

## **Commission of Victims & Survivors**

### **FINAL REPORT**

#### Initial Literature Review of The Needs of Victims & Survivors

17<sup>th</sup> January 2009

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## EXECUTIVE SUMMARY

### BACKGROUND TO THIS INITIAL REVIEW

As an initial step, to inform the development of a comprehensive assessment of the needs of victims and survivors, the Commission for Victims and Survivors Northern Ireland (CVSNI) appointed an independent research organisation, the Social Research Centre (SRC) ([www.srcentre.co.uk](http://www.srcentre.co.uk)) and Associates, to carry out a review of existing literature produced by individuals, groups and organisations of their needs.

The aims of this initial review of needs were four-fold, namely to:

- *Analyse existing literature that assesses the many diverse needs of victims and survivors and from this, identify key needs;*
- *Identify gaps in the existing research;*
- *Recommend key areas which would benefit from further research; and,*
- *Inform an outline structure of a comprehensive needs assessment.*

This literature review began in October 2008 and concluded in January 2009.

### SUMMARY OF METHODOLOGY

The methodology involved:

- An **extensive literature review**. In excess of 150 different documents were reviewed. (See Section 7, Appendix A and Appendix D).
- **Mailshots to over 100 organisations** notifying them about the initial review and inviting them to submit literature on the needs of victims and survivors. (See Appendix C); and,
- **Phone calls to 28 organisations** inviting them to submit literature and comment on the initial review of needs. (See Appendix B).

## **KEY FINDINGS**

This initial review of the literature found that the needs of victims and survivors can be considered under the following headings:

- PSYCHO-SOCIAL THERAPEUTIC INTERVENTIONS
- SOCIAL NETWORKS OF SUPPORT
- ADVOCACY FOR INFORMATION, TRUTH RECOVERY & JUSTICE
- PUBLIC ACKNOWLEDGEMENT / RECOGNITION
- FINANCIAL NEEDS – PERSONAL AND SECTORAL
- SOCIAL ISSUES – ISOLATION, SEGREGATION AND EXCLUSION
- EDUCATION, TRAINING AND EMPLOYMENT – SOCIAL SEGREGATION
- HEALTH – PHYSICAL AND MENTAL WELL BEING
- DEALING WITH THE PAST / BUILDING FOR THE FUTURE - RECONCILIATION
- GENDERED PERSPECTIVE
- COMBATANTS - EX-PRISONERS AND FAMILIES, SECURITY SERVICES PERSONNEL
- TRANS AND INTER-GENERATIONAL NEEDS

## **KEY GAPS IN CURRENT KNOWLEDGE**

This initial review identified three main types of gaps:

- THE SECTOR'S ROLE IN IDENTIFYING GAPS
- GAPS IN THE LITERATURE REVIEWED
- KEY TOPICS FOR FURTHER RESEARCH.

## **RECOMMENDATIONS ON STRUCTURE OF COMPREHENSIVE NEEDS ASSESSMENT.**

Our recommendations on the structure of the comprehensive needs assessment provide preliminary suggestions on:

- KEY ISSUES
- GUIDING PRINCIPLES
- WHAT SHOULD THE CNA COVER?
- HOW MIGHT THIS BEEN DONE & WHEN?
- WHO NEEDS TO BE INVOLVED? – ROLES AND RESPONSIBILITIES & SKILLS REQUIRED
- OTHER IMPORTANT POINTS TO CONSIDER IN THE CONDUCT OF THE COMPREHENSIVE NEEDS ASSESSMENT.

## 1 INTRODUCTION & BACKGROUND

### 1.1 AIMS OF LITERATURE REVIEW

This literature review is a precursor to a needs analysis to be undertaken by the Commission of Victims and Survivors Northern Ireland (CVSNI). The wider needs analysis will be used to inform both CVSNI's strategic and operational development and the shaping of future financial commitment to the sector.

The aims of this initial review of needs were four-fold, namely to:

- *Analyse existing literature that assesses the diverse needs of victims and survivors and from this, identify key needs;*
- *Identify gaps in the existing research;*
- *Recommend key areas which would benefit from further research; and,*
- *Inform an outline structure of a comprehensive needs assessment.*

The requirement for a comprehensive needs analysis complements the recommendations of the **Victims Unit (2008)** and **McDougall (2007)** who sees it as a requirement for a 'better definition and identification of need coupled with co-ordinated implementation of services and appropriate funding'. The diversity of needs and of victims and survivors are further acknowledged by the **Victims Unit (2008)**.

### 1.2 PURPOSE OF THIS INITIAL REVIEW

This literature review has been carried out with the recognition that a number of literature reviews and needs analyses already exist. While none (including this initial review) claim to be comprehensive, they all nonetheless provide extensive consideration of the wide and ever-developing needs of victims and survivors.

It is not the intention here to reproduce earlier data and accompanying bibliographies. Rather, this initial review provides an opportunity for CVSNI to signpost the collective existence of various reviews of needs under one banner. It acknowledges the immense and continuing value to the sector and wider society of these assessments, as well as unpublished responses by the Trauma Advisory Panels (TAPs) and others to the consultation papers issued by Government outlining the strategic approach for victims and survivors (**OFMDFM 2008**) including the formation of a forum for Victims and Survivors.

Ideally, service providers and funders would wish to access a robust numerical framework from which to quantify, analyse and evaluate the need for and impact of service provision. However, there are major material challenges to this. These are set out in Section 4.1.

### 1.3 LANGUAGE

The use of language, terminology and typologies remains a contentious issue that evokes strong emotions in the sector. Key words, for example, ‘the state’, ‘combatants’, ‘paramilitary’ and concepts of ‘truth’, ‘justice’ and ‘acknowledgement’ as well as the nature of ‘victimhood’, all remain contested terms for which there is no agreed official definition and whose application can serve to influence both opinion and opportunities for shared working within the sector (**Templer and Radford 2007**).

To understand the ways in which particular terms are harnessed and acquire a particular use or credence, it may be useful to consider how the recent definition of one such problematic concept, reconciliation, was developed in relation to victims and survivor. The definition used by the Special European Union Programmes Body (SEUPB) to tighten and determine funding eligibility and applicability informs the direction of much of the practice-based work within the sector. It was developed by the former think tank Democratic Dialogue: *‘Reconciliation is a necessary process following conflict. However we believe it is a voluntary process that cannot be imposed. It involved five interwoven and related strands: Developing a shared vision of an interdependent and fair society; Acknowledging and dealing with the past; Building positive relationships; Significant cultural and attitudinal change; Substantial social, economic and political change.’* It is to be found in a number of its publications (**Kelly and Hamber 2005, Hamber and Kelly 2005 and Wilson 2006**).

While cognisant of the challenges that using contested language can bring, this study honours the diversity of views held by replicating the terminology used by the authors of the publications under review.

### 1.4 PERIOD UNDER REVIEW

Given the breadth of material that might potentially have been drawn on and included in this literature review, the year 2000 was agreed between the authors and the Commission as a suitably contemporary starting point. In 2000, the Draft Programme For Government, (**NIE 2000:20**) promised a *‘cross-departmental strategy for ensuring the needs of victims are met’* and the formation of the Victims’ Unit in OFMDFM. The year also corresponds with

the formation of the first dedicated programme for victims and survivors to be funded by the Unit and based within the Sperrin and Lakeland Health and Social Care Trust. That body, in partnership with other groups in the sector has been responsible for the production of a number of wide ranging and reaching newsletters, proposals and documents focused on the needs of victims and survivors (**South West LSP Community Victims Initiative consortium (2004, 2006)**). Its existence was rapidly followed by the subsequent formation of the Trauma Advisory Panels (TAPS) and their relationship to the statutory services is considered by OFMDFM to have played a key role in supporting the sector (**Victim's Unit 2002**).

Much of the literature produced prior to 2000 which focussed on the experiences and needs of victims and survivors was seminal and core to the subsequent development of policies, legislation, practices and academic research (**Curran et al 1990, SSI 1998, Bloomfield 1998, Daly 1999, Fay et al. 1999**). The constraints of this piece of work mean that it is neither possible to acknowledge and revisit the full body of work published prior to 2000. Much of the academic material of that period legitimated as well as informed and problematised the 'needs' of victims and has been drawn on by other authors and practitioners to consider future developments within the sector (**Hamber et al. 2001**).

## 1.5 POLICY AND LEGISLATIVE BACKGROUND

OFMDFM's consideration of the needs of the sector as outlined by the **Victims' Unit (2002)** can now be reconsidered within its draft strategy publication for consultation, (Victims' Unit (2008) and a rapidly changing legislative and policy context. And an audit of government consultations with relevance to the sector would be beneficial.

The introduction of the Inquiries Act 2005 is now incorporated into domestic law. Yet it is considered by some to be controversial in terms of international Human Rights standards (see, for example, **CAJ/BIRW 2008**). And further rights-based needs of victims and survivors are included in the proposed Bill of Rights (**NIHRC 2008**) which makes the following recommendation *'Legislation must be enacted to recognise all the victims of the Northern Ireland conflict and to ensure that their rights are protected. These rights include the right to redress and to appropriate material, medical, psychological and social assistance'*.

The uptake of recommendations of the **Bamford Review (2007)** with its focus on mental well-being has the potential to impact considerably on the needs in the sector. It might also be expected that the needs within the sector will have to be reviewed in light of the Review of Public Administration and the long-awaited strategy replacing the 2007 'A Shared Future' with its agreed policy



and strategic framework for good relations based on cohesion, sharing and integration.

Responses (for example **EHSSBS 2008a**) to the Department of Finance and Personnel consultation on The Draft Presumption of Death Bill (Northern Ireland) 2008 recognise the desire of some victims and survivors to have the period of time before the High Court can declare a presumed death reduced from the proposed seven to five years

Generally, the literature search undertaken for this review revealed that government consultations on proposed new legislation, policy and strategies and similarly, responses to them, were rarely able to evidence the impact on victims and survivors of the conflict.

## 2 METHODOLOGY

### 2.1 OVERVIEW

The methodology used by the Social Research Centre & Associates for this exercise is detailed in our proposal to CVSNI (dated 8<sup>th</sup> October 2008). In summary, the approach involved:

	<p><b>Stage 1: Project Initiation &amp; Announcement</b> <b>(October 2008)</b></p> <ul style="list-style-type: none"> <li>• Project Initiation meeting with CVSNI.</li> <li>• Agreed methodology and timescales.</li> <li>• Identified key background documentation and contacts etc.</li> <li>• Requested that CRC issue a letter announcing the literature review to the organisations / groups on its database.</li> <li>• SRC issued a letter announcing the project using OFMDFM's database of groups / organisations.</li> <li>• In total, 114 organisations were notified about the literature review through these mailshots.</li> </ul>
	<p><b>Stage 2: Literature Review</b> <b>(October 2008 – December 2008)</b></p> <ul style="list-style-type: none"> <li>• SRC's lead consultant reviewed in excess of 150 separate items of literature on needs.</li> </ul> <p><i>See Section 7-Annotated Bibliography.</i> <i>See Appendix A - References.</i></p> <ul style="list-style-type: none"> <li>• Developed interim report (December 2008).</li> </ul>
	<p><b>Stage 3 : Telephone Contacts</b> <b>(October – December 2008)</b></p> <ul style="list-style-type: none"> <li>• CVS and SRC &amp; Associates jointly identified 28 organisations, which SRC agreed to contact by telephone to invite them to submit literature and comment on the needs of victims and survivors.</li> </ul> <p><i>See Appendix B for further information on how these organisations / groups were selected, the names of the organisations / groups agreed upon and the format of the telephone contact and Appendix D for the material submitted following the phone contact.</i></p>
	<p><b>Stage 4 : Final Report</b> <b>(January 2009)</b></p> <ul style="list-style-type: none"> <li>• Compiled final report of key findings, conclusions and recommendations.</li> </ul>

## 2.2 FURTHER DETAILS ON THE CONDUCT OF THE LITERATURE REVIEW

### 2.2.1 PROCESS USED TO REVIEW EXISTING LITERATURE ON NEEDS

Within the parameters of this review, the processes used were designed to:

- Raise awareness about the exercise across the sector; and,
- Invite groups / organisations to submit literature.

#### **Library Search**

The literature review was carried out at a time when CVSNI was just beginning to assemble its own library. The materials held by CVSNI were reviewed first. The literature review continued with a review of the libraries of the Institute for Conflict Research (ICR), the Northern Ireland Community Relations Council (CRC), and the materials made available from the Victims Unit at OFMDFM.

#### **Mailshots**

In parallel, CRC and SRC used mailshots to notify (between them) 114 organisations / groups working within the sector about the initial review of needs. (See Appendix C). The mailshots invited the organisations / groups to submit any literature they had on the needs of victims and survivors.

#### **Web Search**

Web-based and published directories and other related documents including those produced by Sperrin and Lakeland Health and Social Care Trust and the TAPS (NHSSB, WHSSB, SHSSB EHSSB) were also sourced. And the sites of community groups helped to identify the breadth of areas of work undertaken by existing organisations and from which victims and survivors source support and further signposting.

#### **Newsletters**

A variety of organisational newsletters and bulletins including the monthly **Victim and Survivor Matters** and **WHSSB Trauma Advisory Panel Newsletter** were also reviewed. These highlighted practice developments and publications within the sector. The **Northern Ireland Memorial Fund**

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**Newsletter** provided an update on Government funded schemes available to those who meet the criteria.

### **Examining needs indirectly using evaluations and related literature**

A number of groups, which no longer exist, produced evaluations of their work with victims and survivors. Such documentation seen in light of the demise of some groups has the potential to illustrate not just the needs of victims and survivors but also those of the organisations servicing them. (See, for example, the experience of FACT evaluated by **Active Counselling in Training 2005**) as do the future plans of others (**Healing Through Remembering 2008**).

### 3 DEFINITION OF ‘VICTIM’

The Victim and Survivors (Northern Ireland) Order 2006 interprets victim and survivor as follows:

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

This is qualified further with the statement that:

*‘Without prejudice to the generality of paragraph (1), an individual may be psychologically injured as a result of or in consequence of—(a) witnessing a conflict-related incident or the consequences of such an incident; or (b) providing medical or other emergency assistance to an individual in connection with a conflict-related incident.’*

Within the context of this review the term ‘victim’ has been drawn from the definition used by **(Bloomfield 1998)** and subsequently used in Government publications **(OFMDFM 2005:6)**, namely that victims are the *‘Surviving physically and psychologically injured of violent, conflict related incidents and those close relatives or partners who mourn their dead.’*

Attempts have been made elsewhere to define a number of categories, which might include a variety of victim typologies (including **South West LSP Community Victims and Survivors Initiative 2006:8**, **Templer and Radford 2007:32**), however the majority of authors writing on the sector’s needs continue to grapple with the notion of victimhood within the Northern Ireland context. Some recognise its definition as a core issue to be considered before looking at any other needs presenting **(Cairns et al 2003, Smyth, 2000)**.

