Northern Ireland Office

Victims Liaison Unit

CONFERENCE REPORT

The Legacy: Reflecting on the needs of GB Victims and Survivors of the Northern Ireland 'Troubles'

CONTENTS	Page


The Legacy:
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of GB Victims and Survivors
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CONFERENCE PROGRAMME

CHAIR: DAME HELEN REEVES, CHIEF EXECUTIVE, VICTIM SUPPORT

10.00	Conference Opens: Opening Remarks by Colin Parry, The Tim Parry Johnathan Ball Trust, followed by brief presentation on the Legacy Report - Jo Dover, Project Co-ordinator
10.05	* Keynote address
10.20	'Learning from Raw Experience: 'The Implications for Policy and Services' David Bolton, Director of the Northern Ireland Centre for Trauma and Transformation, Omagh
10.40	'Working with families affected by the 'Troubles': reflecting on the work of the Family Trauma Centre' Arlene Healey, Consultant Family Therapist/Centre Manager, Family Trauma Centre, Belfast
11.00	Questions to panel: Keynote Speaker, David Bolton, Arlene Healey, Jo Dover
11.20	Break
11.30	Workshops
12.45	Lunch
14.00	'Working with Victims in the context of a Peace Process' ** Ian White, Programme Executive, Glencree Centre for Reconciliation, Co Wicklow
14.30	'The National Strategy on Victims and Witnesses' Frances Flaxington, Head of Victims Unit, Home Office
14.50	'MOD - The Veterans' Initiative' Dr Anne Braidwood, MOD Director of Service Personnel Policy (Medical Adviser)
15.10	Workshops
16.15	Plenary Session - Questions to Panel: Keynote Speaker, David Bolton, Arlene Healey, Ian White, Frances Flaxington, Dr Anne Braidwood
16.45	* Close: Keynote Speaker

* Tom Harris MP, Parliamentary Private Secretary to John Spellar MP, substituted for Victims' Minister Angela Smith MP, Parliamentary Under Secretary of State, who was unwell.

** Jacinta de Paor substituted for Ian White, who sadly was unable to attend owing to a family bereavement.

FOREWORD

This conference, the first of its kind, was held on 16 June 2004 at the Tim Parry Johnathan Ball Peace Centre in Warrington in response to a recommendation in the *report "The Legacy: A Study of the Needs of GB Victims & Survivors of the Northern Ireland 'Troubles'". It was organised by the Victims Liaison Unit (VLU), in conjunction with the Legacy Project, an initiative of the Tim Parry Johnathan Ball Trust.

The VLU is grateful to Colin Parry and everyone at the Peace Centre, in particular staff of the Legacy Project, for the use of their facilities, the superb catering and their most valuable assistance with the organisation of the conference. We also wish to thank all our speakers and workshop presenters; the workshop facilitators from WEA; Dame Helen Reeves, who so ably chaired the conference; and Tom Harris MP, who kindly stepped in at the last minute to cover for our keynote speaker, Angela Smith MP who, much to her regret, was unable to attend due to illness.

The objectives of the conference were to showcase and share best practice examples and experience from Northern Ireland; to link these with developments in GB, in particular with the Home Office's National Strategy to deliver improved services to victims and witnesses; to provide unique networking opportunities for delegates; and to listen to the voice of GB Victims and Survivors of the 'Troubles'.

Our assessment is that the conference was a great success. It achieved its objectives and, looking to the future, we feel it has made a significant contribution to assisting those whose job it is to do so to achieve greater things in meeting the needs of victims and survivors of the 'Troubles' living in Great Britain.

SARAH TODD
HEAD OF THE VICTIMS LIAISON UNIT, NORTHERN IRELAND OFFICE

* The Legacy Report was commissioned as part of the VLU sponsored Legacy Project, an initiative of the Tim Parry Johnathan Ball Trust and can be accessed through the Tim Parry Johnathan Ball Trust website: www.childrenforpeace.org/theLegacy.pdf or by contacting the Legacy Project on 01925 581240

OPENING REMARKS BY COLIN PARRY:

“Welcome to you all. I am only going to speak for a very short period of time, which is exceptional for me. Truthfully I’m not an expert on anything but I recognise there are many experts in here. The only subject on which I could be called an expert is being a victim and, along with Wendy and possibly half a dozen other people in here that I know, we’ve gone through that awful experience of losing somebody very dear and close to us.

I can only speak for myself and my family and we found the best therapy was in being active and developing a sense of purpose by doing something which felt right for us and helpful to other people... and 11 long years on, the proof that I am right is that you’re sitting in a building... an exceptional building... called the Peace Centre [not its official title] but to be sitting in the Peace Centre is a brilliant and fitting testimony to two young boys who are merely two victims from the 3,500 arising out of the Northern Ireland ‘Troubles’. But obviously two boys who are particularly dear to my heart. This building is rightly praised as a great place but of course in the end it’s not the building that matters but the work that we do and this work can be done in Afghanistan or Aberdeen - provided we have the support in financial terms.

I’m proud of the fact that we now have a range of programmes, amongst which Legacy is unique because it mostly works with adults rather than young children. We’ve got a great little team who run it in Jo Dover and Sarah Ford who are very very dedicated and I think the results of the three years’ work so far are outstanding. But it is only a beginning and so I’m absolutely delighted that we are, I believe, going to be told today that we might get some more help.

As a Trust we need sustainable income from a variety of sources so if any of you have any suggestions to put to us about where we might gather new sources of support, don’t be shy. Come and tell us because it’s vital that we not only survive but we thrive! Remembering that I have only a minute’s speaking time and I’ve probably doubled that already I will say thank you, hope you all have a great day and again take advantage of the place. Get a good look around while you’re here and get a sense of what the Trust is all about.”

Colin Parry OBE is Chairman of the Tim Parry Johnathan Ball Trust and co-founded the charity in 1995 with his wife Wendy.

Having completed his degree in Politics, Colin chose a career in Human Resources. After losing his son Tim in the 1993 Warrington bomb, Colin received several prestigious awards for his contribution to peace and reconciliation and for his communication skills. Together with Wendy, Colin wrote ‘Tim: An Ordinary Boy’, published by Hodder.

On behalf of the Trust, Colin recently received Rotary International’s most esteemed award for World Understanding and Peace.

JO DOVER - PRESENTATION ON THE LEGACY PROJECT:

Thank you very much. We've only a short time to tell you a bit about the work of the Legacy Project but before the workshops begin we thought it would be useful for you to have some background information about how the Legacy Project came about, what it does and who it's for. So thank you for coming today. We're really delighted that there are so many different organisations here who will be able to help some of the people that we work with. I am especially pleased that so many of the people that we do work with are here as well and they have come here from across the whole of England, Scotland and Wales. I invite you all to network, if you can, during the day.

So the Legacy Project, what is it? Well it's based here at the Peace Centre in Warrington. It's a research and support project and with the help of funding from the Northern Ireland Office, we have been working to identify the needs of victims and survivors of the 'Troubles' who live in England, Scotland and Wales. As that funding now draws to a close, we are working at present to develop ways to meet the needs that have been identified in our report.

Why should we do that? Well as you know Colin and Wendy founded the Peace Centre but they were very aware that they weren't the only victims in Warrington. The bomb has touched many others here and across the community and they have a variety of needs. They realised this went beyond Warrington to the wider community. Many other incidents have happened: within the report that's in your packs there's a detailed list of the incidents that have affected people in England, Scotland and Wales. And of course there's a variety of different needs due to people's different experiences; and prior to the Legacy Project there was no mechanism for these voices to be heard.

So that's why the Legacy Project began. The project is for victims and survivors of GB bombings and family members of those who were involved in those bombs, former soldiers and their families, bereaved families of soldiers killed in the 'Troubles', emergency services workers who attended the incidents here and people who were forced out of Northern Ireland into exile in Great Britain by paramilitary intimidation. Just to give you an idea of the impact on Great Britain, out of the 3,700 people who've been killed

in the 'Troubles' 622 according to our research were from here. That's about a sixth of the numbers. 83% of those were from the armed forces and 14.8% were civilians. Most of these people were killed in Northern Ireland but nearly 20% were killed in Great Britain and we have figures of over 2,000 people who were injured in incidents here as well. Just to give you an idea of the scale, there have been 350,000 members of the armed forces who've served in Northern Ireland. Now that's not to say they were all affected or all have been traumatised or injured but it gives an idea of how many might have been exposed to traumatic events. From our research, as I said in the report, we've detailed 628 incidents relating to people from this island. The second part of the report is about people who've been forced out of Northern Ireland. It is estimated there are 3,000-4,000 people who've been forced out of Northern Ireland and are currently living in Great Britain. A whole section in the report is dedicated to identifying their needs.

We started in November 2001 to work out what the scope of the problem was. We talked to victims in Warrington and beyond, we networked with other agencies, we spoke to victims' groups in Ireland, North and South, where this work is much more advanced. Victims, most importantly, introduced us to other victims. It's been a snowball effect. But we realised this ad hoc approach wasn't going to be formal enough for us to identify what the problem was and we needed to know the full extent. We needed to know more about the effects on people and the range of these effects in order to work out what we should be doing to meet the needs.

It was clear that a robust and authoritative report was needed and so a formal needs analysis was commissioned back in 2002. One of the key parts of that process was that we had victims and survivors involved in it right from the start, all the way through to the completion of the report and on an ongoing basis. I'm not going to go into too much detail because we haven't got much time. There's a workshop later on when we'll go into more depth. One thing that was clear is that many people who live here didn't feel a connection to the 'Troubles'. So it's been all the more difficult for them to come to terms with what's happened to them. Some of the needs identified are what you would expect: psychological needs; health needs in terms of medication; injury-related needs. A lot of people felt they haven't been recognised or acknowledged for their experiences and I know that's common with a lot of victims in Northern Ireland as well.

What was also interesting is that a lot of people accepted what happened as part of today's society: terrorist incidents happen. With the people we interviewed that certainly came across and there was also a reluctance to blame others. Information sharing between agencies was a problem, as was communication about how to get help. That's something that we hope to be able to address. People also felt quite isolated in a population of 57 million. They are all dotted around the country so they are isolated from each other and unable to talk to each other about what happened. There have also been financial needs and other specific needs, particularly in relation to exiles who have some more immediate needs in terms of housing, for example.

Finally, I just want to say a few words about the way forward. The report contains detailed recommendations and I'd urge you to have a look at those. Government will be responding to the recommendations; but for today we're looking forward to this conference. We believe agencies need to be working together to create the necessary changes and we want victims and survivors to have a real voice in shaping and influencing policy and services for the future. We need to learn from the experiences of these people. Their needs must teach us something and we must do what we can to address the gap in their needs. Everything that we have learned can help influence change for future victims of terrorism - of all kinds - and can help make improvements in the services and support that's available. Enjoy the conference today. Please take time to network. There are so many people from a wide range of organisations. Please try and take the time during lunch break to meet as many people as you can. Thank you very much.”

Jo Dover has been working in the youth & community work field for over 12 years, and has been involved in conflict resolution work since 1998. She volunteered at the Glencree Centre for Reconciliation and was a youth leader on many exchanges between the UK and Ireland looking at bringing the communities together. Jo also volunteers for a European youth organisation and has run many workshops for them.

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KEYNOTE ADDRESS BY TOM HARRIS MP (CATHCART)

Thank you Helen. Had you not explained, I would have pointed out that I am not Angela Smith. Some of you may already have noticed this. Angela does send her apologies. I did speak to her. She was genuinely looking forward to coming here and she sends her apologies; she will certainly be visiting the Centre in the near future once a date can be arranged.

Before I begin, Helen, can I just offer my congratulations to Colin Parry - OBE. I know that everyone here would agree with me that this is an honour that is extremely well deserved. So congratulations Colin.

Today's conference is an important event for those victims of Northern Ireland's 'Troubles' who live in Great Britain. I'm delighted to be here to share what I know will be a very worthwhile event for all of us so can I welcome you whether you are here representing yourself as a victim or survivor, whether you represent a support agency or have some other related interest. You are all most welcome to join in this conference, the very first of its kind to be held here in Great Britain.

Angela has asked me to say she is grateful to Colin and to the Peace Centre's Director, Clare White, the Centre Manager Karen McManus and indeed their entire team for allowing us to use these excellent facilities. The Tim Parry Johnathan Ball Peace Centre has of course been the focal point for the Legacy Project which the Northern Ireland Office has sponsored and with which it has been associated - and been proud to be so - at every stage of its progress. The Legacy Project's most significant milestone and very notable achievement, of course, was the publication last November of its Needs Analysis. For those of you who have read it you will agree it's an impressive piece of work and Angela has asked me to thank the staff of the Legacy Project, particularly Jo Dover and Sarah Ford and the consultants, the Holden McAllister Partnership, for their dedication and professionalism in producing it. It takes a special quality, I think, to be able to deal sensitively with the subjects that victims and survivors raise and it cannot have been easy for those victims and survivors who did so to contribute to that research. Some of those who contributed I'm glad to say are here today and Angela has asked me to tell you how glad she is that you're able to make this important contribution because it has provided a means for your voice to be heard. And that, of course, is vital.

I want to tell you about some of the key things the Government will be doing in response to the Legacy Project's Needs Analysis Report. And where better to start with than today? Because this event is in direct response to a recommendation in that report that the Victims Liaison Unit, in conjunction with the Legacy Project and other stakeholders, should organise a conference to share best practice and experiences from Northern Ireland. And here we are. Today we aim to do just that. And in doing so we will link that best practice with ongoing developments here in Great Britain. In particular we will draw links with the Home Office Strategy, 'A New Deal for Victims and Witnesses', which aims to deliver improved services to victims and witnesses. We will also draw links with work that's been done and is being taken forward within the Ministry of Defence to meet the particular needs of military personnel and their families.

This conference brings together representatives of a range of support agencies so it provides an excellent forum for networking and it provides a rare opportunity to listen to the views of the victims and survivors who would make use of that support. I mentioned earlier the Home Office's National Strategy. You will have noted from the programme for today that other speakers will explore in more detail both the National Strategy and the Ministry of Defence's Veterans Initiative.

I don't want to steal their thunder, but just picking up on some of the Legacy Project's main recommendations and by way of setting the theme for later on today, I can confirm that the new Commissioner for victims and witnesses to be appointed by the Home Office, as it rolls forward its National Strategy, will represent the interests of all victims of crime including victims and survivors of terrorist crime. And I can also announce that the National Strategy, in aiming to improve service provision for victims and witnesses, will include within its remit the needs of the victims of Northern Ireland's 'Troubles' who live in Great Britain. So the National Strategy will be the vehicle for taking forward a number of recommendations of the Legacy Report. And as a Scottish Member of Parliament I should add that as the Scottish Executive develops further its strategy for victims, steps will also be taken in Scotland too to ensure a similar, inclusive approach.

The Legacy Report recommended that positions be created for victims of the 'Troubles' on the Victims Advisory Panel - the panel that advises Government on the delivery of its National Strategy. The panel, clearly, cannot aim to

have a membership that is representative of every different sort of crime, but all victims of crime do have an equal right to apply to be a member. The next intake will be next year - in 2005 - and the Government hopes that representatives of Great Britain victims of the 'Troubles' will apply.

You will have the opportunity this afternoon to hear what's being done in terms of the work within the Ministry of Defence to address the needs of military personnel. Specifically, you will hear how the Veterans' Initiative sits alongside Legacy's recommendations; how its work is progressing to address the needs of veterans who are at risk; and how it will be investigating the most appropriate mechanisms for supporting the bereaved families of military personnel.

A substantial chapter of the Legacy Report is devoted to the needs of those who have been exiled. In this respect many of the recommendations focus on improvements in communications and co-operation between relevant agencies. And I am happy to say that a number of the recommendations have been accepted without reservation. For example, where there is entitlement to an emergency payment the Northern Ireland Housing Executive will authorise local authority housing officers here in Great Britain to make such payments on its behalf. In other areas it is anticipated that needs will be met through existing provisions and through actions that are in hand to improve services generally.

For my part, and on behalf of Angela Smith and Northern Ireland's Ministerial team who are engaged in political talks with the parties there, I can say that the needs of all victims of the 'Troubles' remain high on the Government's agenda. Victims' needs are specifically mentioned in the Joint Declaration published by the British and Irish Governments in May of last year when a commitment was made to work with the parties and with victims and survivors to try to establish what further practical steps can be taken to recognise and address the suffering of all victims. So I think I can say - and I hope you will agree - that the Government's response to the Legacy Report will be very positive.

The focus of the recommendations is on raising awareness of the needs of victims, and today represents a milestone in that process. We must keep that momentum going. And this is where the continuing work of the Legacy Project will be key. In the weeks and months ahead the Legacy Project will aim, among other things:

To develop further its communication strategy to make selected audiences aware of the Report's key findings

To find new ways of using best practice to meet the needs of victims

To continue its close support work with individual victims and individual survivors

And to establish an independent group to develop a support network that will embrace all those living here in Great Britain who have been affected by the 'Troubles', providing advocacy and support.

And so, and this is the bit Colin was waiting for, I'm very happy this morning on behalf of Angela Smith to be able to announce further funding of £250,000 to Legacy. This will sustain the Project and the vital work it does until 2007. The Government is absolutely committed to meeting the needs of the victims of 30 years of violence. Driving forward the Legacy Report's recommendations, is, we believe, the best way to do exactly that.

Thank you.”

Tom Harris was born on 20 February 1964 and was brought up in Beith, Ayrshire. Tom joined the Labour Party in 1984 and on 7 June 2001 he became the Labour MP for Cathcart.

Tom was a member of the House of Commons Science and Technology Select Committee until 2003, when he was appointed as Parliamentary Private Secretary (PPS) to John Spellar, Minister of State for Northern Ireland.

He is currently vice-chair of the All-Party Parliamentary Music Group and is a member of a number of other all-party groups whose subjects include Poverty, the BBC, ME, Rail, Astronomy & Space Environment, and Islam. He is also a member of two Parliamentary Labour Party (PLP) committees: Foreign Affairs and Treasury.

He lives in Cathcart constituency with his wife, Carolyn. He has two sons; twelve-year-old Michael and Jack, born in April 2004. His personal interests include astronomy, hillwalking, badminton and cinema.

LEARNING FROM RAW EXPERIENCE: THE IMPLICATIONS FOR POLICY AND SERVICES

Speaker: David Bolton, Director of the Northern Ireland Centre for Trauma and Transformation, Omagh

Thank you very much Dame Helen.

It is very difficult to condense in 20 minutes a piece of work that has being going on certainly for five or six years and indeed has its genesis going back maybe the best part of 20 years. So necessarily I'm going to leave a lot of detail out. I want to focus for today's purposes on the treatment approach we use in Omagh as a case study in the development of services in response to the 'Troubles'.

Background to the development of the NICTT

The Northern Ireland Centre for Trauma & Transformation (NICTT) is based in Omagh, which is in the southwestern part of Northern Ireland and about 80 miles from Belfast. The Northern Ireland Office has funded the establishment of the Centre, which is a charitable body. It opened in late 2002. The Centre has grown out of the work that the public provider of health and social care that is responsible for the Omagh area, the Sperrin Lakeland Trust, did following the Omagh bombing, more of which I will describe later.

In August 1998 after the Good Friday Agreement had been in place for four months, a dissident IRA group called the Real IRA exploded a bomb, which resulted in the largest single tragedy associated with the 'Troubles'. The context in which it happened has a part to play in the story that unfolded. Just after the Good Friday Agreement was agreed, the Bloomfield Report, which was the report of the Victims' Commissioner in Northern Ireland, was published[1]. For the first time through this Report, the needs of those who had been adversely affected by the violence was detailed, and recommendations were made as to what steps could be taken to address those needs. By 1998, some 3,700 or so people had been killed in the violence, and it is estimated that at least 44,000-55,000 people had been injured. The psychological impact is unknown and the wider implications for mental health although we get a glimpse of that from the 'Cost of the Troubles Study[2]' which suggested that

1 We Will Remember Them; The Report of the Northern Ireland Victims Commissioner; Sir Kenneth Bloomfield; 1998.

2 Fay, Morrisey, Smyth & Wong; The Cost of the Troubles Survey; Report on the Northern Ireland survey; the experience and impact of the Troubles; 1999; Derry/Londonderry INCORE.

30% of those exposed to violence had something like Post Traumatic Stress Disorder and of course there are a whole lot of wider impacts as well.

And it was in that context then that we began our work in response to the Omagh bombing. Almost six years after the bombing, the town centre has been substantially rebuilt; new buildings have replaced buildings destroyed in the blast. So it's good to see the town back in shape and I think this kind of architectural and economic development of the town is a vital part of its recovery. But just to remind you about the explosion, the bombing killed 28 people on the day along with unborn babies and 400 people were injured, 135 were hospitalised, many with very serious injuries. Seven hospitals were involved on the day, 2 more came on stream 2 days later to deal with some of the more long-term and specialist injuries and then three weeks later another person died. It was a devastating explosion. The scene just some hours after the explosion is one many of you will be familiar with from television and newspaper coverage.

