

An aerial map of the North East Inner City of Dublin, showing a dense urban layout with streets and buildings. Several red, semi-transparent polygonal shapes are overlaid on the map, highlighting specific areas of interest. The text is positioned on the right side of the map.

MEASURING COMMUNITY TRAUMA IN DUBLIN NORTH EAST INNER CITY:

The Perspective of Professionals
Working in the Community



CHRYSALIS
COMMUNITY DRUG PROJECT

Foreword

“Community trauma is a daily fact of life in the North East Inner City. It exists in all the populations and communities living here and at all age levels. Traditional coping mechanisms do not even touch the bare needs exhibited. Anger and despair internalized and exhibited externally is a daily feature of life. Many of the conversations I have with residents including long term residents is how they hope to leave to get away from the environment they exist in.”

Anonymous Research Participant

Last Christmas while I was walking around Dublin 1, where I live and work, it once again struck me how much trauma there is in this community... passing by the former nursing home now occupied by Ukrainian families, bumping into a few service users going to their clinics, noticing more Romas squatting in a derelict Georgian building ... all these encounters in the space of ten minutes. Of course, through my work with Chrysalis over the last twenty-five years, I am aware of so much more pain and trauma. Indeed, Dublin North East Inner City is saturated by trauma as it is disproportionately affected by poverty, homelessness, addiction and PTSD, in addition to other issues. As it has impacted on me, it is reasonable to conclude that it has also affected others.

I then started to reflect how we currently address this situation. At present addiction, homelessness, poverty, displacement and historical trauma are addressed in their individual ways even though the extent of overlap is considerable, and I thought, how might we identify the commonalities between the different elements of trauma?

That led me to think about the concept of Community Trauma, a concept that exists and is recognised in North America but not so much here. With this in mind, Chrysalis secured funding from the National Lottery to commission this research with the intention to move beyond anecdotal experiences.

By undertaking this research, we were hoping that by recording the insights and experiences of many professionals currently providing a wide range of services and supports in Dublin North East Inner City we would get a more accurate measurement of the impact of Community Trauma in the area. We were also hoping that this new perspective would bring community members and service providers together to respond in a new way, while also recognising and acknowledging the strength and resilience that exists in this community.

So now I am pleased to say we, at Chrysalis, have completed this initial research and are presenting it here in front of our peers. This is a scoping exercise, we acknowledge that it is limited mainly due to time and financial constraints, but we believe that it is a sound foundation and basis for a similar but more comprehensive research project in the near future.

This research was conducted by Alan McKenna. Sixty-nine people, representatives of all the voluntary, community and statutory sectors in the area, took part. We would like to thank all those people and others who helped bring this about, also not forgetting the important funding support provided by the National Lottery.

Passerose Mantoy
CEO
Chrysalis Community Drug Project



Researcher: Alan McKenna
Graphic Design: James Moore
Illustration: Ava Cullen

Introduction

The purpose of this pilot project is to investigate the extent to which community-based trauma is observed in the Dublin North East Inner City by professionals working in the area. A densely populated area with a rich and varied culture, the North East Inner City is also known for the range of socioeconomic difficulties faced by a substantial number of its residents. These adverse social phenomena as experienced by individuals can lead to collective experiences of trauma affecting a given community at large. This research is less concerned with the trauma of individuals, but rather seeks to investigate the ways in which a traumatised community concentrated within a small, historically disenfranchised area begets a sense of collective trauma separate from any one personalised sense of suffering. Though this is a relatively small scoping exercise, it is hoped to provide a foundation upon which further, more extensive research projects might be developed. Kai T. Erikson (1976) defines collective or community trauma as a “blow to the basic tissues of social life that damages the bonds of attaching people together and impairing the prevailing sense of community,” and this definition will form the basis of our investigation into trauma within the North East Inner City community.

Literature Review

The historical deprivation experienced by Dublin's North-Inner City community has been discussed extensively in academic research, with the Dublin City Community Co-operative publishing a briefing document in 2024 illustrating the need for trauma-informed programmes and supports in the North East Inner City charitable and community sector (Holohan, 2024). According to the Dublin-based Inner City Organisations Network, the North East Inner City contains the entirety of Dublin 1 as well as several smaller parts of the Dublin 3 area. Although, as with any region of its size, it would be an inaccurate representation of the North East Inner City to refer to its population as wholly disadvantaged when compared to elsewhere in the city, it has been noted that its historical experience of disadvantage, underfunding and ghettoisation, as well as its disproportionately expanding population, has resulted in a community facing greater levels of disadvantage relative to Dublin at large, and on a national level. The ICON network purports that over the last 20 years, the North East Inner City has faced a staggering 78% increase in population, growing to a total figure of approximately 45,816 residents, 16,103 (35.15%) of whom are considered by Pobal's HP Deprivation Index as being disadvantaged or living in areas of relative deprivation.

In addition to the historical and oftentimes generational trauma rife throughout the North East Inner City as a result of long-term deprivation, addiction and underfunding in the area, the very nature of this community trauma has shifted in recent years as the population has expanded and demographics developed. The exponential growth in the number of forcibly displaced persons seeking asylum and protection in Ireland as a consequence of personal persecution, natural disasters and, perhaps most commonly, violent conflict, has brought to the community a portion of the population with significant shared and complex traumas. Referring specifically to the Daudu community of Nigeria, conflicts between pastoral and agricultural workers have resulted in mass displacements and loss of livelihoods, bringing about symptoms of trauma both at an individual, and a community level. Social disintegration and the erosion of trust is widespread across such displaced communities, and is only worsened by the experiences of fear and uncertainty felt on an individual level. (Ukuma, 2023, pp. 27-45).

The Republic of Ireland has seen its number of applications for international protection increase considerably since 2022, with the North East Inner City being one of the regions most affected within Dublin and surrounding areas. According to figures released by the International Protection Office, the state received 2,649 applications in 2021, 13,651 in 2022, 13,277 in 2023 and, as of 30/06/2024, 10,604 in the first half of 2024. Furthermore, Eurostat (2024) report that, as of the end of May 2024, 105,620 non-EU citizens fleeing Ukraine following the outbreak of war with Russia have been granted temporary protection in the Republic of Ireland under the International Protection Act 2015.

