Advocacy Services Research Project

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INSIDE COVER

Advocacy Research Project Final Report

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Foreword

This report is one in a suite of four considering the needs and of victims and survivors undertaken over a three year period during which responses to Covid-19 greatly affected the way in which fieldwork could be conducted. This research was commissioned by the Commission for Victims and Survivors (The Commission). The researchers engaged with service providers, service users, health and wellbeing workers and sectoral stakeholders to provide a clear understanding of advocacy service provision and the service user experience of victims, survivors and their families accessing support in the historical investigations and information recovery sector. The research aims to illustrate the role of advocacy around victim issues in societies emerging from conflict, and specifically to assess the significance of the Northern Ireland approach within the wider field of transitional justice and peacebuilding. The Commission is grateful to all those who have contributed to the research process not least because of the sensitivities and reflections these considerations require.

The research examines the effectiveness of advocacy services for victims and survivors and their families in the areas of historical investigation and information recovery in Northern Ireland and the Border Region of Ireland. It focuses both locally on improving current approaches, and globally through academic and practitioner networks and publications, to contribute to comparative lesson-learning and wider dissemination of findings. The study draws from an extensive series of interviews, encompassing exploratory discussions and semi-structured interviews, and case studies designed to highlight the advocacy process in detail. To set the study in a broader context the research team engaged with international experts in the field of transitional justice and truth recovery to consider the emerging research for an international audience. The report presents findings and recommendations that require serious consideration by service commissioners and providers, practitioners and policy makers.

The recommendations emerge from an in-depth review of advocacy in theory and practice, including five core principles underpinning advocacy service provision; advocacy should be victim-led, build trust, avoid creating dependency, be compassionate and have empathy, and value the lived experience and perspectives of the individual. The recommendations suggest that advocacy services work should be valued, supported and expertise shared; flexibility and responsiveness should be incorporated into future benchmarking and monitoring of funded advocacy services; further provision for dealing with the past should draw on and learn from the scale, diversity and experience of advocacy practice to date; and to improve confidence of both advocacy groups and victims in existing and future processes, formal recognition and response to systemic delays in information provision and cross-jurisdictional issues are essential.

In treating victims' needs as societal needs we build on a solid foundation towards a future that offers peace, prosperity and growth for all who live here.

The Commission for Victims and Survivors Northern Ireland

Executive Summary

This report sets out the research context, findings and core recommendations to emerge from the Advocacy Services research project. This project was undertaken with funding provided by the Commission for Victims and Survivors Northern Ireland (CVSNI) and carried out by a research team at Ulster University. The key aims of the project were as follows:

- to study and examine the effectiveness of advocacy services for victims and survivors and their families in the areas of historical investigation and information recovery in Northern Ireland and the Border Region of Ireland.
- to provide an understanding of current advocacy service provision and service user experience of victims and survivors and their families accessing support in the historical investigations and information recovery sector.
- to explore international best practice and considers how this can inform the development of services in Northern Ireland and the Border Region of Ireland.
- and, to understand the role of advocacy around victim issues in societies emerging from conflict.

To complete this study, a qualitative research methodology was developed. Over 50 primary semi-structured interviews were undertaken that were centred upon the effectiveness of advocacy service provision in the area of historical investigation and information recovery. This research team acknowledges that this was only possible due to the engagement and participation of organisations and stakeholders that are engaged in providing advocacy to victims and survivors in Northern Ireland and the Border Region of Ireland. Prior to the commencement of research interviews a comprehensive literature review examined three core themes:

- how advocacy is defined and used outside of a victim context in the non-academic literature.
- how advocacy is conceptualised within the transitional justice academic literature, and specifically considers how it is used in relation to the victims of war and civil conflict globally.
- the issues impacting upon victims and survivors of the conflict in Northern Ireland, and how advocacy services have been developed to support their needs.

This research report has drawn upon data from more than 50 interviews and discussions. This has included exploratory discussions, semi-structured interviews and case study interviews. On occasion this involved multiple engagements with the same individuals for further information and clarification. Forty interviewees participated in 32 semi-structured interview sessions within this research process. The report had also provided three case studies to highlight in more detail the advocacy process in these particular cases. The key findings relate to the following core areas:

Definitions of advocacy

Participants offered definitions of advocacy and what it meant to them. These included: 'giving a voice', 'providing support' and 'helping people find out the truth' when trying to qualify the nature of advocacy work, with the ultimate goal being described as achieving 'self-advocacy' and 'equip people to speak for themselves'. Within this definitional aspect, there was also discussion around definitions evolving in response to the political context in which advocacy was taking place. Definitions of advocacy were not linked expressly to outcomes yet are clearly underpinned by the pursuit of justice, acknowledgement and information recovery.

Principles of advocacy

The report outlines that five core principles underpin advocacy service provision: it should be victim-led; build trust; not create dependency; be compassionate and have empathy; and value the lived experience and perspectives of the individual.

Methods of advocacy and what the process typically entails

Advocacy services tend to be sought out by victims and survivors and the key method of securing advocacy services is through self-referral. A key first step in the methodological approach is face-to-face engagement with victims and survivors that commences with the sole aim of establishing contact to build up a relationship of trust and confidence: this is a key element of effectively assessing the best approach to respond to individual needs. Advocacy service provision involves substantive research as well as providing emotional and practical support. Key methods of providing effective practice are linked to a do no harm approach that is reinforced by supporting meaningful contact and dialogue with the victim and survivor during the information recovery or historical investigation process. The methods are underpinned by the principles above, including empowerment.

Identifying good practice

The report illustrates areas of good practice in advocacy service provision, including to: manage expectations; be trauma informed, abide to the principle of *primum non nocere* (do no harm) – or at least minimising harm and avoiding re-traumatisation; educate victims and survivors (both with regards to their rights and the processes and structures of the bodies they are dealing with); communicate ethically and sensitively with service users; and have an aftercare package/exit strategy[1] in place.

Support offered to victims, survivors and their families

Advocacy service provision offered substantive support to victims, survivors and their families and this support can be wide-ranging. This support has been in relation to information retrieval, advocacy services also helped address critical issues of social isolation that some victims and survivors experience. A byproduct of engaging with advocacy is that some victims and survivors may perceive a sense of comfort and reassurance by meeting other victims and survivors.

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[1] It should be noted that interviewees themselves tended not to use the terminology of an 'exit strategy' as their 'door was always open' for victims and survivors. This terminology is used here by the research team merely to highlight the preparations put in place by advocacy workers once a case has progressed as far as it is likely to go.

Increasing links between advocacy services and health and wellbeing interventions were also noted.

Challenges with policy and practice

There was unanimity amongst all service users and service providers that the biggest challenge was the delay and the slow nature of legacy investigation and information recovery. The difficulty in accessing information, as well as the problem of unanswered correspondence, was also identified as a priority challenge. The case studies outlined in the report offer important insight into the traumatic and practical impacts on victims and survivors of these systemic delays. The systemic nature of delays should be acknowledged and steps taken to improve response time. There is also a need for top-down level accountability for delay.

Improving advocacy services and structure

Advocacy service providers and health and wellbeing caseworkers identified one area of improving advocacy services and structures. For example, they indicated that the exchange of information both internally and externally between organisations could be improved. A further area for improvement is that statutory agencies engaged in historical investigation and information recovery could be more proactive and engage in outreach work to break down barriers for advocacy services and those utilising advocacy support. The biggest scope for improvement in advocacy services was the accessibility of information and more streamlined and quicker responses from statutory agencies.

Views on the Stormont House Agreement and legacy mechanisms moving forward

The potential implementation of the Stormont House Agreement drew diverging views from the advocacy service managers and providers interviewed in this research study. Of the six groups with advocacy workers included in the study, four groups were broadly supportive of implementation of the Stormont House Agreement, whilst two groups had serious concerns over the content and intent of the proposed legislation. If however, the Stormont House Agreement is implemented, much of the knowledge gained by advocacy service providers could be used to support victims and survivors utilising any processes that arise.

Each of these findings are discussed in detail below, drawing upon data collected as part of the project. Building on the research findings and literature review within the remit of this study, four final recommendations are proffered. These include:

1. Advocacy services work should be valued, supported and expertise shared.
2. Flexibility and responsiveness should be incorporated into future benchmarking and monitoring of funded advocacy services.
3. Further provision for dealing with the past should draw on and learn from the scale, diversity and experience of advocacy practice to date.
4. To improve confidence of both advocacy groups and victims in existing and future processes, formal recognition and response to these systemic delays and cross-jurisdictional issues is essential. Steps need to be taken to minimise and address systemic delays and cross-jurisdictional issues

1. Project Overview

This project is designed to study and examine the **effectiveness of advocacy services for victims and survivors and their families in the areas of historical investigation and information recovery** in Northern Ireland and the Border Region of Ireland. In doing so, the research:

- Provides a clear understanding of **current advocacy service provision** and service user experience of victims and survivors and their families accessing support in the historical investigations and information recovery sector.
- Identifies **international best practice** and considers how this can inform the development of services in Northern Ireland and the Border Region of Ireland.

The wider research aim is to **understand the role** of advocacy around victim issues in societies emerging from conflict, and specifically if the Northern Ireland approach has something to offer the wider field of transitional justice and peacebuilding.[2] Thus, the research will focus locally on improving current approaches but also focuses globally, through academic and practitioner networks and publication, to contribute to comparative lesson-learning and wider dissemination of findings.

This project was only possible due to the engagement and participation of organisations and stakeholders that are engaged in providing advocacy to victims and survivors in Northern Ireland and the Border Region of Ireland. There was tremendous endeavour and engagement with this research project by a variety of groups. It is important to acknowledge from the outset that the Ulster University research team appreciate the sensitivities associated with conducting research on what is an emotive topic for so many. We are thankful to all of our interviewees for giving of their time and sharing their views with us. We have tried to reflect this diverse array of views as best we can in this report – and let interviewees speak in their own words; but we recognise that language and (re)presentation matters. We are cognisant and respectful of these differing views, including the differing interpretations of victimhood and diverging opinions on the implementation of legacy mechanisms moving forwards. Within the methodology and literature sections of this report, further exploration is given to these complexities. However, it must be noted that our brief was limited to conducting a piece of qualitative research which focused on the effectiveness of advocacy service provision in the area of historical investigation and information recovery. We have tried as far as possible to remain faithful to that brief, while acknowledging that participants have strongly held views on other areas within the thematic area that we are not able to provide any resolution to within

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[2] To this end the focus is upon advocacy with regards to the principles of truth, justice and acknowledgement of the Advocacy Support Network. While this report also includes some reference to the health and wellbeing elements of advocacy (supported via the Health and Wellbeing Casework Network) which are distinct from but related to advocacy in the historical investigation and information recovery sector, the research did not include other aspects of advocacy, such as Welfare Support.

the scope of this timebound piece of research. We acknowledge the divergence regarding terminology and for the purposes of this report focus on the remit of the brief.

We hope that this report is read with this caveat in mind and that it plays some part in identifying some of the common principles, but also the common challenges, which face advocacy workers, victims and survivors right across the political spectrum.

2. Research Rationale: Context and Questions

Civil society initiatives to address the past date back to shortly after the 1998 Agreement (Healing Through Remembering, 2002; McEvoy, 2006), but at a government level abortive talks and proposals to deal with conflict legacy issues were largely set in motion since the 2008 establishment of the Consultative Group to Deal with the Past by the Northern Ireland Secretary of State. The Stormont House Agreement (SHA) of December 2014 was a watershed in what had been a recurring cycle of failed talks: it was negotiated and agreed by the five major political parties in Northern Ireland, along with the British and Irish governments.[3] It provided for four linked mechanisms to deal with the past: an Historical Investigations Unit (HIU) to continue investigations of conflict-related killings, with the possibility of prosecutions; the Independent Commission on Information Retrieval (ICIR) to enable relatives to privately seek information, which would not be admissible in criminal or civil proceedings, about the deaths of their family members; the Implementation and Reconciliation Group (IRG) to oversee themes, archives and information recovery; and an Oral History Archive to provide a central place to share narratives of the Troubles. Importantly, the Agreement made specific provision for advocacy, by means of an express commitment that: 'Victims and survivors will be given access to advocate-counsellor assistance if they wish' (paragraph 29).

In 2018, the British Government carried out a public consultation on the Draft Bill[4] to implement the SHA, 'Addressing the Legacy of Northern Ireland's Past.' The Consultation concluded in October 2018. There have been no subsequent official efforts to implement the Bill. In a Written Statement (HCWS168) by the Secretary of State Brandon Lewis on 18th March 2020, important changes were announced to the UK government's approach to dealing with the past from that agreed in the SHA. The statement instead committed the government to a focus on information retrieval over accountability and justice, and for this to be conducted through a single independent body, as distinct from the four agreed in the SHA.

On 26 October 2020 the Northern Ireland Affairs Committee (NIAC) published its Third Report of Session 2019–21, Addressing the Legacy of Northern Ireland's Past: the Government's New Proposals (Interim Report), (HC 329). This report scrutinised the UK Government's proposals in the written Ministerial Statement on 18 March. The NIAC report highlighted the Government's lack of engagement and consultation with stakeholders calling for the introduction of legislation as soon as possible. Concerns were also expressed about the lack of detail in the Government proposals. The Government responded on 18 January 2021 making a commitment

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[3] At the time of the Stormont House Agreement, it was signed up to and agreed by all main political parties in Northern Ireland. The Stormont House Agreement can be found here: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/390672/Stormont_House_Agreement.pdf

[4] The New Decade New Approach agreement stated that 'the Government will, within 100 days, publish and introduce legislation in the UK Parliament to implement the SHA, to address Northern Ireland legacy issues' (2020:48). These 100 days passed without this taking place. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/856998/2020-01-08_a_new_decade__a_new_approach.pdf

to find a way forward that commanded broad consensus noting that further details on the Government's proposals would be published in due course.

In other words, more than two decades since the Agreement of 1998, and despite some advancements and numerous consultations, a "meta-bargain" on the past between political parties is not forthcoming (Mallinder, 2019). Yet at the same time, there is broad consensus that the status quo is not working (Mallinder, 2019; Northern Ireland Office, 2018), and the lack of clarity on how the past is to be addressed has left many victims feeling their issues remain unresolved (Brewer et al., 2018).

This research study therefore focuses on the role advocacy support has played and continues to play in this process. The report, commissioned by the Commission for Victims and Survivors (CVSNI), also seeks to inform discussion on a new strategy for victims and survivors.[5]

CVSNI is a non-departmental public body of the Northern Ireland Executive. Having been established in 2008 by the Victims and Survivors (Northern Ireland) Order 2006,[6] the position of Commissioner for Victims and Survivors has a statutory duty to: promote matters of interest relating to victims and survivors as well as safeguarding their interests; review the adequacy and effectiveness of law affecting victims and survivors; review the adequacy and effectiveness of services provided for victims and survivors; advise and brief government on matters pertaining to victims and survivors; and ensure that victims and survivors are consulted with.[7] To fully operationalise the Strategy for Victims and Survivors (2009-2019), in 2009 a commitment was given to the establishment of the Victims and Survivors Service (VSS) and the Victims and Survivors Forum (both were finally set up in April 2012).[8] As part of the organisation's wider remit, one of the programmes currently being undertaken is a VSS led *Peace IV Shared Spaces and Services – Victims and Survivors Programme 2017-2021* that seeks to enhance advocacy support for victims and survivors (outlined in more detail later in the report). This programme is a core focus of the current research.

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[5] Notably, whilst not containing agreed provision for the establishment of new legacy institutions, 'A Fresh Start: The Stormont Agreement and Implementation Plan' (2015) did reaffirm political commitment for the implementation of the Stormont House Agreement.

[6] Amended by the Commission for Victims and Survivors Act (Northern Ireland) 2008.

[7] The Victims and Survivors (Northern Ireland) Order 2006. No.2953 (N.I.17) (6).

[8] The Victims and Survivors Forum also acts as an advisory body to the CVSNI.

3. Extant Research: Effective Advocacy Services Research

Before focusing on the findings of the research on advocacy services in and about Northern Ireland, the next section provides a brief overview of the literature on advocacy to contextualise the research, but also to begin to open the space for a discussion on whether the Northern Ireland approach has something to offer the wider field of transitional justice and peacebuilding. The brief review is structured in three sections.

- Section 3a: focuses upon how advocacy is defined and used outside of a victim context in the non-academic literature.
- Section 3b: moves on to consider how advocacy is conceptualised within the transitional justice academic literature, and specifically considers how it is used in relation to the victims of war and civil conflict globally.
- Section 3c: focuses upon the issues impacting upon victims and survivors of the conflict in Northern Ireland, and how advocacy services have been developed to support their needs.

3.a What is ‘advocacy’?

In contemporary usage, advocacy is a multi-faceted, context specific concept that has at its core central values and principles of *empowerment* and *autonomy* through giving voice to people who are perceived to be at a disadvantageous position with regards to others, or who are ‘on the margins’ of society.[9] Etymologically, the term is derived from the Latin verb *advocō* meaning *“to call for* (as a witness or adviser); *to summon, invite, call in as counsel”* (Morwood, 2012). Such conceptualisations of advocacy imply supporting another person, either by having their voice heard, or in terms of carrying out their expressed intentions. More narrow general definitions of ‘advocacy’ have tended to focus upon securing public support for a particular ‘cause’ or policy (Soanes and Stevenson, 2006: 19) or refer more specifically to professional legal advocates or the work of Non-Governmental Organisations (NGOs) on specific (human rights) issues or with particular groups in society (Bell and Keenan, 2004).

The Scottish Independent Advocacy Alliance (SIAA, 2009: 10), in developing a code of practice for advocacy, explained the relationship between principles, standards and indicators for advocates. Principles were posited as core beliefs and ideas about advocacy that guide advocates and advocacy organisations in the work they do. Standards provide a framework so that principles can be maintained. Finally, indicators are evaluative and can enable advocates to evidence how standards were met, and in turn how principles were ensured. Four key

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[9] The Bamford Review on Mental Health and Learning Disability in Northern Ireland noted that: “Advocacy seeks to support individuals to express and have their views heard. It aims to redress any imbalance of power between the individual and the professional. It is concerned with empowerment, autonomy and self-determination, the safeguarding of citizenship rights and the inclusion of otherwise marginalized people” (referenced in CVSNI, 2016a: 7).

principles for advocacy aligned with corresponding standards have been identified (SIAA, 2009: 14-34):[10]

Principle 1: Independent advocacy puts the people who use it first	
Standard 1.1	Independent advocacy is directed by the needs, interests, views and wishes of the people who use it
Standard 1.2	Independent advocacy helps people to have control over their lives and to be fully involved in decisions which affect them
Standard 1.3	Independent advocacy tries to make sure that people's rights are protected
Standard 1.4	Independent advocacy values the people who use it and always treats people with dignity

Principle 2: Independent advocacy is accountable	
Standard 2.1	Independent advocacy is accountable to the people who use it
Standard 2.2	Independent advocacy is accountable under the law
Standard 2.3	Independent advocacy is effectively managed

Principle 3: Independent advocacy is as free as it can be from conflicts of interest	
Standard 3.1	Independent advocacy cannot be controlled by a service provider
Standard 3.2	Independent advocacy and promoting independent advocacy are the only things that independent advocacy organisations can do[11]
Standard 3.3	Independent advocacy looks out for and minimises conflicts of interest

Principle 4: Independent advocacy is accessible	
Standard 4.1	Independent advocacy reaches out to the widest possible range of people, regardless of ability or life circumstances

Following the closure of Action for Advocacy in 2013,[12] the Department of Health commissioned the National Development Team for Inclusion to review and revise the Quality Performance Mark. The subsequent 'advocacy charter' (NDTi, 2014: 5-6) highlighted and promoted key advocacy principles:

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[10] These principles of putting service users first, accountability, accessibility, and freedom from conflicts of interests are important to bear in mind when later in the report, discussion moves to identified principles of advocacy in the context of historical investigation and information recovery in Northern Ireland.

[11] It is important to recognise that this principle for advocacy in a non-victim context is not the same as the models of service provided by many organisations working in the area of advocacy in historical investigation in Northern Ireland – as many organisations also offer other services (including health and wellbeing service provision).

[12] See, https: //actionforadvocacy.org.uk/index.jsp (accessed March 25th 2021).

- Clarity of Purpose;
- Independence;
- Person Centred Approach;
- Empowerment;
- Equal Opportunity;
- Accessibility;
- Supporting Advocates;
- Accountability;
- Confidentiality;
- Complaints; and
- Safeguarding.

Such principles are consistent with that of Stewart and MacIntyre (2013: 3), as they identified a non-exhaustive list of the critical features of advocacy:

- Independence from services;
- Empowerment;
- Providing people who access services with a voice;
- Supporting people to achieve active citizenship;
- Challenging inequality; and
- Promoting social justice.[13]

Advocacy approaches can be individually or collectively targeted, they can be located in the statutory and/or the community/voluntary sector and they can utilise a range of techniques such as mentoring, coaching, legal services and holistic approaches. The most common advocacy models include:

- **Self-Advocacy:** This is where support is provided for individuals to "speak up" and advocate for themselves. Self-advocacy is distinct from other types of advocacy in that the overarching goal is for an individual to self-assess their own needs and then take steps to "speak to those needs" themselves (SCIE, 2015; Stewart and MacIntyre, 2013);[14]
- **Peer Advocacy:** This tends to be where an individual and a selected advocate share a common background or experience. The SIAA (2009) note that peer advocacy can be particularly effective in a group setting in the context of drugs and/or substance misuse or mental health issues. Peer advocacy aims to "increase self-awareness, confidence and assertiveness so that the individual can speak out for themselves, lessening the imbalance of power between the advocate and their advocacy partner" (SIAA, 2009: 11);
- **Professional Advocacy:** Professional advocacy can be provided by paid or unpaid advocates. Support is provided either for an individual to represent their own views or the advocate can represent the individual if they are unable to do so themselves. Townsley et al. (2009) suggest that key features of professional advocacy include: a separation from other forms of direct provision (such as social

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[13] Boylan and Dalrymple (2011) have observed that whilst definitions and parameters of advocacy appear to be broad in scope, there are emergent common themes and values that are synonymous with advocacy practice. In particular, they highlight the social work values that underpin advocacy approaches.

[14] Stewart and MacIntyre (2013: 2) highlight key features of self-advocacy as being an 'outward-facing model' that focuses on making sure the individual's voice is heard.

work); independent governance; independent funding arrangements; no conflicts of interest; and specialist support for specific issues;

- **Citizen (Volunteer) Advocacy:** This involves "ordinary citizens" becoming involved with those individuals requiring support. The motivations for citizen advocacy are not for financial gain and the relationship between advocate and an individual "involves a one-to-one relationship over an extended period of time that goes beyond befriending – the volunteer represents the views of the person" (Stewart and MacIntyre, 2013: 4);
- **Non-Instructed Advocacy:** This is an advocacy relationship that primarily stems from an individual being unable to communicate their wishes and who is not capable of fully being involved in decisions pertaining to them. An advocate will look for means of communication with the service user to try to ensure their wishes are fulfilled.[15]

The definitional breadth of the term advocacy is evident in its usage by statutory and community/voluntary organisations in Northern Ireland. It tends to be used as an umbrella term that encompasses raising public awareness of issues, supporting and advising those considered vulnerable and in general, providing a visible resource for service users. Advocacy is particularly aligned with public health service provision and charitable organisations connected with specific needs and issues impacting upon older people.

In 2014, the Advocacy Network Northern Ireland (ANNI), through the Northern Ireland Health and Social Care Board, produced a code of practice for independent advocates which focuses upon the principles of:

- Being open, fair and trustworthy;
- Putting the views of service users first;
- Helping service users participate as fully as possible in decisions about their own lives;
- Working with the agreement of service users;
- Respecting confidentiality;
- Being accountable;
- Constructively challenging others to represent service users;
- Respecting and promoting the human rights of service users;
- Showing respect for others;
- Practicing self-reflection and self-care; and
- Continuing Professional Development (ANNI, 2014).

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[15] Henderson (2006: 5) contends that: "Non-instructed advocacy is taking affirmative action with or on behalf of a person who is unable to give a clear indication of their views or wishes in a specific situation. The non-instructed advocate seeks to uphold the person's rights; ensure fair and equal treatment and access to services; and make certain that decisions are taken with due consideration for their unique preferences and perspectives."

What is clear from a review of the grey literature[16] outside of a victim context is that advocacy, either on an individual or a collective basis, can take many forms and involve varying approaches. White et al. (2018: 119) note that “A one-size-fits-all approach will never work”; hence, the variations in the forms of advocacy options which aims to allow for a bespoke approach that is cognisant of the needs, experiences and objectives of service users.

The following section will now highlight the conceptualisation of advocacy in a transitional justice context, where the focus is generally upon supporting the victims of violence/conflict. While this academic literature also associates effective advocacy with empowerment, providing a voice for those on the margins and promoting social justice, the practical workings of these laudable ideas are not devoid of difficulties and contention; particularly in societies emerging from war or protracted civil conflict.

3.b Advocacy in a transitional justice context

The current focus within transitional justice advocacy at a macro-level generally concerns securing prosecutions for war crimes or violations of human rights; truth-seeking; and promoting domestic legal reforms (Subotić, 2012: 120). In relation to these aims, transnational advocacy networks have generally tended to organise around two core themes, i.e. issues involving bodily harm to vulnerable individuals (particularly where perpetrators are easy to identify – this is linked to truth-seeking); and issues relating to the legal equality of opportunity (Keck, 1998).

According to Subotić (2012), advocacy NGOs act more like lobbyists on thematic issues, while operational NGOs typically provide services to their client base. Such a crude division of labour in advocacy terms between lobbying/representation and service provision has however been questioned and does not reflect the work of many NGOs whose activities overlap into both areas (Subotić, 2012: 113), particularly when it comes to transitional justice issues. Indeed, Backer (2003) has identified seven primary roles that NGOs often play in transitional justice processes (which could be subsumed under the catch-all concept of advocacy):

- Data collection and monitoring;
- Representation and advocacy (entering relevant policy debates);
- Collaboration, facilitation and consultation (translation, medical forensics, legal advice, sharing information);
- Service delivery and intervention (providing counselling, holding legal clinics);
- Support for seeking acknowledgement and compensation;
- Working as a parallel or substitute authority;
- Research and education (Backer, 2003: 302).

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[16] This typically denotes policy papers, reports and evaluations which are not published in academic formats such as journals.

Data collection and monitoring are crucial in terms of providing a historical record; for example, the work of the *Vicaría de la Solidaradad* NGO in documenting the state-led abuses of the Pinochet regime in Chile helped move public opinion in favour of political liberalisation (Backer, 2003). Similarly, the *Nunca Más* ('Never Again') commission in Brazil, led by the Archdiocese of Sao Paulo, compiled evidence on 17,000 victims of state repression (Backer,, 2003: 305; see also Cohen, 1995) while the *Project to Recover the Historical Memory* (REMHI) in Guatemala (again led by the Archdiocese of Guatemala City) collected 6,000 testimonies of the experiences of violence of local citizens (Backer, 2003). Representation and 'advocacy' by NGOs were also crucial in Bolivia in ensuring that President Meza and his associates would be held accountable for their crimes; while the work of the *Justice in Transition* NGO in South Africa in organising a series of conferences in March 1993 helped pave the way for the establishment of the South African Truth and Reconciliation Commission (Backer, 2003). With regards to service delivery, many NGOs provide legal clinics for their clients (such as KOR in Poland from the 1970s onwards), or trauma clinics for victims and survivors, such as those provided by the Centre for the Study of Violence and Reconciliation. The Khulumani ('Speak Out') Support Group[17] have similar provisions in place for their service users, as well as playing a range of other roles in supporting victims (Backer, 2003).[18]

Within a post-conflict context, it is instructive to consider the aims and objectives of advocates, and more pertinently of the victims and survivors they represent. Most of these organisations referred to (except for Khulumani) are human-rights organisations rather than victims' groups. This is an important distinction to make given that "victim groups will be more critical of the scope and constraints of transitional justice mechanisms than human rights NGOs will be" (Gready and Robins, 2017: 964).

