

From Resilience to Safety: Tracing a Core Concept in the Inner Safety Project's Approach

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Executive Summary

This paper examines the conceptual foundations of the Inner Safety Project's approach to psychosocial wellbeing in conflict-affected and displacement contexts. It traces the limitations of *resilience* as a dominant framework in humanitarian and peacebuilding practice, and introduces 'inner safety' as a multidimensional, relational, and emergent condition that more adequately captures what individuals and communities need in order to experience genuine safety, regulation, dignity, and rest.

The Inner Safety Project conceptualizes inner safety as shaped across five interdependent axes:

Land and place: Belonging to and maintaining meaningful relationships with land, place, ecology, and environments that anchor identity, memory, and belonging.

Relationships: Trust, attunement, care, belonging, and co-regulation within families, friendships, communities, and other meaningful relationships.

Spirit and culture: Rituals, beliefs, cosmologies, traditions, and systems of meaning through which individuals and communities cultivate coherence, connection, and a sense of continuity.

The body: Embodied processes through which the body and nervous system perceive and respond to cues of safety and threat and develop agentic capacities for regulation and action.

Material security: Access to the material and structural conditions (e.g., food, shelter, income, legal recognition, and other essential resources) that make sustained experiences of safety more possible.

Rather than positioning safety as an individual psychological trait or a static endpoint, the Inner Safety Project understands it as a dynamic, context-dependent process that emerges at the intersection of body, relationship, culture, environment, and structure. This paper traces the intellectual and practical lineage of this framework and articulates its implications for intervention design, measurement, and ethical practice.

Introduction

This brief begins with several interlocking questions: What is being affirmed or obscured when humanitarian and peacebuilding actors describe communities enduring conflict, displacement, or atrocity as “resilient?” What assumptions about suffering, recovery, and human functioning are embedded both within the discourse of resilience and interventions seeking to strengthen resilience? In contexts where danger is chronic rather than episodic, is resilience sufficient—or even appropriate—as a framework for healing?

Over the past several decades, “resilience” has become one of the dominant organizing concepts within global mental health, humanitarian response, peacebuilding, and development practice. Communities enduring bombardment, forced migration, occupation, poverty, and political abandonment are frequently described as ‘remarkably resilient,’ often despite the fact that the structural conditions producing suffering remain fundamentally unchanged (Ungar, 2011; Masten, 2001). The language of resilience is largely well-intentioned, yet resilience discourse can also become morally and politically loaded, both descriptive and quietly (and, at times, unjustly) expectational. Scholars from across disciplines have similarly challenged frameworks that separate psychological functioning from the social worlds and structural conditions in which suffering occurs (Bryant-Davis, 2007; Comas-Díaz et al., 2019; Honwana, 2012). This tension is especially important in contexts where people do not meaningfully arrive at an “after” the conflict, disaster, or displacement. In such contexts, resilience may describe how individuals and communities continue functioning under adversity, while saying less about whether their bodies, relationships, and environments ever permit genuine experiences of safety, regulation, dignity, or rest (Summerfield, 1999; Kleinman, 1988).

In the context of that tension, the Inner Safety Project conceptualizes and operationalizes ‘inner safety’ as a useful, emergent multidimensional and relational condition shaped across five interconnected axes:

Connection to land and place: Belonging to and maintaining meaningful relationships with land, place, ecology, and environments that anchor identity, memory, and belonging.

Relational safety: Trust, attunement, care, belonging, and co-regulation within families, friendships, communities, and other meaningful relationships.

Spiritual and cultural practice: Rituals, beliefs, cosmologies, traditions, and systems of meaning through which individuals and communities cultivate coherence, connection, and a sense of continuity.

Somatic and neurobiological regulation: Embodied processes through which the body and nervous system perceive and respond to cues of safety and threat and develop agentic capacities for regulation and action.

Material security: Access to the material and structural conditions (e.g., food, shelter, income, legal recognition, and other essential resources) that make sustained experiences of safety more possible.

These axes are neither discrete nor universally experienced in the same way. Rather, they interact continuously across bodies, relationships, communities, cultures, and environments to shape whether people experience sufficient safety to connect, grieve, imagine, age healthily, and heal. This five-axis framework provides the conceptual center of gravity for our work and the understanding of “safety” we carry throughout this brief.