As the war in Ukraine continues to progress, 2024 looks set to become the Republic of Ireland's busiest year to date with regard to the processing of temporary protection applications since

“Implementation is an ongoing process, not a once off intervention. This needs to be appropriately resourced and promoted.”



their introduction in 2015. In a 2023 study aiming to assess the state of mental health amongst Ukrainian war refugees based in Poland, Piotr Długosz found that depression, PTSD and anxiety disorders were observable among 73% of 737 respondents following the administration of Refugee Health Screener-15 test, while 66% displayed signs of psychological distress. The research also found that these rates were greater among women, younger respondents, and those unable to communicate through the language of the country to which they had been displaced. It is also worth noting that data collection for Długosz's research took place early in the war between April and May of 2022, during which time most countries welcoming to refugees from the conflict in Ukraine were more appropriately managing their allocation of resources relative to the contemporary Irish context, in which the state has admitted to being overwhelmed by the volume of temporary protection applicants seeking refuge and support. It is instrumental to note that deprivation within the North East Inner City is rooted in a long-established mishandling of public services and assets within the region (Mulvey, 2017). As mentioned previously, experiences of trauma are more likely to be observed amongst the most vulnerable of populations, but this is not to imply that the population as a whole experiences individual trauma in the same way, rather that the byproducts of latent and generational individual trauma result in common behaviours both positive and negative across the community. In fact, pockets of the area have seen a great deal of rejuvenation in recent decades, specifically the portion of the Docklands/IFSC area that has been developed in Dublin 1. Haase (2009) discusses the variability of circumstances within the North Inner City as a whole, now also home to a population of highly educated working professionals employed and living around offices used by large multinational corporations in the IFSC, in stark contrast to the rooted population for whom generations of deprivation and underfunding of services has resulted in lower than average rates of employment, educational achievement and household income. Gentrification, combined with the ongoing housing crisis and specific failure of the state to meet the demand for social and affordable housing options has resulted in a reality wherein individuals and families to whom the North East Inner City has been home for generations are experiencing a push factor in the form of housing shortages, forcing them to search for accommodation outside of their established communities and ultimately leading to a sense of social isolation for many of those who remain.

As has been established, displacement as a result of political violence is a mass traumatising event. Długosz's research into the Polish context found that in order for displaced communities to feel capable and motivated to adjust to their new setting, individuals require more than simple financial aid, but also assistance with stable accommodation, employment opportunities, and access to physical and mental health services. Although praised for its efficient and generous

response to those seeking refuge within the state, Ireland's inability to meet the demands of its steadily growing population of displaced communities has made it difficult to provide even the bare necessity of stable accommodation to many of those who have arrived in more recent months. Furthermore, the nation's ongoing housing crisis represented by increasing rental and mortgage prices in addition to a general lack of availability in its housing stock, as well as recent organising by right-wing anti-migrant groups has led to a marked increase in xenophobic sentiment across the population. In the context of Dublin's North East Inner City, this means that an ever-increasing number of already traumatised individuals are finding themselves displaced into communities with existing and historic levels of trauma, without the supports required to meaningfully integrate, live free from hostility, and receive treatment for their individual trauma. Although the displacement of Ukrainian citizens has been arguably the most commonly highlighted demographic shift discussed across the Republic of Ireland at the time of this research, it is vital to acknowledge that interventions and approaches to the promotion of wellbeing and recovery from trauma must be sensitive to each individual's experiences, morbidities and cultural backgrounds. For instance, Ukuma's research finds that attempted application of rigid, predesigned templates to supporting those experiencing trauma can prove problematic as they provide little appreciation for the role of cultural practices specific to a community in sustaining their development in spite of displacement as well as managing collective trauma. He finds that cultural performances in particular have a utilitarian value insofar as their potential to promote social cohesion among displaced communities within the Nigerian context. Conversely, Długosz finds that in the Ukrainian context, there exists a positive correlation between engagement in active strategies such as the mobilisation of resources and low results on the RHS-15 test, as compared to the relative ineffectiveness of emotional strategies such as praying, voluntary sedation with alcohol, drugs and other psychoactive substances, and avoidance of the situation in their home country or current material reality in maintaining a low RHS-15 result. As such, client-centred and peer-led supports will prove vital for supporting traumatised individuals within already traumatised communities, with space being provided for differences in experiences of trauma and preferred care methodologies for addressing it within the context of life in Dublin's North East Inner City.

“ While crime, violence and the drugs industry in the area remain endemic then everything else we do is only firefighting an unquenchable blaze ”



Findings

While not directly related to community trauma within the catchment area, it is important to note the vast body of research conducted into post-conflict trauma within certain communities in the North of Ireland. While the factors contributing to this shared sense of trauma may be different to those in Dublin's North East Inner City, impact on the health and wellbeing of the population are comparable. In the years following "The Troubles," Northern Ireland observed an elevated rate of suicide compared to the rest of the UK (Commission for Victims and Survivors, 2015), and research also suggests a rate of mental health illness that is 20-25% higher than that of the UK average as of 2014. For such rates to remain comparatively high in the years following the conflict would imply that trauma emerging from shared adverse experiences during the period of conflict may oftentimes, when unresolved, be transferred along generational lines. It is pertinent to note that though the circumstances through which a sense of shared trauma has grown within these communities differs considerably, the negative health impact on the communities at large is comparable.