## 4 ANALYSIS OF EXISTING LITERATURE & KEY AREAS OF NEED

### 4.1 CHALLENGES WITH ESTIMATING NUMBERS OF VICTIMS / SURVIVORS

*'The numbers of those physically or psychologically injured or adversely affected...are more difficult to quantify with any degree of accuracy as the level and definition of injury can vary from individual to individual. ....Regional figures vary between 44,000 and 55,000 although some commentators suggest the figures must be higher. In terms of mental health and psychological impacts, there is no available information.'* **South West LSP Community Victims and Survivors Initiative (2006:51)**

To date, there has been no comprehensive needs analysis of the services and support required by victims and survivors. Individual groups and Trauma Advisory Panels consider generic needs from within their membership and have attempted audits across particular geographical areas (see for examples **WHSSB 2006, NHSSB 2002 Stuart/RAFT 2005**). However, no definitive numbers have been produced. Indeed, any attempt at determining the numbers involved is likely to be problematic. There are several reasons for this:

- The population of interest is tremendously difficult to identify. The definitions of 'victim' and 'survivors' are contested. Some people and communities do not consider that these terms reflect their perspective. Hence, they do not 'label' or 'classify' themselves in this way. Consequently, they will remain 'invisible' in any process which seeks to count them as 'victims' and 'survivors';
- Unlike the monitoring systems in place for Section 75, we could find no formal, standardised systems in the literature we reviewed that were specifically set up across mainstream service provision to count the numbers of victims and survivors accessing services;
- Any attempt to estimate the number of 'victims' and 'survivors' accessing different services (e.g. locally and regionally) is complicated by the fact that any one individual is likely to access more than one service and hence a simple arithmetic sum of the different levels of services being accessed is likely to over-estimate the number of victims and survivors;
- Several of the services being accessed by victims and survivors, are accessed by people *other than* victims and survivors (e.g. counselling, psycho-social interventions, mental health etc). It is highly unlikely that such mixed data sets can be disaggregated easily;

- Groups do not always have the capacity/resources to record and analyse their membership needs and patterns of use;
- Some groups record contact details and sessions delivered rather than an individual's use of services;
- Some individuals are reluctant to connect with groups for a variety of reasons including a culture of silence, a reluctance to address and acknowledge their needs publicly, a lack of confidence in or knowledge of existing statutory and community services (**EHSSBS 2003**);
- Victims and survivors groups tend to be focussed in particular urban areas. Consequently, individuals in rural areas and those in some urban areas can find that they are less well connected to and served by existing groups;
- Estimating the numbers of victims and survivors is complicated by the fact that the available data sets are unlikely to a) be contemporaneous, b) cover the same geographical boundaries and c) be collected using the same method, or the same standard of comprehensiveness and precision. In addition, data protection issues mean there could be delays whilst data is anonymised before it is shared. Indeed, in some cases, consent may not be given for data to be shared and important data sets may be incomplete as a result. All of this will complicate the analysis and interpretation of the available data.
- Identifying the numbers of victims and survivors is further complicated by the fact that the conflict can have direct and indirect impacts on people **Cairns et al (2003)** where their need only become apparent after exposure to certain 'trigger' events / contexts and after a period of time;
- The needs of individuals can change over time and so any assessment done now would only be an indication of the level of need at a certain point in time and should be subject to review at appropriate intervals (**NISRA 2004**).

It is the view of the authors (mirroring others writing and working within the sector), that these discrepancies and challenges are inevitable given the changing nature of the impact of the needs of victims and survivors, their families and carers as they develop with the passing of time and in changing social, political and legislative circumstances (**South West LSP 2006, Mullan 2006**).

The following are some examples of discrepancies and challenges facing those seeking 'joined up' figures:

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- A consultation in 2008 by the **Northern Ireland Memorial Fund (2008)** with victim and survivor groups outlines areas of unmet needs identified by the sector, but does not enumerate numbers seeking support;
  - **Derry Well Woman (Meehan 2008)** indicate that one third of the women seeking Generic Counselling from them (in addition to those seeking specialist Conflict related services) *'identify the Troubles as having contributed to their emotional distress'*;
  - A needs assessment by the Northern Ireland Music Therapy Trust and Save the Children (**Radford 2004**) indicate a wide divergence in responses to the size of the sector - of 45 groups surveyed, 20 organisations indicated working with between 100 and 500 clients a year, with 3 organisations indicating a client-based of between 30 and 50,000 clients

The statistical methodology employed by Cost of the Troubles Survey (**Fay et al 1999**) highlights the 'ripple effect' of conflict-related death to incorporate extended family members, friends, neighbours, work or school colleagues, communities, communities, witnesses etc., but this has yet to be quantified regionally and locally and has not yet been applied to those who consider their victimhood of the conflict in terms of other forms of loss that impacted on their lives directly or indirectly.

These discrepancies and the ramifications of a traumatic death, can perhaps be best understood through the words of a woman whose brother was killed who described the depth and breadth of the loss as *'a pebble dropped in a pond and the ripples ending up where you don't expect them.'* **Griffiths (2006)**.

**Hence, our view is that the estimation and analysis of the numbers of victims and survivors is a highly complex issue which will require the application of specialist knowledge in a variety of areas including, but not limited to, statistics, bio-psycho-social medical expertise, community development and welfare and financial planning. See also EHSSB (2008).**



## 4.2 OVERVIEW OF SECTORAL NEEDS

The needs of all victims and survivors can be summed up as principally occurring in the following areas:

- Acknowledgement;
- Befriending;
- Counselling;
- Education and training;
- Employment;
- Funding;
- Health (Physical and Mental well-being);
- Information / Truth recovery / Justice;
- Personal Finances;
- Remembering;
- Social isolation / exclusion; and,
- Therapies.

The areas presented do not signify any precedence of one issue over another. Given the complexities described above in 4.1 relation to the underlying data, it is not possible to state from the available literature, which, if any, of the above needs is the most prevalent or most important.

Based on the findings of a CRC study, (**Templer and Radford 2007**), victims and survivor groups tend to principally provide for the needs of their members in three broad areas, namely:

- Psycho-social therapeutic interventions (including health, counselling and therapies);
- Social networks of support (including befriending, remembering); and,
- Advocacy work (for improved benefits, finance, education and training, employment, acknowledgement, information/truth recovery).

There are practical issues within these areas, particularly in the arenas of health, education, truth recovery and financial provision, which can only be addressed by or with adequate resourcing from the government and statutory services.

Many of these needs, and the lack of adequate services to address them, have been highlighted in previous reviews, needs analyses, commentaries and evaluations of local as well as regionally-based services (**SHSSB-TAP nd and 2006, NHSSB 2002, Mullan 2006, Manktelow 2001a and b, Deloitte and Touche 2001, Smyth 2001, CLIO 2002, Capita for OFMDFM 2002, 2003, Victims' Unit 2002, Bolton 2004, 2006, Bolton and Rankin 2008,**

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**Hamilton et al 2004 Radford NIMTT 2004, Devlin 2000, Healey et al (nd), Community Relations Council (2006), Templer and Radford 2008, NIMF 2008).** **These materials would be a valuable source for any wider needs analysis and are also applicable as reference points in all of the areas explored below.**

Some of these areas of need and those groups or services delivering the broad range of support required by victim/survivors are highlighted in the observations and evidence received by witnesses to the **NIAC (2005) and in the responses by the TAPS to government consultations (EHSSB 2007, 2008, NHSSB 2007).**

Victims and Survivors needs are recognised from within a rights-based framework by the **NIHRC (2003)**, in a precursor to its publication of the **Bill of Rights (NIHRC 2008)**, the consultation to which some victims and survivors groups made responses. And it is anticipated that needs in terms of how Government considers the past in preparation for a more cohesive, shared and integrated future will be found in those representations made to the **Eames Bradley Consultative Group on the Past**, but which are not yet available for consideration.

Given the cross border and inter-island impact of the Conflict, a small but crucial set of materials relating to the needs of victims and survivors in Great Britain deal with the past can be sourced in the practice and research work by Jo Dover for the **Tim Parry/Jonathan Ball Trust (2003, 2007)** and the organisation's material also highlights the needs of those who seek refuge in Great Britain as a result of exiling and exclusion from their communities in Northern Ireland. And for those looking at work with victims and survivors in the Republic, there is much to be considered in the programmes and publications emanating from **Glencree, the Department of Foreign Affairs** in Dublin, **Hall (nd)** in terms of the Dublin and Monaghan bombings and **Conroy et al (2005)** in terms of displacement.

Without a doubt, international literature, legislation and policy development on victims has been called on to inform local developments in violence, health and other issues impacting on victims and survivors as have the reflections of international practitioners guests to and observers in Northern Ireland. Reviewing this material falls outside the terms of reference of this literature review. However, the report of the visit of Alex Borraine to Northern Ireland, with its focus on seeking out parallels between Northern Ireland and South Africa, is noteworthy not least for the leverage role it played in the formation, support and legitimising the funding for the Healing Through Remembering Project (**Healing Through Remembering 2001**, and this organisations' role in furthering the debate on dealing with the past is significant (**Blake 2008**). Furthermore, international perspectives on Trauma (see **Summerfield 2000**) in part account for the domination of articles about Post Traumatic Stress

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Disorder in the medical literature considering conflict within Northern Ireland and its applicability within the local context, which is discussed in the section on health.

Geographical and area specific issues that impact on Victims and Survivors are dealt with in partnership with government through the work of the Trauma Advisory Panels (see for example **Hamilton et al 2004**) and the **South West LSP Community Victims Initiative consortium (2004)**. This latter initiative provides a business case in support of the development of a one-stop shop proposal for the South West Region. The proposal for such a facility has subsequently been recognised as potentially beneficial for roll out by TAPS in other areas including the EHSSBS (**Hamilton et al 2004**). It is not within the remit of this review to unpack the different views within the sector as to the efficacy and different focus of the work of the TAPS as they are currently constituted (see for example **TWN (2006:22)**), or of the operational challenges they face. Rather it acknowledges the value of their (and others') contribution to the representation of different perspectives and needs within the sector.

Finally, it is noteworthy that there are **relatively few discretely bounded categories of need**. Much of the work within the sector is funded on short-term, project-led criteria, and consequently funding becomes an external pressure that blurs boundaries in practice. Poorly resourced community groups are rarely able to access all they need to address their members' wide range of needs in distinct categories. So, for example, a therapeutic intervention, such as a story-telling project where the needs of victims are implicit rather than explicit, might also be developed to provide support for advocacy work in policy, legislative and educational terms and presented as occurring within a social network of support. This doubling up of work is particularly evident when a comparison is carried out between their work and publications and those of larger groups with:

- Paid and active volunteers;
- A single focus;
- Policy, research and communications strategies.

**Consequently, it is recommended that any wider needs analysis recognises and accounts for this overlap.**

### 4.3 PSYCHO-SOCIAL THERAPEUTIC INTERVENTIONS

These span, counselling, befriending and alternative and clinical therapies. In relation to these, the literature review found that:

- **Psychological therapeutic services are valued** – A study of the experiences of and a study by **Bolton and Rankin (2008)** provides a

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recent mapping of psychological therapeutic services provided by the Voluntary and Community Sector. In relation to these, the literature review found them to be valued interventions, which most victims and survivors groups were keen to offer to their membership.

- **Psychological impacts can be profound**– A study of the experiences of health and social care staff and other clinicians and carers who have been exposed to the aftermath of witnessing and dealing with events related to the conflict illustrates the nature and scale of the possible impacts. (**Smyth 2001, Luce et al 2002, Gillespie 2002, Healey 2004, Healey et al (nd) and Keenan 2007**).
- **‘Trauma’ can be viewed from different perspectives** - The effects and aftermath of traumatic events and how it is addressed and treated through bio-psycho-social methods is an area of great need for some victims and survivors. Some commentators consider this through a community development lens (**Schindwein 2002, Murphy 2004**), others in terms of how the clergy might work to understand the hidden symptoms of trauma (**McBride 2005**). Others still, examine the subject from within a model of Post-Traumatic Stress Disorder (PTSD) (**Bolton 2004, 2006, Duffy et al 2007, Ferry et al 2008**) and the work of the **Northern Ireland Centre for Trauma and Transformation**). The use of the term ‘trauma’ in the literature remains an area for further discussion in terms of its appropriateness as a diagnosis for some of the events and conditions it describes. Its ‘domination’ in the medical literature dealing with the aftermath of conflict and war is considered by **Summerfield (2000)**. **Cameron (nd)** provides the findings of a sample of 164 adults exposed to conflict-related trauma in Greater Belfast. **Gillespie et al. (2002)** consider the improvements to people diagnosed with PTSD and treated with community-based cognitive therapy in the aftermath of the 1998 Omagh bomb. **Gilligan’s (2006)** article critiquing conflict-related trauma policy in Northern Ireland examines the intersection between psychosocial need and peace-building dimensions of trauma drawing on a breadth of international literature. Its somewhat controversial reception initiated thought provoking responses, which highlighted differing complementary, and competing bio-medical and psychosocial responses to trauma (**Keenan 2007**). The need for the Government to consider its responses to trauma and the subsequent way in which it has been unmet by statutory social services is addressed by **SHSSBS/Mullen (2006)** and **Manktelow (2007)**. Trauma as a response to particular circumstances are considered in relation to Bloody Sunday by **Hayes and Campbell (2000)** and in particular areas, for example Newry and Mourne (**Bolton, Northern Ireland Centre for Trauma and Transformation (2006)**, Omagh (**McDermott et al (2004)**, **Gillespie et al (2002)**, **Luce** ).

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- **Addressing trauma can done in different ways** - **Keenan (2007)** points out that it is already being debated within mental health and community development circles and related fields that there is a false dichotomy which leads to different approaches being taken by some people (both in the statutory and voluntary sector) working to reduce the pathologisation and medicalisation of traumatic experience and, instead, take a more holistic view. Given the lack of consensus within the literature as to what medical models, diagnosis and labelling of need and what psycho-social therapeutic interventions might be appropriate in different circumstances there is a need for an audit from the sector to examine uptake of services and the appropriateness and cost-effectiveness. **O'Reilley and Stevenson (2003)**.
  - **Re-traumatisation is an issue that needs support** - The challenge of **re-traumatisation** through inadequate service delivery is a recognised reality. Both **Bolton (2006 South West LSP Community Victims & Survivors Initiative (2006))** highlight the need to ensure that specialist service provision and best practice in all of the above areas are adhered to and a benchmark set for implementation of Northern Ireland-wide standards and training.
  - **Possible need for more outreach centres** - **Hamilton et al (2004)** notes that commentators recommend that a need for more outreach centres for victims and survivors of the Conflict, which might be modelled on the Family Trauma Centre. The work of the Wider Circle publications **McCreave (2003) and (2004)** is pertinent here as a model of an accessible and applicable resource for non-specialists.
  - **Needs can change** - It is crucial that the needs of victims, survivors and carers are reviewed as they change with age and the passing of time **South West LSP (2006:54), Community Relations Council (2006), Templer and Radford (2008) QE5 (2008)**;
  - **Silence and silencing can influence a person's willingness to access to services** - Silence and silencing and ways to address its psycho-social impact on victims and survivors needing to address the legacy of the conflict are frequently recurring themes **Kapur (2002), Healey (2004), Manktelow (2007), Boydell et al (2008), Radford and Templer (2008)**. It appears to have particular relevance to serving, former and families of security personnel for whom issues of safety, security have had some considerable impact on their willingness to engage in psycho-social services considered 'safe' and 'confidential' by other victims and survivors (**Paterson et al 2001, Hamilton et al 2004, Snodden 2005, QE5 2008**). The issue of silence and silencing occurs throughout the literature relating to appropriate psychosocial therapeutic interventions available to the

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families of and former combatants (**Déagóirí le Chéile Cunamh (nd)**, **Spence 2002**).

- **Non-narrative interventions can be valuable in addressing needs** - Recognition by Government and by the sector of the growing use of material culture (Brown 2008) and arts-based and non-narrative or oral therapeutic interventions and the value of working within the abstract as well as in the concrete “*how the use of...the arts in particular might be used as therapeutic tools and how, for example...music might be used as methods of expressing the experiences of victims*” (**OFMDFM 2002:6**) and this can be evidenced as good practice (**NIMTT 2004, Radford 2006 and in Wave 2003**).

*Gaps in the existing literature...*

- **Needs, costs and outcomes of alterative therapies have yet to be documented** - Many community-based groups within the sector include ‘**alternative**’ therapies and **befriending** as a core element of their service provision based on a requested desire by their members. To date, however, nothing has been written that pulls together the perceived **need, cost** and **actual outcomes** achieved in this key area of service provision to victims and survivors.
- **Key comparative studies could expand our understanding of needs** - A comparative study to consider the psycho-social needs of those affected by particular incidents such as the Omagh bomb (**McDermott et al 2004**) and Bloody Sunday (**Hayes and Campbell 2000**), or the impact of the conflict the children of former prisoners and police has yet to be conducted.
- **Paramilitary threats** - The literature data collected by NIACRO and BASE 2 (the body charged with the relocation of those under paramilitary threat) captures numbers but does not provide an overview of the needs of victims prior to and after relocation. This is thought to reflect their marginalisation and lack of willingness to discuss their situation (**Kennedy 2002**). The needs of these victims of sectarianism, inter and intra-community feuding and of those who are under paramilitary threat are absent from the literature.



