Experiences of Work-Related Trauma among Youth Professionals in Transitional Justice Organizations in Kenya, Uganda, Nigeria and Egypt: A Qualitative Study

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ABSTRACT

Conflict and peacebuilding professionals working in transitional justice and related fields are routinely exposed to violence, human rights violations, political repression, displacement, death, and traumatic accounts from affected populations. Despite their professional engagement with conflict-affected communities, comparatively limited attention is given to the psychological consequences of these professionals. This study examined experiences of work-related trauma among young professionals working in two transitional justice and peacebuilding organizations across four African Countries. The study employed a qualitative research design among seven youth professionals, and data were collected through semi-structured interviews conducted in Nairobi, Kenya. The study was guided by the Transactional Model of Stress, the Moral Injury Theory, and Coping and Constructivist Self-Development Theory, which provided frameworks for understanding participants' appraisal of traumatic experiences, coping responses, and changes in their psychological and interpersonal functioning. Interview data were analysed thematically to identify recurring patterns across participants' accounts. The findings of the study indicate that, participants experienced direct exposure to political threats, surveillance, insecurity, and attacks associated with their professional roles. They experienced repeated exposure to human suffering, atrocities, and the traumatic narratives of survivors and affected communities. At the same time, participants described consequences of trauma, including hypervigilance, fear, cognitive disruption, anger, helplessness, distrust, emotional exhaustion, and changes in perceptions of safety and social relationships. Participant again reported a range of coping and adaptation strategies, including spirituality and prayer, family and peer support, physical activity and recreation, and professional psychological support. However, participants also identified gaps in organizational psychosocial support, including limited access to mental-health professionals and organizational expectations to continue working despite psychological distress. The findings demonstrate that work-related trauma is a significant psychological concern among professionals engaged in transitional justice and peacebuilding. The study contributes to the emerging literature on the psychological well-being of conflict and peacebuilding professionals by shifting attention from the trauma experienced by conflict-affected populations to the psychological experiences of those who work directly with them. It provides evidence that can inform trauma-informed organizational policies, staff-support systems, and mental-health interventions within transitional justice and peacebuilding organizations.

Keywords: Peacebuilding trauma; Secondary traumatic stress; Moral injury; Institutional betrayal; Sense-making; Relational-Cultural Theory; Qualitative inquiry. Young professionals

INTRODUCTION

Peacebuilding has traditionally emphasized the political, institutional, and structural processes through which societies move from conflict toward sustainable peace (Egbe, 2024). Less attention has been given to the psychological well-being of professionals who undertake this work, despite their frequent exposure to volatile environments, violence, and traumatic experiences and narratives (Reychler & Langer, 2020; Van Duzer,

2021). Such exposure places conflict and peacebuilding professionals at risk of significant psychological demands, including stress, burnout, and vicarious trauma (Dunkley, 2018; Jachens, 2018).

These challenges are particularly pronounced in sub-Saharan Africa, where peacebuilding and transitional justice work often occurs amid armed conflict, displacement, political instability, and limited resources (Lilja & Ahmad, 2023; Onvlee et al., 2023). Local professionals may also experience shared trauma when they support affected communities while navigating their own exposure to violence and insecurity. Although mental health and psychosocial support is increasingly recognized within peacebuilding, psychological support for practitioners remains insufficiently integrated into organizational practice (Bubenzer, 2026; Hertog, 2024). There is therefore a need to understand how professionals experience and make sense of work-related trauma and how they cope with its psychological and emotional demands (Reimann & Clarke-Habibi, 2026).

This qualitative study explores experiences of work-related trauma among young professionals working in transitional justice and peacebuilding organizations across four African Countries (Kenya, Nigeria, Egypt, and Uganda), focusing on the traumatic experiences they encounter, their psychological and emotional effects, and the strategies used to cope and adapt. The paper examines the nature of these experiences, their psychological consequences, and participants' coping and adaptation strategies, with implications for strengthening psychosocial support and organizational duty of care within the sector.

Statement of the Problem

Conflict and peacebuilding professionals routinely work with communities affected by violence, displacement, human rights violations, and political instability, exposing them to significant psychological and emotional demands. Despite increasing recognition of trauma-informed and healing-centered approaches for conflict-affected populations, comparable attention to the psychological well-being of the professionals delivering these interventions remains limited (Ahmed et al., 2025; Yoder-Maina & Mbugua, 2026). Within peacebuilding organizations, pressures to maintain operations in difficult environments may further encourage professionals to continue working despite psychological distress, while access to structured psychosocial support remains uneven (International Committee of the Red Cross, 2026; unRival Network, 2025).

This concern is particularly relevant to youth professionals working in transitional justice and peacebuilding organizations in Africa, who engage directly with survivors, affected communities, human rights violations, political violence, and other consequences of conflict. These professionals may encounter trauma both through direct exposure to threats and insecurity and through repeated engagement with the suffering and traumatic experiences of others. Yet the available literature remains relatively fragmented, with much of the research and intervention literature developed within Western or Global North contexts and less attention given to how professionals in African settings themselves understand and respond to work-related trauma (Ahmed et al., 2025; Yoder-Maina & Mbugua, 2026).

The specific problem addressed by this study is therefore the limited understanding of how youth professionals working in transitional justice and peacebuilding organizations experience, interpret, and cope with work-related trauma. Without understanding their lived experiences, psychological responses, and existing coping strategies, organizational responses may continue to rely on generalized or reactive approaches that do not adequately reflect the realities of professionals working in these contexts. This study addresses this gap by qualitatively examining experiences of work-related trauma among seven youth professionals in transitional justice and peacebuilding organizations, with particular attention to the traumatic experiences they encounter, their psychological and emotional consequences, and the strategies they use to cope and adapt.

Research Objectives and Questions

This study is guided by the following general and specific objectives.

General Objective

To explore the experiences of work-related trauma among young professionals engaged in transitional justice

and peacebuilding work, with particular attention to its psychological, relational, and professional effects and the ways in which they cope with and adapt to these experiences.

Specific Research Objectives

1. To explore how conflict and peacebuilding professionals working in transitional justice and peacebuilding organizations in Kenya, Uganda, Egypt and Nigeria experience and make sense of work-related trauma.
2. To examine the psychological, emotional, relational, and professional impact of work-related trauma on conflict and peacebuilding professionals working in Kenya, Egypt, Uganda and Nigeria.
3. To explore how conflict and peacebuilding professionals working in peacebuilding organizations in Kenya, Uganda, Egypt and Nigeria cope with and adapt to the psychological and emotional demands of work-related trauma.