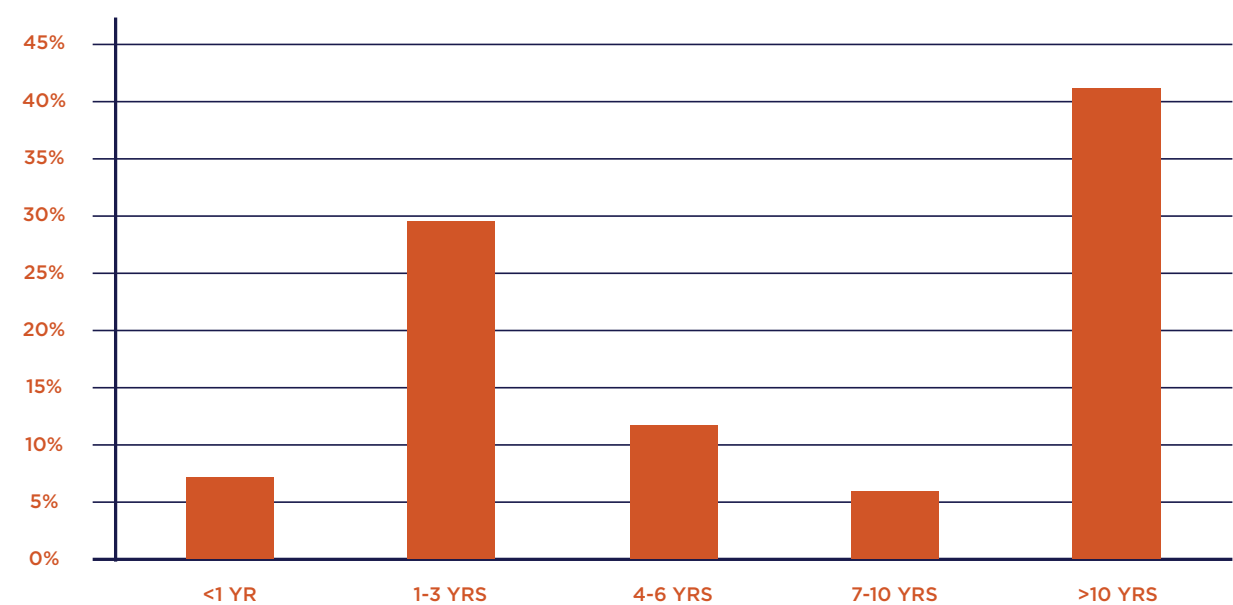
As mentioned previously, the historic deprivation and underfunding of services in the North East Inner City has been discussed at great length, these experiences providing context to the community trauma from which much of the population suffers. So too has the dramatic shift in demographics, as well as population growth, been instrumental to the development of new, community-based services intended to address the needs of a rapidly evolving population. As the North East Inner City has experienced considerable demographic change in recent years, it stands to reason that established understandings of trauma experienced by the traditional community therein may no longer be representative of the community in its present form. Furthermore, there exists a research gap in the area of community trauma specifically within an Irish context, with many of the studies instead using focus groups within deprived areas of the United States. Therefore, this research project has the potential to both establish an understanding of collective trauma within one of Dublin's most disadvantaged communities, as well as explore interventions and services suited to addressing the issue of community trauma and supporting those affected by it.



RESPONDENT PROFILE

In total, this questionnaire received 69 responses over a two-week period. The respondents represent a diverse range of professional backgrounds, from healthcare and addiction, to law enforcement, to social services and educational support organisations. The respondents also have a considerable amount of experience in working in Dublin's North East Inner City region, with 40% having worked in the area for a period of ten or more years. With this in mind, it is fair to say that many of the respondents, even if they are not from the area themselves nor have they ever lived there, have a solid understanding of the complex social dynamics observable in the region due to their professional experience in working with service users therein. On the other hand, 34% of respondents have been working in the region for a period of between one and three years, indicating a solid mix of experience levels, with those having worked in the North East Inner City for a longer period uniquely placed to identify trends and changes to the social fabric of the area.

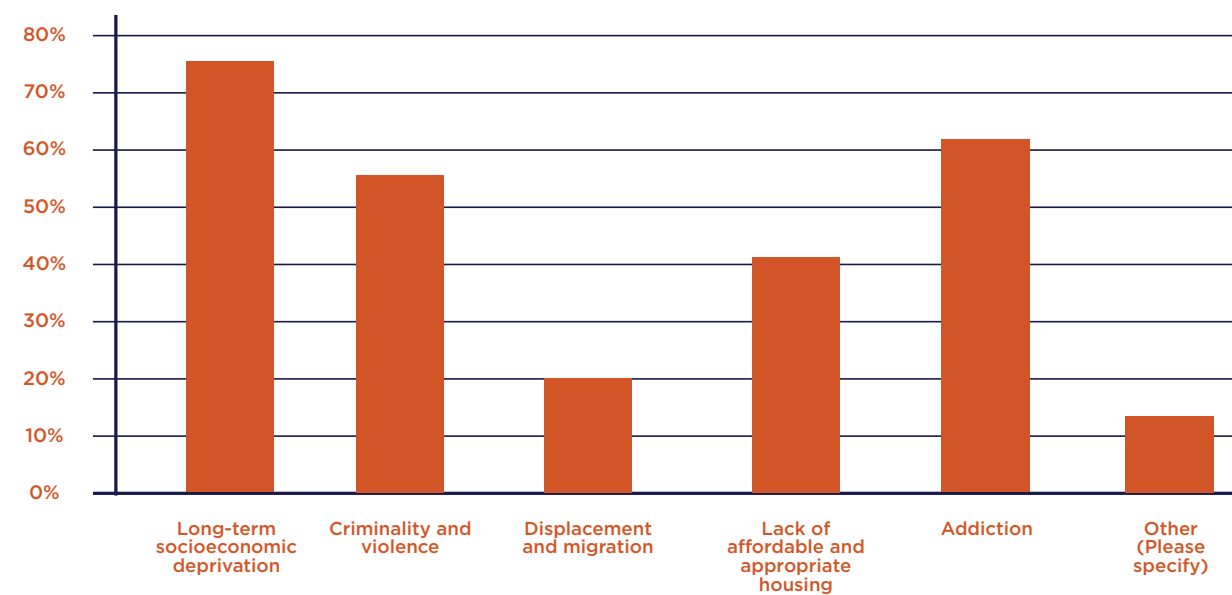
HOW LONG HAVE YOU BEEN WORKING IN DUBLIN'S NEIC REGION



DISCUSSION

In relation to factors contributing to trauma in the North East Inner City, respondents were asked to choose up to three options between long-term socioeconomic deprivation, criminality and violence, displacement and migration, a lack of affordable and appropriate accommodation, addiction, or an answer of their own choosing. Of these, the three most popular responses in descending order were long-term socioeconomic deprivation, criminality and violence, and displacement and migration.

