



# Better Together

Reviewing the needs of victims and survivors



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**INSIDE COVER**

## **Needs Review Project 2021**

***'It's important that we grow together,  
we build together, and we try  
to make things better together'***

**Final Report**  
July 2021

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## **Acknowledgements**

Sincere thanks to everyone who contributed to this research project, particularly the individual victims and survivors, support organisations and key stakeholders who took the time to share their views and experiences. Thanks and appreciation are also extended to colleagues in the Victims and Survivors Service (VSS), the Executive Office (TEO), the Department of Foreign Affairs and the Project Reference Group for their support throughout the study. Finally, it is important to recognise the contribution of Commission staff in providing their support in delivering this report.

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## EXECUTIVE SUMMARY

### **Aim of the Research**

The Needs Review Report (NRP) prepared by the Commission for Victims and Survivors Northern Ireland (the Commission) presents an analysis of the needs of victims and survivors of the Troubles/Conflict, in Northern Ireland (NI), the Republic of Ireland (RoI) and the Border Region, and Great Britain (GB). The report builds on the Commission's Comprehensive Needs Assessment (CNA) produced in 2012.

The aim of this report is to enhance understanding of the needs of victims and survivors in these jurisdictions, and to inform the Commission's policy recommendations to government. The project's findings will also inform key stakeholders including intra and inter governmental working of the British and Irish Governments, the Northern Ireland Executive and the Special EU Programmes Body (SEUPB) in the development of a new PEACE PLUS Programme 2021-2027, the workings of the Victims and Survivors Service (VSS), and other non-departmental public bodies (NDPBs).

The research objectives are to:

1. Conduct a detailed review of the current and future needs of victims and survivors of the Troubles/Conflict in Northern Ireland.
2. Conduct a review of the needs of victims and survivors of the Troubles/Conflict living in the Republic of Ireland including the Border Region.
3. Conduct a targeted review of the needs of victims and survivors of the Troubles/Conflict located in Great Britain.

### **Research Methods**

The research involved a synthesis of findings from research prepared for, or by, the Commission since 2012, with stakeholders' perspectives on key issues facing victims and survivors in Northern Ireland, the Republic of Ireland and Border Region, and Great Britain.



### *Review of the Commission Research and Advice Papers*

Research and advice papers produced for, or by, the Commission from 2012 and a limited number of academic papers were reviewed to identify recurring and emerging areas of need.

### *Mapping Victim and Survivor Needs in the Republic of Ireland*

The report draws on VSS monitoring data, existing research, and feedback from stakeholders to provide an overview of the circumstances and needs of victims of the Troubles/Conflict in the Republic of Ireland and the Border Region.

### *Consultation with Stakeholders and Victims and Survivors*

Data was collected from stakeholders via a short consultation questionnaire and interviews. Stakeholders' perspectives were sought on issues relating to the main needs of victims and survivors, service provision, jurisdictional needs, and the new strategy focus. Victims and survivors were engaged via a questionnaire consultation.

## **Key Findings and Recommendations**

### *General*

Overall, the research found that the areas of need identified in the Comprehensive Needs Assessment 2012 continue to be of relevance almost a decade later. In particular, 'health and wellbeing' and 'truth, justice and acknowledgement' remain predominant areas of need for victims and survivors. Findings highlight the importance of continuing to adapt support and service provision to reflect learning, engage victims and survivors who may be considered 'harder to reach' because they are not connected to VSS funded groups, and to respond to the changing needs of victims and survivors at individual and community levels.

### *The needs of victims and survivors in the Republic of Ireland and the Border Region, and Great Britain*

- The main areas of need for victims and survivors in RoI and GB closely align with those in NI. However, the geographical dispersal of victims and survivors in these jurisdictions can be particularly isolating and make accessing peer support more

challenging. A lack of understanding of the Troubles/Conflict among wider society in GB presents potential barriers to obtaining appropriate support from peers and when engaging with mainstream health services.

- A key concern across GB, RoI and the Border Region is the perceived lack of parity with NI regarding acknowledgement, justice mechanisms, support and tailored service provision. Victims and survivors living outside NI can feel ‘forgotten’, ‘invisible’ and less equitably treated.
- In RoI, some victims and survivors feel ‘let down’ by the perceived failure of the Irish Government to adequately acknowledge and take steps to meet their needs. Additionally, a lack of official statistics makes it difficult to assess the extent and nature of the health and wellbeing needs of victims and survivors, while limited funding in the sector places constraints on the capacity of support organisations to meet the advocacy and other social support needs of victims and survivors.
- In border and/or rural regions, a lack of infrastructure and distance from services impacts access to and engagement with support services.
- In GB, there is a need for greater understanding of the specific needs of victims from ethnic minority backgrounds, to inform the development and provision of culturally appropriate services.

**Recommendations:**

- Further consideration needs to be given to ensuring that victims and survivors in GB, RoI and the Border Region are properly acknowledged in addressing their needs, with timely and effective access to support and services.
- Consideration should be given to improving data collection methods that impact victims and survivors.
- The commissioning of a population wide survey in both jurisdictions.
- Supporting victims and survivors located in RoI and GB requires closer engagement and co-operation among relevant government departments across each of the jurisdictions.
- Further exploration of the extent to which victims and survivors can access trauma focused psychological therapy and other trauma-related treatment and support in GB and RoI is needed.

*The need to address the past: Truth, Justice and Acknowledgment*

- Truth, justice and acknowledgement remain priority areas of need for victims and survivors and are closely linked to their health and wellbeing. Attempts to address the legacy of the past have been piecemeal and fragmented to date, including:
  - A lack of sustained progress on the implementation of legacy mechanisms in regional and national governments.
  - Limited cross-departmental communication and collaboration on victims and survivors issues.
  - The absence of an agreed overarching and well-resourced approach to dealing with the past.
- Across jurisdictions, there is a lack of trust in politicians and governments to tackle outstanding legacy issues in a fair and proportionate manner.
- Acknowledgement is an important area of need for people who are carers or are bereaved. There are different understandings of ‘acknowledgment’ among victims and survivors and stakeholders, with implications for its delivery.

**Recommendations:**

- As the need for advocacy support is anticipated to grow, practice based guides, toolkits and training and career pathways for practitioners will help maintain service delivery, standards and morale.
- Acknowledgement in its broadest sense should be provided to people who are carers or are bereaved, with measures to encourage uptake of existing support.
- Ensuring a victim-centred and co-design approach in all work with victims and survivors, community organisations and statutory services will mainstream victims’ needs in the areas of truth, justice and acknowledgment across sectors.
- Research exploring the different forms that acknowledgement can take will improve understanding of its myriad forms.

### *The need to ensure effective and sustainable provision of support services*

- Identified gaps and needs include services for: young people (to address transgenerational impacts); people who are bereaved; for the families of public servants, service personnel and first responders; dedicated addiction services; and family orientated services, including a wider range of therapeutic interventions.
- Perceived barriers to uptake of existing services include a lack of awareness; assessment process considered bureaucratic, particularly by those with more practical needs; accessibility and distance; stigma; a lack of trust and unfamiliarity (especially regarding mainstream services); and not identifying as a 'victim'.
- There is a need to tailor health, social care, welfare and other services to meet the changing needs of an older victims and survivors population for whom degenerative and deteriorating conditions increase incrementally with age. As people get older, their practical, physical and social support needs can become of greater importance, and Covid-19 related restrictions have led to increased levels of social isolation and loneliness.
- A holistic model of care that takes account of interdependent issues such as truth, justice, deprivation and poverty should be adopted when addressing the health and wellbeing needs of victims and survivors.
- It is essential to ensure that as service delivery models develop they have the required expertise to meet victims and survivors' specific needs in a trauma informed way.
- Going forward, respondents identified a need for more funding for grief, trauma, counselling and family services. It was suggested that funding criteria should be designed to encourage more partnership working between different groups and should encourage the development of more innovative projects and services. There is also a need for groups within the sector to feel equally heard and acknowledged, particularly regarding funding, capacity and service delivery.

#### **Recommendations:**

- Further investment in bespoke services, including increased funding of family therapy and programmes for young people is required.
- Service provision should be tailored to meet the needs of ageing victims and survivors, carers and people who are bereaved.
- Ensure effective partnership working between the statutory and community-based sectors in the operation of the Regional Trauma Network, in line with the Stormont House Agreement. This should include dedicated and protected care pathways for victims and survivors of the Troubles/Conflict.
- A gender and culture informed approach to support and service delivery should be adopted going forward.

### *The need to challenge wider societal legacy Issues – Building a Better Future*

- The legacy of conflict is imprinted on the population of Northern Ireland through social division, segregation (in housing and education), poor mental and physical health, sectarianism, paramilitary violence, health inequalities and high rates of deprivation in some communities and communities of interest.
- These issues are disproportionately prevalent in certain communities and adversely impact victims and survivors, including negative transgenerational consequences for children, young people and their families.
- Tackling legacy impacts requires a holistic and collaborative approach to policy development.

#### **Recommendations:**

- There is a need to include jurisdictional issues and frame victims and survivors issues within a broader reconciliation process (including how their needs are being addressed on a cross-government and cross-sectoral basis). This must also include commemoration and memorialisation and aspects of how culture, identity and tradition are celebrated in the public space.
- Dealing with the on-going legacy context must be addressed collectively through the development of a comprehensive Victims and Survivors strategy aimed at rebuilding a post-conflict community. This will require collaborative and cross-departmental working, broader policies to tackle poverty and deprivation, and targeted interventions to promote education, resilience building, employability and economic stability for those disproportionately affected by the Troubles/Conflict. This is required across a range of departments, arm's length bodies and council areas, as well as inter-governmentally.
- Wide-ranging measures and policy interventions are also needed to address the transgenerational legacy impacts of the Troubles/Conflict on families and young people. Meaningful engagement with victims and survivors, and children and young people, is required to ensure their voices are heard and reflected in policies aimed at building a better future.
- There should be further exploration of why some individuals and families who have needs and are entitled to support and/or treatment do not engage with current services.
- Government strategies should stipulate that every government department is trauma informed. Placing the victim and survivor agenda at the heart of

Northern Ireland's Programme for Government is the most effective way of enabling cross departmental reach and enabling partnership working on key trans-generational legacy issues through, for example, the Tackling Paramilitarism Action Plan and New Decade, New Approach.

#### *Future research priorities*

- The Commission to undertake research into the reluctance of some victims and survivors to uptake services or to consider themselves victims and survivors.
- A co-designed research strategy which identifies opportunities and research needs at an individual, community, programme, and academic level and that develops capacity and standards in research practice within the sector.
- A population survey to help determine future research priorities and to ascertain wider population's understanding of victims and survivors issues.

Specific areas for further research include:

#### *Needs of victims and survivors:*

- Exploration of the changing needs of victims and survivors including increasing health needs, ageing population, transgenerational patterns, and family dynamics
- Work targeting those who were bereaved and those who are carers
- The specific needs of former and current service personnel in Northern Ireland, Great Britain, and the Republic of Ireland.

#### *Transgenerational legacy*

- The role that interventions play in the early stages of the childhood life cycle in supporting meaningful attachments, positive development, learning, life skills and the acquisition of self-regulatory capabilities.

#### *Gender*

- Ensure gendered experiences of the Troubles/Conflict and its legacy is a feature of future research.

#### *Mental health and wellbeing*

- The role that attachment to community and sectarian identities plays in the transmission of transgenerational trauma and ways of supporting families in communicating about the Troubles/Conflict to future generations.

#### *Legacy Issues*

- Explore the different understandings of ‘acknowledgment’ among victims and survivors and stakeholders NI, ROI and GB.
- Explore responses to commemoration and memorialisation to the Troubles/Conflict.
- Examine the representation of victims and survivors in the broadcast media and entertainment industries.

#### *Jurisdictional Issues and Needs*

- Further examination of the experiences and differing needs of particular cohorts in Great Britain and the Republic of Ireland (including but not exclusively victims from ethnic minority backgrounds, service personnel and families of service personnel, and displaced people), to explore in more depth, and from a wider range of perspectives, key issues identified in this report.
- A cross border research study to determine current levels of mental ill health and physical ill health related to the Troubles in the Border region.

## 1.0 Introduction

### 1.1 Introduction and background

The Needs Review Report (NRP) presents an analysis of the needs of victims and survivors of the Troubles/Conflict, in Northern Ireland (NI), the Republic of Ireland (RoI) and Great Britain (GB). The aim of this report is to enhance understanding of needs of victims and survivors in these jurisdictions, and to inform the Commission's policy recommendations to government.

This report follows the Commission's 2012 Comprehensive Needs Assessment (CNA), which focused on defining the nature and scale of victim and survivor needs in Northern Ireland. Building on the CNA's findings, this NRP presents an updated analysis of on-going and emerging needs and will inform the co design and development of the government's new Strategy for Victims and Survivors along with the VSS and sectoral partners. The project's findings will also inform key stakeholders including intra and inter-governmental working, the Department of Foreign Affairs, the SEUPB (in the development of a new PEACE PLUS Programme (2021-2027), the workings of the Victims and Survivors Service (VSS) and other non-departmental public bodies (NDPBs).

### 1.2 Aim and objectives

The overall aim of this project is to conduct a needs analysis of victims and survivors of the Troubles/Conflict and, where appropriate, provide recommendations relating to the current provision of statutory and non-statutory based support and services to address their needs.

The specific objectives are as follows:

1. **Conduct a detailed review of the current and future needs of victims and survivors of the Troubles/Conflict in Northern Ireland.** This will include an examination of, and where appropriate, an update of the analysis contained in the 2012 CNA. This part of the study will review qualitative and quantitative data produced by strategy partners



including the Commission for Victims and Survivors (the Commission) and the Victims and Survivors Service (VSS) since the completion of the CNA in 2012.

2. **Conduct a review of the needs of victims and survivors of the Troubles/Conflict located in the Republic of Ireland including the Border Region.** This will include the following:

- Mapping the circumstances and needs of victims of the Troubles/Conflict in the Republic of Ireland including the Border Region of Ireland
- Consideration of areas where service provision and support in the Republic of Ireland for victims and survivors could be improved, including by comparison with Northern Ireland
- Consideration of the specific context in the Republic of Ireland including lower overall numbers and regional dispersion; the existence and capacity of civil society support groups; and existing and previous measures in place to support victims and their families
- Considerations of support and service provision for victims and their families in the Republic of Ireland under a future funding programme.

3. **Conduct a targeted review of the needs of victims and survivors of the Troubles/Conflict located in Great Britain** through an examination of the existing support and services funded by the PEACE IV Victims and Survivors Programme.

### 1.3 Methodology

This report was written by Dr Arlene Robertson between April 2021 and June 2021, drawing on and supplementing the preliminary data collection, literature review and interim report produced by Dr Orla Drummond, in the period July 2020 to March 2021.

The research involved a synthesis of findings from research prepared for, or by, the Commission since 2012, with stakeholders' perspectives on the key issues facing victims and survivors in Northern Ireland, the Republic of Ireland and Border Region, and Great Britain.

The methods were as follows:

### **Review of Commission research and advice papers**

Research and advice papers produced for, or by, the Commission and the Victims and Survivors Forum from 2012 were reviewed to identify recurring and emerging areas of need, as presented in the key findings section of the report.<sup>1</sup> A limited number of academic papers were also reviewed.

### **Mapping victim and survivor needs in the Republic of Ireland**

The report provides an overview of the circumstances and needs of victims of the Troubles/Conflict in RoI, including the Border Region. The mapping exercise was not intended to be comprehensive but rather to give initial insight into the nature and scale of the needs of victims and survivors in RoI and the Border Region which, compared to NI, have to date been relatively underexplored. This section draws on VSS monitoring data, existing research, and feedback from stakeholders.

### **Consultation with stakeholders and victims and survivors**

Stakeholders and victims and survivors' perspectives were examined via qualitative investigation. This approach stresses 'quality' over 'quantity', that is, social meaning rather than the collection of numerical data, and seeks to obtain a deeper and nuanced understanding of respondents' experiences and what they view as important. The views presented are representative of the specific organisations and individuals who participated in the research and cannot be generalised more broadly.

The research was undertaken during the Covid-19 pandemic, which influenced the data collection process. All interviews were conducted virtually via Zoom.

While keen to give 'voice' to individual victims and survivors through their participation in the research, a concern for the researcher was that speaking about their experiences during interviews might trigger painful or traumatic memories and therefore cause distress.

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<sup>1</sup> These are listed in Appendix A.

Particularly in the context of the Covid-19 pandemic, it was not possible to guarantee that individual victims and survivors would have access to psychological support directly after being interviewed if this were required. A decision was therefore taken to give individual victims and survivors the opportunity to participate via the completion of a questionnaire rather than an interview. Questionnaire responses were received from individual victims and survivors living in GB, RoI and NI; these respondents are quoted throughout the report, within the relevant jurisdictional section.

Note that there was a degree of overlap between questionnaire and interview respondents, however, due to some completing the questionnaire anonymously, it is not possible to specify the total number of 'unique' respondents.

Further detail on the different methods of data collection is given below and a summary is provided in table 1.

#### *Consultation Questionnaire*

Data was collected via a short consultation questionnaire comprising open-ended questions, which respondents could submit either online or via support organisations. The questionnaire was issued to all VSS funded groups – via VSS - on two separate occasions, for voluntary completion by support group representatives/service users.<sup>2</sup> Individual victims and survivors were contacted directly by the Commission and invited to complete the questionnaire.

A total of 58 questionnaires were received from a range of respondents, including individual victims and survivors, the former Commissioner for Victims and Survivors, victim support organisations, members of the Victims and Survivors Forum, the Victims and Survivors Service, and government department representatives.<sup>3</sup>

#### *Interviews*

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<sup>2</sup> 51 funded groups were invited, via VSS, to complete a questionnaire.

<sup>3</sup> Questionnaire templates are attached at Appendices B and C.

