

Transcultural Safeguarding

in the Gypsy, Roma & Traveller Community

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Objectives of Case Study

Intercultural focus in
Gypsy, Roma, Traveller
community

Psycho-spiritual approach
to trauma

Understand formation
needs for those
undertaking trauma-
informed work

KEYWORDS

Interculturality, identity, presence, trauma, safeguarding, Traveller community



Who are the Traveller Community?

English Gypsies

Romany, Scottish, Welsh populations

Irish Travellers

Distinct Irish heritage & culture

Roma

Recent migrants from Central & Eastern Europe

Other Nomadic Groups

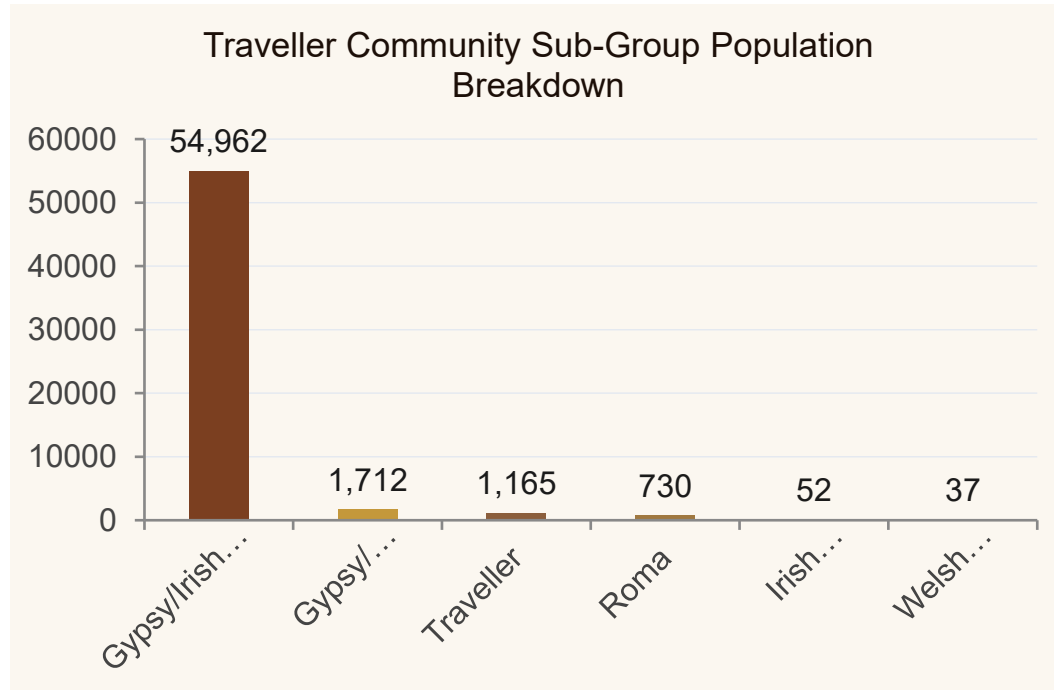
Those with a nomadic way of life

*"A diverse range of ethnic groups
and individuals with nomadic lifestyles"*

GRT Community: UK Population Statistics



2011 Census Data — Estimated 56,000 GRT individuals in the UK

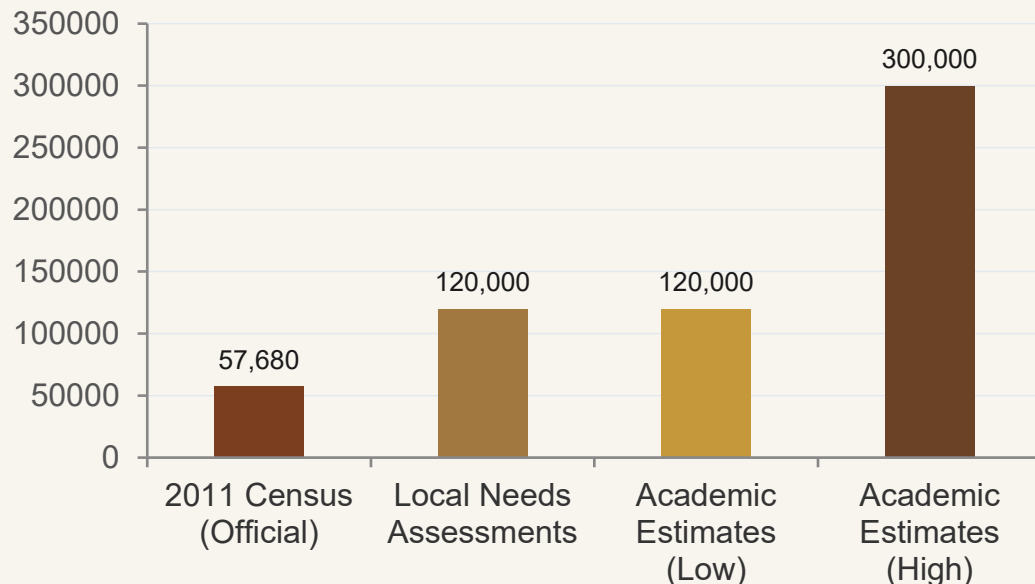


20% of Traveller community women are lone parents vs only 8% in the general population

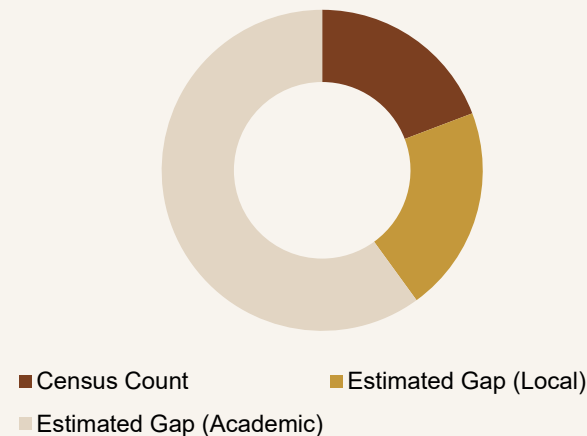
How Many GRT People Are There Really?