WHICH OF THE FOLLOWING DO YOU BELIEVE TO CONTRIBUTE THE MOST HEAVILY TO COMMUNITY TRAUMA WITHIN THE NEIC? SELECT UP TO 3.



As the most frequently selected option, the historic socioeconomic deprivation of the region has been identified by respondents as a key contributory factor to trauma experienced by its residents. This is of particular note as it points to the ability for a latent, long-term phenomenon to have a traumatising effect on a community, though perhaps not as straightforward to identify as a single event.

Many respondents also linked violence and criminality within parts of the region to trauma in a cyclical capacity whereby trauma in the home may lead a resident to engage in such behaviours, which in turn serve to traumatise those in the community at large. This highlights another issue present within the area: that of diversion and reintegration. The majority of respondents to this questionnaire work in the community or health sectors in roles enabling them to advocate for and provide support to those in the locality experiencing such difficulties. The community sector is, unfortunately, one that understandably requires a high level of education and/or experience of those working within it, but salaries which are

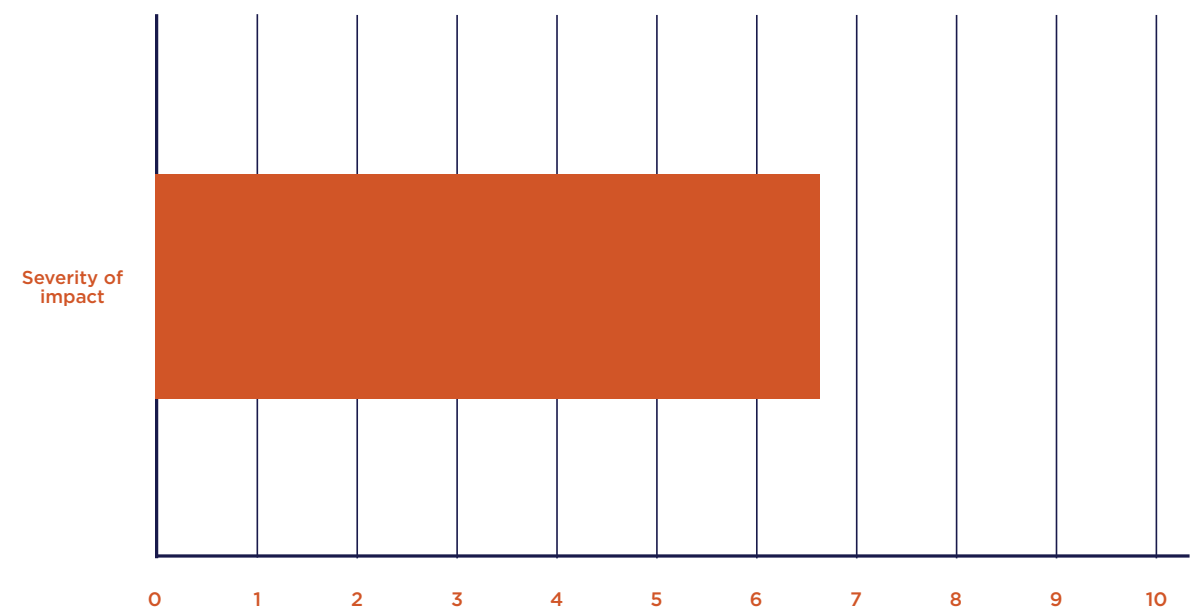
“ In order to address the community trauma, the causes of the trauma must be addressed and peoples basic needs met. There needs to be accessible mental health supports put in place but also the issue of inappropriate or lack of accommodation needs to be addressed. ”

becoming increasingly difficult to sustain a livelihood within the vicinity of the workplace, which in the case of Dublin’s North East Inner City, is at the heart of the city and therefore exceptionally expensive to rent or purchase a home in. Despite the best efforts of the skilled professionals working to lessen the impact of criminality within the community, the chronic underfunding of services observable throughout the city, and not least in the North East Inner City specifically, has made it incredibly difficult to address this issue on a systemic level as both those currently working in the sector and those who have since left it cite ever-increasing caseloads as a major push factor to remaining in such roles long-term.

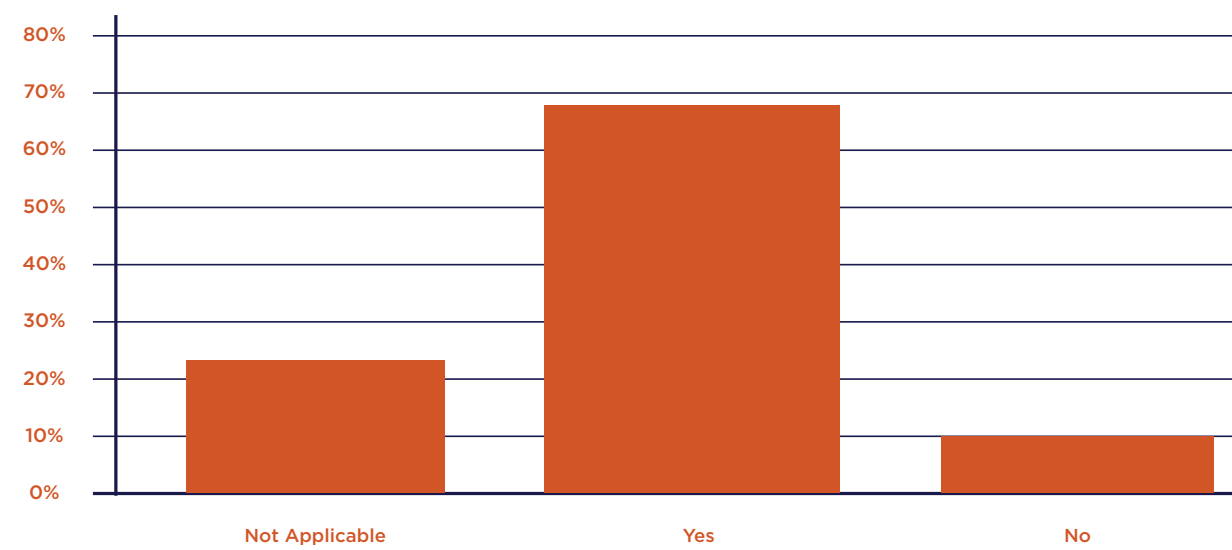
Migration and displacement were also identified as major contributors to trauma felt across the North East Inner City. As discussed previously, the demographics of the area have changed markedly over the last number of decades, a phenomenon that has both provided positive socioeconomic rejuvenation to an historically deprived part of the city, but also put further strain on existing underfunded services. Furthermore, the aforementioned high number of international protection applicants assigned to temporary accommodation within the bounds of the North East Inner City has resulted in an especially traumatised group of people finding themselves in an historically traumatised part of Dublin without the means to provide an accessible and appropriate standard of trauma-informed care, especially given that a major contributor to their trauma may be more acute than the latent trauma observable in the average resident.