The questionnaire consultation was followed up with 22 stakeholder interviews, to explore identified issues in more depth. These comprised 13 interviews with representatives from support organisations and 9 interviews with key stakeholders from government departments and non-governmental organisations.<sup>4</sup>

The majority of interviewees were recruited via VSS.<sup>5</sup> Initially, VSS funded organisations that provide services to victims and survivors within the Border Region of NI and RoI and/or GB were invited to participate in an interview and, in response to this invitation, eleven interviews were held between December 2020 and March 2021. In May 2021, a further two interviews were held with representatives from VSS funded groups that provide support and services to victims and survivors living in Northern Ireland.<sup>6</sup>

During the interviews, stakeholders' perspectives were sought on issues relating to the main needs of victims and survivors, service provision, jurisdictional needs, and the focus of the new strategy.<sup>7</sup>

Two stakeholder respondents spoke about their own personal experiences as a victim/survivor during interviews.<sup>8</sup>

The perspectives of stakeholders and victims and survivors are presented at the end of each thematic area within the key findings section of the report.

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<sup>5</sup> Eight of the ten support organisations that participated in interviews are VSS funded groups.

<sup>6</sup> These groups were contacted directly and invited to give their views by the Commission.

<sup>7</sup> Interview schedule is attached at Appendix D.

<sup>8</sup> These respondents (coded as KS2 and SO9) were members of the Victims and Survivors Forum; the Commission can facilitate access to psychological support for Forum members as required.

**Table 1. Summary of Methods**

Method	Details
<b><u>Interviews</u></b>	<p>22 semi-structured interviews were held with key stakeholders (n=9) and support providers (n=13).</p> <ul style="list-style-type: none"> <li>○ Support providers: 13 interviews were held with personnel from 10 support organisations, as follows: <ul style="list-style-type: none"> <li>7 NI organisations (includes one organisation that provides direct services in GB and RoI)</li> <li>2 GB organisations</li> <li>1 RoI organisation</li> </ul> </li> <li>○ Key stakeholders: 9 key stakeholder interviews were held with personnel from 8 organisations; these included governmental and non-governmental stakeholders.<sup>9</sup> Geographical breakdown of stakeholder interviewees as follows: <ul style="list-style-type: none"> <li>- Northern Ireland (n=4)</li> <li>- Republic of Ireland (n=3)</li> <li>- All Island (n=2)</li> </ul> </li> </ul>
<b><u>Consultation Questionnaires</u></b>	<p>59 questionnaire responses were received from individual victims and survivors, key stakeholders and support providers.<sup>10</sup></p> <p>Potential questionnaire respondents were invited via the Victim and Survivors Service (funded groups), via VSS funded groups (service users) and contacted by the Commission directly.</p>
<b><u>Mapping Exercise</u></b>	<p>The mapping exercise draws on VSS monitoring data, existing research, and feedback from stakeholders. It is not intended to be comprehensive but to give an indication of the needs of victims and survivors in the Republic of Ireland.</p>
<b><u>Review of literature</u></b>	<p>Research and advice papers produced for or by the Commission and the Victims and Survivors Forum from 2012, as well as a limited number of academic papers, were reviewed.</p>

<sup>9</sup> Four of the nine key stakeholder interviews were with representatives from those organisations responsible for the delivery of the strategy, that is, the Executive Office, the Victims and Survivors Service and the Victims and Survivors Forum.

<sup>10</sup> Questionnaire templates are attached at appendices B and C.

## 1.4 Structure of the report

The remainder of the report is structured as follows:

- Section 2: Update on the Comprehensive Needs Assessment 2012
- Section 3: The Needs of Victims and Survivors in the Republic of Ireland, the Border Region and Great Britain
- Section 4: Recurring and Emerging Areas of Need in Northern Ireland
  - The need to address the past: truth, justice and acknowledgement
  - The need to ensure effective and sustainable provision of support services
  - The need to challenge wider societal legacy issues: building a better future
- Section 5: Future research priorities

## 2.0 Update on the Comprehensive Needs Assessment 2012

This project is being conducted ten years after the commencement of the Comprehensive Needs Assessment (CNA) undertaken between 2010-2012 by the Commission as a key requirement within the current Strategy for Victims and Survivors.

The assessment focussed on defining the nature and scale of the needs of victims and survivors living in Northern Ireland (NI) and the range of support and services based in the statutory and non-statutory sectors to address them. It involved conducting a detailed and lengthy process over a two-year period that included the external procurement of several research projects in the areas of mental health, historical investigation and information recovery and the transgenerational impact of the Troubles/Conflict.

The CNA comprised two extensive research elements. The CNA Phase I Report contained a review of the key literature, providing commentary and analysis relating to the impact of the Troubles/Conflict on those directly and indirectly affected. In order to do this the Commission undertook a series of consultation events with the sector during 2010 and 2011 to gauge views on the report and to take on board feedback. The reaction from the sector was overwhelmingly positive for the report and its findings were accepted by Government. The CNA Phase II report sought to build on Phase I by developing a combined methodological approach to estimate the potential demand for services and treatments. The CNA was a substantive reference document that informed the development of the new Victims and Survivors Service established in 2013, highlighting the needs of victims and survivors and documenting how need should be effectively addressed.

### **2.1 Key findings from the Comprehensive Needs Assessment**

The Commission identified seven key areas of need and noted that these were both interconnected and overlapping. These included:

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- *Health and Wellbeing*
- *Personal and Professional Development*
- *Truth, Justice and Acknowledgement*
- *Social Support*
- *Transgenerational Issues and Young People*
- *Individual Financial Needs*
- *Welfare Support.*<sup>11</sup>

The CNA stated that health and wellbeing was identified as the main priority area of need for victims and survivors and acknowledged that service delivery in this area was considered the most complex and expensive.

## **2.2 Recommendations and outcomes**

In the final CNA report, the Commission noted the need for cross departmental cooperation in the delivery of the Service for Victims and Survivors, particularly in relation to OFM/DFM and DHSSPS on the issues of mental health, physical health and transgenerational issues.<sup>12</sup>

### ***Health and wellbeing***

The CNA documented that the Troubles/Conflict in NI has embedded a legacy of psychological trauma and poor mental health as a consequence of decades of violence, bereavement, intimidation and displacement, leading victims and survivors affected by conflict-related mental or physical ill-health to require access to a range of services within the mainstream health and social care sector.

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<sup>11</sup> Commission for Victims and Survivors NI (2010) *Comprehensive Needs Assessment – First Interim Report* (September 2010), p4.

<sup>12</sup> The Commission encouraged consideration of the development of a trauma-focused coordinated service network by OFM/DFM (Executive Office, formally the Office of the First Minister and the Deputy First Minister) and DHSSPS (Department for Health, Social Services and Public Safety) based on the model of a managed clinical network (MCN).



A central concern was the capacity to ensure there was sufficient capacity to address the assessed mental and physical health needs of victims and survivors in a timely and effective manner. In response to this the Commission recommended that VSS undertake a capacity building exercise, to include an audit of existing treatment/services and the drafting of workforce development plans to ensure appropriately qualified practitioners were available at each level of interference.

In addition, the Commission recommended that VSS should consider developing a general mental health care pathway to effectively capture and treat these and other mental health disorders. It was advised that the care pathway should include provision of a package of 'intensive interventions' guided by evidence-based practice, including those agreed by the National Institute for Health and Clinical Excellence (NICE) and the Clinical Resource Efficiency Support Team (CREST). There were concerns regarding lengthy delays in seeking help at the earliest point at which intervention commenced, particularly among those suffering from anxiety and substance dependency. It was therefore recommended that VSS and service providers encouraged victims and survivors with conflict-related mental health conditions to seek help for their emotional problems and raise awareness of available treatments.

The Commission also advised the development of a wide-ranging and targeted communication strategy to raise awareness among GPs and other primary and community care practitioners of the impact of conflict-related trauma, advocating the integration of an approved screening tool for PTSD into the assessment for trauma-related disorders. At this time the Commission also encouraged consideration for the development of a trauma-focused coordinated service network by OFM/DFM and DHSSPS. This work is continuing through the Executive Office and the Department of Health.

### ***Social support***

The CNA highlighted that a considerable proportion of the community avail of support services because of the Troubles/Conflict in Northern Ireland. Key recommendations included; the sustained level of funding for social support services, that the VSS and the Commission should liaise closely with SEUPB on the remainder of the PEACE III Programme,

and the development of a PEACE IV Programme in such a way as to ensure a synergy between both programmes.

### ***Individual financial needs***

The Commission proposed the continuation of means tested awards, documenting and prioritising those considered most in need of financial assistance. Although some groups were no longer considered eligible for funding, the Commission recommended that funding be made available to groups in the community sector and services in the statutory sector to ensure that services were available to meet the needs of these individuals in terms of health and wellbeing, advocacy, personal development, and social support.

The Commission recommended the ending of schemes delivered by the Northern Ireland Memorial Fund (NIMF), to be replaced by new financial assistance programmes, such as the Carers Programme, Chronic Pain Management Support Programme, Disability Support Programme, Educational Bursary and the regular allowance of the Financial Assistance Programme.

### ***Truth, justice and acknowledgement***

Based on relevant research, the Commission recommended that historical investigations and information recovery services should take steps to improve customer care<sup>13</sup> and understanding, ensuring the participation of victims and survivors at the nucleus of the approach, particularly in relation to the delivery of front-line services. Additionally, it was suggested that improved inter-agency work would shorten the timeframes involved in accessing information from other service providers.

A further recommendation was that VSS should develop memoranda of understanding with the statutory historical investigation and information recovery bodies so that a standardised referral system could be established across all agencies. In addition, the Commission suggested that families and individuals who were engaging with statutory agencies be offered

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<sup>13</sup> Note that 'customer care' reflects terminology used in the 2012 CNA report, although not typically used within the sector.

access to independent support services, through the community and voluntary sector, while they were participating in these processes.

In relation to accessing services and support, the Commission noted that there was a tendency among numbers of victims to use the services of organisations identified with one or other tradition. They expressed concerns that victims and survivors may not have access to, or receive, a consistent quality of service and recommended that VSS take steps to support good practice development across all relevant voluntary and community organisations.

### ***Welfare support***

In relation to welfare support the Commission recommended the development of an effective Welfare Advice Service to provide the relevant support and advice to victims and survivors, with a role VSS in signposting those who require support to the relevant services. The Commission advised that a further review of Welfare Support Services funded by VSS should be carried out within an 18 to 24 months period, considering the phased implementation of the various strands of the Welfare Reform Bill, 2011 and the transitional development of the new service.

### ***Transgenerational issues and young people***

In the final CNA report the Commission proposed to confer with statutory authorities and relevant stakeholders regarding the development of an inter-disciplinary approach to dealing with the transgenerational impact of the Troubles/Conflict, submitting a report to Government by 2012. In addition, it highlighted the need to promote greater awareness of transgenerational trauma among professionals, including GPs and social workers, and recommended further research to explore the potential for increased use of family therapy alongside individual psychotherapy for transgenerational trauma.

### ***Personal and professional development***

In relation to personal and professional development, it was recommended that a more strategic approach to the administration of funding from the Community Relations Council and NIMF was required. Additionally, the Commission recommended that VSS develop an appropriate monitoring and evaluation framework that enabled it to articulate the impact that the provision of personal and professional development services has on the lives of individual victims and survivors, the benefits to wider society, and to generate evidence of its value for money.

### **2.3 CNA relevance for victims and survivors**

The recommendations outlined above helped to shape and form service delivery and the sector's strategic approach to victim and survivors needs from 2012. The Commission's Mid-Term Review Project (2017) noted the production of the CNA and other research that informed service delivery and policy, as key achievements of the Victims and Survivors Strategy. The high-level areas of need identified in the CNA continue to be of relevance almost a decade later. Notably 'health and wellbeing' and 'truth, justice and acknowledgement' remain predominant areas of need for victims and survivors. Findings highlight the importance of continuing to adapt support and service provision to reflect learning, the requirement to engage 'harder to reach' groups and the need to respond to the changing needs of victims at individual and community levels.

## 3.0 The needs of victims and survivors in other jurisdictions

### 3.1 Background

A growing area of concern has been the perceived lack of parity regarding the understanding of specific needs and the provision of support and services in the Republic of Ireland, the Border Region of Ireland, and Great Britain. This is despite a commitment within the Stormont House Agreement (SHA) to take steps to ensure that victims and survivors have access to high quality services, including those who do not live in Northern Ireland.<sup>14 15</sup>

The Commission's stance is that there must be an equitable approach to dealing with victims and survivors, regardless of where they live. In February 2014, the Commission submitted advice to Ministers on accessing funding and services for victims and survivors outside NI. This advice made a number of recommendations, including that groups should be able to apply and be considered under the criteria and competition that applies to all other groups in the application and assessment process and that geographical location should not be a barrier. This position was echoed in August 2016, when the Commission recommended to TEO that organisations from outside the jurisdiction should be eligible to apply to both the Victim Support Programme and PEACE IV Programmes simultaneously. Despite this, the Commission has voiced concerns that victims and survivors outside NI continue to experience a different level of service provision, potentially intensifying the sense of disparity when future legacy mechanisms and additional health and welfare services are established.<sup>16</sup>

VSS is responsible for the delivery of support to all victims and survivors of the Troubles/Conflict as defined in the Victims and Survivors (Northern Ireland) Order 2006. VSS can provide direct assistance to victims and survivors through the Individual Needs

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<sup>14</sup> The Stormont House Agreement (2014) para 26.

<sup>15</sup> Note that a significant number of groups within the sector have expressed their opposition to the SHA proposals, as discussed in more detail at para 4.1.1.

<sup>16</sup> Commission for Victims and Survivors NI (2019) [Addressing the Legacy of Northern Ireland's Past](#) (Advice Paper, January 2019), p49 - 53.

Programme and PEACE IV Programme. Only NI-based organisations can avail of funding from the Victims Support Programme. However, VSS provides support to individuals in the Republic of Ireland, through the following three funding programmes:

- **The Individual Needs Programme (INP)**, which delivers financial support and direct access to goods and services to individual victims and survivors **irrespective of their place of residence**
- **The Victims Support Programme (VSP)**, which delivers funding to NI-based organisations that provide Health and Wellbeing and Social Support services to victims and survivors **irrespective of their place of residence**
- The **PEACE IV** programme, which delivers funding to organisations to employ Health and Wellbeing Case Managers and Caseworkers, Advocacy Case Managers and Caseworkers, and supports research, training and resilience programmes for victims and survivors **irrespective of their place of residence**.

### ***The impact of the UK's exit from the European Union***

BrexitLawNI note that Brexit has already placed considerable strain on carefully nurtured and important relationships between the British and Irish Governments. The paper notes that a key challenge will be to either devise new mechanisms or improve or rejuvenate existing structures, to ensure that the habits of cooperation and a shared sense of responsibility between the British and Irish governments are maintained and enhanced during and after Brexit.<sup>17</sup> It is notable that NI has received approximately €13 billion since 1994 in total EU funding, and the lack of continuation not only threatens cross-border cooperation projects but also a range of organisations throughout NI that depend upon this funding to deliver front-line services.<sup>18</sup>

Most recently, €229m has been provided through the European Regional Development Fund to fund the Peace IV Programme (2014-2020) with a supplementary €41m provided by the

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<sup>17</sup> BrexitLawNI (2018) [Policy Report: Brexit and the Peace Process](#) (September 2018).

<sup>18</sup> Soares, A. (2016) Living Within and Outside Unions: The Consequences of Brexit for Northern Ireland. *Journal of Contemporary European Research*, 12(4), pp.835-843.

Irish Government and NI Executive.<sup>19</sup> The programme is a cross-border initiative designed to support peace and reconciliation in NI and the Border Region of Ireland while contributing to the promotion of social and economic stability through actions to promote cohesion between communities.<sup>20</sup> This fund has directly contributed to research on recurring and emerging issues of victims and survivors and has directly funded a range of new initiatives and services administered by the Commission and VSS, discussed in further detail below. Lack of access to funding could potentially impact future service provision and research outputs that focus on improving health and wellbeing outcomes for victims and survivors. It is anticipated that existing and future services will be augmented through funds released through the PEACE PLUS programme, though at the time of writing this has not yet been confirmed by SEUPB.

The following section maps out in detail the circumstances and needs of victims living in the Republic of Ireland, followed by more concise discussions of provision and needs in the Border Region of Ireland and Great Britain. The views of key stakeholders, support providers and individual victims and survivors are also presented, drawing on data collected through interviews and a short consultation questionnaire.

### 3.2 The needs of victims and survivors in the Republic of Ireland

The Troubles/Conflict has had an acute impact on the whole island of Ireland, including a significant number of victims who are resident in the Republic of Ireland (RoI). Although a lack of officially held statistics means it is not possible to quantify the total number of victims (including those who were injured or witnessed incidents) in RoI, it has been suggested that there were at least 129 conflict-related deaths in this jurisdiction.<sup>21</sup> This includes 34 people who died following the Dublin-Monaghan bombings on 17 May 1974, with 300 others injured in this attack.<sup>22</sup> Many victims and survivors who were injured or impacted by the Troubles/Conflict in NI, lived (or now live) in RoI.

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<sup>19</sup> Northern Ireland Executive Office (n.d.) [PEACE IV Programme](#)

<sup>20</sup> Special EU Programmes Body (SEUPB) (2016) [Citizens' Summary: PEACE IV Programme \(2014-2020\)](#).

<sup>21</sup> Data provided by Justice for the Forgotten on 21 July 2021.

<sup>22</sup> Leahy, T. (2019) [‘The Irish Government and Dealing with Northern Ireland Conflict Legacy.’](#) (Opening Statement to the Oireachtas Joint Committee on the Implementation of the Good Friday Agreement, June 2019).