It is important to note however that the word advocacy is not particularly common in the transitional justice literature, although many of the processes described in supporting or seeking to increase victim participation align with earlier definitions of advocacy. Given the focus upon securing prosecutions, truth-seeking and promoting institutional reform in societies impacted upon by conflict (including where there is violence carried out by paramilitaries, armed groups and the state, see Gready and Robins, 2017),[19] transitional justice approaches are often framed as victim-centred or victim-orientated (Robins, 2011). However, there are numerous critiques within the literature of transitional justice processes in relation to victims as favouring a top-down approach which tends to focus on elites and the legal process and ignores local people, including the victims of violence and their needs (Gready and Robins, 2017; Hamber and Lundy, 2020; Lundy and McGovern, 2008; McEvoy, 2007; Robins, 2012).

Robins (2011, 2012) is particularly scathing in his attacks on the international community and human rights and advocacy organisations in their treatment of the victims of the conflict in

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[17] Estimated in 2010 to have approximately 55,000 members (see Madlingozi, 2010).

[18] Also see https://khulumani.net/ for the breadth of these activities. Accessed March 20th 2021.

[19] Indeed it has been contended that in the Northern Irish context, inquiries by the British state into certain cases on Article 2 investigations wherein collusion with loyalist paramilitaries was allegedly involved, have either not occurred or have been inadequate (Bamforth and Hoyano, 2020; McGovern, 2013).

Nepal.[20] Robins distinguishes conceptually between the *rights* and *needs* of victims. Rights are connected with "moral and legal claims to entitlements" and are universal in scope (Robins, 2011: 77). In contrast, needs are viewed as more immediate (food, water, employment) and "are a product of culture and context" (ibid.). In his study of a representative sample of 160 families of people 'disappeared' during the conflict in Nepal, victims emphasised their need for:

- **truth** about what happened;[21] and
- **economic support** to help meet their basic needs.

Yet the focus of human rights NGOs in Nepal was upon securing prosecutions of perpetrators (priority was placed upon outcomes rather than the process for victims), and the use of human rights language by professionalised organisations was not understood by victims, many of whom were "commodified" and used in a symbolic and tokenistic way without any real say in the post-conflict process (Robins, 2011).[22] Whilst families in the study would welcome justice and the prosecution of perpetrators, this was not their immediate priority. Robins (2011: 96) argues that the "…problem is that human rights agencies see any process which may separate out truth from justice, even only as an initial stage, as unworkable – even though truth is what victims' families most desire." He cites the examples of cases in Cyprus and the Balkans, where some victim's families have been given the "truth" which is "decoupled from legal processes" (ibid: 80). This resonates with other research, for example on the Hillsborough disaster:

> "Conceptually, the 'truth' of an event combines perception and interpretation of those involved by personal histories, knowledge and understanding. In seeking redress for harm, however, victims and survivors do not necessarily demand criminal prosecutions, retribution or punishments but invariably they expect acknowledgement" (Scraton, 2013: 7).

While it is generally accepted that there will be those victims of violence who may be too traumatised, lack the confidence or know-how to speak for themselves (McEvoy and McConnachie, 2013), "the practice of speaking for and about victims further perpetuates their disempowerment and marginality" (Madlingozi, 2010: 210). In this context, Kennedy (2002) has referred to the "voyeuristic" aspect of human rights advocacy while Razack (2007) commented upon the practice of "stealing" the pain of another; which historically, has often been presented in paternalistic terms as white middle-class "well-intentioned" human rights workers arriving to "save" victims in the Third World (Lundy and McGovern, 2008). This denies agency to victims and, "despite all the talk about victim empowerment then, the victim produced by transitional justice NGOs and others in the international human rights movement is a hapless, passive victim dependent on NGOs and others to speak for her and argue her case" (Madlingozi, 2010: 213).

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[20] The civil war in Nepal between Maoist rebels and the Government lasted for ten years between 1996-2006. More than 15,000 people were killed, with 1,200 more unaccounted for; many of whom were 'disappeared' by the State or Maoist forces (see Robins, 2011: 80).

[21] García-Godos and Lid (2010) also found that the primary desire for victims of the conflict in Colombia was to uncover the truth about what happened to their loved ones.

[22] Pemberton et al. (2007: 4) suggest that there has been limited research into the experience of victims within a transitional justice context. They argue that: "Most attempts involve legal constructs which can and do not adequately capture the experience of victims."

Despite such concerns relating to the power dynamics inherent in speaking on behalf of others (Alcoff, 1991), McEvoy and McConnachie (2013) argued that appeals for justice and for victims' rights have been deployed as rhetorical devices since the post Second World-War Nuremburg and Tokyo trials, and were also provided as the rationale for the creation of more modern legal processes such as the International Criminal Tribunal for the former Yugoslavia (ICTY) and the International Criminal Tribunal for Rwanda (ICTR). More recently, redress for victims and survivors and their role in achieving justice within a judicial context is exemplified by the involvement of victims in criminal proceedings at the International Criminal Court (ICC).

Article 68(3) of the Rome Statute of the ICC provides for victim participation in the judicial process:

> "Where the personal interests of the victims are affected, the Court shall permit their views and concerns to be presented and considered at stages of the proceedings determined to be appropriate by the Court and in a manner which is not prejudicial to or inconsistent with the rights of the accused and a fair and impartial trial. Such views and concerns may be presented by the legal representatives of the victims where the Court considers it appropriate, in accordance with the Rules of Procedure and Evidence."[23]

However, neither the Statute nor the concomitant Rules of Procedure and Evidence contained any further guidance on the practicalities of victim participation in a trial. Consequently, victim participation has been decided on a case-by-case basis by judges at the ICC. Analysis of the decisions of judges regarding victim participation reveals a distinction has been established in how victims are classified. The Rules of Procedure and Evidence (2013: rule 85a) defines victims as "natural persons who have suffered harm as a result of the commission of any crime within the jurisdiction of the Court." From a judicial perspective clarification on the definition of

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[23] There are a number of challenges associated with attempts to place a specific definition on victimhood in a variety of contexts. Moon (2009) notes the complexities in the South African TRC where participants were required to designate as either victims or perpetrators, but in some cases an individual could be both (see also McEvoy and McConnachie, 2013). Similarly, in Colombia, Article 5 of Law 975 defines a victim as: "anyone who individually or collectively has suffered direct harm such as temporary or permanent injuries that cause certain forms of physical, psychological and/or sensory handicap (sight and/or hearing), emotional suffering, financial loss or disrespect for their fundamental rights. These harms must have resulted from acts of transgression of criminal legislation, carried out by organised armed groups at the margins of law" (García-Godos and Lid, 2010: 500). Victims must register officially with the police, local or legal authorities as 'victims.' This is in stark contrast to the approach taken by some victims' organisations, such as the Khulumani Support Group in South Africa, where membership is via self-identification and filling out a needs-assessment form (rather than having to be certified by the state or local authorities) (see Madlingozi, 2010). Aside from the challenges of having to be officially recognised as victims, Law 975 in Colombia precludes the victims of state violence being defined as victims and focuses only on the victims of armed groups "on the margins of the law" (García-Godos and Lid, 2010).

victims was necessary following the *Situation in the Democratic Republic of Congo*[24] case, in which the Pre-Trial Chamber proffered a four-part test to determine whether an individual was a victim and therefore entitled to participate in Court proceedings. In interpreting rule 85(a) of the Rules of Procedure and Evidence the Judge in the *Situation in the Democratic Republic of Congo* (2006: at 36) laid out four criteria necessary for granting victim status:

(i) The victim must be a natural person;
(ii) He or she must have suffered harm;
(iii) The crime from which the harm arises must be within the jurisdiction of the Court;
(iv) There must be a causal link between the crime and the harm.

The application of the criteria has contributed to a distinction between victims who can establish a causal link between the crime and the harm, "victims of the case", and victims who are unable to establish such a link who are termed "victims of the situation" (Sehmi, 2018: 575-576).[25] According to Moffett (2015) the consideration given to victims' interest through their participation at the ICC can be understood as being underpinned by two notions of justice, namely procedural and substantive justice. Whilst procedural justice encompasses processes of fair treatment, substantive justice distinctly refers to judicial outcomes:

> "For victims this involves redressing their harm and the causes of victimisation giving rise to three main rights in relation to outcomes: truth; justice; and reparations. Together procedural and substantive justice complement each other to ensure a more effective remedy for victims' harm" (Moffett, 2015: 256-57).

Given the large-scale nature of cases at the ICC with the number of potential victims involved, it is not practical for all victims to personally participate in judicial proceedings. Instead, victims can participate and communicate to the ICC through Legal Representatives of Victims (LRVs), who act as advocates for them. On this point, Moffett (2015: 263-264) suggests that, "access to legal assistance or representation can more effectively translate and advocate victims' interests and needs into legal processes by lawyers independent of the prosecution, who can often overlook victims' interests as they also have to represent public interests." As advocates for victims, LRVs can participate in Court proceedings in specific ways: attending hearings; making oral motions, responses and submissions; filing written submissions; they have the ability to access evidence; they are permitted to ask questions; they can submit evidence; call witnesses; and be notified of any filings or submissions pertaining to the case (Moffett, 2015: 264). It is important to note that the participation of victims and LRVs are at the discretion of the Court.

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[24] Decision on the Applications for Participation in the Proceedings of VPRS 1, VPRS 2, VPRS 3, VPRS 4, VPRS 5 and VPRS 6, Situation in the Democratic Republic of the Congo (ICC-01/ 04-101-tEN-Corr), Pre-Trial Chamber I, 17 January 2006, x 79; Decision sur les Demandes de Participation a' la Procedure a/0004/06 a' a/0009/06, a/0016/06 a' a/0063/06, a/0071/06 a' a/ 0080/06 et a/0105/06, Situation in the Democratic Republic of the Congo (ICC-01/04-423), Pre-Trial Chamber I, 20 October 2006, at 36.

[25] Sehmi (2018: 576) notes that: "Those wishing to participate as victims at the ICC must demonstrate that they are victims of acts falling within the temporal, territorial and substantive parameters of the crimes charged."

In addition to the provisions made by the ICC, the European Commission (2019) has concluded that whilst individual victim's needs should be recognised, in broad terms victims' collective needs can be grouped into five categories:

- Respectful treatment and recognition as victims;
- Protection from intimidation, retaliation and further harm by the accused and from harm during criminal investigation and court proceedings;
- Support, including immediate assistance following a crime, longer-term physical, psychological and practical assistance;
- Access to justice to ensure that victims are aware of their rights and understand them, and are able to participate in proceedings; and
- Compensation and restoration, whether through financial damages paid by the state or by the offender or through mediation or other forms of restorative justice.

Yet despite the legal provisions for the participation of victims in judicial processes and the seeming multitude of organisations offering advocacy support, in practice, and particularly in relation to the ICTY and ICTR, victims have had little engagement with such mechanisms other than as prosecution witnesses (see Ferstman, 2010). In transitional justice processes more broadly, including the use of truth commissions and inquiries, similar findings are evident. That said, victims have certainly become more central to transitional justice policies (Sprenkels, 2017). The United Nations, for example, has noted "the centrality of victims in the design and implementation of transitional justice processes and mechanisms" (UN, 2010: 2) in its transitional justice policy. However, despite a growing recognition of the importance of victim participation in transitional justice mechanisms, there is a resounding critique across numerous countries about the lack of genuine victim participation (Hamber and Lundy, 2020; Sprenkels, 2017).

There are two key dynamics to consider in relation to this treatment of victims in a transitional justice context. The first is that regardless of the rhetoric of participation (Mohan, 1999; see also Lundy and McGovern, 2008), victims are often the object of advocacy, lobbying, representation and research rather than the subjects of such work (Haslam, 2011; McGrattan and Lehner, 2012; McEvoy and McConachie, 2013; Robins, 2017). In other words, it is done to them, rather than with them. As Madlingozi (2010) has noted, this can lead to issues of dependency and does not empower victims and promote active citizenship (see also Neocosmos, 2006). The second issue relates to what Hamber (2009) has referred to as the quality of voice for victims. Even within processes which, to all intents and purposes, engaged with victims, there are power dynamics relating to which voices were heard and which voices were deemed (un)fit for public consumption (Wilson, 2001; Moon, 2009; Cole, 2012; McEvoy and McConnachie, 2013). This can contribute to simplistic dichotomies of good and bad victims (Madlingozi, 2007) and in some instances create a hierarchy of victimhood (Jankowitz, 2018; McEvoy and McConnachie, 2012).

Thus, it is important to keep in mind the discursive formulations and power dynamics underpinning the relationship between victims and those working on their behalf (McEvoy and McConnachie, 2013). To maximise the agency of victims themselves and provide for more effective practice, what is required is “a pragmatic assessment of the risks and capacity which that orientation (maximising victim agency) entails and a greater self-awareness of the dangers of ‘speaking for’ victims…” (McEvoy and McConnachie, 2012: 500). Lundy and McGovern (2008: 270) have further added that it is not enough to include victims at the implementation stage of a project or process; they “need to be involved in conception, design, decision making and management.”

This is important because it ensures processes are victim-led and victim-centred. Research has shown that empowered engagement in processes, plus additional support, in the form of counselling or participation in support groups, along with the actual attainment of truth, justice and reparations, when implemented together increase victim satisfaction and the healing potential of transitional justice processes (Brounéus, 2008; Garkawe, 2003; Hamber, 2009; 2015; Phakathi and Van der Merwe, 2007). The failure to deliver justice in the eyes of most victims, as well as truth and the limited reparations process, impacts negatively on the healing potential of any transitional justice process (Hamber, 2009, 2015).

In other words, counselling and victim services cannot substitute for the attainment of a sense of justice or truth-recovery; yet likewise the delivering of or process of seeking truth and justice without adequate processes of victim participation, advocacy and support will have limited outcomes in terms of satisfaction and healing potential.

While these premises have universal application, they are particularly pertinent for contemporary discussions on the legacy mechanisms in Northern Ireland, and the role of victims and survivors within these processes.

3.c Dealing with the past: Victims and survivors

The human cost of the violence of the conflict in Northern Ireland was immense: from 1966 onwards, almost 4,000 people have been killed and more than 40,000 have been injured (McKittrick et al., 1999; 2006; Morrisey et al., 1999). While the majority of killings occurred in Northern Ireland itself, there were also at least 267 people killed in the Republic of Ireland, Great Britain, Holland, Germany and France (CVSNI, 2015: 5). The impact of such violence, alongside the grief and trauma for the families and friends of those killed, has resulted in the Northern Ireland population generally having poorer levels of mental health when compared to other parts of the UK, which in part is related to the inter-generational transmission of violent conflict experiences and a wider ongoing legacy of violence (CVSNI, 2011; Fargas-Malet and Dillenburger, 2016; Hamber and Gallagher, 2014; McAlister et al., 2009; O’Neill et al., 2015; Tomlinson, 2012). Almost one-quarter of a million people in Northern Ireland (213,000 individuals) are estimated to have mental health issues, and for approximately half of this cohort, the violence of the Troubles is directly related to this (O’Neill et al., 2015). More than one-quarter of respondents (26%) in the 2017 NI Omnibus survey stated that either they, or a family member, continue to be impacted upon by a conflict related incident (CVSNI, 2019a; NISRA, 2017). It is perhaps unsurprising that in such a context, Northern Ireland typically has higher rates of dependence upon prescription medication and higher incidents of PTSD diagnosis than other countries in Western Europe (Manktelow, 2007; Morrisey et al., 1999; O'Neill et al., 2015).[26]

Yet despite the profound (and continuing) impact of the violence, there remains no agreed upon (and functioning) mechanisms for addressing legacy issues, including meeting the needs of victims and survivors (Jankowitz, 2018). This is in part linked to competing narratives surrounding the conflict and debates about hierarchies of victimhood, as well as whether some victims are more "guilty" or "innocent" than others (Jankowitz, 2018; McEvoy and McConnachie, 2012, 2013). This is a relatively common phenomenon in societies divided by ethno-political conflict, wherein collective victimhood depending on religion/ethnicity/nationality/community background leads to a tendency to see one's own community as more "sinned against than sinning", and greater levels of blame for violence are apportioned upon the so-called other community (Bar-Tal et al., 2009). While collective victimhood is not necessarily a negative development, and a superordinate victim/survivor identity can sometimes be fostered for all victims of a conflict rather than and us and them dynamic (Schnabel et al., 2018), it can also contribute to hardening attitudes towards the out-group and a belief that the suffering of the in-group is unique (Cohrs et al., 2015; Nawata and Yamaguchi, 2012).

Crucial to these difficulties in dealing with the past has been agreeing a definition of a victim of the Northern Ireland conflict. The 2006 Victims and Survivors (Northern Ireland) Order defined a victim in the following terms:

- someone who is or has been physically or psychologically injured as a result of or in consequence of a conflict-related incident;
- someone who provides a substantial amount of care on a regular basis for an individual mentioned in paragraph (a); or
- someone who has been bereaved as a result of or in consequence of a conflict-related incident.

According to the legislation, an individual may be psychologically injured "as a result of or in consequence of":

- witnessing a conflict-related incident or the consequences of such an incident; or
- providing medical or other emergency assistance to an individual in connection with a conflict-related incident (see McGrattan and Lehner, 2012: 42).

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[26] Data suggests that there may be more than 57,000 people who are clinically depressed in Northern Ireland, and perhaps as many as 18,000 individuals living with PTSD (O'Neill et al., 2015). Such poor mental health can potentially increase the prevalence of suicidal ideation (O'Neill et al., 2014). Rates of self-harm are also much higher in Northern Ireland than in the Republic of Ireland. According to the Department of Health (DoH), "Self-harm is a serious public health issue in its own right. Between April 2013 and March 2014 there were 8,453 presentations at hospital emergency departments here as a result of self-harm. Almost 6,000 people presented and 20% of these on more than one occasion. The rate of self-harm here is 327/100,000 of population - 64% higher than in the south of Ireland. Alcohol was involved in almost half of all presentations" (DoH, 2016: 6).

While this definition defines the parameters within which the CVSNI must work, it has not been unproblematic, and there are some victims' groups who disagree with what they perceive to be an all-encompassing definition, which, from their perspective, fails to take into account distinctions between victims and perpetrators of violence. As a result, there are some organisations who work to this definition while others who disagree with the definition do not. One organisation engaging in advocacy work made clear to the research team that they fundamentally disagree with this definition. They adhere to the "*victim of crime provided in Section 29 of the Justice Act (Northern Ireland) 2015 and Directive 2012/29/EU of the European Parliament and of the Council of 25 October 2012"* and campaign for and seek recognition of this in law and practice.

Berastegi and Hearty (2019) have argued that the definition is based within a harm-based model of victimhood wherein victimhood is focused upon the harm done to the person – rather than to the status of the individual (innocent civilian, paramilitary member, Security Forces personnel). They contrast this with two other models – what they term the blame and context-based models. The blame model tends to be based upon the presumption that not all victims are equal (in the sense that some may have died as a result of their own activity).[27] This model tends to be employed in victimology work in the context of "ordinary decent crime" wherein an ideal victim is constructed (Christie, 1986), whose innocence and vulnerability is contrasted with the actions of the "dastardly" and "immoral" perpetrator (see also Moffett, 2015).

While undoubtedly there are numerous contexts in which this would be the case with regards to victims of the Northern Ireland conflict, there are also other instances, wherein the continuum between victim and perpetrator is much more fluid, with some victims becoming perpetrators of violence; while some perpetrators of violence also ultimately became victims (Brewer and Hayes, 2014; McEvoy and McConnachie, 2012, 2013). Berastegi and Hearty (2019) proffer the context-based model as a means of moving beyond the complexities and divisions inherent in defining victimhood in Northern Ireland. Within the context-based model, the focus is on the individual and specific context of the conflict-related event. They suggest that such an approach can allow all those who died in the Troubles to be viewed as victims, but without necessarily viewing all of the incidents and individuals in the same way.[28]

Given the complexities relating to the past and difficulty agreeing who is (and is not) a victim of the conflict, the approach thus far to legacy issues has been largely "piecemeal" (CVSNI, 2014). As previously noted, the few initiatives that have been proposed have generally failed to gain support across the political spectrum. Notable examples include the 2009 Report of the Consultative Group on the Past (which did not address the needs of those injured), whose recommendations largely went unheard as a result of opposition to the proposal to award all bereaved families a one-off payment of £12,000 (Jankowitz, 2018).

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[27] Berastegi and Hearty suggest that the Civil Service (Special Advisers) NI Act of 2013, which barred anyone with a serious criminal conviction from becoming a political adviser (SPAD) at Stormont, falls within what they refer to as the 'blame-model'. See also, 'Special adviser bill passed after Stormont marathon debate'. Available online at: https://www.bbc.co.uk/news/uk-northern-ireland-22759895 (accessed 20th October 2020).

[28] The paper is however somewhat vague as to what this in fact entails. It is also unclear to what extent this would allow for a moral/ethical differentiation (in terms of individual agency) between victims who died through 'no fault of their own' with others whose actions may have contributed to their deaths.

The 2013 Haas/O'Sullivan talks to re-stimulate the debate focused upon crucial issues for victims and survivors such as acknowledgement, a proposed Historical Investigations Unit (HIU) to replace the Historical Enquires Team (HET); an Independent Commission for Information Retrieval (ICIR) (wherein engagement would be voluntary and information is provided under the guarantee of anonymity and would not be admissible in court) and work on developing archival and narrative/story telling with regards to the stories of victims and survivors so that the violence 'never happens again' (CVSNI, 2014). These proposals were never implemented after political disagreements, although parts of this found their way into the Stormont House Agreement (SHA). The December 2014 SHA[29] endorsed some of these proposals, and the document also referred to establishing a comprehensive Mental Trauma Service (now referred to as the Regional Trauma Network) which would help to address the psychological needs of victims and survivors, an area that to date has largely been overlooked (Manktelow, 2007; Templer and Radford, 2008).

The SHA also referred to progressing work on securing a pension for those most seriously injured during the conflict, highlighted that support should be available to victims regardless of their geographic location (including those in the Republic of Ireland and Great Britain), and also stated that victims and survivors would be provided with an "advocate-counsellor" if they so wished to avail of such a service. This role of "advocate-counsellor" was to work within the three proposed legacy pillars within the SHA of the Oral History Archive; the ICIR; and the HIU.

While the CVSNI (2014) welcomed the provisions within both the Haas/O'Sullivan talks and the SHA, the proposed legacy mechanisms are yet to be established. The fact that a number of victims and survivors have passed away while awaiting political decisions to be made with regards to finalising arrangements for legacy issues is a sad reminder that for many victims and survivors of a conflict that began more than 50 years ago, time is running out to deal with their long-standing physical and psychological issues (Jankowitz, 2018).

3.d Developing services and addressing the needs of victims and survivors

There has been some limited work to date on the experiences of victims and survivors in engaging with legacy processes in Northern Ireland. Research conducted by Deloitte (2012) drew upon 30 in-depth case studies of the experiences of victims and survivors who had engaged with statutory bodies such as the Historical Enquiries Team (HET); the Police Ombudsman's Office; the PSNI; the Criminal Cases Review Commission and the Coroner's Service. While the depth of need varied from those who only required a listening-ear to those who needed intensive counselling and support, the report found several areas of good practice in terms of supporting families in historical investigations:

- A **tailored approach**: For example, allowing the family to choose how they wanted to be contacted/communicated with;

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[29] The SHA was agreed between the British and Irish Governments alongside the political parties in Northern Ireland and was published in December 2014. Pages 5-10 of the document explicitly refer to legacy issues.

- Showing a **personal touch** was beneficial: This was particularly the case for The Ombudsman's Office (via personal contact from the Ombudsman herself);
- **Flexibility**: Despite the criticisms of the HET generally (HMIC, 2013), elements of the HET process were highlighted as being beneficial in two particular ways (1) it encouraged families to ask questions which the process would seek to answer; and (2) The HET report was provided first to families and could be read, amended, reviewed and questioned – this can be compared to other processes in which the report was 'final'. NGOs were also able to question the details in reports on behalf of the families they worked with; and
- **The provision of a Family Liaison Officer**: A minority of interviewees who had availed of them spoke positively about their role in the process.

The research did however uncover several shortcomings in the support provided by statutory agencies to victims and survivors:

- **Signposting to other services could be poor:** Other services were perhaps mentioned once in an introductory meeting or there was a telephone number at the bottom of a letter, but families felt the onus was on them to seek out support;
- **Communication:** There were problems associated with gaps in the time it took to contact victims (they may not be contacted for up to a year if there were delays in the process). The medium of communication was also important. Some victims and survivors found it frustrating to be phoned "out of the blue" or receive a letter that they could not respond to. Staff turnover could also impact upon relations between families and investigating organisations;
- **NGOs:** Individuals and families were more involved as a result of NGO support, but the support levels varied depending on the skills, resources and attitudes of the supporting organisation to the legacy process.

In the same year as the Deloitte research (2012), the Victims and Survivors Service (VSS) and Victims and Survivors Forum (VSF) became operational, taking over the role of providing funding to those organisations working with victims and survivors of the conflict.[30] The VSS budget on average per year since 2013 has been between £12-13 million (CVSNI, 2017). From the outset, the work of both the VSS and VSF has been driven by the needs of victims and survivors; and these needs were established in 2012 by CVSNI following lengthy consultation within the sector. Seven areas of need were established as priority areas for focus:

- Health and wellbeing;
- Social support;
- Individual financial support;
- Truth, justice and acknowledgement;
- Welfare support;
- Transgenerational issues and young people; and

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[30] Replacing the funding streams managed by the Community Relations Council and the Memorial Fund.

- Personal and professional development.[31]

Subsequent work by the CVSNI (2014, 2015) established that there are four core areas for victims and survivors with regards to dealing with the past. These include:

- Truth;
- Justice;
- Acknowledgement;[32] and
- Reparations.

During the discussions emerging from the SHA, the VSF outlined (2015: 1) “five principles that will be required to deliver effective and appropriate processes for the proposed institutions that deal with the past going forward.” The five principles are:

- **Co-design and collaboration**: The focus should be upon a co-designed and collaborative approach between victims and survivors and the relevant department/stakeholders in order to ensure that processes are designed with the wishes and needs of victims and survivors in mind;
- **Victim-centred and victim-led:** A victim-centred and victim-led approach ensures that the needs, interests, views and wishes of the individual takes priority. For operational delivery, this means there is empathy and understanding of the impact of the Troubles on victims and survivors and that an emotionally intelligent approach is taken in detailing the competencies and skills required from those delivering services;
- **Inclusive:** There are many victims and survivors who have previously been excluded from the scope of legacy processes. Action is required to acknowledge victims and survivors outside of Northern Ireland. There is a sense of isolation and inequality felt by victims and survivors outside of
- Northern Ireland who often experience a lower level of access to justice, advocacy and health and wellbeing support;
- **Independent and impartial**: Trust is paramount for victims and survivors. It is critically important that trust is built between victims and survivors and

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[31] Truth/justice and acknowledgement and welfare support are two key areas in which it is envisaged that the advocacy programme will seek to support victims and survivors (Foster, 2018).