In addition to the growth of migrant and displaced communities within the North East Inner City and the difficulties they face in accessing appropriate levels of care in a timely manner, there has also been a marked increase in anti-migrant sentiment expressed both locally and online, with a particular focus often put on the case of the North East Inner City so as to create a narrative wherein new arrivals to the community are positioned as direct competitors to the local population in relation to accessing housing, services and education. As indicated above, approximately 67% of respondents to this questionnaire work with members of migrant communities within the North East Inner City and have observed a worsening of their trauma-related symptoms since those espousing anti-migrant sentiment

IN YOUR OPINION, TO WHAT EXTENT HAS THE INCREASE IN THE NEIC’S DISPLACED POPULATION AND ASSOCIATED ANTI-MIGRANT SENTIMENT AFFECTED COMMUNITY TRAUMA WITHIN THE REGION?



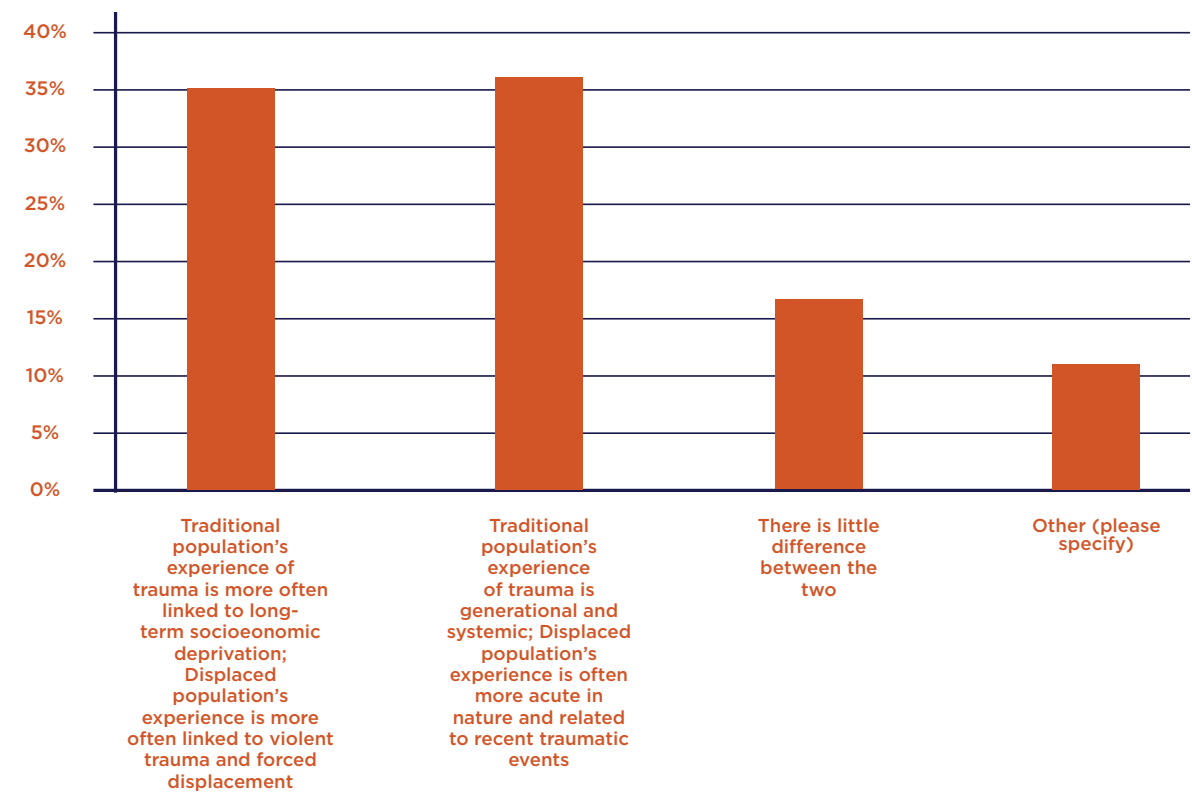
HAVE YOU OBSERVED AN INCREASE IN TRAUMA-RELATED SYMPTOMS AMONG MIGRANT AND DISPLACED INDIVIDUALS WITHIN THE NEIC SINCE THE RISE IN ANTI-MIGRANT PROTESTING?



began to mobilise on the ground, organising demonstrations and protests with the intention of intimidating and pushing this perceived “out group” from the community. This may be particularly effective in retraumatising those seeking asylum in Ireland having escaped conflict in their native homes, the destabilisation of their life in Ireland only serving to emphasise the transience of their living circumstances and their current lack of a safe and stable home.

It is also worth noting that, while media attention is most commonly given to anti-migrant demonstrations in working-class communities across the country, with the most infamous being the riot which took place in Dublin city centre in November of 2023, the organisers of this riot, and smaller demonstrations in the months following it, have largely been found not to be members of the community in which it took place. With that in mind, the issue of awareness raising is not just one of lessening tensions amongst white-Irish and ethnic minority residents, but rather one of actively tackling misinformation by figures wishing to take advantage of vulnerabilities within a community for political gain.