#### 4.4 SOCIAL NETWORKS OF SUPPORT

In relation to social networks of support, the literature review found that:

- **Social networking can be a key challenge for victims and survivors** - The challenge of working in a cross community setting or good relations framework can be greater for victims and survivor groups than for any others within the community and voluntary sector. Consequently, there remains a need to complement any such work with the continuation of single identity work, particularly for security service personnel and their families (**QE5 2008**).
- **Family support and befriending can be valuable** - Family Support and the value of particular projects with a befriending component has been explored by a number of groups (**Nova 2001**) and is clearly outlined in the materials. The centrality of family liaison teams to any case assessments carried out by the HET has been acknowledged **HET (2006)**.
- **Specific networks can help support niche needs** - The need for a particular network in providing a space for support for sufferers of trauma and those working with them is discussed by the **Trauma Recovery Network (2006)** and **Bolton (2004, 2006)**, **Bolton and Rankin (2008)**.
- **Pastoral care can play a role in supporting victims / survivors** - The role to be played by the clergy in supporting their congregants and wider society are considered in the outworkings of the Journey to Healing project (**McBride 2005**) and the work of the Irish School of Ecumenics.

#### 4.5 ADVOCACY FOR INFORMATION AND TRUTH RECOVERY

Dealing with the past is a complex issue (**EHSSB 2006**) which benefits from a variety of state and community based initiatives. In relation to advocacy for information and truth recovery, the literature review found that there were two main sub-categories of need - one relating to the State, the other to communities.

##### 4.5.1 STATUTORY RESPONSES

- **Need for public inquiries** - There have been many initiatives with truth recovery to the fore. **McEvoy (2006)**, citing **Rolston and Scraton (2005)**, recognises the need of some victims for large-scale, high-level public enquiries. The impact of the Saville Tribunal, the Widgery and Scarman Inquiries and those of Stevens and **Cory (2004)** alongside the Stalker, Patton and Stevens' investigations into Policing are all pertinent to the

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needs of victims and **McEvoy (2006)** further considers options for truth recovery.

The problematic concepts of truth and justice remain central and core to some individuals and communities' ways of dealing with the past and coming to terms with their future. The **NIHRC (2007)** dedicated its quarterly review to an issue, which deals with the legacy of the Conflict from within a rights-based framework. In that review, Monica McWilliams considers human rights and conflict resolution to be 'intrinsically entwined'. The review continues with a brief overview from British Irish Rights Watch into the formal justice mechanisms designed to assist victims and survivors with that process. This includes the PSNI Retrospective Murder Review Unit (RMPU), the PSNI Historical Enquiries Team (**HET 2006**) and a number of investigative reports by the Office of the Police Ombudsman for Northern Ireland PONI (**OPNI**). **Boyd and Doran (2006)**. These reports have identified the potential difficulties faced by the process of historical perspectives based on the passing of time.

Others (**Cory 2004**) recognise the lack of power to subpoena or compel evidence and their inability to access documents held by the Criminal Injury Compensation Authority. **Hegarty (2004)** provides insight into the effects on public confidence of the workings of the Bloody Sunday enquiry.

#### 4.5.2 COMMUNITY RESPONSES

- **The need for community campaigning** - Community campaigning with a focus on historical and forensic veracity plays a key role in prompting the state to respond to:
  - Allegations of collusion between the state and armed groups;
  - The moral imperatives or ethics of internment;
  - Due process of the law;
  - 'Forensic truths';
  - The use and misuse of emergency legislation and counter-terrorism measures; and,
  - The effects of individual acts of armed violence resulting in death and injury including no-warning bombs and lethal force;

Particularly in situations where other investigations have been deemed unsatisfactory (**CAJ 2007**) but the impact on individuals and families is significant (**Griffiths 2006**).

**For many community groups, seeking clarity on these issues is their principal need. See, for example the work of the Pat Finucane Centre and**



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**the Legacy Project.** Such processes can also feed into processes of commemoration, memorialisation as well as individual and group healing. (This is further exemplified in Section 4.5 Public Acknowledgement/Recognition (Storytelling)).

Much of the written materials on truth recovery is produced by communities of interest that emanate from Nationalist and Republican groups and for whom advocating for the recognition of Rights Violations and miscarriages of justice plays a key role in addressing their individual and community needs. See for example the **Eolas Project 2003**, **Ashton Community Trust (2002)** and **Droichead an Dóchais (2005)**. Both of these reports are based on perceptions of State and Loyalist collusion in the New Lodge. The Island publications, in particular **Hall 40** considers failures in investigative procedures in the case of Loughgall. While **Firinne (2004)** focuses on state violence is focused on occurrences in the South Fermanagh area. Other examples from oral history projects might be considered for a perspective of victims needs from alternative geographical areas and communities of interest.

The strengths of oral and written history ‘truth telling’ projects have also been critiqued for their limits of their ‘inclusivity’ and consequently their value and partiality (**McGowan et al 2001**, **Lundy and McGovern 2005a, 2005b, 2006**).

Contributors from cross community backgrounds associated with WAVE outline their needs in terms of truth and justice. They perceive this as being linked to the process of dealing with the past in preparation for the future. This exemplifies again the connection between therapeutic processes and advocacy work in **Hall 52**. As one contributor comments, *“you can’t close the book until you’ve written the final chapter. I need truth before I can close that part of my life and put it in its proper place.”*

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## 4.6 PUBLIC ACKNOWLEDGEMENT / RECOGNITION

In relation to public acknowledgement / recognition, the literature review found that the Healing Through Remembering (2002) recommended that Governments, organisations and institutions ‘*should honestly and publicly acknowledge their various responsibilities for the conflicts of the past.*’ The organisations further problematises a process of acknowledgment by defining it and subsequently considering the factors contributing to as well as those inhibiting its implementation (**Healing Through Remembering 2006**):

- **The need for personal healing can sometimes be met in part through public acknowledgement** - There are a number of ways in which private healing and public acknowledgment of the past (i.e. through the production of oral narratives and ‘storytelling’) overlap with ‘truth recovery’ and information dissemination and in memorials and material culture (see section 4.11. And this acknowledgement, it might be suggested can in the case of individual and community responses, also serve as a process of advocacy. **Gormally (2006)** considers the extent to which acknowledgement has a useful role and in preventing future violence.
- **Story-telling and narrative construction support some aspects of healing** - In the absence of adequate State information, community-based memorialisation processes realised through the publication of family narratives and story-telling projects are thought to be powerful ways of addressing the needs of victims Cunamh (2002). The wide role played by storytelling and narrative construction has been evidenced by the Healing Through Remembering Project with its focus on the exploration of different mechanisms to deal with the legacy of the past including storytelling, and the development of living memorials and museums and processes of commemoration including truth recovery and acknowledgement (**Healing Through Remembering 2005 and Kelly 2005**). An extensive audit of ‘storytelling’ was carried out by **Kelly (2005)** for Healing Through Remembering – however telephone contacts for this review revealed a number of forthcoming projects (e.g. TEAR, RAFT) not included in the audit and consequently recognising the need to update this work is essential.
- **Story-telling and narrative construction involving different communities can sometimes meet certain aspects of need** - The series of Island Publications produced by **Hall** and based firmly within a tradition of oral history gathering provides a rich seam of learning of the needs of victims and survivors from very different community perspectives. They focus on particular community groups or issues and a synopsis of their respective contents can be found in the annotated bibliography at the end of this section. In addition, the role of storytelling will also be considered

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in the section below Dealing with the Past/Building for the Future within a single identity context. Here, the narratives of shared or similar experiences of loss amongst suffering women from different community backgrounds are acknowledged in work including *'We Too Have Suffered'* (see [www.wetooohavesuffered.com](http://www.wetooohavesuffered.com) and **Boydell et al. (2008)**).

- **Talking therapies and narrative development are not for everyone** - Anecdotal information gleaned from the sector suggests a need for more innovative approaches for young men. An audit of the gender breakdown of services and programmes would be helpful to any needs analysis wishing to identify aspects for future planning for the sector.

## 4.7 FINANCIAL NEEDS – PERSONAL & SECTORAL

In relation to financial needs, the literature review found that there were two main sub-categories of need - one relating to the personal financial needs of individuals including their access to state benefits; the other to the funding of the sector overall. The significance and impact of the role of the Employment Support Allowance on new beneficiaries is yet to be evidenced. In terms of sectoral funding, it has been suggested (see for example EHSSB 2006) that current funding arrangements *'lead to negativity and competition in the sector'* and that there should be accountability measures in place with funder to *'avoid duplication and support business planning, prioritisation and therefore sustainability.'*

### 4.7.1 INDIVIDUAL FINANCIAL NEEDS

Much of the literature concerns the changing financial needs of victims and survivors and outlines the dissatisfaction in the sector with existing mechanisms used to assess eligibility for financial compensation. The complexities of personal health and welfare circumstances in terms of multiple needs and rights have resulted in many individuals feeling and being unfairly treated (**Hamilton et al 2004**). This might relate to the way in which government agencies require evidence of ill health and injury, in the process of means testing to ascertain the amount of compensation they are entitled to<sup>1</sup>. The **EHSSB (2006)** *'agree that compensation in the past has been insufficient and that people continue to live with the legacy of inadequate compensation right through to old age.'*

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<sup>1</sup> Oral testimonies presented to the Commission at meeting held at Glengall Street including from Wave Injured Group.

Other issues identified in the literature were:

- **Need to access discretionary payments rather than ‘entitlements’** - Individuals’ concerns were raised in a Parliamentary Question (26.7.99) to Secretary of State Mandelson by Bloomfield and subsequently, the Criminal Injuries (Compensation) (Northern Ireland) Order 1977 was superseded by the Criminal Injuries Compensation Scheme 2002 in providing compensation for loss of earning, earning capacity and cost of care. Anecdotally, there are many circumstances where victims and survivors report finding themselves excluded from what they consider to be entitlements. They report having to seek out discretionary payments from a variety of sources because there is a lack of clarity in terms of their eligibility for funding and benefit.

**Need for information on how to access funds** - Information on how to access specific funds is not always evident, even where the financial needs of victims / survivors overlaps with other client groups. Some organisations have made considerable efforts to make such information available. However, these are often the best-resourced organisations. For example, the Northern Ireland Police Fund (nd) (NIPF) has produced a series of leaflets and information, for the benefit of the wider policing family. These signpost grants for prostheses and wheelchairs, education bursaries and psychological support for qualifying former and serving officers. The material also outlines the organisation’s roles and responsibilities in terms of care of police staff who are victims / survivors **Saver/Naver (2007)**. However, it highlights the perceived discrepancies in funds available to former Police and Prison Service personnel as opposed to former qualifying members of the UDR. While a number of small sectoral groups dedicated to advocacy work on behalf of victims and survivors are able to display and disseminate materials made available to them. Consequently, they are not always in a position to provide all the information they would like to their clients. For example, Relatives for Justice, in their contribution by telephone to this review commented that compensation monies, considered as savings by the benefits agencies, can result in those people not being able to access social security benefits. They give an example of assets bought with compensation funds. While this review is primarily based on a literature trawl – these comments are included as pertinent to any future needs analysis.

- **Need for appropriate financial support from awarding bodies**- one of these sources is the Northern Ireland Memorial Fund (NIMF), which was evaluated by **Deloitte 2005**. NIMF produced a report following consultation with victim support groups on NIMF’s effectiveness in meeting the needs of victims (**NIMF 2008**).

- **Need for a collective voice - Trauma Recovery Network (2006)** in its response to the Interim Commissioner for Victim's and Survivors proposed models for a forum to acknowledge the need to protect the financial affairs of victims and survivors with as their capacity decreases with the passage of time.

#### 4.7.2 FUNDING OF THE SECTOR

The principal administrators of funds available to groups working within the sector are the NICRC and CFNI. The principal funding streams are from the European Peace 2 and 3 programmes and from Government. A number of explicit pieces of work are funded by the NIO and those with an emphasis on restorative justice and work with former combatants have received match funding from Atlantic Philanthropies. A review of their annual reports indicates the levels of contribution made by each body.

- **Need for adequate funding of the sector overall - CFNI (2003)** provides a summary of good practice in victims and survivor groups highlighting the work of their funded groups. It provides an analysis of their services offered, the beneficiaries and challenges and obstacles to the continuation of that work. **Kelly (2008)** further considers the contribution made by CFNI to supporting the development of locally based self-help victims and survivors groups with a view to building capacity. In light of the changes that the Review of Public Administration could bring, it would be helpful to have clarity regarding funding being ring-fenced by Councils for victims' groups (**Saver/Naver 2007**).

#### 4.8 SOCIAL ISSUES – ISOLATION, SEGREGATION & EXCLUSION

The literature review found that there was a:

- **Need to address social exclusion** - Social exclusion and the structural inequalities faced by victims and survivors of the conflict are considered by **Hillyard et al (2003)**. The barriers limiting full engagement with civic society are particularly pertinent to those living with disabilities (both physical and psychological) and those who are perceived to be at the margins of society including former pro and anti-state combatants including prisoners Pertinent materials to the Commission's work on social exclusion and reintegration for non-state combatants can be found in the resources and views held in a number of ex-prisoner groups, including Coiste, Epic, Tar Anall, Teach na Failte, Prisoner's Aid as well as in the work of NIACRO and Base 2. (**Snodden/Epic 2004, Teach na Failte 2000, Spence 2002, Hamber 2005**).

- **Need to reduce social isolation** – **Snodden (2005)** acknowledges the link with social isolation and sectarian segregation at a collective level for loyalists while Spence, (2002) discusses the stigmatisation of the children of loyalist prisoners and a parallel experience for children of republican ex-prisoners is explored by **Déagóirí le Chéile (nd)**. The social isolation of former security service personnel, their families and those that grieve them are considered by **QE5 2008**. The isolation of women is looked at by **Boydell et al (2008) and McLaughlin (2008)**.
- **Need to address social segregation** - Social segregation in Northern Ireland has produced considerable fear and immobility in particular in rural areas **Hamilton et al. (2008)**. A legacy of the conflict in rural areas, **Templer and Radford (2007)** and the brutality and separatism in border areas, in particular saw an entrenchment and polarisation of views that has left an inter-generational bequest of mistrust and intransigence of the 'other' (**Boydell et al 2007**) and some might even suggest a **legacy** of missed opportunities.

#### 4.9 EDUCATION, TRAINING & EMPLOYMENT – SOCIAL SEGREGATION

Restricted access to education, training and employment as a direct consequence of the conflict has occurred for particular groups of victims and survivors (for example former combatants and women. The literature review found that there was a significant need for support in these areas:

- **Standards of Good Practice** – **South West LSP (2006)** have produced a standards manual for counselling and befriending services addressing the need for both integrated and specially tailored services for victims and survivors. This is of particular relevance to the training and employment potential of befrienders and community-based support workers who have no professional qualifications but whose existing contribution in these roles is crucial to the sector. However there is a lack of clarity about how individuals working in these roles might be assisted by Government to achieve the mandatory standards to be desired and expected. An evaluation of conflict-related awareness training delivered in the SHSSB areas, **Healey et al (nd)**, outlines the needs of service users and participants in relation to the training. It provides recommendations in respect of delivery and effectiveness of future training across the public sector. Responses by the **EHSSBS (2007)** to the DHSSPS consultation on *Standards of Good Practice for Counselling* indicates concern about how the valued use and status of community-based befrienders and voluntary support workers with no accredited or professional qualifications might be furthered as universal standards are developed.



- **Need for economic and social activity** - Tomlinson (2007) outlines the benefits of economic and social activity to those suffering the effects of trauma. The needs of ex-prisoners and their families are discussed by Snodden/Epic 2004 and Hamber and former members of the security forces by QE5 (2008).

#### 4.10 HEALTH – PHYSICAL & MENTAL WELL BEING

In relation to health two main sub-categories of need arise and are recognised by all of the TAPs. One relates to physical health; the other to mental health and well being - and each of these is considered in turn below.

It is noteworthy that a number of publications focus on the needs of survivors to address *both* these areas (Manktelow 2001, 2007, NISRA 2004, SHSSBS 2006/Mullan 2006). And that acknowledging the necessity to address this are a number of leaflets and good-practice guides have been produced by the boards, trusts and statutory services (e.g. Royal Hospitals 2008,).

It is of further note that McDougall (2007) recognises as models of good practice the value of both the Primary Care Link Worker Service and GP Training designed and implemented in the Northern Board area to assist victims and survivors regionally and locally.