Research Questions

1. How do conflict and peacebuilding professionals working in transitional justice and peacebuilding organizations in Kenya, Uganda, Egypt and Nigeria experience and make sense of work-related trauma?
2. How does work-related trauma influence the psychological well-being, personal relationships, and professional practice of conflict and peacebuilding professionals working in Kenya, Egypt, Uganda and Nigeria?
3. How do conflict and peacebuilding professionals working in peacebuilding organizations in Kenya, Uganda, Egypt and Nigeria cope with and adapt to the psychological and emotional demands of work-related trauma?

THEORETICAL FRAMEWORK

To comprehensively analyse the complex psychological landscape of peacebuilding professionals, this study integrates three foundational theories: Vicarious Trauma Theory (via Constructivist Self-Development Theory), Moral Injury Theory, and the Transactional Model of Stress and Coping.

Vicarious Trauma Theory (Constructivist Self-Development Theory)

Vicarious Trauma Theory is grounded in Constructivist Self-Development Theory (CSDT), developed by McCann and Pearlman (1990, 1992) and further elaborated by Pearlman and Saakvitne (1995), Pearlman (1997), and McCann and Pearlman (2015). Drawing on self-psychology, object relations, and social cognition, CSDT conceptualizes vicarious traumatization as the cumulative and enduring transformation of professionals' inner experiences resulting from empathic engagement with survivors of trauma and repeated exposure to narratives of violence, cruelty, and suffering (McCann & Pearlman, 1990; Dunkley & Whelan, 2006). The theory proposes that adaptation to trauma emerges from the interaction between individual characteristics including personal trauma history, coping mechanisms, ego resources, and defensive styles and the operational, socio-cultural, and institutional environment (McCann & Pearlman, 1990; Saakvitne et al., 1998). Repeated exposure to traumatic experiences may disrupt professionals' meaning-making processes and affect three interconnected dimensions of the self: self-capacities, ego resources, and cognitive schemas and psychological needs. Disruption of self-capacities and ego resources may manifest in emotional dysregulation, numbing, self-doubt, boundary difficulties, and impaired judgment, while altered cognitive schemas can affect fundamental assumptions concerning safety, trust, control, esteem, and intimacy (McCann & Pearlman, 1992; Pearlman, 1997; Saakvitne et al., 1998). Thus, CSDT provides a useful framework for understanding how repeated exposure to trauma within conflict and peacebuilding work can influence professionals' psychological functioning, relationships, worldview, and capacity to adapt.

In the context of the proposed study, CSDT provides a robust, non-pathologizing, and developmentally sensitive framework to analyse the lived experiences of conflict and peacebuilding professionals. Peacebuilders do not operate in clinical, controlled office settings; rather, they are embedded directly in active

conflict zones, marginalized counties, and highly volatile environments where they negotiate ceasefires, document atrocities, and rebuild post-conflict community relationships (Ahmed et al., 2025). Consequently, they face a double-edged sword: the very empathy, social dedication, and relational proximity that qualify them for peace work act as major pathways for cognitive schema disruption (Leon, 2023; McCann & Pearlman, 1990).

By utilizing CSDT, this study will explore how continuous exposure to severe community violence, physical insecurity, and human rights violations systematically dismantles peacebuilders' schemas of safety, leading to hypervigilance and phobic thoughts (Leon, 2023; Saakvitne et al., 1998). It will examine how the repeated experience of broken peace agreements and political betrayal erodes their schemas of trust and control, transforming their professional outlook from idealistic hope to cynicism and isolation (Dunkley & Whelan, 2006; Saakvitne et al., 1998). Furthermore, the theory facilitates a detailed investigation into how peacebuilders' self-capacities and ego resources are taxed as they attempt to manage the emotional demands of their work, regulate intense grief or anger, and maintain clear professional boundaries without succumbing to emotional exhaustion or complete burnout (Pearlman, 1995; Saakvitne et al., 1998). Ultimately, CSDT enables this study to conceptualize peacebuilders' "invisible wounds" not as individual psychopathology, clinical dysfunction, or professional failure, but as a predictable, cumulative, and structural psychological adaptation to the demands of carrying the weight of others' trauma (Dunkley & Whelan, 2006; McCann & Pearlman, 1990).

Moral Injury Theory

Moral Injury Theory provides a complementary lens to Vicarious Trauma Theory by explaining the ethical, existential, and relational consequences of exposure to events that violate deeply held moral beliefs. Initially developed in military contexts by Shay (1994) and formally elaborated by Litz et al. (2009), moral injury refers to enduring psychological, behavioural, and spiritual distress arising from perpetrating, failing to prevent, witnessing, or learning about morally transgressive events, including experiences of betrayal by trusted individuals or institutions (Griffin et al., 2019; Litz, 2025; Litz & Walker, 2025). Such experiences, referred to as Potentially Morally Injurious Events (PMIEs), can generate a persistent conflict between an individual's moral framework and the reality of what they have witnessed or been unable to prevent, producing shame, guilt, anger, distrust, alienation, and loss of meaning or faith (Atuel et al., 2020; Barr et al., 2022). Unlike threat-based trauma, which primarily involves fear and perceived danger, moral injury centers on disruptions to moral identity, worldview, relationships, and assumptions about right and wrong (Griffin et al., 2019). Importantly, moral injury is not solely an individual psychological problem; it can be produced or intensified by institutional betrayal, systemic failures, organizational constraints, and inadequate protection or support for professionals (Molendijk et al., 2022). This makes the theory particularly relevant to conflict and peacebuilding professionals, whose work may require them to repeatedly confront violence, injustice, institutional failure, and situations in which their capacity to uphold deeply held ethical commitments is constrained.

In the context of conflict resolution and peacebuilding professionals, this theoretical framework is highly salient and operationally significant. Peacebuilders are driven by a powerful moral identity and a deep-seated commitment to justice and human rights, which paradoxically increases their vulnerability to ethical distress when operating in volatile, highly compromised, and resource-scarce environments. By utilizing Moral Injury Theory, this study will explore how peacebuilders navigate PMIEs that are structurally built into their daily work. When practitioners are forced to make impossible ethical compromises such as determining how to ration limited food and medical supplies in refugee camps like Kakuma, in Kenya, deciding whether to negotiate with local armed actors to secure safe passage for aid, or witnessing systemic corruption and broken peace agreements that lead to the slaughter of the communities they have sworn to protect, they experience a severe contraction of agency (Litz & Walker, 2025; Molendijk et al., 2022). This study will investigate how these professionals cope with the subsequent "moral residue" of these structural compromises, examining how feelings of complicity, organizational betrayal, and a shattered belief in a just world manifest as chronic anxiety, rumination, and emotional withdrawal. Ultimately, Moral Injury Theory allows this research to move beyond threat-based models of trauma, capturing the profound existential and ethical wounds carried by

peacebuilders, and highlighting the systemic responsibility of peacebuilding organizations to reform their structures and fulfill their duty of care.