This brief, therefore, traces the intellectual histories of both resilience and safety across trauma studies, psychology, neuroscience, systems theory, and community-based healing traditions. In doing so, we examine why The Inner Safety Project centers safety—not as a rejection of resilience, but as a broader and more ecologically (and morally) grounded framework for understanding healing amid chronic instability, violence, and displacement.

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Whose ‘Resilience’ is it Anyway?

A Brief Intellectual Genealogy of Resilience

The concept of resilience has evolved substantially over the past century, moving across ecology, psychology, humanitarianism, systems theory, and global mental health. While often discussed as a singular construct, “resilience” is understood as a constellation of overlapping intellectual schools, each carrying different ontologies and epistemologies about adversity, adaptation, recovery, and human functioning. Contemporary debates surrounding resilience are therefore not merely semantic disagreements; these debates reflect competing assumptions, both descriptive and normative, about what suffering is, how people survive it, and what institutions owe populations living under chronic threat. Below, we offer a broad trace of five schools of “resilience” in turn.

Engineering Resilience: Stability and “Bouncing Back”

One of the earliest formal articulations of resilience within contemporary academic scholarship emerged through ecology and systems theory, particularly in the work of Holling (1973). Early formulations, sometimes retroactively termed engineering resilience, defined it as a system's capacity to return rapidly to equilibrium following a disruption. Stability was assumed to be both natural and desirable. The resilient system was therefore one capable of efficiently “bouncing back” after shock (Holling, 1973). This understanding of resilience remains influential within disaster management, infrastructure planning, organizational continuity, and certain public/global health frameworks.

Yet, the apparent simplicity of “bouncing back” obscures two more difficult questions: What, precisely, is the system expected to recover? And towards what equilibrium is recovery moving the system to? An ecological system (including a community, a family, a body) does not experience or respond to disruption in identical ways, even as the language of resilience is frequently applied across these levels of analysis. Nor is equilibrium necessarily static (a point we return to later). Individuals and communities may reorganize around prolonged threat, adapting their behaviors, relationships, and expectations to conditions that remain fundamentally unsafe.

Engineering-flavored resilience, therefore, becomes less convincing as a metaphor for human healing in environments characterized by chronic instability. What does “returning to normal” mean when the baseline itself is violent, exploitative, or persistently unsafe? Or when the baseline level has shifted towards pathogenic functioning? And if adaptation to such conditions allows a person or community to continue functioning, should that adaptation itself be understood as evidence of well-being?

Ecological and Systems Resilience: Adaptation Amid Complexity

Holling (1973) later complicated these assumptions by developing the concept of ecological resilience, shifting attention away from equilibrium toward adaptive capacity. Here, “resilience” refers to a system’s ability to absorb disturbance while reorganizing and

continuing to function. Systems came to be understood as nonlinear, dynamic, and perpetually adaptive rather than static and self-correcting. This shift profoundly influenced later socio-ecological and systems-resilience frameworks, emphasizing interdependence among individuals, institutions, communities, political systems, and environments (Folke, 2006; Walker & Salt, 2012). “Resilience” became less about restoration and more about adaptation under uncertainty. This systems-oriented perspective now dominates much contemporary climate adaptation, sustainability, and humanitarian resilience scholarship.

Developmental and Psychological Resilience: “Ordinary Magic”

By the late twentieth century, “resilience” entered developmental psychology through longitudinal studies examining children exposed to severe adversity. Researchers such as Werner and Smith (1982) demonstrated that many children exposed to poverty, neglect, violence, or war nevertheless developed relatively positive psychosocial outcomes over time. This work was enormously influential because it disrupted deterministic models of trauma. Adversity did not inevitably produce pathology. In a seminal framing, Masten (2001) later described resilience as “ordinary magic,” arguing that resilience often emerges not from exceptional toughness, but from ordinary protective systems such as (a) caregiving relationships, (b) social support, (c) cultural continuity, and (d) community belonging. Early psychological resilience research occasionally drifted toward trait-based interpretations (which have been problematized at length in the scholarship), emphasizing grit, hardiness, or ego strength. Contemporary resilience scholarship, however, increasingly understands resilience in ecological and relational terms. Ungar (2011) argues that resilience emerges through dynamic interactions between individuals and the social, cultural, institutional, and material resources available to them. This shift relocated resilience from isolated individuals to broader social ecologies.