There are many instances where individual needs which must be met in terms of practical service delivery also interface with the needs of the community more generally. Summerfield, D. (2000) considers how personal recovery is grounded in societal recovery and that rights and issues of social justice shape collective healing. To that end, this section on health and the following section on dealing with the past have close links.

##### 4.10.1 PHYSICAL HEALTH

- **Addressing chronic pain is a specific need for some** - The challenge to identifying and accessing a specific victim/survivor client group with chronic pain has been established by the EHSSB (2006) based on the audit of pain clinics carried out on its behalf by the Mater Hospital Trust.
- **There is a need to be able to access services in a timely manner** Hamilton et al 2004 outline the delays faced by people in accessing specialist services.
- **Some groups may need support and encouragement to come forward to access services** - A reluctance by former Republican prisoners to seek

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support for their physical and mental health needs has been identified by **Beyers (2007)** who suggests that “*while ex-prisoners may reject the use of the term ‘victim’ it is widely accepted the Conflict has had adverse effects on individuals, their families and communities*”.

- **Past, serving and the families of Police Officers can have different combinations of needs** – The needs of past, serving and the families of Police Officers, can span bereavement support, disability adaptations and chronic pain management. These are outlined by the **Northern Ireland Police Fund (nd)**. It is important to note these specific combinations of needs are not exclusive to police officers. Other client groups require similar combinations of support.

#### 4.10.2 MENTAL HEALTH

- **Need to acknowledge that the ‘Troubles’ have affected mental health** – find that “*‘Troubles’-related trauma has a direct effect on the presentation of schizophrenia in Northern Ireland*”. Research **Mulholland et al (2008)** conducted by the School of Psychology at Queen’s University, Belfast into the Legacy of the Conflict (**QUB ND**) documents the nature and extent of conflict-related experiences on mental health and social attitudes with a study including 2000 participants from Northern Ireland and 1,000 from the Republic’s border counties in which one in ten of those surveyed report Post Traumatic Stress Disorder (PTSD) symptoms.
- **Need for timely and straightforward access to mental health services** - **Bamford, Muldoon et al (2005)** found that accessing the health and social services provisions remains full of hurdles for some victims and survivors (**SHSSBS 2006/Mullan 2006**) and it has been suggested that they are ‘not proactive in meeting chronic need’ with a focus on the Board’s relative understanding of visible, physical needs as opposed to psychological well-being. **Sperrin and Lakeland Trust (2007)** provides further insight into needs in this area and it was in turn influenced by the **Foyle Review of Mental Health Services (2003)**.
- **Need to provide additional training for health care professionals** - Whilst **Connolly (2007)** considers developmental needs and mental health issues within the Whiterock area of West Belfast, much of the findings are applicable elsewhere in Northern Ireland, (irrespective of community or ideological background). This includes the need for additional training to develop the expertise of health care professionals as a more nuanced understanding of mental health related to conflict develops. In addition, A number of studies draw similar conclusions, “*The Government need to provide more support for families and parents affected by violence, living in segregated environment and hampered in their own ability to build*



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*bridges with neighbouring communities. Educators and other members of civil society working to encourage cross-community links need to be given adequate and sustained support” (UN, 2000:14).*

- **Need for specialist services** - An evaluation by **Capita (2003)** focuses on the specialist services required for those individuals who experience psychological problems. The report cites concerns about accessibility of regional specialised services. In keeping with Commission’s thinking, the authors acknowledge the requirement for evidence-based service planning for the long term. They also point out that, at the time of writing (2003) voluntary and community sectors were bridging the gaps in statutory service provision. An emerging literature on self harm and completed suicides indicates that further work is necessary to address the links between the mental well being, the Northern Ireland conflict and suicide and self harm (**Tomlinson 2007**).
- **Need for better support for carers, professionals and clergy** – There is a need to address the levels of burn-out in carers (**SHSSBS (2006)/Mullan (2006), CRC 2006**), of those experiencing secondary trauma including the clergy (**Leavey et al 2008**). The need for greater development and provision of training for carers within voluntary and community sector has been raised by CRC (2006). The value of further support and training for GPs has been raised by the Northern Board.

#### **4.11 DEALING WITH THE PAST / BUILDING FOR THE FUTURE - RECONCILIATION**

The report of the Consultative Group on the Past (and the availability of the submissions made to it) can be expected to provide a rich source of material relating to the needs of those wishing to consider further how the building for the future might be best separated out from dealing with the past. It is anticipated that the concept of reconciliation, considered earlier (See Section 1.3), will feature within that report.

- **Reconciliation** - The definition of reconciliation explored by Hamber and Kelly (2005), Kelly and Hamber (2005) is considered further by Wilson (2006a and 2006b). Whilst much of the practice based and published work of faith-based organisations (including Corrymeela, the Irish School of Ecumenics and Glencree), the concept of reconciliation is ‘not accepted as a desirable common goal by all.’ (**NIAC 2005:12**).
- **There is a key need to address ‘truth and justice issues’** - This is the case for victims and survivors from all backgrounds. Much of the groundwork in relation to ‘truth and justice issues’ was carried out by Democratic Dialogue (**Hamber 2001, 2003**). This work laid the ground for

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consideration of how the past will shape the future and the Healing Through Remembering Project (2002) has sought to ‘*identify and document possible mechanisms and realisable options*’ for furthering this end. **Bell (2003)** and **McEvoy (2006)** respectively consider the different needs that victims and survivors have in terms of options for truth recovery

- **There is need to ensure that the rights and interests of victims and survivors are mainstreamed into governmental thinking** - The needs of individuals and communities vary considerably in terms of what they require to deal with the past or build for the future. The organisational responses to a variety of diverse Government consultations including, (but not exclusively) A Shared Future, the Review of Public Administration the Bamford Review on Mental Health and Learning Disabilities and the development of the Crumlin Road Gaol and Girdwood Park and Maze sites provides a rich seam of data on the needs of victims and survivors as they intersect with specific departmental action plans.

This, consequently, highlights the need for the Commission to play an active role in policy development impacting on victims and survivors to ensure that the rights and interests of victims and survivors are mainstreamed into governmental policy and practice. It is noteworthy that there is an absence of any explicit reference to victims and survivors of the conflict within a number of key strategic frameworks, including the development of primary health and social care packages and the planning priorities and actions of the DHSSPS.

- **In dealing with the past, there can be a need for an overlap between advocacy and psycho-therapeutic services** - As considered earlier, the intersection between advocacy and psycho-therapeutic interventions can often be blurred. This is also the case when considering that there is no bifurcation between building for the future and dealing with the past. Examples of how this occurs can be found in much of the material which considers prisoner’s issues such as within the context of the nation-building programme of Coiste na n-Iarchimí with projects such as Legacy (**Beyers 2007**) and as a process of community activism and conflict transformation (**Shirlow et al. 2005**).
- **There is a need to identify partners to the sector wishing to ‘build the future and reflect the past’** - There is a role to be played by the Churches (**McBride 2006**). Early attempts to consider the ways in which a day of collective reflection on the past might be useful or supported by the Healing Through Remembering Consortium (**Healing through Remembering (2006)**) have been evaluated by **Blake (2008)**. The author concludes that there are mixed reactions to such a day.

- **There is a need for storytelling and other arts-based programmes** - The literature highlights the need to recognise the intersection between creativity and therapeutic responses (e.g. story telling). Local responses to local narratives have included recording of community responses to events and personal oral histories (**An Crann (2000)**, **TWN (2006)**, **Healing through Remembering (2005)** **Kelly (2005)**, **Mullan (2006)** comments on how these are then drawn on to develop an understanding of communities' responses as well as to inform a larger meta narrative in terms of commemoration and memorialisation, individual health and well being.
- **There is a need to consider the importance of material culture as a tool for healing and remembering** - A record of memorabilia, material culture and artefacts connected to the Conflict has been collated by **Brown (2008)**. This audit, along with a catalogue of suggestions and proposals relating to the development of a living Memorial museum (**Pubrick 2007**), has been developed under the auspices of the Healing Through Remembering Project.
- **The needs of specific client groups merit attention** - Issues relating to women are considered in Section 4.12. Trans and inter-generational issues are addressed in Section 4.14. Issues relating to particular groups e.g. children and young people, and the families of Police (**Black 2004**), and Prisoners (**Deagori le Cheile**) are addressed here also. There has been little written material about people living with disabilities as a direct result of the conflict produced by the disability sector, and the specific needs of gay and bisexual men in terms of mental health issues is briefly touched on by (**McNamee 2006**).
- **There is a need to acknowledge and promote good practice** – In order to promote good practice in support the needs of victims and survivors, there is a need to acknowledge, disseminate and promote good practice. This could be done through the audits and comparisons of existing projects, such as **Healing Through Remembering (2005)**.

#### 4.12 GENDERED PERSPECTIVE

Due to the death, illness, injury and / or incarceration of other family members women's opportunities for academic and employment were limited and restricted i.e. as their role as carers intensified. Anecdotally, it has been found that the impact of the conflict had, in some cases, profound impact on their health and psych-social needs.

- **There is little information on the gender-specific needs of victims and survivors** - Writing in 2006, Training For Women Network found that,

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*“The dimension of gender in the conflict in Northern Ireland has been largely hidden”* TWN (2006). The marginalisation of women’s issues and gendered discourse is discussed in terms of the Holy Cross and McCartney affair explored by way of an analysis of media representation of women and girls by Ashe (2006, 2006, 2007). Potter (2005), suggests that women are the principal ‘living victims, of the Troubles and writing on the predominance of women in voluntary and community organisations. He also acknowledges their under-representation within Government and local Government and argues that the chances of peace are enhanced ‘by equipping women who have been most affected by the conflict with the skills, qualifications and capacity to participate more fully in their communities, civil society economic life and political structures’. Templer and Radford (2007) and Boydell et al (2008) endorse this view and further find that the direct and indirect impact of the conflict on women’s lives resulted in different manifestations of loss and trauma to those of men. Consequently, different positive and negative coping strategies have emerged for women. These in turn have impacted on both the medicalisation and pathologicalisation of health issues for women and on their levels of material and social poverty.

- Women as principal carers throughout conflict have been alluded to elsewhere in this literature review, (including QE5 (2008) and Boydell (2008). Their needs are explicitly addressed by McLaughlin (2008) who draws on the voices of women to consider their roles as explicit peace-builders and Radford and Templer (2008) highlight how their roles as community carers, activists, educators and co-ordinates require further support. And a number of oral history projects that highlight the stories and narratives of women, attest to their value rather than their peripheralisation within communities.

#### 4.13 COMBATANTS - EX-PRISONERS AND FAMILIES, SECURITY SERVICES PERSONNEL

*‘While there is a definition of a victim in the Victims and Survivors (NI) Order 2006, there is no consensus on the definition of a victim and survivor within the community’* (McDougall 2007).

MacBride (cited in Hamber and Wilson 2003) argues that all victims including those of state violence deserve equal recognition. And McDougall (2007) states that *‘where an individual has a need arising out of the conflict, be that a need for counselling, befriending or practical help, that need must be met’*.

The most challenging and underdeveloped area of debate within the sector appears to be definitions and routes to inclusion of a diverse range of

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victims/survivors when the focus is firmly on the inclusion of former combatants from pro- and anti-state positions, including Republican and Loyalist groups (Victims Unit 2003, Thurston 2005). This dichotomy can be evidenced in research carried out by the Northern Ireland Human Rights Commission (NIHRC, 2003:6), which found that, “*there are those who feel that ‘real’ victims had no choice over life, death or injury, whereas perpetrators had the choice whether or not to take part in premeditated acts of violence*”. The lack of desire by many Republican ex-prisoners to be considered a victim is considered by Beyers (2007).

#### 4.13.1 EX-PRISONERS AND FAMILIES

- **Funding** - Groups representing politically-motivated former prisoners are able to access funding for practice and research-based work through a number of routes that are also open to all victims and survivors. They can also source funds from sources explicitly ring-fenced to deliver a comprehensive support structure for former prisoners and their families NIVT (2001). Shirlow et al (2005), Shirlow (2007, 2008) and others including Déagóirí le Chéile (nd), Hamber 2005) evidences how these funds enable ex-Prisoners to become involved in a variety of peace building and policy development projects.
- **There is a need to tackle social exclusion** - The social exclusion of former prisoners and their families are considered by Hamber (2005), Thurston (2002), Jamieson and Grounds (2002). Conroy et al (2005) look at the process and needs which arise from displacement. And Spence (2002) considers the needs for ‘*support to help rebuild and fortify relationships with individuals and with their community*’.
- **There is a need to tackle exclusion from employment** - Barriers to ex-prisoners accessing employment is addressed in *all* the materials produced by ex-prisoner groups.

#### 4.13.2 SECURITY SERVICES PERSONNEL

In relation to security services personnel, the literature review found that:

- **There has been limited material written that relates specifically to the needs of security service personnel and their families** Far fewer attempts have been made to capture the oral histories of the security services (see for example UDR 2005) publication. However Paterson et al. (2001), Snodden (2005) and Hamilton et al. (2004) all flag up their needs in terms of the emotional, psychological, physical and financial challenges being faced. Similarly, QE5 (2008) considers the results of a

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needs analysis carried out by questionnaire, in local interviews and focus groups, with former members of security forces comprising Phoenix's 7,545 regional membership. It highlights areas of need including health, welfare advice and support, social isolation, loss of status, skills deficit and employment.

- **Zurawski (2001)**, exploring issues of identity and violence in Northern Ireland, suggests that those considered '*legitimate*' targets because of their roles within the police service, the army or as prison officers, tend to be viewed collectively by their profession, rather than as individuals or as family members.

#### 4.14 TRANS & INTER-GENERATIONAL NEEDS

There is a growing awareness of the trans- and inter-generational impact of there being victims and survivors in families. **Harrison and Healey (2004)** highlight '*Failure to identify and intervene early and treat traumatised children may increase probability of psychiatric morbidity in adulthood.*' And both **Tomlinson (2007)** and **Beattie et al (2006)** consider the impact of the conflict on suicide and self harm amongst young people.

- **The needs in this area are addressed explicitly in international literature, but less so locally** – The United Nations Report to the General Assembly on children and armed conflict states that, "*The Government need to provide more support for families and parents affected by violence, living in segregated environment and hampered in their own ability to build bridges with neighbouring communities. Educators and other members of civil society working to encourage cross-community links need to be given adequate and sustained support*" (**United Nations, 2000:14**).
- The extent to which the impact of Conflict is passed on through families intentionally and unintentionally is an area that requires some considerable attention and which has been addressed explicitly in international literature, but less so locally and consequently requires a much more comprehensive focus to support both service planning and delivery in the medium to long-term (**Burrows and Keenan 2004a, 2004b, 2004 c**).
- **Children and young people are at considerable risk of being affected - Feldman (2002)** writing on Northern Ireland as being in what he describes as a comparative transitional status – considers children to be vulnerable targets of violence and aggression pathologicalisation of childhood 'authors of violence bearing the unmediated social horrors of the past'. How this plays out for young people with connections to armed groups is also evidenced in the comparative work of **Brett and Specht (2004)** whose fieldwork in West Belfast considers the peer and family cultures



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and pressures which results in young people normalising and internalising culture of sectarian violence. This is evidenced in the play practices of some young people by **McKeown (2001)** and in the work of **Stewart et al. 2005**.

Comprehensive research into children's rights by the Northern Ireland Commission for Children and Young People recognises this when it considers the legacy of the conflict through a rights-based exploration of children and young people with a focus on statutory services (**Kilkelly et al 2004**).

The need to address this legacy of the conflict through inter-community work for youth is to the fore in the application of the **JEDI** (Joined in Equity, Diversity and Interdependence) model core to the working of the Community Relations Council and the Youth Council of Northern Ireland consequently evidenced in the core funded inter and intra community work of both organisations. The challenges (as well as the positive responses) to those principles facing those engaged in specifically conflict-related youth work can be found in much of the youth-produced work of Wave (**Peake 2001, WAVE 2003**) and other organisations focussed on community relations specifically within the context of the conflict for young people (**Smyth 2007**) and resources and therapeutically-based programmes such as those produced locally in partnership working - see, for example [www.enablingyoungvoices.org](http://www.enablingyoungvoices.org) **Stewart and Thomson (2005), Wider Circle 2008**.