[32] This is also important in relation to the victims of so-called ordinary crime, and has given rise to the relatively recent usage of the Victim Impact Statement provided by victims which allows them to make public the impact that the crime they experienced has had on themselves and their families (see Propen and Schuster, 2010). Indeed, aside from ordinary crime, within the academic literature on victims of crime, advocacy is primarily referred to in relation to domestic and sexual violence (see Brooks and Burman, 2017; Globokar et al., 2019; Maier, 2012; McKenzie and Campbell, 2019; Scheingold et al., 1994; Stover et al., 2010). Stover et al. (2010) found that women who used the police advocacy service (which included home visits after the incident with community officers with skills on domestic violence risk intervention, child development principles, familiarity with the law and social services processes) were more likely to be satisfied with the police and more likely to contact them to report a non-physical domestic dispute in the 12 months after the initial incident. They were also more likely to use court-based services and seek mental health support for their children. It is of note that one organisation participating in this research highlighted that the family reports provided to victims and survivors give a similar opportunity for victims and survivors to highlight the impact the loss of their loved one and the challenges accessing information have had on them and the wider family circle.

those delivering truth, justice, acknowledgment and reparation measures, so institutions and processes should be independent, impartial and transparent;
- **Fit for purpose**: All mechanisms, existing and proposed, require an appropriate and realistic budget and sufficient time to deliver an effective service (VSF, 2015; CVSNI, 2019b: 5-6).

Service provision for victims and survivors under the VSS since 2012 has tended to be funded within the Victim Support Programme (VSP) or the Individual Needs Programme (INP). In 2017/2018, VSP funding was provided to 55 organisations amounting to more than £4.7 million, delivering services to 12,000 victims and survivors; in the same year, more than £4.4 million was delivered directly to 5,900 individuals in the INP (via the new regional network of 25 Health and Wellbeing Caseworkers and five Case managers funded as part of the Peace IV programme) (see VSS, 2018).

The INP was launched by Ministers in March 2013 and focused upon four packages of support: support for the bereaved; support for the injured; support for carers; and support for spouses/partners and children of individuals living with injuries. Within the VSP (which began in April 2013), there is a Health and Wellbeing programme and a Social Support Programme.

A review of the VSP in 2015 found that victims reported a range of benefits to the services they had received (including befriending, counselling sessions and complementary therapies),[33] including:

- Improved sleeping patterns;
- Improved family relationships;
- Reduction in anxiety;
- Reduction in reliance on medication/alcohol (RSM McClure Watters, 2015).

However, the evaluation also found there were several challenges facing the VSP programme:

- There was a small amount of duplication in service provision;
- There was a lack of counselling services for those with an addiction;
- Coordination, monitoring and evaluating the impact of the work could be improved by asking funded organisations to use CORE (Clinical Outcomes in Routine Evaluation, which is a validated tool used to measure psychological distress);[34]
- Access to Continuous Professional Development for organisations was a challenge (accredited training could be very expensive);
- There was a need for more trained family therapists and transgenerational therapy;

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[33] Complementary therapy generally refers to reflexology, aromatherapy and body massage. It does not therefore include alternative therapies such as homeopathy, acupuncture or herbal remedies (see CVSNI, 2016). It should be noted that of the 56 groups who were funded under VSS in 2018, 22 were funded to offer psychological therapy and 25 to offer complementary therapy (Foster, 2018).

[34] This was implemented by the VSS in 2016/2017 in the aftermath of the evaluation (VSS, 2018).

- The challenge of welfare reform was a concern, particularly given that 75% of VSS clients in Northern Ireland are in receipt of benefits;
- The insecurity of funding is a constant challenge;
- One-quarter of those consulted said that advocacy was a growing area of need. Participants suggested that support was required for those impacted upon by ongoing legal developments such as the "On the Run" letters and the ending of the HET; and
- There was criticism of a lack of innovation in the sector, with the same services being provided year on year (RSM McClure Watters, 2015).

A key challenge facing both the INP and VSP funding streams is sustainability, and the amounts of financial assistance provided to victims and survivors have been decreasing in recent years, with demand expected to grow as more victims start to access services (CVSNI, 2017). CVSNI estimate that only 20% of victims currently avail of services (CVSNI, 2015), and should demand increase without matched additional resources, by the end of 2019/2020 it was estimated that the average payment in the INP might be £488, which would be less than one-third of what it was in 2013/14 (CVSNI, 2017).

Lynch and Argomaniz (2017) have engaged with victims, survivors, practitioners and community activists in Northern Ireland and Great Britain, (in relation to the Troubles and also the 7/7 attacks)[35] and examined the delivery of services in different jurisdictions and existing perceptions with regards to differing needs. Victims and survivors in Northern Ireland tended to want to uphold the dichotomy of victim and perpetrator, and in terms of suffering and need:

> "...victims spoke of the traumatising experience of their treatment by the state, the (lack of) delivery of services, issues of recognition, memorialisation and reparations. Reference to re-victimisation was associated with their experience after the attack and these experiences were dominant throughout. In particular, access to the truth, oftentimes constructed as being shrouded in government secrecy, was a particular concern" (Lynch and Argomaniz, 2017: 470).

In Great Britain, the concern amongst victims and their representatives was more focused upon lack of wider public and social recognition of their experience, and lack of access to acute medical treatment in the aftermath of the attack. The London Bombing Foundation was established post 7/7 with these aims in mind and to support victims and survivors with psychological assistance; adaptive housing expenses; and recognition through memorialisation.

In terms of personal needs, all victims in both Northern Ireland and Great Britain spoke about immediate needs such as medical; psychological; financial; and occupational support. But they also suggested that in the short-term, they require information on their rights and entitlements; acute medical treatment; and medical rehabilitation and potential funders of financial support (Lynch and Argomaniz, 2017).

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[35] As part of the qualitative research, 20 interviews were conducted in Northern Ireland and 14 in Great Britain.

It is instructive however that the research refers to a tension between victims and their representatives, which demonstrated the "insecurity about voice and place" (Lynch and Argomaniz, 2017: 468):

> "The two groups (victims and their representatives) worked to construct their legitimacy to represent their constituents, but the result was that victims' needs were understood and thus portrayed differently by each population" (Lynch and Argomaniz, 2017: 467).

For service providers the areas of focus were:

- Their legitimacy to lobby on behalf of victims;
- Issues of neutrality;
- Multi-denominational provision; and
- Professionalism.

Victims on the other hand, "…were more likely to rely on their personal traumatic experience to justify their claim to represent broader victims of terrorism and political violence" (Lynch and Argomaniz, 2017: 468). This difference in focus between victims and their representatives certainly suggests that the general goal of advocacy to provide people who access services with a 'voice' is more complex to achieve in practice than it is to theorise upon.

3.e Advocacy services for victims and survivors

Research into the victims' sector conducted by the Training for Women Network in 2004 looked inter alia at the role of women in the victims' sector (Potter, 2004). This research found clear gender patterns in both the composition of the staff and service users for advocacy services. An Equality Impact Assessment of the then Core Funding Scheme for Victims'/Survivors' Groups revealed that those bereaved were primarily women and the majority of carers for those injured or traumatised were female, but that there was no available data on the gender of those who have been physically injured or psychologically traumatised as a result of the Troubles (Potter, 2004: 11). Further, the primary points of contact for organisations were predominantly female, outnumbering males two to one (Potter, 2004: 27). Ultimately, the research concluded, "the main gender division appeared more in the role of groups, those being 'self-help' groups in nature largely being led by women and those having a more political role being male-led." This was expressed by one interviewee as "the more political it gets, the more masculine it gets" (Potter, 2004: 49). More recent research on this theme would suggest that this gendered dichotomy between 'self-help' and 'political' activities is less-pronounced (Ahmed, et al., 2016).

In 2006, the Bamford Review recommended a statutory right to independent advocacy support in Northern Ireland (in a general context), and as noted earlier in this document, in 2014 the SHA referred to providing access to "advocate-counsellors" for victims and survivors of the conflict in Northern Ireland if they so wish to use them. Prior to the development of the PEACE

IV programme that is a core part of the research presented in this report, a small number of advocates were funded through the VSP to support victims and survivors in relation to:

- Accessing information and supporting individuals make informed decisions about their case;
- Reviewing the HET report with individuals to help make informed decisions in terms of next steps;
- Support to prepare for and attend official meetings;
- Support to understand and navigate the legal system (discussing and explaining terminology, discussing outcomes);
- Support to document a case; and
- Signposting to other services if necessary (CVSNI, 2016a: 11).

The research suggested that the definition of an advocate in a Northern Ireland conflict context should be "a trained professional who works in partnership with an individual (victim/survivor) to enable them to: voice their views; access information to make an informed choice; explore and understand their options; and secure and promote their rights" (CVSNI, 2016a: 24).

While trust and relationships were identified as key in this advocacy relationship, difficulties in relation to advocacy in a legacy context (prior to the Peace IV programme) included:

- The short-term length of contracts for advocates (up to 12 months). This makes it hard to attract the best candidates for jobs;
- The lack of consistent advocacy training in the sector;
- Lack of monitoring and evaluation of advocacy services; and
- The fact that the HIU process does not account for the injured (CVSNI, 2016a).

Guidance provided by CVSNI (2016b) on organisations providing advocacy support to victims and survivors highlighted the need for advocates to be trauma informed, with a requirement that they need to be able to identify and respond to any risks their service users may have, and to refer them on to the relevant professional organisations for assistance.

This groundwork has informed the development of the VSS led Peace IV *Shared Spaces and Services – Victims and Survivors Programme 2017-2021* which provides for:

- Advocacy support: which entails practical support for victims and survivors engaging with institutions, historical process and enquiries;
- The development of qualified assessors and health and wellbeing case workers to identify and address the needs of victims and survivors;
- A resilience programme to address the individual needs of victims and survivors, including Level 1 and Level 2 mental health interventions; and
- The development of the capacity of the sector through training and development to meet national and regional standards, research, and improved regulation (see VSS, 2018).

Within the VSS, there are five Health and Wellbeing Managers alongside 21 Health and Wellbeing Caseworkers, six Advocacy Managers and 18.5 Advocacy workers based in at least nine community-based organisations (VSS, 2018).

3.f Summary

While advocacy has become an increasingly used term in recent years, there is no single definition of what it is. It is used in a variety of contexts (predominantly in relation to mental health and disability), and even within the transitional justice literature, tends to be used as short-hand for the issue-based lobbying which is the focus of the work of large international NGOs. Despite the definitional slippage regarding how the term is deployed, what is clear is that there are generally agreed upon principles upon which the concept of advocacy is based. These include empowerment; providing information to ensure individuals can make an informed decision; social justice; promoting inclusivity and equality; encouraging independence; signposting to other services if necessary; and promoting active citizenship. There are strong critiques of advocacy driven by NGOs or the state that treats victims as objects rather than actively engaged subjects in ongoing processes.

The focus of advocacy networks within a transitional justice context tends to be upon engaging with (or representing) the victims of violence to secure prosecutions, uncover the truth and promote institutional reform in the aftermath of armed conflict. But while transitional justice approaches to such themes are often promoted as victim-led, the top-down nature of macro-political institutions make the reality somewhat more complex, and policies that argue for victim participation have been critiqued for falling short of the mark.

There is limited written information in Northern Ireland to date on the role of advocacy support for victims in already completed historical investigations, and this work is limited to the support provided by statutory bodies. However, the review by Deloitte (2012)[36] would appear to suggest that good practice in such circumstances includes; allowing the family to choose how they want to be communicated with; trying to retain a single point of contact who would regularly update the family on developments; showing a personal touch with senior staff of organisations meeting victims on a face-to-face basis; being flexible in terms of the process (and allowing the family to view a report in advance of publication); and providing Family Liaison Services to support victims and survivors. Northern Ireland has also developed a rich network of NGOs and community groups (and victim support organisations) who are in fact providing the bulk of this support. A considerable reservoir of expertise has been developed, although this has not always been documented.

The following section of the report highlights the methodology adopted for this research project which sought to assess advocacy service provision in Northern Ireland, the border region of Ireland and in Great Britain.

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[36] The Deloitte Review was commissioned by CVSNI as part of the Comprehensive Needs Assessment (CNA) process.

4. Methodology

At the outset it is important to differentiate between the planned methodology which Ulster University had agreed with CVSNI in 2019 when commissioned to undertake the research, and the reformulated methods which were required in the light of the COVID-19 pandemic and associated lockdown from March 2020 onwards.

Ulster University was commissioned by CVSNI "to examine the effectiveness of advocacy services for victims and survivors and their families in the areas of historical investigation and information recovery in Northern Ireland and the Border Region of Ireland." The key requirements of the original Project Initiation Document were to:

- Map current advocacy support service provision in Northern Ireland and the Border Region of Ireland provided by the organisations currently funded under the Victims Support Programme administered by the VSS.
- Design a qualitative research process that elicits the views of victims and their families as service users accessing advocacy support services across Northern Ireland, the Border Region of Ireland and Great Britain. Using a series of focus groups and interviews this process should including capturing the transgenerational impact on victims and their families engaged in historical and investigative processes linked to the Conflict/Troubles.
- Based on the data from the qualitative research process with victims and their families, the study should develop a number of representative case studies (approximately 30) that track the progress of individuals and families in receipt of advocacy support engaging with current legacy agencies and processes.
- Conduct a series of targeted elite interviews with key stakeholders responsible for the design and delivery of current and potentially future historical investigations and information recovery processes. This includes representatives from the Legacy Investigation Branch (PSNI); The Office of the Police Ombudsman (OPONI); The Coroner's Service, Department of Justice, the Northern Ireland Office and other relevant organisational representatives.

This is a qualitative research design that includes a comprehensive literature review, scoping of international practice and robust primary data collection through semi-structured interviews with service users, providers/managers and key stakeholders. The indicative research framework also provides for a number of in-depth case studies that explore some specific cases of advocacy support in greater detail, with a particular focus upon the impact of the work upon victims and survivors, what aspects of the process worked most successfully and what challenges were encountered. The initial project design provided for these case studies to be collated via multiple interviews with victims and survivors; however, due to the emergence of the COVID-19 pandemic this was not possible (other than three interviews undertaken before the lockdown) and alternate means have been sought to gather case study material. More shall be said on this development shortly.

Our approach has been concerned not only with methodological rigour but also sought to maintain flexibility and responsiveness to the changing nature of the research and external circumstances. Two key factors are worth highlighting: first, there was a consolidation in the number of advocacy groups receiving funding for advocacy work since project commencement (reduced from 9 to 6 in 18 months); and second, given that organisations were not required to participate and had to opt-into the research, the project required a considerable time investment in building confidence with the participating organisations. The ethics process had to also be carefully considered given the nature of the research, which was also a necessary and important, but protracted, process.

Since project commencement the qualitative research approach has progressed under Ethical Approval through the following Phases:

Phase 1:
January-September 2019
Project Initiation
ToR Agreed and Approved
Timeline Agreed
Ethical Approval Submitted

Phase 2 October 2019-January 2020
Preliminary Literature Review
Ethical Approval Complete
Preliminary Engagements
Consultation with Stakeholders including VSS and VSF

Phase 3 January 2020-October 2020
Interviews with Service Workers/Managers
Revised Ethical Approval re: Covid-19
ALP and APWG engagement
Transcription and Analysis

Phase 4 Sept-Dec. 2020
Conclusion of Interviews and Case Studies
Draft Report (September 2020)
Refining LIterature Review
Review status re: service users relative to COVID-19 regulations
Complete Research and Write-Up

Phase 5: January - May 2021
Revised draft report
Consultation with participants
Project Completion
Submission of Final Report
Dissemination

Figure 1: Timeline of Research Approach with key milestones

The research team received full ethical approval from Ulster University and is fully compliant with the professional standards in the Research Regulation, Governance and Ethics as adopted by Ulster University.[37] Further to the ongoing discussions with key stakeholders and the Ethics Committee at Ulster University, the project team included a number of steps in the research design that required additional ethical parameters for interviewing service users.

- Consent is sought from any friend or family member who accompany the service user to interview in addition to the interviewee.
- Signposting into services will also be provided at that stage.
- Distress protocol has been refined and in step with the partner organisations that are participating in the research.
- Research questions have been discussed and will continue to be discussed in advance with Advocacy Workers and Managers as well as the Research Advisory Group. These were shared for comment and in advance of any interviews.

4.a Timeframe and Progress

When fieldwork for the project began in late 2019, a series of one-to-one and group meetings were held with victim support organisations to brief them on the research and build relationships and trust with a view to their partaking in the research. In addition, this process aimed to facilitate the identification of a cohort of 30 victim and survivor advocacy service users from across the funded organisations who would be interviewed on several occasions face to face and their thoughts and experiences would be tracked over time.

Interviews with victim and survivor service users and advocacy workers themselves began to be held on a face-to-face basis from January 2020 onwards. However, the advent of the COVID-19 pandemic and restrictions on social gatherings resulted in face-to-face interviews no longer being an option. This was as a result of the medical and Government guidance and legal regulations on social distancing.

As an alternative, Ulster University secured revised ethical approval to conduct interviews with advocacy workers and wider stakeholders via the online platform Zoom. However, online interviews, in consultation with CVSNI and in line with the Ulster University Ethics process, were deemed to be an inappropriate means of engaging with victim and survivor service users. This was as a result of:

- Ulster University ethical regulations not permitting online contact with vulnerable research subjects during the pandemic as proper support and signposting outlined in the Distress Protocol approved by the University Ethics Filter Committee cannot be guaranteed in such a setting; and

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[37] A copy of Ulster University's Research Ethics Conduct can be found here: https://www.ulster.ac.uk/__data/assets/pdf_file/0005/59837/conduct-of-research.pdf A copy of Ulster University's Governance of Research involving Human Participants can be consulted here: https://www.ulster.ac.uk/__data/assets/pdf_file/0003/331878/Policy-Human-Research-V5.pdf (accessed 15thJanuary 2021).

- The Advocacy Research Advisory Group agreed that online interviews with victims and survivors would not be an appropriate method of proceeding.

An alternate means of capturing case study data was agreed post-COVID 19 outbreak with CVSNI and the Research Advisory Committee wherein advocacy workers from funded organisations would select several anonymised cases of victims and survivors they worked with to highlight the nature of their work. The research team requested that these case studies contained a range of examples where the advocacy support was felt to have been successful alongside those instances when it was viewed to be less than successful. The latter are also important to understand what challenges were faced and what lessons can be learnt for future practice. Many hours of additional interviews were carried out to explore these cases in detail with the support organisations. Three of these case studies have been received back by the research team and are included in this report.

To this end, given the COVID-19 context it is regrettable that the service user interviews (other than the small number carried out before the lockdown) could not be completed. This limits what this report can say about direct service user experiences. However, the in-depth case study approach undertaken with support organisations has provided an important depth to the analysis of cases that the planned methodology would not have provided. A more detailed analysis of the process, and the pitfalls of advocacy work, has thus been developed. We also held an online workshop with ten international experts in the field of transitional justice and truth recovery in December 2020. This enabled us to share some of the emerging findings and consider the lessons which can be learnt from the Northern Ireland context for elsewhere (and vice versa).

VSS has also kindly granted us permission to draw upon some of their anonymised statistics in relation to the advocacy and health and wellbeing elements of the Peace IV programme. We draw upon these statistics in certain parts of the findings sections to help assess trends in terms of service use, as well as any reported impact that advocacy and/or health and wellbeing interventions may have.

While several organisations declined our invitation to take part in the study, to date, more than 50 interviews and discussions with service providers, service users and wider stakeholders have informed the research. This has included exploratory discussions, semi-structured interviews and case study interviews. On occasion this involved multiple engagements with the same individuals for further information and clarification. 40 interviewees have participated in 32 semi-structured interview sessions.[38] The demographic breakdown of interviewees is as follows:

Figure 2: Interviewee Demographics

Code	Male	Female	Total
Service providers (advocacy case workers, managers, etc.)	14	6	20

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[38] It should be noted that whilst the majority of interviewees were based in Northern Ireland, four were based in the Republic of Ireland and a further two were based in Great Britain. One of these interviewees was a victim and survivor and advocate.

Service users	1	2	3
Health and wellbeing workers	0	2	2
Wider Stakeholders	12	3	15
Total	**27**	**13**	**40**

It is important to note that this typology is fluid and some interviewees could be classified in more than more category.

Thus, while one of the pre-COVID aims of this research was to gather the views of victims and survivors of advocacy service provision, unfortunately their voices are significantly under represented in this report as noted above, and as a direct result of the ethical restrictions on online interviewing. However, it should be noted that while the voices of service users have not been fully captured in this research as a result of COVID restrictions, the revised methodology has enabled us to capture in detail the advocacy process itself (via increased contacts and engagement with advocacy service providers).

Moving beyond the challenges encountered within the research process, it is also important to consider how those research participants who took part were recruited for the study. It is often a misnomer in qualitative research to discuss sampling with regards to how participants were recruited; it is perhaps more appropriate to speak of selection, given that interviewees are usually invited to take part in research based upon their membership and knowledge of the practices of the particular group under study (Reybold et al., 2012). Thus, the selection strategy underpinning this research was purposive and of a non-probability nature (Denzin and Lincoln, 2005). Purposive sampling is the optimum strategy to adopt when seeking qualitative and detailed information about a specific topic which only a select number of people can provide (Miles and Huberman, 1994).

Semi-structured interviews were chosen as the most appropriate means of gathering data, rather than the structured or open life-history interview which tends to be unstructured (Rubin and Rubin, 1995). The benefits of semi-structured interviews are that they retain enough structure to allow comparison across the data, while at the same time are flexible enough to allow interviewees to steer the conversation towards topics that they believe to be relevant, as opposed to solely discussing what the interviewer feels is important (Sarantakos, 2013).

With the prior informed and written consent of interviewees (Bryman, 2012), all interviews were digitally recorded (or via the record facility on Zoom) to enable attention to be devoted to listening rather than writing notes (Bucher et al., 1956), as well as allowing for an in-depth transcription and more robust analysis of *verbatim* comments from both interviewer and interviewee (Gordon, 2012). With regards to the use and storage of data, all interview recordings and transcripts were kept on password protected computers and anonymised transcripts were kept separate from the information key, which provided actual demographic information on participants (UU, 2015a). To protect anonymity, no advocacy or victim support organisations have been named in this report and all research participants have been assigned a code and number depending on whether they are an advocacy service provider (SP), a service user (SU), a health and wellbeing worker (HW), or a wider stakeholder (ST).

Within this research, interviewees were viewed as the experts (albeit fallible), and not the researcher (Way et al., 2015). This is consistent with the typical phenomenological and hermeneutic approach which draws upon interviews to gather data on lived experience, as well as to assess the interpretive meaning of this experience (Roulston, 2010). Interviews were therefore not conducted as a Socratic form of dialogue, wherein interviewer and interviewee reason with and challenge one another, particularly where there are inconsistences in the opinion of the interviewee (Bryman, 2012). Such an approach is based upon a presumption that the interviewer is more knowledgeable than the interviewee, and only serves to reinforce the existing power imbalance in the interview (Brinkmann, 2007).

It must be borne in mind that all interviews ultimately lead to data which is co-constructed through dialogue by both interviewer and interviewee, it is not merely information which is “waiting to be found” by the dispassionate and neutral researcher (Rubin and Rubin, 2005). The fact that it is the researcher who sets the agenda for the conversation and asks the questions means that power dynamics fundamentally pervade the interview as a form of social interaction (Wolcott, 1995). To reduce the worst excesses of this, the final question of the interview schedule asked interviewees if they themselves had anything they wished to discuss which had not already been talked about.

Computer Assisted Qualitative Data Analysis software (CAQDAS) in the form of Nvivo 12 was utilised to code, organise and analyse the interviews (Bazeley and Jackson, 2014). While it is still up to the researcher to input, interpret and analyse the data themselves (Silverman, 2013), the software allows for a more efficient coding of themes into differing categories (nodes) which can then be analysed vis-à-vis one another to explore possible connections between the data (Bazeley and Jackson, 2014). This concept of coding and exploring linkages between emerging themes via constant comparison is a key concept within grounded theory (Glaser and Strauss, 1967), and helps guard against an overly prescriptive and deductive approach wherein the researcher is imposing themes upon the data rather than ‘listening’ to it (Denzin and Lincoln, 2005).

The use of CAQDAS such as Nvivo improves the rigour of data analysis which can assist in countering some of the accusations of anecdotalism which are often levelled at qualitative research (Silverman, 2013). Some qualitative researchers have responded to these accusations by suggesting that the concepts of data validity and reliability, which are employed primarily within quantitative studies, are inappropriate in qualitative research (LeCompte and Goetz, 1982). Instead it is argued that trustworthiness and authenticity should be used when assessing the validity of qualitative work (Guba and Lincoln, 1994). We have attempted to improve data reliability and validity by cross-analysing the Nvivo dataset across the research team (Bryman, 2012), although we acknowledge that the context dependence of case-studies impacts upon their external validity and transferability to other contexts (Yin, 2009).

5. Preliminary Research Findings and Discussion

This section is split into eight sub-sections based upon the emerging themes that were identified through a comprehensive Nvivo analysis of transcripts of recorded interviews with research participants. The eight themes are:

1. Definitions of advocacy;
2. Principles of advocacy;
3. Methods of advocacy and what the process typically entails;
4. Identifying good practice;
5. Support offered to victims, survivors and their families;
6. Challenges with policy and practice;
7. Improving advocacy services and structure; and
8. Views on the Stormont House Agreement and legacy mechanisms moving forward.

The emerging themes are not intended to be exhaustive of the data collected so far in the research study, rather they are indicative of the experiences of service providers (SP), health and wellbeing workers (HW), service users (SU) and wider stakeholders (ST) of current advocacy service provision in the historical investigations and information recovery sector.

5.a Definitions of Advocacy

Interviewees were asked how they would define advocacy and what the term meant to them. Analysis of participant responses identified that most respondents used phrases such as “giving a voice”, “providing support” and “helping people find out the truth” when trying to qualify the nature of advocacy work:

> *‘Well to me it’s like giving people a voice. For many people who have been murdered, they don’t have a voice. So, it’s the people who’ve been left behind who are the only voice… yes the truth and justice thing is important, but also find a voice in how they’ve been impacted because I think quite often that’s overlooked.’* [HW 1]

Wider stakeholders were slightly more inclined than service providers to associate advocacy with support *and* lobbying (for legislative change or in regard to particular cases) but the general consensus amongst interviewees was that the ultimate goal for advocacy should be towards achieving “self-advocacy” (see also SIAA, 2009); wherein support is provided to victims and survivors to the extent that they develop their skills and confidence “to equip people to speak for themselves.” [SP 2]

> ‘*…to give that victim the support and confidence, to walk them through it, and to get them to a point where they do feel able to, I suppose, lobby and advocate for themselves. Cause* (sic) *that’s ultimately where you want them to get to. It’s not about continually being a crutch to that individual; but allowing them to develop the confidence and skills to be able to fight their own battles essentially*.’ [SP 4]

> '*The Holy Grail for me, is not doing advocacy work and working on my own, but is getting them involved in the work that I do, and teaching them new skills, and letting them go and find the information for themselves, because a lot of the skills that we use are not only transferable throughout various archives, but then teaches them about how to engage politicians and the media and people like that, that they can then use for their own campaigns*.' [SP 14]

These definitions of advocacy by interviewees were largely consistent with those highlighted within the literature which focus upon giving voice to others and empowering individuals to be able to speak up for themselves (ANNI, 2014; SIAA, 2009; Stewart and MacIntyre, 2013). But not only was the end goal of self-advocacy regarded as an ethical imperative in and of itself; its promotion was viewed as challenging the historic power imbalance victims felt in societal terms in relation to being "forgotten about" or "exploited":[39]

> '*I've walked into some families in Northern Ireland and the Republic, but particularly in Northern Ireland, expecting, and I don't mean this flippantly, but well "This happened 32 years ago so it's not going to be like walking into a family who just had their son stabbed to death." But it is. It absolutely is the same emotion, same trauma, like it happened yesterday, which is amazing. But not surprising when you think they've had no one to support them, they've had no one to listen to their questions and answer their questions… it's like opening a door that's been shut 32 years ago and it all comes pouring out. So, I think the advocacy services are invaluable*.' [ST 4]

> '*We've experiences of the worst kind of exploitative media that has left families just totally devastated. I've sat in studios and they're about to interview somebody about the murder of his da, and "I'm sorry look, this celebrity has just died. We'll get you back another day." Or the family say they're going into talk about a particular legal development, and they say, "I really don't want to be asked about the day it happened and relive the experience." And the first question is, "What do you remember about that day? It must have been awful*?"' [SP 6]

Yet while most interviewees referred to the core attributes of support and giving a voice to victims and survivors as a fundamental part of advocacy work, there were differing levels of awareness and understanding between service providers and service users as to what constitutes advocacy and how it should be defined. While most service providers used the term advocacy with their clients, several interviewees preferred to use terms such as support and assistance when describing their role:

> '*I think it's a confusing phrase but it was a political manifestation, if you remember Stormont House, 'counsellor advocate', and this was the outworking and teasing out of that word… But no, I would normally, if I was talking to victims and survivors say "Have*

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[39] A noted caveat with this was the recognition that some victims and survivors, given the trauma that they had experienced, would require continuing support.