Transactional Model of Stress and Coping

While CSDT and Moral Injury Theory delineate the specific psychological and ethical aspects of secondary trauma, the Transactional Model of Stress and Coping (TMSC), originally formulated by Richard Lazarus and Susan Folkman (1984), provides the foundational process-oriented framework governing how professionals dynamically evaluate and respond to environmental demands.

The Transactional Model of Stress and Coping conceptualizes stress as a dynamic interaction between individuals and their environments, in which psychological outcomes depend not only on the nature of an event but on how it is appraised and the resources available to manage it (Lazarus & Folkman, 1984). The process involves primary appraisal, in which an event is evaluated as irrelevant, benign, or stressful and, if stressful, as harm/loss, threat, or challenge; secondary appraisal, in which individuals assess their coping resources, social support, capabilities, and perceived control; and reappraisal, through which these evaluations are continually revised as circumstances and understanding change (Lazarus & Folkman, 1984; Coyne & Holroyd, 1982). Later developments extend the model beyond individual cognition by emphasizing organizational structures, affective and physiological processes, and collective resources such as teamwork and social networks (Goh et al., 2010; Steffen & Anderson, 2025; Ali et al., 2025). This is particularly relevant in high-risk and resource-constrained environments, where persistent threats and limited coping resources can intensify secondary traumatic stress and burnout, while community networks and integrated MHPSS can strengthen coping resources and transform experiences initially appraised as overwhelming threats into more manageable challenges (Sousa & Veronese, 2022; Dewey & Allwood, 2022; Dogo et al., 2024; Paphitis et al., 2023).

In the context of the proposed study, conflict and peacebuilding professionals operate as frontline "first responders," balancing extreme field exposure with the pursuit of compassion satisfaction (O'Connell et al., 2026). When stationed in marginalized or volatile counties like Turkana, in Kenya, peacebuilders must navigate a polycrisis of localized conflicts, climate shocks, and severe funding cuts (Ahmed et al., 2025). The transactional model explains how these professionals appraise their hostile operational environments. Applying the affective revisions (Steffen & Anderson, 2025), this study will explore how somatic and immediate emotional states shape peacebuilders' initial primary appraisals of danger. Through the process lens of the RTM (Goh et al., 2010), the study will examine how organizational structures, such as workload distribution, institutional trust, and fair remuneration, influence the secondary appraisal of available resources (Ahmed et al., 2025). Furthermore, by drawing on the collective extensions of the model (Ali et al., 2025), the research will investigate the protective role of peer-led networks, teamwork, and collaborative dialogues in facilitating active, problem-focused coping rather than passive, maladaptive avoidance (Afonso et al., 2022; Ali et al., 2025). Ultimately, the transactional model provides this study with a dynamic, process-oriented behavioural framework to track how young peacebuilders interact with, adapt to, and survive the daily occupational stressors of conflict resolution.

Synthesis of the Theoretical Framework: Harmony and Gaps

The integration of Vicarious Trauma Theory (CSDT), Moral Injury Theory, and the Transactional Model of Stress and Coping provides a robust, multidimensional conceptual matrix, uniquely suited to explore the lived experiences of trauma among conflict and peacebuilding professionals. Each theory captures only a segment of the practitioner's reality. The Transactional Model of Stress and Coping serves as the overarching process-oriented framework, explaining the cognitive-behavioral mechanisms of how peacebuilders appraise situational demands and deploy immediate coping strategies in the field (Lazarus & Folkman, 1984). However, the Transactional Model does not account for the specific, cumulative contents of trauma or the deep ethical distress unique to peace work.

Vicarious Trauma Theory (CSDT) fills this first gap by providing the intrapsychic and cognitive content of trauma over time, detailing how chronic empathic exposure to horrific violence systematically alters the

professional's core self-capacities, ego resources, and schemas of safety, trust, and control (McCann & Pearlman, 1990; Pearlman & Saakvitne, 1995). Yet, CSDT remains focused on secondary trauma narratives, leaving a second gap regarding the structural, organizational, and political compromises forced upon peacebuilders. Moral Injury Theory fills this second gap by supplying the ethical, spiritual, and existential depth necessary to conceptualize the profound psychological distress resulting from transgressive events, acts of omission under resource constraints, and institutional betrayal (Litz et al., 2009; VanderWeele et al., 2025). Synthesized, these three frameworks operate in harmony: the Transactional Model explains how daily field stressors are processed; CSDT maps the long-term cognitive erosion that occurs when those stressors involve survivor trauma; and Moral Injury Theory captures the existential fractures when those transactions involve forced ethical compromises and structural betrayal. This theoretical triangulation ensures that the proposed qualitative study moves beyond simplistic, threat-based clinical diagnoses of PTSD or basic workplace fatigue, capturing the intricate cognitive, behavioural, ethical, and relational dimensions of the invisible wounds of peace work.

LITERATURE REVIEW

This section critically reviews recent empirical literature relevant to the study's objectives. To ensure a comprehensive synthesis, each thematic section evaluates the discourse globally, followed by regional evidence from the African continent, and culminating in localized insights from East Africa.

Experiencing and Making Sense of Work-Related Trauma

Research across different conflict and humanitarian settings suggests that professionals make sense of work-related trauma through the interaction of personal experience, professional responsibility, and the social environment in which they work. In Israel, Soffer-Elnekave (2024) found that social workers operating within the Israeli-Palestinian conflict experienced their professional roles through the realities of the wider political conflict, illustrating how practitioners in protracted conflicts are simultaneously professionals and members of the societies in which violence occurs. Similarly, qualitative research among Lithuanian professionals supporting war-affected refugees found that secondary traumatic stress was experienced as both an emotional and relational process, with participants describing the experience as “hurting because they are hurting” (Butt et al., 2026). A related study of 120 refugee helpers in Lithuania linked secondary traumatic stress with burnout, compassion satisfaction, and social support (Petravičiūtė et al., 2025). These findings suggest that trauma among helping professionals cannot be understood solely as an individual psychological response; it is shaped by empathic engagement, professional roles, relationships, and the wider conflict environment.