Community and Humanitarian Resilience: Collective Survival

Over the past two decades, “resilience” expanded rapidly into humanitarianism, peacebuilding, disaster response, and global mental health. Community resilience frameworks shifted attention towards human experiences related to collective efficacy, social cohesion, mutual aid, spirituality, identity continuity, and adaptive local knowledge (Norris et al., 2008). This expansion was a necessary corrective. Formerly, resilience discourse challenged depictions of conflict-affected populations as passive, irreparably traumatized, or permanently broken. My (Nick) own earlier work emerged substantially within this broader resilience tradition.

In both my doctoral dissertation (Sherwood, 2023), examining insider-peacebuilders, and my master’s thesis (Sherwood, 2019) on displaced Syrian refugees, resilience rarely appeared as stoic invulnerability. Rather, it emerged relationally: through spirituality, humor, moral purpose, communal obligation, and networks of meaning and care. My studies revealed an important tension: individuals who appeared highly resilient on the surface—and may in fact score highly on various indices measuring resilience—often remained profoundly dysregulated internally. Participants in my research continued functioning publicly while privately experiencing exhaustion, hypervigilance, emotional constriction,

and persistent physiological activation. Functional adaptation, in other words, was not synonymous with felt safety, and potentially neither with physiological health, critical considerations to which we will return.

Critical Resilience Studies: The Psycho-Politics of Adaptation

More recently, resilience scholarship has entered a more critical and politically self-reflective phase. Drawing from political theory, anthropology, liberatory psychology, and critical global mental health, this emerging school asks not simply whether resilience exists, but what kinds of institutional and moral work resilience discourse performs (Joseph, 2013). One major critique is that resilience frameworks can subtly redirect attention and action from the conditions producing adversity toward the capacities of communities to respond to these conditions. Questions shift from: “Why are communities subjected to unlivable conditions?” to: “Why are some communities coping better than others?” In this framing, “resilience” risks becoming less a descriptive framework and more a normative expectation and moral goal. Populations living amid war, displacement, poverty, and chronic instability are increasingly expected to adapt continuously to conditions that remain fundamentally unchanged, and receive investment and intervention towards that outcome (Joseph, 2013).

Critics additionally argue that resilience language can romanticize suffering, a critique I largely agree with and lament. Communities surviving extraordinary violence and human rights violations are routinely described as ‘remarkably resilient,’ often in ways that obscure the unacceptable nature of the conditions they are surviving (Furedi, 2008). Praise for resilience may therefore function simultaneously as admiration for a victimized community and tacit absolution for a victimizing actor or force. Most importantly for The Inner Safety Project, resilience theory can describe adaptation and continued functioning without adequately interrogating the physiological, relational, and material conditions under which adaptation occurs, and the physiological, affective, relational, and cultural aftereffects of said conditions. Human beings can remain extraordinarily functional while profoundly unsafe, altered, and unwell.

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One of resilience theory’s central limitations, then, is not that it is incorrect, but that it is incomplete. “Resilience” illuminates how individuals and communities continue to function remarkably amid adversity, without fully accounting for the costs of that functioning or the conditions necessary for regulation, restoration, dignity, and healing. It is precisely within this conceptual space that contemporary frameworks centered on safety, co-regulation, embodiment, and relational ecology emerge.

And What Makes Us Feel “Safe” Anyway? From Protection to Felt Safety

Unlike resilience, which emerged primarily through systems theory and developmental psychology, the modern concept of safety emerged through several overlapping intellectual traditions: psychoanalysis, trauma studies, attachment theory, neuroscience, public health, and community-based healing practice. While these traditions differ substantially in method and emphasis, they converge around a shared premise: human beings can physiologically regulate under conditions of persistent threat, yet such regulation cannot be sustained without measurable costs to connection, healing, and long-term viability. Importantly, “safety” within The Inner Safety Project’s framework does not simply refer to protection from physical harm. Nor does it imply absence of discomfort. In our view, “safety” refers to a multidimensional condition involving physiology, perception, relationships, meaning, and the environment. Like our exploration of “resilience” above, we will now briefly summarize several intellectual schools of “safety.”