- **There could be a benefit in examining the impact over the longer term** - Surprisingly few authors, (notable exceptions being, **Burrows and Keenan (2004a & b & c), Healey (2004), Muldoon et al. (2000 and 2005), Smyth M et al. (2001 and 2004, Kennedy, L (2003) Murphy 2004**), have given long-term commitment to focus on the impact and legacy of conflict on young people and their families in the local context. (It is pertinent here to remember that between 1969 and 2003, 274 children and young people up to the age of 17 lost their lives as a direct result of the troubles **Smyth et al., 2004**).
- **There may be a benefit in focusing on young people's needs in particular areas** - There are a number of pieces of work which focus on the needs in particular areas or related to specific issues or incidents involving children and young people for example in different areas of North Belfast and Derry/Londonderry areas which saw the highest number of fatalities and casualties: **North Belfast Community Research Project (2003), Cadwallader (2004), Droichead an Dóchais (2005), McAvoy-Levy (2007), Roche (2005)**, and with the children of ex prisoners (**Hall 31 and 74, Spence 2002, Jameson and Grounds (2002)**), loyalist activists (**Snodden 2004**) and service personnel (**Black 2004**). **Kennedy (2002)**

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highlights the experiences of children who are the victims of paramilitary ‘punishment’ beatings and exiling.

- **There is an important need for respectful and sensitive consultation and engagement with young people affected by the Conflict** - It is noteworthy that some young people with direct experiences of the conflict and its legacy are concerned about the quality of their engagement in research projects and the benefit to them and to wider society – *“We felt marginalised, like lepers or something – they made us feel more marginalized than we ever felt ourselves” Déagóirí le Chéile (nd).*



## 5 GAPS IN CURRENT KNOWLEDGE AND KEY AREAS FOR FURTHER RESEARCH

### 5.1 THE SECTOR'S ROLE IN IDENTIFYING GAPS

Within the terms of reference of this exercise, we have sought to identify the key gaps in relation to the information on needs. However, we would point out that given the scale and complexity of the subject matter relative to this initial literature review, the following are at best sign posts. The reader should not assume that this is an exhaustive list of gaps. Moreover, we propose (See Section 6) that CVSNI consults the sector on how to proceed with a comprehensive review of needs so that further suggestions on gaps, not identified in this time-limited study, can be highlighted.

### 5.2 GAPS IN THE LITERATURE REVIEWED

A key gap is that **no single, clearly identifiable, comprehensive repository** for information on the needs of victims and survivors currently exists. Whilst the scale and complexity of such needs may render the establishment of such a repository elusive, nevertheless, it would be helpful to explore to what extent this could be achieved either directly or through shared access to information and resources across organisations / groups operating in this field. (n.b. the Family Trauma Centre highlight a need for all the relevant research and publications to be accessible from one central location).

Whilst there is a large focus in the literature available to the researchers on the subject of truth recovery, justice and acknowledgement, the literature review has revealed a number of factors, which CVSNI may wish to consider as it takes forward the comprehensive review of needs. These are:

- **The potential to understand needs through non-verbal material** - A literature review is, by definition, an analysis of written material. However, it is imperative to recognise the diversity of practice including arts-based and projects and materials developed by some groups / organisations which address the therapeutic needs of victims through *non-verbal* as well as verbal methodologies. It may require a change of focus by those carrying out a needs analysis to consider how healing and processing the past can sometimes be supported through the abstract arts rather than narrative and storytelling initiatives. For example, WAVE projects such as **Don't You Forget About Me** and **Express Yourself: Every Pictures Tells a Story** exemplifies work on remembrance and acknowledgement as well as highlighting the need for skilled facilitators and counsellors to support and process participants' needs. The approach is used by many other groups including the **Relatives for Justice**

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## ‘Remembering Quilt’ and the programmes of the Northern Ireland Music Therapy Trust.

- **The potential to understand needs through media reporting-** It is noteworthy that none of the organisations and libraries under review kept a media catalogue of printed or broadcast journalism relating to victims and survivors, nor of Parliamentary Questions. There is a body of material to be gleaned from within the local and international broadcast media and print journalism. Their libraries might be further explored as a part of any future needs analysis.
- **The importance of including the voice of smaller groups** - It has been established elsewhere (**Radford and Templer 2007**) that many of the smaller groups, valued by members of the sector for providing the most intimate and tailored services, are not yet in a position to connect with larger groups and are often those with the least resources. It is therefore unsurprising that such groups were not in a position to provide literature in the form of newsletters, articles, journals or consultation responses to set out their needs, rights and requirements. In a comprehensive review of needs, it would be important to consider how the needs of victims and survivors served by such groups could be heard.
- **New media** –A number of new media projects that focus on victims and survivors are beginning to emerge. It would be of value for the comprehensive needs analysis to take note of the process and narratives outlined in these (e.g. the contribution of the Northern Ireland participants in The Forgiveness Project <http://www.theforgivenessproject.com>) along with broadcast media.
- **Evaluation of and experiences of complementary therapies** – We found nothing in the literature that pulls together the perceived need, cost and actual outcomes achieved in the provision of ‘alternative therapies’ and ‘befriending services’. These appear to be key areas of service provision to victims and survivors.

## 5.3 KEY TOPICS FOR FURTHER RESEARCH

### 5.3.1 TOPICS OUTSIDE THE REMIT OF THIS INITIAL REVIEW

- **Memorialisation & commemoration** – These topics were outside remit of this exercise. However, such issues would warrant consideration by Commission in the content of a comprehensive review of needs. There is a need to visit the challenges faced by ‘official’ ‘unofficial’ memorialisation. The report of the **Healing Through Remembering Consortium (2002)** analyses the results of a consultation on how different projects aimed at

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forwarding processes of memorialisation and remembering events connected to the conflict might contribute to individual and societal healing. Again, such material would be of value in the context of a wider assessment of needs.

- **Mainstream service provision** – In the context of a comprehensive review of needs, CVS may wish to undertake an audit of government consultations as soon as possible for their potential impact on the needs of victims and survivors and the sector as a whole – e.g. in terms of sustainability, etc.
- **Potential need for a living museum** - Given the political and historical aspects of the issues, there has been some considerable attention given to both the material and symbolic importance **Fitzgerald (2006) (Brown 2007)** of the possible need for a living Museum and processes of commemoration (**Pubrick 2007, Brown 2008**) Northern Ireland Memorial Fund. This area may merit further research.
- **Audit of home visitations and related services** - Audit of those providing home visitation services and links between befriending initiatives and practical support in terms of statutory service provision and information dissemination to those who are immobile, disabled, housebound, elderly or otherwise and the benefit of home visitation services may benefit from being revisited.
- **The needs of health and social care staff and other associated roles in providing services to victims and survivors** – As statutory service providers, this area would merit further examination in the context of a wider review.
- **Need to review the work of key statutory bodies – For example**, it would be beneficial to evaluate and review the role of the TAPS and work for CVSNI to work with them to develop more shared and joined up working methods.
- **Need for partnership approaches** – For example, there may be benefit in CVSNI exploring further the opportunities for partnership working through / with various organisations / groups such as Victim Support.
- **Need to develop linkages across the sector** – For example, CVSNI are on record as wishing to develop links within the children’s sector, including NICCY. Additional connections with the Youth Council for Northern Ireland and Contact Youth to develop practice /research/ evaluation partnership work conducted for and by young people on the social legacy of conflict-trauma related issues and its impacts on families would also be of value.

- **Potential need for one stop shops** - Explore the need and potential for and examples of one-stop shops
- **Need to clarify terminology** – There appears to be a need for definitive and explicit guidance from the Commission by many victims and survivors of Conflict as to the meaning and parameters of the term ‘psychologically injured’.

### 5.3.2 FURTHER TOPICS IDENTIFIED BY THE LITERATURE REVIEW

Their absence or, at best, limited exploration of the following topics in the available literature suggests that further research would be valuable in the following areas:

- Benefits and employment rights;
- Housing issues;
- Interfaces;
- Responses to sectarian and domestic violence;
- Suicide and self harming (including substance abuse);
- Reviews of public finances and administration;
- The development of public sites of social significance; and,
- The role of promoting citizenship and peace-building all in instances where there is an absence or merely an implied presence of victim and survivors.

The need for further debates within the sector on the above issues is particularly noteworthy given the remit of the Commission and its explicit intention to find ways to mainstream victim and survivors’ needs into general service provision and to further policy development.

### 5.3.3 FURTHER NEEDS SUGGESTED BY ORGANISATIONS / GROUPS

As a result of the telephone contacts, a number of organisations identified needs that are not covered by the typology used in this initial review. These were:

- The safety needs of people regarding their security;
- Safety of information;
- Interaction between individual and organisations sensitivity and confidentiality;
- Practical needs not just personal finances but additional costs required to adapt homes; and,

- Information on where to go for advice and support.

### 5.3.4 THE ROLE OF ORGANISATIONS

#### **Organisations that incorporate survivors and victims matters into their core working**

Furthermore, and also beyond the terms of reference of this review, it is pertinent for the Commission to acknowledge the value of the literature and practice-based work of organisations who explicitly incorporate survivors and victims matters into their core working but who are not considered to be a part of the sector. This includes (but not exclusively):

- Carers Northern Ireland;
- Contact Youth;
- Cruse;
- Northern Ireland Music Therapy Trust;
- Pips – Suicide Prevention Agency
- Royal National Institute for the Deaf (RNID);
- The Samaritans;
- Victim Support;
- Women’s Aid; and,
- Various local and regional ex-service men and women’s support groups.

The specific needs identified and the way in which such needs are met could provide further insights into the needs of victims and survivors.

#### **Organisations that seek to mainstream needs of survivors and victims**

In addition, the mission statements and aims of a number of statutory bodies that purport to recognise the need to mainstream the needs of victims and survivors into their work practices would merit examination. Again, the specific needs identified and the way in which such needs are met could advance understanding of the needs of victims and survivors.

#### **Churches & Faith Communities**

Part of the work of the churches in inter-community and ecumenical developments is to address the roots and reach of sectarianism. Such work may merit attention in the context of a wider review of needs.

## **Victims' Forum**

Finally, the options for the workings of a Victims' Forum, a notion of the Commissions Forum raised by **McDougall (2007)**, is also noted by the **Trauma Recovery Network (2006)** as an appropriate mechanism for addressing the needs of victims and survivors and which corresponds to some of the issues raised by **Connelly (2003)**.

## 6 OUTLINE STRUCTURE OF COMPREHENSIVE NEEDS ASSESSMENT

### 6.1 OVERVIEW

Whilst recognising the complexities and imperfections in the available data sets, and the very significant attendant challenges in their interpretation, CVSNI is committed to striving to ‘put numbers to needs’ as best possible.

The terms of reference require us to, “*Make recommendations regarding the outline structure of a comprehensive needs assessment*”. Consequently, we have set out, Sections 6.2 to 6.7 below, a number of key points which CVSNI may wish to consider in the design and conduct of the Comprehensive Needs Assessment (CNA).

### 6.2 KEY ISSUES

- **URGENCY - The urgency of initiating the CNA, and deriving meaningful results from the first phase of assessment, cannot be overstated.** The reality is that some victims and survivors still have needs, which are not being met. Needs can be exacerbated with the passage of time and hence it is crucial to redress this situation as soon as possible. As the CNA progresses, and more detailed information becomes available, CVSNI (in partnership with the Forum, whenever this is established) will be in an increasingly better position to make evidence-informed recommendations on the spending priorities in relation to the remainder of the £36M budget for victims and survivors for the period 2008-2011. Recognising that this is a highly complex area and that perfect data upon which to make decisions is not currently attainable, and is highly unlikely to ever be so, we contend that **sound judgement** and **pragmatism** will need to feature strongly in how the CNA proceeds, at least, in Phase 1.
- **ITERATIVE PROCESS** – Needs change with time and can be influenced by a wide range of factors. Hence the conduct of the CNA will need to be an **iterative process**; over a number of years, not a one-off exercise. A clear project plan setting out a **phased approach**, with **clear milestones and deliverables** should be developed to ensure that tangible outcomes are delivered at specific points.
- **INVOLVEMENT OF THE SECTOR** – **Meaningful involvement** of the sector will be crucial to better understanding the nature, scale, complexity and priority of needs and how best to address such needs. **Strengthening the working relationship** between CVSNI and the sector – and between different parts of the sector – should be regarded as an important factor in the way the CNA is conducted. Any organisation(s) appointed to support CVSNI with the CNA needs to understand this and be able to demonstrate that their approach to



the conduct of the CNA is consistent with a progressive development of this relationship.

- **THE FORUM** – It would be ideal if the Forum could be in place in the near future (so enabling it to contribute to the design, and possibly conduct, of the CNA). However, the timescales under which CVSNI may need to operate to attain information on the scale and location of needs (at least in Phase 1) may mean that the **Forum becomes involved at some point after the CNA has commenced**. (See indicative timescales below).
- **SPECIALIST RESOURCES** – It is difficult to envisage any single organisation possessing the full range of skills and experience necessary to undertake an exercise of this complexity, sensitivity and scale in the timescales envisaged. We consider that a **consortium approach** is more likely to possess the capacity to deliver the results required.
- **CVSNI RESOURCES** – We understand that CVSNI continues to operate in a complex and dynamic context and that staffing, to support the work of the Commissioners, is currently being considered. We believe that if CVSNI wishes to proceed with the CNA in the timescales anticipated below, then a **Project Manager and a Project Support** are likely to be needed. Each of these post holders is likely to be required to devote a considerable proportion of their time to the CNA.
- **EQUALITY IMPACT ASSESSMENT** – CVSNI should seek advice on the implications of the proposed CNA in relation to equality impact assessment.

### 6.3 GUIDING PRINCIPLES

It would be very helpful to agree a number of principles that will guide the design and conduct of the CNA. We recommend that CVSNI develops guidance on the following areas as a minimum:

*Defining the boundaries of the CNA:*

- **SECTOR BOUNDARIES** - The definition of ‘the sector’ for the purposes of a comprehensive needs assessment; and,
- **INCLUSION** - How the needs assessment will seek to be inclusive.

*How the findings of the CNA will be used:*

- **TYPOLGY** - How needs will be categorised; and,
- **PRIORITISATION** - How needs will be prioritised including how differing views on the prioritisation of needs will be handled.

## 6.4 WHAT SHOULD THE CNA COVER?

We recommend that the CNA should seek to answer the following research questions:

- *Definition of a victim / survivor. (For the purpose of the CNA, we recommend that the use of the current definition of victim and survivor as contained in the legislation);*
- *The number and distribution of victims / survivors;*
- *Mindful on the knowledge gained from the literature review, what is the nature and scale of the needs overall? (Please note that this does not suggest that the CNA should limit itself to the needs identified in the initial review; wider involvement from the sector would be crucial);*
- *To what extent can the needs this be broken down in meaningful ways e.g. perhaps by key statutory service (e.g. local government, education, health, housing, social services etc), geographically and by other factors e.g. gender, specific client groups (ex-prisoners, members of the security forces etc)?*
- *What and where are the perceived priorities? What is the rationale for such prioritisation?*
- *What are the priorities within specific client groups? Again, what is the rationale?*
- *What is the nature and scale of current provision relative to these needs?*
- *Where are the gaps in current provision?*
- *Where are the priorities in terms of addressing the gaps?*
- *What are the options and indicative costs to meet these gaps?*
- *What is (are) the preferred way(s) forward in terms of the allocation of the available budget?*
- *What are the recommended actions in the short term (1 year), medium term (2 -5 years) and the longer term (6+ years). And, what are the broad resource implications?*

## 6.5 HOW MIGHT THIS BEEN DONE & WHEN?

Ideally, if the first phase of the CNA were complete by September 2009, this would give CVSNI, and other organisations involved in the delivery of services to victims and survivors, time (i.e. between September and December 2009) to liaise and explore how the needs could be delivered in partnership during the subsequent financial year and beyond.

The estimates we set out overleaf are based what we consider would be achievable under ideal conditions (i.e. adequate resources in place and high levels of co-operation with key players). However, we recognise that many

other factors could affect the overall timescale and that an exercise of this importance, scale, complexity and sensitivity may need to be conducted over a longer timescale. The timescales below should therefore be interpreted as indicative rather than definitive.