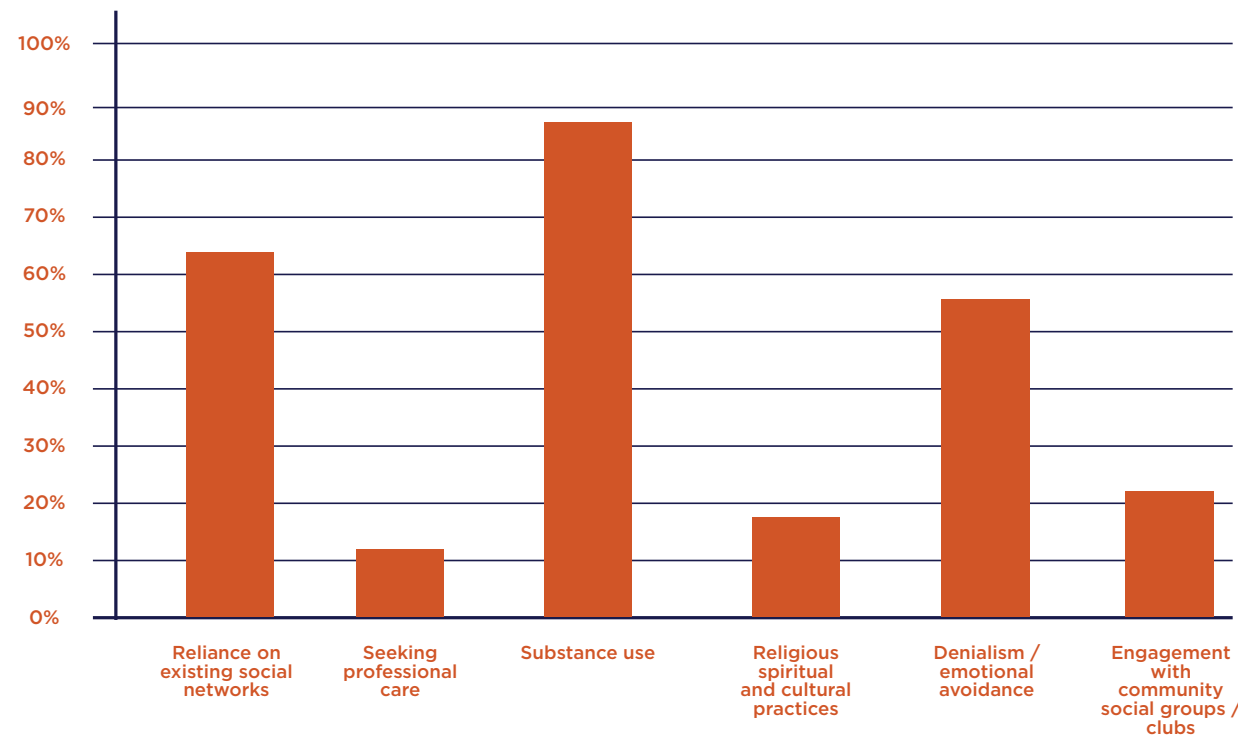
IN YOUR OPINION, IN WHAT WAYS, IF ANY, DOES TRAUMA EXPERIENCED BY THE TRADITIONAL NEIC POPULATION DIFFER FROM THAT OF NEWLY DISPLACED COMMUNITIES THEREIN?



One respondent quite rightly points out that while one might assume the initial experience of violent displacement to be a traumatising experience for those seeking refuge in the North East Inner City, it is vital to remain mindful of the likelihood that, should the state be unable to provide interventions to support recovery from the severe traumas with which they arrive to Ireland, placing them in an unstable environment is liable to build upon existing traumas, drawing into question whether the asylum-seeking process is even successful in its function of providing a safe space to those escaping conflict and persecution.

Though International Protection Centres in the Republic of Ireland are, undoubtedly, safer than active warzones with regard to physical wellbeing, the conditions in which many asylum seekers are placed can often play an actively harmful role in their mental wellbeing, with rising anti-migrant sentiment and the threat of further relocation serving as barriers to integration and, perhaps more pertinently, potential causes of further trauma.

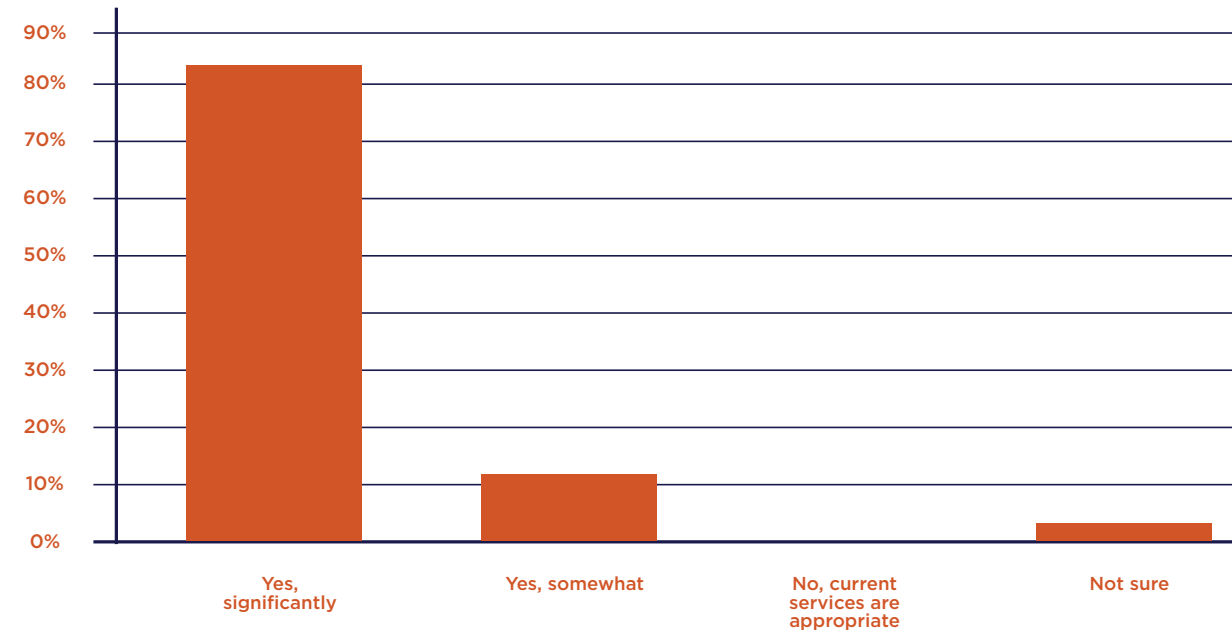
WHICH OF THE FOLLOWING COPING MECHANISMS DO YOU OBSERVE NEIC RESIDENTS USING MOST COMMONLY TO DEAL WITH TRAUMA? SELECT UP TO 3.



