is this: healing and change happen through connection, dignity and participation. When people are given the opportunity to tell their stories, influence decisions and contribute to solutions, they move from being seen as problems to be solved to partners in creating a better future. That is where real transformation begins.

Appendix 4 – Practitioner's Journal Entry

Poem written by Rana Roro

Tell Me Why These Eyes Are Weeping (English)

Tell me why these eyes are weeping so,
Has truth been lost in time and sunk below?

Do they weep for childhood burned before its bloom,
For a nation living fear, and endless gloom?

Do they weep for homes once torn from their place,
Now refugee tents in sorrow's cold embrace?

From a great Nakba, sorrow took its start,
And time itself became a wound in every heart.

Forty-eight still stands as witness true,
That we remain, no matter what they do.

The people scattered far across the lands,
Yet home still lives within our hearts and sands.

Our tents stretch out across the fields of pain,
Where patience lives, yet suffers once again.

In every tent, a mother waits in vain,
For her son's return… yet years bring only pain.

An old man tells his grandson of the home,
Where olive trees once let their branches roam.

He holds the key of houses now erased,
As if return were written and embraced.

Years passed heavy over wounds so deep,
Where memories and sorrows never sleep.

Then in two thousand twenty-three it came,
A storm of fire, destruction, and of flame.

Houses collapsed upon the innocent below,
And ruins wept with every shattered blow.

A mother searches through the broken ground,
"Has my child returned? Is he still around?"

A starving infant, no bed to call his own,
Cries to the world, yet answers come as stone.

A refugee tent, the wind tears through its frame,
No warmth remains, no shelter, only pain.

Yet still a people, crushed by years of strife,

Remains unbroken in its will for life.

And dawn will come, a clear and promised light,

Jerusalem will rise beyond the night.

So tell the silent world that stands aside,

Has it no heart? No conscience left inside?

Tell me why these eyes are weeping so,

Because within them lives a home… that won't let go

أخبرني لماذا تبكي هذه العيون

أخبرني لماذا تبكي هذه العيونْ؟
أَمن وجعِ الأوطانِ أم من الشجونْ؟

أتبكي صغارًا وُلدوا وسطَ المِحَن،
وعاشوا طفولتَهم بينَ الخوفِ والسكونْ؟

أتبكي ديارًا أُخرجَ الناسُ منها،
وصارتْ خيامُ اللجوءِ فيها سجونْ؟

من نكبةِ الأمسِ استمرّت حكاية،
وظلَّ جرحُ الأرضِ رغمَ السنون.

ثمانيةٌ وأربعونَ يومًا في ذاكرتِنا،
ومن يومِها ما زالَ جرحُنا لا يهون.

تفرّقَ الأهلونَ في كلِّ الدُّنى،
لكنَّ في القلبِ الحنينَ لهُ سكون.

خيامُنا امتدّتْ على رملِ الأسى،

وصارَ فيها الصبرُ مرًّا لا يهون.

وفي كلِّ خيمةٍ أمٌّ تنتظر
رجوعَ ابنِها... وتُضنيها السنون.

وشيخٌ يُحدّثُ حفيدًا عن بيتِهم،
عن الدارِ حينَ تفتّحتْ فيها الغصون.

ويحملونَ المفتاحَ رغمَ رحيلِهم،
وكأنَّ يومَ العودةِ الآتي يقين.

ومضتْ سنونُ العمرِ فوقَ جراحِنا،
وتكاثرتْ فينا المآسي والشجون.

وفي عامِ ألفينِ والثالثِ والعشرين،
اشتعلتِ الأرضُ واستفحلَ الجنون.

تهاوتِ البيوتُ على أهلٍ هنا،
وبكى الركامُ، وغابَ فيهِ الصابرون.

وأمٌّ تُفتّشُ عن بقايا طفلِها،
وتقولُ: يا رباهُ، أينَ الحنونْ؟

ورضيعُ جوعٍ لا سريرٌ يضمُّه،
يستصرخُ الدنيا ولا يجدُ المعين.

وخيمةُ نازحٍ تعصفُ الرياحُ بها،
فلا دفءَ فيها، لا ولا سترٌ يكون.

لكنَّ شعبًا رغمَ قهرِ زمانِه،
يبقى صبورًا لا يلينُ ولا يهون.

وسوفَ يأتي فجرُ حقٍّ واضح،
وتعودُ أرضُ القدسِ، فيها العائدون.

فقلْ للعالمينَ: أينَ ضميرُكم؟
أما آنَ أن ينتهي هذا الجنونْ؟

أخبرني لماذا تبكي هذه العيونْ؟
لأنَّ فيها وطنًا سيبقى... ولن يهون

Led by Corrymeela and supported by TASC, this report brings together service providers across the Island of Ireland who have faced the heavy burden of secondary trauma. By weaving together lived experience and professional insight, we examined how trauma, conflict, and peacebuilding intersect.

During four encounters in 2026, practitioners came together to explore their experiences, discovering that shared vulnerability is a source of strength. We learned that secondary trauma is not just an individual burden, but a systemic issue rooted in organisational culture and structural inequality.

The findings offer a new roadmap for change:

- Healing requires safety: We cannot expect practitioners to engage in deep reflection unless they feel truly safe and valued.
- Collective action is transformative: Peer support and shared inquiry are powerful antidotes to burnout.
- Structure supports spirit: Organisations must move beyond superficial policies to embed trauma-informed principles into their very DNA, prioritising wellbeing over output.

This report is a call to action. It invites organisations, funders, and policymakers to rethink how they support their workforce. By creating spaces of trust and belonging, we can build not just sustainable workplaces, but a more just and peaceful society. Read on to discover how we can turn pain into power, and isolation into connection.

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