> *you had any support? Gone through any truth and justice mechanisms? What sort of support did you have?" I tend to use the word support a lot*.' [ST 7]

> '*People come to me because they have a problem that they want solving, and I guess it would be me who ticks the boxes to whether that's advocacy or whether that's health and wellbeing. Unless they have experience from living in Northern Ireland and have experience engaging in advocacy organisations and then they have the language. But most of my case load generally just come to me and say something like "I'm feeling really depressed" or "I want to do this course." They're not bothered* (about the terminology).' [HW 2]

Indeed, there was a perception amongst some stakeholders and service providers that victims and survivors may not be overly familiar with the term advocacy:

> '*Unless they are well versed in this kind of work in advocacy, I don't think it* (the term 'advocacy') *means a thing to them. I think they want their needs meeting, and if those needs are physical, housing, legal with a bit of justice in the background as well… And sometimes it's very blurred between what's support and what's advocacy*.' [SP 11]

This view was supported in this research study with the three service users included in the project to date being unclear in their understanding of what advocacy was:

> '*I never heard the words before, so I still don't understand what it means. I kind of think it's all about your voice being heard or something, but I'm not sure*.' [SU 1]

Although we must be careful to draw any substantive conclusions from such a small sample size of victims and survivors, nevertheless, as the work of Lynch and Argomaniz (2017) suggests, the views of victim and survivor service users and their advocates may not necessarily be congruent and when speaking of advocacy it should not be taken for granted that this term is universally understood by all of those engaged in the process.

Yet although service users were unfamiliar with the term advocacy itself, they were thankful of the support they received from advocates working and speaking on their behalf:

> '*They're a voice for us, and the point to it, it's innocent victims, not ones who have committed atrocities*.' [SU 1]

> '*It means representing you*.' [SU 3]

At its core, while advocacy was regarded as victim support, the term itself was not readily understood:

> '*I think it is just one part of victim support. Victim support can mean lots of different things. It can be psychological support, it can be this sort of work, it can be welfare support. It can be all sorts of things. If you'd asked me five years ago would I call what*

> *we do advocacy, probably not. I think it's a terminology that has come in to mean, excuse me for saying this but, because of funding. I think I would have just called it research and help and support*.' [SP 8]

What became clear from the interviews was that the term advocate should be more widely viewed as providing additional support and guidance for victims and survivors, over and above work on historical investigations and information recovery. Advocacy workers themselves spoke at length about the significant challenges facing those with whom they work with regards to health and wellbeing, housing, educational and employment issues. Advocacy staff also highlighted the befriending and listening elements to their role as well that necessarily involve discussions around the case in question, but also include more general supportive discussions around coping mechanisms in everyday life. All of these issues link in with the seven areas of need for victims and survivors in Northern Ireland identified in the 2012 consultation process.[40] As Hamber (2009, 2015) suggests, while counselling services and health and wellbeing provision cannot substitute for the attainment of a sense of justice or truth-recovery; similarly, the process of seeking truth and justice without wider adequate processes of victim participation, advocacy and (health and wellbeing) support will have limited outcomes in terms of satisfaction and healing potential.

With regards to these wider needs of victims and survivors, advocacy workers, if believing themselves not to be the most appropriate point of contact on such issues, would provide a "warm handover" [SP 3] and signpost clients to services of which they could avail:

> '*…one lady, her husband was held for a long time by the IRA, suspected bomb maker, and she's confided in us stuff that happened. It's horrendous. And we've got her counselling. Advocacy for me is trying to… if we can, help put them back together, even after all this time. If we can give them the truth about something what's happened, that is fantastic*.' [ST 3]
>
> '*We've managed to secure welfare advice for somebody who's based in England but who's a victim, through a referral... We've managed to get somebody support to pay for a course to renew a license which had lapsed while they attended their father's inquest. We've made counselling a complementary therapy referral. And we've also processed a number of the inquest and prosecution support claims. And they're not necessarily, that's not part of our work, but it's those small things that can be the difference between someone being able to engage with a process, or not. It could be really important, that £100 to pay for a course, for somebody to get back to work. That could be the thing that's really affecting them. Do you know what I mean? And it's not necessarily us doing it, but us saying "Here I could get you the person you need to speak to, to be able to actually deal with this*."' [SP 6]

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[40] These include health and wellbeing; social support; individual financial support; truth, justice and acknowledgement; welfare support; transgenerational issues and young people; and personal and professional development.

> ‘*We have different levels of interventions, so on the intensive resilience intervention… that’s when it comes to me seeking crisis support for people. That might be emergency referrals to mental health teams, crisis teams and so on, contacting ambulance, contacting police and stuff like that. So that’s actually quite high for my case load compared to some of the health and wellbeing case workers*.’ [HW 2]

In this regard the work of advocates and health and wellbeing workers in the current context more closely resembles the more holistic term “advocate-counsellor” which emerged in the text of the Stormont House Agreement:

> ‘*You’ve got kind of two aspects to the services that we’re providing to victims and survivors. One is about health and wellbeing, and about how people can continue to build on their health and wellbeing… But that’s just one side of how we come to terms with our past and how victims and survivors make sense of what has happened. The other bit is about information and truth and justice. The advocacy side I see very much about helping people to access information about what happened to them, about what happened to their relatives. And then if that information raises concerns for them, supporting them in raising those concerns in whatever way is appropriate. And I think the two have to go hand in hand*.’ [ST 2]

> ‘*The word advocacy should be expanded. There should be a definition of what the advocate should be doing while they’re helping someone. Because it has a counsellor element to it. Now not a qualified counsellor… having that aspect to it, to be able to help and not say the wrong thing at the wrong time*.’ [ST 6]

Put another way, and in line with the literature discussed earlier (Subotić, 2012), there was not a crude division of labour in advocacy terms between lobbying/representation and service provision. That said, the initial conceptualisation of advocacy in the victim and survivor context was intimately connected to the establishment of the proposed legacy institutions. The fact that these institutions have still not been established has led to a disjuncture between how advocacy for victims and survivors was originally envisaged to how it operates in practice:

> ‘*Advocacy work, I think, what people’s vision of it maybe five years ago or thought process around it, maybe isn’t quite what it’s turned out to be. That in many ways is due to the political situation we have here, and the, I suppose, non-application of legacy structures, which were expected to run, I suppose, in parallel with this new service. But for us, at a very basic level, advocacy is essentially an independent individual working alongside an individual victim or group of victims, to establish what their perspective is and where they want to get to.’* [SP 4]

> ‘*And the idea then was that those institutions would be set up by now and that these advocacy workers would be helping people go through them. What has happened in practice is the Stormont House Agreement obviously hasn’t been implemented so instead we are on the ground, piecemeal, fragmented approach, case by case basis, going to PRONI, going to the Police Ombudsman, going to PSNI Legacy Investigation*

> *Branch, going to the Garda Síochána, the Garda Commissioner, Kew in London for records, National Archives in Dublin, basically on a case by case basis and to get as much information for the family as possible with the view to bringing some sort of healing – I'll not use the word closure, but you know what I mean when I say that, to the family*.' [ST 7]

What was perceived to be particularly important in relation to advocacy was less about the outcomes and more focused upon being a *process* of support for victims and survivors. This is precisely the kind of process which Robins (2012) suggests was ignored by transitional justice and human rights organisations in Nepal when they prioritised the outcomes *they* felt victims should want, over and above the *expressed needs of the victims themselves*. Such a process is (and should be) defined in the final instance by what victims and survivors themselves want to get out of it:

> '*…when I first started the role, it was very much involved in the justice side of things and that's where I thought it led. As things have moved on, I've realised it's a whole wider range of issues to deal with. What advice and support you can provide for families, from nearly just signposting them. Highlighting the different options they've got. Some families just want the whole service explained to them, they may not take it any further, in relation to the pursuit of justice. Some just want acknowledgement, they want overall acknowledgement for what happened in the Troubles. Then you get individuals who really want justice and want you to pursue as much as possible on their behalf... But really, it's a whole wide range of what people want, and no individual is the same*.' [SP 5]

> '*I always describe what we do is supporting families, obviously this isn't advocacy in terms of our work, support bereaved families, to first of all, I suppose, identify what it is they hope to achieve through approaching our organisation. Is it truth, justice, acknowledgment? Sit down and actually work out what it is they're trying to achieve and then to empower them to make that decision… But it's the process, and the support is what I would consider to be advocacy*.' [SP 6]

> '*I suppose you look at the meaning of the word advocacy it means to, well I've always looked at it to mean to help, support, people through a process. I suppose it's about, I know that people like to use the word empowerment, but it probably is to a degree empowering people to deal with the issue first, but also then to talk to them and work through what the process is for them. And it will be many different things to many different people*.' [SP 8]

As the comments above indicate, during this advocacy process victims and survivors may want differing outcomes – ranging from those who want some basic information or the truth of what happened to their loved one (which was the priority for the family members of victims interviewed in Nepal and Colombia, see García-Godos and Lid, 2010; Robins, 2012); those who want some form of acknowledgement, reparation or apology; to those who are determined to fight for justice for their loved one via the criminal justice system:

> ‘*…most, if not all the families, feel the same. They don’t really want to go through trials and all the media attention and all the rest of it. They just want to know what happened, who was responsible and answers to certain questions*.’ [ST 4]
>
> ‘*When people are trying to put together the bits of the jigsaw, and so many people will come in to say “I don’t know anything about the circumstances of the loss of my loved one.” Or “I don’t know if there was ever an inquest. My parents never talked about it. I don’t know if there was ever compensation. I don’t know if there was an investigation.” There’s all these missing pieces. Our job is to go and try and find them. To try and piece as much as we can together of what is still available of that particular incident…*’ [SP 7]
>
> ‘*Closure to one person is different to closure to another person. It goes back to there’s no homogeneity as far as victims and survivors concerned… they’ve all got their individual needs and expectations. Take for example one of our older family members who is now gone. All she wanted was someone to come round to her door in a suit and knock on her door and tell her that her husband…who still kept himself very active in his later years, who was blown up…she just wanted someone to come round, knock on her door and say her husband wasn’t a bomber*.’ [SP 14]

Although working on behalf of victims and survivors for truth, justice and acknowledgement is a core element of advocacy work, it is clear that advocacy workers go above and beyond these parameters to support their clients as holistically as they can with other associated needs, service provision and referral. Yet truth, justice and acknowledgement remain of paramount importance to victims and survivors (which also in turn have additional health, inter-generational and familial impacts) and shall be discussed later in this report in greater detail.

5.b Principles of Advocacy

In addition to defining advocacy, participants sought to clarify underlying principles of advocacy within the historical investigation and information recovery sector. Five core principles underpinning advocacy which emerged from the data are:

1. being **victim-led**;
2. **building trust**;
3. **not creating dependency**;
4. being **compassionate and having empathy**; and
5. **valuing the lived experience** and perspectives of the individual.

These underlying principles will now be briefly discussed in turn.

There was unanimity from all advocacy service provider participants that the overarching key principle that characterises their approaches as practitioners, as well as the organisations they are attached to, is that advocacy *must* be victim-led (see also CVSNI, 2019b; VSF, 2015):

> ‘*It’s guided on what they want, it has to be led. It’s not us, or myself having an agenda, what we think’s best for you. It has to be where they want to be taken. It has to be victim led, in relation to... the last think you want to do and you have to be concerned of is, and I always say, you never want to put anyone in a worse place from when they started engaging with the advocacy service, health and wellbeing wise, is put them in a worse place by trying to pursue or push them forward*.’ [SP 5]

> ‘*Being victim-centred obviously is key. And that means that people need to be trauma informed, there needs to be trauma informed practice, they need to understand something of what people have been through. And what that means for their day-to-day work. I think being victim-centred also means being flexible, so no two cases are the same. It’s right that you have standards, but what you need to do in any situation, in order to help somebody is going to be specific to that situation. I think the best work is going to be the kind of work that can listen to what a victim or family is saying, can help to, jointly with them, to help reach realistic plans, realistic goals for what can be achieved, and then accompany them through that*.’ [ST 2]

While interviewees asserted that advocacy service delivery must be victim-led, concern was expressed that the wider issue of legacy was marginalising the voices of victims. This point will be returned to before this report concludes, but it is certainly one which resonates within the wider literature, which suggests that victims can be instrumentalized in pursuit of larger political and social goals (McEvoy and McConnachie, 2012: 530; see also Lundy and McGovern, 2008; Madlingozi, 2010; Razack, 2007).[41]

Building trust and a relationship with a service user is also a core principle underpinning effective advocacy (see also Gready and Robins, 2017). This trust was often contrasted with a lack of trust which victims and survivors may have in statutory bodies or the legacy process more generally:

> ‘*There was always the big problem about trust and people not trusting people, whether it was people who were wearing a suit, be they police or be they investigators working for the Police Ombudsman, or be they lawyers, sometimes there’s a bit of a barrier about*

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[41] Even the much lauded South African Truth and Reconciliation Commission (TRC) has been criticised for being a much more ‘top-down’ than ‘bottom-up’ approach which marginalised many civil society organisations and smaller community-based NGOs who should have been engaged with (Backer, 2003; Chapman and van der Merwe, 2008; Gready and Robins, 2017). Additional criticisms of the TRC include the view that it was a “perpetrator friendly process” which did not live up to the expectations of victims in terms of truth recovery or reparations (Madlingozi, 2010: 215). The Christian ethos of reconciliation and forgiveness promoted by the TRC also led to some victims “not being allowed” to say certain things and feeling pressurised into having to forgive perpetrators (Madlingozi, 2010). But as Hamber (2015) notes, truth commissions are only one option at the macro-level. Other options have involved mechanisms which have emerged from local culture and customs. These include the *Gacaca* community court process in Rwanda (where there were 11,000 community-based courts held between 2002-2012) or the *Fambul Tok* (Family talk) process in Sierra Leonne which drew upon customs of truth-telling bonfires and “cleansing ceremonies” and aimed to mend community relationships at local level (see Hamber, 2015). See Kirkby (2006), Clark (2012) and Haberstock (2014) for an overview of the benefits and difficulties with the *Gacaca* process. See also, Hoffman (2008) for an overview of the *Fambul Tok* process.

> *the support that's been given to family members. A lot of the time they're coming out of these processes and they're feeling dismayed… But we have our part to play too because there would be trust issues as far as people who are victims and survivors have with statutory bodies, and we're there just to help build that trust, or bridge that trust where they don't have it*.' [SP 14]
>
> '*There is a culture of not speaking about anything, because you don't know who you're talking to. There was a fear during the Troubles that if you're in the security forces you would never tell anybody anything, because you didn't want to put your family at risk about being in the security forces, and the repercussions of that to your safety. If you said anything within certain communities, because of the paramilitaries and the terrorist organisations... There was a real fear. And I think there is a hangover with many, many people who are still affected by the Troubles of fear of speaking to anybody about their experiences*.' [ST 3]

Yet a number of interviewees recognised the paradox inherent in building trust and a relationship with an individual or a family – in that it can lead to an advocacy worker being over relied upon for a variety of issues which may go beyond the parameters of their work on historical investigation and information recovery. Yet it was emphasised that a core principle of advocacy from a practitioner's position is to build trust while trying to not create a dependency between the client and the service provider (see also, Madlingozi, 2010; Neocosmos, 2006). Interviewees were aware of the dangers of the 'rhetoric of participation' (Mohan, 1999) and were keen to try and build relationships and trust while at the same time maintaining a distinction between their thoughts and opinions, and those of the victim and survivor with whom they are working:

> '*I don't know what training prepares you for that but it's about trying to always have it in your heart, that this person's came* (sic) *on a journey, you're there to facilitate part of that journey. You're to guide them on to the next bit. And that's your only job. You're not building up a dependency or anything like that*.' [HW 1]
>
> '*It's really about enabling people who feel powerless and feel that they have never been listened to, to take some of that back, feel that they have some agency, some kind of social capital and that they are important and valued participants in society you know… ultimately the part of our role is about empowering the client... it's not about us stepping in and doing everything for them – it's about getting them to the point where they can do things for themselves as well*.' [SP 10]

According to some service providers a central tenet of advocacy is humility and the importance of acting in a humane and compassionate manner towards service users was evident:

> '*Forget the legal aspect of it. There is a human side to advocacy as well. I don't know whether that's explaining it really well, but I believe there is a... I'm thinking of the way to term it... but it's humanising things at times, maybe that's the best way, when you*

> *may not be fit to get them what they want, sometimes you can make things a bit better for them*.' [SP 1]
>
> *'It's more of a walking beside as opposed to pushing people on... I'm thinking of one man who came, that I first met at a meeting, and I just spotted him round the table... he was obviously very uneasy. And I thought I would really like to get to speak to him, because I knew he probably had a story. But he was one of the first to get up, and he was waiting on his wife, so I got talking to him. I still work with him today, but he was so reluctant to come and speak, and he has a horrendous story to tell. So, it's really about having that compassion...'* [HW 1]

The challenge for some advocacy workers relating to the intense and emotional nature of the job (which can be mentally and physically draining long after their official work hours may have ended), is having adequate support and self-care mechanisms for themselves:

> '*It can be quite mentally demanding as well because you're dealing with top end trauma. Dealing with people who have got serious issues because they've been lying there for twenty, thirty, forty years… I don't think it's possible, not to totally switch off. You can relax, yeah, but to totally switch off from it, it would be very difficult. Because there's all those triggers as well don't forget. You stick the TV on, you go home after a full day of doing it… and you're back into it again*.' [SP 3]

The general consensus amongst advocacy workers was that they felt supported within their own organisations, and that the VSS Health and Wellbeing Caseworker Network in particular provided an additional forum in which they could share their experiences and discuss emerging issues (albeit while protecting client confidentiality):

> '*Within that a caseworker, well two I think, each time would stand up and give a case study and receive feedback from it. Which I actually think is really helpful, that peer support stuff is really helpful. The other health and wellbeing caseworkers are great, they're approachable, so if I have had questions then they've been there*.' [HW 2]

Several advocacy support staff felt that their working group meetings were very different to those of the health and wellbeing workers (with increased sensitivities around information which could not necessarily be discussed in such a forum); but it is important that when support structures within the programme are considered that mechanisms of support for staff are included alongside the requisite support which is required for victim and survivors engaging with the service.

The search for truth and acknowledgement was also viewed as a means of providing a victim and survivor (and also their deceased loved one) with a sense of worth (see also, Cole, 2012; McEvoy and McConnachie, 2013; Moon, 2009; Wilson, 2001). Underscoring the advocacy process should be the value that is placed on the experience of the victim and survivor and listening to them, which in many instances, they may have felt has been historically denied them (and their loved one):

> ‘*…at the end of the night, one lady made a telling statement, which really galvanised ... well, I’ve never forgotten it. She said, “This is the first time that I have ever been able to speak to people who really understand what my family went through.” And she said, “I feel a lot better for that*.”’ [SP 1]
>
> ‘*But the opportunity to have a sense of “I’ve been able to share my story,” and maybe to realise, to make some connections to people who are in the same boat, and to feel that people have listened to you. Even if there is no information that’s going to come or there is no big kind of reconciliation that’s going to come. Sometimes just being able to have had the sense that you were genuinely listened to has been significant for people*.’ [ST 2]

This principle of valuing the experience and voice of the victim and survivor also recognises that the needs of victims and survivors with regards to historical investigation and information recovery are very often closely interwoven with their physical and mental health; and the fact that decades after a traumatic incident in their lives, as well as the enduring sense of loss for a loved one, they either felt ignored or a continuing sense of injustice only further fuels these health inequalities (Hamber, 2015).

5.c Methods of Advocacy: What does it entail?

Organisations typically received advocacy service users via one of four ways:

1. referrals from VSS or CVSNI;
2. referrals from other organisations working with victims and survivors;
3. internal organisational referrals;[42]
4. self-referrals (these individuals tended to be those who had previously engaged with the victim support or advocacy organisation; those who heard about the programme after outreach work was conducted in local communities; or via word of mouth).

Self-referral is the most common means by which victims and survivors initially engage with the programme. Indeed data provided by VSS documenting methods of referral for 2,615 advocacy service users up to October 2020 highlighted that 1,598 (61.1%) individuals referred themselves into the programme. Victim support organisations accounted for another 332 referrals (12.7%). A further 247 individuals (9.4%) were referred to advocates by “other groups.” Only one individual was referred to the programme via their GP.

Word of mouth amongst friends and family members appeared to be particularly important in terms of encouraging individuals to come forward to speak with an advocacy worker:

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[42] Although the data provided by VSS suggests that of the 2,615 advocacy service users for whom there is referral pathway information available – only two were referred by health and wellbeing workers. There is no data on how 348 of the clients (13.3%) were referred to the programme – it is possible some of these cases came via health and wellbeing referrals given how low this figure of two initially appears.

> ‘*Mine primarily would be word of mouth. People that I’ve dealt with and, you know, I’ll get a phone call from somebody saying “Do you mind if I give so-and-so your phone number?”, “Go ahead,” “They need to talk to you about...” I go in and out of different victims’ groups*.’ [SP 2]

A common methodological approach across advocacy service providers and health and wellbeing case workers was face-to-face engagement with victims and survivors that began with the sole aim of establishing contact to build up a relationship of trust and confidence with the service user (see Lundy and McGovern, 2008):

> ‘*So, our role, I suppose, is very much just meet with the person. Try to get them to engage with you, build up trust and then go forward from there*.’ [HW 1]
>
> ‘*We have our internal referral form… But if I go out to see you and you have obviously advocacy issues, and desire to go through all that, maybe after, not right away, but I wouldn’t start thinking of referring somebody straight off, because I would like to build up a wee bit of rapport with you first of all. But maybe the second or third meeting, I would suggest to them we have health and wellbeing staff, befrienders etc. And then with their agreement I would put in a referral form*.’ [SP 3]

This process is not straightforward and as one advocacy worker noted, “you may not get something out of somebody until maybe you’ve met them half a dozen times” [SP 1]. But having established a relationship with the victim and survivor the worker can then more effectively assess the best approach to responding to individual needs:

> ‘*My role is to really go out and make and form an assessment, do consultation with clients and just see what they’re currently getting. What their main issue is. Sometimes people come to me maybe just with a particular issue that’s really playing on their mind, but is actually not my line of work… part of that would be I would do a referral into some of the support agencies that we can currently have within here, or external*.’ [HW 1]

Advocacy workers also spoke of the research element of their work (in reviewing files on cases, old newspaper reports of an incident, accessing public records or putting in Freedom of Information requests) (see Backer, 2003). Data from VSS at October 2020 indicated that of 3,511 cases of advocacy support for which there was information, 2,048 (58%) were in relation to “general advocacy support”. More particular categories included HET engagement (8%), engagement in legacy consultation (5%), and advocacy research (3.2%). These processes were all noted as being very time and labour intensive:

> ‘*It’s a lot more intensive than people first imagine it’s going to be… And you know, interviewing people, gathering up the witness statements, reading the material around it, around the context of what’s happening in the conflict at that time, you know researching any other information that’s out there, accounts that other people have written, and then putting it all together in a coherent fashion that’s going to be easy for*

> *a reader to pick up and follow… Writing family reports… That takes a long time, it's not a simple thing*.' [SP 16]

Their engagement with a plethora of external agencies on behalf of their clients is also important, once they have established a relationship and are aware of what information it is that the victim and survivor is looking for:

> '*Throughout that journey it could involve engaging with official bodies, such as the police, the courts, the Police Ombudsman, whoever it is. And sometimes because of the experiences that people have had in the past have been so negative and so difficult, that... and they can be so bad that they can actually deter them from entering a process that might help them at the end. But by having somebody there to support them, it makes them willing and able to go into that process… People may have had an awful experience of the police in the aftermath of the death. They want to engage with the HET or the Police Ombudsman, cause* (sic) *they want the report, they want the information. But the process is so scary, having somebody else there to help them identify what their questions are, even taking note of what's being said and record the information. That's really vital.'* [SP 6]
>
> '*… So there would have been attending, you know you're providing practical, emotional, administrative research support, whatever the client requires. And depending on the capacity of the client as well, some people are very capable of doing lots of things for themselves and just require maybe a listening ear, somebody to come with them to meetings, a bit of moral support. Other people have a much different capacity and really need a bit more assistance and kind of guidance through various processes. So you could be working with someone who just wants you to do a bit of research, you know gather together records, files, go to the newspaper archives, apply for things from PRONI or the police, or the Coroner's office or wherever it might be. Other people are involved in active investigations with either Legacy Investigations Branch or special investigation…'* [SP 10]
>
> *'I think some of the stuff that we did initially especially with the Historical Enquiries Team, and when a family was meeting with the HET first off, was that you have a preparatory meeting that you discuss with the family, well what do you want out of this? What's the end goal here? How do you want to approach this? Are there particular questions you want to answer? So, we know going into those meetings what the family want as an outcome. So you're there as a moral support, but should something happen in that meeting and they can't ask the question, or they don't remember what it was they wanted to ask, or whatever, you're just there as a prompt and help them through that process*.' [SP 8]

Aside from the emotional and practical support provided by their attendance at such meetings, advocacy workers are also able to translate legal language that statutory bodies and lawyers may use as standard (and LRVs for victims at the ICC provide a similar service, see Moffett, 2015):

> ‘*…lawyers who often speak in a kind of language, particularly if we’re in court and there’s a barrister who comes out to speak to the family very briefly, and the lawyers standing there, and they bamboozle them with all this short hand, and then they walk away and the family turn around to us and say “What did they just say?” So there’s that*.”’ [SP 7]

A key facet of effective practice is the importance of maintaining consistent contact and dialogue with a victim and survivor after referral to external agencies. By maintaining contact, the victim and survivor was less likely to perceive they were being passed “about from pillar to post” or had been forgotten about during the referral process:[43]

> ‘*And so, say I refer them on to somebody else for welfare support, for the sake of it, I would touch in with them again in another six weeks and just see how they got on with that. In case there’s something else would come up. The same with the counselling, if I’ve referred them into counselling, the counsellor may come back to me because he could then, or she could then write out a letter of recommendation for trauma focused specific activities. So, you don’t really lose people. I think that’s the key thing to our job, is that people don’t feel they’ve been forgotten… So, I’m the link in the chain… Whereas before, if you’re a victim and you’re ringing the service, you could be talking to me one day, you could be talking to somebody else another day. There was no specific case worker*.’ [HW 1]

There was a commonality in approach between health and wellbeing caseworkers and advocacy service providers in relation to some methods of practice. In particular, service providers echoed the comments of health and wellbeing case workers that part of their role was to reach out to victims and survivors, to provide them with support and when necessary direct them to appropriate agencies for additional support and resources. In this regard health and wellbeing and advocacy service provision are not mutually exclusive approaches (Hamber, 2015):

> ‘*My advocacy would be just sitting talking to them and pointing them in the right direction*.’ [SP 2]

> ‘*There were people who used to make an argument that the issue of justice, and the issue of mental health and wellbeing were two completely different areas, that one set of organisation would specialise on the one and the other in the other. My argument in that always has been the two are, it’s not a nice term to borrow but, inextricably linked. They are. In terms of the injustice someone feels, that has a direct correlation with mental health*.’ [SP 4]

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[43] Consistency in contact and “showing a personal touch” were also noted as examples of good practice by Deloitte (2012) in their review of the experience of 30 victims and survivors who had engaged with the HET; the Police Ombudsman’s Office; the PSNI; and the Coroner’s Service.