Phase 1	Target Timescale
CVSNI develop terms of reference and issue tender	Month 1
Establish Project Management Structure & Project Support within CVSNI	Month 1
Appoint preferred organisation(s) to conduct CNA	Month 2
Preferred organisation(s) to conduct CNA	Months 2 - 9
Interim report	Month 6
Draft final report	Month 8
Final report on Phase 1 CNA	Month 9
Formal progress reviews	Months 3, 5, 7 & 9

Phase 2	Target Timescale
Review outcomes from Phase 1	Month 9
Consider how to gather remaining information on ongoing basis	Month 9

## 6.6 WHO NEEDS TO BE INVOLVED? – ROLES AND RESPONSIBILITIES & SKILLS REQUIRED

The governance structure(s) for a comprehensive review will need to be agreed in advance. The roles and responsibilities of those involved in the CNA would need to be clarified in detail. We recommend a **formal project initiation document**.

In board terms, we envisage:

- The Commissioners of CVSNI, together with a CVSNI Project Manager, acting as the Steering Group.
- The lead contact on CVSNI's Steering Group will need to have strong project management experience.

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- CVSNI’s Steering Group would need to include expertise from experience researchers who understand research and the sector.
  - The role of the sector in general and the proposed role of the Forum (e.g. as advisers to the process) should, ideally, be clarified and agreed before the comprehensive review proceeds.
  - The organisation(s) appointed to conduct the CNA would, ideally, be able to demonstrate most or all of the following:
    - Solid understanding of the sector and specifically the diversity, sensitivities and complexities;
    - Expertise in designing and conducting robust research;
    - Relevant experience of examining similar issues in other jurisdictions (e.g. Europe or internationally);
    - A track record of delivering similar, high-profile and complex research to a high standard in compressed timescales;
    - An approach which engages the sector in a meaningful way and seeks to strengthen the relationship between CVSNI and the sector; and,
    - An understanding of equality and equity considerations.

## **6.7 OTHER IMPORTANT POINTS TO CONSIDER IN THE CONDUCT OF THE COMPREHENSIVE NEEDS ASSESSMENT**

- The CNA is a highly complex exercise;
- There will be a diverse range of needs and interests to consider;
- The way in which the outcomes of the CNA are achieved and the quality of the relationship between CVSNI with the sector as the exercise proceeds needs to be given careful consideration;
- Highly diverse information and data sets will need to be managed;
- Desired data / information sets will be imperfect for a wide variety of reasons and this will make any analysis and interpretation more complex;
- The exercise will need support and meaningful engagement from the sector (ideally via the Forum) at key stages;
- It will require considerable investment of time and research funds;
- It will require a combination of skills to deliver; and,
- To provide flexibility and enable learning to be incorporated on an ongoing basis, it may be preferable to commission the research in phases.

## 7 SELECTED ANNOTATED BIBLIOGRAPHY

**Bamford Review of Mental Health and Learning Disability (Northern Ireland) (2007), *Mental Health Improvement and Wellbeing – A Personal, Public and Political Issue*. Belfast: DHSSPS**

Government sponsored report outlining the direction needed for appropriate service delivery. Recognises the need for additional resources for the day to day support and training of staff and individuals in contact with those affected by the legacy of the Conflict. These resources to include preventative measures to reduce the onset of mental ill health and an expansion of evidence-based services based on CREST (clinical resources efficiency support team) guidelines.

**Beyers, M (2007) *Legacy Project: Assessing the potential for Network Building between Republican ex-prisoner Groups and Victim/Survivor Groups*. Belfast: Coiste na n-Iarchini**

Research carried out with 18 groups servicing victims and survivors of the conflict and their existing or potential relationships with former Republican prisoners. Recommends further work be focussed on developing projects with ex prisoners to address stigma they associate with using and seeking support services.

**Black, A. (2004) : ‘The Treatment of Psychological problems experienced by the children of police officers in Northern Ireland’, *Child Care in Practice, Vol. 20:2:99-106***

Paper discussing the Police Rehabilitation and Retraining Trust's Child and Adolescent Therapy Service set up in response to an identified need within the police family to provide evidenced-based psychological therapies for child and adolescent psychopathology caused by service-related incidents and in light of uncertainty about current levels of threat. Acknowledges officers' and families' reported reluctance to utilise existing statutory child and adolescent mental health services.

**Bolton, D. (2004) *Addressing and overcoming the problems of a troubled community. A contribution to the debate on addressing the human consequences of the Troubles*. Omagh: Northern Ireland Centre for Trauma and Transformation**  
Report outlining policy and service direction for victims and survivors in response to the DHSSPS Capita report (2003) with a focus on provision of specialist psychological services.

**Bolton, D. (2006) *Responding to Trauma in Newry and Mourne* Newry: Newry and Mourne Local Health and Social Care Group**

Report focussing on non-conflict related Trauma, but which identifies Newry and Mourne as having 13% of Troubles-related deaths and the long-term emotional and psychological legacy of years of violence requiring distinctive psychological support.

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Bolton, D. and Rankin, G. (2008) Mapping of Psychological Therapies in Northern Ireland Report No. 3: The Voluntary and Community Sector

An overview of a baseline study into therapeutic services provided by the Voluntary sector.

**Boyd, D., and Doran S. (2006) *The Viability of Prosecution Based on Historical Enquiry: Observations of Counsel on Potential Evidential Difficulties* Belfast: Healing Through Remembering**

Identification of potential difficulties faced by the process of historical perspective including the effect of the passing of time on witnesses, on forensic evidence and the unlikelihood of confessions to be forthcoming.

**Boydell, L, Rugkåsa, J, Livingston, S, Hamilton J, Radford K (2008) *Women Speaking Across the Border: The Impact of the Border and the Conflict on Women's Health and Roles* Dublin: Institute of Public Health in Ireland and Derry Well Woman**

Research considering the impact of the border and the conflict on women and their families with a focus on health and on women's contribution to peace-building during and after conflict. Particular consideration given to ruralilty and to the financial and emotional impact of the loss of family breadwinners due to bereavement, injury and incarceration.

**Cairns E. And Mallett, J. (2003) *Who are the Victims? Self-assessed victimhood and the Northern Irish conflict* Belfast: Statistics and Research Branch Northern Ireland Office Report 7**

Health and Well-being focus on 1000 interviews sampled in 2001 with adults aged 18+, indicating a 12% positive response to those who perceive themselves to be victims with the figure rising to 15% when those between 18-34 or 65% were excluded.

**Cameron, D (nd) *A Cross Community Survey of the Prevalence of PTSD amongst adults living in the Greater Belfast area of Northern Ireland* Belfast: Threshold**

A survey of 164 adults from cross community backgrounds using CORE system that considers the prevalence of PTSD.

**Capita (2003) *Evaluation of Health and Social Services For Victims of Conflict* Belfast: DHSSPS** considers the changes in service provision and delivery and the impact of the victim's strategy on the needs of victims and survivors in light of *Reshape, Rebuild and Achieve* (VU 2002). Focus on the provision of specialist services and arrangements for the TAPS.

**Connolly, D (2007) *At a Post-Conflict Juncture: An Assessment of Mental Health and Development Needs in Whiterock, West Belfast* Belfast: Corpus Christi Services** - Report arguing for an increased need for mental health services within the community with the passing of time as people more ready to acknowledge need and seek assistance and that health service providers now have a more nuanced



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understanding of mental health and require further experience, knowledge and expertise to adequately address existing and growing needs. Suggests that inter and intra community tensions arising post-conflict cannot be divorced from the 'Troubles'.

**CRC (2006) *Who Cares for the Carers?: A study into the issues affecting Carers of victims of the Northern Ireland Conflict* Belfast: Community Relations Council**

The physical, financial, psychological and emotional needs of carers including the availability of information and advice, social support, respite and care for carers, financial recognition and consistent local-based support.

**Droichead an Dóchais (2005) *Too Much Hurt: The Shooting Dead of Six Men in the New Lodge in February 1973: The Long Term Impact of a Conflict-related traumatic incident in an urban area* Belfast: Droichead an Dóchais**

The identification of the trans-generational impact of the New Lodge shootings in 1973 on first and second generation family members in their own words.

**Eolas Project (2003) *'Consultation Paper on Truth and Justice: A Discussion Document'*, Belfast: Relatives for Justice**

Results of a three day residential on truth, justice and truth recovery addressing strategies for dealing with the past from the perspective of organisations and individuals from victims and former political prisoners from Republican and Nationalist communities.

**Gillespie, K., Duffy, M., Hackman A., and Clark, D.M. (2002) 'Community based cognitive therapy in the treatment of post-traumatic stress disorder following the Omagh bomb. *Behaviour Research and Therapy*, 40, 345-357**

Findings of a study of 91 patients with PTSD treated with community-based cognitive therapy over a series of 8 sessions, which notes a significant and substantial improvement in PTSD symptoms.

**Griffiths, H (2006) *Evaluation of Cunamh Bloody Sunday Support Service* Derry: Cunamh**

Evaluation of service delivery to community and families experiencing additional stress and mourning as a result of the Saville Inquiry. Issues of trust, grief management, re-traumatisation and appropriate therapeutic interventions.

**Hall, M. *The Island Publications:***

- (nd) **No. 27 *Seeds of Hope*** considers Republican and Loyalist ex prisoners perspective of the future;
- (2000) **No. 31 *Left in Limbo*** Views and needs of the children of Republican prisoners.
- **No. 39 *The Forgotten Victims*** the perspectives of the past and future by Community Group H.U.R.T.,



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- **No. 40 *The Unequal Victims*** family reflections of the families associated with the Loughgall Truth and Justice Commission
  - **(2002) No. 42 *In Search of a HAVEN*** experiences of a group with membership in Donegal Road and Sandy Row areas of Belfast part of a “New Voices” Project
  - **(2003) No. 52 *A Lifetime’s Legacy*** a cross community exploration by victims and survivor members of WAVE considering their needs in terms of Truth and Justice.
  - **(2005) No. 74 *Still in Limbo*** Young people from Tar Anall Youth Project looks at legacy of the conflict in context of punishment beatings, shootings, anti-social behaviour and suicide.

**Hamber, B., and Kelly, G. (2005) *A Place for Reconciliation? Conflict and Locality in Northern Ireland Report 18* Belfast: Democratic Dialogue**

An examination of the role of community and voluntary groups and their relationships with local government in facilitating community reconciliation. Based on fieldwork carried out in Armagh City and District Council, Omagh District Council and Ballymena Borough Council areas.

**Hamber, B., Wilson, R. (2003) *‘Recognition and Reckoning: The Way Ahead on Victims Issues’ Report 15*, Belfast: Democratic Dialogue**

Edited volume based on a series of roundtable discussions and papers which address a variety of responses to the consultation on *Reshape, Rebuild and Achieve* from a policy development perspective of service delivery, acknowledgment and recognition.

**Hamber, B., Kulle, D., Wilson, R., (2001) *‘Future Policies for the Past’ Report 13*, Belfast: Democratic Dialogue**

Edited volume from Democratic Dialogue Think tank with contributions from Duncan Morrow on Reconciliation, Brandon Hamber on Commemoration, Bill Rolston on State Killings, Marie Smyth on Trauma, Ken Bloomfield on Compensation. Responses by Brian Lennon, Avila Kilmurray, Dave Wall, Karola Dillenberger and Sandra Peake.

**Hamilton, J., Byrne, J., and Jarman, N., (2004) *‘A review of Health and Social Care Needs of Victims and Survivors of the Northern Ireland conflict.’* EHSSBS TAP**

Research with a small sample that identifies the difficulties experienced by Victims and Survivors in accessing services and an increase in need since the ceasefires. Considers transom-generational trauma.

**Hamilton, J., Bell, J., Hansson U., (2008) *‘Segregation and Sectarianism – Impact on Everyday Life; Shared Space 6: 35-51***

A synopsis of a study in Castlederg and Newtownstewart which draws on spatial segregation and sectarian geography and territory to consider issues of social exclusion that exists in shopping, schooling and employment choices and practices.

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**Hayes P., and Campbell, J, (2000) Dealing with Post-Traumatic Stress Disorder: The Psychological Sequelae of Bloody Sunday and the Response of the State Services** *Research on Social Work Practice* 10(6) 705-720

A consideration of the PTSD experiences of some families involved in Bloody Sunday and the high levels of psychological trauma they experience. It concludes that families had not received services, which might have provided timely help in their recovery.

(2005) *Bloody Sunday: Trauma, Pain and Politics*  
London: Pluto Press

**Healey, A. (2004) A Different Description of Trauma: A Wider Systemic Perspective – A Personal Insight** *Child Care in Practice Vol. 10, no2: 167-184*

Paper providing the professional experiences of the Director of Northern Ireland's Family Trauma Centre into the needs arising from of a culture of silence which continues to envelop families, communities and therapists. Considers the persistence of continuous trauma and paramilitary punishments in a time of ceasefires and reflects on the impact of secondary trauma on therapists.

**Healey, A., Blaney E., and Harrison E., (nd) The Impact of the Troubles; An Evaluation of a Programme of Troubles Related Awareness Raising Training Delivered to Health and Social Services Staff” SHSSB-TAP**

Assessment of training aimed at recognition and acknowledgment by professionals of the impact of conflict. Outlines the needs of service users and participants to the training. Provides recommendations in respect of delivery and effectiveness of future training across the public sector.

**Healing Through Remembering (2001) *All Truth is Bitter (2<sup>nd</sup> ed.): A Report of the Visit of Alex Borraine* Belfast: NIACRO and Victim Support Northern Ireland**

Consideration of the role to be played by churches, non-governmental organisation (ngos) and district councils and partnerships in addressing reconciliation and prisoners issues and the potential for a truth commission in Northern Ireland.

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

Result of the 108 responses to a consultation on how should people remember the events connected with the Conflict and in so doing contribute to the healing of society. Responses include a need for a network of commemoration and remembering projects and processes of acknowledgment.

**Keenan, B. (2007) *Continuing the discussion with Chris Gilligan – Traumatized by peace? A critique of five assumptions in the theory and practice of conflict related trauma policy in Northern Ireland* Unpublished paper**

Reflection on Gilligan's paper considering the need and relevance of cross disciplinary and holistic therapeutic work in addressing individual, group and societal responses to trauma and its particular part in handling the past. Considers the need to

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challenge medicalisation and pathologisation of individuals and to look at the environment (family, community nationally) in which they exist.

**Kelly, G. (2005) *Storytelling Audit: An Audit of personal story, narrative and testimony initiatives related to the conflict in or about Northern Ireland.* Belfast: Healing Through Remembering**

A wide-reaching audit of initiatives that deal with personal narratives and testimonies, which acknowledges that individuals and groups may not necessarily describe this work in terms of storytelling.

**Kelly, G. and Hamber B. (2005) *'Reconciliation – Rhetoric or Relevant?'* – Belfast: Democratic Dialogue Report 17**

An edited volume drawn from a series of roundtable discussions convened by the former think tank Democratic Dialogue which considers aspects of reconciliation, its theory and practice and the support and funding given to various initiatives across the border. Contributions by local and international practitioners and academics.

**Kennedy, L (2002) *They Shoot Children Don't They? Third and Final Report* Belfast; Queens University Belfast**

Exploration of punishment shootings and beatings perpetrated against children and young people based on data from NIACRO and BASE 2.

**Kilkelly, U., Kilpatrick R., Lundy, L., Moore, L., Scraton, P., Davey, C., Dwyer, C., McAllister, C., (2004) *Children's' Rights in Northern Ireland* Belfast: NICCY**

Considers the rights of children in Northern Ireland within the context of the legacy of the Conflict and the framework of the UNCRC. Suggests that 'the understanding of the long term effects of political violence is underdeveloped requiring more research, particularly longitudinal'. Cites needs highlighted by the Special Representative of the UN Secretary General for Children and Armed Conflict who warns that in Northern Ireland there are long-term societal consequences of the neglect of the legacy of violence facing children.

**Luce, A., Firth-Crozens, J., Midgley, S., and Burges, C (2002) *'After the Omagh bomb: posttraumatic stress disorder in health service staff.* *Journal of Traumatic Stress*, 15 (10), 27-30**

Consideration of the vicarious trauma experienced by health staff in the aftermath of the Omagh bomb providing learning for other conflict trauma related incidents.