Psychoanalytic and Clinical Foundations: Safety as Precondition

The earliest foundations of safety-oriented trauma care emerged long before contemporary neuroscience. Indeed, pre-modern healers understood the importance of material safety as a requisite part of psychiatric after-care. For example, in the 12th century, Muhammad ibn Zakariya al-Razi provided cash to patients upon discharge from his Baghdad psychiatric hospital, recognizing that meeting basic needs was essential for sustaining mental health gains (Amr and Tabkhi, 2007).

But in terms of modern practice, Pierre Janet (1907), working in the late nineteenth and early twentieth centuries, observed that traumatic stress disrupted an individual’s capacity to integrate experience coherently. For Janet, stabilization and restoration of psychological equilibrium were prerequisites for deeper therapeutic work. This orientation later became foundational within modern trauma theory. Judith Herman’s seminal *Trauma and Recovery* (1992) formalized a triphasic model of trauma healing:

- safety,
- remembrance and mourning,
- reconnection.

Herman’s framework was enormously influential in part because it established safety not as a peripheral therapeutic concern, but as the essential first-order condition of trauma recovery. Before traumatic experience can be processed and integrated into the psyche, the individual must experience sufficient stabilization, predictability, and protection from overwhelming threat. These clinical traditions increasingly recognized that trauma is not defined solely by the external event itself, but by how an overwhelming threat reorganizes perception, physiology, memory, and relational capacity. “Safety,” therefore, grew to be understood as inseparable from the context-driven ability to regulate.

Attachment and Relational Schools: Safety Through Co-Regulation

A second major school emerged through attachment theory and relational psychology. John Bowlby's (1969) attachment research demonstrated that human nervous systems develop within relationships characterized either by safety and attunement or unpredictability and threat. Emotional regulation, particularly in early life, is fundamentally and iteratively shaped by relational interactions rather than purely individual processes (e.g. co-regulation). Later interpersonal neurobiology and relational trauma frameworks extended this insight substantially (Schore, 2003; Siegel, 2012; van der Kolk, 2014). Safety became understood less as an individually-moderated state and more as an emergent property of trusted relationships replete with or absent of attunement, predictability, care, social belonging, and repair.

This relational framing remains deeply important for conflict-affected and displaced communities. Individuals surviving war or forced migration often lose not only physical security, but the relational infrastructures through which nervous systems engage with family networks, neighborhood familiarity, communal rituals, religious spaces, and shared cultural rhythms (Bowlby, 1969; Hobfoll et al., 2007; van der Kolk, 2014). The Inner Safety Project's emphasis on relational safety and communal healing emerges substantially from this tradition. Healing is not conceptualized as an isolated psychological process occurring solely "within" individuals, but as something unfolding through social ecologies of trust, belonging, and dignity.

Neurobiological Schools: Safety as Embodied Perception

More recently, these foundational perspectives on safety have been explored, and often reified, through the lenses of psychophysiology and affective neuroscience. Researchers, including Peter Levine (1997), Bruce McEwen (1998), Julian Thayer (Thayer and Lane 2000), Ruth Lanius, Paul Frewen (Frewen and Lanius 2006; Lanius et al 2025), Stephen Porges (2011), Bessel van der Kolk (2014), and others, have shifted attention toward the intricate relationship between threat perception, autonomic nervous system regulation, and bodily states, and their interactions towards the construction and sustainability of felt safety.

It is precisely because safety is constructed and experienced through neurophysiological pathways that its disruption under conditions of severe or persistent threat sometimes proves so pervasive and so difficult to repair. Crucially, these same frameworks illuminate what happens when safety fails: the impacts of sustained danger can (but do not always) manifest as physiological dysregulation and patterned sensory disintegration — a cascade of repeated false alarms and subsequent over- and under-activation of the nervous system's threat-detection and survival mechanisms.

Neurovisceral integration theory (Thayer & Lane, 2000) posits bidirectional brain–organ communication via vagal pathways that modulate heart rate variability and autonomic flexibility. Lanius and colleagues (2015) extend this through work on large-scale intrinsic networks, showing that traumatic stress disrupts coordination among three systems: the default mode network (self-referential processing), the salience network (interoceptive and threat detection), and the central executive network (top-down cognitive control). This disruption produces fragmentation of self, dysregulated arousal, and impaired inhibition of intrusive memory characteristic of—but not confined to—PTSD.

