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October 26, 1994

Dear President Robinson,

RE: Proposal for an Initiative on the Effects Political Violence

As a result of some research which Patrick Hayes and I carried out on the psychological aftermath of Bloody Sunday, (briefing paper enclosed) and in the light of the current ceasefires, a number of issues arise in my view. The needs of those affected by the political violence of the last twenty five years require attention. I have written an article for Fortnight, (enclosed) which outlines the issues.

I have brain-stormed on solutions to these issues, and enclose the beginnings of a proposal which I am sending to you for your information. I feel strongly that a government initiative is called for, and that the establishment of a properly resourced independant body is required. I have tabled the proposal for discussion at the Central Personal Social Services Committee at Stormont, of which I am a member. If it is of any use I will be delighted - even if it serves as a starting point for some creative thinking on the way forward.

Yours

A handwritten signature in cursive script, appearing to read 'Marie Smyth'.

Marie Smyth
Projects Director
Templegrove Action Research
& Lecturer in Applied Social Studies
University of Ulster, Magee College

Innovation Research Training

Proposal

**To establish an independent body
responsible for the provision of support services
to those affected by political violence
in Northern Ireland
in the last 25 years.**

**Marie Smyth
October 1994**

Proposal

It is proposed that an independent body be established in Northern Ireland to address the needs of those affected by political violence. Such an independent body would:

- (i) provide a directory of services
- (ii) coordinate services throughout N.I.
- (iii) provide a number of permanent, staffed centres in the large towns and cities so that all citizens have access to services
- (iv) advise government and other agencies on the needs and views of those who have been affected by political violence

Rationale

With the advent of recent ceasefires, comes the recognition that many diverse people have been radically affected and have suffered as a result of political violence. Unless the issue of violence and its effects are openly, caringly, rigorously and sensitively addressed then we, as a society, run the unacceptable risk of its recurrence.

Recent evidence (Hayes and Smyth 1994) suggests that the effects of trauma do not necessarily resolve themselves "naturally" over time. People with unresolved trauma as a result of political violence in Northern Ireland suffer in various ways. Over twenty years later, sleep disturbance, panic attacks, intrusive thoughts and flashbacks have been reported. Some people use alcohol, aggression, or even violence as ways of dealing with the original unaddressed trauma.

If we want a peaceful society, we need to address the situation of those who have been most damaged by violence. It seems obvious that to allow unresolved trauma as a result of political violence to go unaddressed jeopardises the chances of a true and lasting peace. Moreover, people with unresolved trauma are still being victimised by the political violence of the past, and deserve to receive the help they require in order to be released from this situation.

Violence, and the associated fear has passed into the culture of everyday life in Northern Ireland. In order to survive the last twenty five years, people have used coping mechanisms such as denial or minimising violence, - strategies whilst functional in a violent

situation, are dangerous in a peaceful society. .

Professional health care workers in Northern Ireland have themselves become habituated to the violence and "normalised" it to some extent - it is only human and good adaptive behaviour to do so. However, this means that some of the needs people have as a result of experiencing political violence may go unrecognised and unaddressed. This may mean that the involvement of professionals from outside of Northern Ireland, or a period of secondment of Northern Ireland staff outside of Northern Ireland is necessary for the establishment and maintenance of a new perspective.

Existing provision is patchy. Security forces victims are probably best catered for, since they have special services tailored to their needs, within the RUC and the army. Recent victims have been catered for better than those traumatised in the early violence since trauma services have been set up recently. However, this leaves many past victims of violence isolated and without services, and with little formal public recognition that they continue to suffer.

In order for this initiative to be acceptable to all sections of the community it must involve those communities in the design and provision of services. Equity is important: all victims of violence from any and all backgrounds should have services available to them. It must be recognised that different categories of victims may have different needs- victims of IRA violence, victims of loyalist violence and victims of state violence may not encounter the same kinds of problems or issues and may require separate provision from one another, at least in the interim period.