Immediately following the explosion the local Health and Social Care Trust (the public provider of health and social care), of which I was a Director at the time, established a number of initiatives to deal with the consequence of the bombing. Some of those were clearly focused on health care, medical care, surgical care and also rehabilitatory care, but to address the long term psychological and community consequences, we set up a trauma team called the Omagh Community Trauma and Recovery Team which in the course of the following three years or so saw over 670 people.
Not surprisingly there was a huge demand for services in the first three months or so. We found at the very start many people came through with high levels of anxiety, high levels of distress. But with good information, reassurance and perhaps some very light touch therapeutic interventions or medication people seemed to recover very well. But as time went on, others came forward with very profound needs, much of which was trauma related and much of which involved Post Traumatic Stress Disorder.
Although what we have found in practice is that very few people come through with Post Traumatic Stress Disorder alone. They usually had depression or other mental health problems or indeed physiological problems as well.
In terms of the people who used the Centre there was an interesting take-up of support. Very obviously we think of the bereaved and even though the number of bereaved coming to the Centre was quite high we noted that not

many of the bereaved were actually on the street when the bomb exploded. This drew our attention to the issue of traumatic grief and the needs of those who have to face the experiences that follow the death of someone in tragic circumstances.

We also had a lot of injured people coming through for help, and importantly also witnesses, both those who were involved in rescue and those who were involved just in seeing the events unfold or perhaps who even left the scene feeling that they were unable to help at the time. And in a study that we did about 8-10 months after the explosion[3] we found that about 55% of those who were on the street at the time of the explosion were still suffering Post Traumatic Stress Disorder (i.e. at 8-10 months).

The Omagh trauma treatment approach

We know from research carried out elsewhere that people do recover spontaneously from Post Traumatic Stress Disorder[4&5]. A good third will get better within about 2½ years without much intervention. That's not to minimise the suffering that people experience during that time by any means. The other piece of important information is that in the very long term about one third of sufferers really do not get better unless they get appropriate treatment.

We were very fortunate after the Omagh bombing to have made contact with Professor David Clark and Professor Anke Ehlers who at that time were at Oxford University but are now at the Maudsley, South London, and Kings College London. With their help we developed a treatment approach to Post Traumatic Stress Disorder, which used cognitive therapy as the principal intervention along with their very helpful conceptualisation of trauma[6] and they broke the traumatic experience down into a number of different elements. Part of it was to do with the memories that people had of the event. Part of it was to do with the unhelpful judgements that people made of their experience or its consequences or indeed of how they were coping. Part of it had to do

3 Unpublished; The Omagh Community Study; 1999.

4 Kessler RC, Sonnega A, Bromet E, Nelson CB. Post traumatic stress disorder in the National Comorbidity Survey. Arch Gen Psychiatry;52:1048-60; 1995.

5 Breslau, Davis, Andreski & Peterson; Traumatic events and post traumatic stress in the urban population of young adults; Archive of General psychiatry; 48; 216-222; 1991;

6 Ehlers, A. and Clark, D.M. (2000) A cognitive model of post-traumatic stress disorder. Behaviour Research and Therapy, 38, 319-345.

with the triggers, which were firing off flashbacks, nightmares and other distressing reliving experiences. People were seldom aware that these events were being triggered by cues in their environment. The triggers are very subtle and part of the therapeutic task is to identify the triggers. By identifying and 'naming' them, their potency is significantly reduced and the patient is comforted and somewhat reassured and strengthened by knowing that the reliving experiences have causes (i.e. triggers) and what precisely it is that is triggering their distressing reactions. They are empowered with this insight and enabled to better prepare and cope with the re-living experiences, which with treatment should decline further. And then finally the unhelpful strategies that people put in place to try and cope with how they are feeling such as drinking too much alcohol, working too hard, withdrawal and other safety behaviours such as being highly avoidant about events, circumstances that remind them of their experiences etc. Needless to say, traumatic conditions are distressing, exhausting and demanding to cope with and can lead to great impairment in people's day-to-day living.

Reflecting on our work; the Omagh audit etc

Over the course of the following three and a half years we saw 670 people or thereabouts. When our work was drawing to a close we looked back at the treatment of 91 people who had Post Traumatic Stress Disorder, who were treated with the cognitive therapy approach and on whom we had very good records. This audit was a very important study and was subsequently published[7].

We found that when you treat the primary trauma related condition using the methods described above, there is generally very significant improvement in people's condition but further we also get significant improvements in their levels of depression and also in their general health (as measured by the GHQ shorter version).

Our experiences suggested that people with trauma related conditions often present with things like depression, they are thought to have depression and are treated for depression but underneath is actually a trauma. The gateway to treating the depression based on this work is through treating the trauma.

7 Gillespie, Duffy, Hackmann & Clark; "Community based cognitive therapy in the treatment of post-traumatic stress disorder following the Omagh bomb"; in Behaviour Research and Therapy 40 (2002) 345-357; Pergamon 2002

I think that that's an important finding, again one that was known before the study but was reinforced by the findings of the study.

In another piece of work we examined the costs of not treating people who have PTSD or related conditions with effective curative services. We took a couple of examples of people who have suffered from Post Traumatic Stress Disorder and using unit costs from the University of Kent we worked out the annual cost of ordinary maintenance type treatments that go on year after year. In this situation it is assumed that people are not getting better but that services are helping them manage the symptoms. The figure we came up with, looking at a couple of cases, was an annual cost using 1999 figures of about £3,620. This included 10 GP contacts, 5 psychiatric consultations, 5 in-hospital days etc. per year. These were people who were quite ill, with chronic PTSD. Others don't suffer quite so severely. Yet others do not access health services at all (in our current experience about 30%). Yet this illustrates the point that it is costing the Health Service quite a lot when Post Traumatic Stress Disorder isn't properly diagnosed, recognised and responded to appropriately. We are planning another investigation of the costs of trauma related illnesses, which will look at this in more detail.

Our work has contributed to the developing evidence and practice based knowledge, which is demonstrating that there are effective and, relatively speaking, cost effective ways of treating PTSD, and related conditions. A number of guides on the treatment of trauma related condition have emerged over the past few years. These include the International Society for Traumatic Stress Studies (2000)[8], guidance from the Department of Health, London (2001) and from the Department of Health, Social Services and Public Safety in Northern Ireland, the CREST guidance (2003)[9]. This year we will have the draft guidance from the National Institute for Clinical Excellence (England and Wales) on the treatment of PTSD in both adults and children, expected in its final version in 2005. These documents reinforce the approaches we have developed at the Centre in Omagh as appropriate for PTSD (in adults).

8 Foa, Keane & Friedman; Effective Treatments for PTSD; Guilford Press; New York; p.1 ff; 2000.

9 CREST Guidance; "The Management of Post Traumatic Stress Disorder in Adults;" (DHSSPS (NI)) June 2003 (http://www.crestni.org.uk/agenda.html).

How many people are traumatised by traumatic events?

What can we say about the level of need? To give you a quick feel of some figures which I've already touched upon we know from mainly American studies, that 8-9% of adults have PTSD arising from road traffic accidents, assaults, serious illnesses and so on. In Omagh we found a baseline of about 4% when you remove the impact of the bombing (although the Omagh study was not an epidemiological study). Again research suggests about 25% of people will acquire PTSD following exposure to a traumatic event and one study found that in relation to terrorist attacks, one of which included the Enniskillen bombing of 1987, that 28.2% of people developed PTSD. Rape studies suggest the level of PTSD will be much higher, as we might expect given the highly personalised and violating nature of such assaults. As already noted, about 40% or thereabouts would get better in about 30 months without treatment but 35% will have PTSD in the long term[10].

In the Centre we treat people using generally weekly appointments. The audit I referred to earlier showed that people were discharged in about 10 sessions (including follow up sessions). In our current work whilst we get as good results with people who have had more recent and less complicated trauma experiences and consequences, because we are seeing more people with long-standing, complex trauma, often with other serious mental health and physical illness at the same time, our treatments take longer as one might expect. The audit showed that with more sessions people with more complex needs recover just as well.

Recently we have been piloting an intensive treatment approach. Instead of bringing people in for 10-15 weekly sessions we telescope the treatment into one week. Somebody comes in on the Monday morning and they are discharged on a Friday afternoon. We later have follow ups to check how people are getting on. With the help of Prof Clark and his team we have had very encouraging results from one pilot and hope to follow up with more such pilots later in the year.

The implications of growing knowledge and practice

So what are the implications of this kind of information for us? Well, I'm not going to go into this in great detail but just to leave you with a thought that if this kind of evidence and practice base is emerging, then this has

10 Kessler et al; op. cit.

implications for the services that are provided for people suffering from trauma-related needs. We are clearly getting insights into what works and further we are getting insights into what doesn't work. It also has implications for the funding of trauma services. Funders clearly should be asking themselves what should we be funding? In a situation of scare resources and where expensive resources are being used to support yet not cure people, the challenge is one of optimisation, making sure that resources aren't wasted and making sure that people get the best treatment. The unfolding knowledge clearly has implications for training, for practice and for ethics in terms of the clinical work and also for access to services. We have found in our Centre is that whilst most of the people coming to us are coming through GPs or Community Mental Health Teams about a quarter of people are self-referring. So even though we are effectively a third level service we provide open-access for the public and we think that is an important feature. It is not uncommon for us to receive a 'phone call from somebody who has been managing PTSD maybe for years who will say I must come and see you today. Something has happened to cause them to seek help on that day and if you require them to go through hoops to get to the service then they will back off. The avoidance responses will kick in again, and their feelings and motivation will close down again. Easy access is very important.

The evidence and practice base also has implications for public information and the evaluation of services as well.

A joined up approach

To end with, one of our programmes is about policy development through which we are trying to build models of what would a sound strategy, policy and service package look like for people suffering from trauma. It is not that difficult really to work out what it should look like but it's maybe worth just rehearsing it here. I do firmly believe that at the current state of knowledge we do need specialist treatment and support services such as the Centre in Omagh and other centres such as the Belfast Family Trauma Centre of which you will hear more in a few moments. But we also need to make sure that our primary and community care services (and read that across to your own context) need to be really tuned in to the trauma issues. They need to know how to identify it and when they identify it what to do with it; either to deal with it themselves or to what service(s) to refer somebody on to.

We clearly need the engagement of community voluntary based organisations, faith communities and employers in recognising trauma and one of the concrete bits of work that we did after the Omagh bombing was to work with employers to help them understand what people were going through and that proved in some cases to be very effective. There is a role for broadly based community organisations, churches, faith communities and such like to play a part, again in being aware about these things, being able to provide people with good information. And then finally, broadly based community education and public information initiatives that need to be there on an ongoing basis. I suppose if I put it like this, the only time I look at brochures for cars is when I'm thinking of changing my car and so that's why the car manufacturers are always advertising, new adverts, new brochures, so that they can pick up people when they're thinking of changing their cars.
Now I don't mean to trivialise this but the same kind of approach I think is required for many health conditions including PTSD. Continually as we have noted already, people are acquiring PTSD or are finding that they need to seek help for PTSD. So we need to have a constant stream of information.
I don't know how best that can be done but I think that some ideas that have been used both here and in Northern Ireland could help us along that way and we can learn from health promotion experiences. And then, finally, I think that all of what we do should have a top to bottom public health approach. This might seem quite an obvious way of approaching a health issue, but in Northern Ireland part of the difficulty about dealing with the implications of the violence associated with the 'Troubles', is that it is seen as a 'victims' issue' meaning it is rather political (in a Northern Ireland sense) and has been viewed as a kind of residual leftover to the Good Friday Agreement. Now what I'd like to see happening is the health, and specifically the mental health issues associated with the violence, being mainstreamed into our main governmental departments and adopted and taken up by our main public service providers as a key public health issue. There are other examples where this approach has been used. We have had recent contact with emergency services and others in New York who dealt with the tragedy of 9/11. New York, with New Jersey, took a very imaginative and very inspiring public health approach through Project Liberty, to the consequences of 9/11. The World Health Organisation[11]

11 WHO; The World Report on Violence and Health; Geneva; 2002

is also telling us that violence should be responded to as a public health issue; not as a crime management issue but as a public health issue.

Finally I think we also want to make sure that our services are evidence based, that we have clear service menus and pathways for people to access services and good public information and education on these issues.

Thank you very much indeed.”

David Bolton BA (hons); CQSW; DMS (hons): is the Director of the Northern Ireland Centre for Trauma & Transformation, located in Omagh. The Centre was established by a charitable trust in 2003 with assistance for the Northern Ireland Office's Victims Liaison Unit, to build upon the learning and skills that were developed by the Sperrin Lakeland Trauma Team in the aftermath of the Omagh bombing. The Centre's work includes a treatment programme for people affected by Northern Ireland's 'Troubles', a training & education programme, and a research programme.

David qualified as a social worker in 1978 and has worked in the south west of Northern Ireland, becoming the Executive Director of Social Work and Director of Community Care with the Sperrin Lakeland Trust in 1996. He has been involved in post trauma support for nearly 20 years.

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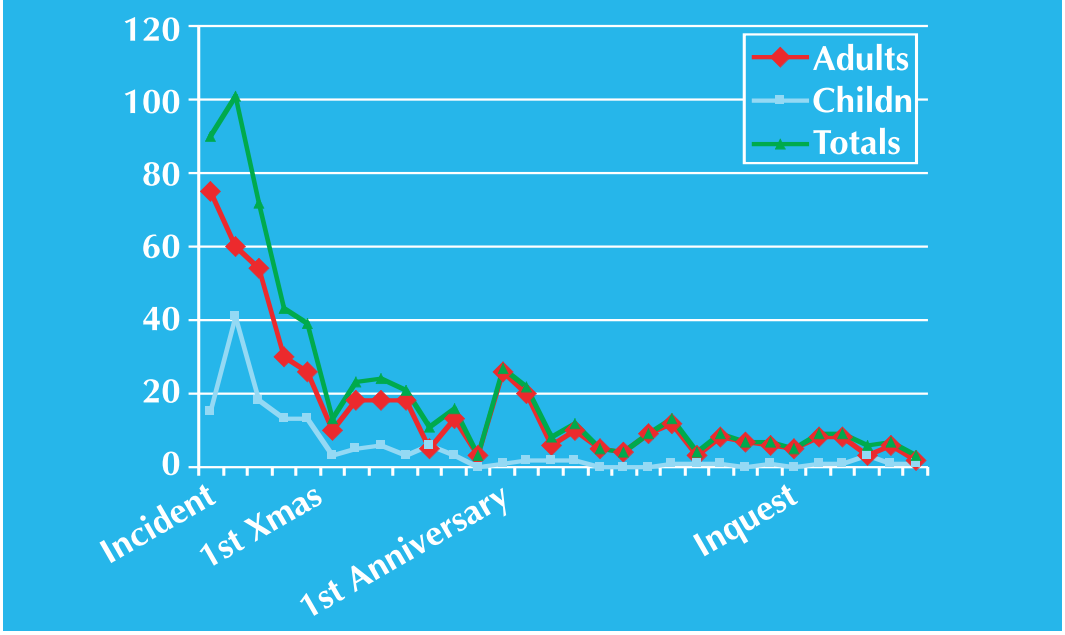
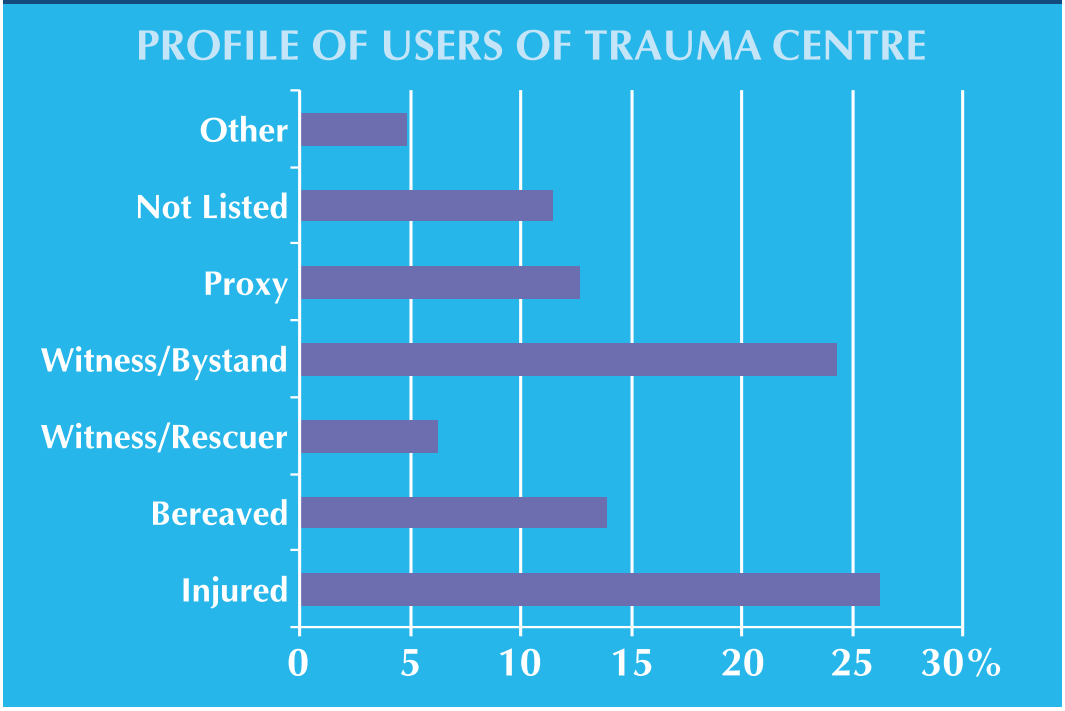
SLIDE ONE

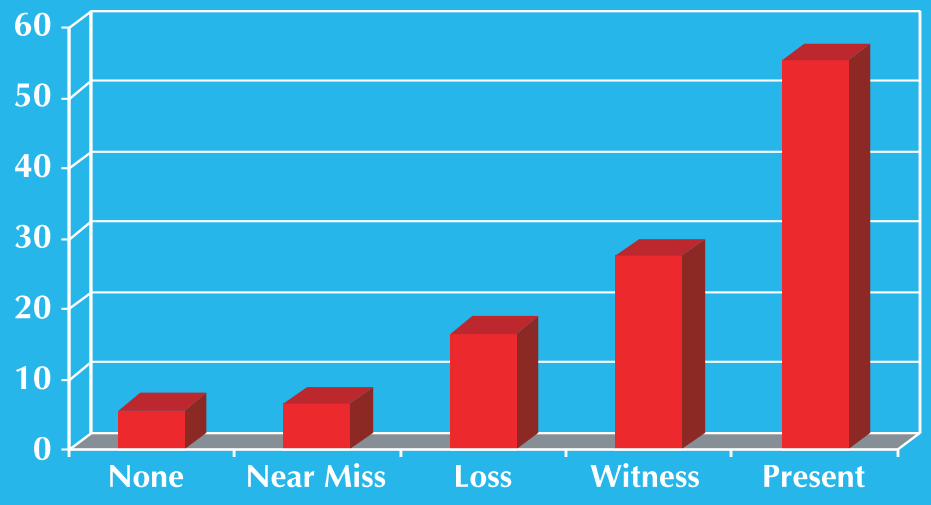


SLIDE TWO



SLIDE THREE

PERCENTAGE OF PTSD CASES BY 'INVOLVEMENT' IN THE OMAGH BOMBING



SLIDE FOUR

ELEMENTS OF POST TRAUMATIC STRESS THAT ARE ADDRESSED THROUGH THERAPY

- Memory
- Unhelpful judgements
- Triggers
- Unhelpful strategies

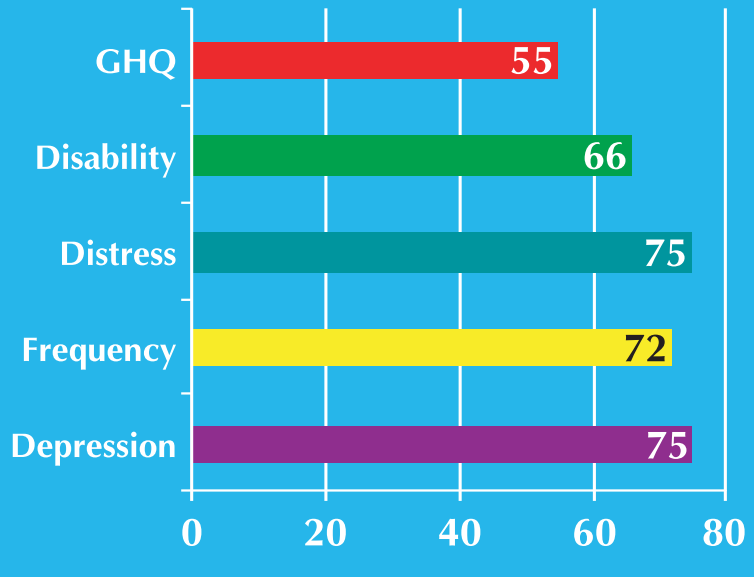
SLIDE FIVE

THE AUDIT

- 670+ attended the centre over 3½ years;
- Audit focussed on 91 who had PTSD and were treated with cognitive therapy;