Without accurate data on the number and profile of victims and survivors in RoI, it is difficult to appraise the extent and level of their health and wellbeing needs. A report by VSS in 2019 noted that the RoI health care system does not maintain records that would allow the number of individual victims and survivors who may require health and wellbeing support to be ascertained. Additional gaps in data relate to victims and survivors who have moved out of or into the Border Region of the Republic of Ireland.<sup>23</sup>

*The Remembrance Commission and Scheme of Acknowledgement, Remembrance and Assistance for Victims*

In 2003, the Department of Justice and Equality established the Remembrance Commission. The Remembrance Commission's main role was to administer a scheme of assistance and remembrance for victims of the Troubles/Conflict and their families. It was initially established for a period of three years, over which time the Irish government committed to allocating €9m to the Remembrance Fund.

The Remembrance Commission's term of appointment was extended for a further year in October 2006, and again in October 2007. During this period €6.5m of funding was allocated to victims and their families. The Commission's term of appointment formally came to an end on 31 October 2008.<sup>24</sup> The Scheme had four categories of payments:

- **Acknowledgement Payment:** A payment of €15,000 was allocated where a person had been fatally injured in a conflict related incident. The deceased person would need to have been normally resident in RoI at the time the fatal injury occurred or have been fatally injured in the jurisdiction.
- **Economic Hardship Payment:** There were three sub-categories of payments under this heading:
  - *Spouse and Dependent Children:* Subject to conditions, a payment of up to €15,000 could have been paid to a spouse and dependent children where a

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<sup>23</sup> Victims and Survivors Service (2018) *PEACE IV Provision of Services for Victims and Survivors: Report on the Project Reach within the Border Region*, p2.

<sup>24</sup> Department of Justice and Equality (RoI) (n.d.) [Remembrance Commission](#).



person was fatally injured because of the conflict in Northern Ireland, who was normally resident in RoI at the time the fatal injury occurred, or who was fatally injured in this jurisdiction.

- *Incapacity to Work*: If a person had incurred an injury in a conflict-related incident which necessitated him/her to remain off work for a continuous period of at least one year and up to three years or more due to that incident, a payment of up to €15,000 was made. To qualify it was necessary that the claimant was resident in RoI at the time the injury occurred or had been injured in this jurisdiction. However, if the claimant suffered injury in NI but was resident in this jurisdiction and had been for at least three years prior to the application, they may have been deemed eligible under the terms of the Scheme.
- *Displacement*: If a person, or family, had to move from NI to this jurisdiction as a direct consequence of an incident related to the conflict and wished to return to their original jurisdiction, they could potentially qualify for a payment of €15,000. If the claimant, or family, had to move from RoI as a direct consequence of the conflict in NI and wished to return to their original jurisdiction, they may have been eligible for a payment of €7,500. (Notably, the Irish Government housed 720 displaced individuals following the August 1969 violence and a further 1,558 in 1970, with 5,409 arriving in 1971 and peaking at 9,800 in 1972).<sup>25</sup>
- **Medical Payments**: Under the terms of the Scheme, if a person were obtaining medical treatment for an injury received in a conflict-related incident and could vouch for ongoing and unmet expenses relating to that treatment, they may have been eligible to apply to the Commission for reimbursement of these costs, if they were not being met by any other public or private agency or by a Health Board or private health insurer. Medical payments could also, at the discretion of the Commission, include the provision of respite home help expenses, prosthesis, or other such forms of assistance to injured persons as deemed appropriate. Funds were also made available for those

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<sup>25</sup> Moffett, L., Lawther, C., Hearty, K., Gooden, A., and Hickey, R. (2020) [No Longer Neighbours. The Impact of Violence on Land, Housing and Redress in the Northern Ireland Conflict.](#)

who had amassed debts in obtaining medical treatment prior to the establishment of the Scheme.

Under the scheme, the Remembrance Commission also decided on requests for memorials or other such forms of commemoration for victims of the Troubles/Conflict. Funding was also made available for victim support groups for the provision of counselling services to victims of the Troubles/Conflict and also to surviving family members.<sup>26</sup>

Data on uptake of the scheme is summarised below:

- The Remembrance Commission received **559** applications for payments in respect of **123** persons who were killed and **106** who were injured in conflict-related incidents
- Acknowledgement payments were paid to **309** applicants in respect of **109** victims killed in conflict related incidents
- **One** displacement payment made
- Economic hardship payments were made to the surviving spouses and dependent children of **34** persons killed in conflict-related incidents
- Payments were made in respect of **48** victims who were rendered permanently incapable of working
- Ongoing payments for the treatment of injuries received in conflict-related incidents were paid out to **28** victims, and exceptional medical payments were made to **77** victims.

Unfortunately, geographic information of where beneficiaries live is not available.<sup>27</sup>

#### *Access to justice for victims and survivors in RoI*

Recently, the debate on dealing with the past and the establishment of legacy mechanisms has led the Commission for Victims and Survivors to assert that victims and survivors should be entitled to access justice regardless of where a death happened. It is considered imperative that both the UK and Irish Governments provide the necessary resources to allow all conflict-related deaths to be fully investigated and have parity with investigations that will be undertaken by the Historical Investigation Unit. The Commission requested that the Irish Government establish a mechanism whereby Troubles/Conflict related deaths within RoI are

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<sup>26</sup> Department of Justice and Equality, [The Remembrance Commission and Scheme of Acknowledgement, Remembrance, and Assistance for Victims in this Jurisdiction of the Conflict in Northern Ireland: Brief Overview](#).

<sup>27</sup> This data was obtained by the Department of Foreign Affairs through the Department of Justice and Equality in December 2020.

investigated and recommended that the UK and Irish Governments establish separate mechanisms to provide access to truth and/or justice for victims and survivors who have been injured.<sup>28</sup>

These recommendations were also advanced by Leahy (2019) in a report to the Oireachtas Joint Committee on the Implementation of the Good Friday Agreement. In his submission, Leahy made several recommendations targeted at the Irish Government, including the creation of a Historical Investigations Unit (HIU), a consultation with victims and survivors groups about the Irish government's proposed role in the Stormont House Agreement, and that the re-appointment of a Victims Commissioner for the Republic of Ireland be considered.<sup>29</sup>

#### *Support organisations in the Republic of Ireland*

As part of PEACE IV funded activity, VSS recently undertook a scoping exercise to determine the main RoI organisations that currently deliver services to victims and survivors of the Troubles/Conflict. It was reported that that established victims' organisations are less prevalent within RoI than in NI, as evidenced through evaluations of previous PEACE Programmes. Previous research has shown that the majority of funding for victims and survivors has been accessed through NI-based organisations.

During the scoping exercise, VSS identified two existing RoI-based organisations that currently provide support to victims and survivors:

- **Justice for the Forgotten (JFF)** is a project managed through the Pat Finucane Centre. The project provides support to families bereaved in RoI. Initially JFF's main focus was on the Dublin and Monaghan families but their remit now covers the main Conflict /Troubles incidents in RoI.
- **The Independent Victims and Survivors Coalition (IVSC)** is an umbrella organisation supporting the families of Gardaí and Prison Officers.<sup>30</sup>

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<sup>28</sup> Commission for Victims and Survivors NI (2019) [Addressing the Legacy of Northern Ireland's Past](#) (Advice Paper, January 2019).

<sup>29</sup> Leahy, T. (2019) '[The Irish Government and Dealing with Northern Ireland Conflict Legacy.](#)' p8-12.

<sup>30</sup> Victims and Survivors Service (2018) *PEACE IV Provision of Services for Victims and Survivors: Report on the Project Reach within the Border Region.*

Victims and survivors living outside NI regularly depend on service provision through NI-based organisations. Many have also used the Glenree Centre for Peace and Reconciliation in Wicklow that has since 1974 been providing a safe space for victims and survivors to engage in safe dialogue, with active inter and intra community programmes.

As detailed in Table 2, VSS reported that, in 2020/21, **499** individuals who reside outside NI accessed services through the VSP and PEACE IV programme. In the Year 2019/20 **254** individuals who reside outside NI accessed services through the VSP and PEACE IV programme.<sup>31</sup>

**Table 2. Geographical breakdown of individuals who accessed services/support in the period 1 April 2018 - 31 March 2021**

Country/Region	No. of individuals who accessed services/support in 2020/21	No. of individuals who accessed services/support in 2019/20	No. of individuals who accessed services/support in 2018/19
Republic of Ireland	274	103	121
Great Britain	209	144	132
Europe	11	5	4
Rest of world	5	2	2
<b>TOTAL</b>	<b>499</b>	<b>254</b>	<b>259</b>

\*Source data VSP monitoring returns as of 31st March 2021

Those **499** individuals accessed services on **1009** occasions in 2020/21. In 2019/20 **254** individuals accessed services on **431** occasions. A breakdown of the types of services is summarised in the table below:

**Table 3. Breakdown of services accessed by individuals living outside NI through the VSP and Peace IV programme.**

<sup>31</sup> Commission for Victims and Survivors NI (2020) *Informing a New Strategy for Victims and Survivors* (Draft Policy Information Paper, October 2020).

Service description	No. of times service accessed
Advocacy (PEACE IV)	447
Telephone Call	112
C19-Resource Care Packs	97
Morning Calling	74
Conferencing/Event	60
Mindfulness / Self Care	46
Covid-19 Support/Food Parcel	29
Social Support	29
Outreach	25
Befriending Covid-19 Support Calls	22
News sheet	15
HWB Workshop	13
Welfare Support	12
Personal Development	12
Other (various)	16
<b>Total number of times services were accessed</b>	<b>1009</b>

\*Source data VSP monitoring returns as of 31st March 2021

#### *INP needs-based support*

**42** Individuals who reside outside NI accessed support through the Caseworker Network in 2020/21. During 2019/20 **60** individuals who reside outside NI accessed support.

**Table 4. Geographical breakdown of individuals who accessed support through the Caseworker Network in the period April 2019 to March 2021**

Country/Region	No. of individuals who accessed needs-based support 2020/21	No. of individuals who accessed needs-based support 2019/20
<b>RoI</b>	16	16
<b>GB</b>	23	43
<b>ROW/Europe</b>	3	1
<b>Total</b>	<b>42</b>	<b>60</b>

\*Source data VSP monitoring returns as of 31st March 2021

During 2019/20 **42** individuals accessed the needs-based support on **70** occasions. In 2018/19 **60** individuals accessed the needs-based support on **87** occasions. A breakdown of the types of schemes is summarised in the table below:

**Table 5. Breakdown of Needs based support accessed by individuals living outside Northern Ireland in the period April 2019 to March 2021**

Scheme Name	No. of times scheme accessed in 2020/21	No. of times scheme accessed in 2019/20
<b>Persistent Pain - Home Heating Support</b>	16	16
<b>Education &amp; Training</b>	13	3
<b>Psychological Support - Talking Therapies</b>	14	18
<b>PIV - Resilience (Trauma Focused Physical Activity)</b>	1	21
<b>Other (various)</b>	26	29
<b>Total number of times schemes were accessed</b>	<b>70</b>	<b>87</b>

\*Source data CRM model INP frameworks 2020/21

Regarding ongoing service provision, the Commission welcomed the arrangements for additional support services outside of NI, as facilitated by PEACE IV funding, but noted that support is limited and only guaranteed to 2021. Although *individuals* outside NI can access

support from VSS through the Individual Needs Programme, *victims groups* outside NI cannot access funding in the same way as NI-based groups. The Commission recognises the inconsistency in current policy and has recommended that it should be addressed.<sup>32</sup>

#### *Cooperation and Working Together (CAWT)*

Further to PEACE IV funded service provision, *Cooperation and Working Together (CAWT)* is a cross-border health and social care partnership between the Health and Social Care Board and the Public Health Agency in Northern Ireland, the border counties of the Health Service Executive in the Republic of Ireland and the Southern and Western Health and Social Care Trusts in Northern Ireland.

The main aim of the partnership has been to add value to health and social care activity by bringing a cross-border dimension to the on-going collaboration between the health systems in both jurisdictions, and to access EU funding in support of such activities where appropriate.

The main objectives for their collaborative work are to:

- Create opportunities for alternative added value approaches to health and social care service delivery by facilitating people from both jurisdictions to collaborate, share ideas and develop practical solutions to common health challenges
- Identify solutions to barriers to the cross-border mobility of patients and professionals
- Actively pursue strategic alliances with both internal health and social care partners and external agencies and groups to support the delivery of creative and innovative solutions to current and emerging health and social care challenges
- Provide comprehensive intelligence and facilitate sharing of data and information on cross-border health and wellbeing
- Increase usage of technology within health and social care to improve care and enable better access to services

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<sup>32</sup> Commission for Victims and Survivors NI (2019) [Addressing the Legacy of Northern Ireland's Past](#) (Advice Paper, January 2019).

- Engage with and positively influence policymakers and other key stakeholders in relation to the development and direction of cross-border health and social care
- Embed cross-border planning and implementation in core activities, where more efficient and cost effective to do so.<sup>33</sup>

In 2017, the CAWT Partnership secured EU grant funding for five projects from the new INTERREG VA programme for Ireland/Scotland/Northern Ireland (2014 to 2020); the total value of the Programme was €283m.<sup>34</sup>

The focus of the projects included:

- Prevention and early intervention
- Tackling health inequalities
- Supporting independent living
- Building resilience and recovery within people and communities
- Technology as an enabler for change and to underpin services
- Partnerships with the community and voluntary sector
- Improved use of existing health and social care infrastructure
- Upskilling
- Building staff resilience and overcoming barriers to mobility on a cross-border basis.<sup>35</sup>

Victims and survivors of the Troubles/Conflict residing in the Border Region can avail of the services delivered through these INTERREG VA projects and VSS liaises closely with CAWT to ensure signposting and referrals between both organisations, to promote joint working, and to avoid duplication.<sup>36</sup>

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<sup>33</sup> Cooperation and Working Together (CAWT) (n.d.) [What We Do](#).

<sup>34</sup> The total value includes match funding of €43m.

<sup>35</sup> CAWT, [What We Do: European Union](#), accessed July 2020

<sup>36</sup> Victims and Survivors Service (2018) *PEACE IV Provision of Services for Victims and Survivors: Report on the Project Reach within the Border Region*, p2.



### 3.2.1 Respondents' perspectives: Republic of Ireland

Engagement with key stakeholders, support organisations and individuals living in RoI provided a valuable opportunity to gain insight into their views on the needs of victims and survivors in the jurisdiction. Where possible, direct quotations from individuals are included to give a voice to individual victims and survivors.

#### How have victims and survivors in RoI been affected by the Troubles/Conflict?

*Those events impacted my life in many ways. A ruined education leading to financial misery (my National insurance record has huge gaps in it leading to a much-reduced state pension later this year for example), medical problems, emotional and mental problems. (Victim/survivor)*

*They're traumatised. They're bitter. They're isolated, they're carrying all that burden. (KS1)*

*I am happy to see ... a willingness to recognise that the conflict and trauma is an issue for the country as a whole. I myself live in Mayo and have struggled with the feeling of disconnection from the ongoing work to address the conflict in the North. (Victim/survivor)*

As in other jurisdictions, victims and survivors residing in RoI have been affected by the Troubles/Conflict in diverse ways, including psychological, physical, emotional, and financial impacts, as well as consequences for family relationships. Reflecting this, stakeholders emphasised the requirement for both flexibility and bespoke services that are tailored to the specific needs of individuals and groups, such as young people, older people, war widows, and former service personnel.

A theme common to jurisdictions outside of NI was the perceived 'polarisation of victims', with victims feeling 'forgotten', 'invisible' and/or treated unfairly compared to those in NI. Respondents in RoI expressed ongoing feelings of hurt, anger and disappointment, particularly in relation to the perceived failure of the Irish Government to adequately acknowledge and take steps to meet their needs.

There was consensus among stakeholders that, although fewer in number, victims and survivors in ROI/GB have been affected as much as those in NI and, as such, have the same or similar needs regardless of where they reside. Respondents perceived a disparity of service provision across jurisdictions, emphasising the need for an equitable approach going forward: ‘they feel, and I feel that whatever is happening up in Stormont ... whatever decisions are made in Belfast for victims, should also be being made in Dublin for victims’ (SO7). There are specific communities, and communities of interest, for whom the jurisdictional disparity can be particularly acute, including but not exclusively, service personnel, first responders, prison officers and children and young people experiencing the transgenerational impact of relocating. Drawing on the perspectives of key stakeholders, support organisations and individuals, the key needs of victims and survivors in ROI are discussed in more detail below.

### **Acknowledgement**

*Acknowledgement of pain and suffering in monetary compensation.  
(Victim/survivor)*

*The government to be able to acknowledge what's happened to them.  
They feel very badly let down by the southern government and also by  
Gardaí who are very slow about releasing any form of paperwork. (SO7)*

Although ‘acknowledgement’ was identified as one of the most pressing needs for victims and survivors living in ROI, respondent feedback indicated that there are different understandings of acknowledgement, among communities of interest and even within families. For some, acknowledgement may be achieved via the legal system, while for others via an apology, financial compensation, or through other means.

A few respondents highlighted the lack of acknowledgement at government level as particularly problematic, leading to what was depicted as ‘deep seated issues of abandonment’ among victims and survivors living in ROI (SO5). Respondents suggested there should be acknowledgment of those who had lost their lives in the Troubles/Conflict, of people who were injured, and of people who served during the conflict.

Although most respondents did not specify the particular form that acknowledgement should take, some referred to financial compensation, while for others recognition by the Irish

Government that they had been part of, and affected by, the Troubles/Conflict was of primary importance.