Any initiative in this field should recognise the work that has been ongoing in Northern Ireland e.g. anti-intimidation work, stress management work, work with widows, mediation work, anti-sectarian training, conflict resolution work. However such work is insufficient in itself to meet the current situation where there may be a permanent cessation of violence. Existing initiatives are unco-ordinated, and not equally available geographically throughout Northern Ireland, or to different categories of victims.

Principles

1. That of supporting bottom - up, community based initiatives
2. Making high quality expertise (consultancy and training) available to at community level to service providers in Northern Ireland.
3. That of accessible, user friendly services which are approachable and involve users in decision making, yet maintain high professional standards.
4. That of respecting existing initiatives and supporting, augmenting and encouraging them to expand and develop, and to utilise models of good practice by accessing training and secondment schemes.
5. Adoption of a holistic approach and avoidance of medicalisation and pathologising. A recognition of the emotional and physical effects of stress and trauma, and an orientation towards approaches such as stress management.
6. The concept of positive mental health is promoted at a community level and basic community mental health education explaining e.g. the importance of close confiding relationships, listening, self-disclosure is made widely available.
7. A recognition of the damaging effects of violence on ALL sections of the community, and the principle of equity in terms of concern and resource allocation must be enshrined in the operations of the agency. Services should address the needs of victims and perpetrators, in republican, loyalist and state violence.
8. Creation of an atmosphere of respect, inclusion, non-judgement and openness within local services and facilities
9. A recognition that workers within Northern Ireland may need outside support to address these issues, since human service workers, too have suffered the attritional effects of violence. The development of links with those outside Northern Ireland with expertise in trauma and violence who can offer another perspective and who can offer training, visiting practitioners, and internships abroad for Northern Ireland workers.

Principles (continued)

10. Assisting by the provision of services and by public education to move the public consciousness forward beyond a focus on victims, to the point where victims see themselves as survivors.
11. To contribute to knowledge in the field of traumatology by documenting and engaging in ongoing research on the work of the agency.

Phases

- Phase 1**
- Set up independant agency
 - establish database of existing resources within & beyond Northern Ireland
 - establish secondment scheme for exchange of practitioners outside of UK
- Phase 2**
- target one area: establish local community contacts
 - secure required expertise plan and launch pilot scheme
 - Launch community mental health education
- Phase 3**
- Establish contacts in other target areas
 - Evaluate pilot scheme
- Phase 4** Establish local centres in other areas
- Phase 5
& ongoing** Monitor and evaluate services
- establishment of a research and development function within the agency

The provision of locally based services: a sketch plan

It is proposed that a network of centres be established. In order to be accessible to people throughout Northern Ireland it is suggested that they are based in:

- 2 X Derry
- 4 X Belfast
- 1 X Enniskillen
- 1 X Ballymoney/Coleraine
- 1 X Armagh

It is proposed that centres are staffed and equipped to a high standard a professional manager who is responsible for maintaining a calm, respectful atmosphere in the centre, and for the provision of a range of services and courses.

Ethos

Such centres could be run on the principles of respect for diversity, and on the assumption that what people think and feel is valued as much as their physical state, their behaviour towards others, their past experiences or their power position. Physical health and bodily state could be seen in conjunction with their thoughts, feelings, past experiences, status, roles and relationships to others.

Examples of Courses

- yoga
- meditation/relaxation training
- drama therapy/ forum theatre
- assertiveness
- conflict resolution
- alcohol and substance abuse education
- achieving and maintaining good mental health
- politics and political skills and empowerment

Examples of Services

- Mediation service for disputes (pairs, families and community)
- anti-intimidation service
- individual counselling/psychotherapy
- couples counselling/psychotherapy
- family therapy

Examples of services (continued)

- massage
- listening ear (see Derry Wellwoman)
- movement therapy/ chiropractice/
- consultation to employers, public bodies, on stress management,
- conflict resolution, anti-sectarianism
- creche
- home sitting service for elderly/handicapped dependants of users of centre

Examples of Self help

- group for survivors of IRA violence
- group for survivors of Loyalist violence
- group for survivors of state violence
- group for IRA perpetrators
- group for loyalist perpetrators
- group for state perpetrators
- group for ex prisoners
- group for released life sentence/SOSP prisoners
- group for members of the security forces
- groups for families of some or all of the above

The centres could also provide short courses, weekends tailored to the needs of special groups, e.g. RUC widows or the Bloody Sunday families, ex prisoners etc.