SLIDE SIX

PERCENTAGE IMPROVEMENT IN AUDITED GROUP SYMPTOMS (PRELIMINARY RESULTS- JULY 2001)



SLIDE SEVEN

HEALTH COSTS OF CHRONIC PTSD USING CONVENTIONAL SERVICES

CASE STUDY - CHRONIC PTSD;				
INDICATOR OR SERVICES USED IN 1 YEAR	**UNIT COST***	**VARIABLE**	**UNITS USED****	**COST**
GP Contracts	21	Per Patient Contact 12.6 Mins	10	210
Psychiatric Consultant Appointment	249	Per Patient Related Hour	5	1245
In-hospital Days	144	Per Inpatient Day	5	720
Psychiatric Intensive Care	368	Per Patient Day	2	736
Community Mental Health Team	28	Perhour of Patient Related Work	7	196
Prescribed Drugs	15.67	Per Consultation	15	235
In-hospital Teatment For Alcohol/drugs Dependency	139	Per Patient Day	2	278
Total Cost PA				**3620**

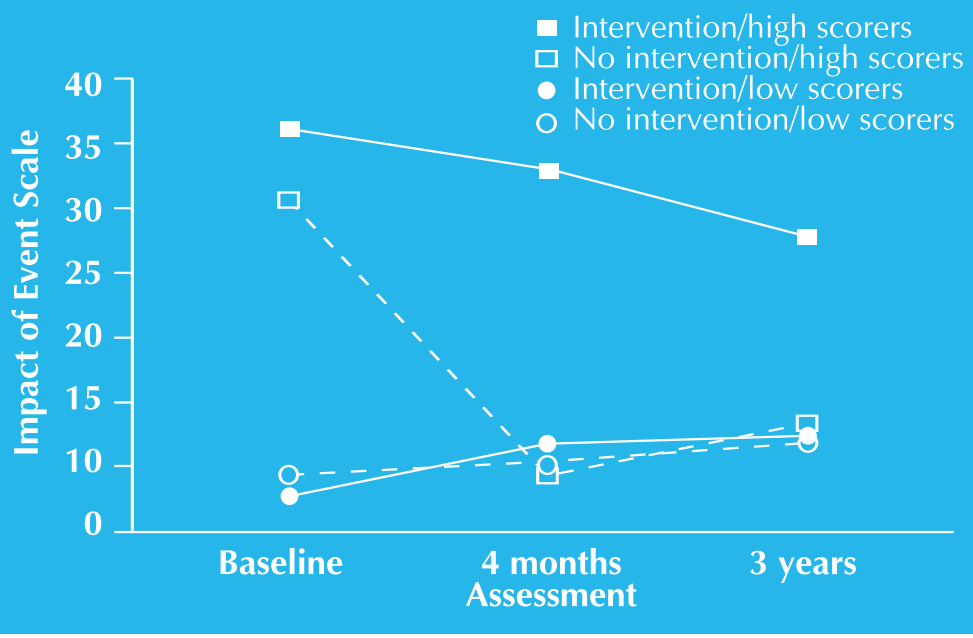
SLIDE EIGHT

SOME FACTS & FIGURES

- **8-9% of adults have PTSD (Breslau et al 1998; Kessler et al 1995)**
- **25% + acquire PTSD following exposure to a traumatic incidence**
- **Gidron (2002) found PTSD levels of 28.2% across 6 studies of terrorist attacks**
- **Of those who do:**
  - **40% will get better in 30 months**
  - **35% will have PTSD in the long term (Kessler 1995)**

SLIDE NINE

THE CISD DEBATE



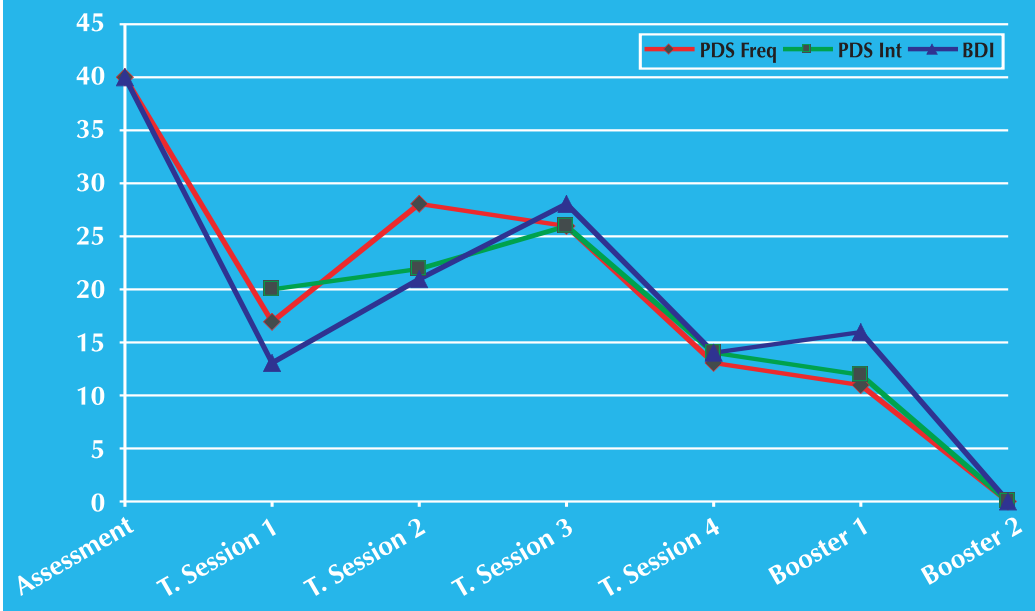
SLIDE TEN

EMPIRICAL EVIDENCE FOR COGNITIVE THERAPY TREATMENT OF PTSD

- ISTSS guidelines
- Dept. of Health Guidelines
- DHSSPS Crest guidelines
- NICE Guidelines

SLIDE ELEVEN

CLIENT SCORES MW (INTENSIVE PILOT)



SLIDE TWELVE

THE IMPLICATIONS OF A DEVELOPING EVIDENCE BASE

- The services that are provided for people suffering from trauma related needs
- Funding of such services
- Training
- Practice
- Ethics
- Access to services
- Public information
- Evaluation

SLIDE THIRTEEN

SPECIALIST TREATMENT AND SUPPORT SERVICES

Raise knowledge base, skill and capacity to intervene of primary care and secondary mental health services

Engagement of voluntary, community based organisations, faith communities, employers etc.

Broadly based community education and public information initiatives; acts of acknowledgement; Promotion of cohesion; building of resilience

SLIDE FOURTEEN

TOP-BOTTOM PUBLIC HEALTH APPROACH

EVIDENCE BASED

CLEAR SERVICE MENUS AND PATHWAYS

PUBLIC INFORMATION & EDUCATION

WORKING WITH FAMILIES AFFECTED BY THE 'TROUBLES': REFLECTING ON THE WORK OF THE FAMILY TRAUMA CENTRE

Speaker: Arlene Healey, Consultant Family Therapist and Centre Manager, Family Trauma Centre, Belfast

"I would like to thank the conference organisers for inviting me to speak at this very important and unique conference. Some time ago I was involved with the Legacy Project with Jo Dover and I acted as a consultant to the research project. I would like to commend you on a very comprehensive, excellent piece of research. The report made many important recommendations and as you know this conference today is one of many - one of 16 key recommendations - to improve services for people affected by the 'Troubles' who reside in GB.

I learned a lot from my involvement in this piece of work but I also found it to be a very emotional experience, like a journey back in time. The comments that were made by those affected by the 'Troubles', who were interviewed as part of this study, sounded so like the voices of those involved in the early studies in Northern Ireland such as the work undertaken by the Cost of the 'Troubles' Study. The voices of people often being heard for the first time, after years of being forgotten and almost invisible. I was very moved by the comments that were made but also amazed at how familiar the stories seem to me.

In preparing to speak to you today about our work with those affected by the 'Troubles' many thoughts came into my mind. The question being: which aspects of my particular practice in the Family Trauma Centre in Belfast would be useful to you working with victims of the 'Troubles' in the UK mainland? First of all I thought I will try and neatly sort this out and give you examples of things that I think are very different from what has happened in the rest of the UK and Ireland. And then I thought no - I'll give you examples of things that seem more familiar. Then I thought well, I can't really judge what you might find helpful, as I don't know. And in this work I've come to have a great appreciation of the unknown. So I decided to share with you some of the experiences that I've gained during the past 10 years. Hopefully that will include some of the voices of those that I work with within Northern Ireland and I hope that you'll find some of this helpful.

First there's the work I undertook with families affected by 'Troubles'-related trauma in the early 90's. At that time I was working in a regional adolescent psychiatry unit. It was so difficult to break the silence at that time, to even have a conversation about the impact of the 'Troubles'. Then there's the work that we've undertaken in the Family Trauma Centre since it opened in 1999. There are ways in which individual families' pain and suffering is so familiar - and so similar whether it's a family affected by a bomb that happened in Belfast or a bomb that happened here. I find myself reflecting on the very different political and cultural contexts that exist in Northern Ireland and how this impacts on our work as well. The context of silence that existed in Northern Ireland for most of the years of the 'Troubles' cannot be underestimated. It is often hard to explain the depth of such all-pervading silence that extended to all levels of society in Northern Ireland. Silence from those involved in Health and Social Services. Silence within the universities' training professionals who work in this context. Silence amongst those planning health and social care provision. Silence that extended right from the street, right through to the Government administrations of both Stormont and Westminster.

In the context of the silence that existed at that time, we failed to address the psychological difficulties that were being experienced by so many. And it's a silence that made no space for the stories of those affected by the 'Troubles'. And in such a vacuum services, particularly those located in the statutory sector, failed to develop. This culture of silence also extended to the therapeutic context. If you're living in a society where words can kill, that really sets the rules for the society in which you live. Also many professionals also felt ill equipped to have such conversations, which were really unspeakable at that time - and systemic psychotherapy, which I practice, requires a conversation that is co-created. One through which new meaning develops and helps families to tell their experiences in a very coherent manner. The hearing and witnessing of such stories are very important for people who have experienced severe trauma and such processes are not possible in a context of silence. I imagine that those who are here today whose lives have been affected by the 'Troubles' know much about this silence.

The first to speak out in Northern Ireland were those involved in the voluntary and community sector, the NGOs. And during the early 90's self-help groups began to develop and services were driven by those whose lives had been seriously affected by the 'Troubles'. Such developments paved the way for the

silence to be broken by many others, particularly those in the statutory sector. Some of those people met and formed groups following their involvement with research projects such as the Cost of the 'Troubles' Study. From the experience of being heard for the very first time, to the relief of being with others who had suffered in similar ways, the setting up of groups naturally followed. Again, these themes for me are really reflected in the Legacy Report and the Legacy Project. I learned to break the silence myself whilst I was training as a family therapist in Dublin and I worked there for one day a week for two years during the early 90's. Maybe it was the journey between Belfast and Dublin at that time. There were frequent attacks on the roads and railway lines, bomb scares and lots of events that even meant that some days I didn't actually get there. And there were lots of things that were very similar about working in child and adolescent mental health in both cities. But there were things that were very different in the early 90's. For example there was no divorce in the South of Ireland and that had a serious impact for many families.

But during my work I began to see what really had not been visible to me, even though I had been working in Belfast for more than 14 years at that time, right the way through some of the worst events of the 'Troubles'. I could see that families in Dublin were largely unaffected by the 'Troubles' and this caused me to ask the question, "well how have the families that I'm working with in Belfast been affected by the 'Troubles'?" And secondly, what was I doing to address such experiences? The answer was that I knew very little and that I was doing very little. The starting point for me was to pay attention to such matters and actively look and ask about such experiences. And as a staff team we began to ask families who were referred to the adolescent psychiatry unit if the 'Troubles' had any connection to the story they were telling us about their child. The more we asked the question, the more the answer was; 'Well yes actually'. New stories and new narratives began to emerge. Stories that included a much wider societal view, a view that included the political process, a view that allowed new meanings and new understandings to emerge and the initial attempts to develop a therapeutic context and conversation. It was also facilitated by being able to develop a safe place and to create an environment where all sides of the story could be told.

And in the early 90's we also had a huge societal change in Northern Ireland as finally the peace process was beginning to develop more momentum. As a therapist working with families affected by the 'Troubles' it felt as if some parallel

process was occurring. Politicians from both sides began to be involved in the dialogue, many for the first time, and new language began to emerge in our society. Talks, inclusive talks process, talks about talks. And the language that was beginning to be used was also reflected in the therapy room. Some of the families described how it was initially too difficult to talk about their experiences and asked if they could have some form of talks about talks processes first. Other families described how the trauma of the past had almost destroyed relationships within their family and they described their family as a family that was at war with itself. They talked about how they felt their family was in need of some form of mini peace agreement or mini peace process. The language that was present in our society began to be used in a very different way and was very much present in the room during the therapy process. These remained very difficult conversations. Finding a language to adequately explain the impact of severe trauma upon your family is very difficult, and words often fail us in such situations. And in the vacuum of silence a language to discuss such traumatic events often failed to develop.

In the early 1990's the vast majority of deaths in Northern Ireland were civilian. A suicidal young girl that we were working with was hospitalised in the Unit and her life and that of her family had been devastated by the impact of the 'Troubles'. The hearing of such stories, even in a therapeutic context, posed difficulties and risks for us as therapists and it was very frightening at times. And the more I heard, the more I began to have some understanding and appreciation of the many functions that the silence in Northern Ireland had, particularly when my own safety was compromised. And I also found myself silenced and was very careful with whom I would discuss this particular case with for fear of safety for that family and I still feel very much like that today.

By 1994 the peace process had gradually gained a lot more momentum and many of us in Northern Ireland began to find a sense of hope again. Hope that for the first time things were really going to move on and for the first time all sides of the conflict were involved in the process which included the paramilitary groups. For me it was a very systemic intervention on the part of those orchestrating the peace process. That year saw the IRA go on ceasefire and the sense of hope that was present in society was also there in the room with the families we were working with. I began to feel easier in my work with those affected by the 'Troubles' and indeed we felt we had more permission to ask about the effects of the 'Troubles'.

Whilst hope was present for many, there were others for whom these events brought a period of reflection and evaluation. It was particularly difficult for those who had lost the most, particularly those who experienced bereavement or injury. Part of the peace agreement included the early release of prisoners, many of whom had committed serious offenses including murder. Many families began to ask themselves, "Was it worth it?" "Does anybody really care?" For others the struggle for truth and justice lies within the State and within paramilitaries and many do not feel that their needs were being addressed. The impact of reflections such as those can be very devastating for families who have a profound sense of injustice from a wide range of sources. But as we continued to work with families our sense of hope continued and 1995 saw the smallest death rate in Northern Ireland since 1968. But that sense of hope was again challenged by the events that David has outlined with the Omagh bomb and a very fragile peace process was undermined.

In the Unit we began to be able to speak louder about our work and began to be involved in conversations with people in the wider system such as those involved in social policy development. By 1997 it was the first time in decades that the Labour Party came to power and Mo Mowlam appointed the Victims' Commissioner, Sir Kenneth Bloomfield. Again, as David said, it was the first time the needs of those affected by the 'Troubles' received State recognition and the importance of this cannot be overstated. The peace agreement came to fruition in 1998 and it was a very significant development in Northern Ireland, particularly as it involved the whole island of Ireland in the process. Again, the public acknowledgement of the agreement with regard to the needs of victims did much to begin to address the silence and the inaction of the past and whilst there are many difficulties with the agreement it did bring the issue of those affected by the 'Troubles' to the public's attention in a very real way. Then we had the Bloomfield Report[12] and the Social Services Report[13] and from those reports came the recommendation to open the Family Trauma Centre. And finally it provided the political context, the political will and the funding for such a development.

As I said, the Omagh bomb happened in and around the same time. I was actually interviewed for the [Family Trauma Centre] post two days later and remember feeling so devastated around that period of time and feeling very

12 'We Will Remember Them', 1998
13 'Living with the Trauma of the 'Troubles', 1998

anxious about opening the Centre with the realisation that we really did not know what was to come. And the reality that the 'Troubles' were a long way from being over and that as a society we had no idea what was going to unfold over the next few years. No analysis of need had ever been completed, yet we would have to respond to developments as they unfolded. The Centre opened in 1999 and it is a specialist regional centre providing psychological treatment and support for families affected by the 'Troubles'. We also provide training, research and a clinical consultation service and contribute to wider development issues such as public policy. The Centre, whilst multi-disciplinary, has a very systemic vision, influenced by systemic practice.

The model that has developed is one that is culturally sensitive, and particular attention is paid to how we clinically group ourselves so that the composition of each clinical team reflects religion and gender within our wider society. Issues to do with culture, religion and politics are openly and explicitly discussed if that is useful for families. If such matters are not discussed they are certainly borne in mind by the therapy staff and included in our thinking.

Effective services for those affected by the trauma of the 'Troubles' must take into account broader issues and processes. The political context is always present in the North and like other societies emerging from a history of violence issues of truth, justice and reconciliation are critically important.

When the Centre first opened we initially found ourselves responding to the needs of families that had been affected by trauma in the past. These included the death or injury of a close family member; families that had to relocate due to threats; and families that had experienced injustice from the State, families that were affected by high-risk parental occupation and the many different ways in which the 'Troubles' affected families. In that year the context was one of change and we saw a great reduction in the level of violence in the North of Ireland. Unlike the previous year when 57 people were murdered, 6 people died as a result of the 'Troubles' and again reaching much lower levels. So maybe there was cause for hope and optimism again.

Much of our thinking at that time focused on helping families, and parents in particular, to find ways to break the silence that had surrounded their lives for many years. It was a very difficult process and one that was still clouded by fear and uncertainty and we had to also consider the ways in which hearing such stories impacts on us, the therapists. The process of

listening and responding to the stories that the families have to tell can also evoke feelings of fear, helplessness, shame and guilt in the therapists. And although the 'Troubles' have continued in Northern Ireland, their form has altered and in the last few years we have seen the violence change in nature and escalate again as the situation becomes more polarised politically.

Towards 2000 the work began to change again. The large bombs had stopped, the numbers of murders reduced, but the numbers of people being injured as a result of paramilitary-style beatings and shootings increased. Sectarian attacks increased, inter-paramilitary feuding increased and those referrals were very much the work that was coming into the Centre. And indeed recently figures issued by the police in Northern Ireland show an increase in paramilitary punishment shootings which are taken to be a reflection of anti social activity on the part of young people; we've seen an increase of 69.66% in these attacks. Paramilitary shootings have increased by 153% and we know that many young men have gone on the run and have moved to other parts of the UK. Again, their plight is described very well in the Legacy Report. I've met many families where a son or a father has been subjected to paramilitary-style shootings. In some cases the parents have been present, or children have witnessed this. Quite often families have no idea why they have been singled out. For all of them the effects are quite profound. For some families no sense can be made of the sanction. They live in constant fear and anxiety and often try to move to a safer location. Many young men have been left with very serious injuries, where once they were fit and active and involved in sport. That way of life is no longer possible. Such is the reality of such attacks that many young people resign themselves to life on Disability Living Allowance.

The Assembly was suspended in 2002 and in the political vacuum that followed again the violence escalated and we saw an 87% increase in the number of people being injured in security-related incidents, and an increasing number of homes coming under attack. As a result Belfast is now even more segregated than it was in the late 60's. The vast majority of the population reside in areas that are populated by one religion or the other and for the very first time violence spilled over into the primary schools. That had never happened before. There were unprecedented attacks on children going to school, buses being stoned, attacks on teachers' cars. Such situations had not occurred during the height of the 'Troubles' and again all of these events were reflected in our conversations with families.

I feel in many ways the silence continues in Northern Ireland but in a different way. One of the difficulties is the reluctance of many people to look beyond the headlines, to stop and consider the reality that many people are experiencing. The silence of the past is still present. For many it is just too painful to consider. Many incidents still occur in the areas that have historically been most affected by the 'Troubles', such as North Belfast. For many, however, living nowhere near such areas it seems like a different place altogether, a different universe.

We did not hear a public outcry in Northern Ireland a few months ago when a 14-year-old boy was subjected to a vicious paramilitary shooting. The media reported that he had been kidnapped, tortured, threatened with rape and finally shot as a punishment for his anti-social activities. Initially there was some condemnation on the television and radio but it was quickly over and the silence continued. The caring system also can remain very quiet. Such attacks are not viewed like other attacks on children and are not considered by the child protection system in the normal way. Yet for that young man and the family the trauma continues for every day, if not for months and years. It can also have very serious implications for the other children in the family.

Just after this event three young men who came from the same area in Ardoyne, aged 17 and 18 who had all been subjected to various paramilitary punishments and threats could take it no longer and in the space of two weeks they committed suicide. We knew one of these families very well. Again there was a lot of media coverage but the concern gradually ebbed.