Furthermore, empirical evidence demonstrates that the risk of severe dramatization is significantly compounded by environmental and physical factors (Altınoğlu-Dikmeer et al., 2025; Akinsulure-Smith et al., 2018). In volatile, low-resource settings, such as active conflict zones in Sudan or refugee camps like Kakuma in Kenya, the physical exhaustion of the landscape including extreme temperatures exceeding 40°C and poor security directly shapes how workers perceive and make sense of their psychological vulnerabilities (Ahmed et al., 2025; Hix, 2023). Under these conditions, the sense-making process is not merely a cognitive exercise but a survival-driven somatic reaction to a "no safe place" reality, where the constant anticipation of direct violence or systemic failure limits the professional's capacity to maintain clear boundaries and process their vicarious trauma adaptively (Guidero, 2022; Hix, 2023).

The literature therefore points toward a progressively clearer gap: while studies from contexts such as Israel and Lithuania demonstrate the relational and contextual nature of work-related trauma, and research from African and other low-resource settings highlights the additional influence of insecurity and resource limitations, comparatively little qualitative research has examined how youth professionals working in transitional justice and peacebuilding organizations in the African context themselves experience, interpret, and cope with work-related trauma. The present study responds to this gap by examining these experiences from the participants' own perspectives.

The Impact of Work-Related Trauma

Unaddressed work-related trauma and exposure to Potentially Morally Injurious Events (PMIEs) generate severe, cascading psychological, relational, and professional consequences that threaten both individual well-being and the integrity of peace interventions (Cameron et al., 2024; Rizkalla & Segal, 2019). Quantitatively, the scale of this psychological erosion is alarming. A comprehensive meta-analysis of mental ill-health among humanitarian aid workers documented high, disproportionate rates of PTSD, major depressive disorder, and generalized anxiety across global cohorts, illustrating that individual psychological distress is a predictable, structural consequence of aid work (Cameron et al., 2024). In active conflict zones like Gaza, healthcare and humanitarian workers experience high levels of externally driven moral injury, characterized chiefly by violated trust and profound disillusionment with global systems rather than self-directed shame (Gaza's Healthcare Study, 2025/2026). On the Moral Injury Outcome Scale, Gaza's clinicians exhibited extremely high trust-violation sequelae (mean subscale 18.08 /pm 5.7 out of 30) compared to shame-related sequelae (4.38 /pm 2.3 out of 10), with 76% witnessing colleagues' moral violations and 47% feeling personally betrayed by leadership (Gaza's Healthcare Study, 2025/2026).

Similarly, a 2026 empirical study examining humanitarian personnel confirmed that moral injury is strongly associated with severe depression, sleep disorders, memory issues, and suicidal ideation, with problem-focused and repetitive ruminative thinking acting as the primary cognitive mediators linking moral transgressions to negative psychological outcomes (Moral Injury Study, 2026). Left unaddressed, this moral and psychological erosion leads to high staff turnover, decision fatigue, and emotional withdrawal, ultimately threatening the safety of vulnerable populations and risking inadvertent re-traumatization of the communities they support (Litz et al., 2009; Rizkalla & Segal, 2019; unRival Network, 2025).

In Kenya, a rigorous, mixed-methods evaluation of humanitarian aid workers in Kakuma Refugee Camp revealed a severe psychological crisis: the prevalence of professional burnout was 65.1%, generalized anxiety was 64.2%, and clinical depression was 56.0% (Ahmed et al., 2025). The study's multivariate regression demonstrated that environmental stressors, particularly the convergence of extreme climatic conditions and poor physical security, acted as powerful mental health risk multipliers, significantly increasing the odds of depression. The professional impact of this distress is characterized by a gradual "quality of results" decay within social change organizations (Foo et al., 2023). In high-stress, project-based environments, chronic emotional exhaustion and depersonalization lead to impaired concentration and cognitive fatigue, which erode work quality and increase the need for rework and corrections, thereby accelerating the burnout cycle (Foo et al., 2023).

However, much of the existing evidence has focused on humanitarian workers, healthcare personnel, or emergency responders, with comparatively limited qualitative attention to youth professionals working specifically in transitional justice and peacebuilding organizations. There is particularly limited understanding of how these professionals themselves describe the psychological, emotional, relational, and professional effects of their work-related trauma within African contexts. The present study addresses this gap by examining these impacts from the lived experiences of youth professionals engaged in transitional justice and peacebuilding work.

Coping with and Adapting to Trauma

Research from international humanitarian and trauma-exposed settings indicates that professionals use a combination of personal, cognitive, behavioural, and relational resources to manage the psychological demands of their work. Adwi et al. (2025), studying humanitarian aid workers supporting displaced populations primarily in Syria, Türkiye, Jordan, and Lebanon, found that religion and planning were among the most commonly used coping strategies, while active coping was associated with greater compassion satisfaction and negative coping with greater compassion fatigue. Similarly, Akinsulure-Smith et al. (2018), examining refugee resettlement workers in the United States, found that negative coping was associated with greater burnout, while Cummings et al. (2021) highlighted compassion satisfaction as a potential protective factor against work-related burnout, vicarious traumatic stress. Research among war-refugee helpers in Lithuania likewise found that compassion satisfaction and social support were relevant protective resources in

relation to secondary traumatic stress (Petravičiūtė et al., 2025). Evidence from refugee rescue workers operating in the Aegean Sea further found that compassion satisfaction was associated with lower burnout, while secondary traumatic stress contributed to burnout among professional rescue workers (Kocer et al., 2024). Collectively, these studies suggest that adaptation is not simply the absence of distress but involves the presence of psychological and relational resources, including meaning-making, emotional regulation, social support, and a sense of effectiveness, that enable professionals to sustain engagement with trauma-exposed work.

Evidence from African settings increasingly point toward the importance of collective, culturally grounded, and organizational approaches to coping rather than relying exclusively on individualized resilience training. In Rwanda, the Societal Healing Programme similarly integrated resilience-oriented therapy, multi-family healing spaces, sociotherapy, psychosocial rehabilitation, and collaborative livelihoods, reflecting an approach in which psychological recovery is connected to relationships and community resilience (Rwanda Societal Healing Programme, 2025). In Kenya, Yoder-Maina and Mbugua (2026) evaluated *Muamko Mpya*, a healing-centred resilience programme developed for police personnel and grounded in peer-led facilitation, community ownership, and cultural relevance; the programme reported improvements in trauma awareness, emotional literacy, psychological distress, and sustained use of emotional-regulation strategies. These African experiences challenge purely individualized approaches to coping and support the growing argument that sustainable adaptation requires supportive professional communities and organizational structures. Nevertheless, an important gap remains: existing research has largely examined humanitarian aid workers, refugee-service providers, rescue personnel, police officers, or conflict-affected communities, rather than young professionals specifically engaged in transitional justice and peacebuilding. There is also limited qualitative evidence on how such professionals in African contexts themselves understand and describe the coping strategies they use to remain psychologically and professionally functional. The present study addresses this gap by exploring how young professionals working in transitional justice and peacebuilding organizations cope with and adapt to work-related trauma.