Victims and survivors themselves emphasised the diverse nature of the methods they encountered through engagement with advocacy service provision. A service user spoke of the importance of discussions and workshops that enabled them to engage with people they never imagined they would have the opportunity to do so. Another service user pointed to the impact of such discussions in providing reassurance and comfort that other people understood, or could relate to, the trauma they had endured:

> '*And we had workshops. And discussions then, different discussions. And then the respite trips. You know, like a day or two here, a day or two there you know. We went on the bus trips, the day trips. And we even took two of our young grandchildren.... It was lovely. It was very good*.' [SU 1]
>
> '*Connecting, yeah. Some of those things I've been on, those respite things, I met people that I would never have the chance of meeting, or ever had the chance of meeting. It would be very slim that you would ever meet, for instance I met a girl there from, her husband was murdered, and she was just telling me how she found things. And there was* (sic) *certain things she was saying, how she feels, people glorifying nearly the terrorists and stuff like that. And she was saying exactly how I felt, and I just really, not enjoyed, but felt a bit comforting that I'd went on that*.' [SU 3]

A specific method used by one of the participant organisations was the development, design and production of quilts in which victims and survivors personally contributed patches. The purpose of the quilts was to enable victims and survivors to create personal memories of their lost loved one. A contributor to a quilt, a family member of a victim, discussed the impact that participating in designing the quilt had on them. A service manager outlined how the impact of the quilts was also felt by wider society in general. It was suggested that the quilts provided the public with an impactful and visual understanding of the loss suffered:

> '*Well the patch that I done*, (name removed) *and I, we sat down and we talked about it, and done a few sketches and then we decided then we'd use the same themes as we did for the monument. It's very therapeutic. And then I helped sew that patch on then. Make it up and sew it on. And since then, and I've been involved with the quilters. All the different patches, you see again, it's the patches always have something personal about the person who was killed, what their likes were, what they were interested in. Something about the person, wasn't just like a patch. They represented who that person was*.' [SU 1]
>
> '*And on those quilts are individual patches, they have for instance a Gaelic badge. You'll have Irish dancing shoes and Gaelic symbols. You'll have Orange based symbols, security force based symbols, and they're all the one. There was these two girls looking at the quilt, and one of them looks at me and she said "I don't understand what's going on." I said "What do you mean?" She said "Well you've got Irish dancing shoes, Gaelic symbols and Orange symbols, and security force symbols all on the one piece of fabric, what's that all about?" And then I said nothing purposely, and then thirty seconds later she looks at me and she says "It's because they're all innocent isn't it?" She was able to work*

> *it out through the visual. And that's why they're striking, they'll captivate people, whereas the written form, with many young people nowadays, I don't think cuts it*.' [SP 4]
>
> '*And the family members took part in that. That was sort of an empowering experience for families… They absolutely loved it because for the first time they really got to know victims from the North. It was an absolutely wonderful piece... It was performed in Belfast, in Dundalk, in Newry… That was absolutely brilliant. And one of the family members lost her* (removed)… *and she felt that was really one of the best things that had happened, because it gave her an awful lot of confidence. It was cathartic, is how she has described it. Being able to meet with families of all walks of life, and families in particular from the North*.' (SP 13)

The methods outlined above are but a small indication of the approaches undertaken by advocacy service providers alongside their work on historical investigation and information recovery. It is clear that the reported impact of approaches such as workshops, group discussions, arts and drama, and respite trips on victims and survivors and their families is strong. Victims and survivors themselves highlighted that they found engaging with such methods therapeutic (see also Brounéus, 2008; Garkawe, 2003). These various activities enabled service users to not only meet with people they previously may not have been afforded the opportunity to do so, but they also provided an acknowledgment and recognition of the trauma and suffering that victims and survivors have gone through. This is linked to the broader point made earlier in this report that it is difficult to separate out the advocacy and health and wellbeing elements of support provided for victims and survivors (Hamber, 2009, 2015).

5.d Identifying Good Practice

The research brief outlined the need for an examination of the effectiveness of advocacy services for victims and survivors and their families. Several examples of good practice were referred to throughout the research, however five elements of good practice were referred to on multiple occasions. These include:

1. **managing expectations**;
2. **being trauma informed**, abiding to the principle of *primum non nocere* (do no harm) – or at least minimising harm and avoiding re-traumatisation;
3. **educating** victims and survivors (both with regards to their rights and the processes and structures of the bodies they are dealing with);
4. **communicating ethically and sensitively** with service users; and
5. having an **aftercare package/exit strategy**[44] in place.

These elements will now be discussed briefly in turn.

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[44] It should be noted that interviewees themselves tended not to use the terminology of an 'exit strategy' as their 'door was always open' for victims and survivors. This terminology is used here by the research team merely to highlight the preparations put in place by advocacy workers once a case has progressed as far as it is likely to go.

The most referred to element of good practice in relation to advocacy in the context of historical investigation and information recovery was being honest and up front with victims and survivors and realistic from the outset about what could be achieved in the process. Interestingly while the Quality Performance Mark for advocacy in a non-victim context refers to the importance of "clarity of purpose" (NDTi, 2014), the wider grey literature on non-victim advocacy does not tend to mention the importance of managing expectations of the process. This would perhaps suggest that this factor is even more important in victim-orientated advocacy. Failure to establish appropriate boundaries early on may lead to raised expectations and false hopes amongst service users which are unlikely to be satisfied with criminal convictions given the length of time which has passed since Troubles-related incidents:

> '*Because you've got to be practical as well. You know, if you come to me and say "Can you help me with that?" and I look at it, no point in me saying "Yeah, yeah, we'll fight and we'll battle to get that," when I know you're not going to get it. So you've gotta* (sic) *be pragmatic and say no. Be realistic about what you're looking for, you just don't get that. It's not going to happen. There's no point in me working on something for six months where we know from the outset that there's no positivity at the end of it, you're not going to get it. Managing people's expectations. You've got to manage their expectations. And you've got to ask them what exactly is it that they're looking for.*' [SP 2]

> '*The biggest challenge is meeting the client's expectations. It doesn't matter who comes in, they have a thought process of what they want out of this. You for example, come in and sit down and somebody gives you, say for example an HET report, and you go "Yeah, yeah, I'll do my best, I'll try." And you go away and you read it, and there's nothing in it that you can do or work on. And ultimately you maybe have to go back to them and say "There's nothing in this here that I can do for you. I hoped to be able to find this, this, and this, but I'm at a brick wall." Or sometimes, not always criticising the HET, but when they went to review a case, it happened, say for example in 1972, there was very little there for them to review, which meant the end product was bigger than that there* (interviewee separates fingers slightly to indicate a small file). *So, then they come along to us so many years after they got that, after being disappointed, they come up to us, the last vestige of hope as such. You nearly have to be honest with them, and that is difficult as well, to tell somebody "I'm sorry, I really can't achieve that." But what we can do, I have to say, within here, where there are disappointments, the organisation is quite big, and we can get the health and wellbeing people to offer them support within that way.*' [SP 3]

Managing the expectations of victims and survivors and their families is made an even more acute challenge for advocacy service providers when family members have different aims, objectives and expectations. This was a common theme across the interviews:

> '*All members of the family have the same right. Just because one doesn't want to go anywhere, and another wants, no one has the overall right to block the other. It's a*

> *balance to be honest, it's just trying to... because there's members of families who deal with that don't speak to one another. But there's no right or definitive, that's the way you have to do it. There's no set rules as such. But all members of the family, well immediate members of the family have as much right to what, to truth and justice as any other one*.' [SP 5]

> '*One of the sisters, she was fine, she had no issues with anybody, she was actually speaking to the other groups. But the brother and one of the sisters we had already been working with had been clashing with each other…* (Name removed) *and myself met with him separately one evening, talked through with him what our thoughts were on the case, talked through with him what his sisters had done up until this point, and then spoke to him about what we were proposing as a way forward, and we wanted to know how comfortable he would be with that, whether he thought it was a good idea or was it something he wanted to get involved with, or did he just want us not to bother him at all completely and leave him alone. And it was quite an emotional meeting. And he was quite tearful in it, but by the end of it, he was happy that something was being done in the case*.' [SP 16]

Engaging sensitively and avoiding (as far as is practically possible) doing harm to victims and survivors was also cited as an important part of the advocacy process (see also CVSNI, 2016b). While this was partly linked to not raising initial expectations it was also about not putting a victim and survivor in a stressful scenario with statutory bodies and representing them if they feel unable to do so themselves (see Townsley et al., 2009 on "professional advocacy" in this context):

> '*And a lot of the times we'd be having the battles on behalf of families so they don't have to do it themselves. So, if we're looking for a piece of information, or if we're challenging something, we're the ones that are doing that on behalf of the families. Or for example, either going to court with them or going on their behalf and reporting back… there's some families we work with who have no faith in the PSNI. So they would engage at a very arm's length through us. They may have no control over the fact their case has been looked at and investigated by the PSNI, but they don't want to sit down and engage in that process*.' [SP 6]

In doing so the advocacy service provider can, in a manner of speaking, protect the service user from being exposed to challenges that may induce or re-inflict trauma for the victim and survivor:

> '*They would often say that in the run up to doing so, they feel a dread, because they know that, they kind of have, it's an overused expression but it's the Pandora's Box being opened in a sense. And they have found a means over the years too in a sense to cope, not always in a good way, but to cope. And by opening that up, does that then expose them to something*?' [SP 4]

The wider international literature notes that victims must be engaged with in direct relation to their needs; and not by setting unrealistic or unfair pressure on them to ‘move’ at the same pace in the ‘healing process’[45] as society in general, or condemn those victims who are not in favour of approaches which may be more politically expedient (such as offering an amnesty) (Hamber, 2015).[46] As Gomez and Yassen (2007) highlight, victims and survivors of trauma encounter a number of issues.[47] In this regard:

> “*The work of advocacy constantly moves between the ecological realms of micro and macro, individual and socio-political, intra-psychic and relational. Advocates provide care in the contexts of community and institutional cultures*” (Gomez and Yassen, 2007: 247).

Victims and survivors consulted in the research showed an appreciation for this method of practice and the dedication shown to them by advocacy service providers:

> ‘*Anything they can do for you, at all, if they can get anything for you, they’ll get it. I’d have great faith in them like that. You wouldn’t have to put any pressure on them. But they’d only be too delighted to get something for you, if they can*.’ [SU 1][48]

However it is important to note that several interviewees discussed at length their thoughts as to the impact that historical investigation and information recovery work may have on some victims and survivors:

> ‘*But the other thing that we’ve got agreement and acknowledgement on is that this programme is potentially doing harm, and how do we have an open and honest discussion around minimising that harm? You’ll never do no harm working with truth and justice, but how do you minimise that harm? And how do you make sure the people are supported from a health and wellbeing perspective? If you speak to victims and survivors, many of them will tell you for their own health and wellbeing, they don’t want to open Pandora’s box, they don’t know what happened to their loved one, and they don’t want to. Many will say they just want to know what happened but they’ve no interest in pursuing prosecution. And then many will say that they want every option*

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[45] Hamber (2015) draws on the work of the late psychologist Melanie Klein and notes that harm done can never fully be repaired – in other words, loved ones who have been killed can never be brought back. In contrast, “healing, therefore, is learning to live with situations of extreme suffering and integrating them into one’s life so that one can build relationships and engage productively, ensuring that loss does not dominate everyday experience” (Hamber, 2015: 8).

[46] Pemberton et al. (2007) suggest that morally, it may be right for a victim to withhold forgiveness from a perpetrator (see also Exline and Baumeister, 2000). They also suggest that forgiveness may be preferential to seeking reconciliation – as someone may be able to forgive, and still end a relationship with the offender (while reconciliation implies having to maintain the relationship).

[47] Gomez and Yassen (2007: 245) elaborate: “Practices promote resilience and enhance the ecological relationship between trauma survivors and their communities. Issues of access, comprehension, linguistic and social isolation, cultural disorientation and displacement, and feelings of powerlessness within governmental and non-governmental systems encompass common challenges that trauma survivors experience.”

[48] It should be noted that not all organisations engaging in advocacy support in historical investigation are resourced to have holistic services which also include health and wellbeing support; although those individuals in need of such support should be signposted to alternative service providers.

> *open to them until absolute exhaustion and closure. I just feel that the only person that can make the choice is the victim and survivor themselves.'* [ST 7]
>
> '*…ethical dilemmas that you come up against when you're working as an advocate. I always think about this principle of you know, 'do no harm,' and yeah it's really frustrating because as an advocate you're not there to tell the person what to do, you're there to take direction from them. And you can be in a situation where you know a person wants to pursue something which essentially could be really upsetting for them or retraumatising, and yet you can't tell them not to do it. So that's for me, you know, you're constantly caught between this position of wanting to help somebody but also knowing full well that they could be doing something that could be retraumatising or damaging for them. And it's a really fine line*.' [SP 10]

These risks were minimised by advocacy workers by linking in with health and wellbeing service provision and the very fact that these issues were being considered indicates the levels of self-reflection in which advocacy workers are engaging.

Educating service users was also referred to as an important facet of effective, ethical and sustainable advocacy (Backer, 2003):

> '*It also gives them some confidence and strength whenever they're dealing, say for example, with the media, that they know what to ask for, ask for transcripts, ask for videos to be edited and let them know that they're the ones who have the power as an interviewee*.' [SP 14]
>
> '*Like a lot of families don't know… that you can put in a complaint to the Police Ombudsman, to say that your loved one didn't get a proper investigation, you know? They don't know that there could be an inquest file held about your loved one which is in the Public Records office. They don't know about going to Kew Gardens in the National Archives Centre in Britain… so you're kind of signposting them, you're giving them the information saying, "Look here's the options." And then when it becomes more complex, you know, should the Public Prosecution Service look at this, and should they direct a new investigation, or should the Attorney General*.' [SP 15]

Communication was also considered to be crucial in the advocacy process (see Deloitte, 2012). The parameters of the means of communication, who to communicate with within a family and how regularly communication should take place should be established from the outset of the process:

> '*…if you're a victim's family, or a victim yourself and the police come and see you, and then you never see them again, or they don't update you, that is just retraumatising you I think. Depending on the level of all you've gone through, so we have always made it a point to keep contact with the families a regular and constant thing. Some families don't want regular contact, some families say, "I don't need a phone call every month, or a*

> *message, unless you've got something significant to tell me." In that case I'll probably send a message out every six months or so to say that we're still here*.' [ST 4]

Several interviewees also referred to the significance and sensitivities in handling cases that may have been concluded or in which there is little more they can do. While most advocacy workers suggested that their cases often remained open for many years given the slow machinations of the various statutory bodies, it was noted that preparing the ground and letting victims and survivors know that they can contact the worker in future if and when they like; but leaving the onus for contact with them can help avoid retraumatising them with contact which may come "out of the blue" (see Deloitte, 2012):

> '*When they run the family liaison courses they talk quite a lot about the exit strategy… because they don't want you phoning up every year on the anniversary or something and reminding them, not that they need reminding but you know, retraumatising them… I just let people drift away. I tell them at the end that there isn't really any need for any more contact, but you can contact me at any time, whenever you want to, forever if you want to. It doesn't matter to me. And I still have contact from some families I dealt with many, many years ago whose loved ones were murdered. But I don't contact them*.' [ST 4]

5.e Support to Victims, Survivors and their Families

This sub-section will focus on the elements and characteristics of support provided by advocacy service providers and health and wellbeing officers to victims and survivors and their families. It is important to highlight, as discussed in greater detail later in the section on challenges faced in advocacy service provision, that each victim and survivor and family member has unique and bespoke needs that require a tailored approach from service providers:

> '*Because a lot of families that have been impacted, it can be a sort of catalyst for them, sort of a break down in relationships and it's more common… that's in relation to maybe there's only one bereaved. But you throw that into a multi-atrocity where eight or nine people... you've got those complexities in one family multiplied by eight or nine. So it becomes just a balancing act and trying to keep, maybe you'll engage more with one member of the family, there'll be a lead member, and say "If you want to be kept informed, we'll formally keep you up to date, it's really up to yourselves*."' [SP 5]

A number of interviewees were of the opinion that aside from support in relation to information retrieval, advocacy services also helped address critical issues of social isolation that some victims and survivors experience:

> '*We do have people who engage with the advocacy service and through that have became* (sic) *more active in their membership. All of a sudden you see them at a respite thing. All of a sudden you see them at a cultural night. You see them taking part in greater activities, our Christmas party this year, there was four people at our Christmas party this year who I'd never seen there before, and I do know each and every one of them are engaged with the advocacy services. They're out and about*.' [SP 1]

In addition to the support and acknowledgement that a victim and survivor may experience through engaging with advocacy services, some service providers maintained that a bi-product of engaging with advocacy is that some victims and survivors may perceive a sense of comfort and reassurance by meeting other victims and survivors:

> '*…it brings also people together in time, if they become sort of active members of the likes of our group. It gives them sort of, comradeship, identity with people who've been through similar situations as well. And providing empathy as well*.' [SP 5]

VSS statistical data accurate up to 30th November 2020 provides some indication of the impact of the health and wellbeing element of the Peace IV programme thus far. In relation to evaluating the impact of the interventions, the Work and Social Adjustment Scale (WSAS) is a fairly simple self-reporting measure designed to assess patients' perceived functional impairment associated with a health problem.[49] It examines their ability to function day-to-day while coping with the problem in their ability to work, home management, social leisure activities, private leisure activities and close relationships. On a subset[50] of the 7,334 health and wellbeing service users, 70.2% felt that the intervention had improved their circumstances.

It should also be noted that the VSS data indicates that of 3,117 individuals who have accessed advocacy service provision to date (as of the end of November 2020), 631 (20.2%) individuals have also engaged with a health and wellbeing caseworker. Males aged 56-65 are the most numerically dominant demographic accessing advocacy and health and wellbeing services.

There are clear positives to be drawn from these clinical outcomes to the health and wellbeing elements of the programme. The increasing links being made between advocacy services and health and wellbeing interventions are also to be welcomed. However, the following sub-section now turns to address some of the key challenges facing those engaged in the advocacy process, one of the most significant of which is the previously referred to retrieval of files and information from statutory bodies.

5.f Challenges

Service providers stated that they encountered a series of challenges in conducting their advocacy work that stemmed from difficulties faced in practice as well as issues arising from policy pertaining to advocacy service provision. There was unanimity amongst all service users and service providers that the biggest challenge was the delay and the slow nature of legacy investigation and information recovery:

> '*Delay. Everything takes so long…I remember being so kind of,* (pause) *actually distressed that I couldn't cope with nothing happening and families asking me what was*

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[49] This measure is used to monitor the perceived effects of various INP Framework outcomes on each client, over time. In each case, the effect cannot necessarily be attributed solely to a single framework, as more than one award may have been given.

[50] This subset was not numerically identified in the data presented to the Ulster University research team.

> *happening, and everything was just delayed. And I was like, I can't cope living in this situation where nothing's happening, everything's just so bloody slow. And it was only a few families that kind of say, "We're just so glad to have somebody there, keeping us up to date with what's happening, and fighting, even though it's slow and nothing appears to be happening, at least we know you're in there*."' [SP 6]

> '*The main thing to be improved is obviously responses from statutory organisations. They sit on their hands. I mean, I've had this conversation obviously with the PSNI. The PSNI, I went to them with an inquiry in* (removed) *last year and they still haven't given me a response, a full response. Because they had to go to the MoD to ask the questions. But I know the response is going to be, "We're not giving you anything." And they're going to use the National Security Veto. But why did it take eight months to tell that, or nine months to tell that?*' [SP 3]

It was evident that a fundamental frustration for advocacy service providers was the difficulty in accessing information[51] with unanswered correspondence being a recurrent theme across all practitioners interviewed:

> '*I know there's one incident here, we've eighteen letters written to one particular department asking for answers. And they acknowledged our first letter, but they've never answered us. Those are issues that need to be addressed. Accessibility. Accessibility to information, and of course then you're never going to get total accessibility. Nobody does*.' [SP 1]

From their perspective, several statutory respondents recognised the challenges and highlighted the practical difficulties they faced in responding to requests for information:

> '*Our files mainly are in boxes or they're on microfilm, so we've got a system that allows us to narrow that down into a number of boxes or microphones. And then from that we can make a judgement as to whether or not we're going to be able to do it within the three-day limit… We're going to have to search a thousand boxes… that's going to take us this length of time therefore we can't do it, because a thousand hours is way beyond what it's going to take. We will go back and maybe give them, if we think we can give them help in narrowing their request. If they've asked for six months, we'll say "Do you really need six months? We might be able to do something for you if you say a week either side or two days either side of a particular incident." And then work with them to narrow the request, but sometimes we can't do that, just cause of the nature of the way the records are held, or the question that they've asked*.' [ST 8]

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[51] Representatives from one organisation suggested their difficulties also stemmed from the fact that paramilitary groups did not keep records unlike the state; although those working with victims of the state highlighted the difficulties they faced accessing information from the state. A core finding of this research is that difficulties accessing information and delays in receiving it impacted upon all participating organisations and all victims and survivors, regardless of their background.

Yet the reported inability on the part of statutory agencies to respond to correspondence was keenly felt by service users who felt it was indicative of an inherent policy within public bodies to delay processes as far as possible until victims and survivors gave up, or passed away:

> '*There's the issue if they're not going to engage with you ... and I think a lot of it is "Let's hope that if we just blank them out, they'll eventually give up and go away." But we're not stupid, we know we probably won't get justice for our loved ones. But at the end of the day, there's no reason why we need to give up, we're just going to be the thorn in the flesh if need be*.' [SU 2]

> '*… the strategy that has been used by the state, and the strategy that's being used by the statutory bodies as well, is quite simple. It's denial, delay and death. Whereby they're hoping that family members like myself and people that I would represent die and go to their graves and their campaigns with them*.' [SP 14]

Service providers identified a despondency amongst their clients with regards to how long and arduous the information recovery process can take:

> '*I think despondency within victims and survivors is a big issue. Sometimes people because of this, if you want to call it, this ongoing kind of commentary going on within the media, around these issues…people don't understand that then has on victims and survivors, will then say, "That's who's in our government, and they're only presiding over the decisions around these issues." And they'll look at what they're doing. So how can we have any confidence in the structure to actually be in anyway non-partisan*?' [SP 4]

The following two case studies will now document the practical and often traumatic impact that delay can have on victims, survivors and their families.

Case Study 1:

'Gerard' was killed by loyalist paramilitaries in the 1970s. His family, led by his widow, contacted a victim and survivor support organisation in the 1990s in the aftermath of the ceasefires for advice and support in relation to the case. The family presented what they knew about what happened to Gerard to the advocacy service provider, but they were keen to learn more about what happened and the circumstances surrounding the murder of their loved one.

The approach taken in Gerard's case by the support organisation is emblematic of the almost forensic level of detail that advocacy support workers seek to acquire when conducting their own research:

> *'So from our perspective we started to do what we would do in every single case is you went to the newspaper archives, went to PRONI to get inquest documents. It was as basic as that – asking the families themselves did they have any newspaper articles or stuff from around the time, from around the inquest. And actually doing face-to-face interviews with family members to say "Well what do you remember? What do you*

> *know?" If you're talking about something from the mid-70s… it's over twenty years later. From that perspective you're coming at it fresh, but in most cases so are the families, because they get on and they live their life, and they had other priorities. From that perspective it was starting to build up and document what had actually happened. And again speaking to the families, "Do you know were there any witnesses? What were the circumstances? Are there people still alive that you think would be helpful for us to speak to?" So again, going out into the local community, talking to individuals, and again, all of that was just to build up a picture. And then we provided that information to the family. And then with them we decided where do we go from here?'*

After a period of researching the specifics around the case, in the early 2000s on behalf of the family, the support workers sent letters to PSNI Divisional Commanders asking if they had any information from the RUC record which would assist in the case. The support organisation worked with the family to draw up a list of questions which they wanted assistance with and a series of approximately 50 questions was sent to the Divisional Commander – who met with the family and their support workers to discuss and answer those questions. What became apparent at this stage was that by asking questions invariably new avenues of questioning arose. The case was then moved to the Serious Crime Review team and then onto the Historical Enquiries Team, the latter of whom met with the family and provided a report to them on the murder of Gerard. After receiving the report, there were legal actions taken against the DPP for individuals not being charged or who were charged and charges were dropped at a later stage – developments which the advocacy worker suggested hurt the family as they were not given any explanations as to these actions.

Challenges in this case related to the lack of information provided to family members as to why charges against specific individuals were either dropped or not forthcoming; and the lack of information on the case or being told that information was not available (for a variety of reasons), was also problematic:

> *'I suppose some of the pitfalls, just talking more broadly, there was that much happening in the '70s, the police investigations were closed down possibly within days or weeks. There were files went missing, were destroyed, for various reasons. Barracks were attacked. The forensics laboratory was burned, blown up and robbed. For various reasons, some genuine and some maybe not so. And that's a personal opinion.'*

Delay was also a key problem facing Gerard's family in terms of the length of time that they had to wait to receive information back from the authorities. Delay with regards to the HET focused upon the 'huge difficulties' associated with the turnover of staff. Support workers and families built relationships with a particular person from the HET investigating their case and then they moved on and families were left trying to build relationships with new members of staff. More recent issues in relation to delay focused upon receiving information back from requests put into statutory bodies:

> '*It's gone a long way* (the case), *but I suppose the main difficulties along the way are the delays. And the delay in some instances initially would have been "We can't find the*

> *files, we don't know where the files are, we have to do a trawl of the police's estate" and whatever. Then at later stages the case gets passed from one person to the next, to the next*.'