The hearing and witnessing of these stories first hand, getting to know the families that are caught up in these incidents connected to the 'Troubles', can make a profound impact on the self. It changes your views of the society in which you live. It changes your political and cultural views, even in small ways and I know the team would often say how we hear the news and read the newspapers and bear in mind the referrals that come as a result. In the last few years children as young as two have been the only person present when their parent has been murdered. Many families have been burnt out of their homes and such activity is now happening in areas that would have been owner-occupied, areas that were much more middle class and really hadn't been affected by the 'Troubles' so much. In the Centre we're very

privileged to hear the stories that are experienced by many families and such stories force us to consider the dilemmas posed for families. Consider the experience of seeing your home destroyed because of your religion. How do you explain this to children without instilling fear or hatred for the other community? It's very difficult and distressing for parents who really want their children to think more broadly and differently in Northern Ireland. Such acts often follow months of sustained attack on a family home, whether it's pipe bombs or petrol bombs. The children, when they move, often miss their old community and struggle to get used to a new school and new friends. Parents who wanted to bring their children up in mixed areas have been forced to live in single identity communities for reasons of safety.

Although Northern Ireland is often described as a post-conflict society by many, it's really a pre-post conflict society as these attacks continue to go on. We have to be very careful of our language because families who are subjected to these attacks feel that it is worse now that we have a peace agreement and that we don't live in a peaceful society. Similar difficulties exist for the language around Post Traumatic Stress Disorder and although we do see many families that suffer from PTSD in the way that David described, it is not a useful description for some families. For many families in Northern Ireland the trauma can be a continuous experience, lasting weeks, months or years. For many families it is not "post" but "ongoing". Many children and families experience serious difficulties with this and the term "post" doesn't describe what they are experiencing. I want to give you a quotation by David Becker who ran a centre in Chile:

> "Although PTSD diagnosis may be the most widely used instrument in dealing with politically traumatised patients, it nevertheless has such severe shortcomings that we must confront the difficult task of developing other forms of diagnosis. These may not fit so nicely into the statistical necessities of researchers, health insurances and international health organisations, but will probably reflect the problems of our patients more adequately." (Becker, 1995, p.28)

It is very difficult to provide effective treatment for those exposed to continuous trauma by virtue of the fact that the exposure to the trauma is of a continuous nature. Families subjected to this form of trauma can be traumatised between sessions and you make progress one week and you

see them the next week and something else has happened. Their symptoms don't fit PTSD either by definition or symptom presentation. For such families we find psycho-educational materials very useful so they can understand more what is happening to them and they can learn some coping mechanisms. But the serious limitations have to be acknowledged by us and there is a real need for honesty. The language we use is important.

The term Continuous Traumatic Stress Syndrome first originated in South Africa and we have used the term Continuous Traumatic Stress as we're finding it a useful one. For families that are living in this situation we are sometimes asked if we would come and witness the reality of their lives and I have found such home visits profoundly upsetting. To see children living in such circumstances is a profoundly moving experience. To see children in what was a very comfortable home living in what has become a fortress or a prison. To see a family with every window boarded up for months so that their home no longer has any natural light is very disturbing. For other families the parent, and it's usually the father, stays up all night on guard duty. Others try to be proactive by increasing the number of smoke alarms or fire extinguishers in their home. Others place baking tins under their letterbox so they can catch any inflammable liquid that might be poured through. For these families we can explore ways of possibly improving security and ways to involve the children in security routines but often the safety is just not enough. For many families they are also distressed when the system fails to respond to their fear and danger and again the reality that they feel that no-one really cares about what is happening to them. Oscar Daly[14] recognises this, in his writing after the Derryhirk bar incident where people thought it was paramilitaries coming into the bar to kill them and were shocked later to find - quite a long time later - that they were members of the security forces. Those people, when they realised that life was not as they thought it was, really suffered a much higher level of psychiatric disturbance as a result.

In the past five years I've learned a great deal about the impact of trauma on families. We have seen and researched the effectiveness of family-based interventions and the best part for me has been to be able to be there at the right place at the right time. To be able to provide early intervention and timely treatment. To be able to respond quickly to Holy Cross, Short Strand,

14 First Irish Conference on Psychotraumatology, 2000 (European Society for Traumatic Stress Studies)

Cluan Place. To be able to respond to requests days after the murder of a parent. We know that serious traumatic events will always be present in our society. We know that they will have serious consequences for many families and that some will require treatment.

We know that we all live with a very real threat of terrorist activities, no longer from Northern Ireland paramilitary groups hopefully, but from a wide range now of different groups. We know the type of services that the aftermath of such attacks will require and we must ensure that such services are in place.

Thank you.”

Arlene Healey Dip SW CQSW MSc (Psychotherapy) Ad. Dip Management of Psychological Trauma Cert Ad SW UKCP Reg (Psychotherapy): is a social worker and family therapist who has worked in Belfast for more than 25 years with troubled children and young people. In the early 1990’s she developed a culturally sensitive systemic approach to the treatment of families affected by trauma. In 1998 she was appointed Centre Manager and Consultant Family Therapist to head up the new regional Family Trauma Centre. She has been very involved in the development of systemic family therapy in Northern Ireland and Co-chairs the MSc Systemic Psychotherapy course at Queens University Belfast. She is Chair of the Association of Family Therapy (N I Branch) and Chair of the Institute for Conflict Research in Belfast.

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SLIDE ONE

FAMILY TRAUMA CENTRE

- Culturally sensitive practice
- Systemic therapy with an emphasis on the impact of trauma on family systems
- Empowerment of families
- Non judgmental practice
- Developing our own abilities to participate in very difficult conversations of a politically sensitive nature
- Creating a model to make space for all sides of the story to be told

SLIDE TWO

FAMILIES AFFECTED BY TRAUMA EMANATING FROM THE TROUBLES

- Families with a child under death threat
- Families who have had a family member murdered or seriously injured
- Families living in interact areas
- Families residing in high intensity Troubles affected areas
- Families living under paramilitary control
- Families forced to relocate
  - Threats from within their own community
  - Threats from the other side
- Families affected by family members in high risk occupation
- Families with a family member in prison, or recently released from prison
- Families that have been held hostage

SLIDE THREE

TREATMENT APPROACHES

- Use of Psycho-educational work provides clients with a non-pathologising way of understanding their symptoms
- Family & individual treatment focus
- Emphasis given to a bio-physiological basis for understanding trauma
- Hope and reassurance given that effective treatment exists - they are not going crazy
- Systemic treatment approaches
- Cognitive Behavioural Therapy & EMDR

SLIDE FOUR

"Although PTSD diagnosis may be the most widely used instrument in dealing with politically traumatized patients, it nevertheless has such severe shortcomings that we must confront the difficult task of developing other forms of diagnosis. These may not fit so nicely into the statistical necessities of researchers, health insurances and international health organisations, but will probably reflect the problems of our patients more adequately."
(Becker, 1995, p.28)

SLIDE FIVE

PTSD

- Single or multiple
- Past
- Past threat
- Safety can be established
- Co-morbidity can be treated
- Substance abuse can be treated
- Trust in state systems of protection e.g. Police
- Often no threat to family or community networks and systems

CTS

- Multiple and ongoing
- Present
- Threat is current and real
- Safety difficult to establish
- Co-morbidity difficult to treat
- Maladative coping means survival
- Lack of trust in state systems of protection & help
- High frequency events/ dose response
- Helplessness
- Threat to family and community networks and systems

SLIDE SIX

CONTINUOUS TRAUMATIC STRESS (CTS)

- Lack of environmental safety
- High event frequency
- High dose response
- Exposure to different types traumatic events
- Guilt (omission/commission & survivor)
- Despair
- Helplessness
- Changes in family values
- Real and present danger
- Gender differences
- Vicarious helplessness in helpers

SLIDE SEVEN

RESPONDING TO CONTINUOUS TRAUMATIC STRESS- THERAPEUTIC WITNESSING

- Bearing witness to the story lived
- This process is a personal and political activity
- Providing a testimony to the history of the family and the therapeutic process
- Witnessing the impact of the Troubles - much of which remains invisible to the majority of the population
- Process of making the invisible visible
- Holding and containing
- The reliability of our presence and the recognition of how families feel

SLIDE EIGHT

FACTORS WHICH AFFECT THE SEVERITY OF TROUBLES RELATED TRAUMA

- Absence of any sense of safety
- Continuing to be exposed to the trauma
- Living in a high intensity Troubles affected area
- No one brought to justice for the offence
- Body of murdered family member not located
- Whole family involved directly in the traumatic event
- Family having already been affected by trauma; recent loss; the onset of chronic or serious illness of a family member
- Family member involved in paramilitary activity
- Family member injured by security forces
- Family member unable to return to high risk occupation following traumatic event resulting in isolation
- Families inability to discuss the event and subsequent loss/silence

SLIDE EIGHT

FACTORS WHICH AFFECT THE SEVERITY OF TROUBLES RELATED TRAUMA (continued)

- Family problems
- The loss of personal identity and the incorporation of trauma into the identity of self
- Family and individual life transition periods; family life cycle; changes that affect several generations
- Length of time period following traumatic event. Family member, particularly parent, suffering from PTSD for many years. Knock on effect for the whole family
- Mental health problems
- Drug or alcohol abuse
- Attachment issues
- Expecting trauma
- Intrusion of the media

SLIDE NINE

RECONCILIATION IN NORTHERN IRELAND

- Society in Northern Ireland is at a very early stage of dealing with its "troubles past" and more specifically its victims and is only really beginning to do so
- Most "victims" do not like the term. Many prefer the notion of a journey from victim to survivor to thriver
- The needs of both perpetrators and victims
- Perpetrators who regard themselves as victims
- Perpetrators who also have a story to tell
- Perpetrators who regard their actions in a specific social and political context. A war-like context
- Current Post-conflict society
- Issues of truth, justice, responsibility underpinning the debate regarding reconciliation

WORKING WITH VICTIMS IN THE CONTEXT OF A PEACE PROCESS

Speaker: Jacinta de Paor, Co-ordinator of the LIVE programme at Glencree Centre for Reconciliation

"To-day I am delivering this paper in place of Ian White, Chief Executive of Glencree Centre for Reconciliation, Co Wicklow, Ireland. Sadly Ian suffered a family bereavement last week and cannot be here today and he wants me to convey his thanks for your kind words of condolence you have sent him.

I myself want to pay a particular personal tribute to another great worker for peace - Colin Parry, who has been of tremendous support to us in Glencree and it is therefore especially pleasing to see his name included in the recent Birthday Honours List where it so rightfully belongs.

I am grateful for the opportunity to be here today in the Warrington Peace Centre, a centre which has done much to highlight and cater for the needs of victims of political conflict in Britain. Today I will speak to you about the context in which this work is taking place. To be more precise I want to talk about the work of healing the wounds created by the last 40 years of conflict in a way that helps us move into the future, in a way which prevents further victimhood. Rather than speaking about clinical approaches to working with victims, I would like to address the work in which I have been involved which, while having therapeutic value, operates in a political and sociological context.

Firstly however I would like to acknowledge the deep suffering experienced by many people here in Britain as a result of the Northern Ireland conflict or the 'Troubles' as some people refer to them. All too often in our past it appeared that victims could only exist within Northern Ireland and while there is a reality that they were a neglected community until the commencement of the peace process, there was even less appreciation of the suffering caused to victims/survivors in Britain or for that matter the Republic of Ireland.

In talking to you today I am attempting to advance our understanding of the situation in order that there can be some meeting of victims' needs here in Britain. I would ask you to remember that in trying to understand I am not justifying. There can be no justification for hurts caused, but we must come to a place of understanding. I must also say at the outset that this work is

still developing and for that reason neither I nor Glencree can claim a monopoly on wisdom but can share our experience.

It is always difficult to talk on such a sensitive subject because we often make assumptions about how people feel or think. These assumptions can be confusing and even hurtful and therefore I want to start by sharing with you some assumptions that are now made in Glencree as a result of our experience in working with victims/survivors:

It is natural and understandable to want to develop a hierarchy of victims but to a large extent this is unhelpful to the ongoing peace process. From a personal perspective, a hierarchy of victims which holds some victims more innocent or more guilty than others can help provide a focus throughout the grieving process, allowing responsibility for the suffering to be attributed in a particular direction or at a particular person or group. After 11 years' experience, all Glencree can conclude is that our communities have done terrible damage to each other throughout the last 40 years. In some cases the creation of a hierarchy of victimhood is encouraged for political reasons. If you attribute responsibility for the suffering to one particular group rather than accepting their victimhood, people can muster support for particular political actions or positions. In this regard we must also remember that victims because of their vulnerability can at times easily be used or manipulated for particular political objectives.

The definition of victim/survivor should remain open and inclusive to allow anyone who has suffered as a result of the conflict to define themselves as a victim if they so want to do. For example many people who joined paramilitary organisations did so as a result of an experience of suffering of some description. Perhaps a bereavement or an injury could trigger a violent response. Therefore maybe we also need to consider the question - can combatants be victims? In our experience this can be the case. This is something that can be very difficult for many to accept but when you have heard stories, as I have, of how many were drawn into organisations at a young age, it makes understanding the person a little easier - whilst not, at the same time, justifying the deeds that were done.

Now I want to tell you of the work of Glencree which addresses the issues of victims in the process of peace building. I am telling the story of this work because it might help us think through some of the issues we must

address as part of working with victims within the context of a peace process but also because I want to offer our work as a resource to you today. You might just know someone for whom participation in our work would be appropriate and useful.

I will start with the values of Glencree which permeate all of the work we do in whatever area of society. These values represent an essential underpinning of our work with victims. The values are well explained and when anyone engages in work with Glencree, they understand that.

Glencree is not a campaigning organisation. We cannot become the champion of victims' causes. This role must be adopted by victims themselves in order to be effective. If we were to come out in favour of any one side we would lose our precious facility to work with all sides - which although very difficult at times, is vital to this work.

Glencree is a non judgmental organisation extending the same welcome to all regardless of how they have affected, or been affected by, the conflict. This is very difficult as we all have views, opinions and feelings. However it is important that all participants in our work are afforded the same facility. It is not the role of Glencree to say who was right and who was wrong. In particular those of us who work with this conflict and are also born and live here, bring our own personal national histories and experiences. It is impossible for us to come from either jurisdiction and not to bring these with us. It is therefore important for us to acknowledge this and to bring it into the equation.

Inclusivity is another core value of Glencree. There must be space in our work for all experiences and opinions in relation to the conflict. Quite often those who have felt excluded can change as a result of genuine inclusion. This is not easy to practice either and presents even us who are the peace builders with personal as well as professional challenges. It is all too easy to work with those with whom we like and agree.

The work of Glencree with victims started 5 years ago, when a programme of relationship building between victims from all backgrounds in Ireland North and South and in Britain commenced. This programme (LIVE - Let's Involve the Victims Experience) acknowledged the suffering of people in all three jurisdictions and also recognised that victims have their own special role to play in the building of peace. The programme started from small

beginnings of 3 participants and we now have approximately 200 on our books. We operate on a series of weekend workshops at which there can be up to 30 participants at any one weekend. This is not a course of therapy but is rather dialogue in its deepest sense. At times this dialogue can be very difficult and demanding.

Some of the participants in this initiative expressed a deep interest in meeting with either representatives of the organisations involved in causing their suffering or indeed, in a smaller number of cases, with the actual people who caused their suffering. A number of meetings were held, and while difficult, appeared to meet some of the needs of victims. The meetings provided the opportunity for the victims to ask questions which were important to them and their healing. Questions such as Why? When? and Where? were asked and there were different levels of satisfaction with the answers, most participants felt that the meetings were in some way helpful.

Such direct meetings happen with voluntary participation from everyone involved. They are certainly not prescribed and you can participate in the victims' work of Glencree without taking part in these particular meetings.

Moving from LIVE to Victims and Combatants programme:

As our work developed and more such meetings took place it was of course essential to provide the appropriate psychological support to the victims who participated. Counsellors and therapists were hired to work with any retraumatisation which might occur as a result of the activity. It rapidly became clear however that the combatants who were participating also had much to give by their involvement in these meetings but that they too then ran the risk of retraumatisation. Thus 18 months ago Glencree commenced a programme specifically designed to support those from a military or paramilitary background, who wished to engage in meetings with victims of the conflict.

In your work with victims of the conflict here in Britain, you may meet people for whom this experience would be valuable. I must stress the importance of the voluntary nature of such participation. Please feel free to access us if you need to have any further information on how we conduct these dialogues. Direct encounters between the victim and combatant are not seen by us as an absolute requirement of finding a way forward, rather it is but one way in which we can effect reconciliation. While mechanisms to allow a healing

of the pain inflicted on victims and which allow us to move forward into an environment where no further victims are created must be found, we must be clear that:

- Formulas such as those tried in other countries eg South African Truth and Reconciliation Commission will not apply to our context. We have a conflict with different dimensions to the others and, as we know, all conflicts are unique. Whatever process that is put in place to "recover the truth" in our context must be created specifically for that context. This said, there is learning for us from the experiences of these processes in different international settings. A straw poll conducted with the participants on the LIVE programme has confirmed that they do not see any value for them in having such a commission.
- Participation in such activity can only be effective as a healing exercise if it is voluntary. It is highly unlikely that the needs of all victims will be met through participation in such activity. Preparation for victim/combatant dialogue is of critical importance and participants must be clear about what they wish to get out of such an experience. Support mechanisms must be put in place for those engaging in this process. This work is not about forgiveness but it is about a type of acceptance which can allow the victim to get closer to understanding the humanity of the other and can put to rest some of the questions which often help victims remain as victims rather than being able to again live complete lives.

But to end on a sombre note, this work is far from ended. When the Good Friday agreement was signed some felt that the work was now finished. Just recently I was made aware of a family who are being threatened and who are being forced to leave both their home and their workplaces. We have heard today at this conference about the plight of 'the Exiles' but it is not until you hear at first hand what it is like to have to leave your home at short notice, to leave your community and for the children being forced to leave behind their school friends; to have to sell your house at a loss, it is only then that the continuing impact of this conflict is brought home. It is conferences such as this that serve to highlight these issues and again I wish to express my appreciation for the opportunity to share our experiences at Glencree with you all.”

Jacinta De Paor: is Co-ordinator of the LIVE programme at Glencree for the past 5 years. She is a psychologist of 22 years' experience and has further training as a counselling psychologist. She previously has worked in the US and with agencies in Ireland including a Young Offenders Institution and the National Training and Development Institute's third-level college for people with disabilities. Current areas of research interests include developing a model for conflict facilitation.

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THE NATIONAL STRATEGY ON VICTIMS AND WITNESSES

Speaker: Frances Flaxington, Head of Victims Unit, Home Office

"The Victims Unit was set up in June 2003 and its role is to co-ordinate work right across government, in implementing the National Strategy which aims to deliver improved services for both victims and witnesses. Since the Legacy Report was published in November last year I have met Sarah and colleagues from the Northern Ireland Office and Jo and Sarah from the Project. They have raised my awareness of the needs of the victims of the 'Troubles' and we have explored the recommendations in the Project report. I was very pleased to be invited to the conference and I do think it is a significant event as it has brought such a wide range of people together to listen and discuss how we best support this particular group of victims. I note that the work of the Trust is described as "an educational peace charity". I have already found that today has been an 'education' for me! Although I have read the Project report several times, the experience of sitting and listening to the victims and survivors in the workshop this morning has had a significant impact upon me. I would like to pay tribute to the work of the Glencree Centre which I also heard about in the workshop which is doing so much to support victims.

My aim today is to talk generally about the implementation of the National Strategy to improve service to all victims of crime and at the same time to consider how this work is impacting on victims of the 'Troubles' where it is appropriate. The themes from my speech are that victim justice must become integral to criminal justice if we are really to increase the confidence of victims in the system following a crime and that the criminal justice reforms underway will benefit all victims of crime. However to really make progress in supporting victims we need to co-ordinate the work not only of criminal justice agencies but also of others including health, benefits agency and importantly the voluntary sector.

In its paper 'Justice for All' the government made a commitment to placing victims 'at the heart of the criminal justice system'. The strategy aims to tackle the fall in public confidence and also specifically to increase the satisfaction of victims and witnesses. A general statistic from the British Crime survey is that the public consider that the Criminal Justice System meets the needs of victims in only a third of cases and confidence in the

police has fallen. In considering the work that has been undertaken in the last few years however, there is much to celebrate in terms of progress in supporting victims

- **Victim Support** - and congratulations to Helen (Reeves) on the 30th anniversary of Victim Support this year! The community and witness services provided by Victim Support provide advice and assistance to victims across the country. It is true to say that the Government strategy is very much the vision that Victim Support has promoted for a number of years.
- **Criminal Injuries Compensation** - however imperfect some may view the scheme it must be remembered that it is the most generous scheme in Europe and that we pay out more than all the other countries in Europe put together. I know from listening to victims/survivors in the workshop this morning, that for many the payments are, importantly, an acknowledgement of the crime that has been committed and also give a sense of closure, another stage of the process of coming to terms with what has occurred.
- **Police Family Liaison Officers**. Again I was heartened by an anecdote I found in the Legacy Report where there was praise for a Family Liaison Officer who had provided practical support to a survivor of the 'Troubles'. This is one illustration of how the reforms underway can benefit all victims of crime.
- **Multi Agency Public Protection panels.** Led by Police and Probation and working with a range of other agencies to put in place individual plans which protect both individual victims and the community.