GRT Population Estimates Compared



The Data Gap (up to 300,000 total)



5×

Academic estimates can be up to 5× higher than the official Census figure

A History of Transgenerational Trauma

Roma Holocaust

Mass persecution and genocide of Romani people across Europe

Atlantic Slave Trade

Traveller community individuals subjected to forced enslavement

1940s–1980s Scotland

"Tinker Experiment" – enforced hut living and children removed into state care

Recent Decades

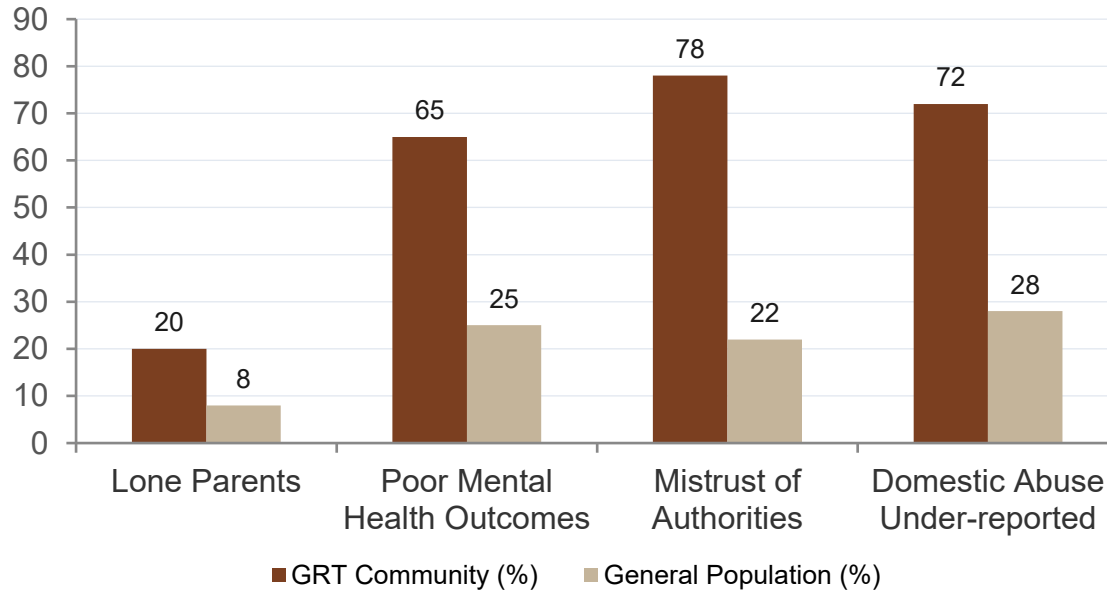
Repeated failures of state intervention compounding systemic mistrust

Health Inequalities & Barriers to Care

Parry et al., 2007



Traveller community vs General Population Health Indicators



Mental Health Stigma

Often viewed as shameful or attributed to divine punishment within community



Domestic Abuse Services

Services frequently not adapted for Traveller community women's cultural needs



GMC Guidance

Doctors regulated to address patients' holistic and spiritual needs



The Clinical Case

Presentation

Middle-aged Traveller woman – severe crisis and fear in the Emergency Department

Background

Long trauma history; previously left community; safe house placement with young children

Current

Homeless; lost contact with her children; sharing flat with elderly man

Challenge

Highly distressed; not responding to standard psychiatric treatment or secular language

Key Issue

Profound mistrust of authority; existing domestic abuse, services not adapted for Traveller community

The Spiritual Approach: What Made the Difference



1

Contemplative Presence

Deep listening and silent presence – not standard psychiatric assessment

2

Cultural Discernment

Recognising spiritual dimension as paramount for GRT identity

3

Amplifying Her Voice

Engaging hospital chaplaincy to bridge clinical & spiritual care

4

Sacred Objects

Rosary beads used for self-regulation, comfort and calm

*"All must be friends, all must be held dear,
all must be loved and all must be helped."*

– St. Teresa of Ávila | Carmelite Spirituality

OUTCOME

Safe discharge achieved through integrated spiritual & clinical collaboration



Community Life, Culture & Resilience

A community of deep cultural heritage, faith, family bonds and resilience

Faith & Spirituality

Deep Catholic faith woven into daily life; religious beliefs central to identity and coping

Family Networks

Strong extended family bonds; community is primary source of support, trust and identity

Nomadic Heritage

A way of life misunderstood by mainstream services; dignity in cultural difference must be honoured

Key Implications for Practice



BIOLOGICAL

- › Medication for acute stabilisation
- › Physical health screening
- › Safe housing and nutrition needs

PSYCHOLOGICAL

- › Trauma-informed assessment
- › Deep listening over diagnosis
- › Avoid re-traumatisation by authority

SOCIAL

- › Community links
- › DA services adapted for GRT women
- › Safeguarding with cultural competence

SPIRITUAL

- › Recognise religious identity as central
- › Engage chaplaincy, Sacred objects
- › Carmelite presence: friendship, love, care



Conclusion & Reflection

- Traveller communities carry profound collective transgenerational trauma, requiring culturally sensitive care
- Spiritual ministry is not separate from clinical care – it is holistic care
- Formation and ongoing adult education equip ministers to safeguard dignity
- Contemplative presence, deep listening and friendship are the tools of transformation
- UK safeguarding is moving toward openness, partnership and survivor-centred approaches





THANKS FOR YOUR TIME

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