**Lundy P., and McGovern M., (2004) *'You Understand Again: Testimony and post conflict transition in the North of Ireland: The Ardoyne Commemoration Project 1998-2002 Words and Silences: Journal of the International Oral History Association* 2:2:30-35**

**(2005a) *'Community based approaches to Post Conflict 'truth-telling' Shared Space 1: 35-51***

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**(2005b) ‘Community, Truth-telling and Conflict Resolution: A Critical Assessment of the Role of Community-based Truth Telling Processes for Posts Conflict Transition’ Belfast: CRC**

**(2006) ‘Participation, truth and partiality: Participatory action research, community-based truth telling and post conflict transition in Northern Ireland’ *Sociology*, 40:71-78**

A series for articles based on 50 interviews and participatory action research with participants to the work of the Ardoyne Commemoration Project (ACP) which critically assess the impact, value and limits to inclusivity of community-based truth telling in conflict transformation.

**Manktelow, R. (2001) *Evaluation of the former Fermanagh District Partnership Victims***

**Manktelow, R. (2001) *An Audit of the Needs of People Affected by the Troubles and an Evaluation of the Work of the Trauma Advisory Panel, Western Health and Social Services Board/Derry City District Partnership***

**Manktelow, R., (2007) ‘The needs of victims of the Troubles in Northern Ireland: the social work contribution. *Journal of Social Work* 7(1): 31-50**

Article based on findings of survey of self-help groups and service providers that identifies a legacy of mental health problems including the repression of grief and trauma and its re-emergence in later years. Critiques the medical response and perceived failures of the statutory services by victims and survivors to address their needs.

**McAvoy, K (2006) *Making Peace with the Past Belfast: Healing Through Remembering***

Overview of Truth and Reconciliation initiatives for victims and survivors including consideration of the ‘on the runs’ legislation and options for truth recovery mechanisms including internal organisational investigations, community-based initiatives, a truth recover commission and a commission of historical clarification.

**McDougall, B (2007) *Support for Victims and Survivors: Addressing the Human Legacy* Belfast: OFMDFM**

**McDermott, M., Duffy, M., and McGuinness, D. (2004) *Addressing the psychological needs of children and young people in the aftermath of the Omagh bomb Child Care in Practice Vo. 10 No. 2:141-154***

A review of the work of The Community Trauma and Recovery Team established following the Omagh bomb that received 130 (83 female, 47 male) referrals of children and young people under the age of 18 years. Almost 68% were in town at the time of the explosion, 26% were injured and 18% bereaved. Parents were also seen to provide support and information about the impact of trauma on children and young people.

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**McGowan, J. et al (2001) *Hear and now and Then: Developments in Victims and Survivors Work Belfast: Northern Ireland Voluntary Trust***

Consideration of the pros and cons, the practical and ethical issues of recording oral histories.

**McLaughlin, H. (2008) *Women and The Conflict: Talking about the ‘Troubles’ and Planning for the Future Belfast: Women’s Resource and Development Agency***

Results of a series of workshops on ‘Dealing with the Past’ with 116 women participants throughout Northern Ireland. Addresses the legacy of the conflict on personal, family and community life. Includes issues such as women’s health, coping mechanisms, loss and violence and existing needs in terms of health, safety and education. Refers to women as peace-builders and the inter-generational impact of conflict key thematic area.

**Mullan J. (2006). *In Their Own Words: The Effects of the Troubles on Health and Well being as told by People Themselves’ Southern Health and Social Services Board Trauma Advisory Panel***

Needs assessment drawn from 19 service users’ responses in the SHSSB TAP area on their individual and families current and future needs. Focus on carers, payments, continuous assessment of needs in an ageing population. Highlights gaps in services.

**Muldoon, O., and Trew, K. (2000) *Children’s Experience and Adjustment to Political Conflict in Northern Ireland Peace and Conflict: Journal of Peace Psychology 6(2), 157-176***

A review of 689 children aged between 8-11, which considers that over a quarter of the sample had witnessed shooting and/or riots.

**Muldoon, Schmid, Downes, Kremer, J. and Trew, K. *The Legacy of the Troubles: Experience of the Troubles, Mental Health and Social Attitudes’, (2005) Belfast and Cork: Queen’s University and University College***

**Murphy, M., (2004) ‘When Trauma Goes On ... *Child Care in Practice Vol 10 # 2:185-191* Article evidencing the need for provision of community trauma counselling alongside community capacity building with a focus on children and young people’s needs.**

**NIAC (2005) *House of Commons Northern Ireland Affairs Committee Ways of Dealing with Northern Ireland’s Past - Interim Report – Victims and Survivors Tenth Report of Session 2004-05 London: The Stationery Office Limited House Of Commons 303-1***

**Northern Ireland Human Rights Commission (2003). *Human Rights and Victims of Violence. Belfast. Northern Ireland Human Rights Commission***

Consideration of the needs of victims with a focus on information, compensation, codes of practice, equality issues and acknowledgement of stories.



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**(2007) NIHRC Review**

Consideration of needs of victims and survivors with Human Rights perspective with contributions by Monica McWilliams and British Irish Rights Watch providing an overview of formal justice mechanisms including PSNI Retrospective Murder Review Unit, Historical Enquiries team.

**Northern Ireland Memorial Fund (2008) *Comments from Victim Support Groups on the effectiveness of the NIMT (unpublished)***

Acknowledges the needs of those ineligible for support from NIMT and the changing needs of eligible victims in the areas of education, training, health, financial support and discretionary payments, care and respite.

**NIMTT (2004) *Coda Project – A Needs Assessment of the Victims Sector- Belfast: NIMTT in partnership with Save the Children***

Responses of 45 constituted Victim/Survivor Groups to a needs analysis in terms of service users needs with a focus on music as an appropriate therapeutic intervention for individuals, groups and inter-generational work.

**NISRA (2004) *Equality and Inequalities in Health and Social Care in Northern Ireland Belfast: DHSSPS***

Analysis of the impact of Conflict on health and well being – findings include a call for further research and information in to the long term effects of violence and provides information on the current needs of victims and survivors based on an assessment at the time of publication.

**QE5 (2008) *Needs Analysis of the Phoenix Groups Belfast: QE5***

Results of needs analysis carried out by questionnaire, in local interviews and focus groups with former members of security forces comprising Phoenix's 7,545 regional membership. Highlights health, welfare advice and support, social isolation, loss of status, skills deficits and employment needs.

**Radford K., and Templer S., (2008) 'Women and Relationships: Experiences form the Victims' Sector' *Shared Space No. 6 69-84 Belfast: Community Relations Council***

Needs and experiences of women from within the victim/survivor sector and their requirements in terms of service provision. Focus on health and well being, dominant and silent voices, negative coping mechanisms and trans-generational issues.

**Roche, R., (2005) *Something To Say Belfast: Blackstaff Press***

Research carried out on behalf of the Derry Youth and Community Workshops based on a quantitative sample of 486 respondents aged between 18 and 25 and qualitative material from 900 young people in the 15-25 age range. Over 46% of respondents male and female from both Catholic and Protestant backgrounds saw the 'Troubles' as having direct relevance to their grandparents, generally agreeing that they 'Troubles' was about high levels of violence and issues of sectarianism, but higher numbers of

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Catholics (51%) than Protestant (34%) young people considered it to be a ‘thing of the past’

**Royal Hospitals (2008) *Traumatic Guide in Early Childhood: A Professional's Guide* Belfast: Easter Health and Social Services Bureau and Victims' Unit**

Reactions to and experiences of the affects of traumatic grief with a consideration of the immediate and long terms needs affects of survivors.

**Shirlow, P., (2008) *Politically Motivated Former Prisoners: Evaluation of the Core Funding Project 2006-2008* Belfast: CFNI**

Evaluation of prisoner engagement in conflict transformation projects, peace building and policy development projects including the participation of the following groups An Eochair OIRA), Charter (UFF/UDA), Highfield Prisoners (UFF/UDA) Teach Na Failte (INLA) Coiste Na n-Iarcimi (IRA) Epic (UVF/RHC) Lisburn PSP( UFF/UDA), Prisoners Enterprise Project (UDA/UFF), Ulster Prisoner Aid (UDA/UFF) Tar Anall (IRA), Tar Abhaille (IRA) Cairdre, Strabane (IRA) North Belfast Community Development and Transition Group (UDA/UFF)

**Smyth M and Thomson K. (2001) *Working with Children and Young People in Violently Divided Societies* Belfast: Institute for Conflict Research**

Edited volume which includes needs and experiences of children affected by conflict identified in terms of schools work (Tony Gallagher), therapeutic play (Antoinette McKeown) and youth work (Paul Smyth).

**Smyth, M., Morrissey, M., and Hamilton J., (2001) *Caring through the Troubles: Health and Social Services in North and West Belfast* Belfast: ICR**

Experiences of health and social care staff providing services to individuals affected by the Conflict and individual an on-going trauma.

**Smyth, M, Fay, M.T, Brough, E, and Hamilton, J. (2004) *The impact of political conflict on children in Northern Ireland.* Belfast, Institute for Conflict Research.**

**Snodden, M. (2004) *‘Truth Recovery: A contribution from within Loyalism* Belfast: Epic**

Considers the challenge of Truth Commission and to achieving Truth and Justice in Protestant/Unionist/Loyalist communities. Suggests that loyalist activists ex-combatants and paramilitaries are particularly vulnerable to any ‘truth process’ as they have never enjoyed the same level of legitimacy in their communities are Republicans. Indicates that the process of stigmatising may have intergenerational consequences.

**Snodden, M (2005) *Legacy of War: Experiences of Members of the Ulster Defence Regiment* Belfast: Conflict Trauma Resource Centre**

Research identifying the needs of former UDR service personnel and the organisations representing them which include Health, Family, Employment, Finances, Communication, Memories and Acknowledgment



**SHSSB-TAP (nd) The Impact of the Troubles; An Evaluation of a Programme of Troubles Related Awareness Raising Training Delivered to Health and Social Services Staff”;**

See under Healey et al (nd) for further information

**(2006) In their own words; The effects of the Troubles on health and well being as told by people themselves’ Newry Southern Health and Social Services Board TAP**

See under Mullan/Alanna Consultancy (2006) for further information

**(2006) Evaluation of Trauma Counselling services in SHSSB,TAP**

**Spence, L (2002) Unheard Voices: The Experiences and Needs of the Children of Loyalist Political Ex-Prisoners Belfast: Epic**

The voices of young people discuss their and experiences and needs in terms of their being the children of political ex-prisoners. Covers challenges such as stigmatisation, financial need, reintegration into family-life.

**Stuart, E (2005), Community Audit in Armagh Wards Armagh: RAFT**

Community audit in Armagh wards with 415 returns indicating the normalisation of trauma and a desire for community-based therapeutic interventions.

**South West LSP Community Victims & Survivors Initiative (2006) ‘Contributing to Wellbeing – Addressing the Human and Community Consequences of Civil Violence: Standards and Best Practice for Counselling, Befriending/Listening Ear Services’, Fermanagh, Omagh and Strabane 2006**

A standards manual for counselling and befriending services addressing the need for both integrated and specially tailored services for victims and survivors

**Summerfield, D. (2000);War and Mental Health: a brief overview.” *British Medical Journal*, 321:232-235**

Article based on international warring situations including reference to Northern Ireland that considers how personal recovery is grounded in societal recovery and that rights and social justice shape collective healing and the domination in the medical literature of PTSD.

**Templer S. and Radford K (2007) *Hearing the Voices: Sharing Perspectives in the Victim/Survivor Sector* Belfast: Community Relations Council**

Primary research carried out with CRC core and project funded victim/survivor groups outlining existing and projected needs and operational challenges to those currently delivering services. Includes a series of recommendations for government, the Commission and individual groups.

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**Thurston, R., (2002) *Perceptions and Opinions Regarding Victims, Survivors and Casualties in and about Northern Ireland* Belfast: Conflict Trauma Resource Centre**

Analysis of perceptions drawn from 40 individuals and organisations on the need to further debate definitions and routes to inclusion of a diverse range of victims/survivors/casualties in sectoral work. Has a particular focus on the inclusion of former combatants from the state and from non-state Republican and Loyalist groups.

**Tim Parry Jonathan Ball Trust (2003) *The Legacy: A Study of the needs of GB Victims and Survivors of the Northern Ireland 'Troubles'*, Warrington: Tim Parry Jonathan Ball Trust**

A study of the needs of victims with 18 recommendations for the needs of exiles and highlighting their links to and support from the Maranatha Haven Community. Provides 16 recommendations in the service delivery needs of GB victims/survivors with focus on partnership working and to its need to be picked up by the Legacy Project.

**(2007) *The Legacy: Learning from the Past, Making A Better Future* Warrington: The Tim Parry Jonathan Ball Foundation for Peace**

Results of Phase 2 of the Legacy Project and an acknowledgment of the need to establish and strengthen multi-agency and inter-department work to facilitate appropriate working in terms of: acknowledgement, recognition and of sensitive treatment by government agencies as well as the need for advocacy and training work alongside storytelling projects.

**Tomlinson, M. (2007) *The trouble with suicide; mental health, suicide and the Northern Ireland conflict: a review of the evidence.* Available on line at [www.investingforhealthni.gov.uk/documents/trouble-with-suicide.pdf](http://www.investingforhealthni.gov.uk/documents/trouble-with-suicide.pdf).**

Argues that the current evidence of the conflict on mental health and suicide is conflicting, complex and inconclusive requiring more consideration. Offers evidence that those with experience of conflict have poorer mental health and those who have experienced violence have significantly higher levels of depression than the general population. Notes the higher use of prescribed anti-depressant medication in the North of Ireland and an increase in illicit drug misuse and alcohol consumption. Challenges medical categorisation in trauma and advocates for practical actions to improve mental wellbeing through economic and social activity.

**Training for Women Network (TWN (2004) *In Their Own Words* Belfast: Training for Women Network**

The experiences of women victims and survivors of the Conflict.

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**Victims' Unit (2002) *Reshape, Rebuild, Achieve – Delivering Practical Help and Services to Victims of the Conflict in Northern Ireland* Belfast: Office of the First Minister and Deputy First Minister**

Strategy, which sets out how the Administration intends to deliver services to 'those who have suffered most over more than 30 years of violence'.

**Victims Unit (VU), Belfast, OFMDFM (2003) *Assessment of services to victims and survivors and research to support the development of a new strategy.***

(see Capita 2003)

**Wave (2003) *Every Picture Tells a Story* Belfast: Wave**

Innovative cross community project carried out with Barnardo's NI that expresses non-verbally the needs of children and young people.

**Wider Circle (2008) *Jimmy and the Island of Magic* Belfast: The Wider Circle**

A resource for children and young people in trauma, which identifies the need for additional resources.

**Wilson, R (2006a) *What Works for Reconciliation* Belfast: Democratic Dialogue**

37 Interviews and case studies of a series of non-governmental organisations working long-term to address sectarian division to ascertain their views as to what works or is a barrier to inter and intra community reconciliation. Participants with an explicit remit to address the needs of victims and survivors of the conflict include Wave, Corrymeela, Future Ways, Holywell Trust.

**(2006b) 'What Works for Reconciliation' *Shared Space 3 5-19***

Distillation of research above focussing on how the needs of victims and survivors might best be served by shared learning and approaches outlined above.