METHODOLOGY OF THE STUDY

This study adopted a qualitative research approach to obtain in-depth, rich, and insightful information from seven conflict resolution and peacebuilding practitioners working and living in Kenya, Nigeria, Egypt and Uganda. Qualitative research was uniquely suited for this study as it prioritized capturing detailed, subjective experiences and the complex psychological realities of the participants, allowing them to define, contextualize, and ascribe personal meaning to their work-related distress. The study successfully captured the intricate cognitive, emotional, relational, and moral elements that characterized the work-related trauma experiences of frontline peace work.

Population and Sampling Technique

The target population comprised young conflict resolution, social justice, transitional justice, and peacebuilding professionals working with two youth-based organizations: African Youths for Transitional Justice (AY4TJ) and the Youth Organisation for Research and Justice Advocacy (YORJA). Participants were purposively selected based on their professional experience and direct involvement in peacebuilding and transitional justice activities, including peace dialogue, restorative mediation, human rights advocacy, and engagement with conflict-affected communities. The two organizations brought members together for a meeting in Nairobi, Kenya, during which the researcher introduced the study, explained its purpose and procedures, and invited eligible members to participate. Seven professionals who expressed willingness and met the inclusion criteria were recruited. Participants lived and worked across four countries, Kenya, Nigeria, Egypt, and Uganda. The final sample comprised seven participants (n = 7), with four males and three females, as summarized in Table 1. The final sample size was guided by the number of eligible participants who voluntarily agreed to participate in the study.

Table 1: Demographic Characteristics of Participants

Participant	Professional Role	Gender
Participant 1	Human Rights Officer	Male
Participant 2	Youth Rights/Democracy Champion	Female
Participant 3	Transitional Justice Personnel	Female
Participant 4	Human Rights Researcher	Male
Participant 5	Legal Practitioner	Male
Participant 6	Human Rights/Justice Advocate	Male
Participant 7	Peacebuilding/Conflict Resolution Specialist	Female

Interview Procedures and Ethical Considerations

Following recruitment, participants were briefed individually on the study and provided informed consent before the interviews commenced. The interviews were conducted in private settings during the Nairobi meeting and followed a semi-structured interview guide addressing participants' experiences of work-related trauma, its psychological, relational, and professional effects, coping and adaptation, and organizational support. With participants' permission, interviews were audio-recorded and subsequently transcribed verbatim by the researcher. Given the sensitivity of the subject matter, participants were informed at the beginning of the interviews that counselling support was available should discussion of their experiences evoke significant emotional distress. Participation was voluntary, and participants were informed of their right to decline to answer any question or withdraw from the study without penalty.

Data Management Conditions and Security

Given the highly sensitive nature of discussing work-related trauma, moral injury, and active security threats in volatile regions, strict data management conditions were implemented to protect the participants' safety and privacy. Immediately following the verbatim transcription, all direct identifying information including the names of the participants, specific local communities, and the names of both organizations were replaced with non-identifying pseudonyms (e.g., "P1").

All digital materials, including raw audio recordings, verbatim transcripts, and coding frameworks, were stored on secure, encrypted, and role-restricted cloud-based storage drives accessible exclusively to the primary researcher. Hard copies of the signed consent forms were stored in a locked filing cabinet separate from the digital databases. A strict data retention and safe-disposal schedule was established, dictating that all raw audio recordings would be permanently destroyed and erased upon the successful academic examination and publication of the research findings, thereby mitigating any long-term privacy or security risks.

Methodological Trustworthiness and Rigor

To ensure qualitative rigor, the study strictly maintained methodological trustworthiness by adhering to the established qualitative criteria of credibility, transferability, dependability, and confirmability:

Credibility: Credibility was achieved through member checking, in which participants were invited to review their verbatim transcripts to verify the accuracy of their testimonies. Additionally, peer debriefing and continuous consultations with experienced qualitative researchers were conducted to validate the analytical interpretations of the transcripts.

Transferability: Transferability was supported by providing rich, thick descriptions of the participants' operational environments, socio-cultural settings, and structural organizational realities across Africa. While qualitative studies do not seek statistical generalization, this highly detailed contextual reporting allows future scholars to assess the applicability of the findings to other humanitarian and peacebuilding settings.

Dependability: Dependability was maintained by establishing a clear, step-by-step audit trail. The researcher documented every operational decision made during the study, including raw field notes, data collection reflections, and systematic descriptions of how the codes were developed, clustered, and synthesized into master themes.

Confirmability: Confirmability was preserved by managing and accounting for personal researcher bias. The researcher maintained a reflexive journal throughout the study to identify, unpack, and bracket pre-existing professional assumptions about peacebuilding work, ensuring that the final themes emerged directly from the authentic narratives of the participants rather than pre-existing clinical or theoretical assumptions.

Ethical Processes and Safeguards

Rigorous ethical processes were embedded into every phase of this research. Informed consent was treated as a dynamic, ongoing process rather than a single administrative task. Before each interview commenced, the researcher verbally briefed the participant on the study's scope, potential psychological risks, and absolute right to skip any distressing questions, pause the recording, or withdraw from the study at any time without negative professional or social repercussions. Following this verbal briefing, dual-signed physical consent forms were executed. Given the sensitive nature of the topic, participants were informed at the beginning of the interviews that counselling support was available should discussing their experiences cause emotional distress or psychological discomfort. This was intended to provide participants with an appropriate support option while sharing potentially distressing experiences.

FINDINGS AND DISCUSSION

Introduction

This section presents the findings of the study on work-related traumatic experiences among Conflict and Peacebuilding Professionals. The study sought to understand how professionals working in conflict, peacebuilding, human rights, transitional justice, governance, and related justice-oriented fields experience and make sense of work-related trauma; how such experiences influence their psychological well-being, personal relationships, and professional practice; and how they cope with and adapt to the psychological and emotional demands associated with their work.

The findings were based on in-depth interviews with seven conflict and peacebuilding professionals, identified here as P1 to P7 to preserve anonymity. The analysis generated four overarching themes: (1) encountering suffering and threat as an occupational reality; (2) the psychological wound of helplessness; (3) transformation of worldview and professional meaning; and (4) coping, adaptation, and the limits of organizational care. These themes contain several interconnected subthemes that illustrate both convergence and divergence in the participants' experiences.

How do conflict and peacebuilding professionals experience and make sense of work-related trauma?