### **Truth and justice**

*I can't understand why they are still lying to us after all this time. Many of us just want to be told the truth. It makes us receiving closure more difficult. (Victim/survivor)*

*I've been working with the families for like 26 years now. And their needs are still the same. They want to know why their loved ones were killed. Who was behind it? (SO1)*

*Some families have lost loved ones. And they're entitled to finding truth and justice as part of healing the wounds of the Conflict and building reconciliation. (KS5)*

One of the most important priorities for victims and survivors is truth and justice, yet many individuals and their families feel that after many years of waiting they are no closer to achieving this. Individual respondents expressed a lack of trust in the Irish Government regarding truth recovery processes and stressed that this needs to be addressed going forward. When engaging with external agencies in the process of seeking truth and justice, advocacy support provided by support organisations is considered vital:

*Having [NAME] and [NAME] come to meetings with me with the Irish Police has been a game changer. The Gardaí have treated me disgracefully and they continue to do so ... in many cases victims and survivors need an experienced individual like this to help them navigate the process. (Victim/survivor)*

Respondents acknowledged that some efforts were being made to investigate legacy cases but described progress as extraordinarily slow. In the case of the Police Ombudsman, this was attributed to limited financial resources, while delays with investigations have been further compounded by the impacts of Covid-19. A positive development for some families, as highlighted by a support provider, is their inclusion in the Boutcher Inquiry:<sup>37</sup>

*The families are very optimistic. He's got a very good rapport with the vast majority of the families and is in constant contact with them. So that is a major plus. (SO1)*

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<sup>37</sup> Former chief constable Jon Boutcher is leading an independent team to conduct an investigation as part of Operation Kenova. Further details available at [www.kenova.co.uk](http://www.kenova.co.uk)

Other families, whose cases have not been accepted by either the Police Ombudsman or the Boutcher Inquiry, have been left in a position where they have 'nowhere to turn'.

*The SHA provisions if implemented will set up a Historical Investigations Unit which will look at all deaths in Northern Ireland but has no jurisdiction in the south of Ireland or in GB, this issue should be addressed.*  
(KS3)

## SUPPORT NEEDS

### *Financial support*

*Pay the pension and stop us having to worry about keeping a roof over our heads. (Victim/Survivor)*

*I am not looking for luxuries, just to make my life a little bit less hard. (Victim/Survivor)*

*I would like to see the RoI Government be forced/shamed into providing funding for this programme. They make us feel it is their money they are giving. I feel ashamed and embarrassed having to ask for it. (Victim/Survivor)*

*They need to have exactly the same as what is being given in Northern Ireland, that also includes the special pension that is for the seriously injured. We have some very seriously injured clients and their wives who are their carers ... they get nothing. (SO7)*

The financial consequences of harm related to the Troubles/Conflict has been significant for victims and survivors living in RoI; including negative impacts on career, earnings, pension and for some, ongoing medical costs. These financial consequences can be both long-term and stressful, as an individual explained:

*I can't get away from the fact that I will need medical assistance for my injuries until the day I die. This is a constant worry for me. Previously because of the complete lack of assistance from the Department of Justice in Dublin I ended up massively in debt and was unable to pay my mortgage as I was using this money to pay medical bills. (Victim/survivor)*

Stakeholders perceived as a discriminatory approach to support provision for victims in RoI and called for equality of treatment, particularly in relation to the Troubles Permanent Disablement Payment Scheme (TPDPS). Although some victims have received compensation via the Remembrance Commission, this was considered insufficient and limited in terms of meeting individuals' needs, particularly when compared to the anticipated amounts victims and survivors may receive under the Troubles Permanent Disablement Payment Scheme.<sup>38</sup>

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<sup>38</sup> The Troubles Permanent Disablement Payment Scheme and the need to support victims outside NI were two important commitments within Stormont House Agreement to which the Irish government was a signatory.

A support provider highlighted Gardaí widows, many of whom were carers for their spouse, as in need of financial assistance and called for a comparable pension scheme to the Victims Payment Scheme to be awarded by the Irish Government. Another respondent pointed out that families who did not register for the Individual Needs Scheme prior to the application deadline were also in need of financial support.<sup>39 40</sup>

### **Health and Wellbeing Needs**

*I feel that not enough is being done to help our mental health pain. (Victim/survivor)*

*I have been suffering from PTSD/chronic anxiety for many years. This condition has clearly destroyed my life. (Victim/survivor)*

*What I have found is that it doesn't matter if the incident was 4 days ago or 40 years ago, the pain is still that evident. More counselling would be a benefit in this regard. (Victim/survivor)*

*I lost my sister and my father 47 years ago this 17<sup>th</sup> May, and I was blown up as well, and I find it still very difficult. (Victim/survivor)*

The Troubles/Conflict has had a range of enduring impacts on the health and wellbeing of victims and survivors in RoI. These include physical injuries and disability, trauma and PTSD, anxiety, depression, and the misuse of alcohol/substances (including prescribed medication) as a means of coping. While acknowledging that there have been improvements in meeting the health and wellbeing needs of victims and survivors in recent years, some respondents expressed the view that provision is funding dependent, there are gaps in services, and there is further work to be undertaken in this area.

A key stakeholder pointed out that a lack of data collection on the consequences of the Troubles/Conflict for people's mental health makes it difficult to quantify need in this area. Some respondents, including victims and survivors, highlighted long lasting mental health impacts and the continued need for counselling provision, but acknowledged that there can

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<sup>39</sup> Financial assistance/direct assistance payments for the bereaved have been reopened since the time of data collection.

<sup>40</sup> As per the Victims' Payments Regulations 2020, some in RoI will be eligible to apply to the TPDPS while others in RoI will be ineligible.

be barriers to uptake when provided. A key stakeholder reported an evident need for counselling among ex-service personnel but had observed little engagement with services by members of this 'closed community' when made available. Several respondents stressed the importance of building relationships and trust with people to encourage service utilisation. Notably, while one support organisation had experienced a high and increasing demand for counseling services in RoI, another reported negligible uptake with feedback from the client group reporting that it was 'too late in the day because they were affected in the 1970s' (SO1).

As an ageing population, it was also noted that victims and survivors in RoI have increasing physical health needs. Although this issue was not explored in depth, a support organisation welcomed a commitment by the Department of Justice and Equality to continue funding the physical needs of survivors, noting their timely response to requests for physical aids. In contrast, an individual who had sustained injuries in the Troubles/Conflict reported difficulties in accessing the support he needed via the Department, which had been a source of stress and disappointment: '*they appear to be saying to me, hey we know you are disabled but you aren't disabled enough*' (Victim/survivor).

### **Peer Support**

*They would really like to have an office here, that was theirs. They need that peer support with each other, you know, where they can meet up and have functions, or just have their own kind of space where they could invite other victims. (S07)*

Support providers highlighted the importance of providing opportunities for peer support to victims and survivors. Speaking to, and sharing experiences with, others who have an understanding of their experiences was viewed as an important source of emotional support and considered hugely beneficial in terms of coping and healing, as well as helping to address the continuing sense of isolation that victims and survivors in RoI can feel. Like victims and survivors in GB, a smaller 'victims community' than NI and a lack of understanding among those in their immediate environment of how they have, and continue to be affected, underpins feelings of isolation:

*How can I try and describe to someone who hasn't experienced what I have been through, what it is like to be blown up in a car bomb? I was blown across the road and part of a building fell on top of me ... I had*

*multiple skull fractures, massive TBI [traumatic brain injury], burns to my back and chest, part of my right foot missing, my left leg was severely damaged ... how can I explain this to someone who hasn't been through it? (Victim/survivor)*

Examples of opportunities for peer support included bringing people together for leisure activities, story-telling groups, and one-off events organised by support organisations. Organised trips to meet with victims and survivors in NI were considered beneficial in helping people to feel a greater sense of connection with others with similar experiences. Respondents noted that in recent months it had not been possible to organise peer support activities due to the Covid-19 pandemic, thereby compounding isolation and feelings of loneliness. Going forward, a support provider called for dedicated spaces/buildings in RoI where victims and survivors can come together for peer support. It was pointed out that this form of support can become of greater importance to victims and survivors as they get older.

### **Reaching out to victims and survivors in RoI**

*Here in the South, there's an awful lot more victims and survivors, to be able to reach out to them. And they need to know, like, you know, there needs to be some way of being able to advertise it somehow without advertising it. (S07)*

Respondents indicated that there are a significant number of victims and survivors who would benefit from support but are unaware of or reluctant to engage with existing services. Suggested reasons for this, included:

- Victims and survivors in RoI are more geographically dispersed than in NI, making them harder to reach
- Limited personnel and financial resources place limitations on outreach work by support organisations
- Some people may have needs but do not identify as 'victims' and are therefore reluctant to engage with services. Others are unaware that they are eligible for services and other supports
- Trust issues are common among victims and survivors, leading to a reluctance to engage with organisations outside of the local community, or community of interest



- Some people ‘slip through the net’ because health professionals lack understanding of the impact that experiences of the Troubles/Conflict can have on mental health or are unaware of specific services available to victims and survivors, and therefore do not signpost them.

People living in border areas were highlighted as potentially harder to reach, due to their greater isolation. Additionally, it was suggested that although ‘displaced’ families living in ROI often have considerable needs – one respondent suggested that many families are living in poverty - they may be unaware of services available to them. Stigma associated with the Troubles/Conflict was also perceived as a potential barrier to accessing support, particularly among those who have resettled in ROI from NI.

There was a general consensus that efforts to raise awareness of existing services are needed. A key stakeholder (KS1) cautioned that should there be a significant upturn in demand for services in the future - limited resources may impede the capacity of support services to respond effectively. Any campaign efforts aimed at reaching more victims must therefore be accompanied with additional funding and resources.

## **Funding**

Respondents reported that a lack of funding in the sector in ROI has undermined capacity to meet the needs of victims and survivors. The limited access of victims groups operating in ROI to PEACE funding was viewed as discriminatory and associated with significant gaps in service provision, despite an evident level of need<sup>41</sup>:

*It should be noted that the greatest loss of life in one day during the conflict was on the 17 May 1974 when the Dublin and Monaghan bombs exploded killing 33 people and a full term baby girl. Those killed in Dublin are often excluded from PEACE provided funding as it is not a Border Region, this should be addressed. (KS3)*

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<sup>41</sup> Note that there were, in fact, no limitations on access to PEACE funding in ROI for groups; VSS advertised an open call, and subsequently targeted calls for ROI/Border Regions, but groups did not apply. However, findings indicate the need for further exploration of the reasons why organisations did not apply, could not apply or did not feel that the PEACE funding was suitable.

Iterations of funding were highlighted as detrimental to the continuity and long-term sustainability of service provision. A victim support group reported that reduced amounts of funding over the years had led to the loss of their premises, making it difficult to meet social support needs and leading to a reduction in the range of services they could offer to clients.<sup>42</sup>

Going forward, it was suggested that there should be greater consideration of ways in which funding can be used more effectively within the sector. A key stakeholder called for an increased focus on funding more innovative projects and services, to 'drive the sector, rather than just respond to what the sector wants' (KS1). At the time of writing, potential new ways of undertaking such work were being explored through the Communities in Transition programme. Respondents identified several areas that would benefit from increased funding, namely, education and training, and grief, trauma, and counselling services. It was also suggested that funding criteria should be designed to encourage more partnership working between different groups.

### **Need for government strategy**

A key stakeholder highlighted the need for government strategies, in both GB and RoI, that focus on support and services for victims and survivors and stipulate that every government department is trauma informed.<sup>43</sup> It was suggested that until these are implemented, meeting the needs of victims and survivors in these jurisdictions will continue to be challenging and piecemeal.

### **3.3 The needs of victims and survivors in the Border Region of Ireland**

Since the partition of Ireland in 1921, the Border Region has faced a unique set of consequences and impact from the Troubles/Conflict and its legacy. Hayward's research has highlighted that the Border Region has experienced the most long-lasting economic and social consequences of partition and violent conflict. Meeting the needs of victims and survivors in

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<sup>42</sup> The respondent indicated that funding was withdrawn by the Irish government but did not specify the specific funding programme.

<sup>43</sup> Trauma informed or trauma aware refers to adoption of practices, where practitioners, volunteers etc. focus on understanding or assessing a person's needs with reference to a loss or trauma the person might have had to better support them or refer them for other services.

the Border Region must be considered in the context of the region's demographic deficit, rurality, geopolitical peripherality and structural deprivation, with particular concerns about the lack of infrastructure, services and access to public transport.<sup>44</sup>

The effects of the Troubles/Conflict on those living in the Border Region have been profound, with particularly harsh consequences for those from socially disadvantaged groups, including women, young people seeking employment, those who are socially isolated in rural areas, and those who have been displaced because of violence.<sup>45</sup>

### 3.3.1 Respondents Perspectives: Border Region

*Border region/rural is a much different environment. The nature of division was much less visible but no less real. Very particular set of issues – much more bitter than cities environments. More anger, more blame, more chance of violence. (KS10)*

Several key issues were identified as particularly significant for victims and survivors living in border and/or rural areas. These included a lack of infrastructure, particularly in relation to health, isolation, distance from services and what were perceived as greater social divisions within some communities. Respondents also raised concerns that continuing community tension and mistrust that persists in the Border Region may be exacerbated by the implementation of Brexit. There were also concerns that victims and survivors will be negatively affected by Brexit in ways that are yet unknown.

One positive change that was reported was that Covid-19 related lockdowns have led to increased technological capability among some older people who may have been digitally excluded in the past. However, Covid-19 was generally perceived as intensifying the social support needs of older people as increasing numbers have become more socially isolated, particularly those living in rural areas.

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<sup>44</sup> Hayward, K. (2017) [Bordering on Brexit: Views from Local Communities in the Central Border Region of Ireland/Northern Ireland](#) (Irish Central Border Area Network).

<sup>45</sup> Moffett, L. (2019) 'Struggling for Reparations in Northern Ireland' in C. Ferstman and M. Goetz (eds.) *Reparations for Victims of Genocide, War Crimes and Crimes Against Humanity* (Brill forthcoming 2<sup>nd</sup> ed.).

Going forward, a key stakeholder suggested that there is a need to utilise social cohesion and healing projects to challenge and address entrenched sectarianism and legacy issues. The need for further research on the needs of victims living in the Border Region was also highlighted, since, at present, there is limited data available other than that which is collected on the number of people accessing VSS services.

### 3.4 The needs of victims and survivors in Great Britain: A targeted review

In 2013, a position paper by the Warrington Peace Centre highlighted that victims and survivors of the NI Troubles/Conflict living in Great Britain felt abandoned by the Government. The report stated that victims and survivors felt that there was a lack of adequate support structures and practical assistance, with no regard to similar provision as victims in NI.<sup>46</sup>

Further to these findings, a report published by Barker and Dinisman (2016) highlighted disparities in access to service provision by different groups of victims and survivors in GB. While bereaved families can access high-quality care through the Government-funded National Homicide Service, those who have not been seriously physically injured or bereaved, but were at the scene of the incident, do not have the guarantee of a service that meets their needs due to inconsistent referral mechanisms. The report also noted a lack of clarity as to where survivors should seek information about the support they can receive and the options available to them. Additional findings included: potentially long waiting times for NHS counselling or therapy services; difficulties accessing local peer support groups; limited availability of treatment for PTSD which is not offered by all NHS mental health trusts in England; challenges claiming compensation from the Criminal Injuries Compensation Authority (CICA), particularly if survivors are involved in a related civil claim for damages.<sup>47</sup>

As documented in the VSS figures earlier, victims and survivors outside NI have had access to support organisations based in Northern Ireland. 209 individuals from GB accessed services through the Victims Support Programme in 2020/21 and 144 utilised services in 2019/20. 23

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<sup>46</sup> Warrington Peace Centre (2013) [Survivors for Peace: Position Paper and Rationale](#).

<sup>47</sup> Barker, A. and Dinisman, T. (2016) [Meeting the needs of survivors and families bereaved through terrorism. Victim Support England and Wales](#).

individuals from GB accessed the Individual Needs Programme in 2020/2021 with 43 accessing the programme in 2019/20.

The Commission's Advice Paper, *Addressing the Legacy of Northern Ireland's Past* (2019), points out that the Victims and Survivors (Northern Ireland) Order 2006 contains no legal impediment to engaging and supporting victims and survivors outside NI. However, it acknowledged both resource and administrative constraints that need to be considered further and recommended that Government engage with relevant stakeholders regarding progress in this area.<sup>48</sup>

In relation to historical investigations, the Commission recommends that either the HIU or a centralised police unit is empowered to investigate conflict-related deaths in Great Britain. This should be coupled with a commitment from the UK Government to adequately fund and resource both investigations and the provision of advocacy and support services to victims and survivors.

### **3.4.1 Respondents' perspectives: Great Britain**

Many of the needs and issues identified by GB respondents were synonymous with those of victims and survivors in RoI. Some key differences included the cultural diversity of victims and survivors, their relative dispersal geographically and with that, the greater isolation of victims. More generally, it was suggested that because of an absence of support for so many years, the needs of some victims and survivors in GB have increased or become more complex over time. Although not discussed in depth, it was also noted that transgenerational impacts mean that people across several generations are currently in need of support and assistance.

Key issues and needs of victims and survivors in GB are discussed below.

### **Need for Acknowledgement**

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<sup>48</sup> Commission for Victims and Survivors NI (2019) [Addressing the Legacy of Northern Ireland's Past](#)

*We've never been acknowledged, ever, particularly by the authorities were meant to represent us. From the moment our loved ones were killed. We've had no services, no counselling, no emotional, no financial, nothing since 1974. And even still today. (SO9/VS)*

Acknowledgment was considered equally important, yet relatively elusive, for victims and survivors living in GB. This scenario was described as compounding the sense of isolation victims and survivors often feel due to a lack of community support and a low level of understanding of the Troubles/Conflict among wider society in GB.

Going forward, respondents stressed the need for victims and survivors to be acknowledged and heard on an equal level with those in NI. One respondent called for the anniversaries of incidents to be commemorated in some way. Another individual, located in Wales, highlighted the need to 'have a voice' so that others can understand what it means to be a victim of 'terrorism'.<sup>49</sup>

A few respondents were of the view that a degree of hierarchy also exists *within* the group of victims and survivors in GB, with some receiving a greater level of acknowledgement than others. One individual reported exclusion from a commemoration event, which was mainly attended by police personnel, despite sustaining serious injuries in the bomb attack with several family members also being affected. Another described what she perceived as racial discrimination in terms of the treatment of the family of a young Jamaican victim who was killed in a bomb attack in Birmingham:

*When the Police went to tell that that her son was killed, she never, ever saw or heard from the Police ever again. Never had any help. No support, no financial assistance, no counselling, nothing. And you know why? Because she was black. Now we know that because I had an ex-Police officer come up and tell me at a seminar that I attended, and I was horrified. And he made such a racist remark to me that I looked at him and I walked away in utter disgust. (SO9)*

## **Truth and justice**

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<sup>49</sup> Use of quotation marks indicates terminology used by the respondent.