All of these are significant developments that support victims of crime.

In terms of new developments, the forthcoming legislation will take us further forward. The Bill was introduced into the House of Commons on Monday by the Home Secretary and received cross party support. The key point to make is, this is a Bill which gives new rights to victims.

a. **A Commissioner for Victims.** This will be a new independent post and he/she will provide a powerful voice for victims at the heart of government and to emphasise that they will represent the interests of victims of terrorism if the victim lives in England and Wales or was victimised in England and Wales.

b. **Code of Practice.** This will replace the Victims Charter and will place statutory obligations on criminal justice agencies and Victim Support to provide information to victims of crime throughout the criminal justice process. It will make a difference as there is recourse to Parliamentary ombudsman if the obligations in the code are not met.

c. **Victims Advisory Panel.** This was established in March 2003 and it will be placed on a statutory basis. This is a very important development. The panel is chaired by Baroness Scotland, Home Office Minister, who has the lead role for victims and witnesses. Harriet Harman from the Crime Prosecution Service attends and Chris Lesley from the Department for Constitutional Affairs. Other Ministers have previously attended, for example from the Department of Health. We have 10 lay members on the panel. These are victims who are public appointments. They went through a rigorous assessment and interview process. They do not represent organisations but bring their own unique experiences and use this to comment on policies that the government is developing to support victims and witnesses. We have victims of a wide range of offenses and at times the meetings can be uncomfortable for Ministers and officials. This was always the intention. I know that another of the recommendations in the Legacy Report was in relation to the Victims Advisory Panel. The next round of appointments will start in 2005 and any victim can apply to become a member of the panel. In the meantime the opportunity to place on the agenda issues relating to the 'Troubles' can be done either through a briefing note for the panel, for example, reporting the outcome of this conference and/or to pose questions to the panel, where advice is sought from members on the development of policy.

d. **The Victims Fund.** We are aiming to set up a specific fund which will enable us to put in place new provisions to meet the needs of different types of victims of crime. We are still working on how the fund will actually operate and also criteria will need to be developed and voluntary organisations will be able to bid formally to the fund once it is established.

We know what victims want. All the research tells us that we must ensure that victims receive good quality information and that they are treated appropriately. Time and again we hear victim stories not recounting anything regarding the crime itself but how they were treated following the event. Our approach in taking forward the victim and witness strategy is to focus on improving

core service for all victims of crime and also at the same time to take forward work to the many different specific needs of victims of different types of crime.

In implementing the strategy every local Criminal Justice Board (Chief Executives of the Crown Prosecution Service, courts, police, prison, probation) has produced as part of its plans to improve public confidence, actions to develop services that better meet the needs of victims and witnesses. Central to achieving the changes that are needed to Criminal Justice is the rollout across the country which has now begun of Crown Prosecution and police led Witness Care Units in every area. This will provide a 'single point of contact' once a charge has been made and will provide information right the way through to sentence for victims and witnesses. These Units (the No Witness, No Justice project) will provide improved needs assessments for victims, promote the use of victim personal statements and ensure that working with Victim Support and others that there is a range of support provided for those victims that have either practical or emotional needs.

The next phase will be to work closely with the local Criminal Justice Boards ensuring we establish improved services for victims and witnesses focussing on information and appropriate treatment. We will be providing guidance to the Boards on working with local crime and disorder reduction/community safety partnerships as it is the range of non criminal justice organisations who will provide the practical and emotional support required by victims. At a national level we have forged good relationships with the Department of Health and in the work that they are developing in relation to guidelines on Post Traumatic Stress Disorder. We are working with them on how we integrate a victim perspective into these guidelines and work so that victims who have signs of Post Traumatic Stress Disorder are identified.

In relation to governance arrangements we are likely to set up a small group to oversee the implementation of the next stage of delivering the Victims and Witnesses Strategy. We do not have the resources and do not think this is the best approach to set up large committees. The danger is always talking shops with not a lot getting done and our aim is to put in place arrangements that enable us to make progress. Therefore in relation to victims of the 'Troubles' we will want to have continuing dialogue with Sarah Todd, the Northern Ireland Office and the Trust to discuss how we best work in partnership in ensuring we meet the needs of the GB victims of the 'Troubles'.

In conclusion what I have aimed to do today is to demonstrate the progress that has been made by individual agencies and in partnership but to be frank in stating that we have a way to go in terms of meeting the needs of different groups of victims. I want to emphasise that I do believe that we are making progress and that the Criminal Justice reforms that are being taken forward which include a strong focus on improving service to victims and witnesses will impact on victims of the 'Troubles' as they will on all victims of crime. But there is further discussion to take place for us to identify what additional needs must be addressed by others such as health so that we can agree what needs to be done and how we can take this forward together. I am now looking forward to any questions that you may wish to pose to me and the opportunity to listen and learn during the rest of the day.”

Frances Flaxington: is *head of the Home Office Victim's Unit with lead roles in co-ordinating the implementation of the Government's National Strategy for Victims and Witnesses, published in July 2003 and in ensuring that at a national and local level, both statutory and voluntary organisations work together to strengthen provision that exists currently. Frances joined the Unit in June 2003 and was previously Deputy Chief Inspector in HM Inspectorate of Probation following a career in the Probation Service.

* Frances has now moved on to a new post within the Home Office.

SLIDE ONE

"The Government – in partnership…
wants to make sure victims and
witnesses are treated with respect…
provide them with the support and
other services they need, whether within
the criminal justice system or in their
contacts with other agencies…"
VW Strategy

SLIDE TWO

CONFIDENCE

- Victims: 1 in 3 1995; 1 in 4 2002
- Crimes reported – 44 %
- Public view – victims' needs met – 33%
- Confidence – 25% Staffordshire
  – 37% Leicestershire

SLIDE THREE

GOVERNMENT COMMITMENT

Justice for All – Victims at the heart of the CJ
PSA - Improve the level of public confidence in the CJS including increasing that of BME communities and increasing... satisfaction of victims and witnesses whilst respecting the rights of defendants

SLIDE FOUR

FIRM FOUNDATIONS

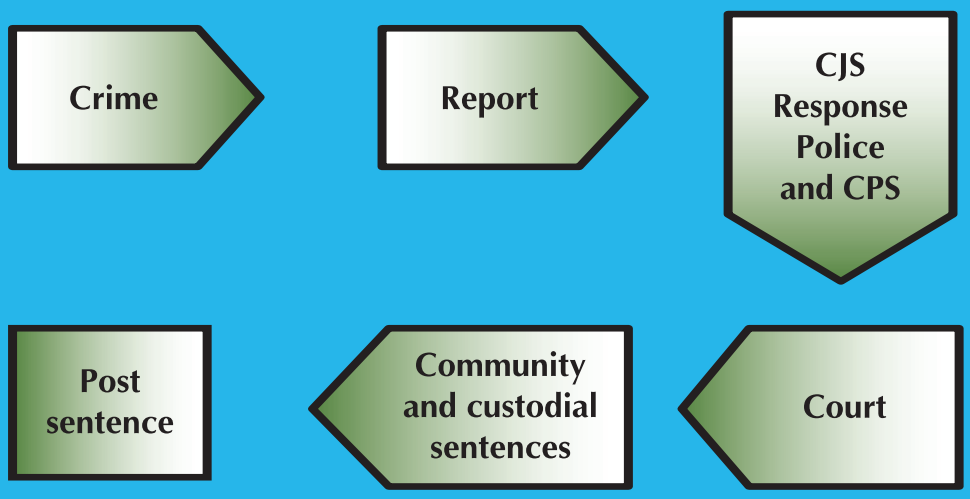
- Victim Support
- Criminal Injuries Compensation
- Police Family Liaison Officers
- Court measures to support witnesses
- Probation victim contact work
- MAPPA

SLIDE FIVE

DEVELOPMENTS

- Domestic Violence, Crime and Victims Bill
  - Commissioner – all victims of crime
  - Code of Practice
  - Victims Advisory Panel
- Victims Fund – consultation
- No Witness, No Justice
- Restorative Justice, Domestic Violence and Anti-Social Behaviour

SLIDE SIX



SLIDE SEVEN

CRIMINAL JUSTICE BOARDS

"We envisage a central role for the new local CJ Boards in ensuring a better deal for victims and witnesses. Boards have a key role to play… in driving up standards of all organisations… improving provision and commissioning services to meet local needs"
VW Strategy

SLIDE EIGHT

IMPLEMENTING THE STRATEGY

- National mapping exercise
- Confidence plans – work with CJ Boards
- Crime reduction audits
- Pilots
- What works literature review
- National Conference

SLIDE NINE

NEXT STEPS

- Delivery Plan
- CJS priorities and targets
- Governance arrangements
- CDRP/CJB guidance
- Department of Health
- Code of Practice

SLIDE TEN

- Protection from repeat victimisation
- Improved court experience
- Vulnerable/ Intimidated VWs identified
- Victims views sought and used
- High quality service and support
- Good quality information

SLIDE ELEVEN

VICTIM JUSTICE

"Supporting victims and witnesses is a worthwhile end in itself. It is also fundamental if justice is to be achieved."

MOD - THE VETERANS' INITIATIVE

Speaker: Dr Anne Braidwood, MOD Director of Service Personnel Policy (Medical Adviser)

Dame Helen, ladies and gentlemen.

It is a pleasure and a privilege to be here in such a lovely place and on a beautiful day.

I thought it essential in the context of this meeting, and with the content of the Legacy Report that we spend some time discussing matters relevant to military aspects of the Northern Ireland 'Troubles'. Inevitably, the experiences recorded in the report go back in some cases many years and it seems important to let you know about some of the new thinking and work going on in and beyond service in the wider community, aimed at support of UK armed forces personnel and veterans.

350,000 members of the UK armed forces served in Northern Ireland. Many of these have now retired from service and returned to make their homes in GB. Inevitably events like the Northern Ireland 'Troubles' and their consequences are surrounded by enormous emotions - feelings of anger, bitterness, recrimination. Sometimes understandably focussed on bodies like Government departments, particularly the MOD. Accusations of inappropriate action and sometimes of failure to act and above all of failure to care.

A significant number of those interviewed by the project were ex-service personnel and their families. There are several themes which stand out in the ex-service and families' testimonies and this, irrespective of the date of the index event. These are

- the need for recognition and acknowledgement;
- for needs to be met; and
- for support and information to be given.

Ladies and gentlemen, these testimonies are I think very useful. Because they are not just compelling reading. They are also in parts uncomfortable. In a way that is their strength and their legacy. They have the power to influence the future. I can assure you that the report has been read with care in the MOD and I hope you will be able to agree that actions to address at least some of the issues are beginning to get underway.

As the Report acknowledges, these testimonies span over thirty years and inevitably some practices and approaches have changed.

But what is very clear is that some of the themes and shortcomings identified are not unique to Northern Ireland but are rather more universal and relevant to other theatres and operations. Gradually over the last few years these matters have become more visible within the Ministry of Defence and the proper recognition, support and reparation of veterans has become a "big issue" in the Department.

I'd like to spend the remaining time here touching on some of the outcomes which are beginning to emerge from that thinking. In particular, I 'd like to say something about the Veterans' Initiative and because, both in the report itself and in the meeting to-day, it is such an important matter I think we need a word or two on mental health issues, particularly some of the work being taken forward in service policy. I hope it is acceptable if I and my colleagues from the Veterans' Agency cover compensation and related issues in a workshop later on. That topic seems to me inherently one well suited to more active smaller group participation.

THE VETERANS' INITIATIVE

It was the Prime Minister himself who began the Veterans' Initiative when, in March 2001 he appointed Dr Lewis Moonie, as the first Minister for Veterans. This post is now held by Mr Ivor Caplin who came into office in July 2003.

Although it is beyond question that for centuries UK armed forces have made a vital contribution to the nation's development, defending its citizens and interests at home and abroad and that people are the single most important aspect of the forces' capability, it is increasingly recognised almost 60 years from the last world war and 40 years from the end of National Service that we can no longer assume that every family in the land has a connection with the armed forces. A culture gap has developed between military and civilian life and it was recognised that the civilian population - particularly the young - needed to be given the opportunity to become more aware of the UK armed forces and its legacy.

The aim in producing a Strategy for veterans then is to ensure

- that the nation recognises and understands the commitment of the armed forces and veterans,

- that we commemorate that commitment,
- and care for those veterans who need it.

The role of Veterans' Minister - just as the title suggests - is to be Veterans' champion. It is his responsibility to ensure that veterans' issues are properly understood, appropriately prioritised and effectively addressed across government.

An important element in achieving this is communications. Just as the government and the civilian public need to know about the armed forces and veterans, at the same time those leaving service and veterans must be aware of the services available to them from the government and voluntary sector when they return to civilian life. They need to be content that these are satisfactory in scope and content. It was also recognised that for successful re-integration into civilian life a potentially critical period is at or around service termination. The need is to ensure successful transition from service - a highly disciplined and structured environment with little need to make choices or self-start - back into civilian life with its overwhelming emphasis on choice and the pursuit of self.

Well the next question is, 'Who is a Veteran?'. The word "veteran" applied to a person is not a particularly familiar usage to us. It has connotations of the United States, perhaps of Vietnam, of violence and anger - "The Deerhunter" or "Born on the Fourth of July". For some it suggests old cars. I think it's probably true to say that not everyone in the ex-service world actually welcomes the term. However let's be practical. What's in a name?

More important is who are entitled to be included within the term. First of all it is used in two specific senses in the military context. Anyone who takes part in a theatre of operation is a veteran of that, regardless of whether he remains in service or has retired.

For to-day's purposes and the Veterans' Initiative we need first to be clear that we are limited to speaking about people who have left the armed forces.

In America, to be a Veteran you need a certain length and type of service and an honourable discharge. That's actually quite a constrained and limited definition. Similar limitations apply in other countries. You may even have to serve abroad on operational deployment to earn the title in some countries.

For the UK, the Prime Minister wanted to be much broader than that. In the UK a veteran is anyone who has served for even one day in the armed forces and at any time. Included within the definition are his dependants. In the UK

at the moment we think there are about 13 million veterans of whom half actually served.

This population is very varied and for individuals, circumstances may change over time. But broadly speaking it is possible to identify 3 main sub-groups of the veterans' population. The vast majority of veterans have successful military careers, change step to civilian life relatively easily and go on to do well. Secondly there are those veterans (and their families) who suffer injury or illness as a result of their service. As to size of this group, it is difficult to be precise. It is much smaller than the total 13 million. Some idea might come from considering first that about 2000 people leave service by medical discharge each year. That is about a tenth of the total force strength. Similarly there are about 201,000 disablement war pensioners. In both groups we need to bear in mind that we are looking at a broad spectrum of disablement. The required standard of fitness for the armed forces is high and so of that total group perhaps a third have significant disability sufficient to impact regularly on their everyday lives. For people in that group there needs to be appropriate support. Lastly there is the very small group who - for whatever reason - have difficulty in achieving successful transition to civilian life and are socially excluded or at risk. In our society perhaps perversely it is very often this group that the media focus on. In consequence insofar as they have any view on veterans, the public, including the young, may reach partial and wrong conclusions.

It was against this background that the Veterans' Initiative grew up. The intention of the Strategy is to provide coherent government policy towards veterans, a structured plan of action for delivery of services and an increasing public awareness of the contribution of the armed forces to UK society.

Ahead of some brief discussion of some of the topics the Initiative is tackling I hope it will be of interest to let you know some of the principles which guide how work in the Initiative is being taken forward.

One of the themes, of which we've heard a bit in the Report, is the suggestion that we should have dedicated hypothecated services for Veterans. People often bring to our attention the example of the United States Department of Veterans Affairs. Canada has a Department of Veterans Affairs and so too does Australia. We don't. I believe it's true to say that there are currently no plans for such a model. And some of you may think, and perhaps I do

at first sight, that this is a bit of an omission, or an oversight or perhaps yet again a matter of money. But I don't think it's any of these or quite as simple. The US, Canada and Australia have different cultures from ours with very different social welfare systems which are much less mature. We need to remember that the principal function of the United States Department of Veterans' Affairs is in fact to deliver healthcare - the USDVA is that country's biggest supplier of health services.

Now we've got a National Health Service and it has been the assumption and intention of every Minister of whatever political complexion working in this area since the setting up of the National Health Service in 1948 that it should be the major health care source for Veterans. That remains the position today. This is a time when governments throughout the western world are emphasising social inclusion - there may be risks to that if we go down a route which potentially could lead to a two-tier system of publicly funded care.

As it is, there are some special arrangements for veterans. In the early 1950s Ministry of Pensions hospitals were absorbed into the new NHS and in exchange the system of Priority Treatment was set up. It remains to-day and will apply to the proposed new armed forces compensation arrangements to be introduced next year. The new scheme will cover injuries and illnesses caused on or after its date of introduction. All war pensioners are entitled to priority treatment - which includes investigation - for their pensioned injuries and disorders. Regular reminders of the provision are sent out to Trusts and health care staff and the provision applies everywhere in GB.

Another important assumption of the Veterans' Initiative is that work will be taken forward coherently. So many aspects of our lives are multifaceted with many interdependencies. Having a good healthcare system is not just about staff and facilities - it's also about access to the hospital. Getting over illness or injury is not just about getting out of hospital. We need to increasingly think right from the outset about how medical management fits into restoring people, as far as it is appropriate, quickly and efficiently to their communities, families and work. Potentially, social services and perhaps even Jobcentre Plus might be involved.

In that spirit the Veterans' Initiative is headed by the Minister for Veterans, Mr Ivor Caplin, and to deliver services to veterans he's joined by a team of colleagues including the Minister for Northern Ireland, Angela Smith,

colleagues from the other devolved administrations in Scotland and Wales, the Home Office, the Department of Health, the Department for Work and Pensions and they sit, if you like, on top of the Veterans' Initiative, directing it and ultimately empowering it via officials. How it works is roughly like this. On health matters the Department of Health and devolved equivalents have statutory responsibility which they retain. It is the job of MOD officials and ultimately Mr Caplin to make representations where there are veterans' specific perspectives or where some provision does not seem to be working as intended. I believe that the system is the right one and that Ministers and officials are genuinely committed to making it work well.

Making things happen is not of course limited to government. As part of this working together there are other very important partners. These vary, dependent on the specific project but might include colleagues from local authorities, from the charitable and voluntary sector and, perhaps particularly important, from the ex-service organisations. The contribution of the ex-service community to the Initiative is immense and unique. Not only through canvassing its membership are the organisations well placed to help government identify real issues but as well as acting as partners on taking issues forward they have a separate and robust role as advocates for their people and causes. Be in no doubt that they well represent to officials and Ministers the needs and wishes of their members.

Finally some of you may be becoming a little fearful that with such a model there might be some risk that projects are taken forward on the basis of good advocacy skills or size of organisation. We want to avoid that and so another important principle of the Initiative is that themes, plans and projects should be prioritised on the basis of evidence.

Just in case you might have any impression that the Veterans' Initiative is all a bit "pie in the sky when we die" I'd like to just highlight a few of the projects which are currently being taken forward. We said the first theme is Recognition and Status. Hopefully you are already aware via the papers and television of some of the Second World War commemorations taking place this year including at Monte Cassino, Normandy and, still to come, at Arnhem. Funding from the Big Lottery has made it possible for thousands of veterans to re-visit these historic sites. A very important element of the visits has been the involvement of children. These events have proved an ideal opportunity to capture their imaginations and give them direct contact with real heroes.

Plans for next year, the 60th anniversary of the end of the war, are even more ambitious and will culminate in a week long Veterans' Awareness Week. This will be in the second week of July following on directly from the national service of Thanksgiving to be held at St Paul's on Sunday 5 July. Dependent on how it is received, the Veterans' Awareness Week is likely to become an annual event.

The second theme is Transition, by which I mean supporting people as they move out of service into civilian life. Current armed forces resettlement arrangements are generally considered to be a very high standard, well able to stand comparison with other organisations and other countries' armed forces. However, not every service leaver has earned entitlement to resettlement and in particular people who leave service suddenly for administrative or disciplinary reasons and within a short time of joining. This is a group which might include people likely to have problems re-integrating into the civilian community and so from April this year, MOD Director of Resettlement has launched an early service leavers' scheme. This is a system of briefing and signposting aimed at helping this group to know how to negotiate the Health Service, Jobcentre Plus etc.

The final strand is Support. This is a very broad church and under this banner work and projects are being taken forward including on homelessness, on ex-service personnel in prison and on the care needs of elderly veterans. Work is also focussing on bridging the culture gap between service personnel and civilian health professionals.

I would like to end with a word or two about mental health issues. Many of to-day's speakers have rightly majored on this and as the report makes clear some of you obviously feel that your own personal experiences as members of the military and that of people that you represent has been less than satisfactory. Well you'll be glad to know there is a lot of work in progress, both in service and with colleagues and other Government Departments post service.

You may be aware that by the end of 1999 there were about 2,000 claims registered against the Ministry of Defence in relation to post traumatic illness. Lord Woolf decided that they had enough in common to be considered as a class action. The allegation was that the Ministry of Defence had failed to prevent people getting PTSD and then had failed to detect those who needed help and to offer appropriate treatment.