The issue of delay also means that remaining family members may not learn all they could about their loved one's case before they themselves become ill or pass away. Gerard's widow is now in her later years, and despite being in 'good health', questions remain unanswered more than 40 years after his murder. But despite the family still having some questions unanswered, advocacy support staff felt that there were a number of positives in the case in terms of finding out information:

> '*Even though that particular family, I think if you were to talk to them personally they would now say, 'We know an awful lot more than we ever did', they would still have questions that they want answered. And the only people who can answer questions are the people who were there that night. So from that perspective I don't know if that's a question that any family will ever get the answer to, you know, in these sorts of circumstances, unless someone has some sort of a conversion, or decides that they want to come forward and talk to the individual families. And I suppose that's where the other bigger legacy bodies would come into play.*'

Yet advocacy support staff felt that Gerard's case was indicative of more general problems wherein delays facing families could potentially have been avoided had legacy mechanisms such as the ICIR been in place as they were supposed to be. There was believed to be a need for greater levels of trust between state and non-state actors for victims and survivors to receive the information they are entitled to receive about the death of their loved one:

> '*If we're being realistic, the number of legal proceedings in legacy cases is small, it's miniscule. I think at this stage we have to, as a society, get over that issue, and say "Look there was wrong done on all sides." We need to put our hands up to it if we're gonna move on. But I think there is an unwillingness from within state institutions to let information come out… We hear commentary like 'National Security' and stuff like that, but to me, something that happened in the '70s, if our National Security hasn't moved on from what we were doing in the '70s to now, we're in deep trouble, is the way I would always look at it. From that perspective it's an easy sticking plaster to say "We can't be dealing with that." I just think there's a general unwillingness and that's across the board… Sinn Féin, the IRA, the UVF, no one's coming forward with answers to questions. And until we put in place some sort of legacy mechanisms that encourage people to come forward, and whatever that looks like, that's not gonna happen. And the proposals that are currently on the table* (the British Government position outlined by the Secretary of State's statement on 18th March 2020) *are just going to close everything down, in my opinion…*'

It was felt that while the recent Memorandum of Understanding between the PSNI and the Police Ombudsman's office on sharing information was 'definitely a positive' there remained much work to be done to build an information retrieval system which is fit for purpose, acts in a timely fashion and retains the confidence and trust of victims, survivors and their families.

Case Study 2:

Twelve families are currently working with an advocacy support organisation in relation to a case that the Police Ombudsman's office are dealing with (six families were originally working with the support organisation and then another six families were included when the Ombudsman expanded the terms of reference of the investigation). This case is slightly different to how advocacy cases usually arise (from self-referral); rather the Ombudsman's office initiated the investigations as a result of additional information which had come to light in relation to other cases. The families all lost loved ones in shootings by loyalist paramilitaries in the 1990s – with one advocacy support organisation suggesting they felt there was "*increasingly strong evidence of collusion"* with elements within the security forces remaining a core aspect of the investigations.

The first six families were comfortable with working together and campaigning on a joint basis, but the advocacy support organisation were keen to include the other six families who were less used to the process and were engaged with on an individual basis. As one advocacy worker put it, this was very important to ensure that all families felt part of the process, and "*we wanted everybody who wanted to have a voice to have a voice and to have a place round the table and feel that they had ownership and buy into that process*."

The advocacy support organisation engaged with the families to find out their wishes with regards to media and publicity and how they would like to approach the case. Did they want to put one statement out together? Did individual families want to put out one statement each? If there was a press conference, who would speak at it? The advocacy support organisation initially arranged meetings for the families to meet one another and come together in the 'safe space' of the advocacy office to discuss these issues – and after a period of time the families felt comfortable meeting the Police Ombudsman with the support of their advocacy workers.

The key challenge relating to this case related to disclosure and delay – Police Ombudsman reports which were due to be published were delayed after new information was found on police computers. The case has also been impacted upon by an Ombudsman report being subject to legal proceedings – though advocacy support workers were hopeful that reports would be published in the near future.

But advocacy workers stressed at length the emotional impact that the delay in the publishing of the reports had on the families – as they also recounted the manner in which the delay was announced:

‘(Names removed) *were asked to attend at the Ombudsman’s office along with a number of other NGOs, and it was at about 10 o’clock in the morning and the Ombudsman gave them the news and said basically this is what’s been happening, and this is a story and it’s embargoed until 6 o’clock so you have until 6 o’clock to contact all those families and let them know. So me and* (name removed) *were in the office, we got a telephone call, we frantically then had to phone everybody to make sure that they knew, because the last thing we wanted was people sitting down at their dinner table and switching on the TV to see that the case they thought was due to be reported on, and that they’ve been working on a media strategy with us and had meetings with the Ombudsman who assured them that he was going to report within the next six months, all of a sudden wasn’t happening. So we managed, thankfully, to get hold of everybody and you know to speak to them on an individual basis, and some were distressed by it, and others were very disappointed by it*.’

In the aftermath of how the families were informed of the delay at the ‘last minute’, the advocacy service provider put in place support measures to assist them in the days and weeks that followed this distressing delay:

‘*It’s not just a case of us giving them the information and then running away and leaving them, that you know, we’re going to be following up with you in the days after that. You know, we’re here if you want to phone us back about it, and talk about it, which did happen* (as did going out to meet some families personally) *because* (name removed) *and I were sitting, we sit facing each other in the office, so I could hear* (name removed) *on the phone and then people calling back, like 20 minutes, half an hour later saying “Sorry I just have got my head around what you’re saying to me there, so I just wanted to check. So you were saying this isn’t happening … The thing that frustrated me around it was, you know the police and the Ombudsman had known about this for months because it came to light about five or six months beforehand, but they had sat on it whilst they looked at the information to see whether or not it was relevant before they said, “Right okay we’re going to have to delay things.” And I understand that they worry about stuff leaking, you know and about it getting out that way, but it didn’t give us a lot of time. We were under pressure that day to be getting round everybody…’*

It was reported that the ongoing delay in relation to this case was not only traumatic in and of itself for families, but it also impacted upon levels of confidence in the police, the Police Ombudsman and legacy mechanisms themselves.

It is also important to note the impact the delay in process has on service providers. It was striking how advocacy service providers felt a deep personal impact of any perceived failing in their role as advocates that may be drawn from a failure of public bodies to respond to requests for information:

> ‘*You could see them opening the emails up very quickly and then deliberately not responding. And it is difficult cause* (sic) *then you have to go to the family, still no response, still not response. Ultimately they look at you and they go “You’re not much use are you? You’ve got no response for us after all this time.” So that again is difficult then to the client*….’ [SP 3]

A key challenge associated with the delays in information retrieval is related to the ageing (and often infirm) profile of victims and survivors:

> ‘…*it does greatly impact the older ones especially, because it would be very easy for them to become despondent, and for them to look back and go “This is nearly 50 years, we’re still passing this on*.”’ [SP 14)
>
> ‘…*to get to speak to people as soon as possible because of the ageing population in amongst those that we’ve engaged with. But that’s certainly not to say that they’re all elderly, there’s quite a proportion of family members that are elderly or infirm through illness, but that’s also the case, probably the case more so with persons of interest as we call them*.’ [ST 4]

Statistics provided by VSS support the view that advocacy service users are from an older background, although perhaps the demographic profile is not as advanced as might first be expected. This may indicate the transgenerational impact in terms of the pursuit of truth and justice now being pursued by siblings, children and grandchildren. The key trends within this dataset provided for 2,202 advocacy service users (up to October 2020) are:

- 70.4% of 1,054 female service users were between 46 and 75 years old (206 individuals or 9.5% of females were between 46 and 55 years old; 282 or 26.7% were between 56 and 65 years and 256 or 24.2% were 66-75 years old). 12.2% of female service users were over 75 years of age (129 individuals). Only 15.9% of female service users were 45 years or younger (168 individuals).
- 73.7% of 1,125 male service users were between 46 and 75 years of age (220 individuals or 19.5% of men were 46-55; 343 or 30.5% were 56-65 years old and 267 or 23.7% were 66 to 75 years old). 11.6% of male service users were over 75 years of age (131 individuals). Only 13.7% of male service users were 45 years or younger (154 individuals).

Yet the general perception that requests for information were ignored with a view that victims would “die off” and the issue disappear over time was dismissed by a number of respondents as unrealistic. This was related to the intergenerational transmission of trauma and “passing of the baton” to younger family members to secure truth, justice or acknowledgement on behalf of their loved one:

> ‘*One of the interesting things that I have come across over the years is how it ripples through generations. You’re not only dealing with people who have post-traumatic stress and have been through horrific traumatic events. You’re then dealing with*

> *children that are being raised by people with PTSD. That's another skill set in itself, is learning how to deal with those people, because whilst some children have been very much loved and cared for and cherished by the family members who have lost a loved one, you can sometimes go into other households and see that the post-traumatic stress has been so devastating for the family member that they haven't been able to offer a loving home to younger family members. You see a whole gamut of experiences, and you see a whole gamut of ramifications as well*.' [SP 14]
>
> '*Now siblings or the children of the person who died are passing away, and it's passing down to the grandchild, so where people thought, 'Let's just draw a line and people will die away and then this will go away,' it's not. And you can see as well with some of the grandchildren or brothers or sisters that the passion and the commitment to get truth become stronger because now not only do they have the responsibility on their shoulders to get truth and justice for the person who was killed, they've now got added guilt and responsibility to do it for their mother who's now died. And just watching those families you could see it almost as the baton passes down the generations the commitment and passion for what they're doing becomes stronger*.' [ST 7]
>
> '*I remember a specific instance, for instance, where I met with a group and there was a niece involved who wouldn't have been alive at the time of the incident. And it was interesting in the sense that clearly, the level of emotion I would say in terms of the heightened emotion was similar. Obviously in terms of the actual specifics of the events they had got that from somebody else… but seeing that emotion transmitted to the next generation through kind of essentially oral family history, and it is different*.' [ST 9]

One individual whose father was murdered spoke at length about the personal impact this had on him, and also his children in later life:

> *'I am aware one of the victims down here… one of his sons committed suicide. He could never come to terms with it. And my own experience and I know that my marriage broke up, a lot of it is down to this, because I would have been annoyed maybe with my ex for not supporting me as much as I thought. And I know my own daughter…. It has had an impact on her…I did poorly at school you know I just had no interest in school after it happened. My career packed up different directions, went all over the place...*' [ST 10]

At this point it is important to note that service providers recognised that the delay in receiving information is in part due to a backlog of cases with organisations such as the Legacy Investigation Branch (LIB) and Public Record Office of Northern Ireland (PRONI) that stemmed from the absence of a Northern Ireland Assembly between January 2017 and January 2020. Since there was no Minister within the Assembly during that period there were unavoidable delays in processes within the historical investigation and information recovery sector:[52]

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[52] However, representatives from one organisation stated their belief that bodies such as OPONI and LIB were underfunded by the state, which they suggested was the main reason for the delays.

> '*Over the last three years we couldn't get into inquest files cause the Department of Justice said "You can't have inquest files, because there's no minister to sign off on it." There's a queue now, probably within PRONI of God knows how many inquest files waiting to be processed. So now they're up and running, hopefully they'll start getting through them. But it's going to take some time to get those. So that was a barrier we faced..*.' [SP 3]

> '*… a very slow process so it takes a long time to get information out of certain bodies. So for example we've just waited over four years there to get inquest papers out of PRONI, totally not PRONI's fault, it was to do with Stormont falling. That is very frustrating for victims so that's why I think we need to be realistic with people at the start about time frames. People get very frustrated about that, and it also means that you don't really you get many cases closed, sort of people are still with you years and years later waiting for something to happen. So that's another challenge*.' [SP 12]

An associated challenge that advocates encounter due to the delay in progressing cases is that the volume of cases that they are dealing with at one time continues to increase. A service provider outlined a concern that advocacy service providers were rapidly progressing towards a saturation point in relation to their expanding caseload:

> '*Saturation point, because there's so many cases. They don't appreciate that our cases don't go away. Certainly, you can work cases side by side when you're sending emails and all the rest, but you know, you have to keep things ticking over at all stages. And I don't want to get to the stage where you come to me and I say "Look there's a waiting list, come back to me in six month's time." Or "I'll contact you." That's not where we want to go*.' [SP 3]

Despite the difficulties, one participating organisation in the research suggested there have been improvements to existing regulations which have been suggested by OPONI and LIB. The Police Ombudsman has suggested amendments to the present legislation that may make investigations more effective (OPONI, 2020). The Legacy Investigation Branch has also produced the Family Guidance Document, the Family Engagement Strategy and the Conflict of Interest Police Document with a view to complying with Her Majesty's Inspectorate of Constabulary (HMIC) reports produced in 2012 and 2014.

The inaccessibility of information however was a challenge that extended beyond Northern Ireland. Research participants highlighted the lack of investigating mechanisms and the difficulties in engaging with and recovering information from public authorities in the Republic of Ireland as well. Some service providers considered lobbying such public bodies to be a facet of their role:

> '*I believe that lobbying is also important for advocacy, because you need the support of the institutions in the South. I do believe that the new Garda Commissioner will be much more helpful than his predecessor. We felt his predecessor was a gatekeeper that kept the gate locked*.' [SP 1]

> ‘*We’ve found the Southern institutions the most problematic. And I think the big issue for us is here on the border again, is that the UK has adopted this position of neutrality throughout these issues. They don’t advocate on behalf of their own citizens on the border who have been impacted by Southern issues. However, the Republic of Ireland state advocates in a choice way on particular cases here. It’s that lack of consistency from the two states that’s very, very problematic*.’ [SP 4]

Beyond the difficulties in accessing information and perceived delays in response from public bodies, several service providers highlighted the media as an additional challenge for advocacy service provision. In particular, the dangers of media outlets misrepresenting the views and cases of victims and survivors has a significant impact on their mental health. Some service providers identified the risk of re-inducing trauma for victims and survivors when they see the media covering their cases:

> ‘*All the time. Families, somebody calls up and says, “Can we interview you, a Catholic and a Protestant family?” And they say “Why, what’s your point?” And they want to do interviews and then they may have no intention of actually using the interview at all. I mean, that’s the part of our advocacy, advocating for the rights of families I the media. And that quite unashamedly can often be as gate keepers where we say “No, why would they do that?” Or with some of the more controversial media want a family to come do something, and we say “No, they don’t want to.” Or to go to the media and say “Why did you print a story about this case, when you didn’t even let the family of the person concerned know in advance? It’s simply unethical. You shouldn’t be doing that.” So that’s also part of advocacy I media*.’ [SP 6]

Northern Ireland is not alone with regards to the impact that the media can have on victims and survivors and their engagement with transitional justice processes in particular. While the presence of the media and televised coverage of public meetings in the South African TRC process was promoted by the Commission as a means of transparency and openness, the media coverage itself, and focus upon the stories of particular victims if they fitted the “reconciliation” narrative which was being promoted has been critiqued on the grounds of prioritising the voices of some victims over and above others (Backer, 2003; Chapman and van der Merwe, 2008; Gready and Robins, 2017). This point shall be returned to in the following and final section of this report when some indicative recommendations are made with regards to next steps in terms of advocacy service provision.

Aside from difficulties with regards to the role of the media in relation to victims and survivors, service users stressed that another challenge often encountered by victims and survivors was discussing issues in private with representatives of statutory agencies and feeling that they have been listened to and received encouraging responses, only for that individual to act in a different manner in public. This contributed to engendering a feeling of mistrust and a lack of confidence not only in individuals, but public authorities as well:

> '*Well it's harder to trust the system, and I think there's always been, I'd say for most people, there's always been a distrust of the system, and if you're someone who's lost somebody through terrorism, you know, trust drops considerably, right across the board, it doesn't matter who it is*.' [SU 2]

> *'… they didn't help me, well listening to her say that she was going to give us all this support and everything. Then the next thing, she's out supporting the terrorists that did it then, and she's going to their funerals and just being seen with them. There's no support or anything, I don't feel that she has anything.'* [SU 3]

This sense of being 'let down' by statutory agencies is reflected in greater detail in the case study below.

Case Study 3:

A number of families whose loved ones were killed in a bombing have been engaging with an advocacy support organisation for more than a decade in relation to the case. Families were concerned with the robustness and impartiality of the original police investigation and the families, with advocacy support, have engaged with various legacy processes since the mid-2000s. The families received ''an apology of sorts" at Westminster and also received their first report by the HET – which they were not satisfied with – and with advocacy support (in terms of archival research) were able to challenge the findings. A Police Ombudsman's report into the bombing was further criticised by the families of victims on a number of grounds – including basic errors recording the names of victims. A further report by the Ombudsman found that there was investigative bias in the police investigation into the bombing.

However, a press release by the PSNI at the time appeared to deny the main Ombudsman finding that there was investigative bias. This impacted upon the families, some of whom had welcomed the finding "as if a weight had been lifted off them" and a meeting was arranged between them and the then Chief Constable to 'clear the air.' A second HET report was delayed around the same time that there was an HMIC review into the HET and it took a judicial review between 2012-2014 to receive the HET report and another judicial review was successfully launched by the families to dismiss the findings of this report. The new PSNI Chief Constable finally accepted the original Police Ombudsman finding of investigative bias. It is noteworthy that the challenges and legal successes thus far in relation to the case have progressed largely due to the legacy archive research and information uncovered by advocacy support workers.

As is the case in many other instances of historical investigation, delays in the process were cited by an advocacy worker as impacting significantly upon the families. But there were concerns that some of the delays did not involve substantially new or improved information being presented to the families – and there was a perception that 'minor tweaks' were used as excuses to delay the process as far as possible:

> '*At this stage with them coming back and forward with changes to it, because they still want to maintain it as part of the historical record, I think we're on probably the 4th or*

> *5th or 6th version of it. Now one version came back after a period of months where they said they'd done work on it, and it turned out they'd changed the font size. The font size increased or decreased by around about 11 or 12 pages, and that's what we found out it had taken them several months to do. So this is the sort of theatre of the absurd that the families have had to go through*.' [SP 14]

A further judicial review in relation to the case has thus far failed to quash the original HET report and the advocacy worker involved further noted that the families had been waiting five years (since late 2015) for a Police Ombudsman report on a complaint on contemporary policing.

Alongside the challenges facing advocacy workers generally, whether they are located in Northern Ireland, the Republic of Ireland or Great Britain, there were additional difficulties facing those advocacy workers based outside of Northern Ireland. This was related to the perception that there is an inequality in terms of the funding of victims and survivors' initiatives in these jurisdictions (see also CVSNI, 2015). Advocacy service providers in Great Britain spoke about this issue at length:

> '*One of our big issues as an organisation is the disparity, the inequity between what we can get access to, and what other organisations can get access to.* (Name of organisation), *because they are a Northern Ireland based organisation… can access stuff that is only available to Northern Ireland agencies, whereas* (name removed) *doesn't have access to the same thing.*' [SP 11]

> '*I do find that problematic. In terms of the everyday funding side of things, so I can access for the INP framework, so when I complete an INC, and I apply for money through the VSS to ask to meet a client's needs. But we have no funding through the VSP, so the general stuff that's put out there for groups, for bringing people together, social engagement, I can't access that at all. And my argument is that's problematic, because people who live in GB, they are completely isolated in their communities, and completely misunderstood, because their trauma is from something that generally people in GB have no idea of*.' [HW 2]

VSS statistics accurate up until October 2020 indicate that of 133 individuals recorded as receiving advocacy support outside of Northern Ireland, 109 (82%) were from Great Britain while 21 individuals (16%) were from the Republic of Ireland.[53] Indeed, advocacy staff in the Republic of Ireland and several stakeholders also voiced their frustrations at the structure of the current system for victims and survivors outside of Northern Ireland. Central to these concerns was the perceived disparity in relation to victim and advocacy organisations accessing funding, which makes service provision much more limited:

> '*They get individual funding, but they don't fund organisations outside of the North, so they wouldn't fund us. But they fund, a lot of our family members would get an annual payment from the CVSNI, I think it is, is it, who pay them? But unfortunately a number*

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[53] An additional two are based in mainland Europe and a further one individual is based in Canada.

> *of our family members missed out on that because you had to have your application in by a certain date… I think it's disappointing that all victims are not treated the same, regardless of where they were killed or where they were injured. I mean, I think it's terrible that we are not included with the VSS and that the funding, they will refuse to fund us because we're outside of the border region. I don't think that should be a consideration. But that's how the European money has been structured. But at the same time, I don't want to let our government off the hook either*.' [SP 13]

> '*There was a case won… some case in relation to injured people being allowed to get something from the Victims and Survivors Association* (sic). *Up to that southern victims weren't allowed get anything with the injured, and* (name of organisation) *made some representations and took some case that southern injured people should be allowed to receive the injured people's accounts every year. I got the three through* (name removed). *One was blind, another guy was deaf, another guy had a lot of mobility issues, so we were able to get them that help*.' [ST 10]

There were critical opinions expressed of the role of both British and Irish states, but in this instance the perceived lack of support provided for victims and survivors in the Republic of Ireland by the government was noteworthy:

> *'The Irish government is certainly lukewarm about supporting victims… they did of course set up Remembrance Commission and acknowledgment payments were made to families and survivors, which I suppose is more than what's been done so far in Northern Ireland… there was an acknowledgement payment made to families of €15,000 per family. But it was, I mean the government actually were dragged kicking and screaming to do that. And they totally resist at this stage providing any counselling service, and there are very few of our families who ask for counselling, but we have now through working with* (name of organisation removed).' [SP 13]

> '*The problem I have is that basically down here I will be fighting alone for what I wanted, there's one or two others would help me out, but the Department of Foreign Affairs know that. They know there's not enough of us to create a political bunfight over this. You know if there's 14 or 15 of us tops, that will be prepared to kind of agitate on that would be as much as it is. So that's not going to win any votes for anybody, so it's quite difficult*.' [ST 10]

The lack of specific and bespoke counselling and trauma services for victims and survivors was a key concern:

> '*I mean a lot of people have been through counselling up in the North, but down here the general feedback that I'm getting is that none of us down here ever had any supports, as regards counselling or anything like that. It just wasn't the done thing… there's nothing there for us. I mean most of us will tell you if you're ever speaking to victims down there, most would say they figured it out themselves.*' [ST 10]

Exclusion from the parameters of particular investigations was also a significant difficulty identified by one advocacy worker in the Republic of Ireland:

> ‘*And the only avenue open to some of our families would be the ICIR, because there never was intended to be an Historical Investigation Unit set up here. Like very disappointed… I suppose we’re frustrated in some ways, because we were excluded completely from the HET investigations. Although we did liaise extensively with the HET and it was intended that a lot of our cases would have been included in what was to be the overarching inquiry, which of course never happened...*’ [SP 13]

Two additional issues were raised by one interviewee in the Republic of Ireland. Firstly, a perceived lack of information that victims and survivors have on their rights and entitlements – which Lynch and Argomaniz (2017) suggest is very important in terms of promoting victim empowerment. It was felt that victims and survivors in the Republic of Ireland were very much ploughing a lone furrow and in this regard it was suggested that CVSNI (among others) could do more to “raise the profile” of victims and survivors issues, rights and entitlements in the Republic of Ireland:

> ‘*I think what they could do is reach out to the likes of the Retired Prison Officer Association, reach out to the Garda Victims and Survivors, and go down and meet them*.’ [ST 10]

A second issue relates to the reported reluctance of some victims and survivors in the Republic of Ireland to engage with processes which some may perceive to have been politicised:

> ‘*I went to that Association I said “Look there are grants available to victims and survivors in Northern Ireland” and they said to me “No we’re not interested.” Again it’s scepticism because they think it’s for the North and they think it’s … the other thing is that they think it’s going to be political. They think it’s going to be standing outside somewhere with a placard. That’s a big issue down here, people don’t – up in the North it’s different*.’ (ST 10)

While there appear to be geographic disparities in relation to the resources organisations can access and this has an impact on the levels of support provided to victims and survivors (VSF, 2015), a common challenge facing advocates working in all three jurisdictions are the difficulties faced when trying to measure the success of advocacy interventions. One of the difficulties in evaluating success is the subjective nature of advocacy interventions, where the needs of the victim and survivor drive the intervention. It follows therefore that every victim and survivor engaged in the process will define success differently:

> ‘*…no two cases are the same. It’s right that you have standards, but what you need to do in any situation, in order to help somebody is going to be specific to that situation. I think the best work is going to be the kind of work that can listen to what a victim or family is saying, can help to, jointly with them, to help reach realistic plans, realistic goals for what can be achieved, and then accompany them through that*.’ [ST 2]

> ‘*…it comes down to trying to drill down to what they need and what they’re looking for and hopefully meeting that need that is expressed. But it’s almost bespoke to everybody that we come across. But certainly if somebody, if the problem is housing and* (name removed) *gets them rehomed or something, than that’s a success*.’ [SP 11]

Most interviewees recognised the difficulties in purely judging success in relation to securing justice and criminal convictions, particularly given the time elapsed and evidential challenges in many cases:

> ‘*One dilemma is that I think because we are working with the families where they are presently at the prosecutions. And that is in the public domain. That could give people false view that that is a realistic route. And we don’t actually think it is. More than most we’re mindful of how long that has taken*.’ [SP 7]

One interviewee argued that at times discovering the truth may cause added distress to the family and someone should think twice about disclosing it if they know it will cause harm:

> ‘(name removed) *husband was shot dead when… he was 21. And she was told that he died instantly. And somebody then worked on her behalf to get her more information about whodunnit* (sic), *and she got a report that says that he actually lay dying for 40 minutes. And that damaged her. So that was bad advocacy. She didn’t want to know that. She lived her whole life thinking her husband died instantly, to be told in later life, when she was in her 60s that “No he screamed and cried for his Mum for 40 minutes.” That was bad support… She didn’t want that information, but somebody thought they had to get it and gave it to her. That’s wrong*.’ [ST 6]

Small and incremental “wins” which benefitted service users (such as finding out some piece of information in relation to a case or successfully applying for financial support) were viewed as very important to bear in mind:

> ‘*I have one* (client) *who lost a pension, I regained that for her through ... she lost the pension because she was not deemed to be married. Having said that they lived together as a married couple for 35 years. It was a police pension. But we battled that and she got her pension*.’ [SP 2]

> ‘*I mean there’s a wee guy I’m working with, I’m talking to him usually every other week... His sister can’t really get involved in it all but they both were very young when their dad was murdered and see the way he has grown in the last two years is unbelievable, that he goes into meetings. And he will talk to the police or whoever on his points, that he knows himself from two years ago he couldn’t do. So his confidence is growing as a person. He has learned a lot from the LIB investigation and ultimate report on his dad’s murder. He hasn’t got convictions… but a lot of the gaps have been filled in for him. So again him as a person, how do you measure it? I can see what it has done to him…*’ [SP 3]

> ‘*Some of them just want one piece of truth. There was one incident there that all one person wanted to do was meet someone who was at their father’s actual murder scene. And the one* (person) *comforted them as they were lying dying. So, we arranged for them to meet up or whatever, so you would have to regard that as a success. Other people wouldn’t regard* (as success) *until they get some form of justice. The problem with that is then the justice they get, it’s all relative to individual cases. And to be honest, it’s small steps in achievement*.’ [SP 5]

> ‘*I can think of one family, and their loved one, the only photo they had of their loved one was a post-mortem photo. That’s the only photo they had. And one of our caseworkers, she had a friend who was able to work on the photo and basically re-digitise it so it looked like he was sleeping instead of having injuries present. That action, that small action was so significant. And you wouldn’t call that advocacy, but that was so significant to that family. It meant so much to them*.’ [SP 6]

> ‘*… I recollect one case quite recently… a* (removed) *just walked into one of the offices and said “In the 1970s I was in the vehicle behind a bomb. You know I seen a bomb going off, I got off the van, I provided assistance until the ambulance came. It was soldiers, and I’d just love to know what happened to the people in that incident.” And the advocacy worker was able to go away and find out that one had died, but one had survived, who he was, where he was living, that he was married. And that was enough to satisfy that person. That was something that had been in their mind for over 40 years, nearly 50 years. So it can be as basic as that to a by-stander, something that can be on their mind, to a really high profile* (case).’ [ST 7]

Several stakeholders looking in at advocacy services from the outside felt that the support provided to victims and survivors by advocacy workers was significant and led to better results in terms of retrieving information than if they were left to their own devices unsupported:

> *‘I think any evidence that I’ve seen shows that if you’ve got a good NGO on your case you tend to get better outcomes, that was certainly the case when the Historical Enquires Team was operative. In fact, we’ve heard anecdotal evidence that in their risk assessments they included being represented by an NGO as a risk factor. But what they meant was a risk factor to them. In other words, they would be held to account much more effectively… having evaluated a couple of projects back in the day… they’re effective advocates, at least on the micro-levels, the support level for their victims*.’ [ST 5]

> ‘*I would say from, first of all an emotional support angle, I think, as I say compared to what I’ve seen in my previous life, they are invaluable for that. They provide a safe environment and an easy environment to come and talk about what’s troubling them. And then because of the professionalism of a lot of these advocates and their experience, they know where to go to find out information… So, to get information for families I think that’s also invaluable. Whereas without them, they’d be just on their own, they’d*

> *be getting on the phone to the PSNI legacy branch, and asking "Can I see this file about such and such?" Answer: "No."*' [ST 4]

One issue which was raised as a difficulty by a small number of interviewees was what they perceived to be the division between some victim and survivors' organisations in terms of politics and worldview. For these interviewees, organisations engaged in advocacy should not enter into political debates and should try to widen their client base beyond those with whom they traditionally engage:

> '*… the standpoint of some organisations seems to be to represent a political view, rather than looking at another set of standards to decide how they advocate for the victims that they represent*.' [ST 5]

> '*I think that many of the advocacy services have political aims in mind, and it's created a contested space… groups who are all doing good work, there's no issue with saying they're doing good work, but they're all doing work which is focused on a very singular political manner… So I think in understanding our advocacy service in Northern Ireland, at this moment and time, whatever way we've allowed it, whether we have not held them to account enough, or we've not had enough checks and balances, real checks and balances, we have allowed it to create a contested space here in Northern Ireland. That's not good for victims*.' [ST 6]

> '*I have great respect for the work that is being done out there by the other charities. Sometimes I don't agree with their policies. I don't agree with how they are discussing victims and survivors' issues cause* (sic) *it can be quite discriminating. They only like a certain community or they don't like former combatants, whether they're Loyalist or Republican, because we deal with everybody*.' [SP 14]

Although there were some concerns expressed by several wider stakeholders as to the politicisation of victims and survivors' issues,[54] advocates themselves stated that their core focus was on supporting victims and survivors and any politicisation of victims' issues took place at a macro-level beyond the parameters of the programme and outside of their control.