*We're still having to fight for justice. And all these people's lives have been destroyed, and their family's lives have been destroyed, the extended families. No one's been held to account. (Victim/survivor/SO9)*

*What happened, when the Harrods bomb went off? Who was responsible? Who was questioned, how far did the inquiries go? No one's come back to me. And the Police here are not releasing information. (Victim/survivor/KS2)*

The need for truth and justice was identified as an ongoing priority, while the prolonged 'fight' for this, over many years, was described as exhausting and hugely detrimental to people's mental health. Respondents described consequences for families, including extended family members and younger generations, who have been drawn into the struggle for truth and justice in more recent years as a result of limited progress in this area. The importance of providing adequate resources to ensure the availability of advocacy workers, who are currently 'stretched to the limit' in GB, to support victims and survivors through the truth and justice process was highlighted.

### **Health and wellbeing**

*So, after I left [NAME] hospital, I had no assistance ... nobody really looked out for me. I didn't end up in counselling. I didn't really know what PTSD was. So, I had no help for 35, 40 years. (Victim/survivor/KS2)*

Many of the health needs identified by victims and survivors reflected those of victims in RoI. These included the need for increased counselling provision and other forms of therapy that are specifically tailored to the needs of victims and survivors, effective provision in response to increased physical and social support needs as people get older, and the provision of a sufficient number of adequately resourced support organisations that can respond effectively to the needs of victims and survivors.

Despite considerable overlap, there were some differences related to GB's geographical and social context. A few respondents expressed the view that some professionals working within health services in GB have limited understanding of the Troubles/Conflict, which affects the quality of support offered to victims and survivors. Victims and survivors also tend to be more isolated, both geographically and emotionally, potentially leading to feelings of disconnection

and loneliness. A support provider suggested that, in this context, the mental health of victims can deteriorate more rapidly. Respondents also reported that the demand for counselling services has increased significantly because of several Covid-19 related lockdowns. There are also considerable gaps in NHS provision and lengthy waiting lists.

### ***Changing needs***

*The travelling is getting too much for me, my health is deteriorating as well.*

(Victim/survivor)

It was also reported that the needs of victims and survivors change as people get older. It can become increasingly challenging for some people to deal with trauma as they get older and they may seek support many years after the harmful incident occurred. The need for help may also be triggered by specific events as a respondent explained:

*We noticed so many more people coming forward and they're still dealing with their trauma ... it was all heightened because of the inquest. We began to signpost people to try and get service for them. And we tried to direct them to other organisations who may be able to offer them assistance, where we weren't able to do so. But a lot of them were reluctant to go elsewhere, they only wanted to deal with us. (Victim/survivor/SO9)*

As alluded to above, support organisations can be limited in terms of what they can offer due to a lack of resources yet highlighted potential barriers to engagement when they signpost individuals to mainstream services. One identified barrier related to a lack of trust in services/professionals that they are unfamiliar with or have not had the opportunity to build a relationship with. An individual highlighted a preference for a telephone counselling service provided by an organisation in NI 'because the counsellors understand the Troubles and can give a better service compared to GB counsellors'. It was also suggested that some individuals are reluctant to travel outside their local communities: 'they might want help, but ... they're uncomfortable with the thought of having to leave their own home or their own city to go and get assistance' (SO9).

In their questionnaire responses, victims and survivors in GB made various suggestions



relating to what they would find helpful to address their health and wellbeing needs, including:

- Continued provision of wellbeing courses and complementary therapies which were considered relaxing and beneficial for health
- Specialist counselling services, provided by professionals with a good understanding of PTSD, trauma and other potential impacts of the Troubles/Conflict
- Group talking therapies and access to other forms of emotional support, such as one-to-one informal chats with support organisation staff with whom they have developed a trusting relationship
- More opportunities to attend respite events and workshops which were viewed as an important opportunity to access social support and to connect with other victims and survivors.

### **Cultural diversity of victims in GB**

*We're not merely reaching out to Protestant and Catholic communities, they come from a huge diverse set of communities, from Sikh, Afro Caribbean, Muslim, Hindu, Christian Catholic, Jehovah's Witnesses and other religious groups and cultures. (KS2)*

An important issue for consideration in meeting the needs of victims in GB is the diversity of cultural, ethnic and religious backgrounds among victims and survivors. A key stakeholder stressed the importance of expertise, respect and cultural awareness when seeking to understand the needs of victims from different backgrounds. Although not discussed in depth, it was noted that some partnerships have been formed to support engagement with victims from different communities and it is hoped that these can be developed further.

### **Peer support**

*We're part of a family that nobody in their right mind would choose to belong to. But through circumstances out of our control, we do ... and we give each other strength. And it works for us and we support each other. (Victim/survivor/SO9)*

Opportunities for peer support were viewed as particularly important for victims and survivors living in GB due to the combination of geographical isolation and a perceived lack of understanding of the Troubles/Conflict among their own families, health professionals and wider society. Connecting individuals with peers can be challenging, however, due to a lack of relevant groups and services locally. Making connections with victims and survivors in Northern Ireland was viewed as very helpful in terms of fostering a sense of inclusion and there was a desire for more opportunities to connect with, and feel part of, the NI ‘victims community’.

### **Financial support**

*We got no help. No compensation, no assistance ... and the struggle was all ours all these years. . . I didn't have a career. My injuries were such that I could not sustain any type of career really. (Victim/survivor)*

Victims and survivors in GB have been affected in many of the same ways as those in other jurisdictions – including physical, psychological and emotional harm, disability, disruption of family relationships, and negative consequences for work, education and earnings - and as such have equivalent financial support needs. A predominant issue identified by respondents in GB in terms of financial assistance was equity with victims and survivors in terms of access to a victim’s pension.<sup>50</sup> It was suggested that recipients should include bereaved family members such as ‘war widows who have been denied equality and justice regarding pensions for life’ (Victim/survivor).

### **Access to services**

*I realized there's so much that is available to us, which we were never aware of, because a whole pot for the victims was going to Belfast, and VSS and organisations were dealing with it, but they never even acknowledged us here. (victim/survivor/KS2)*

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<sup>50</sup> Specific eligibility criteria is detailed in [The Victims' Payments Regulations 2020](#).

Lack of awareness of and/or access to existing services was highlighted as an issue by respondents. Questions about parity of service provision across the different jurisdictions were also raised, with provision being perceived by some as biased towards meeting the needs of victims and survivors in Belfast or Northern Ireland.

Service providers reported difficulties in reaching victims and survivors, in part because they are comparatively 'more hidden and spread out in GB' (SO3). Victims and survivors who have developed issues with substance misuse or addiction, sometimes as a coping strategy in response to Troubles/Conflict related harm or trauma, were considered as particularly hard to reach. Despite being aware that there are many more people in GB who would benefit from support, a lack of funding for marketing limits advertising and promotion of services to victims and survivors. It was also noted that when support organisations do reach out, 'people are suspicious of why they are being contacted after so many years' (KS2), indicating a need to break down barriers to encourage utilisation of services.

## **Funding**

Some respondents reported a need for greater resources going forward in order to effectively address the needs of victims and survivors in GB. It was reported that, at present, a perceived lack of funding has led to gaps in support services and has placed some caseworkers and organisations under pressure. As discussed above, additional funds are also needed for the effective promotion of services, so that those in need are aware of the support available.

## 4.0 Recurring and emerging areas of need in Northern Ireland

Following the CNA in 2012, a number of recurring and emerging areas of need have been identified through focused review of research literature, including three studies conducted as part of the PEACE IV Victims and Survivors research programme, reporting and monitoring data, and engagement with stakeholders and victims and survivors. The PEACE IV research studies examine areas of trauma services, advocacy support services and the transgenerational impact of the Troubles/Conflict on children and young people.

The key needs of victims and survivors are discussed below, under the following sub headings:

- The Need to Address the Past: Truth, Justice and Acknowledgment
- The Need to Ensure Effective and Sustainable Provision of Support Services
- The Need to Challenge Wider Societal Legacy Issues: Building a Better Future

Although presented thematically, there is considerable overlap and interdependency between the identified areas.

### 4.1 The need to address the past: truth, justice and acknowledgment

#### 4.1.1 Background and policy context

Previous research by the Commission indicates that approximately 500,000 people (almost one in three people in Northern Ireland) are victims and survivors of the Troubles/Conflict. This includes up to 200,000 with mental health problems, 40,000 suffering with injuries and 3,720 families who are bereaved.<sup>51</sup> In 2017, an Omnibus survey found that one in four of the population in Northern Ireland said that either they or a family member continued to be impacted by a conflict-related event.<sup>52</sup>

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<sup>51</sup> Commission for Victims and Survivors Northern Ireland (2019) *Addressing the Legacy of Northern Ireland's Past*.

<sup>52</sup> Northern Ireland Statistics and Research Agency (2017) *Commission for Victims and Survivors Module of the September 2017 Northern Ireland Omnibus Survey*, NISRA.

### *Stormont House Agreement Proposals*

The Stormont House Agreement, published in 2014, committed the UK and Irish Governments and the five parties in the Northern Ireland Executive to establishing four mechanisms: The Historical Investigations Unit; Independent Commission on Information Retrieval; Oral History Archive and Implementation and Reconciliation Group.<sup>53</sup>

In March 2015, members of the Victims and Survivors Forum (VSF) agreed a series of principles that VSF consider integral to effective and appropriate truth, justice, acknowledgement and reparation processes. The principles, which were updated in June 2017, state that processes should be:

- ☐ Co-designed and collaborative
- ☐ Victim-centred and victim-led
- ☐ Inclusive
- ☐ Independent and impartial
- ☐ Fit for purpose.<sup>54</sup>

Support for the SHA was not universal and further concerns have since been raised by stakeholders, including from the 24 victims and survivors groups who comprise the Innocent Victims United (IVU). IVU has consistently expressed its opposition to the legacy proposals contained within the SHA, arguing that these are neither ‘fit for purpose’ nor reflective of the views of many victims and survivors.<sup>55 56</sup> Since the Secretary of State’s announcement on the 14<sup>th</sup> July 2021, victims groups appear to be united in their rejection of a proposed statute of limitations which would end all prosecutions relating to incidents up to April 1998.<sup>57 58</sup> At the

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<sup>53</sup> McEvoy, K. and Bryson, A. (2016) Justice, truth and oral history: legislating the past ‘from below’ in Northern Ireland. *Northern Ireland Legal Quarterly*, 67(1), pp.67-90.

<sup>54</sup> Commission for Victims and Survivors NI (2017) *Key Guiding Principles for Existing and Proposed Organisations and Processes Dealing with Past*.

<sup>55</sup> Innocent Victims United comprises 24 partner groups representing over 12, 500 victims and survivors in Northern Ireland, Great Britain and the Republic of Ireland.

<sup>56</sup> South Fermanagh Foundation and Innocent Victims United (2020) *Submission to the Northern Ireland Affairs Committee Consultation on the NIO Legacy Proposals*.

<sup>57</sup> Black, R. (2012) ‘Victims slam proposed statute of limitations on Troubles case as betrayal’, Belfast Telegraph, 14 July 2021

<sup>58</sup> Addressing the Legacy of Northern Ireland’s Past, CP498, July 2021,

time of writing a British Irish Intergovernmental Joint Secretariat consultation by the NIO and the DFA is being undertaken.

*New Decade, New Approach (2020)*

The *New Decade, New Approach (NDNA)* paper, which set out the reestablishment of devolved Government in Northern Ireland in January 2020, made a commitment to publish and introduce legislation in the UK Parliament to implement the Stormont House Agreement and address Northern Ireland legacy issues within 100 days of recommencement. Additionally, the NDNA indicated the UK Government's intention to commence an intensive process with the NI parties and the Irish Government, as appropriate, to maintain a broad-based consensus, recognising that any such UK Parliament legislation should have the consent of the NI Assembly.<sup>59</sup> Subsequently, during March 2020 the Secretary of State, in a written ministerial statement, announced "significant changes" to the legislation consulted on to deliver the Stormont House Agreement.<sup>60</sup> At present, no further public consultation has taken place on the detail of those changes and no schedule for legislation to be laid has been announced.<sup>61</sup>

### **Literature on dealing with the past from a victims and survivors' perspective**

Since the publication of the CNA in 2012, the Commission has produced several advice and policy papers including recommendations to government on issues relating to dealing with the past. These are detailed below.

*Advice on Dealing with the Past: a Victim Centred Approach (CVSNI, 2014)*

In 2014, the Commission submitted advice to the Executive Office on dealing with the past from a victim and survivor's perspective.<sup>62</sup> The paper identified four interdependent and interconnected key areas of need that must be addressed in order to effectively address the past:

- Acknowledgement

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<sup>59</sup> Northern Ireland Executive Office (2020) [New Decade, New Approach](#).

<sup>60</sup> Commission for Victims and Survivors NI (2020) *Informing a New Strategy*.

<sup>61</sup> Commission for Victims and Survivors NI (2020) [Missed Deadlines Mean Misery for Victims and Survivors](#).

<sup>62</sup> Commission for Victims and Survivors Northern Ireland (2014) *Advice on Dealing with the Past*.

- Truth
- Justice
- Reparation.

Key recommendations contained within the advice paper are summarised below.

**Acknowledgement:** victims and survivors need acknowledgement and an official apology for their hurt, pain and suffering endured throughout the years of the Troubles/Conflict. It was noted that acknowledgement can take many forms and that an ageing population of victims and survivors means that for many people time is running out to receive an apology. The Commission recommended that an Acknowledgement Unit should be established jointly by the British and Irish Governments in order to make the appropriate arrangements for an official apology to be made individually to all victims and survivors as required.

**Truth:** victims and survivors need to hear the truth about what happened to them or their family member. The advice paper noted the ‘piecemeal’ approach that has operated to date in relation to information recovery. Moreover, it was observed that truth goes beyond factual information, by ‘examining mindsets and motivations; exploring causes and consequences; and developing deeper insight about the impact of violence on the people involved’. For victims and survivors, the key questions that need to be answered are:

- What happened?
- How did it happen?
- Why did it happen?
- Who was responsible?

The Commission recommended the establishment of an Independent Commission in Northern Ireland with the remit to compile a composite narrative of the Northern Ireland Conflict. Additionally, the extensive proposals outlined in the Haass/O’Sullivan report in relation to the Independent Commission for Information Retrieval (ICIR) as the basis for progressing the recovery of truth for victims and survivors should be further considered.

**Justice:** The Commission recommended the establishment of an overarching organisation under the remit of the Department of Justice, with the powers to investigate, co-ordinate and report on the provision of justice for all historical cases in relation to the Troubles/Conflict. It was argued that this body should encompass the roles of the current organisations involved with policing the past (HET, OPONI's Historic directorate and the PSNI's historic directorate).

**Reparation:** The Commission recommended the implementation of a comprehensive process for the provision of reparations for all victims and survivors. It was advised that those who are bereaved, injured or carers should be eligible for a programme of high quality services and financial assistance, as well a pension for the severely injured.

#### *Addressing the Legacy of Northern Ireland's Past (CVSNI, 2019)*

The Commission followed up with several key recommendations for dealing with the past in *Addressing the Legacy of Northern Ireland's Past (2019)*, to be considered for future service provision and strategic policy development. The paper set out the Commission's views in relation to the Independent Commission on Information Retrieval, the Historical Investigations Unit, an Oral History Archive and the Regional Trauma Network.

A number of recommendations directed at government related to measures that should be implemented in order to meet the needs of victims and survivors. The paper also made proposals for consideration by the Irish Government on how to meet the needs of victims and survivors in the Republic of Ireland. The Commission advised the Secretary of State that the proposals offered the best opportunity to address the legacy of the past, subject to several changes to ensure they met with the VSF's five principles. The Commission's 47 recommendations provided solutions to ensure that the proposed mechanisms would effectively meet the needs of victims and survivors.

The Commission's key recommendations are summarised below:

#### **Historical Investigations Unit and the need for additional support services**

The Commission recommended that:



- A Victims and Survivors Steering Group should be established and involved in the process of co-designing and advising on policies and procedures that relate to the rights, needs and interests of victims and survivors
- A well-resourced Family Liaison Unit should be established with dedicated officers to provide high quality, empathetic and specifically tailored support for families
- A pathway is created for victims and survivors to allow access to both advocacy and health and wellbeing support before, during and after engagement with the HIU
- The development of a joint strategy to allow for sharing of expertise in relation to navigating the criminal justice system, providing support to witnesses and assisting those affected by Troubles/Conflict related incidents should be considered
- Service provision must be nuanced to meet the specific needs of victims and survivors of Troubles/Conflict-related incidents, with bespoke and accredited training for HIU Officers
- In relation to jurisdictional issues, victims and survivors should be entitled to access justice regardless of where a death happened. The UK and Irish Governments should therefore provide the necessary resources to allow all Troubles/Conflict related deaths to be fully investigated and ensure parity with investigations undertaken by the HIU
- The Commission recommended that either the HIU or a centralised police unit is empowered to investigate Troubles/Conflict related deaths in Great Britain. This should be coupled with a commitment from the UK Government to adequately fund and resource both investigations and the provision of advocacy and support services to victims and survivors.

**Oral History Archive:** the Commission recommended that the oral history archive should be a mechanism for people from all backgrounds to share their experience of the Troubles/Conflict. It must therefore be co-designed, victim-centred, independent, impartial, inclusive and fit-for-purpose.