The case lasted from November 2002 until May 2003 and was informed by a wide range of experts from all over the world. They provided detailed evidence and opinion on a host of key issues. The cases covered the period 1969-94 so inevitably the experts were commenting on the state of knowledge at these dates. Perhaps unsurprisingly and, important for us to remember, ladies and gentlemen, was the clear message that on many key issues there was no agreed best practice and in some cases very little evidence at all on matters such as how to treat PTSD, how to prevent it, or when to treat it.

Indeed although the subject remains an active area of research with important new work regularly emerging, there remain many more doubts than certainties. As a result of the action, which was won by the MOD on almost all the generic issues, the Department set up a lessons learned project. We now have two working groups looking at mental well being in the armed forces and doing so as chain of command rather than medical issues. The first group is about to publish evidence-based policy on operational stress management and it will then go on to look at implementation, training etc. The second group is focussing on suicide, self harm and workplace stress. Again it is particularly interested in appropriately raising awareness, avoiding medicalising normal distress. Its initial focus is on suicide and it will go on to look at workplace stress.

In exploring these issues developments in other countries' armed forces and in the NHS are being closely monitored. We have particular links with the Social Exclusion Unit project on mental health which identified stigma and discrimination as key issues in mental health. With its particular culture of toughness, these are important issues for the military. We are closely associated with the work to address stigma which will be taken forward by the National Institute for Mental Health beginning in the autumn.

Ladies and gentlemen. Thank you for listening. These are exciting times.”

Dr Anne Braidwood: provides medical advice to Director General Service Personnel's business areas including the Veterans' Initiative, veterans' health issues, the War Pensions Scheme and the new Armed Forces Compensation Scheme.

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SLIDE ONE

WHO IS THE STRATEGY FOR?

- Serving armed forces personnel
- Ex-service personnel
- The ex-service organisations
- The public - particularly the young

SLIDE TWO

THE THREE THEMES OF THE VETERANS' INITIATIVE

- RECOGNITION
- TRANSITION
- SUPPORT

SLIDE THREE

RECOGNITION AND STATUS

- Promote public awareness of the contribution of the armed forces
- Commemorations

SLIDE FOUR

PREPARATION FOR CHANGING STEP

- In service training, qualifications, resettlement
- Early leavers' scheme
- High standards of occupational health, prevention, treatment, rehabilitation

SLIDE FIVE

SUPPORT

- Work with other Government Departments and devolved administrations to ensure better delivery of services
- Tackle homelessness and unemployment
- Provide a one stop shop Veterans' Agency helpline and web-site for advice and information
- War pensioners' Welfare Service - DCDS(Pers) Review of Welfare

SLIDE SIX

MENTAL HEALTH ISSUES

- In-Service
- Post-Service

SLIDE SEVEN

PTSD HEARING

Deepcut - Deliberate Self-harm and Suicide

- Lessons learned
- Overarching Review of Operational Stress Management
- Workplace Stress
- Chain of Command - medical

SLIDE EIGHT

POST-SERVICE

- DoH/NHS/devolved administrations
- National Institute for Clinical Excellence
- National Institute for Mental Health (England)
- Social Exclusion Unit - Mental Health Project

WORKSHOP 1, MORNING SESSION: NORTHERN IRELAND EXILES - THE HIDDEN LEGACY

Led by: Andrew Robinson, The Haven Project

Workshop Description: This workshop aimed to look at the problems and possible actions that can be taken to deal with the difficulties faced by 'Exiles'.

The objective of the workshop was for participants to achieve a raised awareness of the pain & trauma experienced by Exiles and to consider what they might do to become part of the solution to these problems.

- The aim of the Haven project is that ultimately Exiles will be given the choice to return without any fear of intimidation.
- The majority of Exiles are those who, in some way, stood up to the paramilitaries e.g. reporting an incident to the police.
- Reasons given for expulsions tend to centre on allegations of anti-social behaviour, but this often belies ulterior motives such as not paying protection money, etc. It is actually about paramilitaries wishing to exercise/maintain their control.
- The common perception that in the case of Exiles that "there's no smoke without fire" exists to take responsibility for their plight away from us - it is avoidance.
- There has been a change in the profile of Exiles post 1994 in that threats now tend to be targeted to whole and / or extended families.
- The project consults with the N.I. Human Rights Commission, as expulsion strips away fundamental human rights. Individuals are often hampered in any attempt to challenge their expulsion because of on-going threats and the costs involved.
- There is a particularly high psychological impact on men who feel intense guilt/shame/inadequacy at being unable to protect their families.
- There is a stark contrast between services offered by the N.I. Housing Executive and that of the English Housing Authorities in terms of confidentiality and the quality of housing offered (no choice is made available).
- The Witness Protection Scheme was streamlined post-Good Friday Agreement, eg a family is now given less than 6 months' notice that they are being taken off the scheme, thereby suffering consequential hardship.

- The issue of refugees has an impact on services available in GB to assist Exiles.
- There have been instances where families have faced intimidation from the GB communities into which they have been placed.
- Of the cases dealt with by the project in the past 24 years only 2 people have successfully returned home.

Andrew Robinson: is the Project Manager for the Haven Project based in Flixton, Manchester. Andrew has over 12 years experience of working with individuals and families who have been displaced within Northern Ireland or 'exiled' as a result of intimidation and/or threat to life from paramilitaries. As a member of the Maranatha Community he works for peace, unity and healing within Northern Ireland.

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SLIDE ONE

- The Haven Project has grown out of the work of the Maranatha Community
- The Maranatha Community has worked in Northern Ireland for 24 years
- Working with families & individuals who have had to leave Northern Ireland as a result of paramilitary intimidation - Loyalist & Republican
- Approximately 4000 - 4500 people have been helped
- The Haven Project was established to meet the growing demands of the work
- Principal contributor to the Legacy Project 'Needs Analysis Study'
- Contributed to a study into the Mental Health needs of the Irish Community in Manchester

SLIDE TWO

THE BLOOMFIELD REPORT

'It would be a strange aspect of any society attempting reconciliation if convicted prisoners were able to return home while unconvicted people felt it unsafe to do so'

SLIDE THREE

DEFINITION OF AN EXILE

'An exile is an individual or family who has been intimidated by a paramilitary organisation through the use of force, threats or menaces, into leaving Northern Ireland'

SLIDE FOUR

MYTH AND REALITY

- What is your perception and understanding of an individual or family who has been exiled?

CATEGORIES OF EXILE

- VICTIMS OF SECTARIAN INTIMIDATION
  attacked because of religious or political beliefs
- VICTIMS OF PARAMILITARY FEUDS
  attacked by members of their own organisations because they are seen as being associated with or supporting a different paramilitary faction
- THOSE WHO HAVE DISPUTES WITH PARAMILITARIES
  people who have stood up to paramilitary threats or spoken out against their activities

SLIDE FOUR

CATEGORIES OF EXILE (continued)

- ALLEGED CRIMINALS
  - those whom the paramilitaries allege are guilty of petty crime, drug dealing, or anti-social behaviour
- Individuals who have broken the rules of paramilitary organisations by providing information to the British and Irish security services, or who have acted as witnesses in criminal prosecutions of alleged paramilitaries
- Those who have otherwise fallen foul of leading members of these organisations or their family members
- The family members (and extended family members) of the individuals concerned in each of the above and preceding categories

SLIDE FIVE

EXPULSIONS

The Nature of Expulsions, Threats & Assault

- Assault & torture
- Instructions to leave: deadline
- Reasons for expulsion
- Punishment beatings as 'justice'

Purpose of Expulsions, Threats & Assault

- To consolidate the control of paramilitary groups
- Quasi-judicial system
- To impress authority
- To hold people in fear
- To communicate that there is no rule of law as it is generally understood in the civilised world

SLIDE SIX

EXILES & HUMAN RIGHTS

'A specific category of people who could be said to be 'on the run' are those who have been forced to leave Northern Ireland by paramilitary organisations, usually because they are suspected of having perpetrated 'anti-social behaviour' (the 'exiles'). Ironically there are probably more of these individuals from the Loyalist community than there are from the Republican community. The Human Rights Commission is of the clear view that all such individuals should immediately be 'permitted' to return to Northern Ireland if they so wish,with no fear that they will be attacked if they do so. The rule of law demands that private justice cannot be exacted within any part of our society'

Northern Ireland Human Rights Commission

SLIDE SEVEN

EXILING - THE ISSUES

ADVICE & SUPPORT

- Trust, Confidentiality, Fear
- Anger, Isolation, Shame, Inadequacy
- Vacuum, Limbo
- No control over life
- Lack of sympathy, understanding, hope

HOUSING AND ACCOMMODATION

A) Northern Ireland

- The Northern Ireland Housing Executive has responsibility for re-housing those made homeless by intimidation. The services it offers cover
  - Assessment of need for social housing and re-housing
  - Temporary re-housing: hotels, temporary accommodation
  - Purchasing the homes of intimidated persons – Scheme for the Purchase of Evacuated Dwellings (SPED)

SLIDE SEVEN

EXILING - THE ISSUES (continued)

B) Great Britain

- Dealt with under general homelessness legislation
- Legislation and Duty of Care (Legacy Report 2000:131)
- Section 213 of Legislation (only England & Wales)
- One offer
- Standard of accommodation - Temporary/Permanent
- Housing Register (e.g. Manchester Housing Register)
- 'Intentionally Homeless'

MARANATHA MEMBERS

- Private Accommodation
- Guarantors

TRANSFER OF FURNITURE

SLIDE SEVEN

EXILING - THE ISSUES (continued)

WELFARE BENEFITS AND FINANCE

Process and Practice

- Transfer of Benefits
- Individual Benefit Offices to be contacted
- Delays - D.L.A. / Carer's Allowance
- Case Study

Security of Information

INTERVIEWS WITH AGENCIES

- Access
- Understanding
- Privacy

HEALTH ISSUES

- Medical
- Psychological

SLIDE SEVEN

EXILING - THE ISSUES (continued)

COMMON CHARACTERISTICS

- Hiding behind a 'smokescreen of words' due to a fear of: allowing people too close, acknowledging 'the reality of what's happened
- Alcohol problems
- Suspicion
- Fear
- Difficulty in maintaining relationships
- Superficial Relationships
- Poor attendance at appointments
- Disturbed sleep

SLIDE SEVEN

EXILING - THE ISSUES (continued)

FAMILY ISSUES

Education

- Liaison with schools
- Appeals Panel

Community Integration

- Cultural Shock
- Intimidation

WITNESS PROTECTION PROGRAMME

CIVIL & CRIMINAL COURT APPEARANCES

SLIDE EIGHT

THE HAVEN PROJECT

The primary objective of The Haven Project is to do ourselves out of a job

This will be achieved when we see an end to:

- Mutilation attacks
- Displacement of individuals and families within Northern Ireland
- Exiling

SOURCES OF REFERENCE

- Clergy
- Maranatha Members
- Self-Referral
- Community Workers
- BASE 2
- WAVE
- Social Services
- PSNI

SLIDE EIGHT

THE HAVEN PROJECT (continued)

GUIDELINES

- Seeks verification of the circumstances of each case
- Exercises and demonstrates responsible citizenship
- Recognises the need for confidentiality
- Is non-judgemental
- Seeks to relocate individuals and families within Northern Ireland where possible
- Works closely with Statutory Agencies and Voluntary Bodies
- Commitment to individuals, families and the work of the Haven Project

SLIDE EIGHT

THE HAVEN PROJECT (continued)

MEETING NEED - PROVIDING SUPPORT

The Haven Project has responsibility for co-ordinating and supporting a wide range of needs and problems

- Being readily available at all hours of the day
- Housing:
  - N.I.H.E
  - Local Housing Authority Homeless Unit
  - Hostels
  - Accommodation in Maranatha members homes'
- Collation of reports
- Social Services
- P.S.N.I
- P.B.N.I
- Solicitors
- Organise and provide transport as and when necessary

SLIDE EIGHT

THE HAVEN PROJECT (continued)

MEETING NEED - PROVIDING SUPPORT

- Accompany to interviews
- Benefits
- Financial Assistance
- Furniture Removal
- Schools
- Health
  - GPs
  - Dentists
- Employment
- Counselling
- Befriending and providing a listening ear
- Providing on-going support for problems relating to budgeting, drug abuse etc
- Aiding communication with agencies, sometimes acting as a go-between

SLIDE NINE

THE HAVEN PROJECT - THE EXILES VIEW

The following quotations from the Needs Analysis Study highlight the support given to individuals and families, referring to work by volunteers drawn from the Maranatha Community prior to the establishment of The Haven Project as a separate organisation

"A shoulder to cry on..Everything we've needed..He's been like a best friend, he's never judged us, he made that clear from the beginning - he's taken us at face value, we have his house number..his mobile number..his work number.. He has been there 24/7..he's listened..taken the pressure off.. basically I don't think we would be much further on if he hadn't been there..(and) would have blown a fuse if he hadn't been there"

"....should be nominated for the highest award you can get."
"....without Maranatha I would have nowhere to go."
"....Mark...did eventually get a job...
after Maranatha intervened and got MPs involved...

WORKSHOP 2, MORNING SESSION: BREAKING THE SILENCE - THE USE OF STORYTELLING AS A TOOL TO HEALING

Led by: Alan McBride, Youth Worker and Marie-Therese O'Hagan, Training & Research Officer, WAVE Trauma Centre

Workshop Description: Why tell your story? - What are the benefits of this for the individual and for society emerging from generations of conflict?

- There can be silence about events of the past in your family/community/ statutory services/society as a whole.
- This silence also existed because some victims had not been recognised or acknowledged and felt it wasn't safe to share their stories. Also many people in NI don't want to look back to the pain and trauma of the past.
- Judith Herman's book[15], 'Trauma and Recovery' was influential in acknowledging the importance of storytelling.
- Individuals can become identified by the incident they were involved in and lose their identity. They can become trapped in their victimhood. By sharing their stories people are helped to move on.
- There are concerns that telling the stories involves a reliving of the trauma, a reopening of old wounds. However it can bring real benefits.
- For victims the past, present and future can become blurred. Through the structures of storytelling (beginning, middle and end) people can begin to put structure back in their own lives.
- Trauma takes away aspirations, hopes and dreams.
- Telling your story to people in a safe environment can be cathartic and by listening critically the stories can be inspirational and informative. The project found that people had no idea how much their story could touch someone else and give hope.
- To force people into it is very wrong and the environment is crucial. The trauma could have happened 20 years ago but it is still as raw as it was 20 years ago - some people don't want their story released now, but after they die, as it is too painful.

15 Published by Basic Books; ISBN 0465 087 663

- There is a need to educate the rest of society. Collecting the stories means that future generations will have something to look back on and see it as it was.
- Other art forms can also help people work through their trauma and facilitate people to tell their stories. E.g. a glass mosaic created by women who were bereaved, each of whom designed a pane of glass to depict an image of their loved one.

Alan McBride

- Alan spoke of his upbringing and the tragic events of the Shankill bomb of October 1993 in which he lost his wife.
- He instinctively used storytelling by contacting the Irish News (a newspaper read mainly by nationalists) to share his story and it felt good to get it off his chest.
- Stories change over time and start in different places. He began to write down how he was feeling and to reflect on why his wife was murdered and the history of hate that lay behind it.
- People are their story because your story is your life, it's the things that happen to you - both good and bad; trauma is one aspect of that story. So people are their story but they don't necessarily have to become their trauma.
- Alan now works with WAVE as a youth worker, trying to encourage young people to tell their stories. The process does not focus specifically on the 'Troubles'. He got the young people to make a jigsaw based on happy memories and difficult, painful memories to try and develop a better understanding of their trauma.
- In the Healing Through Remembering Project[16] one of the recommendations was to develop a Museum archiving memories of the 'Troubles' so that young people can learn the lesson of what happened.

16 The Healing Through Remembering Project Report is available by contacting:
Healing Through Remembering, Alexander House, 17a Ormeau Avenue, Belfast, BT2 8HD
Tel: 028 9023 8844 Fax: 028 9023 9944
Email: info@healingthroughremembering.org
Web: www.healingthroughremembering.org
Or on-line at www.brandonhamber.com

- In the Holocaust Museum[17] in America you learn by following the history of someone who died, leading to the last exhibit of the Eternal Flame. Alan would like to see established a museum dedicated to the 'Troubles' which would reflect everyone's experience and the different versions of history.
- There is much speculation over the future of the Maze Prison with some suggestions that it become a museum. Alan believes it should be ring fenced until a decision is made what to do with it, because like it or not it is part of our history.

Alan McBride's wife Sharon and father-in-law were killed in the (IRA) Shankill Bomb in October 1993. Since then Alan has devoted his time and commitment to helping others, especially young people. He is currently a Youth Worker with WAVE Trauma Centre, which provides care and support to those bereaved/traumatised as a result of the 'Troubles' in Northern Ireland.

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Marie-Therese O'Hagan spent four years working as a Research Officer with the Cost of the 'Troubles' Study, which examined the human cost of conflict. Marie-Therese then spent two years working with An Crann/The Tree, an organisation that used the creative arts to enable people to share their experiences of the 'Troubles.' Marie-Therese has worked with WAVE since 2002. Her role now is in training, teaching in Trauma Studies and developing accredited storytelling training.

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17 www.ushmm.org

WORKSHOP 3, MORNING SESSION: THE LEGACY - THE GB VICTIMS' PERSPECTIVE

Led by: Jo Dover, Legacy Project Leader

Speakers: Jo Berry
Brian Bethell
John Restorick

Workshop description: This workshop aimed to share the experiences of some victims/survivors.

Format:

The workshop started with some basic ground rules around respect and listening; also the sensitivities of a storytelling session were highlighted. The three speakers told their stories and the rest of the group listened. No questions were asked of the speakers. The group were then asked if anyone had anything to say and several more people then shared elements of their stories with the group. The session finished with Jo Dover thanking everyone for their participation with an acknowledgement of how emotionally difficult these sessions can be, both for those who share their stories and also for those hearing them. Notes were kept of all the stories for the Legacy Project and the session participants.

Main Themes:

- The lack of support that was available to people in GB who suffered loss due to the 'Troubles'.
- The insensitivity/ lack of knowledge of people dealing with victims. (i.e. Army / RUC liaison , Regiments, Benefits offices etc.)
- The lack of protocols and shared practice between regiments about fallen comrades.
- The levels of isolation/ silence suffered by GB victims.

In deference to the workshop participants, their stories are not reproduced here.

Jo Dover has been working in the youth & community work field for over 12 years, and has been involved in conflict resolution work since 1998. She volunteered at the Glencree Centre for Reconciliation and was a youth leader on many exchanges between the UK and Ireland looking at bringing the communities together. Jo also volunteers for a European youth organisation and has run many workshops for them.

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WORKSHOP 4, MORNING SESSION: THE NORTHERN IRELAND MEMORIAL FUND - PRACTICAL SUPPORT FOR VICTIMS

Led by: Carolyn McCormick, Secretary to the Fund

Workshop Description: This workshop covered how this Belfast based charity can provide practical help and support to GB Victims and Survivors of the Northern Ireland 'Troubles' and explored what more the Fund can do to meet their needs.

Carolyn introduced her colleague Colin Corbett, Fund Administrator, who gave a brief background to the Fund and outlined a recent cross-community venture involving young people who went to Hungary to build houses for people in need. In this venture the Fund was partnered by Habitat for Humanity.

Carolyn then outlined the seven schemes currently operated by the Memorial Fund:

- Small Grants Scheme
- Short Break Scheme
- Chronic Pain Management Scheme
- Amputee Assessment Scheme
- Wheelchair Assessment Scheme
- Education and Training Scheme
- Back to School Grant

(Details of the above can be found in the Fund's A5 leaflet 'Support and Reconciliation')

The main points discussed were as follows,

- The availability of the support outside Northern Ireland. An ex-soldier in the group hadn't been aware of the Fund and asked how it was publicised. The staff from the Fund highlighted some of the ways they had attempted to do this and the limited response they had received.
- How proactive has the Fund been in Northern Ireland? Later this year there will be a mailout to every house in Northern Ireland. The Fund to date has identified only around 10% of those eligible for support.

- Is the Fund linked to other organisations that could help track GB victims? The Fund outlined the limited contact it had with these types of groups. Representatives from other organisations who had attempted to track soldiers had found it difficult in terms of information they sent out not getting passed on to the right people. The issue of 'focusing and targeting' the appropriate people was discussed at some length. It was felt that making the right connections is difficult.
- An ex-soldier shared an example of leaving the army and taking up education. He had to fund this himself and suggested the fund might think about such support in relation to GB victims. The conversation highlighted the high numbers of ex-army personnel who end up unemployed or falling foul of the law.
- The subject of Exiles was discussed with specific reference to 'hardship'. While this group do not meet the existing criteria for support, the Memorial Fund are discussing the issue and would like to help.

Stories were shared in relation to leaving the army, and the lack of connectedness between organisations in Northern Ireland and in particular organisations who might have access to the names of GB victims of the 'Troubles'.