Given the current circumstances, it would be remiss not to mention the impact of the COVID-19 pandemic on the work of advocates during the past twelve months. As noted in the methodology section, the pandemic and resulting lockdown also impacted upon what could be achieved within the boundaries of this research – leading to interviews being conducted online and the inability to interview victims and survivors themselves beyond the middle of March 2020. During the lockdown, advocates spoke of trying to keep in regular contact with their service users as they were particularly worried of the impact that fear of the pandemic, coupled with social isolation and potential (un)employment issues, may have on already poor levels of

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[54] What these three interviewees are suggesting is that the neutrality of organisations can be compromised by engaging in wider issue based political lobbying which may potentially reduce independence and/or result in a conflict of interest; two issues which the grey literature on advocacy more generally in a non-victim context suggests it is important to try and avoid (SIAA, 2009).

mental health amongst the cohort (O'Neill et al., 2015). This is particularly significant given the reported ageing profile of victims and survivors using advocacy services. While some advocacy organisations stayed open during the pandemic and adhered to social distancing and government regulations, other individuals working on their own tried to maintain contact with their service users as best they could. In some instances, this had also resulted in advocates trying to secure basic amenities for their clients (including food parcels).

Survey data provided by VSS found that of 41 staff who answered the question,[55] anxiety (83%), isolation (80%) and loneliness (66%) were felt to be the three biggest impacts of the pandemic on service users. Other issues highlighted included addiction, domestic violence, unemployment, access to IT, Wi-Fi and broadband, decreased physical activity, concern about high-risk relatives; and "fear of the unknown". Respondents were also clear that they felt the pandemic had affected certain victims and survivors more than others, with 89% saying the impact of the pandemic was unevenly spread. They said that the most impacted upon were: young people; "older folk who live alone"; widows and widowers; those who were more vulnerable and had to shield; those who live away from their family; parents with young children and who were therefore unable to "engage in therapeutic sessions"; and those who work in the health and social care service.

Alongside the health and social difficulties, advocacy workers noted further delays with regards to the requests for information as a result of the pandemic:

> '*…we have excellent communication with the Ombudsman, of course the historical section of the OPONI has been closed since the outbreak of the COVID-19 pandemic, and still hasn't reopened. You see there's a particular difficulty with the historical section because all of the investigators are based in Britain. They live in Britain and they come over on a Monday morning by plane to Belfast, and they go home on a Friday, something like that. So, they haven't been able to do that. So, all of that work has been halted*.' [SP 13]

One interviewee was rather more cynical in describing the impact of lockdown on information retrieval essentially saying the pandemic has become a further excuse not to progress cases:

> '...(they have) *used the pandemic to do precisely nothing in terms of disclosure, saying that they won't be contacting any of the elderly witnesses and so on. It's a God send to the process of delay, you know*?' [ST 5]

It is too early at this stage to generally assess the impact of the restrictions of the past twelve months on the physical, emotional and mental wellbeing of victims, survivors and their families. However, anecdotal evidence emerging from our interviews, the VSS survey data and the emerging evidence relating to larger studies within the general population (BMA, 2020; HSC, 2020) would suggest that victims and survivors are particularly vulnerable to worsening levels of physical and mental health and the resulting economic hardship that this may bring. This is particularly significant given that previous data indicates that 75% of VSS service users were in

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[55] The survey was completed by VSP funded organisations during the pandemic.

receipt of benefits (RSM McClure Watters, 2015). It is important to monitor such trends as we continue to (hopefully) move out of lockdown as 2021 progresses.

5.g Improving Advocacy Services and Structure

Advocacy service providers and health and wellbeing caseworkers were keen to stress areas in which they felt improvements could be made in terms of how services are currently being provided. The data collected indicated that the exchange of information both internally and externally between organisations could be improved. It was noted that evaluation and statistical data could be collated more efficiently and there are plans for more robust measuring systems to be put in place as the programme moves forwards:

> ‘*We’ve kind of got to the stage where we’ve agreed a monitoring evaluation framework with them... So we’d expect to have better data over the next year or two*.’ (ST 7)

It was also stated that data collection was particularly pertinent with regards to victims and survivors who may be engaged in counselling and health and wellbeing support, whilst also pursuing truth recovery and historical investigation (as the statistics presented earlier suggest). The two forms of advocacy, identified previously as not being mutually exclusive, are manifestly impacted by each other as victims and survivors engage with an advocacy process:

> ‘*If we put a referral through, then we usually meet as well and go over some of the background information that we may have that not’s necessarily on the form, little things. That it’s beneficial to have as much information as possible. So that you’re making it easy for the person. And you’re getting results for the person, whatever those results may be, because they may not be, they may not end up in justice. But then that’s the key I think to the health and wellbeing working alongside the advocate. So if they’ve had disappointment in justice, they’re still working with health and wellbeing, so therefore then they can still be getting that support wraparound service. If that makes sense*.’ [HW 1]

A service manager recognised that organisationally improvements could be made to internally improve and enhance the advocacy service provision provided for victims and survivors and their families:

> ‘*Well I’m not going to say resources because that’s the line that will trot out as well. We’ve got human, people resources now, in terms of we’ve got good numerics* (sic) *to do this work. I think organisationally there are things that we can do much stronger, 100% there are. I think it’s about looking more thematically at the work and being able to cluster particular issues, and themes. And work on that way instead of working in a silo situation with an individual. You have to be able to look outside of that to see how it fits within a wider narrative*.’ [SP 4]

However, several service providers acknowledged that since the inception of the VSS and the availability for health and wellbeing officers to engage across organisations with victims and survivors, there has been an improvement upon previous advocacy provision:

> '*One of the things I think that's working better now than it has been in the past, is through VSS, there's other organisations, and other support systems there. Whereas in the past, if somebody came to us and they had a particular issue, we would be going "Right who do we signpost this to?" Whereas now if they need health and wellbeing support, we can do that. It's something that, it's those things there now which isn't part of our work but we're able to quickly deal with them, or quickly signpost them, and they're important to families*.' [SP 6]

Furthermore, in relation to statutory agencies the need to improve explanatory information for victims and survivors was identified by some practitioners as of significant importance. The disconnect between victims and survivors and the processes of statutory agencies was a cause of concern for service providers:

> '*But that issue of translating, and explaining, and putting things into context is humongously* (sic) *important, in terms of making sure people understand, what really... because they are such sensitive issues because, for us, what might be a meeting that's in the calendar, ten o'clock the next day, with some statutory body and a family, for them is a night of sleeplessness*.' [SP 6]

It was suggested by several interviewees that statutory agencies engaged in historical investigation and information recovery could be more proactive and engage in outreach work to break down barriers; and in particular, mutual mistrust which was felt to exist between their staff on the one hand and advocates and victims and survivors on the other:

> '*They need to educate themselves better and know that we're a partner with them in that – as opposed to something that has to be feared or to be viewed as negative*.' [SP3]
>
> '*The problem is you've got the likes of the Coroner's Office, the PPS, different other institutions you have to deal with that they're not specifically for legacy. They are very reluctant to come out and explain their position and educate our victims*.' [SP 5]

A statutory interviewee suggested they would welcome the opportunity to engage more proactively in discussions with advocacy workers:

> '*I think we would be keen to work with people so they understood what it was we were – we're not fighting against them. The limitations that we have, if we could, if they, if everybody understood what the limitations were, I think it would make it easier*.' [ST 8]

All service providers outlined that the biggest scope for improvement in advocacy services was the accessibility of information and more streamlined and quicker responses from statutory agencies:

> ‘*The main thing to be improved is obviously responses from statutory organisations*.’ [SP 3]

With regards to improving access to information some service providers, but importantly not all, suggested implementing mechanisms comparable to historical investigations units and information recovery processes as contained within the Stormont House Agreement:

> ‘*Basically, having some form of institutions in place, whether it be as the Stormont House Agreement, us as a group have certain reservations of certain aspects of it. But to have sort of something, some central point of contact where you can go to, and all the systems in place, that you can relatively quickly obtain the information, and you're not chasing here, there, and everywhere, and you're not digging. We're relying on our own initiative really to see what way we can uncover information. There's no sort of set format in relation to what all this can sort of... information, truth can be recovered*.’ [SP 5]

5.h Stormont House Agreement: Diverging views

The potential implementation of the Stormont House Agreement was a controversial issue resulting in a divergence of opinion from the advocacy service managers and providers interviewed in this research study. Some respondents were supportive of the full implementation of the Stormont House Agreement, whilst others had serious concerns over the content and intent of the proposed legislation:

> ‘*We are not cheerleaders for that current Stormont House Agreement Legacy Package. Because within it we do not see progression pathways for victims of terror, that we support, to get any level of progression in what they seek*.’ [SP 4]
>
> ‘*We did not support the Stormont House Agreement and we didn't support the Stormont House Agreement on legacy for multiple reasons. One of those reasons was that the 40,000 people who were seriously injured, the limbless, the blind, the burned, the psychologically damaged, were not getting an investigation… and they also ignored people who were killed outside of Northern Ireland*.’ [ST 6]
>
> ‘*Set up the Stormont House mechanisms. Properly resourced, a genuine commitment to independence, to truth recovery, to the principles that were outlined in Stormont House and that's it*.’ [SP 6]
>
> ‘*And unfortunately, Stormont House still hasn't been put into place. They promised it a hundred days ago that they were gonna* (sic) *do it, and I think we just passed a hundred days the other day as well*.’ [SP 14]

Of specific concern to some service managers and providers is the absence of legislative commitments from the Republic of Ireland:

> ‘*To me it’s more ideological. It’s more political, what would the outcome be in those situations. And then the absolute absence of the Republic of Ireland state from the proceedings is just terrible. They don’t even have presently a legacy branch with the Garda Síochána. There’s no legacy branch with them*.’ [SP 4]

Other service providers were concerned that the failure to fully implement the Stormont House Agreement could potentially inhibit the development of a truth-recovery type process:

> ‘*There was so much more than the Historical Investigations Unit to it. Are we going to lose everything that was there, that was going to allow people to go through a truth recovery type process? Tell their story through the Oral History Archive*.’ [SP 6]
>
> ‘*As it stands in the absence of the HIU, the ICIR looks very imperfect as a model of truth recovery*.’ (ST 9)

Regardless of whether or not interviewees were in favour of or opposed to Stormont House, there were significant concerns amongst the interviewee cohort that a grassroots advocacy process had been established while the legacy institutions were not yet up and running. There was a frustration, particularly amongst advocacy workers, that the institutions which were to be established could have facilitated single points of contact and would have provided for a much less cumbersome and protracted information retrieval process. But the fact that interviewees were divided on the legacy proposals themselves indicates that while some of our interviewees wished to separate politics from victims and survivors advocacy issues, the reality is that advocacy in this area is intimately enmeshed with the political context in this part of the world. The ‘Troubles Permanent Disablement Payment Scheme’ is a case in point as it highlighted the stark division between politicians and victim support organisations, some of whom were either for or against the development in its current form.[56]

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[56] This scheme, previously referred to as the Victims’ Payment Scheme, was implemented to provide assistance to those living with severe and permanent disablement caused by physical or psychological injury in a Troubles-related incident between January 1966 and April 2010. Payments were to be made to those most severely injured and/or disabled (physically or psychologically) and in acknowledgement of the acute harm which they have suffered; in recognition of the implications of living with severe disablement as a result of the conflict and the impact of that on carers; and in recognition that in many instances, coping with a permanent disablement/injury has had a negative financial impact on individuals and their families. See, https://www.cvsni.org/our-work/victims-payment-scheme/victims-payment-scheme-faqs/ (accessed April 14th 2021). The scheme was due to be open for applications for the end of May 2020, but was delayed due to differences on defining who would be eligible to apply and also due to differences between the British Government and Northern Ireland Executive on how the scheme would be funded. On 12th April 2021 a joint statement from the First Minister, deputy First Minister, Justice Minister and Finance Minister pronounced that they ‘remain committed to delivering the scheme’ and that ‘The Court has today accepted our undertaking that payments will be made to successful applicants under the Troubles Permanent Disablement Payment Scheme.’ The Department of Justice will be the organisation in charge of overseeing the scheme once it becomes operational. See, https://www.executiveoffice-ni.gov.uk/news/ministerial-statement-troubles-permanent-disablement-payment-scheme (accessed April 14th 2021).

5.i Summary

As the review of the wider literature would suggest, there is no simple definition of advocacy within the context of historical investigation and information retrieval. The most common conceptualisation of advocacy in this setting was providing a voice and support for victims and survivors who are embarking on a *process* to secure some form of truth, justice or acknowledgement for themselves or a loved one. It is also important to note that a more holistic conceptualisation of advocacy is required which is intimately linked with health and wellbeing and there is evidence emerging within this study which would suggest that advocacy and health and wellbeing workers recognise these links and are working closely with one another to support their service users. In other words, advocacy as defined (and operationalised) by service providers meshed lobbying/representation and service provision, rather than seeing them as strictly dichotomous. This resonates with the wider literature which warns against thinking that victim services (such as counselling and support) and victim issues (truth, justice, and reparations) are separated in practice, and the international research recognises the healing potential of addressing victim issues (Hamber, 2009).

Core principles underpinning advocacy approaches are that it should be victim-led and built on compassion and trust – and while it is vital to value the lived experience and the voices of victims and survivors, it is also important to ensure that service providers do not create dependency and ultimately they are working towards some form of self-advocacy whereby victims and survivors can progress to speak out for and represent their own interests.

The fact that victims and survivors, even siblings within families, may have different expectations of the advocacy process (some may just want some basic information while others will want to pursue justice) means that from the outset a cornerstone of good practice is managing the expectation of what a victim and survivor is hoping to achieve from the process. Advocacy workers were cognisant of informing their clients in advance of the likely difficulties that they will face in the process, including significant delay, to ensure that they are fully informed of what it is that they are involving themselves with, so that they can be emotionally and physically prepared should they still wish to go down that route. The fact that each case is based upon the needs of the individual victim means that success is difficult to measure as differing individuals will perceive success in differing ways (this can also make reporting back to funding agencies more difficult given there is no standardised way to measure success).

The ageing profile of victims and survivors means that the significant delays in information retrieval impacted upon this cohort disproportionately; although the inter-generational transmission of trauma and "passing of the torch" down the generations means that younger family members who were not even alive at the time of a traumatic incident within their family have become increasingly engaged with advocacy services (and may also require health and wellbeing interventions).[57]

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[57] Although there may be issues here if those who 'take up the torch' do not fit the definition of a victim or survivor as defined under the 2006 Order.

Inequity in access to resources and services remains hugely problematic for victims and survivors in the Republic of Ireland and Great Britain (VSF, 2015). The fact that legacy mechanisms are also yet to be established has led to an unwieldy, cumbersome and painfully slow system of information retrieval which advocates are doing their best to navigate. Yet disagreement over the best way to proceed with the Stormont House Agreement and uncertainty over the future of legacy mechanisms suggests that there are significant challenges which remain to be overcome if the initial expectations for "advocate-counsellors" first suggested in late 2014 are to be fulfilled in the longer-term.

6. RECOMMENDATIONS

6.a Introduction

This research report has drawn upon data from more than 50 interviews and discussions. This has included exploratory discussions, semi-structured interviews and case study interviews. On occasion this involved multiple engagements with the same individuals for further information and clarification. 40 interviewees participated in 32 semi-structured interview sessions within this research process. The report had also provided three case studies to highlight in more detail the advocacy process in these particular cases. An online workshop with ten international experts in the field of transitional justice and truth recovery was also held in December 2020, and this event enabled us to consider the wider significance of some of the emerging findings from the Northern Ireland context for an international audience.

The following are a series of recommendations to inform the delivery of advocacy services in the area of historical investigation and information recovery moving forwards.

6.b Recommendations

Recommendation 1: Advocacy services work should be valued, supported and expertise shared.

Firstly, advocacy work should be expanded and appropriately resourced. This report found no indication that what is currently being supported in terms of advocacy should not be supported going forward. Instead, support should be expanded, and more appropriately resourced. This report notes that advocacy service groups are rapidly progressing towards a saturation point in relation to their expanding caseload. Although there were various political concerns from a range of quarters about different groups and their political intentions or perspectives (which were difficult to disentangle and beyond the scope of this research), it would be difficult to sustain an argument that what the current groups do does not support victims in their desire for truth, justice and reparation at an individual level. Positive impacts for victims and survivors, as well as broader societal processes of historical investigation, accountability and acknowledgement, are detailed within this report. Yet these positive impacts are often made less severe by structural factors. Within this recommendation, the expansion of and resourcing of advocacy support within VSS should be considered, especially as an alternative for victims who have opted not to engage with victim and survivor groups.

Secondly, embed and enhance advocacy work. What emerged from this research is a high level of experience and expertise in supporting victims and survivors with advocacy related issues. For some contemporary groups, this experience pre-dated the recent tranche of EU PEACE monies for advocacy work. Many of the desired areas for improvement emerging from this research relate to the wider context (engagement or lack thereof from public bodies), rather than specific and detailed improvements that advocacy workers could make in their day-to-day operations. However, a process of sharing lessons could be instituted between the groups (there are already some structures that can do this). Some of this learning could take the form of sharing of experience along some of the key issues identified in this report: managing expectations; dealing with the differences in families; engaging the next generation; dealing with age-related needs; being victim-led; promoting self-advocacy; avoiding re-traumatisation; having aftercare packages/exit strategies in place; communicating with victims; education with regards to rights and process; and dealing with difficult political and social circumstances. An additional point is to provide bespoke training and peer-support in the context of historical investigation and information recovery to better assist new advocacy staff and to engage stakeholders in this process.

Thirdly, sharing the learning and expertise. We propose the development of a toolkit which would also be informed by the Advocacy Principles identified in this report; including being victim-led, building trust, not creating dependency, being compassionate and having empathy, and valuing the lived experience of the individual. Developing such a toolkit is a specialist activity and should be resourced accordingly. It is our contention, however, that how to address these issues outlined above lies within the knowledge and experience of the funded groups, and this should be affirmed and built upon rather than “bringing in” outside advocacy experts to advise on these matters. We recommend that the learning programme focuses on information retrieval and related processes, including accessing relevant institutions in the Republic of Ireland and Great Britain. In supporting this learning, relevant bodies that are involved in information retrieval and historical accountability could be engaged to participate. A related point should be to enhance data collection at point of entry, charting the process and distance travelled as well as better understanding the value of impact on the victim and survivor. A key element of this could focus on not only the process of advocacy but also aspects of self-care, Section-75 awareness and development of a supportive network of practice.

Further, there is extensive expertise and experience of process and advocacy amongst advocacy workers that could be utilised to inform the work of other organisations who are engaged in advocacy with, for example, new communities to Northern Ireland and border counties that have been displaced internationally due to conflict and violence.

A key outcome of this research is to consider whether the Northern Ireland approach has something to offer the wider field of transitional justice and peacebuilding, as well as comparative lesson-learning. What is clear at this stage is that the process of funded advocacy work within NGOs is a rare occurrence and the researchers could not find a directly comparable model. In addition, in the transitional justice field, although there are many processes wherein victims and survivors are favourably supported in their quest for truth or justice by third parties, there are also a range of criticisms in that regard in other cases (e.g. top-down, victims treated as objects). In addition, much of this activity is not framed as advocacy, but rather as victim participation. To this end, Northern Ireland may have something to offer in terms of structural lessons (e.g. how to fund advocacy, etc.) and hard lessons such as dealing with delays. More significantly, Northern Ireland has a body of advocacy practice to draw upon that can be applied to the wider transitional justice field.

The research team convened a small online workshop in December 2020 with select international transitional justice experts which assisted in the process of sharing lessons from Northern Ireland in the area of historical investigation and information recovery (and also learning from other contexts). The uniqueness of the Northern Ireland approach was confirmed, particularly that local groups are centrally funded and currently able to operate with a high-level of independence and flexibility. This was seen as the real strength of the Northern Ireland case. However, drawing on other international experience, international experts argued against advocacy being turned into an overly-regulated activity (particularly if funded externally by the state or governments) that loses its spontaneity, flexibility and community-based approaches in favour of activities being overly monitored or evaluated against benchmarks which are often difficult to attain (e.g. much of the outcomes of advocacy such as justice are not in the gift of advocacy works, this is also discussed in Recommendation 2). A balance needs to be struck between sharing learning, using standardised toolkits and approaches, developing mechanisms and standards to assess effectiveness, and flexible funding and support for advocacy workers to do what they are most effective in doing, e.g. building local trust, operating in an adaptable manner, engaging local communities in solidarity, being able to pivot services based on conditions (such as Covid-19), etc.

Recommendation 2: Flexibility and responsiveness should be incorporated into future benchmarking and monitoring of funded advocacy services.

As noted above, flexibility and the ability to adapt to local dynamics while maintaining local trust in the format and delivery of their advocacy work is core to the advocacy groups' efficacy. This research has demonstrated that the process and principles of advocacy are worth reflecting. We recommend this approach, over and above prescriptive outcome-based benchmarking. There is no standardised approach within advocacy services, both locally and internationally, and therefore it is not appropriate to benchmark on outputs. This research process surfaced tensions between definitions of advocacy and significant consequent difficulties in benchmarking advocacy work through outcomes focused on accountability. It is clear from this research that the relatively broad approach to advocacy currently taken allows for flexibility and a case-by-case sensitivity in the approach taken by advocacy workers. Several examples of the value of this flexibility to service users' needs were highlighted (including recent adaptations to dealing with the impact of Covid-19 on victims and survivors).

Given the systemic delays and barriers advocacy groups encounter in their engagements with official institutions and processes, it would be impossible to benchmark their advocacy against institutional outcomes. The outcome (an inquiry, investigation, answers) is beyond the control of the advocacy groups. Consequently, we recommend that any evaluative framework be principles-based and focused on process, rather than outcome as benchmarking can only be measured by the process advocacy groups are undertaking. The findings of this research will have relevance for future evaluations, and these should be considered, for example, how a process-driven evaluation model can be developed to assess the advocacy work. This is also relevant for Peace Plus to ensure that there is a suitable approach to data collection from the outset.

Recommendation 3: Further provision for dealing with the past should draw on and learn from the scale, diversity and experience of advocacy practice to date.

There is no agreed framework for dealing with the past in Northern Ireland and the border counties. This creates problems for doing advocacy work and fosters a context of uncertainty. Future policy and practice development around dealing with the past could include the principles outlined in this document. It is recommended that CVSNI endeavour to highlight the value of the advocacy work to date, even simply outlining the key principles and unfolding debates, in any future discussions or consultations on dealing with the past. This could also specifically feed into suggestions to date concerning “advocacy-counsellors” that have been made in relation to the Stormont House Agreement.

Recommendation 4: To improve confidence of both advocacy groups and victims in existing and future processes, formal recognition and response to these systemic delays and cross-jurisdictional issues is essential.

The systemic nature of delays should be acknowledged. There is a need for top-down level accountability for delays. Agencies and organisations with responsibility in the areas of historical investigation and information recovery should continue to be engaged with by CVSNI to develop a suitable approach to assist advocacy service-provision. This research has demonstrated there is little confidence in actors and agencies which provide access to information. There is an absence of generosity of spirit and a view maintained that delays and barriers to information were deliberate and enshrined in evasiveness. This matter requires urgent attention. The ‘do no harm’ approach could be reinforced and considered essential across the stakeholders involved in information recovery and historical investigation.

A related finding of this research is that there is little appreciation of how damaging delay and lack of confidence is for victims and survivors. Steps need to be taken to minimise and address systemic delays and cross-jurisdictional issues. To address this, we recommend a programme of education for those interfacing with advocacy services and victims and survivors, to both recognise the impact of delay and obfuscation, as well as engage in confidence-building workshops, to address misperceptions of advocacy services in historical investigation and information recovery. This process would also provide statutory organisations with the opportunity to brief organisations on any practical difficulties that they face in terms of responding to requests for information. But the biggest scope for improvement in outcomes for advocacy services is enhanced information-disclosure to advocacy groups. Streamlined and efficient responses would aid information recovery. To this end, this report recommends some options to consider:

A) CVSNI and VSS to convene information, relationship and confidence-building sessions between advocacy groups and the agencies and bodies perceived by the groups as deliberately delaying legacy processes.

B) CVSNI and VSSNI to work with advocacy groups to compile a dossier of cases deemed to be unnecessarily delayed, including an outline of average waiting times for specific agencies and bodies; and

C) CVSNI to seek advice on how the delays in supporting advocacy work can be addressed and reviewed across a range of institutions, thus taking a more central role in challenging such delays.[58]

Included within this recommendation is for the CVSNI to work with advocacy groups to consider the role of media,[59] commentators and public debates regarding advocacy services. Some of the public discourse regarding advocacy services is a deterrent for seeking out advocacy services. A series of workshops engaging wider public debates around the role of advocacy could be taken forward.

Finally, there is a significant issue regarding cross-jurisdictional information recovery and historical investigation. As noted in the report, there were severe difficulties facing those advocacy workers based outside Northern Ireland and an inequality in terms of the funding of victims and survivors' initiatives in the Republic of Ireland and Great Britain. CVSNI should lead a review of this situation with the express purpose of enhancing services in other jurisdictions, but also to ensure a cross-fertilisation of learning as outlined in the recommendations above.