Participants described work-related trauma as arising through both direct exposure to threat and insecurity and repeated encounters with the suffering of others. For some, the danger was inseparable from their professional roles. P1 described the environment in which governance and constitutionalism work was conducted as inherently unsafe: "*The environment, particularly for organizations that are doing work around governance and constitutionalism, it's very risky…. My boss was abducted by suspected government security agencies.*" The abduction of a senior organizational leader further altered the participant's sense of safety, extending the perceived threat beyond the workplace: "*That period alone was very traumatic for me, but I also believe it was traumatic for my kids*." P4 similarly described repeated organizational targeting and surveillance, reporting

that "*My focus completely disintegrated" and that "Hypervigilance took over*." The participant further added that "*it is normal living in a state of continuous caution*," indicating that threat had become incorporated into everyday functioning. P5 reported a comparable cognitive disruption following an attack on the organization's office, stating, "*I went into total cognitive lockup… and I was persistently worried if our home address had been compromised*." These accounts suggest that direct occupational threat was experienced not simply as an acute emotional reaction but as a sustained alteration in concentration, perceived safety, and everyday behaviour.

This finding is consistent with research showing that peace and humanitarian professionals experience trauma within the broader political and security environments in which they work. Soffer-Elnekave (2024), in a study of social workers in the Israeli-Palestinian conflict, similarly found that professional roles could not be separated from the realities of the surrounding conflict. Research in Kenya also demonstrates how physical insecurity, and environmental pressures can intensify psychological vulnerability among humanitarian workers (Ahmed et al., 2025). The present findings, however, extend this literature by showing how political threat becomes embedded in ordinary routines and professional cognition among young professionals working in transitional justice and peacebuilding. The concern about family safety reported by P1, the continuous monitoring described by P4, and the cognitive "lockup" experienced by P5 illustrate that occupational insecurity may persist beyond the immediate threat and reshape how young professionals navigate everyday life.

For other participants, trauma was experienced primarily through bearing witness to violence and human suffering. P6 described repeated exposure to atrocities and human rights violations by stating that, "*most of the people and context I work with have experienced mass murder, genocide, crimes against humanity, war crimes, rape, torture, PTSD*," while also recalling visits to genocide memorials where the physical evidence of violence made previously heard accounts more tangible: "*It's a different thing when you hear all these stories from people and then you go into the memorials*." P7 described working with children who had lost both parents during war, emphasizing that "*The children and their families were just collateral damage for the war*." The participant contrasted hearing about suffering through the media with encountering affected people directly: "*when you are dealing with them, you will feel more helpless than when you read about it in the news.*" These experiences illustrate the relational nature of trauma exposure: suffering was not merely observed as an external event but encountered through sustained professional engagement with survivors and affected communities.

This finding on the secondary experience of trauma closely parallels qualitative evidence from Lithuania, where refugee helpers described secondary traumatic stress in relational terms, including the expression "*hurting because they are hurting*" (Butt et al., 2026). Petravičiūtė et al. (2025) likewise found relationships, social support, burnout, and compassion satisfaction to be associated with secondary traumatic stress among refugee helpers. However, the present study adds a distinctive dimension by demonstrating how transitional justice work exposes professionals not only to survivors' narratives but also to material and historical manifestations of atrocity, such as mass graves, memorials, and children whose lives have been permanently altered by conflict. The participants' accounts therefore suggest that making sense of trauma involves negotiating both the suffering encountered through professional relationships and the broader realities of violence within which their work is situated.

Taken together, the findings indicate that work-related trauma among these professionals is neither exclusively direct nor exclusively vicarious. Rather, the two forms of exposure may overlap within the same occupational environment: young professionals may simultaneously confront threats to their own safety, witness others' suffering, and bear responsibility for responding to that suffering. This supports the contextual and relational understanding of trauma advanced in previous research (Butt et al., 2026; Soffer-Elnekave, 2024), while highlighting a relatively underexplored dimension of youth-led transitional justice and peacebuilding work in Africa. The participants' accounts show that trauma is experienced not only through exceptional incidents but also through the cumulative psychological demands of remaining professionally engaged in environments where violence, insecurity, and human suffering are persistent features of the work.

How does work-related trauma influence psychological well-being, personal relationships, and professional practice?

Participants described the effects of work-related trauma across three interconnected domains: psychological and emotional well-being, moral and emotional functioning, and personal and professional relationships. Importantly, distress was not always externally visible. Several participants continued performing their professional roles while describing persistent hypervigilance, cognitive fatigue, emotional exhaustion, and relational withdrawal. This finding is consistent with evidence that psychological distress among humanitarian and conflict-exposed professionals can manifest through anxiety, depression, burnout, sleep disturbance, cognitive difficulties, and emotional withdrawal (Cameron et al., 2024; Ahmed et al., 2025; Moral Injury Study, 2026).

Psychological and emotional consequences

A prominent psychological consequence was a persistent alteration in the perception of safety. P1 stated *"I became very suspicious of my environment"* following exposure to political repression, explaining, *"You never know who is a threat."* P4 similarly reported that "*I was continuously monitoring side mirrors and people's body language*," while P5 stated that "*I became immediately suspicious when a delivery driver remained outside the gate or an unknown number called repeatedly*." As P5 explained, *"You internalize a permanent state of threat monitoring. It becomes your new default setting."* These accounts indicate that the effects of occupational trauma extended beyond the original threatening events, becoming incorporated into ordinary perceptions and behaviours. This is consistent with research linking prolonged exposure to insecure environments with psychological vulnerability among humanitarian workers. In Kenya, for example, Ahmed et al. (2025) found high levels of burnout, anxiety, and depression among humanitarian workers in Kakuma, with poor physical security and environmental stress increasing psychological risk. The present findings add a qualitative dimension to these associations by showing how insecurity may become an enduring way of perceiving everyday social environments.

Participants also described significant cognitive and emotional depletion. P1 recalled a period in which *"My mind was everywhere and nowhere at the same time,"* making even ordinary reading difficult. For P5, the disruption was particularly consequential because analytical writing was central to professional identity: *"For nearly two weeks I would sit at my desk staring at a blank screen, unable to process simple sentences."* P7 captured a less acute but potentially more persistent form of impairment through the metaphor, *"You will not have a fully charged battery. You will be on like the battery saver mode."* Although responsibilities could still be performed, details could be missed, and the quality of work could decline. This closely parallels Foo et al.'s (2023) finding that emotional exhaustion and cognitive fatigue in high-stress social-change organizations can progressively undermine work quality. The present accounts, however, suggest that such impairment may remain concealed because professionals continue to function despite operating with substantially reduced psychological capacity.