Carolyn McCormick is a Deputy Principal in the Northern Ireland Office. For the last 5 years she has been seconded to the Northern Ireland Memorial Fund and is currently the Fund's Secretary.
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WORKSHOP 5, MORNING SESSION: "VICTIM SUPPORT" - NEEDS AND EXPECTATIONS OF VICTIMS AND WITNESSES

Led by: Lorraine Johnston, Area Manager, Victim Support

Workshop Description: This workshop aimed to explore how services can be delivered within the concept of partnership/multi disciplinary working.

Direct quotes are in **bold**

- Is the term victim 'stigmatised'? Soldiers in service have problems admitting they are victims: once they have left, they seem to find it easier to use the term
- The response to the '9/11' attack demonstrated good practice in terms of a Multi- Disciplinary/Agency approach
- In Northern Ireland the government funds Trauma Panels with representatives from Health, Police, Social Services and Housing
- Communication between agencies or multi-agency partnerships and victims needs to be improved. Victims need clarity at all times so that they always know where they are in the process
- In terms of signposting, how do we know who to point victims to?
- Also confidentiality is lost when victims are signposted. This has been a bad experience for some in the past
- The experience of some has been that despite referrals their needs have not been fully addressed, as had been promised
- Good practice would be to increase confidentiality and reduce bureaucracy
- **"This country needs to accept victims"**
- **"The Army are only good at arranging a funeral - after that they are only good for sorting out administration issues"**
- **"The Army can be insensitive and not recognise victims' needs properly"**
- A personal approach for families of victims is needed - the Ministry of Defence needs to appoint a Family Liaison Officer
- The MOD's Veterans Agency should use the USA Veterans Association as a model of good practice, in terms of lobbying and advocacy

- Northern Ireland Housing Executive has a problem of people 'piggybacking' on victimhood, in that many people call themselves victims in order to receive housing benefits. The NIHE needs to define the term victim, in order to decide who is eligible for help
- Rules and regulations have to be fair and equal for all, but there also has to be a human approach to victims' issues; this is a hard balance to achieve
- Criminal Justice System hasn't attached enough relevance to victimhood when dealing with crimes
- **"Care in the Community is becoming Care in Custody"**
- There is disparity with compensation payments - witnesses of violence are eligible to claim compensation, but relatives can't (unless they are also witnesses)
- Many victims claiming money are labelled as money grabbers, but really what they want most is recognition. Some only seek money to keep the memory of a 'loved one' alive
- Defining victimhood is crucial, but there are problems with such definitions
- The government has to start educating people about victims' issues in order to change people's attitudes. Some politicians are still labelling victims as spongers
- Help is needed to empower victims, to create a Champion for victims

Lorraine Johnson retired as a Detective Chief Inspector from North Wales Police after 34 years' service. During her career she concentrated on developing various policies, guidance and practice to enable a more compassionate and effective multi disciplinary response for the benefit of victims. Following her retirement Lorraine has continued to undertake voluntary work. Lorraine has since moved on and is no longer with Victim Support.

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WORKSHOP 1, AFTERNOON SESSION: I AM MY STORY

Led by: Maureen Hetherington, Co-ordinator of The Junction: Towards Understanding & Healing and Jim O'Neill, Freelance Researcher

Workshop Description: This workshop was about the exploration of who and what we are, and how our story limits us. The outcome was a greater understanding of how our story restricts the use of our suffering to help others.

Some General Pointers Around Using Storytelling

- Opening people's minds to other processes is crucial when moving forward
- This can involve admitting facts about yourself in an attempt to move forward
- What is relevant to one victim is not always relevant to other victims
- An element of safety is needed to help people talk about sensitive topics
- Language is important in victims' work - the term hierarchy must be used with caution
- We are all victims/victimisers at different levels and all are entitled to a voice/being heard
- Perpetration can also be about standing by and doing nothing
- There are 4 types of truth found within the Truth and Reconciliation Commission, South Africa - Factual, Dialogical, Narrative, Restorative (taken from All Truth is Bitter[18] by Alex Boraine, South Africa)
- A victim's socialisation can shape their version of truth/story

Lessons from Our Work

- "Who I am" is shaped by our past experiences
- People can use their victimhood as a crutch
- Walking into the future carrying the past means we remain shaped by the past

18 All Truth is Bitter, A Report of the Visit of Doctor Alex Boraine, Deputy Chairman of the South African Truth and Reconciliation Commission, to Northern Ireland is available at: www.community-relations.org.uk/document_uploads/All_Truth_is_Bitter.pdf

The past shapes us and this affects the future in terms of:

- How we see ourselves / others
- How we relate to others
- Our own judgments / prejudices
- Our background shapes our behaviour: Cultural identity

What are the perceived payoffs of not moving forward?

- You can be an eternal victim - in some ways untouchable - and it's hard to let go of that
- Staying where you are means nothing good or bad will happen - you don't feel challenged to do anything - and this becomes a comfort zone
- Don't have to share or accept responsibility
- Can provide new attention, and a reason 'to be'

What are the perceived costs of moving forward?

- Physical discomfort
- Moving on can mean leaving a support mechanism behind
- People can feel disloyal if they move on from the past
- Others can still bring the baggage back
- Cost to children not even born
- Memory of the dead can hinder the living

Maureen Hetherington has been working in the field of community relations for 11 years. She has headed up several major initiatives including 'Towards Understanding and Healing'. Maureen has directed the research of books such as 'Children in Crossfire' and has been involved in publications such as 'Bear in Mind these Troubles'. She is currently on the Board of the Community Relations Council, N.I. and was on the Steering Committee of The Legacy Project.

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Jim O'Neill is currently co chair of 'Towards Understanding and Healing'. He works as a freelance researcher and evaluator all over Ireland, mainly in the field of community development and community relations. He also works as a facilitator with various community groups helping them to develop action plans and local research.

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WORKSHOP 2, AFTERNOON SESSION: THE LEGACY - WORK WITH GB VICTIMS

Led by: Jo Dover, Legacy Project Leader

Workshop Description: This workshop will look at the work of the Legacy Project with victims/survivors who live in GB.

The Legacy Project is a programme of the Tim Parry Johnathan Ball Trust based at the Peace Centre, Warrington. The project works with victims and survivors of the Northern Ireland 'Troubles' who live in Great Britain. The project has been identifying and meeting the needs of those individuals and communities affected by bereavement, injury or trauma and is developing appropriate support systems. The Centre gives people the opportunity to meet others they would not otherwise meet.

The main areas of work so far have been:

- Direct contact and work - finding victims and survivors, building relationships, talking to them about their experiences
- Advocacy - awareness raising with relevant politicians, organisations
- Networking with relevant organisations & individuals and commissioning and involvement in the Needs Analysis

Some of the needs identified within the report included:

- The context of the 'Troubles' - vitally important as with many victims, how they came to be a victim influences how they react - many people in GB don't feel a connection with the 'Troubles' - there is a lack of education about GB role in it, so when an incident happened, people felt like they were catapulted into something that was nothing to do with them. A few people have tried to learn about it to try to understand why.
- Many psychological needs in relation to the traumatic experience - not everyone will have long term needs but some do if needs were not met at time
- Health - medication, injury related needs, carers
- Recognition - people in GB do not feel recognised by government, paramilitaries, the justice system, the general population - similar to NI.

They also feel less recognised than NI victims. There is a feeling that the British Government has not recognised what happened over the past 4 decades - even the compensation paid through the Criminal Justice System is different than that given to NI victims. For the majority of incidents involving GB residents no-one has been brought to justice, or if they have, they have been let out as a result of the Good Friday Agreement, which GB victims did not have any say in.

- Acceptance - We have found that people seemed to accept what happened to them - almost because these kinds of things do happen in society - however they feel let down by the government in being looked after. Overall they have managed to cope, but this is not a reason to justify non-provision of support services.
- Information & Communication - There is a lack of awareness of where to go to get help and communication and the sharing of information across agencies hasn't been very good.
- Social - isolation, no networks around to help, difficulty in gaining access to services
- Financial - employment, compensation, low income

What the Legacy Project is going to do next:

- Set up a Victims Advocacy Group for victims to bring their needs to the attention of Government and Agencies so they can respond more appropriately.
- Set up an Inter-Agency Group - to bring people together to raise these issues and bring them to the attention of Government.
- Deliver a Peer support programme, design a new website, signpost groups and individuals to services, bring people together to share experiences and research the possibility of setting up an archive of experiences.

The Legacy Project's clientele consist of the people who live in Great Britain who have been affected by the 'Troubles'. This includes victims and survivors of bombings and their families, former soldiers and their families, bereaved families of soldiers, emergency services workers who attended incidents in GB and those forced into exile by paramilitary intimidation.

Jo Dover has been working in the youth & community work field for over 12 years, and has been involved in conflict resolution work since 1998. She volunteered at the Glencree Centre for Reconciliation and was a youth leader on many exchanges between the UK and Ireland looking at bringing the communities together. Jo also volunteers for a European youth organisation and has run many workshops for them.

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WORKSHOP 3, AFTERNOON SESSION: NATIONAL STRATEGY - DELIVERY & RECENT DEVELOPMENTS

Led by Frances Flaxington, Head of Victims Unit, Home Office

Workshop Description: This workshop aims to give more detail about the National Strategy.

Frances began by saying that most or the entire group would have heard her presentation to the main conference and she did not want to lose time in the session by repeating herself.

She did however highlight the following:

- The Victims Advisory Panel - established 3/03; how lay members are recruited; the role and remit of the Panel; and that the aim is to have a victim perspective at the heart of policy making. She also outlined the need to interact with the panel - to 'use it'. Victims of the 'Troubles' can apply to be lay members in the next round of recruitment.
- The appointment of an independent Commissioner for Victims and Witnesses with responsibility for ensuring that there is an informed and effective voice for victims and witnesses at national level.
- The importance for victims' rights of the Domestic Violence, Crime and Victims Bill, then going through Parliament and the different provisions that will be implemented from April 2005.
- The National Strategy does include victims of the 'Troubles'; it aims to support all victims of crime; it seeks to put victims at the heart of criminal justice.

Contributions from the group included:

- The need to consider 'enduring mental health problems' when deciding on the provision of services for those suffering trauma.
- The need to promote good practice within the Health Service in relation to victims.
- A UK Trauma group already exists - but needs to improve its profile.
- There is a need to resource organisations at the grassroots who can identify those in need of support, and are often best placed to deliver it.

- The National Strategy approach is 'top-down' to give clear direction, backed by Ministerial support but is informed and assisted by work and assistance from local statutory and voluntary agencies. Again there was an emphasis on the need for 'connectedness', for local partners to understand how the different initiatives will benefit all victims.
- The issue of 'Exiles' was raised and a representative from an organisation working with this constituency criticised the government for failing to consult/communicate with them. The issue of Exiles needs to be highlighted with GB ministers by NI ones. Baroness Scotland was identified as a useful contact as she is the lead Minister for victims' issues.
- There is a need for joined up thinking across Government Departments and for 'transfer of knowledge' between and among professionals.
- A need to develop the 'right help at the right time in the right place'.
- A need to understand that one size will not fit all in relation to support on offer.
- A note of caution was raised in relation to only offering a medical model of intervention and support.
- The continuum of services should include at one end those who need very little by way of support - often being heard is enough. No need to drive everyone down the road of heavy-duty support because that can create dependency.

NB: The contributions in this workshop focused very heavily on the issue of health and the need for clear information.

Frances Flaxington: is *head of the Home Office Victim's Unit with lead roles in co-ordinating the implementation of the Government's National Strategy for Victims and Witnesses, published in July 2003 and in ensuring that at a national and local level, both statutory and voluntary organisations work together to strengthen provision that exists currently. Frances joined the Unit in June 2003 and was previously Deputy Chief Inspector in HM Inspectorate of Probation following a career in the Probation Service.

* Frances has now moved on to a new post within the Home Office.

WORKSHOP 4, AFTERNOON SESSION: MOD COMPENSATION

Led by: Dr Anne Braidwood, Ministry of Defence, Director of Service Personnel Policy (Medical Adviser)

Workshop Description: Workshop - Practical aspects of compensation and support for ex members of the armed forces with service-related disabilities

THE LEGISLATION

- The relevant legislation is the Naval, Military and Air Forces etc (Disablement and Death), Service Pensions Order 1983 - the SPO (1983).

ENTITLEMENT

- Claims for disablement (or death) can be made by anyone who has served (or their spouse) at any time from service release and for any disablement. Claims are considered individually on their specific facts.
- Awards are made where disablement or death is causally related to service.
- Where service has caused the condition, it is said to be "attributable to service."
- Similarly, if a condition existed before, or arose during service but not due to service and was made worse by service, it is "aggravated".
- "Disablement" is defined as "physical or mental injury or damage, or loss of physical or mental capacity".
- "Injury" includes "wound or disease". It excludes any injury due to the use or effects of tobacco or alcohol, except where the person suffers from an attributable mental condition assessed at 50% or more, and he started, or continued to use, tobacco or alcohol due to the condition.
- Article 4 SPO (1983) applies to claims made within seven years of service release. Awards will be made unless the Secretary of State can show beyond reasonable doubt that service has played no part in cause or course.
- For claims made seven years or later from service release the onus shifts to the claimant.

- Article 5 requires that the claimant, by reliable evidence, raises a reasonable doubt that service has caused or aggravated the disablement.
- "Reasonable doubt" is not defined in legislation, but case law has established that when considering whether there is reliable evidence to raise a reasonable doubt, all the available evidence must be weighed.

ASSESSMENT

- Article 9 of SPO 1983 sets out the method of assessment in the Scheme.
- This is by "comparison between the condition of the member so disabled and the condition of a normal person of the same age and sex, without taking into account the earning capacity ... or the effects of any individual factors or any extraneous circumstances".
- Assessment is on a percentage basis, with pension for 20% or over.
- Where assessment is less than 20% gratuities are paid - 1-5%, 6-14%, 15-19%.
- Special rules apply to noise induced hearing loss claims made from 7 January 1993.
- For consistency and equity across the Scheme's broad range of disablement, the Scheme contains statutory scheduled assessments (Schedule 1, Part V).
- Assessments in the Scheme are not strictly medical measures, but are surrogates for the amount of money to be paid. 100% represents a broad spectrum of disability.
- Where there is more than one accepted disablement, a combined assessment is certified.
- Reviews can be initiated by the pensioner or the Secretary of State and the level varied up or down. Cannot be more than 100% disabled.

APPEALS

- Tribunals are part of the Lord Chancellor's Department and independent of the Department of Social Security. Appeals to the High Court can be made on points of law.

ALLOWANCES

- To address disabling effects the Scheme contains supplementary allowances, eg:
- Article 14 - Constant Attendance Allowance.
- Article 21 - Allowance for Lower Standard of Occupation.
- Article 26 - War Pensions Mobility Supplement .
- Decisions on these allowances are for the Secretary of State.
- War Pensions Supplementary Allowances criteria do not necessarily reflect the civilian allowances, DLA, Incapacity Benefit etc. There are again rights of appeal.

OTHER PROVISIONS

1. Armed Forces Occupational Pension Scheme

As with many other public services pensions this occupational scheme includes an attributable personal injury and death provision. Basically this applies when an individual is medically discharged from service and the principal invaliding condition is caused by or made worse by service. Similarly deaths in some cases are caused by or due to attributable injury or made worse by service. The scheme rules and appeal rights are different from the war pensions scheme and the scheme is administered by AFPAA.

2. Civil Litigation

Since 1987 and the repeal of Section 10 of the Crown Proceedings Act members and ex-members of the armed forces have been able to sue in tort. Negligence or lapse of duty of care must be proved and the legislation is not retrospective.

3. The Armed Forces Pension and Compensation Scheme

From April 2005 the MoD will introduce a new pensions and compensation scheme. The two arrangements are linked. New entrants will join the new pension scheme but for a specified period those already serving will be able to choose to transfer to the new scheme or remain in the old. All injuries (includes illness) and deaths due to service and caused on or after the introduction of the new Scheme will be considered under the new Compensation Scheme. Anything else will be for the Service Pension Order.

The new Compensation Scheme uses a Tariff lump sum approach with an accompanying guaranteed income payment for those with the most severe injuries.

The new scheme will focus on those most seriously disabled due to service. The intention is that it should be transparent - easy to understand and that awards should be consistent and equitable. Simple and speedy to administer - payments will usually be full and final so that claimants will know their financial position early. There will be opportunity for reconsideration and appeal rights to the independent Pension Appeal Tribunal.

Dr Anne Braidwood: provides medical advice to Director General Service Personnel's business areas including the Veterans' Initiative, veterans' health issues, the War Pensions Scheme and the new Armed Forces Compensation Scheme.

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WORKSHOP 5, AFTERNOON SESSION: COMBAT STRESS - ONGOING WORK WITH NORTHERN IRELAND VETERANS

Led by Leigh Skelton, Director of Clinical Services for Combat Stress

Workshop Description: This workshop was about working with ex-service personnel in coping with the aftermath of related trauma and ongoing work of Combat Stress.

- Combat Stress is an ex-services mental welfare society set up post-1945
- Its aim is to aid restoration to health of body and mind of ex-service men and women, particularly those suffering from psychological injury so that they can move towards a full and productive life
- It offers specialist services for veterans - remedial, convalescent and respite care; welfare support in the community; collaboration with WPA (a UK health insurer), WPWS (War Pensioners' Welfare Service), MOD and others
- It has 3 treatment centres, 12 Regional Welfare Officers and 3 Regional Support Teams
- There are at least 600 new referrals each year, with approximately 6000 active clients at any time (78% from the army) - 2% of clients are women, usually from the nursing services
- With the decline in the numbers of veterans from WW2, highest numbers come from those involved in service in Northern Ireland
- It is a registered charity, but 60% of funds come via war pensions
- Centres can provide a maximum of 6 weeks' treatment per year - usually delivered in 3 x 2 weeks' sessions
- The impact of their military training has a significant effect on the reluctance of service personnel admitting a need - there is fear of stigmatisation. Therefore by the time they come to Combat Stress the clients have usually suffered significantly from post-traumatic stress
- Often it is a domestic/family incident that finally triggers recognition of their need

- There is concern that the pattern of 3 x 2 week sessions might actually build dependency - the treatment is restricted by financial constraints and does not reflect best practice in assisting clients to move on at the correct pace
- The client group would view Combat Stress as their primary health care provider, but treatment is co-ordinated with services/care provided by other agencies
- There is a high demand for family-based work and CS has started some work with adolescents - but this work is not covered by their central funds and money needs to be raised for this. It's hard enough raising funds for mental health without the additional barrier of the service being for military personnel
- There is still a lack of appreciation in the services of the psychological impact of active service

Leigh Skelton has been working for Combat Stress from 2001 and is responsible for three treatment centres for ex-service personnel suffering from psychological injury as a result of military service, predominately combat related Post Traumatic Stress Disorder. Leigh has previously worked for Northern Devon Healthcare Trust/North and East Devon Partnership Trust as General Manager and Director of Nursing.

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QUESTIONS TO PANEL

Q. EVELYN BITCON: My question is around the fact that because we have so many ex-servicemen in prison - and because we have so many traumatised ex-servicemen in prison - with either a diagnosis of post traumatic stress, personality disorder and schizophrenia, sometimes wrongly, when will we be able please to set up proper health services for these men so that they can give something back to community and society when they come back? Because I have an enormous fear that the NHS who are responsible for Mental Health Services in prisons is not going to be able to cope with them. I also wish we had a support network properly set up for the families who become the carers of these people and do save the country lots of money as carers but also can be secondary sufferers. Apart from the ex-servicemen who were abandoned so are the families. But my problem is that if Post Traumatic Stress Disorder turns people into violent men they then get into trouble with the criminal justice system. Where are we going wrong in this country that they're not being diverted to Mental Health Services instead of the prison system because what it looks like to me is that Care in the Community has become care in custody? I think the Prison Reform Trust found that 74% of men in prison have mental health problems. Now I suspect that 10% of those are our ex-servicemen. Maybe they're political prisoners. Whatever, they're not saying they shouldn't be there but they would like to have their condition recognised and some support services properly set up by the establishment. Because they've given their time, they have given their life to the service and where are they now? And speaking from very personal experience of 11 years, it's been diabolical watching my son going in and out of the criminal justice system for violence, when really what he needed was treatment for mental health problems, PTSD.

A. Dr Anne Braidwood: Okay, thank you very much for that question. I'm very sorry indeed to hear about your son and you kindly shared some further things with us. It wouldn't be right even, and I think you know this, for us to discuss the specific issues of your son's case. The issues you raised, the general one about the numbers of ex-members of the military in prison, about mental health care there, and perhaps some of the other issues about the relationship between PTSD and other diagnosis and offending and criminality and so on, are extremely difficult.