**Reparations:** although outside of the scope of the consultation, the Commission highlighted the increasing financial and welfare needs of the severely injured and reiterated the need to make provision for a pension payment to, this ageing group of victims and survivors. In the

absence of the Northern Ireland Assembly at that time the Commission recommended consultation and legislation be progressed at Westminster to address this as a priority.<sup>63</sup>

*Response to the Northern Ireland Affairs Committee Inquiry on Addressing the Legacy of Northern Ireland's Past: the UK Government's New Proposals (CVSNI, 2020)*

In 2020, the Commission reaffirmed its position on dealing with the past in a response to the Northern Ireland Affairs Committee's (NIAC) inquiry on the UK Government's new proposals for addressing the legacy of Northern Ireland's past. The Commission's response highlighted areas considered integral to dealing with the legacy of the past, including appropriate service provision and how best to support victims and survivors regardless of where they live. Additionally, the interconnected nature of truth, justice, acknowledgement and reparations were highlighted.

**Recent developments in the provision of reparations to victims and survivors**

Since the Commission's submission to the NIAC's inquiry in 2020, there have been notable developments in the provision of reparations, particularly regarding the Troubles Permanent Disablement Payment Scheme and the Bereaved Self-Directed Assistance Payments Scheme. These are briefly outlined below.

*Troubles Permanent Disablement Payment Scheme*

The Victims Payment Scheme regulations were laid before Westminster in January 2020. Some regulations for the Scheme came into effect in February and the remainder came into effect on 29 May 2020.<sup>64</sup>

Since the legislative process there have been number of delays to the implementation of the scheme, in part linked to unassigned departmental responsibility for the scheme and ambiguity on funding. As highlighted by Moffett, discussion of reparations has become a particularly controversial subject in Northern Ireland, going to the heart of narratives of the past - who is a victim and who is responsible for their harm.<sup>65</sup>

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<sup>63</sup> Commission for Victims and Survivors Northern Ireland (2019) *Addressing the Legacy*.

<sup>64</sup> [The Victims' Payments Regulations 2020](#).

<sup>65</sup> Moffett, L. (2015) A Pension for Injured Victims of the Troubles: Reparations or Reifying Victim Hierarchy. *Northern Ireland Legal Quarterly*, 66(4), pp.297-319.

The resulting delay in assigning a responsible department led to a legal challenge, with victims seeking judicial review. In August 2020, Mr Justice McAlinden ruled that the Executive Office was acting unlawfully in delaying the introduction of the compensation scheme for injured Troubles/Conflict victims.<sup>66</sup> Following the ruling it was agreed that the Department of Justice would administer the scheme, which is due to open to receive applications on 31 August 2021.

The Scheme is intended for those permanently disabled as a result of a Troubles/Conflict related incident and therefore not every victim or survivor will be eligible.<sup>67</sup> Concerns have been raised regarding the scheme's limited provision for those who have been bereaved and carers of those injured during the Troubles/Conflict, many of whom may have spent years looking after those with physical and psychological damage.<sup>68 69</sup>

#### *Bereaved Self-Directed Assistance Payments Scheme*

Victims groups have also highlighted the need for additional reparations for those who were unable to access the Bereaved Self-Directed Assistance Payments Scheme, which closed to new applications in 2017. In particular, groups have called for the Executive Office to incorporate measures aimed at providing sustainable and comprehensive support for those who have been bereaved in the new Strategy.<sup>70</sup> An announcement in March 2021 to re-open the Bereaved Self-Directed Assistance Payments scheme to bereaved individuals who were not registered with the Victims and Survivors Service (VSS) by 31 March 3 2017 has been welcomed.<sup>71</sup>

#### **4.1.2 Respondents' perspectives: 'dealing with the past'**

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<sup>66</sup> BBC, ['Troubles Pension Delay Unlawful, Rules High Court'](#), *BBC News* (21 August 2020)

<sup>67</sup> "Disablement" means damage, disfigurement and loss of physical or mental capacity resulting from injury.

<sup>68</sup> Morris, A. (2020) [Victims who didn't witness killing of loved ones to be denied pension](#), *The Irish News*, August 2020.

<sup>69</sup> Stanley, C, (2020) [Victims Payments Scheme brings hierarchy of victims back to the fore](#), *Irish Legal News*, February 2020.

<sup>70</sup> Black, R. (2020) ['Troubles' Widows call for bereavement recognition payments'](#) *Belfast Telegraph*, 27 August 2020.

<sup>71</sup> Black, R. (2021) ['Payment scheme for Troubles bereaved reopened'](#), *Belfast Telegraph*, 7 March 2021.

*I have a person whose 90th birthday was just there a week and a half ago ... he's been waiting nearly 15 years for his truth, justice and acknowledgement. His mother, whose husband was killed in McGurk's bar, went to her grave, and all she wanted was somebody in a suit to come and knock on her door and say that her husband wasn't a terrorist. That's all she wanted, and she never got it. (SO2)*

*There was a misunderstanding ... that you could segregate the issues of mental ill health and justice and truth, when the realities are it's the lack of truth, justice and accountability which permeates the mental health disorders. (SO5)*

In 2012, the Comprehensive Needs Assessment identified 'truth, justice and acknowledgement' as a fundamental area of need. Almost a decade later, this has been identified by respondents as an area that continues to be contentious but of no less importance to victims and survivors in NI. A prominent issue for respondents, across all three subgroups, was the perceived lack of progress with the implementation of mechanisms proposed in the Stormont House Agreement. One respondent, working in advocacy, interpreted the delays as a deliberate 'in the hope that these people will die off', thereby removing the need to address outstanding legacy issues (SO2). Another, with reference to this review, described it as yet another 'academic exercise', while 'time, age and death take their toll on victims' (victim/survivor). Prolonged delays in the provision of truth and justice were considered potentially detrimental to the mental health of individuals, while also contributing to the transmission of trauma within families and communities:

*I see people who have campaigned for years for truth and justice passing the fight on to the next generation, this is the physical manifestation of the passing of trauma but it is passed in other ways too. (KS3)*

An individual respondent suggested that until needs related to 'truth, justice and acknowledgement' are properly addressed, efforts to tackle other areas of need identified in the 2012 CNA, as well as the wider process of reconciliation, will prove futile. This argument was reiterated by stakeholders, particularly regarding health and wellbeing needs which were considered intrinsically linked to progress made in the provision of truth, justice and acknowledgement to victims and survivors.

*Perceived obstacles to 'truth, justice and acknowledgement'*

Respondents identified a number of perceived obstacles to progress with ‘truth, justice and acknowledgement’. These included a lack of engagement in legacy issues at senior government level due to competing priorities; a lack of communication and collaboration between key stakeholders from within the UK Home Office and the Cabinet Office; the continuing intransigence of the ‘British State’ - and related to this - a lack of funding to take forward commitments made in the Stormont House Agreement; limited financial and ‘management issues’ within the Police Ombudsman; and no serving Victims and Survivors Commissioner to act as an independent voice for victims and survivors and help take forward outstanding legacy issues. A key stakeholder expressed concern about potential funding shortages if and when legacy mechanisms proposed in the SHA become operational.

A theme common to all jurisdictions was a distinct lack of trust in politicians and governments (both NI and UK Governments in the case of this jurisdiction) to tackle outstanding legacy issues in a fair and proportionate manner. A few respondents highlighted what they perceived as discriminatory policies, particularly in relation to pensions issues and the UK government’s proposals regarding the curtailment of prosecutions of former security force members involved in legacy cases. In response to what he perceived as an amnesty for soldiers accused of crimes during the Troubles/Conflict, an individual described this as a source of ‘greatly increased stress, anger and frustration, impacting on mental and general health’ (victim/survivor). This sentiment was reflective of a wider theme indicating that unresolved legacy issues and/or what some perceive as ‘discriminatory’ policies in this area can have negative implications for people’s mental health.

#### *Different understandings of ‘acknowledgment’ in the sector*

As was highlighted in the jurisdictional section, respondents’ comments were indicative of varying understandings of ‘acknowledgment’ among victims and survivors and those who support them. When giving their views on legacy issues, some respondents conflated ‘acknowledgement’ with ‘truth’ or ‘justice’ or spoke about these issues collectively. This is an area that warrants further research, in order to gain a more in-depth and nuanced understanding of what ‘acknowledgement’ means to different individuals and sub groups, what form they consider that acknowledgement should take, and which stakeholders should be involved in developing measures to address this area of need.

### *Respondents' suggestions and recommendations*

Respondents made a number of wide ranging suggestions and recommendations regarding actions required to address needs in the areas of truth, justice and acknowledgement. These included the need to:

- Implement policies and structures as a matter of urgency to fulfil commitments made in the Stormont House Agreement
- Provide acknowledgement and greater support, including tailored support services and discretionary support, to bereaved people, particularly older bereaved people and to carers. Related to this, introduce measures to encourage more people from these groups to access support
- Adopt an integrated approach, across Government departments, as well as cross-departmental working across different jurisdictions, to address outstanding legacy issues
- Provide adequate funding and improved management structures to improve efficiency and quality of investigations offered by the Police Ombudsman and other investigative agencies
- Take an equitable approach to meeting the legacy needs of different subgroups of victims and survivors
- Secure a commitment from all protagonists to the Troubles/Conflict to do all they can to help victims and survivors attain truth, justice and acknowledgment.

## **4.2 The Need to Ensure Effective and Sustainable Provision of Support Services**

The Commission considers it vital that there is sufficient capacity across support services to address the health and wellbeing and other needs of victims and survivors, in a victim centred way. Central to this, is the participation of victims and survivors in the co-design of processes and services to meet their needs.

### *The role of the Victims and Survivors Service (VSS)*

As noted earlier in the report, VSS is responsible for the delivery of support to all victims and survivors of the Troubles/Conflict as defined in the Victims and Survivors (Northern Ireland) Order 2006. This includes:

- those who have been injured (physically or psychologically)
- those who care for people who have been injured in this way
- those who have been bereaved.

#### *The PEACE IV Programme*

The Victims and Survivors Service (VSS) was awarded £13.37 million under the PEACE IV programme to support the health and wellbeing of victims and survivors of the Troubles/Conflict on a cross-border basis. The project aims to support up to 17,650 victims and survivors and members of their families, in conjunction with the community, voluntary and statutory sectors, over the life of the project (November 2016 to December 2022). This figure includes a projected 6,300 recipients of advocacy support and 11,350 from assessment, casework support, and/or resilience support aimed at helping them develop positive relationships and independence. Additionally, it is anticipated that up to 1,000 resilience interventions will also be delivered through a resilience programme.<sup>72</sup>

VSS is the single lead partner for this element of the project and is focusing on the delivery of the following:

- Advocacy support: 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
- The development of the capacity of the sector through training and development to meet national and regional standards, research, and improved regulation.<sup>73</sup>

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<sup>72</sup> Special EU Programmes Body (SEUPB) (2016) *List of PEACE IV funded Projects*. Available at: <https://www.seupb.eu/piv-overview>

<sup>73</sup> Victims and Survivors Service, *Corporate Plan 2019-2020 Including: The Victims and Survivors Service Delivery Plan 2019-2020*.

### *VSS service provision*

There has been a sustained and substantial need for service provision for victims and survivors. In 2019/20, VSS provided support and services directly to more than 6,000 victims and survivors. Through a network of 53 community partners, just under 1,500 individuals availed of counselling, more than 2,800 of complementary therapies and almost 34,000 social support activities were delivered. Over 2,100 individuals received an individual needs consultation (INC) with a health and wellbeing caseworker, which has resulted in a bespoke package of care based on unique and individual needs.<sup>74</sup>

*The Victims and Survivors Mid Term Review Project (2017)* found that there had been improvements to service delivery to individuals, and highlighted key achievements such as the piloting of the personalised budget, caseworker approaches and the establishment of the mental health trauma service. It was reported that, since 2013, the Victims Support Programme (VSP) and Individual Needs Programme (INP), both administered by VSS, had continued to develop and improve, have enhanced the wellbeing of a significant number of victims and survivors inside and outside Northern Ireland.<sup>75</sup> Additionally, it was reported that recent developments in service monitoring and evaluation advanced the efficacy of the monitoring and evaluation processes.

The review also identified key challenges associated with future service delivery, namely:

- **Ensuring the sustainability of future service provision:** The ability to deliver services to victims and survivors is reliant on secure and accessible pathways to funding. The Victims and Survivors Mid-Term Review report highlighted a 70% increase over a 3-year period in the number of individuals accessing INP support; it was argued that continued growth would increase budgetary pressure.

PEACE IV funded projects continue to engage victims and survivors across jurisdictions at present, however, funding will end in 2022. It has been recommended that

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<sup>74</sup> Victims and Survivors Service, [Annual Report and Accounts for the year ended 31 March 2020](#).

<sup>75</sup> Commission for Victims and Survivors NI (2017) *Victims & Survivors Mid-Term Review Project*, Summary Report.



collaborative partners engage as matter of priority to develop a plan to address future funding and the delivery of advocacy and needs-based approaches.<sup>76</sup>

- **Identifying and remedying service delivery gaps:** gaps in service provision have been identified by VSS relating to specific geographies and an under-provision for the bereaved, carers, siblings and victims and survivors suffering from addictions. In August 2019, VSS identified a gap in support and services to people who are bereaved and asked for a change in policy relating to the reinstatement of the bereaved payment that closed in 2017.
- **Implementation and resourcing of the Regional Trauma Network:** Feedback from key stakeholders in the Victims and Survivors Mid-Term Review highlighted the need for the roll-out of this service to achieve buy-in from the voluntary and community sector, the provision of a holistic model of support and the need for an appropriate level of resourcing for the service to make a discernible impact among victims and survivors.

### **Regional Trauma Network**

Building upon the CNA's health and wellbeing priority, the Regional Trauma Network is currently in development, with work ongoing between the Department of Health, the Executive Office, the five Health and Social Care Trusts, representatives from academia, the VSS, the Commission and representatives from a number of victims organisations. This collaborative, cross-sectoral partnership arrangement presents the opportunity to provide the required resources, expertise and capacity to effectively address the mental health legacy of the Troubles/Conflict.<sup>77</sup> It also represents a significant opportunity to provide victims and survivors with effective psychological and psychiatric interventions.

Unfortunately, however, work to deliver the Regional Trauma Network has been suspended. The delay, which, in part, has been attributed to the Covid-19 pandemic, has occurred with

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<sup>76</sup> Note that there is an indicative budget of €25m within the draft [PEACE Plus Programme](#).

<sup>77</sup> Commission for Victims and Survivors NI (2018) [Commission for Victims and Survivors Response to the Northern Ireland Affairs Committee Consultation on Stormont House Agreement Inquiry](#) (June 2018).

minimal communication to victims and survivors and no process in place to recover this service.

### **Addressing the impact of Covid-19**

The damage caused by the pandemic has yet to be fully assessed. Black and colleagues, in a report published in *The Lancet*, noted that while extended periods of lockdown will increase economic and social damage, each relaxation of lockdown will almost certainly trigger further deaths.<sup>78</sup> There has also been concern that the pandemic will exacerbate existing health inequalities in the UK, and particularly affect people with established mental health issues or physical disability, those with precarious or no employment or housing, and/or those facing other forms of social inequality, such as digital poverty.<sup>79</sup> Within NI, the Troubles/Conflict has been associated with high levels of trauma, high levels of mental health problems and suicide, and high levels of unemployment and benefit dependency.<sup>80</sup> The risk of further psychological impacts is therefore of significant concern.

It is essential, when planning interventions, to remember that some groups may be more vulnerable than others to the psychosocial effects of the Covid-19 pandemic. In particular, people who contract the disease, those at heightened risk (including the elderly, people with compromised immune function, and those living or receiving care in congregate settings), and people with pre-existing medical, psychiatric, or substance use problems are at increased risk for adverse psychosocial outcomes. Health care providers are also particularly vulnerable to emotional distress in the current pandemic.<sup>81</sup>

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<sup>78</sup> Black, J.R.M., Bailey, C., Przewroka, J., Kijstra, K.K., and Wanton, C.S. (2021) [Universal Weekly Testing as the UK COVID-19 Lockdown Strategy](#). *The Lancet*, 395, pp.1420-1421.

<sup>79</sup> Holmes E.A. *et al.* (2020) [Multidisciplinary Research Priorities for the COVID-19 Pandemic: a call for action for mental health services](#). *The Lancet*, 7, pp.547-560.

<sup>80</sup> Commission for Victims and Survivors NI (2019) [Extension to the strategy for Victims and Survivors \(2009-19\) and Programme Funding – Policy Advice Paper](#) (November 2019).

<sup>81</sup> Pfliegerbaum, B. and North, C.S. (2020) Mental Health and the COVID 19 Pandemic. *New England Journal of Medicine*, 383, pp.510-512.

### **PEACE IV funded research projects: Needs and gaps in service provision**

At present there are three comprehensive PEACE IV funded research projects being undertaken on behalf of the Commission, focused on Trauma Services, Advocacy Services and Transgenerational Legacy and Young People.<sup>82</sup> Findings relating to service provision, from each of the research projects, are summarised below.

#### ***Conflict, Trauma and Mental Health: How Psychological Services in Northern Ireland Address the Needs of Victims and Survivors (2021)***

This PEACE IV funded research study was conducted by a research team incorporating researchers based at Queen's University Belfast, Ulster University, the Belfast Health and Social Care Trust, and Trinity College Dublin. The study aimed to enhance knowledge of the clinical impact of trauma-focussed psychological therapy for victims and survivors throughout Northern Ireland, the Border Region with the Republic of Ireland and Great Britain.

The research drew on a range of sources, including international literature reviews, and the views of community-based service providers, psychological therapists and mental health managers in the statutory sector working directly with victims, survivors and their families impacted by the Troubles/Conflict. The methodological approach comprised analyses of quantitative data (VSS data; HSCT outcome data; survey data) and qualitative data (interviews with service users, managers and practitioners).

The study's objectives were to report on the effectiveness of current trauma treatment/services, and to map mental health services across HSCTs in Northern Ireland and the Health Service Executive Border Region in relation to policies and provision of care.