Examples of Training

(free or subsidised) provided for community activists in recognition that some of the provision has to come from the voluntary sector: that a lot of the training and support should be aimed at voluntary sector activists who have been doing some of this work on a shoestring for years.

Training could be provided in :

- training community trainers in achieving and maintaining good mental health (using the Derry house party model)
- recognising and dealing with alcohol and substance abuse
- assertiveness
- massage
- relaxation & mediation

Examples of training (continued)

- group skills/ group facilitation
- political empowerment/ lobbying (see work of Michael Lerner)
- listening skills

Examples of Amenities

- large ballroom/ polished floor room/public meeting room
- medium size group rooms
- fitness suite, including sauna, jacuzzi
- large carpeted yoga room
- individual massage/ counselling rooms
- two rooms connected by a one way mirror and CCTV
- video training suite

Outreach

Services could be made available on an outreach basis to communities outside the immediate catchment area of the centre, for example:

- educational talks in schools, church groups
- media coverage/educational broadcasting
- courses run in outcentres
- services offered in outcentres

Examples of Other centre based activities

- regular talks and demonstrations on the work of the centre
- facilitation of cross community debates and mediation of discussions on tough subjects

Visiting practitioner scheme

In order to encourage a broader perspective on the issues arising in Northern Ireland, and to involve those skilled in a variety of fields in this work, the establishment of a visiting practitioner scheme which would recruit practitioners from outside UK to come and work on the basis of secondment. Foreign governments could be asked to recruit visiting therapeutic/training staff from within their own countries and sponsor their work here on a secondment basis. This is one concrete way that US government, for example, could be of practical use.

In conclusion

In advancing any proposal of this nature it is important to ensure that users of services must be involved in designing and monitoring services. The involvement of potential users is particularly important in a proposal of this nature, given the disempowering effect that political violence has on people. To establish services without full consultation with potential users and existing providers would only compound that disempowerment.

Marie Smyth
October 1994

Bloody Sunday Research: Summary of key points

1. Information on the welfare of victims of violence:

- (i) we have incomplete and unevenly distributed information
some information on **victims in the security forces & the families of security force victims** (Dillenburger 1992)

some information on **victims of IRA violence** (Cairns & Wilson, Loughrey and some other studies)

No(?) information of **victims of loyalist violence**

only my own work that I know of deals with **victims of state violence** (Hayes & Smyth 1994)

All categories of victims do not have equivalent experience, and therefore may be differently affected

2. Scale of the problem

It is our view, based on our work on the families of Bloody Sunday victims, that the **scale of the problem may be currently seriously underestimated**. We estimated that the immediate families of the 14 killed on Bloody Sunday totalled approximately 200 people. We excluded those shot and wounded, eyewitnesses, friends of those wounded or killed. Had we included them, numbers would have increased dramatically, and Bloody Sunday was just one incident in the last 25 years.

3. Longevity of symptoms

We found that 40% - 50% of those we surveyed had symptoms of some kind related to Bloody Sunday, or - over twenty years later. Contrary to the assumption that time heals, we found that **untreated symptoms of trauma did not necessarily recede, and symptoms could emerge for the first time, years after the trauma**.

4. Lack of services

People reported that they did not have access to supportive services, and the only service used at all was the local GP. People did not talk to anyone about their feelings, including their family members for fear of upsetting them. Many people we talked to were extremely isolated, thought that they were "crazy" when they had panic attacks, because they did not know what was happening to them.

5. Diversity of symptoms

We found people suffering from a variety of symptoms and groups of symptoms: panic disorders, sleep disturbance, intrusive thinking, hyperalertness, somatic disorders. Some people had been hospitalised for mental illness (all women) and some used alcohol to self medicate; others seriously abused alcohol (mostly men.) Some women also used prescribed tranquillisers or "street Valium".

Patrick Hayes LICSW
Marie Smyth LICSW
September 1994