A parallel, convergent body of work examines how chronic environmental and psychosocial demands impose cumulative neurobiological costs. HPA-axis research documents dysregulated cortisol rhythms producing inflammatory cascades and metabolic strain; allostatic load theory (McEwen, 1998) illuminates multisystem costs of chronic adaptation. Slavich's Social Safety Theory (2020) foregrounds social environments in shaping neural stress responses, while the Generalized Unsafety Theory of Stress (Brosschot, Verkuil, & Thayer, 2017) offers a consequential inversion: that stress operates as a default physiological posture, disinhibited whenever the brain registers insufficient safety cues. Under this account, prolonged activation arises not from presence of danger but from failure of safety, shifting the explanatory burden, at least in part, from threat detection to safety recognition.

Together, this work contributed to a core premise of the Inner Safety Project's work: that safety is not merely the objective absence of danger, but rather a subjectively felt, embodied state responsive to the perceived presence of sufficient cues of protection, predictability, and connection that permits reasonably agentic negotiation of the lived environment. It is a state that includes but goes beyond the non-occurrence of harm and encompasses the organism's capacity for flexible, adaptive functioning. Furthermore, this work illustrates that the experience of safety is not merely a precondition for long-term health but an active ingredient in its maintenance.

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Importantly, the Inner Safety Project adopts aspects of these neurobiological frameworks while remaining appropriately cautious about neuro-reductionism. We explicitly note that much neuroscience research (and therefore presumptions of normalcy, “healthy ranges,” and divergence) emerges from narrow experimental and cultural contexts that may not generalize cleanly to populations living amid chronic displacement, occupation, poverty, or war. Furthermore, neurobiological research is relatively young and limited in its engagement of psychological, cultural, and spiritual perspectives on the self and the human condition. This caution is important. Safety cannot be reduced solely to vagal tone, cortisol, or autonomic regulation. Human experiences of safety are also shaped by history, culture, spirituality, values and goals, memory, and material conditions.

The Critical Turn: Community, Ecological, and Liberation-Oriented Safety

A fourth and increasingly influential school situates safety within broader social and political ecologies. Community psychology, liberation psychology, critical global mental health, critical psychiatry, and Indigenous healing traditions have all challenged overly individualized approaches to trauma and recovery; this intellectual turn also shaped “resilience” as we note above (Martín-Baró, 1994; Kirmayer et al., 2011; Watters, 2010; Nelson and Prilleltensky, 2010).

Within these perspectives, safety is understood not simply as an internal psychological state but also as encompassing experiences within material, relational, political, cultural, and ecological contexts. Individuals and communities cannot sustainably experience safety while living amid bombardment, forced displacement, chronic humiliation, statelessness, or severe economic precarity. This broader ecological framing shapes The Inner Safety Project’s model and reframes mental health away from symptom reduction and toward cultivating conditions in which human beings can thrive with agency. “Safety,” in this sense, is not comfort, passivity, or the absence of struggle, nor a utopian promise of permanent protection. Rather, safety becomes an organizing heuristic: a way of understanding the relational, embodied, and structural conditions that make healing more possible even amid ongoing instability.

So, Why “Safety and Not “Resilience”?

The distinction between resilience and safety becomes especially consequential in contexts where danger is not episodic, but chronic. Much of the classical trauma literature emerged from models implicitly assuming temporal boundedness: trauma occurs after the war, after the disaster, after the assault. Recovery, therefore, is imagined as unfolding once danger has receded. However, our collective engagement in the humanitarian, peacebuilding, and development sectors has shown our team that many conflict-affected populations never meaningfully arrive at an “after.” Communities living amid cyclical violence, chronic displacement, siege conditions, refugee encampment, structural humiliation, intergenerational poverty, or statelessness often inhabit environments in which threat remains ambient rather than exceptional (Summerfield, 1999; Kleinman, 1988).

In such contexts, asking whether individuals are “resilient” may become less clinically and practically useful than asking whether their environments permit any sustained experience of safety at all. Resilience describes how individuals and communities continue to function amid adversity. Resilience, however, says less about the physiological, relational, and ecological conditions under which that functioning occurs. Human beings can remain highly adaptive while simultaneously experiencing chronic hypervigilance, exhaustion, emotional constriction, dissociation, or anticipatory fear (van der Kolk, 2014; Lanius 2025), and deleterious physical health consequences. It is within this conceptual and humanitarian gap that The Inner Safety Project situates its work.