The emotional burden was also expressed through sleep disturbance, sadness, anger, and a diminished sense of personal entitlement to rest. P7 described losing sleep while thinking about children without shelter: *"You will feel like I don't even deserve to sleep in bed until I provide for the children without beds who have lost their homes and parents."* P2 similarly recalled the beginning of their professional involvement as *"incredibly heartbreaking"* and stated, *"I was not able to sleep at the beginning when I started working."* These experiences are consistent with evidence linking occupational moral and traumatic exposure to depression and sleep disturbance (Moral Injury Study, 2026). What stands out in the present study, however, is the way distress was intertwined with responsibility toward affected communities: the participant's inability to rest was partly experienced as a moral consequence of knowing that others remained in need. Psychological burden was therefore not simply a reaction to what participants had witnessed; it was also connected to their perceived obligation to continue responding.

Relational consequences: support, protection, and withdrawal

The influence of work-related trauma on relationships was ambivalent. Family, friends, and colleagues frequ-

ently served as protective resources, but the same relationships could become difficult to access when participants attempted to protect others from the realities of their work. P1 described a strong support system, stating that "*close friends provided opportunities to talk, laugh about it, crack some jokes…. So, my support system has really been strong."* P4 similarly mentioned that "*my family and friends understand the risks associated with the work I do*," while P5 reported that "*my immediate family has been an essential anchor, reminding me that life exists outside of institutional conflict."* These accounts reinforce evidence that social support can buffer the psychological consequences of trauma exposure and contribute to occupational well-being (Petravičiūtė et al., 2025). In this study, however, relational support extended beyond conventional emotional assistance: relationships provided participants with an identity and psychological space outside the conflict environment.

At the same time, participants described withdrawal and selective disclosure. P2 explained, *"There's an aspect of my life I don't share with my family… partly because describing conflict-zone experiences could generate unnecessary fear*." The participant also acknowledged losing friendships because of professional demands: *"I have lost such a couple of friends because I don't have time for them anymore."* This introduces an important complexity to the literature on social support: although relationships can protect against psychological distress, professionals may restrict access to those relationships precisely when they are most distressed. In this sense, relational consequences are not simply a matter of losing social support; they may involve actively managing proximity to others in order to protect them or oneself.

Overall, the findings indicate that work-related trauma among these youth transitional justice and peacebuilding professionals operates across psychological, moral, professional, and relational domains rather than within a single dimension of mental health. Participants described persistent threat monitoring, cognitive depletion, sleep disturbance, sadness, anger, emotional numbing, moral disappointment, and reduced professional capacity, while relationships simultaneously functioned as sources of protection and spaces from which some participants withdrew. These findings converge with international and Kenyan evidence linking trauma-exposed work to psychological distress, burnout, cognitive impairment, and relational disruption (Ahmed et al., 2025; Cameron et al., 2024; Foo et al., 2023; Moral Injury Study, 2026). However, the present study adds an important perspective by showing how these consequences are experienced within youth-led transitional justice and peacebuilding work, where psychological distress is closely intertwined with responsibility for affected communities, perceptions of injustice, and the continued expectation to function despite personal burden. This helps explain why distress may remain largely invisible: professionals may continue delivering their responsibilities while doing so with diminished psychological and emotional resources.

How do conflict and peacebuilding professionals cope with and adapt to the psychological and emotional demands of work-related trauma?

The third research question examined how participants coped with and adapted to the psychological and emotional demands of work-related trauma. The findings show that coping was multidimensional and dynamic, involving spirituality and faith, family and peer relationships, physical activity and recreation, cognitive reframing, psychological distancing, and formal psychological support. Participants also described less adaptive responses, including emotional numbing, excessive social-media use, and continuing to work despite psychological strain. This broadly corresponds with international research showing that trauma-exposed professionals draw on multiple personal and relational resources. Adwi et al. (2025), studying humanitarian workers supporting displaced populations in Syria, Türkiye, Jordan, and Lebanon, identified religion and planning among commonly used coping strategies, while active coping was associated with greater compassion satisfaction. Similarly, Akinsulure-Smith et al. (2018), among refugee resettlement workers in the United States, found that negative coping was associated with greater burnout, while studies in Lithuania and among refugee rescue workers in the Aegean Sea identified social support and compassion satisfaction as protective resources (Kocer et al., 2024; Petravičiūtė et al., 2025). The present findings extend these observations by showing how these resources were actually experienced and used by youth professionals within transitional justice and peacebuilding work.

Theme 1: Meaning, spirituality, and faith as sources of psychological anchoring

Spirituality emerged as a significant source of psychological anchoring among participants who explicitly described faith, prayer, or their relationship with God as part of how they managed difficult experiences. Importantly, the participants did not describe spirituality merely as a religious routine. Rather, prayer provided a means through which they could express distress, process experiences that were difficult to resolve, relinquish what was beyond their control, and maintain a sense that suffering had not been left entirely unattended. P3 described faith as the first and most immediate coping resource: "*I think number one, my faith. I pray a lot*." The participant's description of prayer reveals that its therapeutic value lay partly in its function as a private space for unrestricted emotional expression. P3 further explained: "*When I pray, I talk to God about everything in the way that a child would talk to you about everything. So, I process everything*." Prayer consequently provided a space in which experiences that might be difficult to communicate to other people could be expressed without fear of judgment: "*I get it off my chest. No shame, no whatever*."

This account is significant because it positions spirituality not simply as a belief system but as an emotional processing mechanism. P6 similarly placed God at the beginning of the participant's coping system: "*I think first for me, it's God*." The participant described being "*very big*" on faith and religion and identified this spiritual orientation alongside family, colleagues, and music as part of the broader system through which work-related pressures were managed. Faith therefore did not operate in isolation. Instead, it constituted one layer of a wider protective network that included interpersonal and recreational resources. P7 provided perhaps the most elaborate account of the spiritual meaning attached to coping. The participant's exposure to suffering had generated profound feelings of helplessness, particularly when confronted with children who lacked basic necessities. In this context, prayer provided a way of responding to an experience that could not be solved through professional action alone: "*Okay. First of all, I pray*." The participant explained that the experience was understood as something that was also affecting them spiritually: "*I deal with it as it's something that's hurting me spiritually. So, I have to like reconnect with God and maybe tell him about, please God, I feel like I'm helpless. Help them because I know that he's hearing*." This spiritual coping was also linked to self-evaluation and guilt. P7 described asking God for forgiveness when reflecting on perceived shortcomings: "*Please God forgive. If I have any shortcomings, please forgive me because I will feel like, maybe I would have done better. Maybe something I could do better*." Thus, spirituality served two related functions. First, it helped the participant manage helplessness in relation to others' suffering; second, it helped process self-directed guilt concerning perceived inadequacy.