They are, I can assure you, issues which, if it were not previously the case, are certainly finding their way onto the agenda of meetings for quite a number of people. Voluntary people, organisations like the Ex-Service Mental Welfare Society, people in Government agencies, in the wider charitable sector in the community. There's about only one or two papers which have ever tried to look at mental health issues within the prison population - both remand and people in custody for crimes which they've been found to be guilty of. The figure is around 6%. It's a very unhelpful figure because it contains everything and there needs to be a deep dive, a bore down into this, for us to look at this carefully. We then need to look at separately and in that context about the whole issue of mental health and there's quite clearly an enormous crossover between criminality being in the prison system and having problems with mental health. I do believe it's not just some kind of trite to say here that the Social Exclusion Unit of the Office of the Deputy Prime Minister and the Department of Health along with the Home Office and indeed ourselves are very much committed to looking into these issues. At the end of the day the loss of any single person is something which we all must be sorry about and if we can start, and I believe we can, much further up the road to do something about prevention and about, as you say, providing state of the art best practice treatment in all these institutions then that must be the way ahead. I'd be happy to write to you on some of the specific issues in your question and indeed to exchange addresses for other issues you might want to raise. But I think we could honestly say this is something which is going to receive attention and in fact currently is.

Arlene Healey: David talked about how much the field of trauma has moved on in five years and how the system is catching up with that information and realising that there are a lot of people who suffer from severe trauma in all sorts of places. It would be children and young people that I would know about better and one of the groups that I'm most currently very concerned about are children who are labelled as 'Attention Deficit Disorder' when actually they have quite serious symptoms of trauma. So there are these problems in many different parts of the system.

Dr Anne Braidwood: Post-9/11 there has been an enormous amount of exchange of ideas, work, comparison of treatments and evaluations and so on going on. It's interesting that in the United States they spent

$132 million in the immediate aftermath of 9/11 and there is a very important evaluation of the effectiveness and cost efficiency of that and that spawned a lot of good things. It's not just about, you know, was this good use of public money? It's asking questions about how should we have intervened. What are the gaps? What are the issues in which there was actually duplication or if you like, non-effective, non evidence-based, treatments and counselling and so on supplied? So I do think that this is a time when the Ministry of Defence should be in a good position to buy into, and piggyback if you like, some of this work and vice versa because we shouldn't ever forget that a lot of current civilian notions in psychiatry know much, owe much, to the military of the world - not just in Britain but to France, the United States or Australia. And it is an issue about which we've got things to teach each other and which we must share.

Jacinta de Paor: I don't want to comment on something which would pertain to this jurisdiction but what I can do is say that we have very similar problems with our people who have served in the armed forces in the Republic of Ireland and we have been quite remiss as to how we were able to look after those personnel. Now, I don't think it was out of any badness on our part necessarily but I think it was a lack of knowledge. It's only recently that we really are accepting the whole idea of what we call, not Post Traumatic Stress but I like the term Continuous Stress. I like that because it does continue, it doesn't stop once the conflict stops. I was just in a workshop there now with the group called Combat Stress and the stuff we were turning up in the workshop was very similar to what I was seeing on the ground as well. It's of no consolation to yourself I know in your situation to say that yes at least now we are developing an awareness of what aftermath of conflict and trauma and what it does to people.

David Bolton: I have to confess I know very little about the problem you raise which gives me license to speak authoritatively about it. But I think the problem you define could read across to other contexts as well because I guess there are a lot of other people, for example, who are being chronically managed with having depression or something else in the community who may not show up as convicts or in the criminal justice system but have other problems as we've already discussed earlier on. And just to be very brief, and it is being brief, but I think there are a number of strands to this. One is that the answer isn't just about further investment.

It actually is about making what's there work better. That's the starting point and to make existing arrangements work better we need, I think, Government through the Department of Health and other departments, to give clear guidance and to make sure that guidance is applied. We also need major commissioning bodies, purchasers, area health authorities and so on to begin to actually equip themselves to provide the services or to purchase the services that are needed for people in prisons or whatever the case may be and of course the Prison Service itself has a role to play here as well.

So as we've heard today the knowledge is there. Let me put it in another context. If you will recall that when the findings from the New Zealand study into cot death became known that it was not good to have babies sleeping on their tummies, that news was transmitted to the public here in Britain in next to no time. It was on the main 9 o'clock bulletins, all the Health Visitors, Midwives, GPs got letters within a week giving advice on this issue. Now it's not quite as dramatic as that perhaps but it could be as serious in a sense because it could be down to somebody's life at the end of the day. Well here we have a body of evidence emerging and yet I find that within healthcare, which is my main area of experience, that people are just ignoring us, that it's not being adopted and adapted, that people aren't being trained and it's not being funded and taken up as a way forward. So my first and last point will be, let's make what's there on the ground work better to start with.

Q. ALAN McBRIDE (WAVE Trauma Centre): **I just want to ask you a question about something that Jacinta had mentioned earlier about hierarchies of victims. I agree it's not helpful to talk in terms of a hierarchy of victims but another part of me wonders if one exists anyway and while it's not helpful to talk about it, that doesn't mean that it doesn't exist from the point of view that not everyone was guilty or innocent to the same degree. So my question, I suppose, is around would victims/survivors not be better served if people were honest enough to admit what they had done in the conflict and apologise for it? Would that not better serve victims rather than grouping us all together as one big group that we were all affected. For me, personally speaking, I just don't know if that works.**

A. Jacinta de Paor: And I suppose to answer your question, Alan, I don't know. I don't know for the victims what will work. Sometimes I've been

in groups where I've heard something very, very close to an apology from the other side and still the trauma and hurt continues. So, yes, you may hear what you want to hear within the group - you may hear a thing of apology or forgiveness or whatever - but it doesn't mean that the trauma and hurt is going to stop. The reason we steer clear of it in Glencree is so that we can bring all parties to the table and (not being a therapy unit as such) that's our goal. If we start to label and say well, you know, what you did was wrong and what he did was okay, then have a hierarchy of victims and we can get trapped in our work. Now, it's not saying that the reality doesn't exist. People express their own reality in their own way; it's just that we as workers don't emphasise it in any way.

David Bolton: Yes. I'm fearful of addressing this question because it is such a difficult one and there are no easy answers to it. My own thoughts are that well, a few thoughts, not perhaps well strung together but it's better to think in terms of different groups or categories of victims rather than a hierarchy of victims because I think different people who have experienced the 'Troubles' in different ways tend to have the same kind of needs and we've just been to the Combat Stress workshop and there's a very clearly identifiable set of needs around the needs of ex-soldiers. And I guess that's true of civilians and others who are involved in paramilitary activity and so on and so on. So that's one point and I think it's also to pick up your point Alan, it's wrong to try to shoehorn us all into a common understanding of these issues when it really doesn't work. It doesn't exist in the minds of individuals certainly. I think it's the nature of civil conflict that there will always be different views in the minds of different people involved about the legitimacy and the worthiness of different groups of victims. And I don't think we should try to force that and if you go along to the memorial, the Lincoln Memorial in Washington and see the [Gettisburg] address which has been chiselled into the wall, it celebrates the Union soldiers who won over the confederates. There's no mention of the confederates and yet there's no doubt the confederate soldiers and their families suffered every bit as much in terms of the individual experience.

I suppose that brings me to my last point which is that we need to think about this differently when we're talking in terms of the community and globally and maybe we can use a more precise language when we're talking about individual people who've been hurt and those who have

been responsible for hurting them and what happens, as Jacinta has said, in the exchanges that take place between people at that level. So whilst somebody, for example, who's been in a paramilitary group may be willing to accept that his suffering is less morally significant than that of the person who he hurt, that same kind of conversation doesn't seem to work too well at the political level and at the high level community level. So I don't know what the answer is but those are just some thoughts.

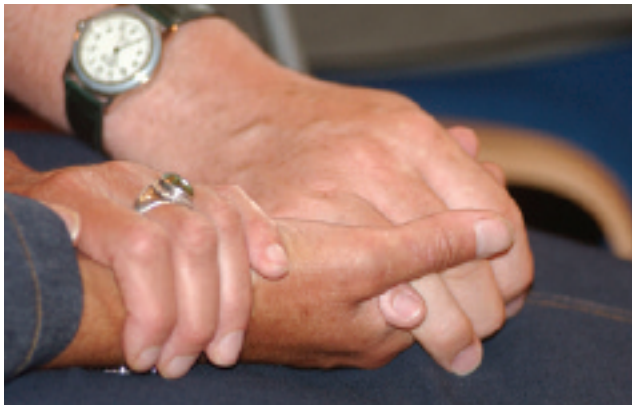
Q. ALAN McBRIDE: **I totally agree with not using the hierarchy of victims because I totally accept the victimhood of other people, even people that have been involved in the conflict. But I'm just thinking in terms of the restorative justice type approach where people do need to take on board what they have done and in doing that they actually vindicate someone else's innocence. I think that's an important message. If you look back at some of the Truth Commissions around the world, if people had said well you are all the same, I just don't know how that would have helped to heal a situation. So I don't want to lay the conflict in Northern Ireland at the door of those that carried bombs into fish shops and stuff like that because they were just foot soldiers at the end of the day and you can't scapegoat them by saying well it's totally your responsibility. But they were part of it. So was the British Government, so was the Irish Government, so was the Northern Ireland Housing Executive and if all of them were to take responsibility for what they had done. I just think that maybe there were some people who were just innocent. And it's okay to say that, I think.**

A. Tom Harris: I just wanted to add something to what David said. I think it's a very interesting parallel with the American Civil War. If you go to the States and you go to visit any of the Civil War sites, there will be descriptions of the battle and they'll say which side won a particular battle but there is no reference at all to why the war was fought. And there's no reference to which side won. And it's only now following an act of Congress two years ago that that's changing now. There are signs now going up to say the war was fought because of slavery. The North won, the Union troops won and that's causing - even now, 140 years after the end of that war - it's causing a huge amount of doubt and grievance in America, particularly the Southern States and I just think it's perhaps a timely warning to us that that was a dispute that tore apart a nation and it's taken 140 years

for them to get to the stage where they can actually look at the reasons for the conflict and start to accept why the conflict happened and what the outcome was. If it's taken America 140 years, we should perhaps think about that when it comes to addressing individual concerns about right and wrong.

Q. JO BERRY: **I just want to add something from my own personal experience having spent the last three years in dialogue with the man who blew up my father. It was really essential for me that at our first meeting he acknowledged that he killed my father, that we met as him as the perpetrator and me as a victim. This then enabled us both to go on a journey. I now see him as a human being. I understand what led him to take up violence and kill my father. I've seen his humanity. I've learned so much from meeting him but if he hadn't actually acknowledged the harm he'd done we couldn't have met. It freed me then to see him as a human being.**

A. Dame Helen Reeves: Thank you very much, it's a very important comment and a very important discussion altogether. I think we have no more time for any more questions but I think that what it serves to do is to just demonstrate the real complexity of this issue and the fact that we have a long way to go, a lot of experience to pool before we can come to any sort of conclusions and perhaps we won't come to a final conclusion. But it's good to know that there a lot of people working on these issues, thinking about them and being prepared to talk freely and openly to each other.



CLOSING REMARKS BY TOM HARRIS MP

In formally closing the conference I just want to say a few things about what has been a unique event and for me certainly a learning experience. I was not here to talk. I was here to listen and I was here to listen to you and if you hadn't turned up there would have been no conference. Thank you all - victims/survivors and representatives of support agencies for making today, and I think everyone agrees it has been, a great success. Often, and particularly in relation to Northern Ireland, it's the political headlines that take prominence. It's the Talks, it's the Agreements, it's the votes, but today has been about the human cost of that conflict and I think that's often what's overlooked in coverage of the 'Troubles' over the past 30 years.

This has been my first direct exposure to these issues and I have been extremely moved by what I've seen and what I've heard. It certainly confirms for me that it does indeed take a very special quality to do the kind of work that many of you do, day to day. I'll be reporting back to Angela Smith, the Victims' Minister and I'll be telling her that today we did begin the process of implementing the recommendations contained in the Legacy Report. If I were to pick a main message - one single message - to take away from today it would be this - that we all need to be tuned in to recognising and identifying trauma and this concerns not just those of us here today but society as a whole, community organisations, teachers, employers, faith communities and primary care workers. I've also been struck by the view that's been expressed here today that the issue of mainstream services to deal with trauma is a key public health issue, particularly against the backdrop of the continuing threat of international terrorism and not just the Northern Ireland 'Troubles'.

So thank you all for contributing to the debate. I'm privileged to have been part of it and I just wanted to say a few thank you's to the speakers; Colin, Jo, David, Arlene, Jacinta, Frances and Anne and to all the workshop presenters and facilitators, to everyone who's been involved in organising the conference and of course to Dame Helen Reeves for her excellent chairmanship of what has been a milestone event.

EVALUATION FEEDBACK

We were disappointed that only 13 evaluation sheets were returned but nonetheless valuable feedback was gleaned.

1. Do you think the conference met its objectives?

10 returns said 'fully', the remainder 'partly'.
Some comments -

- Fully (from your perspective) - felt aimed more overall to (Home Office) criminal justice system victims , more UK 'domestic' issues?. Did I lose clarification of where our victims fit in?
- Partly (my delegates view) - could more have been done in plenary to show how victims affected? To encourage 'changes to thinking - victims UK?' about.
- Partly - objectives 1 and 4 I feel were not fully met.
- Partly - Insufficient opportunities for victims/survivors voices to be heard - at least one victim/survivor should have been invited to speak and be a part of a panel.

Any other comments?

- Workshops - not long enough for full participation of delegates and discussions.
- As always, too little time to debate.
- None other than I thought the Conference was about reflecting on the needs of GB victims. There was far too much emphasis on NI and its victims - the Conference did not live up to its title.
- Insufficient care given to ensure victim/survivors names included on delegates list, and no victim/survivors CV's included in workshop presenters list, giving the unfortunate impression that they're not important.
- Food was excellent.
- Great spirit! Superb organisation! Impressive panel!

2. Which aspects/contributions did you most find useful?

- Very moved by the Family Trauma Centre presentation, 'Working with families affected' (useful as this is how I spend much of my time and unpaid).
- Ability to meet with victim support agencies in the area.
- To be able to hear about the ongoing work with victims and veterans etc.
- Workshops networking.
- Some of the presentations were very informative, particularly those by David Bolton and Arlene Healey. The workshops also provided good opportunities for discussing some of the key issues.
- Raised awareness of many issues.
- Story telling workshops.
- The multi-disciplinary mix and individuals gave a rich and holistic viewpoint.
- Workshops and Frances Flaxington.
- Workshop - Victim Support.
- Group 3 and Networking opportunity.
- Comments by the relatives of service men who have died and the lack of acknowledgement after the event.

3. Which aspects/contributions were least useful?

- Home Office plenary. Victim Support workshop facilitator originally 'different agenda' but eventually notes were made from discussions about 'effects on UK victims'.
- All aspects were very useful and informative either for professional reasons or just for personal interest.
- It was all useful.
- Some contributions went on far too long (although sessions ended on time). Additional time could have been used for Networking in the break/Q&A /extended workshops.
- MOD presentation.

4. Was there anything the conference did not cover which you would have liked it to?

- Future plans, proposals, tasks or any information in detail? More on the damaging effects of mental health (PTSD etc.) to find a way forward to
  a) remove stigma and
  b) provide better care, support and service to all affected?
- It would have been useful to have more information on the wider aspect of victim support and how services can be called upon following an incident or identification of a need.
- A workshop on the next steps for the Legacy Project would also have been useful - particularly on how a GB based LIVE programme can be developed so that the benefits of victims/survivors/supporters meeting together in a residential setting can be made more widely available to people in GB.
- More time.
- Explore more the story telling dimension to trauma care.

5. How did you rate

A. Speakers

10 people found the speakers 'very useful', 2 'useful' and one 'not useful'.

B. Workshops

12 people found the workshops 'very useful' and 1 considered them 'useful'.

C. Panel Q&A

6 persons said the Q&A panel sessions were 'very useful, 6 'useful' and one 'not useful'.

Any other comments?

- Was disappointed that most people hadn't found questions to be answered from the day and 'all your efforts' (which I thought was excellent! Well done.)
- Only that there was too little time to let debate develop.
- Again, in my view the conference was too focused on professionals and insufficiently focused on victims/survivors themselves. However, it's a start and I hope it will become an annual event - there's much more to discuss!!

- Too short for this massive issue.
- Helen Reeves as always was a great chair person.

6. Conference arrangements.
Please give a mark 0 - 5 (0 = poor; 5 = excellent)

Venue

11 returns gave a mark of 5 for the venue, one return rated it 4 and another 3.

Pre-event Administration

7 returns gave a mark of 5 for pre-event administration, 5 returns rated it 4 and one return rated it 3.

Event organisation

9 returns gave a mark of 5 for event organisation and 4 returns rated it 4.

Any further comments

- Keep up the good work. Thanks for my invite. Hopefully 'in time' I may not feel quite so isolated in my work and maybe less stigmatised in my ex-servicemans 'embarrassment to the UK?' and many 'ongoing' victims?
- A very thought provoking day and a credit to how the Legacy Project has developed.
- We have to make sure that the work of the project keeps moving forward.
- As a registered deaf person I found it very difficult to participate in workshops and plenary sessions because of the hot weather windows were open and so background noise (passing traffic) added to my problems. I missed a great deal because of this and poor sound arrangements in plenary session.
- Compared to some experiences of poor organisation in this field, this event was well organised, with one or two exceptions Thanks.
- Thank you, a very good informative day.
- Very stimulating day that has answered lots of questions and created more. Thank you for a great day.
- Future conference to follow up progress.
- Thank you for an invite.

DELEGATES WHO ATTENDED

Doctor Sarah Alldred
Centre for Study of Forgiveness & Reconciliation

Mr Paul Allen
Emergency Planning, Wrexham Borough Council

Mr Martin Annis
British Red Cross

Mr Joe Barrett
North Cheshire Ambulance Service NHS Trust

Ms Jo Berry
Legacy Project participant

Mr Brian Bethell
Survivor

Mrs Evelyn Bitcon
Legacy Project participant

Mr Gary Brooks
NI veteran

Mr Ralph Burrows
Legacy Project participant

Chief Fire Officer Eric Clarke
Chief Fire Officers' Association

Mr Denis Collins
Emmaus Christian Fellowship, Warrington

Mr David Cowling
c/o Haven Project

Ms Lesley Daniels
Victim Support & Witness Services, Manchester

Ms Rose Dixon
Support After Murder and Manslaughter (SAMM)

Ms Vicky Eames Johnston
Clinical psychologist

Reverend Ian Elliott
Holy Trinity Vicarage, Warrington

Mr Lesley Elliott
Legacy Project participant

Mrs Jenny Elliott
Legacy Project participant

Mrs Caroline Evans
Victims Unit, OFMDFM

Dr Christopher Findlay
The Brooker Centre

Ms Sarah Ford
Legacy Project Administrator

Mr Roy Freeman
The Association of ICT Professionals in Health and Social Care (ASSIST)

Ms Lynn Hays
Senior Welfare Officer, British Legion

Wing Commander David Hill
Directorate of Health Services, RAF

Dr Lloyd Humphreys
Psychology Services, Bolton, Salford and Trafford Mental Trust

Ms Heather Jones
Tim Parry Johnathan Ball Trust Fundraiser

Ms Debbie Kerslake
Head of Service Planning and Development, Cruse Bereavement Care

Mr Stephen Kingsnorth
Warrington Methodist Mission

Ms Mary McBride
Support After Murder and Manslaughter (SAMM)

Dr Mark McGovern
Edgehill College

Mrs Josephine McKenzie
Victim Support Scotland

Dr Ian Medley
Clinical Director, Nottinghamshire Healthcare NHS Trust

Brigadier Andrew Meek
Royal British Legion

Mr Alex Melbourne
Cruse Bereavement Care

Mr Andy Mitchell
Legacy Project participant

Mrs Maureen Mitchell
Legacy Project participant

Ms Penny Myers
Haven Project

Mrs Josie Odoni
Regional Services Welfare Officer

Mr Dean Owen
Northern Ireland Veterans Association

Mr Colin Parry
Tim Parry Johnathan Ball Trust Chairman

Mrs Wendy Parry
Tim Parry Johnathan Ball Trust Events Co-ordinator

Ms Diane Pickles
Tim Parry Johnathan Ball Trust Tiny Steps Project Leader

Captain Bob Pritchard
NW England Regional Welfare Office, Combat Stress

Mr Bob Rathmill
Tim Parry Johnathan Ball Trust Programme Leader

Mr Aly Renwick
NI veteran

Mr John Restorick
Legacy Project participant

Mrs Rita Restorick
Legacy Project participant

Mr Maurice Roaney
Northern Ireland Housing Executive

Ms Catherine Rose
North West Regional Manager, Cruse Bereavement Care

Mr John Shorrocks
Police Roll of Honour Trust

Ms Helen Singleton
War Pensions Welfare Office

Dr Paul Smart
Victim & Witnesses Unit, Scottish Executive

Mr Paul Swann
Planning and Commissioning Officer, Wrexham

Mr Stephen Waring
Salvation Army

Ms Clare White
Tim Parry Johnathan Ball Trust Director

Professor William Yule
Dept of Psychology, Institute of Psychiatry, London

This list is accurate as of 9am, Wednesday 16 June.