It is worth noting here findings related to the importance of psychotherapeutic support in dealing with traumatic experiences. Interviewees reported greater resilience, suggesting that counselling helps with symptoms and provides a safe space and almost all considered further therapy necessary. However, the need for specialist services to help with more complex presentations of trauma was also established. An additional finding was the need to develop

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<sup>82</sup> Commission for Victims and Survivors NI (2021) *PEACE IV Research Programme*.

a partnership approach to build relationships and trust between statutory and non-statutory sectors.

The report included 35 recommendations for consideration by service commissioners and providers, practitioners and policy makers. Selected recommendations, across a number of thematic areas relevant to service provision, are summarised below:

**Practice:** There should be a streamlined pathway enabling referrals onward from non-statutory services to more specialised statutory services and vice-versa.

A rationale should be developed for the provision of complementary therapies either as part of a mental wellbeing service or to augment more mainstream therapeutic interventions for conditions such as PTSD.

There is a need for greater consistency of psychological service provision for victims and survivors across the region.

**The new Regional Trauma Network (RTN):** In partnership with the voluntary and community sector, the new Regional Trauma Network offers the opportunity to remove barriers to accessing services, promote integrated services at a local level, streamline care pathways, and maintain evidence-based services which improve outcomes for individuals.

The new RTN needs to address a range of mental health conditions, as well as complex PTSD and prolonged grief disorder, using evidence-based therapies.

**The Republic of Ireland cross border service development:** Consideration should be given to developing a trauma initiative in the Republic of Ireland, similar to the RTN.

**Training and regulation of the workforce:** Trauma focused training and education to be made available to suitable staff in the statutory and voluntary and community sectors.

**Future research priorities:** should include

- transgenerational trauma and barriers to victim and survivor engagement
- a cross border research study incorporating interviews and data from a range of sources such as GPs, health service managers, voluntary groups and other sources, to

ascertain current levels of mental ill health and physical ill health in the border regions related to the Troubles.

### **‘It Didn’t End in 1998’: Examining the Impacts of Conflict Legacy Across Generations (2021)**

Key findings and recommendations from the report examining transgenerational legacy and young people are discussed in more detail at section 4.3. Recommendations relating to service provision include:

- the need for long-term funding of victims services;
- the need to develop community-based programmes in consultation with communities most impacted; and
- the need for family therapy or family programmes to meet the needs of children, young people and families.

The report also suggested that in the context of conflict transformation and related potential exposure of the current generation to parental pain and anger, increasing numbers of young people may require support, within their communities and/or youth provision, and from the Victims and Survivors Service and health services.

### **Advocacy Services Research Project (2021)**

This PEACE IV funded research study examined the effectiveness of advocacy services for victims, survivors and their families in the areas of historical investigation and information recovery in NI and the Border Region of RoI. The research aims were to understand the role of advocacy around victim issues in societies emerging from conflict, and to assess the significance of the NI approach within the wider field of transitional justice and peacebuilding.

Undertaken by a team of researchers at Ulster University, the research utilised interviews, case studies and an online expert workshop with international experts in the field of transitional justice and truth recovery. Interview participants included service providers (e.g. advocacy case workers and managers), service users<sup>83</sup>, health and wellbeing workers and sectoral stakeholders.

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<sup>83</sup> Due to the impact of Covid-19, the number of service user interviews was limited.

Key findings relating to service provision were as follows:

**Principles of advocacy:** Five core principles underpin advocacy service provision - it should:

1. Be victim-led
2. Build trust
3. Not create dependency
4. Be compassionate and have empathy
5. 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. The first step is face-to-face engagement with victims and survivors, with the sole aim of establishing contact to build up a relationship of trust and confidence - a key element in effectively assessing the best approach to respond to individual needs. Advocacy service provision involves substantive research as well as providing emotional and practical support.

**Identifying good practice:** Areas of good practice in advocacy service provision include:

- Managing expectations
- Being trauma informed
- Abiding by the principle of *primum non nocere* (do no harm)
- Educating victims and survivors
- Communicating ethically and sensitively with service users
- Having an aftercare package/exit strategy in place

**Support offered to victims, survivors and their families:** Advocacy service provision offers substantive support to victims, survivors and their families. Support is wide-ranging, from information retrieval to addressing issues of social isolation experienced by some victims and survivors.

**Challenges with policy and practice:** Service users and service providers agreed that the main challenge is delay and the slow nature of legacy investigation and information recovery. The case studies offered important insight into the traumatic and practical impacts on victims and survivors of systemic delays.

**Improving advocacy services and structure:** Areas for improvement identified by advocacy service providers and health and wellbeing caseworkers included better access to, and exchange of, information between organisations; and proactive engagement by statutory agencies engaged in historical investigation and information recovery.

**Views on the Stormont House Agreement (SHA) and legacy mechanisms:** The potential implementation of the SHA drew diverging views from the advocacy service managers and providers, with most groups broadly supportive; others having serious concerns with the content and intent of the proposed legislation.

## **Recommendations**

The report concluded with four key recommendations:

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.

### **4.2.1 Respondents' perspectives: service provision**

Respondents to this review raised concerns about gaps in service provision, a need for trauma informed services, sustainability and capacity issues, and barriers to engagement. Key points are discussed below.

### *Gaps in service provision*

*What we see very much coming through is this need for a form of family therapy/ mediation work. Because families were crumbled and broken, because of these events. (SO5)*

*We used to have a much, sort of a very comprehensive youth program, but sadly that would be one of the gaps. (SO10)*

*Basically, there is no support other than the Garda welfare services or the army support services ... that's not what they want to do. (KS1)*

Identified gaps in service provision included services for young people, for people who are bereaved and for ex-service personnel, as well as addiction services and family orientated services. A key stakeholder highlighted a reluctance of some service personnel to engage with officially provided counselling services, indicating that these were not always perceived as effective in meeting the needs of those who were 'suffering' and in need of support:

*The guys were saying look we don't want to go through the official system. Because the problem with army or police when you go through the official system, you're in the system, you're allocated your 24 hours or whatever they allow you and once you've done your 24 hours you're cured. (KS1)*

The gendered impacts of the Troubles/Conflict were also highlighted, including the impact of gender-based violence and the disproportionate burden placed on women by caring responsibilities, for injured or traumatised family members. This points to a need to adopt a gender lens regarding the delivery of support and services.

Some respondents highlighted the need for a wider range of therapeutic interventions, such as art therapy, EMDR, equine therapy, family therapy and music therapy, to effectively meet clients' needs, including those who struggle with talking therapies.



Also highlighted, was the importance of providing a ‘holistic model of care’, which takes account of interdependent factors and issues such as truth, justice, social deprivation, and poverty when addressing the health and wellbeing needs of victims and survivors. One respondent reflected that needs are often ‘multifaceted’ and as such ‘one service often does not meet those needs’ (SO10). It was suggested that the approach taken by statutory health services is not reflective of this.

#### *Need for trauma informed services*

*We had really high hopes that the regional trauma network would produce a really good mechanism for greater access into statutory services ... there's a massive issue about long waiting lists for, you know, psychiatric intervention or psychology. (SO10)*

*What we're really missing is a trauma informed statutory service, in terms of a really bespoke regional trauma network that protects or prioritises victims and survivors, not necessarily exclusive to them, but protects and prioritises them in a trauma informed way. (KS6)*

A service delivery model that reflects, and has the capacity to meet, the ‘very specific and unique needs’ of victims and survivors, in a trauma informed way, was identified as a pressing need. Respondents expressed disappointment with lack of progress in the implementation of a Regional Trauma Network, which was considered vital to the mainstreaming of a trauma-centred approach.

#### *Sustainability and continuity of victims and survivors services*

*We're stretched, we have the same budget we had five years ago, when we had a much smaller membership. (SO13)*

*I don't expect over the next five to 10 years that this is going to be in any way concluded ... new people are going to come forward, seeking that support for the first time. (SO5)*

Concerns about risks to the sustainability and continuity of services were most commonly related to funding, and in particular the impact of the UK's exit from the EU on funding for the sector. Respondents expressed particular concerns about reduced funding in the future and the potential implications for health and wellbeing services, trauma education pathways and advocacy services, as well as the positive relationships and partnerships that have been developed across the sector to date.

#### *Capacity of services to meet demand*

Respondents highlighted a potential increase in demand for advocacy and guidance services following the implementation of the Troubles Permanent Disablement Payment Scheme. Additionally, they predicted that unsuccessful applicants would need access to health and wellbeing services, including counselling and complementary services, again making a case for expanded service provision. One respondent highlighted that external factors, such as political changes or media footage re-simulating events of the Troubles/Conflict, can reawaken painful memories for people, leading to an increased number of people seeking support:

*We got a massive spike of referrals from the first night of Bloodlands, from England and from different areas across GB and the South, actually also from the North ... in relation to some of the imagery and footage that was shown that stimulated people and caused a lot of distress, particularly the first night of Bloodlands. (SO10)*

Related to this, stakeholders raised concerns regarding the capacity of organisations to deal with increased demand for services and called for greater resources, including increased levels of funding.

Several respondents also highlighted a perceived imbalance in the allocation of funding to support organisations within Northern Ireland. Questions were raised around fairness and equity, with 'the big five' organisations perceived as being treated more favourably than other support organisations. It was suggested that this has led to feelings of disempowerment and

resentment among some service providers, as well as challenges meeting the needs of clients. Related to this, some respondents indicated that an important need is for their feelings and perspectives – in relation to funding, capacity and other issues - to be heard, acknowledged and valued going forward.

#### *Barriers to engagement with services*

*To go and talk to a stranger you really have got to be in a crisis. (SO7)*

*You have a border which separates people from accessing services that are potentially closer to their home in the other jurisdiction. (KS7)*

Respondents reported a lack of uptake of services and support provision by certain groups, including older and bereaved people, carers and those considered ‘hard to reach’.

Perceived barriers included:

- Not being aware of support services
- Accessibility and distance - especially for those living in the Border Region
- Bureaucratic assessment process is a deterrent, particularly for those seeking practical help
- A lack of trust and/or unfamiliarity with service providers
- Stigma, particularly in relation to mental health services
- Not identifying as a ‘victim’ and, related to this, issues around perceived eligibility for support services.

#### *Changing needs and implications for service provision*

Respondents identified the importance of adapting services to meet the changing needs of an ageing victims and survivor population, suggesting that, as people get older, practical and social support needs often become of greater importance. Service providers highlighted a greater risk of social isolation and loneliness – exacerbated by Covid-19 related restrictions – particularly for those living in rural areas. However, the capacity of services to effectively meet these needs has, for some support organisations, been constrained by a lack of funding.

As discussed earlier, there is also a need to explore the continued impact of transgenerational legacy, disproportionate levels of suicide,<sup>84</sup> and how new and existing services can be adapted to address those needs. A need for the development of services for children and young people was identified, people who are carers or are bereaved, as well as the expansion of family orientated support services which were considered more effective than responding to individual needs in some circumstances.

Respondents made several suggestions related to services required to address transgenerational impacts:

- Additional funding for family therapy programmes which, although more expensive to deliver than other forms of therapy, were considered an effective way to build family cohesion and help to address transgenerational impacts
- Investment in specialist and bespoke services\* for young people aged 15 to 25 and discussion about who should take responsibility for the delivery of these services
- Education programmes, focused on learning about the past, for children and young people
- Early intervention with young people residing in interface areas and areas of high political tensions, with the aim of creating and sharing a mutually respected future.

(\*It was also highlighted that some people, including young people, do not identify as ‘victims’ and this should be reflected in the way services are defined and promoted.)

### *Covid-19 impacts on service provision*

*Our courses went online and the attendance rates on them, if you were doing them in the building, it usually just will go on for 12, 15 people ...*

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<sup>84</sup> Note that the revised rate of suicide in Northern Ireland in 2019 is now much lower than originally reported and in line with other parts of the UK, after a review changed how some deaths were classified. Figures for 2015 to 2018 have not yet been revised.

*whereas online, it's quite easy to see 40, 50 people attending ... so we're supporting more people. (SO11)*

In response to Covid-19, support providers have been forced to suspend many of the psychological and complementary therapies, as well as more socially orientated activities, due to social distancing measures. Respondents reported that this has been very isolating for some clients, including older people and those living alone. However, there has also been positives, such as the effective use of digital platforms to engage victims and survivors; considerably higher attendance rates for some online courses and therapies; older people overcoming barriers to make use of technology to access online services; and the opening of services, such as counselling, to victims and survivors in other jurisdictions.

Key stakeholders reported that this has been revelatory and offers potential new pathways for engagement with 'hard to reach' groups in future. It was acknowledged, however, that taking account of issues such 'Zoom fatigue', no access to technology and/or a preference for face-to-face support by some individuals, a mix of online and offline services will likely be adopted when circumstances permit.

#### 4.3 The need to challenge wider societal legacy issues: Building a Better Future

*Fundamentally, this is about the re-building of a post-conflict community with the overarching aim of promoting the wellbeing and resilience, along with the social and economic life, of individuals and families. (Towards a Better Future, 2015: 106)*

An important theme to consider in reviewing the needs of victims and their families in Northern Ireland and other jurisdictions, relates to how to build a better future. Creating a peaceful, resilient, and stable society must be a collective focus, not only for victims and survivors, but for everyone who lives in Northern Ireland.

In implementing the next phase of a new strategy, it is crucial that provision of resources, treatment and support for victims takes place in parallel with actions to address outstanding

Troubles/Conflict legacy issues. Social division, segregated housing and education, sectarianism and paramilitary violence are disproportionately prevalent in certain communities, including the Border Region and rural areas, with adverse consequences for victims and survivors, their families, and the wider community. While the need to address psychological trauma and other aspects of health is well recognised, it is of equal importance to tackle long standing structural issues, including health inequalities and high rates of poverty and deprivation faced by some communities, which can be linked to the legacy of the Troubles/Conflict.<sup>85</sup> Policies and targeted interventions to improve wider social, economic and environmental conditions for disadvantaged communities are imperative to building a better future for victims and survivors, their families and the wider population.

Many of the issues and needs highlighted earlier in this report, under ‘the need to address the past’ and ‘the need to ensure effective and sustainable provision of support services’ sections, are intrinsically linked to the broader ambition of ‘building a better future’.<sup>86</sup> The Commission’s work in this area to date has been largely research orientated, including the studies most recently conducted as part of the PEACE IV Victims and Survivors research. These studies, along with earlier research undertaken for and by the Commission, can contribute to building a better future for victims and survivors by:

- Informing the design and delivery of services in the statutory and non-statutory sectors, for victims and survivors and their families, in the areas of mental health, historical investigation and information recovery
- Delivering informed analysis and recommendations that can strengthen existing programmes and actions that are tackling complex and enduring legacy issues including paramilitarism and a culture of lawlessness.

The Commission will also continue to draw on the research findings, as appropriate, to inform responses to key Government programmes and political agreements. With reference to findings from the PEACE IV research studies and other key sources, thematic areas considered

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<sup>85</sup> O’Neill, S. *et al.* (2015) *Towards a Better Future: the Transgenerational Impact of the Troubles on Mental Health*. Belfast: Commission for Victims and Survivors.

<sup>86</sup> Foster, N. (2019) *Addressing their Needs and Contributing to a Better Future for Victims and Survivors*, *The Journal of Cross Border Studies in Ireland*, p54-68.

integral to building a better future are discussed below. These areas may expand or change as work in this area is further developed and refined.

### **Addressing the mental health legacy of the Troubles/Conflict**

The mental health impact of the Troubles/Conflict is now being reflected in some of the highest rates of trauma, self-harm and suicide across Northern Ireland.<sup>87</sup> In this context, timely and effective access to evidence-based treatment and support to victims and survivors is a necessity. At a policy level, there is a need for a long-term strategic plan that focuses on recognising and tackling other outstanding legacy issues and their continued transgenerational impact on children and young people.<sup>88</sup> Additionally, robust outcome-focused data collection systems should coalesce around access to treatment to accurately measure the clinical impact of treatment received.

### **Addressing transgenerational legacy**

The Strategy for Victim and Survivors (2009) recognises the importance of deepening knowledge and understanding of the transgenerational impact of the legacy of the Troubles/Conflict, including the particularly negative consequences for children and young people.<sup>89</sup> Work undertaken by the Commission in this area to date has focused on enhancing knowledge and understanding, through research and engagement with victims and survivors and other sectors. Relevant findings and recommendations from research projects undertaken for or by the Commission, during the period 2012 to 2021, are summarised below.

### **Young People’s Transgenerational Issues in Northern Ireland (2012)**

In 2012, the Commission commissioned Queen’s University Belfast to conduct research exploring transgenerational issues in NI. The report **examined** transgenerational trauma through a review of international literature and qualitative investigation. A key objective of

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<sup>87</sup> Commission for Victims and Survivors NI (2020) [Missed Deadlines Mean Misery for Victims and Survivors](#).

<sup>88</sup> O’Neill, S. *et al.* (2015) [Towards a Better Future: the Transgenerational Impact of the Troubles on Mental Health](#). Belfast: Commission for Victims and Survivors Commission for Victims and Survivors NI.

<sup>89</sup> The Commission defines transgenerational issues as those that pass from one generation to another within families and communities.

the study was to inform planning for services needed to address the consequences of transgenerational trauma for young people in Northern Ireland.

Findings confirmed that transgenerational trauma is ‘a very real issue in Northern Ireland’ and that limited funding and a lack of awareness of transgenerational trauma, among young people and service providers, act as significant barriers to accessing appropriate support. Importantly, it was established that the transmission of trauma between generations is not ‘automatic’ but is mediated by various factors, including communication about traumatic events and parenting style.<sup>90</sup>

#### **Recommendations identified the need for:**

- **Further research** in the NI context that more rigorously examines the link between the experience of trauma in one generation and adverse psychological consequences in subsequent generations and causal factors.
- **Direct and indirect work** to address transgenerational trauma. In particular, the feasibility and utility of more direct work with young people on transgenerational trauma should be explored.
- **Education** to widen awareness and understanding of transgenerational trauma, targeted at young people, health care providers and other stakeholders.
- **Increased funding** to facilitate improvement and further development of services in this area.