This finding converges with Adwi et al. (2025), who identified religion as a common coping strategy among humanitarian workers, and with research identifying meaning-making, resilience, and psychological flexibility as protective resources against secondary traumatic stress (Tessitore et al., 2023; Young et al., 2022). What the present study adds is the way spirituality functioned within the participants' everyday professional realities: faith provided a framework through which overwhelming circumstances could be accepted without necessarily being interpreted as personal failure. Coping was therefore not simply about controlling distress but about finding a way to continue living and working with experiences that could not be changed. The accounts further suggest that spirituality becomes particularly important at precisely those moments when professional competence reaches its limits.

Theme 2: Social relationships as protective resources

Family emerged as another important source of psychological stability. Participants described family relationships as providing emotional grounding, a sense of normality, and an identity that existed outside the conflict environment. This was particularly important because the professional world of peacebuilding often involved exposure to violence, insecurity, political conflict, and suffering. Family provided an alternative relational space in which the participant could experience life beyond these demands.

P6 described this explicitly: "*My family is a very strong anchor for me*." The participant explained that having a family created a psychological support base for them in the midst of the difficult work they were doing. P1 similarly described family members as supportive: "*Fortunately for me, I have a very strong support system, both family… and they, they knew the kind of work I was entering in*." This shows that the family of P6 were

supportive despite their awareness of the risks associated with the participant's work. Their support did not require them to deny the danger. Instead, family members recognized the risks while remaining supportive of the participant's professional commitment.

The convergence across these accounts suggests that family support operated less through specialized psychological intervention and more through relational grounding. Family members did not necessarily possess the professional knowledge to process trauma with participants. Their protective role instead came from offering continuity, belonging, ordinary life, and relationships that were not defined by conflict.

Theme 3: Physical activity, and recreation

Physical activity emerged as another recurring coping mechanism. Participants described walking and running not simply as leisure activities but as ways of discharging emotional tension, clearing the mind, and creating psychological distance from work. P1 described taking deliberate breaks when the workload became overwhelming: "*Times when I feel like I'm being overburdened, I just take a step back, play video games, go for a walk, clear my head, my music, go for a live band*." The participant described these activities as calming mechanisms that made it possible to return to work and continue functioning. The strategy therefore involved a temporary withdrawal from the stressor rather than permanent avoidance.

P7 provided a more emotionally explicit description of walking: "*Walking, because when I walk, I take my anger out or frustration out*." The participant explained that walking provided a sense of releasing negative energy while simultaneously creating an opportunity to reconsider the situation: "*I will feel like I am giving out all the negative energy and I will try to rethink the whole process from the beginning*." Walking therefore combined emotional discharge and cognitive processing. It was not simply a distraction; it enabled the participant to move from emotional activation toward reflection. This interpretation is consistent with research linking avoidance-oriented coping with burnout and compassion fatigue (Adwi et al., 2025; Akinsulure-Smith et al., 2018; Petravičiūtė et al., 2025). The present findings therefore suggest that the function of a coping strategy may be more important than the behaviour itself. The recurrence of movement across participants suggests that physical activity provided a relatively accessible mechanism for regulating emotional arousal in the absence of, or alongside, formal psychological support.

Theme 4: The limits and gaps in organizational psychosocial support

The accounts of participants who had access to professional psychological support were not representative of the experience of all participants. A contrasting pattern emerged in which professionals were able to acknowledge or express psychological distress but had limited access to structured psychosocial care afterwards. The distinction between being permitted to express distress and actually receiving care for that distress was particularly prominent. P6 stated: "*So if you express yourself and say all that you want to say what next, where do you get support from*?" The participant identified a shortage of professionals capable of responding to these needs: "*I personally think there's a significant shortage of mental health psychosocial support officers that can help people navigate these feelings, help them clarify and all of that*."

P2 provided an even more direct account of the absence of organizational psychological support. When asked about formal mechanisms available within the organization, the participant responded: "*Not at all. We don't have that*." The response was not simply an expression of personal dissatisfaction. P7 described the organizational gap from a different perspective. Rather than simply reporting the absence of services, the participant described an organizational culture in which the demands of the work made it difficult to stop and attend to one's own psychological needs: "*We don't, I don't think, I feel like we don't have time to like to console each other, you know, we just have to keep moving because we have other issues to deal with*." The participant was conscious that this pattern was psychologically problematic: "*I know that that is not very healthy when it comes to the mental health and well-being of especially people who are working on the peace building spaces*."

This finding resonates with emerging African approaches that move beyond individualized resilience toward collective and organizational forms of support. In Rwanda, the Societal Healing Programme integrated

resilience-oriented therapy, multi-family healing spaces, sociotherapy, psychosocial rehabilitation, and collaborative livelihoods, linking psychological recovery with relational and community processes (Rwanda Societal Healing Programme, 2025). In Kenya, Yoder-Maina and Mbugua (2026) similarly found positive outcomes from *Muamko Mpya*, a healing-centred programme grounded in peer-led facilitation, community ownership, and cultural relevance. The present study does not suggest that clinical intervention should replace personal or community-based coping. Rather, participants' accounts indicate that formal support can complement existing coping resources by providing structured processing and interpretation that individuals may not be able to generate on their own.

CONCLUSION

This study examined the lived experiences of work-related trauma among conflict and peacebuilding professionals, illuminating the complex, structural, and often invisible psychological burdens inherent to peace and justice advocacy. The findings demonstrate that occupational trauma in this sector does not occur as isolated clinical events; rather, it manifests as a continuous, cumulative background condition driven by direct political repression, state surveillance, and vicarious exposure to human suffering.

Practitioners make sense of this trauma through divergent cognitive pathways, ranging from guarded realism and Hobbesian cynicism to expanded empathy and human agency. However, unaddressed trauma generates severe, cascading consequences: chronic hypervigilance, cognitive "battery erosion," moral injury driven by institutional betrayal, and a relational paradox where professionals adopt "protective silence" to shield loved ones, thereby isolating themselves from vital support networks. While individual coping mechanisms (such as daily rituals, humor, and strong peer anchors) provide temporary relief, they are insufficient on their own against systemic violence and repeated reversals of peacebuilding progress. Ultimately, sustaining the long-term integrity of peace initiatives requires shifting from a model of individual self-reliance to institutionalized, continuous psychosocial care.

Conflict of Interest

The author declares that there are no conflicts of interest that could have influenced the conduct, analysis, or reporting of this study.

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