# **APPENDIX A**

## **REFERENCES**

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## APPENDIX A: REFERENCES

- Active Counselling in Training (2005) *Evaluative Research into the services of FACT (Families Achieving Change Together)* FACT
- An Crann/The Tree. (2000) *Bear in Mind: Stories of the Troubles*. Belfast: Lagan Press/An Crann.
- Ashe, F. (2006) 'The McCartney Sisters Search for Justice: Gender and Political Protest in Northern Ireland', *Politics*, 26 (3) 161-167 .
- (2006) 'Gendering the Holy Cross School Conflict: Women and Nationalism in Northern Ireland,' *Political Studies*, 54 (1) 147-164
- (2007) Gendering Ethno-Nationalist Conflict in Northern Ireland: A comparative analysis of nationalist women's protests *Ethnic and Racial Studies Vol 30 No. 5:766-786*
- Ashton Community Trust (2002) *New Lodge Six: Community Inquiry Report into the killings of Jim McCann, Jim Sloan, Tony Campbell, Brendan Maguire, John Loughran, Ambrose Hardy*
- Bamford Review of Mental Health and Learning Disability (Northern Ireland) (2007), *Mental Health Improvement and Wellbeing – A Personal, Public and Political Issue*. Belfast: DHSSPS.
- Beattie, K., Harland, K. and McCready, S. (2006) *Mental Health and Young Men: Suicide and Self Harm*. Coleraine: Centre for Young Men's Studies, University of Ulster.
- Bell, C. (2003) 'Dealing with the past in Northern Ireland' *Fordham International Law Journal*, vol. 36, no 4:1095-147
- Beyers, M (2007) *Legacy Project: Assessing the potential for Network Building between Republican Ex-prisoner Groups and Victim/Survivor Groups*. Belfast: Coiste na n-Iarchini
- Black, A. (2004) 'The Treatment of Psychological problems experienced by the children of police officers in Northern Ireland', *Child Care in Practice, Vol. 20:2:99-106*
- Blake, J (2008) *Day of Private Reflection: Evaluation Report* Belfast; Healing Through Remembering
- (2008a) *Healing Through Remembering: Momentum and Change* Belfast: Healing Through Remembering
- Bloomfield, S. K. (1998) *We will remember them*. Belfast: The Stationery Office Northern Ireland
- Bolton, D. (2004) *Addressing and overcoming the problems of a troubled community. A contribution to the debate on addressing the human consequences of the Troubles..* Omagh: Northern Ireland Centre for Trauma and Transformation
- (2006) *Responding to Trauma in Newry and Mourne* Newry: Newry and Mourne Local Health and Social Care Group
- Bolton, D. and Rankin, G. (2008) *Mapping of Psychological Therapies in Northern Ireland Report No. 3: The Voluntary and Community Sector*
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## **APPENDIX B**

### **TELEPHONE CONTACTS**

The groups chosen to be contacted by telephone were agreed with the Commissioners. These were divided into the following two categories:

- Statutory Service Providers; and,
- Parallel Service Providers and Community Groups.

The choices were based on as even a distribution as possible across the Health Board Areas.

The groups identified for telephone contact were as follows:

**Statutory Service Providers**

1. TAP coordinators
2. Sean Coll
3. Family Trauma Centre
4. NI Police Fund
5. RIR Aftercare
6. NI Trauma and Transformation

**Parallel Service Providers and Community Groups**

7. Wave
8. Wider Circle
9. Corpus Christi
10. Conflict Trauma
11. West Tyrone Voice
12. Shankill Stress and Trauma
13. Saver/Naver
14. Relatives for Justice
15. Cunamh
16. Coiste
17. Epic
18. FAIR
19. FODD (Families of the Displaced and Dispersed)
20. Pat Finucane
21. Calms (Community Action for Locally Managing Stress)
22. Koram
23. TEAR
24. South East Fermanagh Foundation
25. The Cross Group
26. Haven
27. Towards Understanding and Healing
28. Healing Through Remembering.

## **APPENDIX C**

# **ORGANISATIONS WHO WERE INCLUDED IN MAILSHOT BY CRC AND MAILSHOT BY SRC**

**THOSE ORGANISATIONS TO WHOM CRC SENT FLYERS – 16/11/08**

1. Aisling Centre	2. Ashton Centre	3. Ballymurphy Women's Centre
4. C.A.L.M.S	5. Contact Youth	6. Corpus Christi Services
7. Cunamh	8. Derry Well Women	9. F.A.I.R.
10. F.O.D.D.D (Families Beyond Conflict)	11. Firinne	12. H.A.V.E.N.
13. ICPD	14. Koram Centre	15. Lenadoon Community Counselling Project
16. Lifeline	17. Lifeways Psychotherapy/Counselling Centre	18.M.A.S.T.
19. Make Your Mark WAVE	20.New Life Counselling Service	21.Nexus Institute
22.NI Music Therapy Trust	23.NOVA Project	24.Regimental Association of UDR
25. Relatives For Justice	26.S.A.V.E.R./N.A.V.E.R.	27.S.E. Fermanagh Foundation
28. Shankill Stress and Trauma Group	29.South Down Action for Healing Wounds	30.Springhill Community House
31. Streetbeat Youth Project	32. Survivors of Trauma	33.Tara Centre
34. The Cross Group	35.The ELY Centre	36. The Wider Circle
37. United Services Club Victims Survivors Group	38. VAST	39.WAVE Trauma Centre, Armagh
40.WAVE Trauma Centre, Ballymoney	41. WAVE Trauma Centre, Belfast	42. WAVE Trauma Centre, Omagh
43.WAVE Trauma Centre, Londonderry/Derry	44.West Tyrone Voice	45.HURT
46.Ex-Servicemen Columba	47. A Peace Cantana	48. Armagh Voluntary Welfare Group
49. Bannside Community Group	50. Barnardos – Parenting in a divided society	51.Belfast Cognitive Therapy Centre
52. Care in Crisis	53.Centre of Creative Energy	54. Cheshire Regimental Society
55.Claudy Memorial Group	56. Coiste na n-Iarchimi	57.Comrades Support Group (Dungannon)
58. Conflict Trauma Resource Centre	59.Cruse Bereavement Care	60.Disabled Police Officers Assoc.
61. East Belfast Mission	62. FACT	63. Holy Trinity Centre
64.Irish Peace Institute	65. Lurgan Welfare	66.Newforge Brunch Club

	Support Group	
67.Newry & Mourne Voluntary Welfare Group	68.NI Terrorist/Victims Together	69.North Ulster Victim's Support Network
70.Pat Finucane Centre	71. RAFT	72.RUC GC Parents Assoc.
73.Solas NI	74. South Derry Ex Prisoners Assoc	75.South Tyrone Voluntary Welfare Group
76.Tar Anall	77. TEAR	78.Terry Enright Foundation
79.Top of the Rock	80.Trauma Recovery Network	81.Tullycarnet Victims Support Group
82. VOICE		

**THOSE TO WHOM SRC SENT FLYERS:**

1. Armagh-Dungannon Trauma Counselling Service	2. Belfast Health & Social Care Trust	3. Bloody Sunday Trust
4. Bone Memorial Committee	5. British Irish Rights Watch	6. Coleraine/Ballymoney UDR
7. Concordia	8. Derry/Raphoe Action Group	9. Divis Support Group
10. Ex Services Mental Welfare Society	11. Ex-Prisoners Outreach Programme (EXPOP)	12. FEAR
13. GIVE (Give Innocent Victims Equality)	14. Healing Through Remembering	15. HURT (Homes United by Ruthless Terrorism)
16. Lisbellaw Community Victim Support Forum	17. MUST	18. NI Retired Police Officers Association
19. Northern Ireland Memorial Fund	20. NOVA Trauma Support Barnardo's NI	21. Omagh Support and Self Help Group
22. Peace Factory	23. Rainbows End Project	24. Royal Group of Hospitals Clinical Psychology Department
25. South East Fermanagh Foundation	26. Stewartstown & District Support Group	27. Tar Isteach
28. The Co. Tyrone Frontier Relief Society	29. The Family Trauma Centre	30. The Northern Ireland Centre for Trauma & Transformation
31. Trauma Counselling Service	32. Trauma Resource Centre	33. Victim Support Northern Ireland



**THOSE WHO SRC SENT FINAL BRIEFING NOTE TO:**

**Statutory Service Providers**

TAP coordinators	Sean Coll	Family Trauma Centre
NI Police Fund	RIR Aftercare	NI Trauma and Transformation

**Parallel Service Providers and Community Groups**

Calms (Community Action Locally Managing Stress)	Coiste	Conflict Trauma Resource Centre
Corpus Christi	Cunamh	Epic
FAIR	FODD (Families of the Displaced and Dispersed)	HAVEN
Healing Through Remembering	Koram	Pat Finucane Centre
Relatives for Justice	Saver/Naver	Shankill Stress
South East Fermanagh Foundation	TEAR	Towards Understanding and Healing
The Cross Group	Wave	West Tyrone Voice
Wider Circle		

## **APPENDIX D**

# **MATERIALS REFERRED TO/RECEIVED FROM GROUPS AFTER TELEPHONE CONTACT**

## CONFLICT TRAUMA RESOURCE CENTRE

<b>Publication Title</b>	<b>Date of Publication</b>
Perceptions of Victimhood	August 2002
Legacy of War - Experiences of Ulster Defence Regiment (Oct 2004-2005)	Not Dated

## CUNAMH

<b>Publication Title</b>	<b>Date of Publication</b>
Evaluation of Cunamh – Bloody Sunday Support Service	Not Dated
Blocks to the Future	Not Dated

## EPIC

<b>Publication Title</b>	<b>Date of Publication</b>
Unheard Voices – The experiences and needs of the children of Loyalist Political Ex-Prisoners	2002

## FAMILY TRAUMA CENTRE

<b>Publication Title</b>	<b>Date of Publication</b>
A Different Description of Trauma', Arlene Healy, Child Care in Practice	No 2 April 2004
Health in NI: Have 'The Troubles' made it worse?	2002
Holding Hope when Working Towards Understanding and Healing	Not Dated
Impact of the Troubles: An Evaluation of a Programme of Troubles-Related Awareness Raising	Not Dated
Training Delivered to Health and Social Services Staff	Not Dated
Impact of the Troubles on the people of Northern Ireland : A Ten Year Literature Review	June 2006

They Shoot Children, Don't They?', Third and Final Report, Child Victims of Paramilitary "Punishments" in Northern Ireland in 2002	June 2003
Who are the victims? – Self-assessed victimhood and the Northern Irish Conflict	Report No 7, June 2003

### **HEALING THROUGH REMEMBERING**

<b>Publication Title</b>	<b>Date of Publication</b>
21st June 07, Day of Private Reflection, Evaluation Report	March 2008
Acknowledgement and Its Role in Preventing Future Violence, Discussion Paper and Proposal	September 2006
A Day of Private Reflection, Discussion Paper and Proposal	September 2006
A Day of Reflection, A Scoping Study	September 2006
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	Not Dated
Artefacts Audit, A report of the Material Culture of the Conflict in and about NI	2008
Conference report – Story Telling as the Vehicle? Executive Summary for the above document	November 2005 November 2005
International Experience of Days of Remembrance and Reflection	January 2006
Making Peace with the Past, Options for Truth Recovery regarding the conflict in and about NI	2006
Momentum and Change	June 2008
Story Telling Audit – An audit of personal story, narrative and testimony initiatives related to the conflict in and about Northern Ireland	September 2005
The Report of the Healing Through Remembering Project	June 2002
Without Walls, Living Memorial Museum	November 2007

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**NORTHERN IRELAND CENTRE FOR TRAUMA & TRANSFORMATION**

<b>Publication Title</b>	<b>Date of Publication</b>
Accredited Certificate in Cognitive Therapy	2008
A Cognitive Model of Post - traumatic stress disorder	2000
Addressing and Overcoming the problems of a troubled community	2004
After the Omagh bombing: Post - traumatic Stress Disorder in Health Service Staff	2002
Catastrophe Mental Health; Emergency Planning, Mental Health & Catastrophic Events; Policy & Practice Implications	2008
Clinical review: Communication and logistics in the response to the 1998 terrorist bombing in Omagh, Northern Ireland	2005
Contributing to well-being: Standards and good practice for Befriending & Listening -ear Services	2006
Do you know somebody.....?	2006
Effects of the Omagh bombing on medical staff working in the local NHS Trust: A longitudinal survey	2002
Evaluation of Certificate in Cognitive Therapy Methods Training	2008
Mapping of Psychological Therapies in Northern Ireland Report No 1: The overview of findings from the baseline study of the psychological therapy services provided by the Health & Social Care Trusts	2008
Mapping of Psychological Therapies in Northern Ireland Report No 2: An overview of courses provided in Northern Ireland the border counties in counselling and psychotherapy	2008
Mapping of Psychological Therapies in Northern Ireland Report No 3: The overview of findings from the baseline study of the psychological therapy services provided by the Voluntary & Community Sector	2008
Mapping of Psychological Therapies in Northern Ireland Report No 4: The overview of findings from the baseline study of the psychological therapy services provided by the Private Sector	2008
Mapping of Psychological Therapies in Northern	2008

Ireland Report No 5: The overview of findings from the baseline study of the psychological therapy services provided by the Primary Care Sector	
Provider Proposal by NICTT to Cooperation and Working together for the development and delivery of a Certificate in Cognitive Models of Intervention	Feb 2006
Questionnaire survey of post traumatic stress disorder in doctors involved in the Omagh Bombing	1999
Responding to Trauma in Newry & Mourne	2006
The Well-being of staff following the Omagh bomb: First follow up	2000

### **NORTHERN IRELAND MEMORIAL FUND**

<b>Publication Title</b>	<b>Date of Publication</b>
Consultation on the Effectiveness of NI Memorial Fund	September 2008

### **RAFT**

<b>Publication Title</b>	<b>Date of Publication</b>
Needs Assessment	February 2005

### **TAP EASTERN AREA**

<b>Publication Title</b>	<b>Date of Publication</b>
Annual Report 2005 / 06	2006
Forum for Victims & Survivors	September 2006
Launch of Tap, Services Information Pack, Directory & Website	November 2006
Proposed Bursary Scheme for the PG Diploma/Masters in Specialist Cognitive Therapy	Not Dated
Report on research Undertaken	2008
Review of Health and Social Care Needs of Victims and Survivors of Northern Ireland Conflict	Not Dated
Services Directory	September, 2006

Traumatic Bereavement, The impact on children and families	Not Dated
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**TAP - NORTHERN AREA**

<b>Publication Title</b>	<b>Date of Publication</b>
Key Issues Arising from the report 'Support for Victims & Survivors – Addressing the Human Legacy	Not Dated
Outline strategic Approach for Victims and Survivors – Consultation Paper	Not Dated
Question and Answer Session	Not Dated

**TAP – SOUTHERN AREA**

<b>Publication Title</b>	<b>Date of Publication</b>
A Time to Heal	1999
Background to TAP	October 2007
Evaluation of Trauma Counselling Services	June 2006
Information on Achievement of TAPS	January 2006
Information Directory for People affected by The Troubles	Not Dated
In Their Own Words	June 2006
Raising Awareness about the Impact of The Troubles	Not Dated
Responding to Trauma in Newry & Mourne	April 2006
Submission to the Eames/Bradley Consultative Group	January 2008
Tapping In – Newsletter	Spring 2005, November 2006
The Impact of The Troubles	Not Dated

**TAP - WESTERN AREA**

<b>Publication Title</b>	<b>Date of Publication</b>
Audit of the needs of people affected by the Troubles and an Evaluation of the Work of the Trauma Advisory Panel	Not Dated
CPPD Counselling Course Evaluation 2006 -2008	Not Dated
CPPD Counselling Course Evaluation 2004- 2006	Not Dated
Response to the Consultation Document of Services for Victims & Survivors from WHSSB TAP	Not Dated
Response to the feedback from the Consultation Meeting on the Role/Purpose of a Victims &	Not Dated



Survivors Forum	
Response to the Outline Draft Strategic Approach for Victims & Survivors	Not Dated
Submission to the Consultative Group on the past	Not Dated
The Evaluation of Health & Social Services for Victims of The Conflict	Not Dated
The Service Needs of Young People Arising from Political Conflict	Not Dated
WHSSB TAP Needs Analysis Results 2005 – 2006	Not Dated
WHSSB TAP Newsletter January - February 2006	Not Dated
WHSSB TAP Newsletter March - April 2005	Not Dated

### **THE BRIDGE**

<b>Publication Title</b>	<b>Date of Publication</b>
Too much Hurt	Not Dated

### **VICTIM & SURVIVOR MATTERS PROGRAMME**

<b>Publication Title</b>	<b>Date of Publication</b>
VSM Programme Response to VU Strategy	September 2008

### **WIDER CIRCLE**

<b>Publication Title</b>	<b>Date of Publication</b>
The Sky Before the Storm	Not Dated
Jimmy and the Island of Magic	Not Dated
The Beauty that Sleeps – Anxiety and Trauma	Not Dated