The frameworks of resilience and safety both implicitly position organism survival as a foundational goal and guiding logic. However, resilience often neglects the consequences of operating without conditions that support well-being. Examining this through physiology and affective neurobiology reveals a critical nuance: sustained adaptation under chronic stress incurs a cost. This reframes resilience as contingent on safety. When safety—whether neurophysiological, relational, or systemic—is present, adaptive capacity can be maintained without the cumulative strain implied by resilience.

In this light, safety emerges as both a unifying principle and a practical heuristic, ensuring that resilience transcends mere survival to encompass the preservation of well-being. These insights expand our understanding of safety as a dynamic, bidirectional process, one shaped by and shaping the individuals, social relationships, and systems in which it operates. Simply, this orientation reflects our broader multidimensional understanding of human distress and regulation.

As noted at the beginning of this Brief, The Inner Safety Project conceptualizes safety across at least five interconnected domains:

- **connection to land and place,**
- **relational safety,**
- **spiritual and cultural practice,**
- **somatic and neurobiological regulation,**
- **and material security.**

Crucially, this framework moves beyond individualized psychological models (which have dominated much of the “resilience” scholarship) that locate suffering primarily “within” persons. Instead, distress is situated within broader social ecologies shaped by history, displacement, political violence, cultural rupture, poverty, and embodied experience (Martín-Baró, 1994; Nelson & Prilleltensky, 2010). Healing, correspondingly, becomes less about cultivating extraordinary individual coping capacities and more about restoring the relational, material, and somatic conditions that make choice, dignity, and communal life possible.

The language of safety avoids romanticizing suffering or celebrating adaptation to intolerable conditions and foregrounds environmental responsibility rather than individual heroism, legitimizes dependency and co-regulation as normal aspects of human functioning, and aligns more closely with dignity-centered and community-based approaches to mental health (Herman, 1992; Hobfoll et al., 2007). Ultimately, though, the Inner Safety Project does not reject “resilience” outright. Rather, we suggest that resilience often emerges through experiences of sufficient safety and that resilience in the absence of safety may become a form of costly adaptation rather than transformative healing.

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Towards a Science & Practice of “Safety”

Resilience theory helped trauma studies, humanitarian practice, and global mental health move beyond purely deficit-based understandings of suffering. Resilience theory’s contributions remain substantial and enduring. And resilience theory demonstrates that adversity does not inevitably produce pathology, foregrounds human adaptability, and challenges depictions of conflict-affected populations as passive or permanently broken (Masten, 2001; Ungar, 2011). Particularly within humanitarian contexts, this represented an important corrective.

Yet resilience alone may be insufficient to capture the lived realities of communities enduring chronic violence, displacement, occupation, and structural precarity, and may inadvertently limit our moral and practical ambitions with war-affected populations. Human beings can remain remarkably functional while simultaneously experiencing profound physiological dysregulation, relational fragmentation, exhaustion, hypervigilance, and moral injury (van der Kolk, 2014; Herman, 1992). As my own work (Sherwood 2019, 2023) with peace practitioners and refugees illustrates, adaptation under chronic threat often carries immense psychological and embodied costs, even when outward functioning remains intact.

The Inner Safety Project recontextualizes resilience as emerging through experiences of sufficient safety; sustained resilience may ultimately depend upon safety; and resilience absent safety may become a form of costly adaptation rather than transformative healing. In this sense, safety and resilience are not oppositional concepts, but analytically distinct ones. Resilience describes capacities for adaptation and functioning, while safety draws attention to the relational, embodied, cultural, material, and ecological conditions that make regulation, dignity, connection, and healing more possible.

Importantly, safety itself is neither static nor guaranteed; particularly in contexts of ongoing conflict and displacement, “complete” safety may be unattainable. Conflict transformation, political reform, and justice work often require entering profoundly unsafe spaces. Our framework, therefore, does not promise permanent protection. We conceptualize safety as an ongoing relational and ecological process of creating conditions under which human beings can rest, reconnect, grieve, imagine, trust, and recover aspects of their humanity even amid instability (Hobfoll et al., 2007; Kirmayer et al., 2011).

The central question, then, is no longer simply how human beings can survive adversity. History has already demonstrated that we can. The deeper question the Inner Safety Project seeks to answer is what **conditions** allow people not merely to endure, but to live with dignity, choice, and **moments of sanctuary** within worlds that too often remain profoundly unsafe.

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