Although substance use did not rank within the top three contributory factors towards community trauma in the North East Inner City, this cohort of respondents have identified it as the most common coping mechanism observed amongst residents in relation to managing their trauma. One reasonable explanation for this is that, while it may be an extremely common comorbidity of trauma, its effects are more latent on both the physical and mental wellbeing of an individual and so trauma associated with it may not be as easily identified as that which emerges following a notably traumatic event such as experiencing criminality, violence, or displacement. The importance of community is highlighted by the near 64% of respondents who consider reliance on an existing social network such as friends and family as the second most commonly used approach to managing the impacts of trauma. Though local services may struggle in relation to meeting the demands of those in the North East Inner City with limited resources, the benefit of less formalised support is twofold: accessibility and a shared understanding of circumstances.

Existing services need to work in a more collective way to address the symptoms and ultimately work together to advocate addressing the root cause.

DO YOU BELIEVE THAT TRAUMA SUPPORT SERVICES MUST BE EXPANDED IN ORDER TO ADDRESS THE EVOLVING NATURE OF COMMUNITY TRAUMA GIVEN THE DEVELOPMENT OF THE NEIC'S POPULATION?



As indicated above, the overwhelming majority of respondents are of the belief that trauma support services ought to be expanded in order to more appropriately address the requirements of the North East Inner City population in its current formation. Not a single respondent indicated total satisfaction with the level of services available presently, a fact that while not necessarily surprising, does highlight the continuous nature of community trauma across the population, and its tendency to reproduce across generations when not effectively addressed. The belief that enhanced funding, trauma-informed training and inter-organisational capacity building is required in order to meet the needs of the community in its current shape is further echoed by the average ratings of 2.4/5 and 2/5 respondents assigned to trauma-informed service provision within the North East Inner City in general, and specifically targeting migrant and displaced communities respectively. This indicates a professional consensus that not only are services in the region struggling to meet the needs of its population, but this is uniquely true of its migrant and displaced population.

Recommendations

The recommendations emerging from the data collection phase of this piece consist primarily of responses given to an open-ended question at the end of the survey, wherein respondents were asked for their thoughts on services that they would like to see be made more readily available within the North East Inner City in order to support trauma recovery across the community. This section intends to articulate a number of the most commonly repeated suggestions in order to capture an accurate representation of professional perspectives across a diverse range of services across the region.

One such recommendation regularly emerging from the data is that of an expansion in trauma-informed services for individuals from Roma and Irish Traveler backgrounds, thus indicating that not only is there a notable lack of bespoke services to support trauma recovery in the migrant and displaced communities, but so too is there a lack of service provision available to other minority ethnic groups that is sensitive to the experience and associated trauma of othering within a community. Furthermore, a number of respondents with experience of working with ethnic minorities within the area have indicated that specialist holistic and therapeutic services ought to be made more readily available in order to allow free communication in a shared language with both an experienced professional, and also support groups of individuals with similar experiences of trauma. The provision of support groups could serve as a platform to discuss any cultural differences or roadblocks to integration they have experienced, and to signpost local services depending on their needs, although acknowledgement must be given to the systemic nature of particular barriers to integration and recovery such as accessing stable housing and employment.

Respondents also believe that it would be hugely beneficial to increase awareness about trauma and its influence on maladaptive behaviours, in doing so signposting existing services within the community. This might be as simple as on-street information campaigns, online advertising, or inter-organisational workshops concentrating on intercultural learning. However, awareness building is not only required among the population of the North East Inner City itself, but also, perhaps just as vitally, at a governmental level. Increased awareness may very well be harmful to a community should it fail to coincide with an increase in funding for voluntary and state-run support services. As one respondent articulated, “Without this acceptance and understanding, policies will not be designed and resources allocated based on the fact that community trauma is so deep and prevalent,” as such, any recommendation for awareness raising efforts must be explicit in identifying whom, exactly, the intended audience is. Not only ought residents receive an education regarding the existence of trauma within their community, but so too should they be mobilised in order to assist professionals and service providers in lobbying the state for adequate funding and policy implementation in the realm of trauma-informed care. In order to promote improved levels of awareness going forward, several respondents have suggested that the concept of trauma, its potential causes and reproduction, and impact on individuals and communities at large, ought to be included on the national curriculum, with particular care taken to ensuring that incoming teachers and school employees are adequately versed in trauma-informed approaches to education to promote an ethos of early intervention.

A regularly recurring suggestion from the respondents, as was highlighted in an earlier

question, is an increase in the number of peer-led supports available within the North East Inner City. One respondent posits that the most effective approach to peer support within the community would be to connect a peer support worker with an individual presenting to a service provider as a first point of contact. By building a supportive relationship whereby the peer support worker deeply understands the circumstances of the service user, they might go on to act similarly to a triage in order to support the individual in linking in with relevant local services while remaining engaged with them as needed. Once that relationship has been established, peer-led group sessions might be organised to promote recovery and intercultural engagement within the community.