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[58] All recommendations were shared with Advocacy groups and their feedback significantly shaped the final recommendations. However, it should be noted that there were different views, perhaps naturally, on the recommendations. For example, with this recommendation some groups welcomed the idea of CVSNI playing a more active role in cataloguing and challenging delays. However, other groups "*did not have faith*" in CVSNI to undertake such work.

[59] See for example Lawther (2009) for work with the media and see https://victimsandthepast.org/outputs/media-training-workshops/ (accessed January 12th 2021).

7. References

Ahmed, Y., Duddy, S. Hackett, C., Lundy, P., McCallan, M., McKeown, G., Murphy, A., O'Rourke, C., Patterson-Bennet, E., Wing, L., and Schulz, P. (2016) 'Developing Gender Principles for Dealing with the Legacy of the Past,' *International Journal of Transitional Justice*, Vol.10 (3): 527–537.

Alcoff, L.M. (1991) 'The Problem of Speaking for Others,' *Cultural Critique*, Vol.20: 5-22.

Advocacy Network Northern Ireland (ANNI) (2014) *Code of Practice for Independent Advocates*. Belfast: NIHSCB. Available online at: http://www.hscboard.hscni.net/download/PUBLICATIONS/ADVOCACY/Code-of-Practice-for-I-Advocates.pdf (accessed October 16th 2020)

Backer, D. (2003) 'Civil society and transitional justice: possibilities, patterns and protests,' *Journal of Human Rights*, Vol.2(3): 297-313.

Bamforth, N., and Hoyano, L. (2020) 'ECHR and common law accountability for failure to investigate state collusion: the Northern Ireland "legacy cases"', *L.Q.R. 2020*, 136(Jan): 24-29, Sweet & Maxwell.

Bar-Tal, D., Chemyak-Hai, L., Schori, N., and Gundar, A. (2009) 'A Sense of Self-Perceived Collective Victimhood in Intractable Conflicts,' *International Review of the Red Cross*, Vol.91(874): 229-230.

Bazeley, P. and Jackson, K. (2014) *Qualitative Data Analysis with NVIVO*. 2nd ed. First published, 2007. Los Angeles, London, New Delhi, Singapore and Washington: Sage.

Bell, C., and Keenan, J. (2004) 'Human Rights Nongovernmental Organizations and the Problems of Transition,' *Human Rights Quarterly*, Vol.26: 330-374.

Berastegi, A.A., and Hearty, K. (2019) 'A context-based model for framing political victimhood: Experiences from Northern Ireland and the Basque Country,' *International Review of Victimology*, Vol.25(1): 19-36.

Boylan, J., and Dalrymple, J., (2011) 'Advocacy, Social Justice and Children's Rights,' *Practice – Social Work in Action*, Vol.23(1): 19-30.

Brewer, J.D., and Hayes, B.C. (2014) 'Victimhood and Attitudes towards Dealing with the Legacy of a Violent Past: Northern Ireland as a Case Study,' *The British Journal of Politics and International Relations*, Vol.17(3): 512-530.

Brewer J.D., Hayes B.C., Teeney F., Dudgeon K., Mueller-Hirth N., & Wijesinghe S.L. (2018) Northern Ireland Voices. In Brewer J.D., Hayes B.C., Teeney F., Dudgeon K., Mueller-Hirth N., & Wijesinghe S.L. (Eds.), The Sociology of Everyday Life Peacebuilding: Palgrave Studies in Compromise after Conflict (pp. 51-101). London: Palgrave Macmillan, Cham.

Brinkmann, S. (2007) 'Could interviews be epistemic? An Alternative to Qualitative Opinion Polling', *Qualitative Enquiry*, Vol.13(8): 1116-1138.

British Medical Association (BMA) (2020) *The impact of COVID-19 on mental health in England: Supporting Services to go Beyond Parity of Esteem*. London: BMA. Report available online at: https://www.bma.org.uk/media/2750/bma-the-impact-of-covid-19-on-mental-health-in-england.pdf (accessed August 25th 2020)

Broneus, K. (2008) Analyzing Reconciliation: A Structured Method for Measuring National Reconciliation Initiatives. *Peace and Conflict: Journal of Peace Psychology*, 14(3), 291-313.

Brooks, O., and Burman, M. (2017) 'Reporting rape: Victim perspectives on advocacy support in the criminal justice process,' *Criminology and Criminal Justice*, Vol.17(2): 209-225.

Bryman, A. (2012) *Social Research Methods*. 4th ed. Originally published, 2001. Oxford University Press.

Bucher, D., Fritz, C.F., and Quarantelli, E.L. (1956) 'Tape recoded interviews in social research', in, Fielding, N. (ed., 2003), *Interviewing: Volume Three*. London, California, New Delhi: Sage.

Chapman, A.R., and van der Merwe, H. (2008) *Truth and Reconciliation in South Africa: Did the TRC Deliver?* University of Philadelphia Press.

Christie, N. (1986) 'The Ideal Victim,' in Fattah, E. (ed.), *From Crime Policy to Victim Policy*: 17-30. Basingstoke: Palgrave MacMillan.

Clark, P. (2010) *The Gacaca Courts, Post-Genocide Justice and Reconciliation in Rwanda: Justice without Lawyers*. Cambridge University Press.

Cole, C.E. (2012) *All in the 'Fambul': A Case Study of Local/Global Approaches to Peacebuilding and Transitional Justice in Sierra Leone*. Washington DC: United States Institute of Peace.

Cohen, S. (1995) 'State Crimes of Previous Regimes: Knowledge, accountability and the Policing of the Past,' *Law and Social Inquiry*, Vol.20: 7-26.

Cohrs, J.C., McNeill, A., and Vollhardt, J.R. (2015) 'The Two-Sided Role of Inclusive Victimhood for Intergroup Reconciliation: Evidence from Northern Ireland,' *Peace and Conflict Journal of Peace Psychology*, Vol.21(4): 634-647.

Commission for Victims and Survivors Northern Ireland (CVSNI) (2011) *Troubled Consequences: A Report on the Mental Health Impact of the Civil Conflict in Northern Ireland*. Belfast: CVSNI.

CVSNI (2014) *Advice on Dealing with the Past: A Victim Centred Approach.* Belfast: CVSNI.

CVSNI (2015) *Individual Victims and Survivors Outside Northern Ireland: Commission Scoping Paper*. Belfast: CVSNI.

CVSNI (2016a) *Advocacy Research Project: Research Report*. Belfast: CVSNI.

CVSNI (2016b) *Standards for Services Provided to Victims and Survivors*. Belfast: CVSNI.

CVSNI (2017) *Victims and Survivors Delivery Model for 2017-2020: Policy Advice Paper*. Belfast: CVSNI.

CVSNI (2019a) *Addressing the Legacy of Northern Ireland's Past: Advice Paper*. Belfast: CVSNI.

CVSNI (2019b) *Oireachtas Committee on the Implementation of the Good Friday Agreement: Speaking note – 11th April 2019*. Available online at: https://data.oireachtas.ie/ie/93uropa93tas/committee/dail/32/joint_committee_on_the_implementation_of_the_good_Friday_agreement/submissions/2019/2019-04-11_opening-statement-judith-thompson-commissioner-for-victims-and-survivors-ni-the-commission-for-victims-and-survivors_en.pdf_(accessed October 20th 2020)

Deloitte (2012) *Research on Historical Investigations and Information Recovery.* Belfast: CVSNI.

Denzin, N.K., and Lincoln, Y.S. (eds.) (2005) *The Handbook of Qualitative Research*. 3rd ed. First published, 1994. Thousand Oaks, CA: Sage.

Department of Health (DoH) (2016) *Protect Life 2: A Draft Strategy for Suicide Prevention in the North of Ireland*. Belfast: DOH.

European Commission (EC) (2019) *Victims' Rights* [Online], available online at: https://ec.europa.eu/info/policies/justice-and-fundamental-rights/criminal-justice/victims-rights_en (accessed 20th August 2020).

Exline, J.J., and Baumeister, R.F. (2000) 'Expressing forgiveness and repentance: benefits and barriers,' in, McCullough, M.E., and Thoresen, C.E. (eds.), *Forgiveness theory: Research and Practice*. London: Guildford Press.

Fargas-Malet, M., and Dillenburger, K. (2016) 'Intergenerational Transmission of Conflict-Related Trauma in Northern Ireland: A Behavior Analytic Approach,' *Journal of Aggression, Maltreatment and Trauma,* Vol. 25(4): 436-454.

Ferstman, C. (2010) 'International Criminal Law and Victims' Rights,' in Schabas, W. (ed.), *Routledge Handbook of International Criminal Law*: 407-419. London: Routledge.

Foster, N. (2018) 'Addressing their Needs and Contributing to a Better Future for Victims and Survivors: The PEACE IV Victims and Survivors Research Programme', *The Journal of Cross Border Studies in Ireland*, Vol.13: 54-69.

García-Godos, J., and Lid., K.A.O. (2010) 'Transitional Justice and Victims' Rights Before the End of a Conflict: The Unusual Case of Colombia,' *Journal of Latin American Studies*, Vol.42: 487-516.

Garkawe, S. B. (2003) 'The South African Truth and Reconciliation Commission: a suitable model to enhance the role and rights of the victims of gross violations of human rights?' *Melbourne University Law Review*, Vol.27(2), 334-380.

Glaser, B., and Strauss, A. (1967) *The Discovery of Grounded Theory: Strategies for Qualitative Research*. 7th Paperback printing, 1999. New Brunswick and London: Aldine.

Globokar, J.L. Erez, E., and Gregory, C.R. (2019) 'Beyond Advocacy: Mapping the Contours of Victim Work,' *Journal of Interpersonal Violence*, Vol.34(6): 1198-1223.

Gomez, C., and Yassen, J., (2007) 'Revolutionizing the Clinical Frame', *Journal of Aggression, Maltreatment & Trauma*, Vol.14(1-2): 245-263.

Gordon, C. (2012) 'Beyond the observer's paradox: the audio-recorder as a resource for the display of identity', *Qualitative Research*, Vol.13(3), pp.29-317.

Gready. P., and Robins, S. (2017) 'Rethinking civil society and transitional justice: lessons from social movements and "new" civil society,' *The International Journal of Human Rights*, Vol.21(7): 956-975.

Guba, E.G., and Lincoln, Y.S. (1994) 'Competing paradigms in qualitative research', in, Denzin, N.K., and Lincoln, Y.S. (eds.), *Handbook of Qualitative Research*. Thousand Oaks, CA: Sage.

Haberstock, L. (2014) 'An Analysis of the Effectiveness of the Gacaca Court System in Post-Genocide Rwanda, *Global Tides*, Vol.8(4). Available online at: http://digitalcommons.pepperdine.edu/globaltides/vol8/iss1/4 (accessed October 20th 2020)

Hamber, B. (2009) *Transforming Societies After Political Violence*: Heidelberg, Germany: Springer.

Hamber, B. (2015) 'Dealing with Painful Memories and Violent Pasts: Towards a Framework for Contextual Understanding.' In B. Austin & M. Fischer (Eds.), *Berghof Dialogue Series* 11. Retrieved from https://tinyurl.com/yyrwhq9o (accessed January 12th 2021)

Hamber, B. and Gallagher, E. (2014) ‘Ships passing in the night: psychosocial programming and macro peacebuilding strategies with young men in Northern Ireland,’ *Intervention: Journal of Mental Health and Psychosocial Support in Conflict Affected Areas*, Vol.12(1), 43-60.

Hamber, B., and Lundy, P. (2020) ‘Lessons from Transitional Justice? Toward a New Framing of a Victim-Centered Approach in the Case of Historical Institutional Abuse,’ *Victims & Offenders*, Vol.15(6): 744-770.

Haslam, E. (2011) ‘Subjects and Objects: International Criminal Law and the Institutionalization of Society,’ *International Journal of Transitional Justice*, Vol.5(2), 221-240.

Healing Through Remembering (2002) *Report of the Healing Through Remembering Project*. Belfast: Healing Through Remembering.

Health and Social Care Trust (HSC) (2020) *The Mental Health Impact of the COVID-19 Pandemic in Northern Ireland. Belfast*: HSC. Report available online at: https://www.health-ni.gov.uk/sites/default/files/publications/health/mh-impact-covid-pandemic.pdf (accessed August 26th 2020)

Henderson, R., (2006) ‘Defining Non-instructed Advocacy’, *Planet Advocacy*, Vol.18(5), London: Action for Advocacy.

Her Majesty’s Inspectorate of Constabulary (HMIC)(2013) *Inspection of the Police Service of Northern Ireland Historical Enquiries Team*. London: HMSO.

Hoffman, E. (2008) ‘Reconciliation in Sierra Leone: Local Processes Yield Global Lessons,’ in, *The Fletcher Forum of World Affairs*, Vol.32(3): 129-11.

Jankowitz, S. (2018) ‘The “Hierarchy of Victims” in Northern Ireland: A Framework for Critical Analysis,’ *International Journal of Transitional Justice*, Vol.12: 216-236.

Keck, M.E. (1998) ‘Transnational advocacy networks in Introduction politics: Introduction,’ in Keck., M., and Sikkink, K. (eds.), *Activists Beyond Borders: Advocacy Networks in International Politics*: 1-38. Ithaca, New York: Cornell University Press.

Kennedy, D. (2002) ‘The International Human Rights Movement: Part of the Problem?’ *Harvard Human Rights Journal*, Vol.15: 101-125.

Kirkby, C. (2006) ‘Rwanda’s Gacaca Courts: A Preliminary Critique,’ *Journal of African Law*, Vol.50: 94-117.

Lawther, C. (2019) *Telling Your Story to the Media: Guidelines for Victims and Survivors*. Belfast: QUB and CVSNI.

LeCompte, M.D., and Goetz, J.P. (1982) ‘Problems of reliability and validity in ethnographic research,’ *Review of Educational Research*, Vol.52(1): 31-60.

Lundy, P., and McGovern, M. (2008) ‘Whose Justice? Rethinking Transitional Justice from the Bottom Up,’ *Journal of Law and Society*, Vol.35(2): 265-292.

Lynch, O., and Argomaniz, J. (2017) ‘Victims of Terrorism and Political Violence: Identity, Needs, and Service Delivery in Northern Ireland and Great Britain,’ *Terrorism and Political Violence*, Vol.29(3): 464-482.

Madlingozi, T. (2007) ‘Good victims, bad victims: Apartheid’s beneficiaries, victims and the struggle for social justice,’ in, Le Roux, W., and Van Marle, K. (eds.), *Law, Memory and the Legacy of Apartheid*. Pretoria University Press.

Madlingozi, T. (2010) ‘On Transitional Justice Entrepreneurs and the Production of Victims,’ *Journal of Human Rights Practice*, Vol.2(2): 208-228.

Maier, S.L. (2012) 'Sexual Assault Nurse Examiners' Perceptions of Their Perceptions of Their Relationship With Doctors, Rape Victim Advocates, Police, and Prosecutors,' *Journal of Interpersonal Violence*, Vol.27(7): 1314-1340.

Mallinder, L. (2019) Metaconflict and international human rights law in dealing with Northern Ireland's past. C*ambridge International Law Journal*, 8(1), 5-38.

Manktelow, R. (2007) 'The Needs of Victims of the Troubles in Northern Ireland: The Social Work Contribution,' *Journal of Social Work*, Vol.7(1): 31-50.

McAlister, S., Scraton, P., and Haydon, D. (2009) *Childhood in Transition: Experiencing Transition and Conflict in Northern Ireland*. Belfast: QUB, Save the Children and the Prince's Trust.

McEvoy, K. (2006) *Making Peace with the Past: Options for truth recovery regarding the conflict in and about Northern Ireland*. Belfast: Healing Through Remembering.

McEvoy, K. (2007) 'Beyond Legalism: Towards a Thicker Understanding of Transitional Justice,' *Journal of Law and Society*, Vol.34(4): 411-440.

McEvoy., K., and McConnachie, K. (2012) 'Victimology in transitional justice: Victimhood, innocence and hierarchy,' *European Journal of Criminology*, Vol.9(5): 527-538.

McEvoy., K., and McConnachie, K. (2013) 'Victims and Transitional Justice: Voice, Agency and Blame,' *Social and Legal Studies*, Vol.22(4): 489-513.

McGovern, M. (2013) 'Inquiring into Collusion? Collusion, the State and the Management of Truth Recovery in Northern Ireland,' *State Crime Journal,* Vol. 2(1): 4-29.

McGrattan, C., and Lehner, S. (2012) 'Re/Presenting Victimhood: Nationalism, Victims and Silence in Northern Ireland,' *Nordic Irish Studies*, Vol.11(2): 39-53.

McKenzie, J., and Campbell, R. (2019) 'Advocacy Services for College Victims of Sexual Assault: Navigating Complicated Confidentiality Concerns,' *Journal of Trauma and Dissociation*, Vol.20(3): 304-323.

McKittrick, D., Kelters, S., Feeney, B., and Thornton, C. (1999) *Lost Lives: The Stories of the Men, Women and Children Who Died as a Result of the Northern Ireland Troubles*. Edinburgh: Mainstream.

Miles, M., and Huberman, A. (1994) *Qualitative Data Analysis*. 2nd ed. London: Sage.

Moffett, L., (2015) 'Meaningful and Effective? Considering Victims' Interests Through Participation at the International Criminal Court', *Criminal Law Forum*, Vol.26(2): 255-289.

Mohan, G. (1999) 'Not so Distant, Not so Strange: The Personal and the Political in Participatory Research,' *Ethics, Place and the Environment*, Vol.2: 41-54.

Moon, C. (2009) 'Healing Past Violence: Traumatic Assumptions and Interventions in War and Reconciliation,' *Journal of Human Rights*, Vol.8(1): 71-81.

Morrisey, M., Smyth, M., and Fay, M.T. (1999) *The Cost of the Troubles Study: Report on the Northern Ireland survey, the experience and impact of violence*. Derry Londonderry: INCORE.

Morwood, J. (ed.) (2012) *Pocket Oxford Latin Dictionary: Latin-English* (3rd edn). Oxford University Press.

National Development Team for Inclusion (NDTi) and Empowerment Matters CIC (2014) '*Advocacy Quality Performance Mark: Recognising Quality in Independent Advocacy – Code of Practice'*, available online at: https://qualityadvocacy.org.uk/advocacy-code-of-practice/ (accessed October 18th 2020)

Nawata, K., and Yamaguchi, H. (2012) 'The role of collective victimhood in intergroup aggression: Japan-China Relations,' *Shinrigaku kenkyu: The Japanese journal of psychology*, Vol.83(5): 489-495.

Neocosmos, M. (2006) 'Can a Human Rights Culture Enable Participation? Clearing the Theoretical Ground for a Renewal of a Critical Sociology,' *South African Review of Sociology,* Vol.37(2): 356-378.

Northern Ireland Statistics and Research Agency (NISRA) (2017) Commission for Victims and Survivors Module of the September 2017 Northern Ireland Omnibus Survey. Belfast: NISRA.

Northern Ireland Office (2018) Consultation Paper: Addressing the Legacy of Northern Ireland's Past. NIO: Belfast. Retrieved from https://www.gov.uk/government/consultations/addressing-the-legacy-of-northern-irelands-past (accessed October 14th 2020)

O'Connor, R., and O'Neill, S. (2015) 'Mental health and suicide risk in Northern Ireland: a legacy of the Troubles?,' *The Lancet*, Vol.2 (July 2015): 581-583.

O'Neill, S., Ferry, F., Murphy, S., Corry, C., Bolton, D., Devine, B., Ennis, E., and Bunting, B. (2014) 'Patterns of Suicidal Ideation and Behavior in Northern Ireland and Associations with Conflict Related Trauma,' *PloS ONE*, Vol.9(3): e91532. Doi:10.1371/journal.pone.0091532 (accessed August 20th 2020)

O'Neill, S., Armour., C., Bolton,. D., Bunting, B., Corry, C., Devine, B., Ennis, E., Ferry, F., McKenna, A., McLafferty, M., and Murphy, S. (2015) *Towards a better future: the transgenerational impact of the Troubles on mental health*. Belfast: Northern Ireland Commission for Victims and Survivors.

Office of Police Ombudsman Northern Ireland (OPONI) (2020) *Review under Section 61(4) of the Police (Northern Ireland) Act 1998*. Belfast: OPONI.

Pemberton, A., Winkel, F.W., and Groenhuijsen, M. (2007) 'Taking Victims Seriously in Restorative Justice,' *International Perspectives in Victimology*, Vol.3(1): 4-14.

Phakathi, T. S., and van der Merwe, H. (2007) 'The Impact of the TRC's Amnesty Process on Survivors of Human Rights Violations.' In A. R. Chapman & H. van der Merwe (Eds.), *Truth and Reconciliation in South Africa: Did the TRC Deliver*? (pp. 116-140). Philadelphia, Pennsylvania: University of Pennsylvania Press.

Potter, M. (2004) *In their Own Words: A Research Report into the Victims' Sector in Northern Ireland*, Belfast: Training for Women Network.

Propen, A.D., and Schuster, M. (2010) 'Understanding Genre Through the Lens of Advocacy: The Rhetorical Work of The Victim Impact Statement,' *Written Communication*, Vol.27(1): 3-35.

Razack, S.H. (2007) 'Stealing the Pain of Others: Reflections on Canadian Humanitarian Response,' *Review of Education, Pedagogy and Cultural Studies*, Vol.29(4): 375-394.

Reybold, L.E., Lammert, J.D., Stribling, S.M. (2012) 'Participant selection as a conscious research method: thinking forward and the deliberation of 'Emergent' findings', *Qualitative Research*, Vol.13(6), pp.699-716.

Robins, S. (2011) 'Towards Victim-Centred Transitional Justice: Understanding the Needs of Families of the Disappeared in Post-conflict Nepal,' *The International Journal of Transitional Justice*,' Vol.5: 75-98.

Robins, S. (2012) 'Transitional Justice as an Elite Discourse', *Critical Asian Studies*, Vol.44(1): 3-30.

Robins, S. (2017) Failing Victims? The Limits of Transitional Justice in Addressing the Needs of Victims of Violations. *Human Rights and International Legal Discourse*, Vol.11(1), 41-58.

Roulston, K. (2010) *Reflective Interviewing: A Guide to Theory and Practice*. London, California, New Delhi, Singapore: Sage.

Rubin, H.J., and Rubin, I.S. (1995) *Qualitative Interviewing: The Art of Hearing Data*. Thousand Oaks, CA: Sage.

RSM McClure Watters (2015) *Impact of the Victim Support Programme*. Belfast: CVSNI.

Sarantakos, S. (2013) *Social Research*. 4th ed. First published, 2004. Hampshire and New York: Palgrave Macmillan.

Scheingold, S.A., Olson, T., and Pershing, J. (1994) 'Sexual Violence, and Republican Criminology: *Washington State's Community Protection Act*, Vol.28(4): 729-764.

Shnabel, N., Belhassen, Y., and Mor, S. (2018) 'From victimhood to peace activism: The potential role of personal loss and inclusive victim beliefs,' *Group Processes and InterGroup Relations*, Vol.21(8): 1144-1154.

Sehmi, A., (2018) 'Now that we have no voice, what will happen to us?: Experiences of Victim Participation in the *Kenyatta* Case', *Journal of International Criminal Justice*, Vol.16: 571-590.

Scottish Independent Advocacy Alliance (SIAA) (2009) *Non-Instructed Advocacy Guidelines: A companion to the Code of Practice for Independent Advocacy*. Edinburgh: The Scottish Independent Advocacy Alliance.

Scraton, P. (2013) 'The Legacy of Hillsborough: Liberating Truth, Challenging Power,' *Race and Class,* Vol.55(2): 1-27.

Silverman, D. (2013) *Doing Qualitative Research*. 4th ed. Originally published, 2000. Los Angeles, London, New Delhi, Singapore and Washington: Sage.

Soanes, C. and Stevenson, A. (eds.) (2006) *Concise Oxford English Dictionary*. 11th edn. Oxford University Press.

Social Care Institute for Excellence (SCIE) (2015) '*Types of Advocacy',* available online at: https://www.scie.org.uk/care-act-2014/advocacy-services/commissioning-independent-advocacy/inclusion-empowerment-human-rights/types.asp (accessed October 17th 2020)

Sprenkels, R. (2017) *'Restricted Access': Promises and Pitfalls of Victim Participation in Transitional Justice Mechanisms. A Comparative Perspective*. Utrecht, Netherlands: Impunity Watch.

Stewart, A., and MacIntyre, G. (2013) '*Insights: evidence summaries to support social services in Scotland – Advocacy: models and effectiveness',* Strathclyde: Institute for Research and Innovation in Social Services.

Stover, C.S., Berkman, M., Desai, R., and Marans, S. (2010) 'The Efficacy of a Police-Advocacy Intervention for Victims of Domestic Violence: 12 Month Follow Up Data,' *Violence Against Women*, Vol.16(4): 410-425.

Subotić, J. (2012) 'The Transformation of International Transitional Justice Advocacy,' *The International Journal of Transitional Justice*, Vol.6: 106-125.

Templer, S., and Radford, K. (2008) *Hearing the Voices: Sharing Perspectives in the Victim/Survivor Sector*. Belfast: Community Relations Council.

Tomlinson, M. (2012) ‘War, peace and suicide: The case of Northern Ireland,’ *International Sociology,* Vol.27(4): 464–482.

Townsley, R., Marriott, A. and Ward, L., (2009) *Access to Independent Advocacy: An Evidence Review.* HM Government: Office for Disability Issues.

Ulster University (UU) (2015a) *Policy for the Governance of Research Involving Human Participants*. Jordanstown and Belfast: Ulster University. Available online at: https://www.ulster.ac.uk/__data/assets/pdf_file/0010/75637/HumanParticipantsPolicy.pdf Accessed January 18th 2017 (accessed 20th August 2020)

Ulster University (UU) (2015b) *Code of Practice for Professional Integrity in the Conduct of Research*. Jordanstown and Belfast: Ulster University. Available online at: https://www.ulster.ac.uk/__data/assets/pdf_file/0005/59837/conduct-of-research.pdf (accessed 21st August 2020)

UN. (2010) *Guidance Note of the Secretary-General: United Nations Approach to Transitional Justice*. United Nations: Geneva.

Verman, D. (2013) *Doing Qualitative Research*. 4th ed. Originally published, 2000. Los Angeles, London, New Delhi, Singapore and Washington: Sage.

Victims and Survivors Forum (VSF) (2015) ‘Stormont House Agreement: Key guiding principles for the establishment of new organisations to effectively deal with the past’, available online at: https://www.cvsni.org/media/1316/key-guiding-principles-for-establishment-of-new-organisations-to-effectively-deal-with-the-past.pdf (accessed 20th October 2020)

Victims and Survivors Service (VSS) (2018) *Corporate Plan 2018-2021: Including the Victims and Survivors Service Delivery Programme 2018-2019*. Belfast: VSS.

Way, A.K., Zwier, R.K., and Tracy, S.J. (2015) ‘Dialogic interviewing and flickers of transformation: An examination and delineation of interactional strategies that promote participant self-reflexivity,’ *Qualitative Inquiry*, Vol.21(8): 720 –73.

White, J.W., Sienkiewicz, H.C., and Hall Smith, P. (2018) ‘Envisioning Future Directions: Conversations with Leaders in Domestic and Sexual Assault Advocacy, Policy, Service, and Research,’ *Violence Against Women*, Vol. 25(1): 105-127.

Wilson, R.A. (2001) *The Politics of Truth and Reconciliation in South Africa: Legitimizing the Post-Apartheid State*. Cambridge University Press.

Wolcott, H. (1995) *The Art of Fieldwork*. Walnut Creek, CA: AltaMira Press.

Yin, R.K. (2009) *Case Study Research: Design and Methods*. London: Sage.

INSIDE COVER

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