#### **Towards A Better Future: The Transgenerational Impact of the Troubles on Mental Health’ (2015)**

**The Commission** undertook further research with Ulster University to explore how parents psychologically affected by the Troubles/Conflict negatively influence the lives of children and young people in the post-conflict years. The report examined the legacy impacts of the Troubles/Conflict on the lives of children and young people in four key areas:

- mental health
- suicide

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<sup>90</sup> The study’s findings are discussed at length in the 2012 CNA report.



- the effects on early years' development
- existing service provision in this area.

Key findings and recommendations are summarised below.

**Mental health:** most people in Northern Ireland, including those who have directly witnessed years of violence, suffered no, or minimal, long-term mental health issues. However, a minority developed problems, including those that manifest themselves as serious mental disorders, which in turn can have consequences for their families and communities. Economic deprivation was identified as an additional source of stress that can exacerbate the impact of traumatic events on physical and mental health.

**Early years' development:** the research identified a subgroup of NI's population whose children may be at increased risk of experiencing 'toxic stress'.<sup>91</sup> Exposure to accumulated 'toxic stress' can compromise a child's capacity to regulate their own emotions and behaviours and can increase the risk of poor general health in adulthood. The research highlighted specific impacts of years of violence for particular groups of children, including children of victims and survivors, ex-paramilitaries and police officers.

**Suicide deaths:** links between the Troubles/Conflict and suicide deaths through a number of pathways were identified. The report argued for new ways of targeting victims and survivors with Troubles/Conflict related mental health conditions, through screening for suicidal ideation and the systematic collection of data to increase understanding of prevalence and to inform future service planning.

A number of key recommendations were made for policy and service provision as follows:

*Policy and principle recommendations:*

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<sup>91</sup> The definition of toxic stress used in the study was 'the strong and unrelieved activation of the body's stress management system (as a result of repeated exposure to stressful experiences in the absence of protective adult support'.

- Adopt a two-generation approach in strategy interventions aimed at rebuilding a post-conflict society
- Investment to address the needs of vulnerable parents, particularly in the areas of education, employability and family income
- Promote positive parenting through evidence based interventions
- Ensure that front-line services are trauma aware and specialist services are competent in delivering trauma focused interventions
- Review policies to determine their relevance to addressing mental health priorities identified by the research,<sup>92</sup> and amend as necessary.

*Service recommendations:*

- Develop current services to deliver evidence-based interventions for individuals with trauma related and other mental disorders, and to support screening in high-risk populations. Services should be delivered within a multi-disciplinary and ‘trauma aware’ environment
- Ensure that evidence-based parenting supporting programmes are widely accessible with specific interventions for vulnerable and at risk families
- Support broader policies that promote education, employability and economic stability for high risk parents
- Ensure that suicide prevention initiatives take account of the intergenerational impact of the Troubles on mental health
- Psychological therapy providers should routinely screen for suicidal behaviour among their client from Troubles impacted groups and communities.<sup>93</sup>

**‘It Didn’t End in 1998’: Examining the Impacts of Conflict Legacy Across Generations (2021)**

This study focused on wider transgenerational impacts of the Troubles/Conflict legacy. Transgenerational legacy extends beyond psychological trauma, to include, for example,

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<sup>92</sup> In particular, the impact on the sub-populations identified as vulnerable, that is, unemployed people, with often poor levels of educational attainment, who live in areas of deprivation and who have been exposed to violence.

<sup>93</sup> O’Neill, S. *et al.* (2015) *Towards a Better Future*.

identity, socio-economic and structural issues. The aim of the research was to investigate ongoing transgenerational impacts of the Troubles/Conflict on the lives of children, young people and parents throughout Northern Ireland and the Border Region. The research explored the ways in which young people learn about the past and develop their culture and identity. The report examined impacts across four main themes:

- Divided Space
- Health and Wellbeing
- Family Life and Parenting
- Paramilitarism and Policing.

The research was conducted by a team from Queen's University Belfast and was grounded in a Child Rights Based Approach.<sup>94</sup> A two-generational approach allowed for an analysis of change and continuity between generations. The report highlighted the impacts and legacies of the Troubles/Conflict on children's rights in the context of the United Nations Convention on the Rights of the Child (UNCRC, 1989).

## **Recommendations**

A selection of the study's recommendations is summarised below.

### **Learning from the past**

- The school curriculum should be revised to consider the delivery of teaching related to the Troubles/Conflict. Training for teachers on the Troubles/Conflict and cross community issues should be expanded
- Consultation should take place with parents/guardians and young people on the revision of the curriculum, ensuring that learning at home does not undermine learning in school
- A range of additional resources should be developed to supplement learning, including for example, an Oral History Archive.

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<sup>94</sup> Lundy, L., and McEvoy, L. (2012). 'Childhood, the United Nations Convention on the Rights of the Child, and Research: What Constitutes a 'Rights-Based' Approach?', in Freeman, M. (ed.) *Law and Childhood Studies: Current Legal Issues*, Vol 4, 75-91.

### **Learning culture and identity**

- Education is central in developing children's understanding of their own and other cultures and ethno-national identities, and to enhance understanding, integration, respect and tolerance
- Findings confirm the importance of the family in the transmission of attitudes about the 'other' community
- Young people should be consulted about the ways in which they would like to express culture and identity.

### **Impacts and legacies**

#### **Divided space**

- The need for increased safe spaces for young people to learn about the Troubles/Conflict and their culture and identity is reaffirmed
- Increasing the provision (and funding) of integrated education is key.

### **Health and wellbeing**

- Given that the impacts of conflict-related experiences are only beginning to surface for some of the parent generation, and may not yet be realised by others, long-term funding of victim services is required
- Childhood memories of the Troubles/Conflict exist just below the surface for many adults, now parents of the current generation. Community-based programmes should be developed in consultation with communities most impacted
- Regional Trauma Network-led research and service delivery provides an opportunity to disseminate learning and best practice across the health and victim sectors
- Dealing with the ongoing legacy context and sources of societal division are challenging but need to be addressed collectively with political leadership and accountability.

### **Parenting, family life and relationships**

- Women's narratives of the Troubles/Conflict remain relatively absent - this should be addressed through further research

- In the context of conflict transformation, some of the current generation are exposed to parental pain, anger, and numbness. Increasing numbers of young people may require support - within their communities and/or youth provision - and from the Victims and Survivors Service and health services
- Manifestations of transgenerational conflict legacy within families, and the potential impacts on children, should be shared widely with health professionals
- Support is required to meet the needs of children, young people and families, including family therapy or family programmes.

### **Paramilitarism and policing**

- The research identifies *push* (poverty, addiction, lack of opportunities) and *pull* (powerful groups, family and community networks and histories) factors that combine to draw some young people into paramilitary-style groups
- Young people were unaware they were being recruited, exploited or groomed. There should be increased focus on processes of grooming and exploitation within this context, in schools and youth programmes
- Apparent connections between families victimised by paramilitary-style groups today, and those who experienced violence, disruption or trauma within their families during the Troubles/Conflict may suggest transgenerational harm and victimisation. Further research into young people targeted by paramilitary groups is needed, potentially in partnership with the RTN
- Specific research is needed on young women and their experiences of knowing, hearing, witnessing and experiencing forms of violence.

In addition to commissioned research, work in this area includes the involvement of the Commission and VSF in a project with colleagues at Queen's University Belfast to develop media guidelines. The guidelines, which were launched in March 2019, addressed how to engage with the media and ensure the media (that is, journalists, editors and media educators) respond sensitively, responsibly and in a trauma-informed manner in their work

with victims and survivors and their families and reporting on Troubles/Conflict related incidents.<sup>95</sup>

### **Paramilitary violence**

There must be a sustained cross-sectoral effort to address the root causes of violence and the potential for further exposure to physical and psychological harm linked to the Troubles/Conflict legacy. More than two decades after the GFA/BA, and over ten years since the implementation of the first Victims and Survivors Strategy, levels of violence and instability characteristic of the decades of the Troubles/Conflict have reduced considerably, yet the spectre of conflict-related harm linked to paramilitary violence remains a feature of life in Northern Ireland. The prevalence of paramilitary groups in certain communities has consequences for families, young people and women, with research indicating links between paramilitary control and intimate partner violence.<sup>96</sup> From a victims and survivors perspective, a strategic priority must be to ensure victims and their families are no longer affected or threatened by the sectarianism and paramilitary violence in the decade ahead.

### **Service provision**

Over the past decade, there has been significant focus on resourcing efforts to address the varied and often complex needs of victims and survivors at an individual and family-based level. Considerable progress has made in delivering treatment and support to victims and their families across Northern Ireland, the Border Region and, to a lesser extent, throughout parts of Great Britain and Ireland, through PEACE-funded and core funded services provided as part of the Victims and Survivors Strategy. Further and sustained progress will be required to ensure effective partnership working between the statutory and community-based sectors, particularly regarding the operation of the Regional Trauma Network, as proposed in the Stormont House Agreement.

One area that requires continued development relates to what could be described as a ‘transgenerational service framework’, as recommended within the *Towards a Better Future*

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<sup>95</sup> The media guidelines can be [accessed here](#).

<sup>96</sup> Doyle, J. L. & McWilliams, M. (2018) *Intimate Partner Violence in Conflict and Post-Conflict Societies: Insight and Lessons from Northern Ireland*, p. 57.

study. This framework would contribute towards informing statutory and non-statutory services about the transgenerational effects of political violence, with a view to:

- Improving awareness among statutory sector providers about the impact of legacy issues on victims and their families
- Enhancing timely access to statutory services for victims and their families through improved coordination and arrangements between the Commission, VSS and relevant statutory agencies including, for example, the Health and Social Care Trusts, Social Security Agency and relevant agencies administering the Troubles Permanent Disablement Payment Scheme
- Continued design of care pathways and improve and enhanced case management between VSS and statutory and non-statutory service providers including as part of the ongoing work to develop and operate the Regional Trauma Network
- Ensuring victims and their families receive a more empathetic, streamlined and responsive service user experience that responds to gender specific needs.

**Since the 2015 recommendation, significant engagement has been ongoing - and needs to continue - between VSS, the Commission and funded service providers in their engagement with a range of statutory agencies.**

### **Resilience**

A review of literature conducted as part of *Towards a Better Future (2015)* indicated that within contexts of political violence, resilience may be a normal course of adaptation to trauma for individuals and communities and represents a move away from an analysis of political violence that pathologises populations. The authors noted that building and maintaining resilience at both an individual and community level is an important but complex

area of work and needs much greater attention in the context of post-conflict Northern Ireland.<sup>97 98</sup>

### **Strategic approach going forward**

*Victim issues have been treated as a fringe issue. It's a significant issue for our health system, in education, schools and hugely significant to our justice system and communities and housing. It should be something that runs through the Programme for Government. (KS10)*

*What's come through is the education issue is crucial . . . I think it needs to be front and centre of any new victim strategy. (SO5)*

Building a more peaceful and resilient society will require the implementation of a coherent strategy aimed at addressing the root causes of violence and rebuilding a post-conflict community. The findings discussed earlier in this report are indicative of the need for a multi-faceted, cross-departmental and collaborative approach, which encompasses broader policies to tackle poverty and deprivation, and targeted interventions to promote education, resilience building, employability and economic stability for those disproportionately affected by the Troubles/Conflict. Additionally, meaningful engagement with victims and survivors, and children and young people is necessary to ensure their voices are heard and reflected in policies aimed at building a better future.

Going forward, strategy development should consider, in aspirational terms, what life should look like for victims and survivors in 2030 in terms of:

- accessing high quality, evidence-based services with a view to promote/actively work towards the mainstreaming of services
- ensuring timely and effective access to services for victims and survivors in GB and ROI through established intergovernmental cooperation between jurisdictions

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<sup>97</sup> Resilience has been defined as 'the ability to recover quickly from illness, change, or misfortune and the capacity to adapt successfully in the face of threats or disaster.'

<sup>98</sup> O'Neill, S. *et al.* (2015) *Towards a Better Future*.



- making tangible progress in terms of reducing levels of segregation and sectarianism across NI
- implementing a workable approach to historical investigations and information recovery for victims and survivors
- creating a more peaceful and stable society across NI - not threatened by political instability of paramilitary violence.

Access to high quality services (including monitoring measurable outcomes) and dealing with the past will continue to form integral parts of the broader ambition of building a better future for victims and survivors. The areas of building for a better future work undertaken to date will be further progressed and complemented with other areas, including jurisdictional issues and framing victims' and survivors' issues (including how their needs are being addressed on a cross-government and cross-sectoral basis), within a broader reconciliation process including around commemoration and memorialisation.

Placing the victim and survivor agenda at the heart of Northern Ireland's Programme for Government is critical, as the most effective way to enable cross-departmental reach and partnership working on key transgenerational legacy issues is through, for example, the Tackling Paramilitarism Action Plan and New Decade, New Approach.

## 5.0 Future Research Priorities

Drawing on the findings of this comprehensive needs review, several areas are identified below for consideration in the development of a future research strategy. These include:

- CVS to undertake research into the needs of victims and survivors in GB and ROI.
- CVS to undertake research into the reluctance of some victims and survivors to uptake services or to consider themselves victims and survivors.
- A co-designed research strategy for PEACE PLUS which identifies opportunities and research needs at an individual, community, programme, and academic level and that develops capacity and standards in research practice within the sector.
- A population survey to help determine future research priorities and to ascertain wider population's understanding of victims and survivors issues.

Specific areas for further research could include:

### *Needs of victims and survivors:*

- Exploration of the changing needs of victims and survivors including increasing health needs, ageing population, transgenerational patterns, and family dynamics
- Work targeting those who were bereaved and those who are carers
- The specific needs of former and current service personnel in Northern Ireland, Great Britain, and the Republic of Ireland.

### *Transgenerational legacy*

- The role that interventions play in the early stages of the childhood life cycle in supporting meaningful attachments, positive development, learning, life skills and the acquisition of self-regulatory capabilities.

### *Gender*

- Ensure gendered experiences of the Troubles/Conflict and its legacy is a feature of future research.

#### *Mental health and wellbeing*

- The role that attachment to community and sectarian identities plays in the transmission of transgenerational trauma and ways of supporting families in communicating about the Troubles/Conflict to future generations.

#### *Legacy Issues*

- Explore the different understandings of 'acknowledgment' among victims and survivors and stakeholders NI, ROI and GB.
- Explore responses to commemoration and memorialisation to the Troubles/Conflict.
- Examine the representation of victims and survivors in the broadcast media and entertainment industries.

#### *Jurisdictional Issues and Needs*

- A comprehensive and in-depth examination of the experiences and needs of victims and survivors in Great Britain and the Republic of Ireland.

## APPENDIX A

### **Research and advice papers produced for or by CVSNI and the Victims and Survivors Forum from 2012 include:**

- PEACE IV Victims and Survivors Research Programme (2018-20) comprising three ongoing research projects:
    - Review of Trauma Services (2018-21)
    - Trans-generational Legacy and Young People (2018-21)
    - Advocacy Support Services (2019-21)
  
  - Policy Advice on the development of a new Strategy for Victims and Survivors (CVSNI, 2020)
  
  - Policy Advice on the extension of the current Strategy for Victims and Survivors (CVSNI, 2019)
  
  - Comprehensive Needs Assessment (CNA) (2010-12)
  
  - Victims and Survivors Mid-term Review Project, March 2017
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## APPENDIX B

### Needs Review Project *Service User Engagement*

#### Background to Project:

The PEACE IV funded Needs Review Project is conducting a needs analysis of victims and survivors of the Conflict/Troubles, particularly those who live in the Border Region of Ireland, the Republic of Ireland and Great Britain.

The central aim of this project is to engage with victims and survivors and other key stakeholders to identify and gain a better understanding of existing and emerging needs and where appropriate make recommendations to inform policy going forward in this area. Therefore, as a service user we would like to get your opinions to help us develop an understanding of your needs. All information which is collected during the course of the research will be kept **strictly confidential**. (See Privacy Notice below) Please fill in the short series of questions below and return to [orla.drummond@cvsni.org](mailto:orla.drummond@cvsni.org)

What would you consider to be the main needs of Victims and Survivors of the Conflict/Troubles?
Have these needs changed over the years?
Do you feel these needs are currently being met?
Do you feel the needs or circumstances of victims and survivors living outside of Northern Ireland are different from other victim and survivors of the Troubles/Conflict?
Do you think service provision or working relationships will be impacted by Brexit?
Are there any further comments you would like to add?

APPENDIX C

**Needs Review Project**  
Questions for Key Stakeholders  
*Interim Report 2020*

**Name:**

What would you consider to be the main needs of Victims and Survivors?
What would you consider to be the new or emerging needs of Victims and Survivors? Do we need to learn more about these issues through research?
Are there potential gaps in service provision?
In relation to the sustainability of services, are there any concerns regarding funding?
Are there additional/different needs for those living in the Border Region of Ireland and/or GB?
What would you like to see included in the new Strategy for Victims and Survivors?

## APPENDIX D



### **Needs Review Project Interview Schedule for Organisations and Practitioners**

1. What services do you provide to (or coordinate for) Victims and Survivors/aims of the organisation?
2. What do you feel are the main needs of victims and survivors of the Conflict/Troubles?
3. Have these needs changed over the years?
4. Do you feel these needs are currently being met? Any gaps?
5. Do you feel the needs or circumstances of V&S living in [ROI/GB/Border Region] are different from other victims and survivors of the Troubles/Conflict?
6. Are there any new or emerging issues that require further exploration/funding?
7. Are there any areas for improved partnership working within the sector?
8. Do you think service provision or working relationships will be impacted by Brexit?
9. How has service delivery been impacted Covid restrictions?



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