Another popular suggestion from respondents is the prioritisation of whole-community services. This is not to discount the importance of specialised services sensitive to the cultural backgrounds and circumstances of specific groups, but rather to encourage integration and mutual understanding amongst members of the community who might not find themselves engaging with one another through their regular routines. With the gentrification and lack of housing available in some parts of the region making it increasingly likely for residents to live in overcrowded or poorly equipped homes with inadequate access to amenities, as well as the lack of autonomy often associated with life in an International Protection Centre, local initiatives such as Community Kitchens could provide residents of all backgrounds with informal spaces wherein to engage and build community with one another.



Suggestions for Further Research

The primary limitation of this piece has been that data collection consists solely of a questionnaire dispersed amongst professionals working in the North East Inner City area. The project had initially intended to organise focus groups and potentially interview sessions with residents of the community, both long-term and recent additions. However, these aspects of the proposal unfortunately had to be abandoned due to time and financial constraints, meaning the data on which this piece is based has solely been collected from professionals working within the North East Inner City. This does, however, provide a useful and varied foundation of knowledge upon which future research in the area may build.

Any future research project must be mindful of and deliberate in their inviting of diverse perspectives outside that of primarily white, Irish-born professionals. Future research in the area of community trauma within the North East Inner City must be more collaborative in nature at each stage of the process, particularly planning and data collection. With regard to recruitment strategy, the first group of contacts were sent customised invitations that were single-use and so not sharable, the rationale behind this being our intention to target professionals working for a variety of organisations across the North East Inner City. Though the majority of responses stemmed from the second group of invitations which used a generic link which respondents were encouraged to share with their wider circle, it must be noted that the organisations with which the respondents work are, though varied, largely not targeting service users from specific cultural backgrounds as such services are fewer in number and have generally been established more recently relative to other organisations in the area.

The lack of involvement from such members of the community is visible in the framing of certain questions, particularly “In your opinion, in what ways, if any, does trauma experienced by the traditional North East Inner City population differ from that of newly displaced communities therein?”. One respondent rightly points out that this characterisation of trauma displays a lack of consideration for existing trauma in recently displaced residents present prior to their experience of displacement, as well as the racial stratification highlighted by recent protests across the country and the traumatic impact such unrest has had on racialised minorities in the North East Inner City, not just those who have experienced forced displacement. Future research in the area must be mindful of avoiding such oversimplifications in its characterisations of community trauma.

Conclusion

The results of this questionnaire have implied that, though trauma-informed care is available within the North East Inner City, it is not nearly as widespread as it had ought to be given the circumstances and histories of its residents. Respondents make reference to both the historical and generational trauma endemic to the area, but also the lack of culturally sensitive care available to residents experiencing the impact of trauma outside of the more widely understood presentation associated with the North East Inner City.

In conclusion, this scoping exercise has identified the need for a more interagency and collaborative approach not just to service provision, but also further research into community trauma in Dublin's North East Inner City. Though the limitations of this study have been discussed, it has shown that trauma is particularly endemic across the North East Inner City community, and that further education surrounding its causes, manifestations and treatment is required of both professionals and residents in order to strengthen formal and informal networks on which community members rely. As this is quite clearly a community issue, it is vital that any future research is cross-organisational and cross-cultural in nature in order to effectively capture a more nuanced understanding of trauma within the community, with this piece offering several suggestions as to considerations that ought to be foundational to research going forward. As a long-established community service with strong partnerships across Irish statutory, voluntary and community agencies, Chrysalis is eager to collaborate with organisations in the region with a similar interest in establishing a better understanding of, and services to help heal from, trauma in the North East Inner City. It is hoped that the evidence of community trauma found in this exercise will encourage interagency dialogue about the next steps in developing services to help the community heal, as it is only when experienced representatives from all backgrounds are involved in the planning of a research project and analysis of its resulting data, as well as a similarly diverse group of participants are invited to respond, that community trauma in the North East Inner City, and bespoke programmes aimed at healing it, may be designed.

Bibliography

Commission for Victims and Survivors (2015) *Towards a better future: the trans-generational impact of the Troubles on mental health*. Belfast.

Department of Health (NI) (2014) *Making Life Better - A WHOLE SYSTEM STRATEGIC FRAMEWORK FOR PUBLIC HEALTH*.

Długosz, P. (2023) 'War trauma and strategies for coping with stress among Ukrainian refugees staying in Poland', *Journal of Migration and Health*, 8, p. 100196. doi:10.1016/j.jmh.2023.100196.

Erikson, K.T. (1976) *Everything in its path*. Simon and Schuster.

Eurostat (2024) *4.3 million people under temporary protection, 4.3 million people under temporary protection - Eurostat*. Available at: <https://ec.europa.eu/eurostat/web/products-eurostat-news/w/ddn-20240709-1> (Accessed: 20 August 2024).

Haase, T. (2009) *The Changing Face of Dublin's Inner City*. rep.

Holohan, K. (2024) *Understanding Community Trauma*.

Houses of the Oireachtas (2024) *International protection - Dáil Éireann Debate, Tuesday - 20 June 2023, House of the Oireachtas*. Available at: <https://www.oireachtas.ie/en/debates/question/2023-06-20/532/> (Accessed: 20 August 2024).

Hristova, S. (2021) *Peacebuilding in transitional settings: Addressing collective memory through community-based restorative justice in Northern Ireland*. thesis.

Mulvey, K. (2017) *"Creating a brighter future ". An outline plan for the social and economic regeneration of Dublin's North East Inner City.* . rep. Dublin: Government Publications.

The North East Inner City: What are we talking about? (2019) Inner City Organisations Network - Dublin - Ireland. Available at: <https://www.iconnetwork.ie/about/north-inner-city/> (Accessed: 20 August 2024).

Pobal (n.d.) Pobal *HP Deprivation Index*. Available at: <https://data.pobal.ie/portal/apps/experiencebuilder/experience/?id=3b0acba7eb694ffa85340a60f81d516c>.

Ukuma, S.T. (2023) 'Performing Healing, Sustaining Culture Experiences of Managing Collective Trauma amongst Displaced Persons in the Daudu Community, Nigeria ', in *Performing sustainability in West Africa: Cultural practices and policies for Sustainable Development*. Taylor & Francis, pp. 27–45.

Notes

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“ The brightest young people move out of the area once they complete their education leaving those who have the highest needs behind ”